

Supplementary Agenda

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 26 September 2018

Time: 14:00

Venue: Council Chambers,
Clydebank Town Hall, Clydebank

Contact: Nuala Quinn-Ross, Committee Officer
Tel: 01389 737210 Email: nuala.quinn-ross@west-dunbarton.gov.uk

Dear Member

Items to Follow and Supplementary Item of Business

I refer to the agenda for the above Meeting which was issued on 13 September 2018 and now enclose copies of the undernoted reports which are now ready, together with a supplementary item of business.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health & Social Care Partnership

Items to Follow

5 AUDITED ANNUAL ACCOUNTS 2017/18 105 - 149

Submit report by the Chief Financial Officer presenting the audited Annual Accounts for the year ended 31 March 2018 as delegated by the HSCP Board on 8 August 2018.

6 AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD - DRAFT ANNUAL AUDIT REPORT 2017/18 151 - 194

Submit report by the Chief Financial Officer presenting the Annual Report and Auditor's letter, for the audit of the financial year 2017/18, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

Supplementary Item of Business

15 FULL BUSINESS CASE FOR CLYDEBANK HEALTH AND CARE CENTRE 195 - 455

Submit report by the Head of Health & Community Care seeking approval for submission of the Full Business Case for this scheme to the Finance and Planning, NHSGGC Board and Scottish Government Capital Investment Group.

Distribution:-

Voting Members

Marie McNair (Chair)
Allan Macleod (Vice-Chair)
Denis Agnew
John Mooney
Rona Sweeney
Audrey Thompson

Senior Management Team – Health & Social Care Partnership
Mr C. McDougall
Ms Z. Mahmood

Date of issue: 18 September 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 26 September 2018

Subject: Audited Annual Accounts 2017/18

1. Purpose

- 1.1 To present for approval to the Audit Committee the audited Annual Accounts for the year ended 31 March 2018 as delegated by the HSCP Board on 8 August 2018.

2. Recommendations

- 2.1 Members are asked to approve for signature the audited Annual Accounts for the period 1 April 2017 to 31 March 2018.

3. Background

- 3.1 In line with the Local Authority Accounts (Scotland) Regulations 2014, the Integrated Joint Board must consider the audited annual accounts and approve them for signature no later than 30 September immediately following the financial year end.
- 3.2 The draft, unaudited Annual Accounts for the year ended 31 March 2018 were presented to the Audit Committee on 20 June 2018 for review and approval before being passed to the Accounts Commission by the statutory deadline of 30 June 2018.
- 3.3 The Audit Committee agreed to approve the draft accounts subject to the addition of the names of Councillors Casey, McColl and Rooney as voting members of the HSCP Board until the 16 April 2017.

4. Main Issues

- 4.1 The Annual Accounts present the financial performance of the HSCP Board, including the level of usable funds that are being held in reserve to manage unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver on the Strategic Plan priorities.
- 4.2 The audit of the financial statements has now been completed by the HSCP Board's external auditor, Audit Scotland and the audited Annual Accounts are appended to this report. Thereafter, the signed Annual Accounts will be presented to the 14 November HSCP Board for noting.
- 4.3 Included in the meeting papers is the 2017/18 Annual Audit Report prepared by the HSCP Board's external auditors, Audit Scotland. This presents an

unqualified audit opinion for the annual accounts for the year ending 31 March 2018.

4.4 During the course of the audit there were a number presentational adjustments identified, mainly reflecting the recommendations of Audit Scotland's "Good Practice Note on Improving the Quality of Local Authority Annual Accounts – Integrated Joint Boards". These have been adjusted for accordingly but make no impact on the reported financial performance and level of usable funds.

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 The HSCP Board achieved a surplus of £0.574m in 2017/18, which will be retained in accordance with the Integration Scheme and Reserves Policy.

7. Professional Implications

7.1 Integrated Joint Boards are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The following audited annual accounts comply with the code.

8. Locality Implications

8.1 None associated with this report.

9. Risk Analysis

9.1 The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 This report has been completed in consultation with the HSCP Board's external auditor's Audit Scotland.

12. Strategic Assessment

12.1 This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

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Date: 13 September 2018

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Appendices: HSCP Board's Annual Accounts for the year ended 31
March 2018

Background Papers: Audit Committee June 2018 – Draft Unaudited Annual
Accounts

Audit Scotland – Good Practice Note on Improving the
Quality of Local Authority Annual Accounts.

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Integration Joint Board

Commonly known as

West Dunbartonshire
Health and Social Care Partnership

Annual Accounts 2017/18

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MANAGEMENT COMMENTARY

INTRODUCTION

This publication contains the financial statements for the West Dunbartonshire Integration Joint Board (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board) for the year ended 31st March 2018.

The Management Commentary provides an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2017/18 financial year and how this has supported the delivery of its strategic priorities as laid out in its Strategic Plan 2016-2019. The Commentary also outlines the future challenges and risks which influence the financial plans of the HSCP Board as they deliver high quality health and social care services to the people of West Dunbartonshire.

The attached annual accounts have been prepared in accordance with current regulations and guidance.

The HSCP Board's Role and Remit

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The West Dunbartonshire IJB, commonly known as the HSCP Board was established as a "body corporate" by Scottish Ministers' Parliamentary Order on 1st July 2015.

The HSCP Board's Integration Scheme details the body corporate arrangement by which NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) agreed to formally delegate all community health and social care services provided to children, adults and older people, criminal justice social work services and some housing functions. The full scheme can be viewed [here](#) (see Appendix 1, 1.)

The West Dunbartonshire Health and Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire residents.
- Purpose is to plan for, and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

The HSCP Board is responsible for the strategic planning, commissioning, service delivery and performance for those integrated services delegated to it (except for NHS acute hospital services, which are managed directly by the Health Board). Staff who work within the management of the HSCP continue to be employed by either NHSGGC or WDC, retaining their respective terms and conditions.

The purpose of the HSCP Board is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The HSCP Board's Strategy, Business Model and Performance

In various reports and studies from the 2011 Christie Commission to the Accounts Commission, the key message is that public bodies need to think differently about what they deliver, be efficient and integrate service provision through service redesign and re-shaping the workforce to deliver better outcomes for the population they serve. The creation of IJBs is the model expected to deliver this for health and social care services.

The Joint Bodies Act places a duty on IJBs to create a "strategic plan" for the integrated functions and budgets that it controls. At its August 2016 meeting, the WD HSCP Board approved its second Strategic Plan, covering the three year period 2016 – 2019 (the maximum duration allowed by the legislation). This high-level strategic plan sets out the HSCP Board's commissioning priorities for that medium term period, with a clear commitment to the delivery of effective clinical and care governance and Best Value. A review of the current plan is being undertaken to produce a new plan for 2019 - 2022.

The HSCP Board's Strategic Plan 2016–2019 can be viewed [here](#) (see Appendix 1, 2.)

The key themes running through the Plan are:

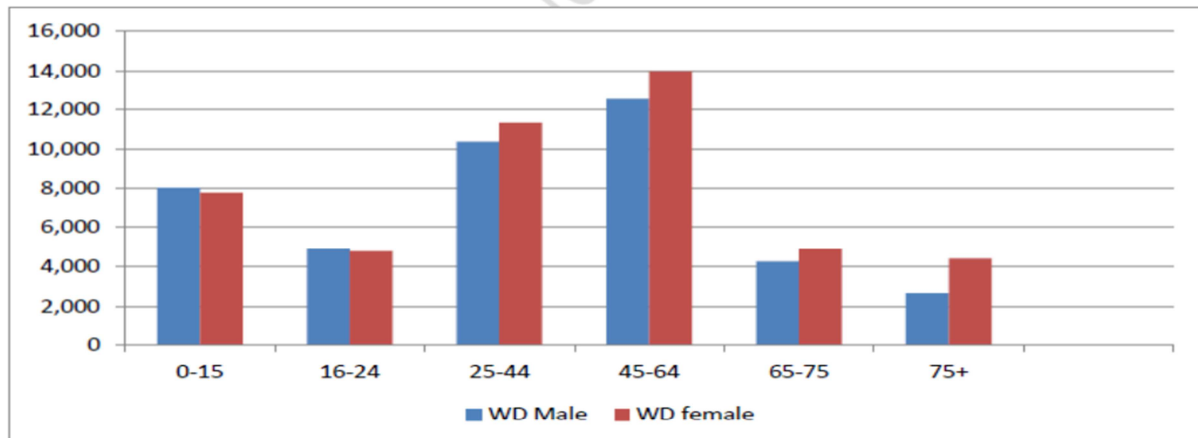
- Transformational Change in practice;
- Sustaining existing good quality services, but reshape where improvements to service delivery can be demonstrated e.g. use of technology enabled care;
- Continuing to integrate teams from health and social care to remove barriers, reduce waste and duplication and deliver better outcomes for service users; and
- Be forward thinking by planning for our population needs for future years through our strategic commissioning framework.

A full profile of West Dunbartonshire is set out in the Strategic Plan. Some of the key characteristics include the following:

- West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2016 mid-year population for West Dunbartonshire is 89,690; a small increase of 0.1% from 89,590 in 2015. The population of West Dunbartonshire accounts for 1.7% of the total population of Scotland but is expected to reduce to 1.46% by 2039;
- Service delivery should reflect local population needs. In West Dunbartonshire there are two locality areas: Clydebank; and Dumbarton and Alexandria;
- Based on the 2016 mid-year estimates, 18% of the population are under the age of 16 (17% for Scotland), with 64% of the population working age (65% for Scotland) and persons aged 65 and over making up the 18% of West Dunbartonshire's population (18% for Scotland);
- In the next 20 years the population under the age of 65 is estimated to decrease by 19.4% and the population of 65+ to increase by 46.4%; and
- The SIMD 2016 data shows that 40% of West Dunbartonshire's 121 data zones are in the most deprived 20% of all data zones in Scotland. West Dunbartonshire is one of five local authorities with the largest proportion of data zones in the 20% most deprived category.

The deprivation profile will have major implications for services as research indicates that those vulnerable to poverty are more likely to require greater social intervention and a targeted focus to move out of poverty. Also a decline in younger economically active people with significant growth in the older, more vulnerable age group will result in a higher dependency on both social care and health services.

West Dunbartonshire Population by age and gender:



Source: [National Records for Scotland \(2017\) Population mid 2016 Estimates](#)

The substance of the new Strategic Plan will be shaped by the contents and response to the HSCP Board's Annual Performance Reports for 2015 to 2017.

The Strategic Plan reflects the HSCP Board's commitment to integration being community planning in practice, with its strategic commissioning outcomes articulated with respect to, the five priorities laid out in the Local Outcome Improvement Plan (LOIP):

- Independent
- Empowered
- Nurtured
- Safe
- Flourishing

The delivery of these priorities aim to enhance the life experience of all residents within West Dunbartonshire, but for the HSCP Board this is targeted at those needing additional support including our older people, children and those with a disability requiring support.

This aligns to the overall population projections which indicate changes to the three key life stages of children, adults and older people.

The development of the new Strategic Plan for 2019-2022 is underway led by the newly formed Strategic Planning Group and is being informed by the recently developed Strategic Needs Assessment (SNA), which considers the current and future health and care needs of our local population, and the current and future availability of financial and workforce resources.

Another key feature of the HSCP Board's Business Model is its commitment to local engagement and feedback. A local Participation and Engagement Strategy was developed and approved in May 2016, which sets out the key principles and high level ways of working that the HSCP will apply in its relationships with stakeholders as an integral element of its mainstream strategy and business model. The Participation and Engagement Strategy can be viewed [here](#) (see Appendix 1, 3.)

The Cabinet Secretary for Health's November 2017 response to the Health and Sport Committee's September 2017 Report "Are they Involving Us" highlighted WD HSCP

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Board as a good example of how local engagement with our 3rd Sector partners should operate.

As expressed in this Strategy, the core values (page 1) underpin how the HSCP Board develops and delivers the local Strategic Plan and local services; and informs relationships with stakeholders, including service users, carers and communities; staff, and Trade Unions; GPs, other NHS external contractors and acute clinicians; the 3rd and Independent Sector; and Community Planning Partners. The HSCP has worked with stakeholders to create a tapestry of flexible opportunities to support pragmatic participation and engagement – and with the understanding that they are not set in stone but rather are dynamic processes that should and will evolve based on feedback, learning and changing circumstances.

This reflects the challenges presented by a combination of continuing shifts in patterns of disease to long term conditions; growing numbers of older people with multiple conditions and complex needs; and a pressurised financial environment.

The HSCP has been working with the Scottish Burden of Disease team (a collaboration between NHS Health Scotland and ISD Scotland) to create a robust and comprehensive SNA which reflects the nature and impact of the burden of disease for West Dunbartonshire. This will form the basis of the development of the new Strategic Plan and subsequent financial framework for future spends going forward.

The HSCP is in the process of developing, in partnership with GPs and wider community, a new primary care improvement plan which will describe the priority spend across West Dunbartonshire to further develop community multi-disciplinary services.

The HSCP Board is also responsible for strategic planning for unscheduled care with respect to the population of West Dunbartonshire, in partnership with NHSGGC and other IJBs within the Greater Glasgow & Clyde area. The HSCP has created opportunities to work with neighbouring Partnerships to assess the impact of a range of planned activities and interventions to demonstrate impact of beds days lost. These activities align to the delivery of the National Health and Care Outcomes as well as to priorities of the Strategic Plan objectives and NHSGGC's Acute Strategy.

Critical to this is the on-going work and developments to shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment. At the same time, waste and variation in clinical practice needs to be addressed, alongside promoting the reliable implementation of effective interventions.

The HSCP Board has been working to a set of comprehensive commissioning intentions for unscheduled care, reflecting a commitment to invest, redesign and deliver an effective infrastructure of community services. A key element to this will be the agreement with NHSGGC and our neighbouring partnerships on the value attached to the current activity around unscheduled care i.e. Set Aside Budget. As the HSCP Board demonstrates its success in reducing unscheduled care, bed days lost and A&E attendances, the financial resource attached to this must be transferred to the partnership to provide longer term sustainability in shifting the balance of care and supporting our ageing population in the community in the years to come.

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Performance Highlights 2017/18

The HSCP Board receives a Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed [here](#) (see Appendix 1, 4.):

The Joint Bodies Act also requires all IJBs to produce an Annual Performance Report covering the reporting year, no later than four months after the end of that year. The HSCP Board's third Annual Performance Report 2017/18 (i.e. for the same period as these annual accounts) was published in draft by 31st July 2018 (to comply with legislative requirements) and presented to its August 2018 meeting for scrutiny. The report can be viewed [here](#) (see Appendix 1, 5.)

The Annual Performance Report reviews our performance against local and national performance indicators and against the commitments within our Strategic Plan. Some key areas of positive performance over the past year are:

Indicator	2017/18 Value	2017/18 Target	2017/18 Status
National Health & Wellbeing Outcomes for Adults			
Number of acute bed days lost to delayed discharges (including AWI)	2,291	Being developed 2018/19	756 less than 2016/17
Number of acute bed days lost to delayed discharges for Adults with Incapacity	461	Being developed 2018/19	388 less than 2016/17
Number of patients in anticipatory care programmes	1,921	1,400	✔
Percentage of carers who feel supported to continue in their caring role	97.4%	90%	✔
Prescribing cost per weighted patient (£Annualised)	£173.07	£178.32	£8.03 less than 2016/17
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98%	98%	✔
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	25.1%	30%	✔
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	✔
National Health & Wellbeing Outcomes for Children			
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	78%	75%	✔
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	✔
Balance of Care for looked after children: % of children being looked after in the Community	90.2%	89%	✔

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Further references to the positive performance were also contained within the Accounts Commission's Best Value Assurance Report on West Dunbartonshire Council published in June 2018:

"We found evidence that the IJB is progressing well with implementing new models of care".

Ongoing improvement is sought across all services within HSCP and the performance management arrangements in place are designed to facilitate this. Specific areas we would like to improve going forward include the following:

- Reduce the number of inappropriate A&E attendances and emergency hospital admissions;
- Further increase the care at home support for older people with intensive needs;
- Child and Adolescent Mental Health Service (CAMHS) 18 weeks target for referral to treatment; and
- Reduce sickness absence rates across all services.

The Annual Performance Report also details case studies and individual client feedback on the impact health and social care services and staff have made on their daily lives. Some of the key operational highlights for 2017/18 include:

- Creation of a Champions Board for West Dunbartonshire; including the employment of care experienced young people to support the Board;
- Burnside Children's House has, for the second year in a row, been awarded Residential Team of the Year by the Scottish Institute of Residential Child Care;
- Improved practice and a multi-agency approach to early, positive intervention with families in order to protect children and support them in the community through kinship care, fostering or residential placements;
- Development and delivery of the Toe-to-Toe Footcare partnership between West Dunbartonshire Community & Volunteering Services (WDCVS), WDHSCP and the Podiatry Team was celebrated at the Age Scotland Awards for its impact on vulnerable people in the community;
- The opening of Crosslet House as a new Residential Care and Day Services for Older People, which also won the Award for 'Delivering a new model of Residential Services for Older People' at this year's NHSGGC Celebrating Success Awards;
- West Dunbartonshire HSCP is combining the use of telehealth with telecare (community alarm) for patients with Chronic Obstructive Pulmonary Disease (COPD) who have difficulty attending the surgery but are still able to report their results to nursing staff;
- West Dunbartonshire "Snow angels" operated above and beyond the call of duty during the Beast from the East; with staff from care at home, to finance and mental health consultants to social workers making their way to the most vulnerable in our communities;
- Our Blood Borne Virus (BBV) Team were awarded the NHSGGC Chairman's Award for Clinical Excellence and their work was recognised at the International Liver Congress in Amsterdam;
- The Future of Addiction Services Team (FAST) opened a Recovery Café in Dalmuir Park, allowing local people to access Recovery Orientated Systems of Care to support them with substance misuse issues and make positive lifestyle changes;
- The development of Digital Passports for people with a learning disability was recognised as a finalist in the Facing the Future Together Awards 2017; and

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- Successful joint bid to the National Heritage Lottery Fund for £2.8m by Work Connect and Greenspace to redevelop Levensgrove Park. This new development will better support children, young people and adults with significant physical, sensory and learning disability needs enjoy the full range of facilities that the park now offers.

Many of these operation highlights and new service delivery models not only enhance the service experience of the service user but will also prevent further demand for additional health and social care services for the future. However there can be a cost to positive performance in the short term, which can impact on the in-year financial performance e.g. supporting children within community placements, placed significant pressure on the 2017/18 budget resource. This and other key areas are discussed below.

Analysis of the Financial Statements and Financial Performance of the HSCP Board

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31st March 2018, which holds all of the expenditure and income associated with the operational delivery of delegated health and care services to the population of West Dunbartonshire. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2017/18 Accounts have been prepared in accordance with this Code.

Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit Committee.

The HSCP Board, like most public sector organisations has found the current financial climate of public sector austerity challenging. In 2017/18 the funding allocations made to the HSCP Board by NHSGGC and WDC reflected the funding directions laid down by the Scottish Government, the key messages from the financial settlement offers were:

- NHS contributions to Integration Authorities (IAs) for delegated health functions will be maintained at least at 2016/17 cash levels;
- Local authorities will be able to adjust their allocations to IAs by up to their share of £80 million below the level of budget agreed in 2016/17; and
- An additional £107m of Social Care funding, routed through Health Boards, in addition to the £250m received in 2016/17.

For the HSCP Board this required the voting members to approve a 2017/18 annual revenue budget settlement which included savings targets of £2 million in social care services (fully delivered by the utilisation of unapplied 2016/17 Social Care funding) and £0.834m in health care services (managed through natural turnover and application of earmarked reserves). There was also the further pressure of health care savings approved late in 2016/17 of £0.955m, carried forward to 2017/18.

The investment from the 2017/18 Social Care funding equated to £2.087m for the HSCP Board directed towards the payment of the Scottish Living Wage to all adult social care workers and investment in community based services.

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The full year financial position for the HSCP Board can be summarised as follows:

1 April 2017 to 31 March 2018	West Dunbartonshire Council £000	Greater Glasgow & Clyde Health Board £000	Total £000
Funds Received from Partners	(61,474)	(105,821)	(167,295)
Funds Spent with Partners	61,284	105,437	166,721
Surplus in Year 2017/18	(190)	(384)	(574)

The Comprehensive Income and Expenditure Statement (CIES) on page 27 details the cost of providing services for the year to 31st March 2018 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £166.721m against funding contributions £167.295m, both amounts including notional spend and funding received for Set Aside of £17.066m, (further explained under Note 4 "Critical Judgements and Estimations" page 31). This therefore leaves the HSCP Board with an overall surplus on the provision of services of £0.574m which is transferred to Reserves, the composition of which is detailed within Note 10 "Usable Reserve: General Fund" page 34.

The HSCP Board receives a comprehensive financial performance report at every meeting, which details any budget movements, which impact on the directions back to WDC and NHSGGC in the commissioning of services, an explanation of all current variances, any mitigating action being taken to bring budgets back into balance and a full year projection.

The [Financial Performance Report](#) (see Appendix 1, 6.) (presented to the HSCP Board on 2nd May 2017), projected an overall overspend of £1.281m (-0.86%) for the financial year 2017/18. This figure excluded planned additions to reserves both for earmarked projects including transformational change and unearmarked, general reserves arising from unspent Social Care Fund resources to be invested in living wage and shifting the balance of care. The overspends in both health care and social care services were £0.180m and £1.103m respectively, after securing available efficiencies. The HSCP Board approved the recommendation that the application of general reserves was required to bring the 2017/18 financial year back into balance.

The final outturn position as detailed in these accounts reflects the HSCP Board's decision to apply general reserves to cover the confirmed overspend of £1.231m and the planned addition to earmarked reserves, resulting in an overall increase to the total value of reserves held (see Note 10 page 34)

Summary of 2017/18 Final Position	£000
2017/18 reported year end overspend	(1,231)
Funded by General Reserves	1,231
Movement in Earmarked Reserves (ie additions less deductions)	(949)
Movement in General Reserves (ie additions less deductions)	375
Overall Surplus 2017/18	(574)

The Comprehensive Income and Expenditure Statement (page 27) doesn't detail budget levels, but it does compare 2016/17 expenditure/income to 2017/18 and highlights the service areas with significant variations in spend or income levels.

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Whilst the final financial position is in excess to the available budget, it must be acknowledged that a significant element relates to the particular demographic and deprivation pressures within West Dunbartonshire, especially around children and young people and the commitment of staff in prioritising early identification of child protection issues and putting in place appropriate community support around those at risk to support positive outcomes. This is reflected in the key performance indicators performing above the target levels.

It should be noted that 2017/18 was the last year of the GP prescribing risk-sharing arrangement for the IJBs within the NHSGGC area. The final outturn position for West Dunbartonshire GP Prescribing was £0.795m, of which approximately 80% can be attributed to short supply and off-patent costs. However, this overspend does not feature in the total reported overspend as it is covered by NHSGGC.

The key messages for the financial year 2017/18 are:

- On a total budget allocation of £167.295m for our funding partners WDC and NHSGGC, we have ended the year with a surplus of £0.574m after taking account of planned additions to reserves;
- The movements in earmarked reserves is an overall increase of £0.949m, mainly due to Scottish Government Primary Care Funding, including GP Premises and MSK Ortho Project, bringing the closing balance to £4.437m;
- The movement in unearmarked, general reserves is an overall decrease of £0.375m, mainly due to the application of reserves to offset the excess of cost of services over the budget allocation in 2017/18. However there was a significant addition of £0.725m from unallocated Social Care Fund which was to fund the new Frailty Project, delayed until 2018/19;
- The outturn position, before the application of general (unearmarked) reserves was a deficit of £1.231m (-0.85%), funded by general reserves of £1.052m and £0.179m to cover the overspends within social care and health care services respectively;
- Within social care the cost of:
 - Community and residential placements for children and young people exceeded the budget by £1.80m. Of this total the cost of kinship and fostering placements accounts for £0.709m, due to an unprecedented increase in numbers. The number of kinship placements increased by 43 and the number of fostering placements 17. Due to difficulties across Scotland in attracting foster carers to sign with local authorities the majority of these new places had to be arranged with external fostering agencies at a higher cost.
 - Children placed within residential schools due to emotional, behavioural or physical disabilities exceeded the budget by £0.736m. This is an extremely volatile budget and secure placements can cost in excess of £0.200m per child. Childcare managers review these packages on a weekly basis for alternative, appropriate community based support;
 - Older people supported through care at home services or in residential or nursing care exceeded the budget by £0.430m and £0.626m respectively and can be attributed to demographic demand and continued improved performance on anticipatory care planning and reduction to bed days lost through delayed discharge;
 - All other adult services including learning and physical disability and mental health and addiction services collectively underspent by £0.943m, due to many factors including a reduction in a small number of high tariff, complex mental health and learning disability clients in receipt of high cost packages and the cost of rolling out the living wage being less than anticipated as it does not require to be applied to the cost of sleepovers until the end of 2018;

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- Within health care while there has been reported pressure in a high cost specialist nursing package and aids and equipment, this has mainly been covered by the use of discretionary, non-recurring funding across all services. The main reason for the overspend has been the difficulty in implementing approved savings programmes within school nursing and mental health. This was visible in monitoring reports through the financial year.

Hosted Services

The content of the financial statements has changed in 2017/18 on the treatment (presentation) of costs of Hosted Services. The full cost of the services which are hosted by the HSCP Board i.e. MSK Physiotherapy Services and Retinal Screening are no longer adjusted within the CIES and Notes to the Accounts to reflect the cost related to the activity of other IJBs' in the Greater Glasgow and Clyde Area. Similarly the cost of services accessed by West Dunbartonshire residents, but hosted by another IJB is also excluded. To allow for a meaningful comparison to the previous financial year the 2016/17 the figures have been restated to reflect this (further explained under Note 4 "Critical Judgements and Estimations" page 31).

While the accounting treatment may have changed, the tables below provide details of the impact of hosted services within the Greater Glasgow and Clyde area.

Based on activity, the table below, details the consumption cost of the services managed by WD HSCP Board to the other five IJBs' in the GGC area.

2016/17 £000 Net Expenditure of Other IJB Activity	Host Integrated Joint Board	Service Description	2017/18 £000 Net Expenditure of Other IJB Activity
5,486	West Dunbartonshire	MSK Physiotherapy	5,507
681	West Dunbartonshire	Retinal Screening	731
96	West Dunbartonshire	Old Age Psychiatry	99
6,263		Cost to GGC IJBs for Services Hosted by WD HSCP	6,337

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Similarly, other IJBs' within the GGC area act as the lead manager (or host) for a number of delegated services on behalf of the WD HSCP Board. The table below details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

2016/17 £000 Net Expenditure by WD HSCP	Host Integrated Joint Board	Service Description	2017/18 £000 Net Expenditure by WD HSCP
657	East Dunbartonshire	Oral Health	641
587	East Renfrewshire	Learning Disability	381
311	Glasgow	Continence	282
646	Glasgow	Sexual Health	585
660	Glasgow	Mental Health Central Services	668
962	Glasgow	Mental Health Specialist Services	996
1,096	Glasgow	Addictions – Alcohol and Drugs	1,085
756	Glasgow	Prison Healthcare	792
177	Glasgow	Health Care in Police Custody	184
3,393	Glasgow	General Psychiatry	3,589
1,672	Glasgow	Old Age Psychiatry	2,010
485	Renfrewshire	Podiatry	495
373	Renfrewshire	Primary Care Support	289
11,775		Cost to WD HSCP for Services Hosted by Other GGC IJBs	11,997

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed [here](#) (see Appendix 1, 7.)

The HSCP Board approved its Risk Management Strategy & Policy at its August 2015 meeting, which can be viewed [here](#) (see Appendix 1, 8.)

Following the planned and formal review of strategic risks by the Senior Management Team, an updated strategic risk register (underpinned by operational risk registers) was presented in draft for discussion at the September 2017 meeting of the Audit Committee. That updated strategic risk register, with mitigating actions was endorsed by the Audit Committee for recommendation to the full Partnership Board at the November 2017 meeting. This can be viewed [here](#) (item 10) (see Appendix 1, 9.)

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Some of the key risks identified below have a pre-mitigation assessment risk grade of “extreme” or “high” but with mitigating actions the likelihood of this outcome should reduce:

Strategic Risk	Mitigating Action
Failure to deliver efficiency savings targets as approved by HSCP Board, including as a consequence of savings proposals implemented by other sections/divisions of WDC or NHSGGC and agree and operate within allocated budget.	On-going process of managing and reviewing the budget by the Senior Management Team. A recovery plan will be implemented to address areas of significant in-year overspend. Savings options under review expected to be challenging – horizon scanning being undertaken with respect to delivery of Strategic Plan within context of both wider WDC and NHSGGC processes. Continue to work with corporate colleagues within WDC and NHSGGC and engage with forums/groups to identify proposals for financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets. Continue to work with NHSGGC and GGC-wide IJBs on bringing forward notification and approval of budget allocation, before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings.
Failure to plan and adopt a balanced approach to manage the year-round unscheduled care pressures; and related business continuity challenges that are faced in winter.	Develop and implement a WD HSCP unscheduled care plan for community services that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance. Through locality arrangements, emphasise importance of general practices reviewing their business continuity plans.
Failure to ensure that systems are in place to ensure that services are delivered by appropriately qualified and/or professionally registered staff.	Systems are in place to discharge this in line with NHSGGC policy & WDC requirements; and compliance with standards set by external scrutiny and registration bodies.
Failure to manage workforce pressures, recruitment demands and staff absence levels.	Continued implementation of HSCP Workforce and Organisational Development Strategy and Support Plan, including succession planning. Staff absence and appropriate application of relevant organisational policies regularly reported on and routinely review by SMT and line managers; and also standing item for consideration at HSCP Joint Staff Forum meetings.

Even with mitigating actions the likelihood of downgrading the “extreme” financial risks around efficiency targets and future funding is not possible in the current climate of financial austerity and short term funding allocations. However working in partnership with Chief Officers, Chief Financial Officers, COSLA and NHS Boards this has been recognised at the highest level within the Scottish Government.

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In late May 2018, the funding allocation letters that underpin significant government reform in Primary Care Transformation, incorporating the new GP Contract and Mental Health Strategy (including Action 15 – an additional 800 mental health workers) have included indicative 3 year funding allocations. This will allow IJBs to work with Health Boards and other partners to better plan for the significant workforce changes required to fulfil these commitments.

Financial Risks

One of the most significant financial risks for the WDHSCP Board in 2018/19 is the cost of GP Prescribing now that the risk-sharing arrangement the IJBs' had with NHSGGC has been withdrawn. Over the last couple of financial years, increases to drug tariffs, less than anticipated savings from drugs moving to off patent and the unprecedented level of short supply, has resulted in significant financial pressure. At the end of 2017/18 NHSGGC under the risk sharing arrangement covered a year end overspend of £6.7m, with WDHSCP's share being £0.795m or 4.2% of our prescribing budget.

The volatility of drug prices made budgeting for 2018/19 extremely difficult and at its peak it was anticipated that it could cost WD HSCP Board approximately £1m more than in 2017/18. This placed a significant burden on the budget gap, which could only be covered if savings in excess of 5% were found. This was in addition to the ambitious prescribing efficiency measures agreed by the Prescribing Efficiency Group of approximately £11m across the six Glasgow partnerships.

As the months have progressed leading up to the final 2018/19 budget setting there has been positive movement on the cost of short supply. The latest estimate (after efficiencies) is an increase of approx. 2.6% required on existing budgets.

The HSCP Board took the pragmatic decision to allow for a small adjustment for error and set a budget which required a level of savings that would cover up to a 3% increase in prescribing costs.

The requirement to identify savings and efficiencies in the medium to long term places significant risk on the HSCP Board's ability to set a balanced budget and continue to deliver high quality services. As part of the 2018/19 budget setting process the HSCP Board agreed to publically consult (the only partnership within the Greater Glasgow area to do so) on the comprehensive list of savings options presented to them on 20th December 2017.

The budget consultation opened on the HSCP Board's website on the 6th March 2018 for a period of 4 weeks, with prompts to staff and the wider community to have their say throughout the time period. A total of 335 responses were received and considered by the HSCP Board at its budget setting meeting on 2nd May 2018.

The approved savings options have to release cost efficiencies of £0.597m within social care and £0.619m in health care services. Some savings are related to a small reduction in staffing and the achievement of turnover savings, but only where it is practicable to do so and does not have a detrimental impact on front line delivery.

Reserves

The HSCP Board's Reserves Strategy is in place to help mitigate any delay in the achievement of 2018/19 savings programmes as well as future financial risk. While in the early days of IJBs it was not anticipated that significant reserves could be accumulated, there have been opportunities to establish reserves through the additional

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funding directed to IJBs through the Social Care Fund, Delayed Discharge, Primary Care Transformation and other specific funding streams.

The HSCP Board's Reserves Policy recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). This would equate to approximately £2.5m, and for 2017/18 the final position is £1.7m (see Note 10: Usable Reserve: General Fund) i.e. below the recommended target. This resource coupled with earmarked reserves of £4.4m will be utilised by the HSCP Board to both underwrite any unforeseen service volatility and to support service redesign to deliver sustainable, high quality health and care services to West Dunbartonshire communities.

Also for 2018/19 and the medium term the HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and savings trackers. As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and its senior officers will monitor such developments and will take appropriate action as required.

Risks

The ability to continue to add to the reserves balance while delivering on approved savings programmes coupled with ongoing demographic pressure is a recognised strategic risk for the HSCP Board. There are a number of risks which may impact on the successful implementation of the Carers' Act. The financial impact of waiving of charges for carers has not been quantified. There is a risk this may place significant financial pressure on the future budget plans.

Local work is underway to explore further the potential impact of waiving of charges. There may be additional resources required to undertake carers' assessments, Self-Directed Support and care management. A working group has been being established to review and monitor approach and impact on services. The expectations of carers and the delivery of an open eligibility criteria needs to be reviewed in terms of financial impact and supported within available resources and / or allocated funding. There is a need for clear financial modelling within the first year of the Carers' Act to better understand how this change could impact the current planned commitments.

The Scottish Government's extension to Free Personal and Nursing Care to those under 65 is due to commence on 1st April 2019. This is a complex piece of legislation and it is simply not a case of extending a current policy by incorporating another age band. Extending free personal care to under 65s could have important benefits for many people who are charged for these services and could mean an increase in demand for these services.

By April 2019 all IJBs need be able to provide free personal care to all eligible adults at no cost. The HSCP Board (through delegated authority of WDC) would need to have a clear and unambiguous charging policy to ensure it is clearly laid out what free personal care actually means i.e. what is included and what is not. This would include the provision of good quality information on their charging policies so that service users, their carers and their families understand how their charges are calculated and how we will collect them.

Over the coming year the HSCP Board will be reviewing and establishing systems and processes to ensure high standards of conduct and effective governance, and establishing a culture of openness, support and respect of:

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- Waiving of charges;
- Assessment - personal care v non personal care;
- Financial Assessments for those in residential care;
- Residential Care Contracts;
- Monitoring and Accountability processes; and
- Review and monitoring processes.

The HSCP Board through the delivery of its Strategic and Financial Plans will continue to develop, transform and deliver high quality health and social care services to the people of West Dunbartonshire.

Allan MacLeod
HSCP Board Chair

Date: 26th September 2018

Beth Culshaw
Chief Officer

Date: 26th September 2018

Julie Slavin CPFA
Chief Financial Officer

Date: 26th September 2018

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit Committee on 26th September 2018.

Signed on behalf of the West Dunbartonshire Health & Social Care Partnership.

Allan MacLeod
HSCP Board Chair

Date: 26th September 2018

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Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31st March 2018 and the transactions for the year then ended.

Julie Slavin CPFA
Chief Financial Officer

Date: 26th September 2018

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REMUNERATION REPORT

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

It discloses information relating to the remuneration and pension benefits of specified WD HSCP Board members and staff. The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Membership of the HSCP Board is non-remunerated; for 2017/18 no taxable expenses were claimed by members of the partnership board.

1. Health and Social Care Partnership Board

The voting members of the HSCP Board were appointed through nomination by Greater Glasgow and Clyde Health Board or West Dunbartonshire Council. Nomination of the HSCP Board Chair and Vice Chair post holders alternates, every 3 years, between a Councillor for WDC or a NHSGGC Health Board representative.

The HSCP Board does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant partner organisation.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2017/18 no voting member received any form or remuneration from the HSCP Board as detailed in the table over.

Voting Board Members 2017/18	Membership Details	Organisation
Marie McNair (Chair)	First Meeting 31/05/17	WDC
Gail Casey (Chair)	Last HSCP Board 22/03/17	WDC
Martin Rooney	Last HSCP Board 22/03/17	WDC
Jonathan McColl	Last HSCP Board 22/03/17	WDC
John Mooney	First Meeting 31/05/17	WDC
Denis Agnew	First Meeting 31/05/17	WDC
Allan Macleod (Vice Chair)		NHSGGC
Heather Cameron	Last HSCP Board 31/05/17	NHSGGC
Rona Sweeney		NHSGGC
Audrey Thomson	First Meeting 23/08/17	NHSGGC

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2. Senior Officers

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board.

During 2017/18 there was a change to the Chief Officer post due to the retirement of Keith Redpath on 31st July 2017. The new Chief Officer, Beth Culshaw, took up post on 3rd July 2017 to allow for a handover period.

Mr Redpath was employed by NHSGGC and held an honorary contract with WDC. Ms Culshaw is employed by WDC, and holds an honorary contract with NHSGGC.

Chief Officer and Chief Financial Officer posts funding is included equally in the partner contributions.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Total Earnings 2016/17 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office £	Total Earnings 2017/18 £
107,436	K Redpath Chief Officer (End Date 31/07/17)	35,812 (FYE 107,436)		35,812
41,446	J Slavin Chief Financial Officer (Start Date 22/08/16)	69,795		69,795
-	B Culshaw Chief Officer (Start date 03/07/17)	77,784 (FYE £103,000)		77,784
43,596	J Middleton Chief Financial Officer (Retired 16/10/2016)	-		-

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

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Senior Officers	In Year Pension Contributions		Accrued Pension Benefits		
	For year to 31/03/17 £000	For year to 31/03/18 £000		For year to 31/03/17 £000	For year to 31/03/18 £000
K Redpath Chief Officer (Retired 31/07/17)	16	5	Pension	17	-
			Lump Sum	50	-
J Slavin Chief Financial Officer (Start Date 22/08/16)	6	10	Pension	1	3
			Lump Sum	-	-
B Culshaw Chief Officer (Start Date 03/07/17)	-	15	Pension	-	1
			Lump Sum	-	-
J Middleton Chief Financial Officer (Retired 16/10/16)	6	-	Pension	-	-
			Lump Sum	-	-

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland) or Local Government Scheme. The pension figures shown relate to the benefits that the person has accrued as a consequence of their total public sector service, and not just their current appointment. The contractual liability for employer pension's contributions rests with NHS Greater Glasgow & Clyde and West Dunbartonshire Council. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Remuneration Band	Number of Employees 31/03/2017	Number of Employees 31/03/2018
£65,000 - £69,999		1
£75,000 - £79,999		1
£105,000 - 109,999	1	

Allan MacLeod
HSCP Board Chair

Date: 26th September 2018

Beth Culshaw
Chief Officer

Date: 26th September 2018

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as it meets the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners.

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. To secure best value the Strategic Plan 2016-19 commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the HSCP Board continues to have in place robust arrangements for governance of its affairs and effectiveness of its functions, including the identification, prioritisation and the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk, to a reasonable level, to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both partner organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The Chief Internal Auditor reports directly to the HSCP Board's Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit Committee on any matter.

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes; cultures and values; by which the HSCP is directed and controlled. The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

The HSCP Board comprises of the Chair and five other voting members, nominated equally by West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. There are also a number of professional and stakeholder non-voting members, including the Chief Officer, Chief Financial Officer and representatives from the third sector and service users on the board. As defined within the Integration Scheme the Chief Officer is responsible for the preparation, implementation and reporting on the Strategic Plan.

The HSCP Board adopted governance arrangements consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good

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Governance is in place which will be reviewed regularly and updated to reflect best practice, new legislative requirements and the needs of all our stakeholders.

The Local Code of Good Governance was approved by the HSCP Board's Audit Committee in September 2017, together with a full self-assessment of its compliance to the main principles and sub principles. This review is undertaken by detailing examples of current systems, processes, policies, reports in place and current developments. There were no areas assessed to be non-compliant and more than half were considered fully compliant. In the areas that assessed as generally compliant an Action Plan was produced detailing the improvement action and the lead officer responsible.

The full report can be found [here](#) (see Appendix 1, 10.)

The main features of the HSCP Board's governance framework and system of internal control can be found in its Local Code, with the key features summarised below:

- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The Strategic Plan 2016-2019 sets out the purpose, strategic vision and commissioning priorities for the next three years – with a clear commitment to the delivery of effective and clinical care governance and Best Value with the resources available in the Annual Financial Statement;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit Committee is set out in key constitutional documents including the scheme of delegation, terms of reference, code of conduct, standing orders and financial regulations;
- The Performance Management Framework commits to regular performance and financial reporting on the delivery of outcomes and key indicators as set out within the Strategic Plan. Building on the Annual Performance Reports of the last few years, each meeting of the HSCP Board receives quarterly performance and finance reports, which has already been scrutinised by the Senior Management Team;
- The Participation and Engagement Strategy sets out the HSCP Board's approach to engaging with stakeholders. The Cabinet Secretary for Health's response to the Health and Sport Committee's Report "Are They Involving Us" highlighted West Dunbartonshire as a good example of local engagement. Our Local Engagement Networks (LENs) allow for both targeted and general engagement across localities;
- The Risk Management Strategy including the risk management policy and strategic risk register (underpinned by operational risk registers) are scrutinised annually by the Audit Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
- The Reserves Policy is reviewed as part of the annual budget setting process and have identified a reasonable level of both general and earmarked reserves after its first full year of operation;
- Capital Project Boards, chaired by the Chief Officer tasked with the planning, scrutiny and delivery of significant capital investment by West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for a new Residential Care Home and Health and Care Centre in Clydebank;
- A performance appraisal process is in place for all employees and staff are also required to undertake mandatory training to reinforce their obligations to protect our service users; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, our external auditors, Inspectorates and the appointed Internal Audit service to the HSCP Board and Audit Committee.

The governance framework described operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements set out within the Integration Scheme. During 2017/18 this included:

- Key Financial Control Reviews including Accounts Payable, Payroll (including Overtime) and Fixed Assets;
- ICT Disaster Recovery/Business Continuity Controls;
- Data and Information Security – Governance and Practice;
- Setting targets to measure financial and other performance, including absence management; and
- Use of CareFirst (social care case management system) Functionality for Financial Management.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement "*The Role of the Chief Financial Officer in Local Government (2010)*". To deliver these responsibilities the Chief Financial Officer must lead and direct a finance function that is resourced and fit for purpose and be professionally qualified and suitably experienced.

The HSCP Board complies with the requirements of the CIPFA Statement on "*The Role of the Head of Internal Audit in Public Organisations 2010*". The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA "*Public Sector Internal Audit Standards 2013*".

The HSCP Board's Audit Committee operates in accordance with CIPFA's "*Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities*".

Review of Adequacy and Effectiveness

The HSCP Board's is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who have the responsibility for development and maintenance of the governance environment; the work of the Internal and External Auditors and inspections and reports of other review agencies, including the Care Inspectorate.

The HSCP Board adopted "The Code of Practice for Local Authority Accounting", recommendation that the local code is reviewed each year, in order that it can inform the Governance Statement. This review was carried out and approved by the Audit Committee in June 2018 and can be found on the HSCP website [here](#) (see Appendix 1, 11)

In summary there was some improvement in the sub-principles deemed fully compliant, the September Action Plan was updated and some new improvement actions were identified (see section "Governance Issues 2017/18 and Further Actions" below).

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Other reviews to improve effectiveness include:

- Refresh of the HSCP Board's Financial Regulations;
- Review of remit and membership of the Clinical and Care Governance Group;
- Formation of local Prescribing Group to support the work of the Prescribing Efficiency Group; and
- Approval of the Strategic Planning Group - a sub-committee of the HSCP Board.

Also supporting the review of the HSCP Board's governance framework are the processes of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within the council each member of the Corporate Management Team presents an annual statement on the adequacy and effectiveness of control (including financial control), governance and risk management arrangements within their service area. Through the delegation of operational responsibility for the delivery of all social care services these statements were provided by the HSCP's Chief Officer, Chief Financial Officer and Senior Management Team. The responses to these are considered as part of the review of the HSCP Board's and Council's governance arrangements and inform the Chief Internal Auditor's Annual Reports. Some of the key improvements noted in 2017/18 are:

- Legislative compliance in relation to child protection through the local Child Protection Committee;
- Reduce sickness absence across all services;
- Introduction of Be the Best Conversations across Community Care staff;
- Actioned Public Service Improvement Framework (PSIF) process in both Mental Health and Learning Disability Services; and
- Update of Business Continuity Plan in partnership with the council and the health board.

Within the health board a similar process is in operation where service managers and Chief Officers complete a "Self Assessment Checklist" covering all the key areas of the internal control framework.

Update on Previous Governance Issues

As highlighted in the 2016/17 governance statement the approval process for budget setting for West Dunbartonshire Council and Greater Glasgow and Clyde Health Board follow different timetables, which has led to delays in the HSCP Board being able to approve its Annual Revenue Budget, including savings options. The council sets its budget before the end of March each year and informs the HSCP Board of its funding allocation, whereas the health board is late June.

In 2017/18 the budget was not approved until the 23rd August 2017, which impacted on the reporting of the 2017/18 financial performance and uncertainty over the possible utilisation of reserves.

To improve the 2018/19 financial planning exercise, from late December 2017 the Chief Officers and Chief Financial Officers of the six Glasgow area partnerships worked closely with the Chief Executive and Director of Finance of Greater Glasgow and Clyde Health Board to work through the elements of the Scottish Government's financial settlement and expectations of funding to support Health and Social Care to agree on the key elements of funding. Notwithstanding the work continuing around "Set Aside" budgets, the HSCP Board was able to consult publicly on savings options throughout April 2018 and set its 2018/19 Annual Revenue Budget on 2nd May 2018.

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Governance Issues 2017/18 and Further Actions

As referred to under “Review of Adequacy and Effectiveness” above the Local Code was reviewed and reported to the 20th June 2018 Audit Committee. The overall assessment was that there were improvements in overall compliance with the principles of the code, due to the progress of the Improvement Actions identified in the September 2017 review. However some of these improvements will require time to fully develop as detailed below:

Improvement Action	Lead Officer	Due Date	Review June 2018
Implement approved Partnership Board and Board Member Development Programme.	Head of People & Change	February 2018	Underway – full programme to be agreed
Introduce annual compliance check of register of interests and hospitality by individual members as part of annual accounts process.	Chief Financial Officer	April 2018	Complete May 2018
Develop and approve a FOI policy specific to the Partnership Board.	Head of Strategy, Planning & Health Improvement	November 2017	Complete Approved by HSCP Board Nov 2017
Refresh and update local Self Directed Support arrangements.	Head of Strategy, Planning & Health Improvement	March 2018	Update Report to June 2018 HSCP Board
Develop medium term financial plan.	Chief Financial Officer	February 2018	Revised to Nov 2018. Scenario planning underway – must reflect priorities of new Strategic Planning Group and be reflective of Scottish Govt funding streams.
In partnership with NHSGGC, Scottish Government and GGC IJBs agree on methodology that allows Set Aside resources to be quantified and reflect actual activity to comply with legislation on the use of this resource in shifting the balance of care.	Chief Financial Officer	June 2018	Data sets have been agreed and progress reported to the Scottish Government June 2018. Impact of set-aside funding must be considered from 2019/20.
Develop a protocol with NHSGGC auditors to share internal audit report findings with Chief Financial Officer and Chief Internal Auditor.	Chief Internal Auditor	December 2017	Chief Financial Officer formally wrote to NHSGGC and clause on information sharing included in tender to appoint new auditors from April 2018.

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The review also included the HSCP Board's Improvement Actions for 2018/19:

Improvement Action	Lead Officer	Due Date
Review the effectiveness of the Audit Committee and the Terms of Reference	Chief Internal Auditor	December 2018
Review the effectiveness of the new Strategic Planning Group	Chief Officer & Head of Strategy, Planning and Health Improvement	March 2019
Consider long term financial planning in the context of projections and assumptions made by HSCP Board's funding partners.	Chief Financial Officer	June 2019

Conclusion and Opinion on Assurance

The Chief Internal Auditor's 2017/18 Annual Report to the HSCP Board's Audit Committee concluded that based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31st March 2018 within the Council and the Health Board over which the Partnership Board requires to receive assurances and within the Health & Social Care Partnership Board itself."

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Allan MacLeod
HSCP Board Chair

Date: 26th September 2018

Beth Culshaw
Chief Officer

Date: 26th September 2018

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COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2016/17 Gross Expenditure Restatement £000	2016/17 Gross Income Restatement £000	2016/17 Net Expenditure Restatement £000	West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2017/18 Gross Expenditure £000	2017/18 Gross Income £000	2017/18 Net Expenditure £000
Consolidated Health & Social Care						
32,972	(7,183)	25,789	Older People Residential, Health and Community Care	37,656	(7,113)	30,543
13,786	(711)	13,075	Homecare	14,219	(652)	13,567
2,751	(242)	2,509	Physical Disability	2,972	(190)	2,782
19,881	(769)	19,112	Children's Residential Care and Community Services (including specialist)	21,879	(978)	20,901
1,929	(78)	1,851	Strategy Planning and Health Improvement	1,674	(77)	1,597
11,085	(1,505)	9,580	Mental Health Services - Adult & Elderly Community and Inpatients	11,133	(2,099)	9,034
3,013	(154)	2,859	Addictions	3,093	(172)	2,921
15,542	(379)	15,163	Learning Disabilities - Residential and Community Services	16,225	(485)	15,740
24,406	(988)	23,418	Family Health Services (FHS)	24,952	(990)	23,962
19,294	0	19,294	GP Prescribing	19,887	0	19,887
6,246	(182)	6,064	Hosted Services - MSK Physio	6,052	(275)	5,777
770	(4)	766	Hosted Services - Retinal Screening	745	(4)	741
3,742	(3,726)	16	Criminal Justice	1,962	(1,961)	1
1,536	(829)	707	HSCP Corporate and Other Services	1,978	(986)	992
254	0	254	IJB Operational Costs	283	0	283
157,207	(16,750)	140,457	Cost of Services Directly Managed by West Dunbartonshire HSCP	164,710	(15,982)	148,728
17,066		17,066	Set aside for delegated services provided in large hospitals	17,066	0	17,066
0	0	0	Services hosted by other NHS GGC IJBS Note 2 and 4	0	0	0
0	0	0	Services hosted by West Dunbartonshire IJB for other IJBS Note 2 and 4	0	0	0
702	0	702	Assisted garden maintenance and Aids and Adaptions	927	0	927
174,975	(16,750)	158,225	Total Cost of Services to West Dunbartonshire HSCP	182,703	(15,982)	166,721
	(162,181)	(162,181)	Taxation & Non-Specific Grant Income (contribution from partners) Note 6		(167,295)	(167,295)
		(3,956)	(Surplus) or Deficit on Provisions of Services			
			Total Comprehensive Income and Expenditure			(574)

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MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2017/18	Unearmarked Reserves Balance £000	Earmarked Reserves Balance £000	Total General Fund Reserves £000
Opening Balance as at 31 March 2017	(2,080)	(3,488)	(5,568)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2017/18	375	(949)	(574)
Closing balance as at 31 March 2018	(1,705)	(4,437)	(6,142)

Movement in Reserves During 2016/17	Unearmarked Reserves Balance £000	Earmarked Reserves Balance £000	Total General Fund Reserves £000
Opening Balance as at 31 March 2016	(492)	(1,120)	(1,612)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2016/17	(1,588)	(2,368)	(3,956)
Closing balance as at 31 March 2017	(2,080)	(3,488)	(5,568)

BALANCE SHEET

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

2016/17 £000		Notes	2017/18 £000
5,568	Short Term Debtors	8	6,142
5,568	Current Assets		6,142
-	Short Term Creditors	9	-
-	Current Liabilities	-	-
5,568	Net Assets	-	6,142
(2,033)	Usable Reserves: General Fund	10	(1,705)
(3,535)	Usable Reserves: Earmarked	10	(4,437)
(5,568)	Total Reserves	-	(6,142)

The unaudited accounts were issued on 20th June 2018 and the audited accounts were authorised for issue on 26th September 2018.

Julie Slavin CPFA
Chief Financial Officer

Date: 26th September 2018

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2017/18 financial year and its position at the year-end of 31st March 2018.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

1.3 Funding

The HSCP Board is primarily funded through funding contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire.

1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31st March 2018, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.5 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31st March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31st March 2018 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31st March 2018, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31st March 2018, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

1.7 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31st March 2018 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

1.8 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

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Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.9 VAT

The HSCP is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the HSCP board's accounts depends on which of the partner organisations is providing the service as these agencies are treated differently for VAT purposes.

The services provided to the HSCP board by the Chief Officer are outside the scope of VAT as they are under a special regime.

2. **Prior Year Re-Statement – Hosted Services**

As detailed within the Management Commentary, the accounting treatment regarding Hosted Services changed in 2017/18 after consideration of the current management arrangements. Further details are provided under Note 4 Critical Judgements and Estimation Uncertainty.

3. **Accounting Standards Issued Not Yet Effective**

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. **Critical Judgements and Estimation Uncertainty**

In applying the accounting policies set out above, the HSCP has had to make a critical judgement relating to complex transactions in respect of the values included for services hosted within HSCP and other IJBs within the NHSGGC area. In previous financial years the financial accounts have been prepared on the basis that costs associated with activity for services related to non-West Dunbartonshire residents were removed and transferred to other IJB's to reflect the location of the service recipients. Costs were also added to reflect activity for services delivered by other IJB's related to West Dunbartonshire residents. The costs removed/added were based upon budgeted spend such that any overspend or underspend remains with the hosting IJB.

In preparing the 2017/18 financial statements these adjustments will no longer be made. Within NHSGGC each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such, the IJB is considered to be acting as 'principal', and the costs should be reflected within the

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financial statements for the services which it hosts. This is the basis on which 2017/18 accounts have been prepared.

The set aside resource for delegated services provided in large hospitals is determined by analysis of hospital activity and cost information. The value included in the accounts is calculated by NHSGGC using the average of activity data for each partnership population covering to 2013 to 2015 and 2014/15 cost data, uprated for 1% annual inflation for each year. In 2017/18 a Working Group, with membership from NHSGGC, Glasgow IJB and the Scottish Government, convened to consider how best to identify actual activity for each IJB and the associated cost. A data set should be agreed before the end of 2018. As such, the set aside sum included in the accounts remains at the notional level and does not reflect actual hospital activity in 2017/18.

5. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 27th September 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31st March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

2016-17 Restatement £000	West Dunbartonshire Integrated Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2017-18 £000
65,718	Employee Costs	65,382
1,014	Property costs	859
1,427	Transport	1,459
4,096	Supplies and Services	7,806
39,400	Payment to Other Bodies	42,586
22,935	Prescribing	23,346
20,764	Family Health Services	21,262
1	Capital Charges	1
1,835	Other - Direct Payments	1,985
17	Audit Fee	24
702	Assisted Garden Maintenance and Aids and Adaptions	927
17,066	Set Aside for Delegated Services Provided in Large Hospitals	17,066
(16,750)	Income	(15,982)
(162,181)	Taxation and non specific grant income	(167,295)
(3,956)	Surplus on the Provision of Services	(574)

There are no statutory or presentational adjustments which reflect the WDHSCP Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

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7. Taxation and Non-Specific Grant Income

The table below shows the funding contributions from the two partner organisations. This note has been re-stated for 2016/17 to reflect the revised position in relation to hosted services (Note 2). The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £17.066m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

2016-17 Restatement £000	Taxation and Non -Specific Grant Income	2017-18 £000
(82,899)	NHS Greater Glasgow and Clyde Health Board	(88,755)
(61,514)	West Dunbartonshire Council	(60,547)
(17,066)	NHS GGCHB Set Aside	(17,066)
(702)	Assisted garden maintenance and Aids and Adaptions	(927)
(162,181)	Total	(167,295)

8. Debtors

2016/17 £000	Short Term Debtors	2017/18 £000
1,628	NHS Greater Glasgow and Clyde Health Board	2,012
3,940	West Dunbartonshire Council	4,130
5,568	Total	6,142

9. Creditors

2016/17 £000	Short Term Creditors	2017/18 £000
0	NHS Greater Glasgow and Clyde Health Board	0
0	West Dunbartonshire Council	0
0	Total	0

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10. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance as at 31 March 2017 £000	West Dunbartonshire Council Earmarked Reserve	Transfers Out 2017/18 £000	Transfers In 2017/18 £000	Balance as at 31 March 2018 £000
(14)	GIRFEC Council	1	0	(13)
(60)	Criminal Justice - Transitional Funds		(11)	(71)
	Carers Funding		(37)	(37)
(833)	Social Care Fund - Living Wage	0	(390)	(1,223)
(1,000)	Service Redesign and Transformation	169	(250)	(1,081)
(1,907)	Total WDC Council	170	(688)	(2,425)
	Greater Glasgow & Clyde Health Board Earmarked Reserve			
(555)	Integrated Care Fund	400	(385)	(540)
(171)	Delayed Discharge	220	(152)	(103)
(175)	GIRFEC NHS	45	0	(130)
0	Ophthalmology		0	0
(184)	DWP Conditions Management	5	0	(179)
(118)	TEC (Technology Enabled Care) Project	48	(103)	(173)
(26)	Primary Care Transformation Fund including Cluster Lead Funding	0	(239)	(265)
(3)	SMT Leadership Development Funding	3		0
(75)	Physio Waiting Times Initiative	0	(50)	(125)
	Retinal Screening Waiting List Grading Initiative		(60)	(60)
	GP Premises Improvement Funding		(47)	(47)
	MSK Ortho Project		(359)	(359)
	MSK Govan SHIP Project Funding		(31)	(31)
(274)	CHCP 2015/16 Saving	274		
(1,581)	Greater Glasgow & Clyde Health Board Earmarked Reserves	995	(1,426)	(2,012)
(3,488)	Total Earmarked Reserves	1,165	(2,114)	(4,437)
(2,080)	Total Unearmarked Reserves	1,100	(725)	(1,705)
(5,568)	Total General Fund Reserves	2,265	(2,839)	(6,142)
	Overall Movement Reserves			(574)

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11. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Transactions with Greater Glasgow and Clyde Health Board

2016-17 £000		2017-18 £000
(99,965)	Funding Contributions Received from the NHS Board	(105,821)
99,385	Expenditure on Services Provided by the NHS Board	105,437
(580)	Net transactions with NHS Board	(384)

Greater Glasgow and Clyde Health Board did not charge for any support services provided in the year ended 31st March 2018.

Balances with Greater Glasgow and Clyde Health Board

2016/17 £000		2017/18 £000
1,628	Debtors Balances: Amount Due from the NHS Board	2,012

Transactions with West Dunbartonshire Council

2016/17 £000		2017/18 £000
(61,514)	Funding Contributions Received from the Council	(60,547)
57,884	Expenditure on Services Provided by the Council	60,074
254	Key Management Personnel: Non Voting Members	283
(3,376)	Net Transactions with West Dunbartonshire Council	(190)

West Dunbartonshire Council did not charge for any support services provided in the year ended 31st March 2018.

Balances with West Dunbartonshire Council

2016/17 £000		2017/18 £000
3,940	Debtors Balances: Amount Due from West Dunbartonshire Council	4,130

12. External Audit Costs

In 2016/17 the HSCP Board incurred the following fees relating to external audit in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2016/17 £000		2017/18 £000
17	Fees Payable	24

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the West Dunbartonshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about West Dunbartonshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the West Dunbartonshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The West Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other

information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information; I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT
September

West Dunbartonshire Health & Social Care Partnership

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APPENDIX 1: LIST OF WEBSITE LINKS

1. <http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf>
2. <http://wdhscp.org.uk/media/1597/strategic-plan-2016-2019.pdf>
3. <http://wdhscp.org.uk/media/1561/wdhscp-participation-and-engagement-strategy-2016.pdf>
4. <http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/>
5. <http://www.wdhscp.org.uk/media/2063/hscp-annual-annual-report.pdf>
6. <http://wdhscp.org.uk/media/1987/health-and-social-care-partnership-papers-2-may-2018-items-to-follow.pdf>
7. <http://www.wdhscp.org.uk/media/2018/wd-hscp-board-financial-regulations-feb-2018.pdf>
8. <http://www.wdhscp.org.uk/media/1874/wdhscp-risk-policy-and-strategy-august-2015.pdf>
9. <http://www.wdhscp.org.uk/media/1878/document-pack-wd-hscp-board-22-november-2017.pdf>
10. <http://wdhscp.org.uk/media/1853/document-pack-hscp-audit-committee.pdf>
11. <http://wdhscp.org.uk/media/2021/document-pack-wd-hscp-audit-committee-20-june-2018.pdf>

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit Committee: 26 September 2018**

Subject: Annual Audit Report 2017/18 - West Dunbartonshire Integrated Joint Board**1. Purpose**

- 1.1** To present the Annual Report and Auditor's letter, for the audit of the financial year 2017/18, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

2. Recommendations

- 2.1** It is recommended that the HSCP Audit Committee:

- Consider the contents of the Annual Report to the IJB and the Controller of Audit for the financial year ended 31 March 2018;
- Note the achievement of an unqualified audit opinion; and
- Consider the issues raised, recommendations and agreed management actions contained in the attached appendices relating to the audited Annual Accounts.

3. Background

- 3.1** It is a statutory requirement of the accounts closure process (ISA 260) that those charged with the governance of the HSCP Board receives a report from the appointed external auditors, highlighting the main matters arising in respect of their audit of the financial statements.
- 3.2** The ISA 260 and Annual Audit Report covers the nature and scope of the audit, details any qualifications, details of any unadjusted misstatements, details of any material weaknesses in the accounting and internal control systems, gives a view on the qualitative aspects around accounting practices and any other matters specifically required to be communicated to the HSCP Board.
- 3.3** The letter containing Independent Auditor's Opinion to the HSCP Board and a copy of the letter of Representation from the Chief Financial Officer is attached at Appendix 1 and the Annual Audit Report at Appendix 2. This letter provides external auditors with assurance around the key accounting requirements and judgements made when closing the 2017/18 Accounts and are issued with the signed version of the Annual Accounts.

4. Main Issues

- 4.1 It is the auditor's opinion that the financial statements of the HSCP Board for 2017/18 give a true and fair view of the state of affairs and its net expenditure for the year. The unqualified independent auditor's report is attached at Appendix 1.
- 4.2 The HSCP Board has effective governance arrangements in place and will further be strengthened as the recommendations made in the report are actioned as the year progresses.

5. People Implications

- 5.1 None associated with this report.

6. Financial Implications

- 6.1 The HSCP Board achieved a surplus of £0.574m in 2017/18, which will be retained in accordance with the Integration Scheme and Reserves Policy.

7. Professional Implications

- 7.1 As part of the completion of the audit, the Section 95 officer (Chief Financial Officer) must provide written representations on aspects of the annual accounts, including the judgements and estimates made.

8. Locality Implications

- 8.1 None associated with this report.

9. Risk Analysis

- 9.1 Detailed within the Annual Audit Report Action Plan.

10. Impact Assessments

- 10.1 None required.

11. Consultation

- 11.1 This report has been completed in consultation with the HSCP Board's external auditor's Audit Scotland.

12. Strategic Assessment

- 12.1 This report is in relation to a statutory function.

Author: Julie Slavin – Chief Financial Officer,

Date: 13 September 2017

Person to Contact: Julie Slavin – Chief Financial Officer,
Hartfield, Latta Street, Dumbarton G82 2DS.
Telephone: 01389 812350
e-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: **Appendix 1:** ISA 260 – Independent Auditors Report &
ISA 580 Letter of Representation

Appendix 2: Annual Audit Report 2017/18

Background Papers: Audit Committee June 2018 – Draft Unaudited Annual
Accounts

Wards Affected: All

Audit Committee

26 September 2018

West Dunbartonshire Integration Joint Board Audit of 2017/18 annual accounts

Independent auditor's report

1. Our audit work on the 2017/18 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 26 September 2018 (the proposed report is attached at **Appendix A**).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Audit Committee's consideration our draft annual report on the 2017/18 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.
3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.
6. We have no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to West Dunbartonshire Council we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

Representations from Section 95 Officer

8. As part of the completion of our audit, we are seeking written representations from the Chief Financial Officer on aspects of the annual accounts, including the judgements and estimates made.
9. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the West Dunbartonshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about West Dunbartonshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the

financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the West Dunbartonshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The West Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

September 2018

APPENDIX B: Letter of Representation (ISA 580)

Fiona Mitchell-Knight, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

26 September 2018

Dear Fiona

West Dunbartonshire Integration Joint Board Annual Accounts 2017/18

1. This representation letter is provided in connection with your audit of the financial statements of West Dunbartonshire Integration Joint Board for the year ended 31 March 2018 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Audit Committee, the following representations given to you in connection with your audit of West Dunbartonshire Integration Joint Board's annual accounts for the year ended 31 March 2018.

General

3. West Dunbartonshire Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2017/18 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by West Dunbartonshire Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (2017/18 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Integration Joint Board at 31 March 2018 and the transactions for 2017/18.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2017/18 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to West Dunbartonshire Integration Joint Board's circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed the Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on West Dunbartonshire Integration Joint Board's ability to continue as a going concern.

Fraud

10. I have provided you with all information in relation to
 - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

11. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

12. All material transactions with related parties have been disclosed in the financial statements in accordance with the 2017/18 accounting code. I have made available to you the identity of all West Dunbartonshire Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

13. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

14. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

15. I acknowledge as Section 95 Officer my responsibility for the corporate governance arrangements. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
16. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2018, which require to be reflected.

Balance Sheet Provisions and Contingent Liabilities

17. There are no provisions or contingent liabilities, arising either under formal agreements or through informal undertakings, requiring disclosure in the accounts.

Assets

18. The debtor balance shown in the Balance Sheet as at 31 March 2018 has been agreed with partners.

Yours sincerely

Julie Slavin
Chief Finance Officer

West Dunbartonshire Integration Joint Board

2017/18 Annual Audit Report



Prepared for West Dunbartonshire Integration Joint Board and the Controller of Audit
26 September 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2017/18 annual report and accounts

- 1 In our opinion West Dunbartonshire IJB's financial statements give a true and fair view and were prepared in accordance with accounting regulations.
- 2 The management commentary, remuneration report and annual governance statement were consistent with the financial statements.

Financial management and sustainability

- 3 Budgetary process arrangements provide reliable information to the Board, for monitoring financial performance. While these arrangements have improved on prior years, there is scope to strengthen them by providing information on transfers to and from earmarked reserves.
- 4 The IJB incurred an overspend against budget of £1.231 million. This was funded from unearmarked reserves which was offset by additional funding received from the Scottish Government. Due to this, the accounts show a surplus of £0.574 million. Unearmarked reserves total £1.075 million, which is below the prudential reserve target of £2.492 million set by the IJB.
- 5 The Integration Scheme requires a financial recovery plan to be agreed by all parties where an overspend is projected. Discussions took place between the IJB and its partner bodies, however no formal financial recovery plan was agreed or presented to the Board and its partners for approval.
- 6 WDIJB has set a savings target of £1.216 million for 2018/19. It faces cost pressures associated with community placements and prescribing. This means it is increasingly important that the IJB produces a medium to long term financial plan to identify how savings will be achieved.

Governance, transparency and value for money

- 7 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.
- 8 WDIJB completed a public budget consultation for the financial year 2018/19. This demonstrates a commitment to community engagement and transparency.
- 9 The recent Best Value Assurance Report for West Dunbartonshire Council comments that WDIJB is beginning to deliver new ways of working and there is evidence that WDIJB is progressing well with implementing new models of care.
- 10 WDIJB published its annual performance report in July 2018, in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. While the annual performance report covered the majority of the key areas, it did not demonstrate how best value is being delivered. A mechanism is needed for the IJB to do this.

Introduction

1. This report is a summary of our findings arising from the 2017/18 audit of West Dunbartonshire Integration Joint Board, hereby referred to as the 'WDIJB'.
2. The scope of our audit was set out in our Annual Audit Plan presented to the 14/03/2018 meeting of the Audit Committee. This report comprises the findings from:
 - an audit of the IJB's annual accounts
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in [Exhibit 1](#).

Exhibit 1

Audit dimensions



Source: Code of Audit Practice 2016

3. The main elements of our audit work in 2017/18 have been:
 - a review of the IJB's main financial systems
 - an audit of the IJB's 2017/18 annual accounts including issuing an independent auditor's report setting out our opinions
 - consideration of the four audit dimensions.
4. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

5. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.
6. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government (Scotland) Act 1973, the [Code of Audit Practice \(2016\)](#), supplementary guidance, and International Standards on Auditing in the UK.
7. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the IJB's performance management arrangements, suitability and effectiveness of corporate governance arrangements, and financial position and arrangements for securing financial sustainability. In doing this, we aim to support improvement and accountability.
8. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice \(2016\)](#) and supplementary guidance.
9. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work and may not be all that exist.

Adding value through the audit

10. Our aim is to add value to the IJB by increasing insight into, and offering foresight on financial sustainability, risk and performance and by identifying areas of improvement and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.
11. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk. It contains an agreed action plan at Appendix 1 setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.
12. In carrying out the audit we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2017/18 audit fee of £24,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.
13. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2017/18 annual accounts



Main judgements

In our opinion WDIJB's financial statements give a true and fair view and were properly prepared in accordance with accounting regulations.

The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

Unqualified audit opinions

14. The annual accounts for the year ended 31 March 2018 were approved by the Audit Committee on 26 September 2018. We reported within our independent auditor's report that in our opinion:
- the financial statements give a true and fair view and were properly prepared
 - the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.
15. Additionally, we have nothing to report in respect of other information in the accounts, the adequacy of accounting records, and the information and explanations we received as part of the audit.

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

Submission of annual accounts for audit

16. We received the unaudited annual accounts on 13 June 2018 in line with our agreed timetable within our Annual Audit Plan. The working papers provided with the unaudited annual accounts were of a good standard and finance staff, including the Chief Financial Officer, provided good support to the audit team which helped ensure the audit process ran smoothly.
17. WDIJB submitted financial information on year-end balances to NHS Greater Glasgow & Clyde (NHSGGC) by 24 May 2018, in line with the agreed timetable.
18. WDIJB relies on the provision of financial information from the systems of WDC and NHSGGC and partner bodies also provided this to WDIJB in a timely manner. Written assurances were received by the IJB's Chief Financial Officer from its host bodies confirming the completeness and accuracy of the information supplied.

Risks of material misstatement

19. The concept of audit risk is of central importance to our audit approach. During the planning stage of our audit we identified a number of key audit risks which involved the highest level of judgement and potential impact on the financial statements. We set out in our Annual Audit Plan, the audit work we proposed to undertake to secure appropriate levels of assurance. [Appendix 2](#) sets out the

significant audit risks identified and how we addressed each risk in arriving at our opinions on the Annual Report and Accounts.

Materiality

20. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the perceptions and decisions of users of the financial statements. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.
21. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit and was reported in the Annual Audit Plan. We assess the materiality of uncorrected misstatements, both individually and collectively.
22. The assessment of materiality was recalculated on receipt of the unaudited financial statements and is summarised in [Exhibit 2](#). These values were not significantly different to those calculated earlier during the planning stage, and there was no change required to our planned audit approach.

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality	£1.827 million
Performance materiality	£1.278 million
Reporting threshold	£18,000

Source: Audit Scotland

How we evaluate misstatements

23. There were no material adjustments to the unaudited accounts arising from our audit.

Presentational, disclosure and other findings

24. We identified a number of other presentational and disclosure issues in the draft accounts. These were discussed with management and were changed in the audited financial statements.
25. The findings include our views about significant qualitative aspects of the board's accounting practices including:


- Accounting policies
- Accounting estimates and judgements
- Significant financial statements disclosures
- Timing of transactions and the period in which they are recorded

- The impact on the financial statements of any uncertainties
- Misstatements in the annual report and accounts
- The effect of any unusual transactions on the financial statements
- Disagreement over any accounting treatment or financial statements disclosure

Significant findings from the audit in accordance with ISA 260

26. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance. These are summarised in Exhibit 3. Where a finding has resulted in a recommendation to management, a cross reference to the Action Plan in Appendix 1 has been included.

Significant findings from the audit of the financial statements

Issue	Resolution
<p>1. Hosted services</p> <p>On behalf of all IJBs within the Greater Glasgow and Clyde (GGC) area, the WDIJB acts as the lead manager, or host, for a number of delegated services. Similarly, other IJBs within the GGC area act as the lead manager, or host, for a number of delegated services on behalf of WDIJB.</p> <p>Following a review of the accounting for these services, a change to the accounting treatment was required for WDIJB (and other IJBs), to reflect the full costs and income in the accounts. This has resulted in a change of accounting policy for 2017/18 and a prior year restatement in the Comprehensive Income and Expenditure Statement.</p>	<p>We have reviewed the revised accounting treatment of hosted services as part of the 2017/18 audit and have concluded that it appropriate to the nature of the services provided by WDIJB and the wider NHSGGC IJBs.</p> <p>We will continue to review the development of the integration scheme within the five year timescale.</p>
<p>2. Hospital acute services (Set Aside)</p> <p>The “set aside” budget is WDIJB’s share of the budget for delegated acute services provided by large hospitals, on behalf of WDIJB.</p> <p>As per the previous financial year, a notional figure for the ‘set aside’, has been agreed with NHSGGC and included in the NHSGGC & WDIJB annual accounts. The budget and actual expenditure reported for the “set aside” are equal, The figure is based on 2015/16 activity levels for hospital inpatient and day case activity, as provided by NHS National Services Scotland’s Information Services Division, adjusted to reflect 2017/18 costs.</p> <p>The set aside value disclosed in the accounts (£17.066 million) does not accurately reflect the actual hospital use in 2017/18.</p>	<p>The Comprehensive income and Expenditure Account correctly incorporates the set aside costs.</p> <p>This is a transitional arrangement which was agreed by the Scottish Government. Therefore, this disclosure has been accepted for 2017/18.</p> <p> Recommendation 1 (refer appendix 1, action plan)</p>

Good practice in financial reporting

27. Audit Scotland published a good practice note, '[Improving the quality of local authority accounts – integration joint boards](#),' in April 2018. We reviewed WDIJB's annual accounts against this good practice note. We are pleased to report that there are some elements of good practice within the annual accounts of the IJB. We also noted where improvements within the annual accounts could be made and included these as recommendations to management.

Follow up of prior year recommendations

28. In Appendix 1, we have followed up actions previously reported and assessed progress with implementation.

29. In total, 8 agreed actions were raised in our 2016/17 Annual Audit Report. Of these:

- 5 have been fully implemented or progressed
- 3 have not yet been actioned

30. Overall, the IJB has made good progress in implementing these actions. For those actions not yet implemented, revised responses and timescales have been agreed with management in [Appendix 1](#).

Part 2

Financial management and sustainability



Main judgements

Budgetary process arrangements provide reliable information to the Board, for monitoring financial performance. While these arrangements have improved on prior years, there is scope to strengthen them by providing information on transfers to and from earmarked reserves.

The IJB incurred an overspend against budget of £1.231 million. This was funded from unearmarked reserves which was offset by additional funding received from the Scottish Government. Due to this, the accounts show a surplus of £0.574 million. Unearmarked reserves total £1.075 million, which is below the prudential reserve target of £2.492 million set by the IJB.

The Integration Scheme requires a financial recovery plan to be agreed by all parties where an overspend is projected. Discussions took place between the IJB and its partner bodies, however no formal Financial Recovery Plan was agreed or presented to the Board or its partners for approval.

WDIJB has set a savings target of £1.216 million for 2018/19. It faces cost pressures associated with community placements and prescribing. This means it is increasingly important that the IJB produces a medium to long term financial plan to identify how savings will be achieved.

Financial management

31. To consider whether WDIJB has established adequate financial management arrangements, we considered several factors, including whether:
- the Chief Financial Officer has sufficient status to be able to deliver good financial management
 - standing financial regulations and standing orders are comprehensive, current and promoted within WDIJB
 - reports monitoring performance against budgets are accurate and provided regularly to budget holders
 - monitoring reports do not just contain financial data but are linked to information about performance
 - WDIJB members provide a good level of challenge and question budget holders on significant variances.
32. In relation to the 2017/18 financial outturn, the Board received six budget monitoring reports, including an additional interim report at period 9. In 2016/17 we recommended some improvements to the budget monitoring arrangements. From our review, we noted that action had been taken to improve these

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

arrangements, for instance, by producing a year end summary outturn. Current reports also outline expenditure against budget for the delivery of core health and social care. Narrative is also included for any significant over or underspends.

33. However, the year-end outturn report to the 20 June 2018 audit committee outlined a overspend of £1.231 million, which was funded by reserves and the accounts (within the same report) outlined an increase in the level of reserves by £0.574 million. This was mainly due to additional SG ring fenced funds received. The financial reporting arrangements could be further strengthened by providing detail on transfers to and from unearmarked reserves. We do however note that an update was provided to the May Board meeting, which showed movements in reserves covering the overspend in year.



Recommendation 2

The IJB should strengthen its financial reporting arrangements by including details of reserve movements, specifically to and from earmarked reserves.



Recommendation 2 (refer Appendix 1, Action Plan)

34. We reviewed the financial regulations and standing orders of WDIJB and consider these to be comprehensive and fit for purpose.

Systems of internal control

35. WDIJB does not have any financial systems of its own. Instead, it relies upon the financial system of its host bodies, NHSGGC and WDC, to record all transactions. The key financial systems which WDIJB relies upon include the general ledger, trade payables, trade receivables and payroll.
36. As part of our audit approach, we sought assurances from the external auditor of NHSGGC and WDC and, in accordance with ISA 402, we confirmed there were no significant weaknesses in the systems of internal controls for the health board and no weaknesses in the systems of internal controls for the Council which would impact on WDIJB.

Financial performance in 2017/18

37. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the IJB.
38. During the course of the financial year, the projected budget outturn was closely monitored and managed. There was significant change however between the initial outturn projection reported (overspend of £0.525 million) to the final reported outturn (overspend of £1.231 million). This was mainly due to a significant increase in local demand for community placements. The outturn is identified in [Exhibit 4](#).
39. As reported previously, WDIJB incurred an overspend of £1.231million. This was funded from WDIJB unearmarked reserves. The Integration Scheme states that where an overspend is projected for the year, a financial recovery plan must be agreed by all partners. Discussions took place between WDIJB and the partner bodies (WDC and NHSGGC), however no financial recovery

plan was drafted or reported to the Board. It was agreed in November 2017 reserves would be used to fund the overspend.

40. There should be detailed discussions between the IJB and its partners, especially where an overspend is projected for the year. A formal recovery plan should be agreed and submitted to the Board for approval. This would allow for effective and informed decision-making by the Board.



Recommendation 3

Where an overspend is being projected, a formal recovery plan should be agreed between the IJB and its partners and submitted to the Board for approval.



Recommendation 3 (refer Appendix 1, Action Plan)

Exhibit 4

Performance against budget

IJB budget objective summary	Budget £m	Actual £m	Variance £m
NHS Greater Glasgow & Clyde	88.754	89.933	0.179
West Dunbartonshire Council	60.548	61.600	1.052
Total Net Expenditure	149.302	150.533	1.231
Overspend (funded from WDIJB reserves)		1.231	

Source: WDIJB budget monitoring report June 2018

Reserves

41. WDIJB's reserves strategy is reviewed annually by the Board. The policy was reviewed and approved at the March 2017 Board meeting and it was decided that when calculating the prudential reserve target, budgets relating to Family Health Services (FHS) are excluded. This was due to the non-cash limited nature of the budget allocation. As such, the annual budget of £148.453 million, excluding the FHS budget of £23.828 million, results in a prudential reserve target of £2.492 million (2%).
42. Unearmarked reserves total £1.705 million, which is £0.787 million lower than the prudential reserve target. Earmarked reserves currently total £4.437 million, which amounts to 72% of total reserves. Detail on the movement in reserves for the year has been outlined below in [Exhibit 5](#).
43. The CIPFA Local Authority Accounting Panel (LAAP) bulletin 99 provides guidance on the establishment and maintenance of reserves. It does not prescribe the level of reserves but places the responsibility on the Chief

Financial Officer to advise the Joint Board on the creation and levels of reserves appropriate to the Joint Board's circumstances. The bulletin recognises that "earmarked" reserves are a valid way to meet known or predicted requirements. From our review of the earmarked reserves, we noted most were legitimately earmarked, for instance Scottish Government ring fenced funding. However, we identified instances where this requirement was not being met.

44. As part of the annual review of its reserves strategy the IJB should review its earmarked funds to ensure that they are for known or predicted purposes only. If not, they should not be classified as earmarked balances.



Recommendation 4

WDIJB should undertake a thorough review of its earmarked reserves to ensure they have been earmarked for known or predicted requirements.



Recommendation 4 (refer Appendix 1, Action Plan)

Exhibit 5

2017/18 General fund reserve

2017/18 general fund movements in reserves	Unallocated £m	Earmarked for specific use £m	Total general fund balance £m
Balance at 1 April 2017	2.080	3.488	5.568
Increase in 2017/18	-	0.949 ¹	0.949
Reserves utilised in 2017/18	0.375 ²	-	0.375
Balance at 31 March 2018	1.705	4.437	6.142

Source: 2017/18 WDIJB annual accounts

Efficiency savings

45. To achieve long term financial sustainability, WDIJB recognises the need to transform the way in which services are delivered. Particularly, focussing on early intervention to reduce demand in the longer term. This is required in a challenging financial environment.
46. The IJB needs to make savings to maintain financial balance. In 2017/18 the IJB was expected to make efficiency savings of £3.469 million. WDIJB

¹ This increase was mainly a result of ring fenced Scottish Government fund, such as Scottish Government Primary Care Transformation Funding and the Integrated Care Fund (supporting the shift in the balance of care to a community setting).

² This was the net effect of funding the 2017/18 overspend and the release of earmarked reserves which no longer required to be earmarked.

achieved the majority of these savings but had to use £0.179 million of its reserves to deliver services.

47. At the May 2018 Board meeting it was reported that the IJB is required to make efficiency savings of £1.216 million in 2018/19. The level of unearmarked funds has fallen below the prudential reserve target. The IJB also faces a continuation of 2017/18 pressures with increased demand for community placements and potential cost pressures associated with prescribing. As such it is increasingly important that WDIJB identify how it will achieve these savings.

Prescribing cost pressures

48. For the financial year 2018/19, the prescribing risk sharing agreement between NHS Greater Glasgow and Clyde and the six Glasgow IJBs will no longer be in place. Previously, any over or underspends within the individual IJBs' prescribing budgets were retained within the health board. This allowed the IJB to recognise a breakeven position against its prescribing budget.
49. WDIJB reported that there have been increases in the costs of prescribing recently, due to a combination of factors, including national price increases, volatility of global markets and the extent of off-patent costs. This means that from 2018/19 onwards, WDIJB (and other Glasgow IJBs) will be exposed to increased financial pressures in relation to prescribing.
50. It is anticipated that the IJB will be able to issue the 2018/19 budget to GP practices in the near future, now that the 2017/18 final outturn position is known, and current cost and volume data can be applied in tandem with efficiency targets. At the moment, no variance is being reported as the best available forecast data is predicting a net cost pressure of 2.5% and WDIJB budgeted for a 3% net cost pressure.

Financial planning

51. The current Strategic Plan, approved at the August 2016 Board meeting, covers the period of 2016-2019 and is the IJB's second Strategic Plan. The IJB allocates the resources it receives from the health board and council in line with the Strategic Plan. WDIJB completes an annual review of the Strategic Plan and provides an update on progress to Board members and the public.
52. It was reported in our 2016/17 Annual Audit Report that there was no medium to long term financial plan in place. This is still the case. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer timeframe becomes necessary.
53. There was a special Board meeting of WDIJB, held in December 2017, to update members on the 2018/19 annual revenue budget setting assumptions. This included a summary of the financial challenges facing partner bodies which could affect future funding allocations. The details of the assumptions and potential gap were discussed with IJB Board members at a budget briefing session and to the IJB's Joint Staff Forum. In addition, a set of savings options for health and social care were also included for consideration and release for public consultation. However, the Board agreed to defer the decision on the public consultation until negotiations with its funding partners were further progressed.
54. Following this, at the February 2018 Board meeting, an update on the 2018/19 budget setting assumptions was provided. The Board agreed for savings options to be released to the public for consultation on 6 March 2018 (the day after the full council meeting where WDC's budget would be set). The Board approved the 2018/19 budget allocations at its May 2018 meeting and outlined the budget gap and the level of savings required to be achieved for the year. Details are provided below at [Exhibit 6](#).

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

55. At the time of writing this report, the most recent financial monitoring report covering period one of 2018/19 (April – June 2018) outlines an overspend of £0.239 million and projects a full year overspend of £0.977 million. The main reason for this is the increased demand for community placements, despite a 25% increase to the 2018/19 budget for this.

Exhibit 6

2018/19 Budget allocation and gap

2018/19 IJB budget	Funds Allocated £m	Funds Required £m	Gap Identified £m	Total Savings required (inc. gap)
NHS Greater Glasgow and Clyde	87.610	88.170	0.560	0.619
West Dunbartonshire Council	63.442	63.633	0.211	0.597
Total	151.527	152.270	0.771	1.216

Source: May 2018 WDIJB Board Meeting



Recommendation 5

WDIJB has agreed a savings target of £1.216 million for financial year 2018/19. It faces cost pressures associated with community placements and prescribing and its level of unearmarked funds have fallen below the prudential reserve target. This means it is increasingly important that the IJB plans for the medium to long term and identifies the savings required



Recommendation 5 (refer Appendix 1, Action Plan)

Part 3

Governance, transparency and value for money



Main judgements

WDIJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.



WDIJB completed a public budget consultation for the financial year 2018/19. This demonstrates a commitment to community engagement and transparency.

The recent Best Value Assurance Report for West Dunbartonshire Council comments that WDIJB is beginning to deliver new ways of working and there is evidence that WDIJB is progressing well with implementing new models of care.

WDIJB published its annual performance report in July 2018, in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. While the annual performance report covered the majority of the key areas, it did not demonstrate how best value is being delivered.

WDIJB should develop a mechanism to demonstrate how it is meeting its Best Value duties.

Governance arrangements

56. The Board is responsible for the strategic planning, management and delivery of the health and social care services delegated to it in line with the Integration Scheme between its partner bodies.
57. The Board has 22 members and is comprised of six voting members; equally divided between both partners. Non-voting members include a number of professional members and stakeholder representatives.
58. From our attendance at committee meetings, we have concluded that members are clear about their roles and responsibilities and are kept up to date on current issues so that they can scrutinise papers effectively. Recently, members and staff were invited to a training session on prescribing pressures, presented by the Lead for Prescribing and Clinical Pharmacy.
59. The committee structure of the IJB currently comprises the Board and the Audit Committee. We have concluded that, overall, the Board has appropriate governance arrangements in place and they provide a framework for effective decision making and support good governance and accountability.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

Refreshed Strategic Plan

- 60.** The Public Bodies (Joint Working) (Scotland) Act 2014 established the need for IJBs to establish a Strategic Planning Group for the purpose of developing, finalising and reviewing their strategic plans. WDIJB's current strategic plan covers 2016-2019 and this required to be updated every three years. Work is currently ongoing through this sub-committee of the Board to develop the strategic needs assessment which will underpin the planning for the next strategic plan (covering years 2019-2022).
- 61.** The strategic plan is reviewed annually, and the 2018 review was completed and reported to the August 2018 Board meeting. The current strategic plan focusses on five key outcomes:
- The local economy is thriving
 - Communities are safe
 - Children and young people are nurtured
 - Older residents are supported to remain independent
 - Residents are empowered
- 62.** The refreshed strategic plan aims to build on the experiences of the first two years of integration and reflect the strategic needs assessment within the local population.

Performance management

- 63.** The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end (i.e. 31 July 2018). The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 sets out the required content of the annual performance report. The legislation requires the report to cover areas including assessing performance in relation to national health and wellbeing outcomes, financial performance and best value.
- 64.** The annual performance report for 2017/18 was submitted to the 8 August 2018 Board meeting, although the report was publicly available via the IJB's website prior to the deadline. The Board also received quarterly reports throughout the year on the proposed annual performance report for 2017/18.
- 65.** The report included sections on delivering the IJB's key priorities, locality planning, financial performance and a performance summary. Our review noted that, while it covered the majority of the key areas set out in the guidance, it did not demonstrate how the IJB is delivering Best Value.
- 66.** This is the third annual performance report for WDIJB. The key strategic areas are:
- supporting children and young people
 - supporting older people
 - supporting safe, strong & involved communities.
- 67.** Performance is measured by 3 different sets of indicators; Core Integration indicators, Key Performance indicators and Local Government Benchmarking Framework indicators.
- 68.** Overall, within the 42 Key Performance indicators, 27 were met, ten were narrowly missed and five were missed significantly (by 15% or more).

69. There were also 13 external inspections of WDIJB services by the Care Inspectorate and subsequent reports published. In general, all grades ranked from 4-5 (good - very good) with one report graded as a 6 (excellent), which is the highest grade that can be achieved.

Best Value

70. Local government bodies, including Integrated Joint Boards, have a statutory duty to make arrangements to secure Best Value, through the continuous improvement in the performance of their functions. The characteristics of a Best Value organisation are laid out in Scottish Government Guidance issued in 2004.
71. While there is evidence of elements of Best Value being demonstrated by WDIJB, there is no mechanism for formal review. Mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that partners have arrangements in place to demonstrate that services are delivering Best Value. This was raised as an action point in our 2016/17 Annual Audit Report and is included in appendix 1.



Recommendation 7

The IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This should be then be included and reported through the Annual Performance Report.



Recommendation 7 (refer Appendix 1, Action Plan)

72. Whilst there are no arrangements for reporting on BV in the IJB, in June 2018, the Accounts Commission published the Best Value Assurance Report for West Dunbartonshire Council. WDIJB performance was reviewed as part of the scope of this audit.
73. The report outlined that WDIJB was beginning to deliver new ways of working and there is evidence that WDIJB is progressing well with implementing new models of care. For example, in 2017, the Care at Home Service was awarded the Scottish Association of Social Work (SASW) Award for the 'Best example of collaboration in an integrated setting'. As well as a core service, WDIJB has created an integrated out-of-hours care at home and district nursing service to respond more effectively to risks and avoid unnecessary hospital admissions. As a result, more elderly people are living independently at home.

Transparency

74. Transparency means that the general public, and in particular, local residents, have access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.
75. Full details of the meetings held by the Board and the Audit Committee are available on WDIJB's website and members of the public are permitted to attend and observe these meetings. Agendas, reports and minutes of each meeting are also all publicly available through the website and public notice of each meeting is given.

76. Overall, we concluded that the IJB conducts its business in an open and transparent manner.

Good practice – Public Budget Consultation Exercise

77. WDIJB undertook a public budget consultation for the first time for the financial year 2018/19. The consultation went live on the IJB's website on 6 March 2018 and closed on 4 April 2018. The object of the consultation was to seek the views of residents and staff about the proposed range of budget savings options across health and social care services.

78. This exercise also included offers from the Chief Officer to all internal and external stakeholders for one to one meetings, discussions within groups as well as an online survey. Participants were provided with a range of savings options, which included the full year financial impact of each saving. For social care; participants were asked if they agreed or disagreed on the proposed saving options and for healthcare services, the savings options were included for information (as health boards are not required to publicly consult on savings). Participants were also asked to offer suggestions for areas where other budget reviews could be undertaken in the future.

79. A total of 335 people responded to the consultation. The responses were included in the May 2018 Board papers and can be viewed online through Board papers. This exercise displays WDIJB's commitment to community engagement and transparency.

Internal audit

80. Internal audit provides the IJB board and Chief Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

81. WDIJB's internal audit function is led by the Chief Internal Auditor of West Dunbartonshire Council. We carried out a review of the adequacy of the internal audit function and concluded that operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

82. To avoid duplication of effort we review the work of internal audit in selected areas. We considered the work of internal audit to inform our wider dimension work. We reviewed internal audit's findings in relation to the following reports:

1. Guardianship cases (MHO involvement)
2. Use of Care First functionality for financial management

83. Scott Moncrieff assumed the role of the internal audit function for NHS Greater Glasgow and Clyde from 1 April 2018. We raised in our 2016/17 Annual Audit Report that arrangements for sharing internal audit reports from NHSGGC should be formalised and strengthened. The rolling action plan reported to the June IJB Audit Committee outlines that the tender document included reference to the six Glasgow IJBs and a meeting is to be arranged in the near future for discussing the new protocol.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

84. The Board requires that all members must comply with Standards in Public Life – Code of Conduct for Members of Devolved Public Bodies. The Board adopted the template Code of Conduct for Integration Joint Boards which had been produced by the Scottish Government in August 2016.

85. Based on our review of the evidence, we concluded that the IJB has effective arrangements in place for the prevention and detection of corruption and we are not aware of any specific issues that we need to record in this report.

Other Governance Arrangements

General Data Protection Regulation

86. The new General Data Protection Regulation (GDPR) came into force on 25 May 2018. GDPR has introduced new and significantly changed data protection concepts leading to the UK Data Protection Act 2018, which superseded the UK Data Protection Act 1998.
87. Our review of Board papers and minutes and WDIJB's website identified that no papers have been presented and there is nothing to indicate the IJB's position on what their responsibilities are in relation to the GDPR requirements.
88. WDIJB should formally consider and report on its own responsibilities regarding GDPR requirements to assess whether it is a controller of personal information and, if so, identify and appoint a Data Protection Officer.



Recommendation 6

WDIJB should formally consider, as a matter of priority, its responsibilities in relation to the GDPR requirements to assess whether it is a controller of personal information and, if so, identify and appoint a Data Protection Officer



Recommendation 6 (refer Appendix 1, Action Plan)

National performance audit reports

89. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2017/18 we published some reports which are of direct interest to the Board as outlined in [Appendix 3](#).
90. Our review concluded that WDIJB has satisfactory arrangements in place for considering and reviewing national reports including any locally agreed actions to be taken forward.

Appendix 1

Action plan 2017/18

2017/18 recommendations for improvement



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p>Set aside</p> <p>Arrangements for the sum set aside for hospital acute services under the control of WDIJB are not yet operating as required by legislation and statutory guidance.</p> <p>A notional figure was included in the accounts under an extension to the transitional arrangement agreed by the Scottish Government.</p> <p>Risk</p> <p>In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.</p>	<p>NHSGGC and WDIJB should continue to establish processes for planning and performance management of delegated hospital functions and associated resources in 2018/19</p> <p>Point 2, Exhibit 3</p>	<p>The CFO will continue to be involved in both local and national discussions to develop arrangements for the sum set aside.</p> <p>Chief Financial Officer and Head of Strategy, Planning & Health Improvement</p> <p>June 2019</p>
2	<p>Budget monitoring arrangements</p> <p>The year-end outturn report outlined an overspend of £1.231 million which was to be funded by reserves. In the same report, the accounts were presented which outlined a £0.574 million increase in the overall level of reserves.</p> <p>Risk</p> <p>Budget reports may not provide sufficient information to enable members to review financial performance and make the necessary decisions.</p>	<p>The IJB should strengthen their financial reporting by including details of reserve movements, specifically to and from earmarked reserves.</p> <p>Paragraph 39</p>	<p>An appendix on reserves will be included in future financial performance reports.</p> <p>Chief Financial Officer</p> <p>November 2018</p>
3	<p>Financial recovery plan</p> <p>The Integration Scheme states that where an overspend is projected or incurred for the</p>	<p>Where an overspend is anticipated, a recovery plan should be formally agreed between the IJB and its</p>	<p>The requirements of the Integration Scheme will be implemented.</p> <p>Chief Financial Officer</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
	<p>year, a financial recovery plan must be agreed by partners. No plan was drafted or reported to the Board.</p> <p>Risk</p> <p>The lack of a financial recovery plan could impact on the Board's ability to make effective and informed decisions about the IJB's finances.</p>	<p>partners and submitted to the Board for approval.</p> <p>Paragraph 46</p>	<p>December 2018</p>
4	<p>Review of earmarked reserves</p> <p>Unearmarked reserves are currently below the prudential reserve target. Earmarked reserves total £4.437 million (72% of total reserves). From our review we identified a few instances where reserves were being earmarked despite not meeting the criteria.</p> <p>Risk</p> <p>Unearmarked reserves do not represent a suitable level of contingency to mitigate the impact of unexpected events or emergencies.</p>	<p>WDIJB should undertake a thorough review of its earmarked reserves to ensure they have been earmarked for known or predicted requirements.</p> <p>Paragraph 49</p>	<p>This was discussed at the August 2018 Board meeting, with an update requested for the next meeting.</p> <p>Chief Financial Officer</p> <p>November 2018</p>
5	<p>Financial sustainability</p> <p>In 2018/19 the Board agreed to deliver savings of £1.216 million. It faces cost pressures associated with community placements and prescribing and the level of unearmarked reserves is below their target. In addition, the IJB is currently projecting an overspend of £0.977 million for the 2018/19.</p> <p>Risk</p> <p>Additional pressure on the IJB's finances, combined with the cost pressures associated with prescribing and community placements, may</p>	<p>In addition to tracking progress against the agreed savings for the 2018/19 financial year, a medium to long term financial plan should be produced.</p>	<p>The medium to long term plan will be discussed with the newly formed Strategic Planning Group, including partners' funding assumptions.</p> <p>Chief Financial Officer and Heads of Service</p> <p>March 2019</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
	result in a balanced budget not being delivered.		
6	<p>GDPR requirements</p> <p>The IJB has not formally considered or reported on its responsibilities in relation to the new GDPR requirements.</p> <p>Risk</p> <p>WDIJB is in breach of GDPR legislation and has not considered its responsibility for the safeguarding of personal data</p>	<p>WDIJB should formally consider and report on its responsibility in relation to the GDPR requirements, and if necessary identify and appoint a Data Protection Officer.</p>	<p>The Impact of GDPR has been considered at different levels throughout the WDIJB, however a formal report will be presented to the Board and any actions implemented accordingly.</p> <p>Head of Strategy, Planning & Health Improvement</p> <p>November 2018</p>
7	<p>Best Value</p> <p>While there is evidence of elements of Best Value being demonstrated by the Joint Board, there is no mechanism for formal review and therefore it is not being reported through the Annual Performance Report.</p> <p>Risk</p> <p>Non-compliance with the requirements outlining the content of the Annual Performance Report. Also opportunities for continuous improvement are being missed.</p>	<p>The IJB should undertake a periodic and evidenced formal review of its performance against the Scottish Government Best Value framework</p>	<p>A formal review will be carried out to evidence the current good practice and areas for improvement.</p> <p>Chief Financial Officer and Head of Strategy, Planning & Health Improvement.</p> <p>July 2019</p>

Follow up of prior year recommendations

b/f 1	<p>2017/18 Budget</p> <p>The budget for 2017/18 was not approved till 23 August 2017, which means that the Board was operating without a fully approved budget for almost six months of the financial year.</p> <p>Risk</p> <p>Operating without a fully approved budget makes financial management and decision making more difficult and may negatively affect the quality of service delivery.</p>	<p>The Board should continue to ensure that budgets for future years are approved as a matter of urgency.</p>	<p>The 2017/18 budget was approved in May 2018. Although this is one month after the year end, this is an improvement from 2016/17 and the IJB continues to engage with its partners early during the process.</p> <p>Completed</p>
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No.	Issue/risk	Recommendation	Agreed management action/timing
b/f 2	<p>Local Code Good Governance Arrangements</p> <p>The requirement in 2016/17 for the IJB to publicly report on their compliance with their Local Governance Code was not met.</p> <p>Risk</p> <p>WDIJB did not adopt the requirements of the Delivering Good Governance Framework in 2016/17.</p>	<p>WDIJB should review compliance against their Local Code and publicly report on this for 2017/18.</p>	<p>WDIJB adopted this requirement in 2017/18 and reported against the requirements of the Local Code in their annual accounts.</p> <p>Completed</p>
b/f 3	<p>Internal Audit</p> <p>The internal auditors of NHSGGC do not share copies of individual internal audit reports with the IJB or attend meetings of the IJB's Audit Committee.</p> <p>Risk</p> <p>Officers and Board members may be unable properly discharge their scrutiny and governance responsibilities.</p>	<p>The WDIJB should develop a protocol with the auditors for all internal audit reports affecting the IJB to be made available to its Audit Committee.</p>	<p>Tender documentation issued as part of the re-tendering process for NHSGGC internal audit services noted that "<i>where their work is of relevance to Integration Joint Boards (IJBs), the Contractor may be called on to give appropriate assurances to the IJB Chief Internal Auditor</i>".</p> <p>The IJB continues to engage with both NHSGGC and the internal audit department.</p> <p>Paragraph 85 discusses progress with this action.</p> <p>Partially Completed</p>
b/f 4	<p>Annual Performance Report</p> <p>The 2014 Regulations require that an Annual Performance Report be approved and submitted within four months of the financial year end. This was not achieved for 2016/17 with the report being submitted on 23 August 2017.</p> <p>Risk</p> <p>Non-compliance with statutory regulations which is required to be reported by auditors. In addition, late submission delays</p>	<p>The WDIJB should ensure the Annual Performance Report is approved and submitted within the deadline.</p>	<p>The 2017/18 Annual Performance Report was published and available on the WDIJB website within the statutory deadline.</p> <p>Completed</p>



No. Issue/risk



Recommendation



**Agreed management
action/timing**

the ability of Board members to review performance and progress improvement actions.

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating our wider responsibility under the Code of Audit Practice 2016.

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls in order to change the position disclosed in the financial statements.</p>	<p>Detailed testing of journal entries.</p> <p>Review of accounting estimates. Focused testing of accruals and prepayments.</p> <p>Evaluation of significant transactions that are outside the normal course of business.</p>	<p>Satisfactory written assurances were received from the external auditors of the council and health board regarding journal testing and accuracy, allocation and cut-off of Joint Board transactions.</p>
<p>2 Risk of fraud over expenditure</p> <p>The expenditure of WDIJB is processed through the financial systems of West Dunbartonshire Council and NHS Greater Glasgow and Clyde. There is a risk that non IJB related expenditure is incorrectly coded to IJB accounts.</p>	<p>Gaining assurances from the auditors of the council and health board over the accuracy, completeness and appropriate allocation of the IJB ledger entries.</p> <p>Carry out testing to confirm the accuracy and correct allocation of IJB transactions, and that they are recorded in the correct financial year.</p>	<p>Satisfactory written assurances were received from the external auditors of WDC and NHSGGC regarding accuracy, allocation and cut-off of Joint Board transactions.</p>
<p>3 Hospital acute services (set aside)</p> <p>A notional figure for 2016/17 for the "set aside" for hospital acute services under the control of WDIJB was agreed with NHSGGC. This was a transitional arrangement for 2016/17 and no such arrangement has been agreed by the Scottish Government for 2017/18.</p> <p>The IJB needs to ensure its arrangements for calculating and</p>	<p>The audit of the set aside will compare the IJBs accounting treatment with current accounting requirements. Non-compliance will be reported.</p> <p>Continue to liaise with the CFO on progress of the working group.</p>	<p>The Scottish Government issued guidance in late 2017/18 which permitted IJBs and health boards to continue with transitional arrangements which was to take 2015/16 activity data compiled by ISD and uprate this for 2017/18 costs. This is the approach that has been taken in 2017/18. A position statement has been reported to officers in the action plan.</p>

Audit risk	Assurance procedure	Results and conclusions
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reporting the set aside comply with the statutory guidance.

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

5 Financial sustainability

At the time of writing this plan, the IJB is projecting an overspend of £1.277million. £280,000 of the overspend relates to Health and is due mainly to the delay in achieving some previously approved savings and pressures on equipment for people discharged from hospital. £997,000 of the overspend relates to Children's Services for the increased demand for foster places, kinship care and residential schools.

The IJB had provisionally agreed to fund this from their unallocated reserves, bringing their unallocated reserves levels below the IJBs prudential reserve target. The IJB has planned to hold members' sessions to focus on particular budget pressure areas.

There is also no medium to long term financial plan in place. This is increasingly important as demand pressure increases, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary.

Review of the IJB's final year end position.

Review of financial and budgetary reports.

Review progress of producing long term financial strategy and plans.

The March 2018 financial outturn will be reported in the annual audit report.

Overall, the board has improved its financial management arrangements.

The board should continue to address the issues and risks that have been reported to officers in the Action Plan.

6 Best Value

IJBs should have arrangements in place to demonstrate how they are fulfilling their duty of Best Value.

Review any available evidence of best value work being undertaken by the IJB and liaise with CFO.

A position statement will be reported in the annual audit report.

While we have noted elements of Best Value being attained, there is no arrangements in place to demonstrate that the IJB is fulfilling their duty of Best Value. This has been reported in the Action Plan to officers.

7 Risk management arrangements

At present, there is no process for WDIJB members, the CO and CFO to identify and register any interests.

There is a risk that the IJB cannot demonstrate and assure itself and its partner bodies that it

Review the progress of WDIJB in developing their risk management arrangements.












WDIJB has now implemented a process for recording the registers of interest for their members, Chief Officer and Chief Financial Officer.

Audit risk**Assurance procedure****Results and conclusions**

is being open and transparent in its organisational decision making.

Appendix 3

Summary of national performance reports 2017/18

	
	Apr
	May
Common Agricultural Policy Futures programme: further update 	Jun  Scotland's colleges 2017
	Jul  NHS workforce planning
Self-directed support: 2017 progress report 	Aug
Equal pay in Scottish councils 	Sept
Transport Scotland's ferry services 	Oct  NHS in Scotland 2017
Local government in Scotland: Financial overview 2016/17 	Nov
	Dec
	Jan
Early learning and childcare 	Feb
Managing the implementation of the Scotland Acts 	Mar

Reports relevant to Integration Joint Boards

[Self-directed support: 2017 progress report](#) – August 2018

[NHS in Scotland 2017](#) – October 2018

West Dunbartonshire Integration Joint Board

2017/18 Annual Audit Report

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**AUDIT COMMITTEE: 26 September 2018**

Subject: Full Business Case for Clydebank Health and Care Centre

1. Purpose

- 1.1** This paper is seeking Committee approval for submission of the Full Business Case for this scheme to the Finance and Planning, NHSGGC Board and Scottish Government Capital Investment Group.

2. Recommendations

- 2.1** The Committee is asked to:-

- Approve the Full Business Cases for the Clydebank scheme for submission to the Finance and Planning Committee on 2nd October 2018 and NHS Board Meeting on 16th October 2018 and finally the Scottish Government Capital Investment Group 13th November 2018.
- Note that the preferred option is a new build integrated health and care facility.
- Note that this has been assessed as value for money, affordable and achievable.
- Note that this scheme is bundled together with Greenock and with the Mental Health 2 Ward scheme for procurement through the Hub West Design, Build, Finance and Maintain route.

3. Background

- 3.1** The proposal for the new Health and Care Centre in Clydebank, as part of the health quarter of Queen's Quay, is pivotal in terms of growing the economy, tackling health inequalities, promoting supported self-management and enacting the core principles of the new GP contract in terms of multi-disciplinary working and anticipatory care planning.

4. Main Issues

- 4.1** The Board previously approved the Outline Business Case for delivering improvements in integrated health and social care services in Clydebank at its 15th August 2017 meeting. The OBC was subsequently submitted to and considered by the Scottish Government's Health Directorate's Capital Investment Group (CIG) at its meeting of 17th August and 19th September 2017, at which CIG decided to recommend approval. Thereafter the Director-General Health & Social Care and Chief Executive NHS Scotland wrote to the Board's Chief Executive on the 16th October 2017 confirming that he had

accepted the recommendation, and was inviting the Board to submit a Full Business Case (FBC).

- 4.2 The FBC has now been completed and approved by the Project Board (which is chaired by the Chief Officer of the HSCP as Senior Responsible Officer); and considered by the Board's Capital Planning Group members with a recommendation to submit to the CMT for approval.
- 4.3 The Full Business Case constitutes the next key milestones in the development of this new facility and the integrated services that will be based within it. It has been prepared in accordance with the recently revised Scottish Capital Investment Manual (SCIM) guidance.
- 4.4 The Integration Joint Board (IJB) has been kept apprised of and is supportive of the scheme, recognising the significant contribution that this would make to the delivery of integration objectives for Clydebank.

5. Options Appraisal

- 5.1 Since this project includes design, construction and certain elements of hard Facilities Management services, the Territory Partnering Agreement (TPA) requires that DBFMco (a special purpose company) enters into SFT's standard form DBFM Agreement for hub projects.

The main Contractor appointed for this project by hWS is BAM Construction; this contractor is also appointed on the Greenock and Stobhill projects.

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

The Stage 2 is currently being reviewed by the Board's external advisors to confirm its compliance with the TPA.

6. People Implications

6.1 Patient Safety/Patient Experience Issues

The new health and care centre will improve significantly the quality of environment for patients and service users and facilitate more integrated and effective working across services.

6.2 Staffing Implications from this Paper

The new facility planned will accommodate staff from the existing health centre and staff transferring from other locations. The new facility is being designed to accommodate agile staff working to promote effective working practices and maximize the efficient use of space. Staff partnership engagement within the HSCP will be undertaken to address any impact upon staff.

7. Financial and Procurement Implications

- 7.1** The overall cost of the project is within the affordability cap. The Clydebank scheme, along with Greenock, the Mental Health Ward 2 scheme – have been bundled to maximise the opportunity for efficiency and the detailed rationale and costings associated with this are set out in the project bundling paper.

8. Risk Analysis

- 8.1** A HAI-Scribe Stage 2 infection control assessment for these proposals was carried out on 20 July 2018 with NHSGC Infection Control. The stage 2 Strategy and Risk Assessment was completed at this meeting. The arrangements for managing risk and the risk register is detailed in full within the scheme's full FBC. The key scheme specific risks are set out in the Clydebank Health and Care Centre Risk Register. This has been developed by joint risk workshops with hub West Scotland and totals Zero. The risk register ranks 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 to financial close.

9. Equalities Impact Assessment (EIA)

- 9.1** This new development will create opportunities to further improve access to services, in accordance with the equalities mainstreaming commitments of both the Board and also the IJB for this area.
- 9.2** The new development will contribute to social and economic regeneration so as to increase the life opportunities and health outcomes of those most vulnerable to experiencing inequalities, integrating the wider and common Community Planning Partnership aspirations of improved outcomes for the area.

10. Environmental Sustainability

- 10.1** Our responsibilities to the environment have never been clearer, and so we will ensure that we are reducing our carbon footprint, utilising cleaner energy and reducing energy consumption with purpose built modern accommodation.

In compliance with NHSGGC Travel Policy and the Board's Carbon Plan 2014, the new building will have a Green Travel Plan (GTP) and associated Parking Management Plan. It is a planning condition that before works can commence on site, a Green Travel plan is submitted to the Planning Authority for review and approval.

11. Consultation

- 11.1** Engagement with stakeholders over the past 2 years has sought to define the

specific objectives that underpin this work. Engagement has involved members of the public, elected members, members of the Access Panel, GPs and primary care teams, and community staff.

Emerging from this engagement activity, are a set of objectives that will be paramount in ensuring the full benefits of the new Health and Care centre are realised. These can be summarised as follows:

- Supporting multi-agency and multi-disciplinary working – by supporting staffing structures, protocols and team development with accommodation that is fit for purpose
- Ensuring patients and service users are supported to access the care they need, without the unnecessary complexity of multiple locations and different disciplines
- Utilising to the full, the assets of the individual and the community, ensuring individuals, groups and third sector organisations are involved and supported to make a full contribution.
- Our responsibilities to the environment have never been clearer, and so we will ensure that we are reducing our carbon footprint, utilising cleaner energy and reducing energy consumption with purpose built modern accommodation.

12. Strategic Assessment

12.1 The proposals for this new health and care facility – and the integrated services that will work from it, are consistent with the five strategic priorities set out within the NHSGGC's Corporate Plan; and the priorities set out within the Strategic Plans for the HSCP's IJB.

Name	Jo Gibson
Designation	Head of Health & Community Care
Date:	26 September 2018

Person to Contact:	Jo Gibson Jo.Gibson@ggc.scot.nhs.uk Hartfield Clinic, Latta Street, Dumbarton, G82 2DS 01389 812303
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Appendices:	None
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Background Papers:	None
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Wards Affected:	Clydebank Waterfront Ward, Clydebank Central Ward and Kilpatrick Ward
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West Dunbartonshire
Health & Social Care Partnership

Clydebank Health and Care Centre

Full Business Case



Transforming Care in Clydebank

September 2018

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4	Commercial Case	20
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Appendices

- 1. OBC Approval Letter**
- 2. Planning Consent**
- 3. Schedule of Accommodation**
- 4. Membership of Design and Delivery Group**
- 5. Membership of Arts & Health Strategy**
- 6. Commercial Case Whole life Appraisal Dashboard**
- 7. BIM Execution Plan**
- 8. Combined Risk Register**
- 9. Outline Commissioning Programme**
- 10. Commissioning Requirements**
- 11. Project Monitoring Report**
- 12. Construction Programme**
- 13. Project Execution Plan**
- 14. Communication Plan**
- 15. Stage 2 HAI Scribe**
- 16. Art & Design Strategy**

1 Executive Summary

This document is presented on behalf of NHS Greater Glasgow and Clyde (NHSGGC) who seek approval for funding to provide a new Clydebank Health and Care Centre, replacing the current outmoded and unsuitable accommodation. The new centre is being planned, in partnership, to provide high quality accommodation to support the development of transformed primary care services and the further integration of health and social care, in line with national policy.

NHS Greater Glasgow & Clyde presented an Outline Business Case document relating to this development to the Scottish Government Capital Investment Group (CIG). It received approval on 16th October 2017. A copy of the approval letter is enclosed at Appendix 1. The final stage of the process is presenting a Full Business Case (FBC) outlining the preferred option in detail for approval by CIG.

The planning application was submitted to West Dunbartonshire Council planning department on 12th March 2018 and received approval on 30th May 2018 (Appendix 2).

The purpose of this report is to present the Full Business Case for the new Clydebank Health and Care Centre.

Specifically, the purpose of this FBC is to:

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

This FBC has been prepared in accordance with the requirements of the current Scottish Capital Investment Manual (SCIM) Business Case Guide, published on 1st February 2017.

1.1 Financial Case

Capital Expenditure (capex & development costs)	£19,349,875
Annual Service Payment	£1,673,904

1.2 Changes since OBC:

There have been a number of changes from Stage 1/OBC. These include the following:

- Movement of site boundary to north to align with masterplan - £11.4k
- Inclusion of provisions to accommodate district heating system - £120k. This sum will be reduced once a final agreement has been put in place with regard the provision of district heating. At time of writing there is no network operator appointed.

The total costs have increased by £99,629 since Stage 1/OBC to Stage 2/FBC, but the unitary charge has reduced. Increases have arisen due to the items above, however these have been mitigated by:

- Improvement in management fees level by confirmation of bundling arrangements
- Inflation allowances at OBC stage not fully required
- Risk provisions at OBC stage not fully utilised
- Improved funding terms

The current Stage 2 is being reviewed by the Board's external advisers including Technical Advisers. Initial reviews have indicated the Stage 2 submission is compliant and represents value for money.

Hub's Stage 2 submission is based upon the assumption that all three projects will close at a single DBFM Financial Close. Delays to infrastructure works at Clydebank have led to a position where it will be instructed into the DBFM bundle, consisting of Greenock and Stobhill, during Q1/Q2 2019 when the Clydebank infrastructure works are sufficiently completed.

At that time, Clydebank pricing will be updated to reflect any change in market pricing conditions and an update to its business case produced. Pricing updates are within the margins indicated by the national BCIS inflation indexes the uplift will be covered by Scottish Government.

During the course of Stage 2 and developing the Final Business Case it became apparent that the infrastructure works being developed at Queens Quay, Clydebank by Clydebank Regeneration Limited (CRL) were being adversely effected by outside factors. Because the Clydebank H&CC project is dependent on these works in order to complete, a review was undertaken of the risk that the Board would be taking if it progressed to Financial Close in advance of there being certainty on the completion dates of these works. A solution has been developed which allows the project to take advantage of the benefits of bundling but allows flexibility to delay Financial Close until Infrastructure works are sufficiently completed.

1.3 Our Challenge and our Opportunity

West Dunbartonshire faces considerable challenges relating to its economy, population profile and deprivation. With a declining and ageing population, the residents of West Dunbartonshire have a general level of health that is lower than the Scottish average. This is also the picture in Clydebank, with high levels of poverty, an increasingly elderly population, and high levels of complex co-morbidity. This is driving growing demand for health and social care services. One response to this is the 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 co-morbidities alongside reduced public sector resources, means that the public sector has to work together with communities to deliver services in different ways and ensure full advantage is taken of the investment available.

The restructuring of the economy of West Dunbartonshire following the decline of heavy industry is well underway and the new Health and Care Centre, sitting on the location of the first foundry works in Clydebank, and framing a view of the Titan Crane, invites visitors to remember the past but to look forward, with improved health and wellbeing, to the future.

West Dunbartonshire has a history of successful joint working, and the development of the Health and Social Care Partnership (HSCP) in July 2015 built on these previous shared aims and successes. The HSCP's Strategic Plan sets out the key priorities and commitments for health and social care for the area, and states commitment and support for a replacement health and care centre to deliver improved outcomes for the people of Clydebank.

The national policies of Shifting the Balance of Care and the transformation of primary care, mean that this project is not about a simple replacement of an existing facility. It is about taking the opportunity to create a centre, where people can expect to be supported by a wide range of professionals, closer to their home, and be enabled to live healthier, more independent lives. The purpose-built centre, focused on wellbeing and recovery in its architecture, its art work and its green spaces, will form the ideal backdrop from which transformed primary and community care can be experienced to its full potential.

Alongside this, WDHSCP, in partnership with West Dunbartonshire Council, are building a purpose-built publicly funded residential home for older people with day care facilities, on the land adjacent to the new Health and Care Centre. The combination of these 2 developments has been termed 'the Health Quarter' and together, they form a crucial backbone to the Masterplan development of Queen's Quay. This combination allows for a degree of integration of service planning which previously, has rarely been possible and is rarely seen. This development is enabling housing, health care, leisure services and social care to work together to plan to meet the evolving needs of a community, within that community. This is a unique opportunity.

The current facilities at Clydebank Health Centre are out-dated, uninviting and of poor quality. The current building is not able to accommodate the new ways of working afforded by multidisciplinary team approaches in terms of layout, limitations of space to allow co-location and the general fabric of the building.

Because of limited space, patients under the care of Clydebank Health Centre will often be expected to attend other locations to access services that are part of their overall care package or approach. If patients have difficulties or choose not to attend another location, then their treatment plan cannot be delivered to support individuals in reaching their full potential.

To realise the full benefits of integrated health and care for the people of Clydebank, we need to ensure that services are delivered as seamlessly as possible, focusing on the hopes and assets of the individual, with professionals working together and recognising carers and third sector contributors as equal partners. We also need to ensure that our relationship with Acute Sector services is optimised to ensure care and treatment is being delivered from primary care settings whenever appropriate. This is in line with national policy, best practice and in the best interests of patients and staff alike.

We have considered the limiting factors of the current building alongside the positive joint working that has steadily grown over the years within the Clydebank Health Centre. There is much to celebrate, and any future change should aim to preserve the positives as well as address the negatives. Recognising this, we have considered various options including refurbishing, upgrading or expanding the existing facilities.

For various reasons that are noted, once all of our options had been reviewed, we concluded that the best option for Clydebank is a new purpose-built Health and Care Centre that brings together the key supports from a range of professions to tackle health inequalities, improve health and contribute to social regeneration. This is in line with the Community Planning aspirations of West Dunbartonshire.

This paper sets out a proposal and detailed costs for the development of a health and social care facility for Clydebank. The development will be led by the Health and Social Care Partnership, which is responsible for the provision of all community health and social care services in West Dunbartonshire.

The current Clydebank Health Centre is the base for six GP practices serving a population of 41,000 as well as providing a range of other services, and was designed almost 40 years ago. The population and expectations have changed significantly since it was built, and the centre is no longer fit for purpose. The current facilities at Clydebank Health Centre are out-dated, uninviting and poor quality and have significant asbestos issues.

Transforming Care in Clydebank

Strategic Case

August 2018



2 Strategic Case

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

2.1 Has the strategic case for investment altered?

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

2.2 Have any stakeholders, or their needs /expectations altered?

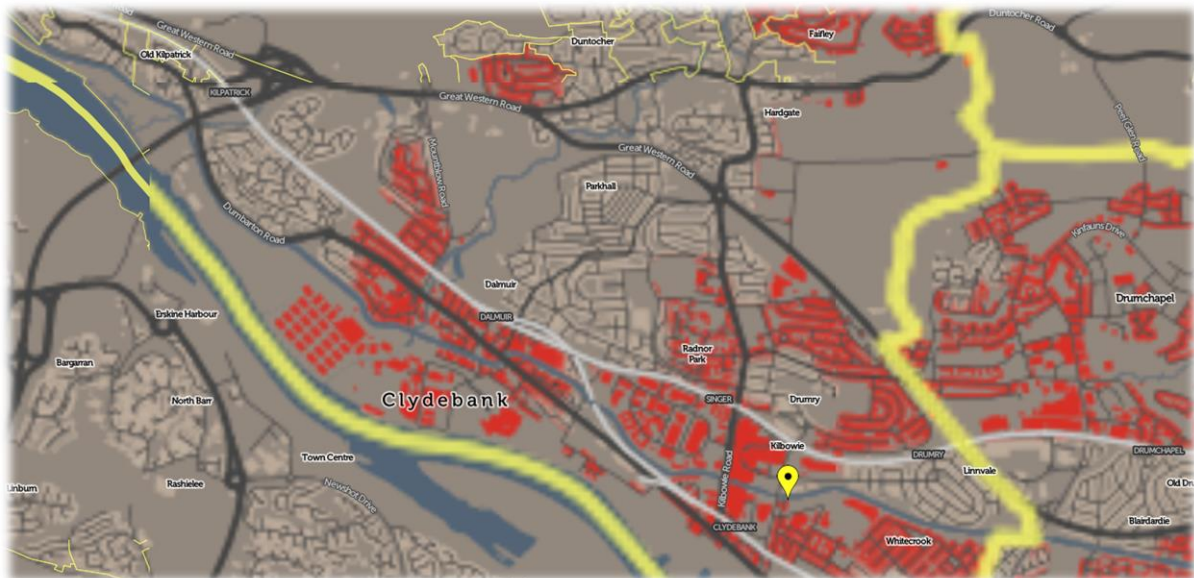
The population of West Dunbartonshire and that of Clydebank continues to face considerable challenges, as outlined in the OBC, in terms of deprivation, disease burden and an ageing profile. According to the most recent *Scottish Public Health Observatory Health and Wellbeing Profile* for the area (published 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%).

2.2.1 Recent analysis of the changes within West Dunbartonshire’s population, carried out for the HSCP’s Strategic Needs Assessment, demonstrate that West Dunbartonshire, whilst only one of three Scottish Local Authority areas with a declining population, will also see a greater increase in the over 75 population than

many of its surrounding areas. It is anticipated that by 2037, this population will have increased by approximately 71%.

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



2.2.2 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; Dumbarton 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. 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.

2.2.3 The focus of this FBC remains as detailed in the OBC, to address the inadequacies of Clydebank Health Centre, Hardgate Clinic and the West Dunbartonshire Council owned premises at Kilbowie Road.

2.2.4 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 new-build facility.

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

Existing Clydebank Health Centre – Exterior



2.2.6 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)

2.3 Impact of policies, procedures or other factors

As acknowledged within the OBC, there have been a number of new policies and strategies that have reinforced the strategic case for this project. These include:

- The National Clinical Services Strategy (2016)
- The National Health & Social Care Delivery Plan (2016)
- Practising Realistic Medicine (2018)
- General Practice: Contract and Context (2016)
- Clinical Services Strategy (2015)
- Nursing 2030 Vision (2017)
- National Health & Social Care Standards (2017)
- West Dunbartonshire Health & Social Care Partnership Board Strategic Plan 2016-19:

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

2.4 Financial Case

As acknowledged in the Executive Summary, there have been a number of changes from Stage 1/OBC. These include the following:

- Movement of site boundary to north to align with masterplan - £11.4k
- Inclusion of provisions to accommodate district heating system - £120k. This sum will be reduced once a final agreement has been put in place with regard the provision of district heating.

Capital Expenditure (capex & development costs)	£19,349,875
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The total costs have increased by £99,629 since Stage 1/OBC to Stage 2/FBC, but the unitary charge has reduced. Increases have arisen due to the items above, however these have been mitigated by:

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2.5 Need for Change

The case for change has not changed materially since the OBC was approved and has only been strengthened given the more recent policies and strategies summarised in 2.9 and 2.10 above. The table below summarises the updated case for change, building on the factors laid out in the OBC.

Cause of the need for change	Effect of that cause on the Organisation	Need for action now
<i>Future service demand</i>	Existing capacity remains 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 being impeded by the constraints of the layout. West Dunbartonshire's Primary Care Improvement Plan (July 2018) requires adequate space and facilities for MDT working. Patient demand cannot be met due to constraints of accommodation.
<i>Dispersed service locations</i>	Existing service arrangements affect service access and travel arrangements. Currently managing the upkeep and backlog maintenance of the building is expensive and ineffective.	Service access is currently fragmented for this locality when compared with other catchment areas and when considered against policy requirements.
<i>Ineffective service arrangements</i>	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 there existed less recognition of the need for privacy, respect and dignity as integral to the delivery of quality 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.
<i>Service arrangements not person centred</i>	As more people are living with multiple long term conditions and wishing to be 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 favourable than they could

Cause of the need for change	Effect of that cause on the Organisation	Need for action now
		have been.
<i>Accommodation with high levels of backlog maintenance and poor functionality</i>	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 therefore more routine works have had to be de-prioritised, further adding to the backlog (backlog maintenance is currently costed at £557,090).	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 primary care health provision.

2.5.1 Neither the investment objectives nor the preferred strategic solution have changed materially since the OBC was agreed.

2.5.2 As described within the OBC, the development of a new and enhanced Health and Care Centre has already been identified as a key contribution that NHSGGC can make to the wider regeneration plans for Clydebank. The Queens Quay Regeneration Area is the preferred location for this new facility, as per the project's Site Options Appraisal process that was corroborated by Scottish Futures Trust and detailed within the Initial Agreement.

2.5.3 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.

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Queens Quay Masterplan Site

The 'Health Quarter' Site

2.5.4 The proposed health quarter incorporates land for a new HSCP operated residential care-home and day facility (which secured planning permission in May 2017) 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.

2.5.5 The overall objective of the project remains the provision of a fully integrated Health and Care Centre for Clydebank to enable the co-location of multi-disciplinary services; within an area which is undergoing significant investment as a health quarter including specialist housing, new care home and day centre facilities. The wider site will be a mix use site comprising of predominantly residential housing to the west with a mix of retail, commercial and leisure uses around the basin and health quarter to the north.

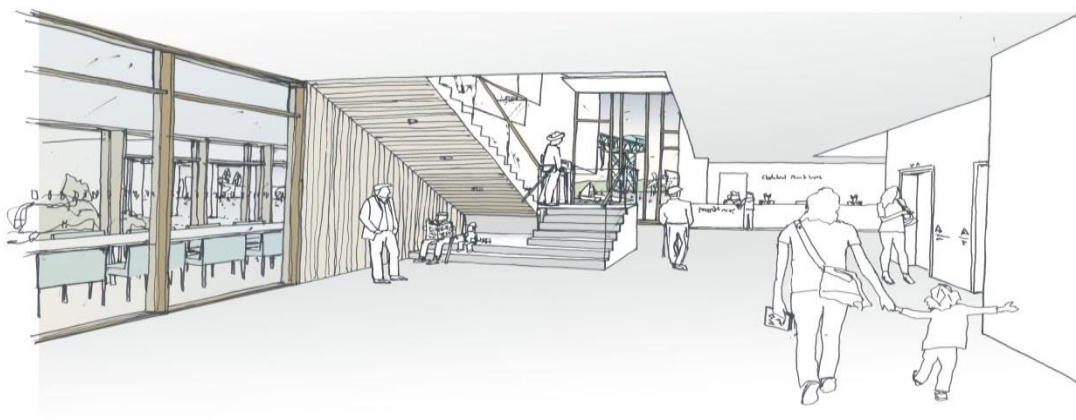
2.5.6 In the time that has passed since the submission of the OBC for this proposal, revisiting the principles of the strategic/ service solution identified, has confirmed that no change is required. A new integrated facility for Clydebank already has widespread stakeholder support, including from local politicians and the local Community Planning Partnership. Such a replacement health and care centre build 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. 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.

Transforming Care in Clydebank

Economic Case

August 2018



3 Economic Case

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

In scoping the options, the Project Board has considered that the future model of service provision needs to be delivered from premises that are fit for purpose. The premises need to support the level of integrated working required to make a more positive impact on reducing unequal health outcomes and supporting self-management, particularly in regard to multi-morbidities.

The current facilities have been assessed as not meeting the basic needs, so the “Do Nothing” option is not viable. The poor repair and ongoing maintenance of the building mean that from a repairs perspective it is expensive to maintain. There is a current maintenance backlog of £557k which will only grow in the future. The asbestos that is integral to the building’s structure means that even relatively simple repairs become extremely costly as measures need to be put in place to protect staff and the public from the dangers of displaced asbestos fibres or dust. The preferred solution is therefore a new-build facility, to be delivered within an overall funding envelope of £19,349,875.

3.1 Commercial, Financial & Management Cases

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

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

OBC Consideration\Approval	October 2017
FBC Consideration\Approval	November 2018
Financial Close	November 2018 (subject to bundling strategy)
Completion date	May 2020 (subject to bundling strategy)
Services Commencement	July 2020 (subject to bundling strategy)

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

3.2 Financial Case

As there has been very small change in cost the detailed analysis in the OBC still stands. The overall cost position has increased from £19,250,246 at OBC stage to £19,349,875. The main reason for the increase in cost is the introduction of a district heating system. There has also been a decrease in the unitary charge since OBC due to improved funding terms being provided.

The current Stage 2 is being reviewed by the Board's external advisors including Technical Advisors – Currie & Brown; Financial Advisors – Caledonian Economics, and Legal Advisors – CMS. Initial reviews have indicated the Stage 2 submission is compliant and represents value for money. Final reviews will be complete by 18th September 2018 when assurance can be provided to F&P.

3.3 Summary of Objectives

As described in the Strategic Case, the proposal for the new Health and Care Centre in Clydebank, as part of the health quarter of Queen's Quay, is pivotal in terms of growing the economy, tackling health inequalities, promoting supported self-management and enacting the core principles of the new GP contract in terms of multi-disciplinary working and anticipatory care planning.

Engagement with stakeholders over the past 2 years has sought to define the specific objectives that underpin this work. Engagement has involved members of the public, elected members, members of the Access Panel, GPs and primary care teams, and community staff. Specific engagement activity is set out in 6.2.

Emerging from this engagement activity, are a set of objectives that will be paramount in ensuring the full benefits of the new Health and Care centre are realised. These can be summarised as follows:

- Supporting multi-agency and multi-disciplinary working – by supporting staffing structures, protocols and team development with accommodation that is fit for purpose
- Ensuring patients and service users are supported to access the care they need, without the unnecessary complexity of multiple locations and different disciplines
- Utilising to the full, the assets of the individual and the community, ensuring individuals, groups and third sector organisations are involved and supported to make a full contribution.
- Our responsibilities to the environment have never been clearer, and so we will ensure that we are reducing our carbon footprint, utilising cleaner energy and reducing energy consumption with purpose built modern accommodation.

Transforming Care in Clydebank

Commercial Case

August 2018

4 Commercial Case

4.1 Procurement Route

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

4.2 Procurement Plan

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

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

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

The TPA prescribes the stages of the procurement process including:

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

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

The main Contractor appointed for this project by hWS is BAM Construction; this contractor is also appointed on the Greenock and Stobhill projects.

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

The Stage 2 is currently being reviewed by the Board's external advisors to confirm its compliance with the TPA. The reports can be provided if required once complete.

4.3 External Advisers

The External Advisers to support the HSCP/NHSGGC Capital Planning team for this project and the two other projects which are part of this bundled group i.e. Greenock Health & Care Centre and Stobhill Hospital Mental Health Projects, have been appointed, utilising the Public Contracts Scotland for procurement, and where applicable the OJEU (Official Journal of the European Union) process.

The Advisers appointed are:

- Technical Advisers – Currie & Brown
- Legal Advisers – CMS
- Financial Advisers – Caledonian Economics

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

4.4 Proposed scope and services

Clydebank Health Centre is located on Kilbowie Road in Clydebank. The Health Centre accommodates 6 GP practices in addition to a range of community services. These are currently comprised of:

Speech & Language Therapy (SALT)

Currently this service uses ten sessions in the existing Health Centre for paediatric sessions

Ante-Natal Clinics

There are currently 7 sessions of antenatal clinics per week provided at CHC

Community Paediatric Clinics

Currently the community paediatric clinics require 2 sessions per fortnight. In addition the Board are seeking to provide an additional five sessions per fortnight - these are new sessions and not current located at CHC.

Enuresis Service

This service is planned to reduce from two to one session per week and requires to be timetabled at the same time as the Paediatric Clinic currently held on a Monday and co-located with that clinic

Learning Disability Services

The service was increased from one session per week to two sessions per week with effect from October 2015

Anti- Coagulant Clinics

There are currently five sessions of anti-coagulant clinic per week at CHC. Of these five sessions, three are provided in GP premises and charged back to the NHS. In the new build it is proposed that all five sessions per week will be provided in the bookable rooms consulting suite.

The Sandyford Sexual Health Services

Currently have eight sessions (four rooms to provide afternoon & evening sessions)

Dietician Services

Currently the CHC provides two sessions per week of dietetic clinics. It is proposed that this be increased to four sessions per week.

Glasgow Weight Management Service (GWMS)

Currently the CHC provides one session per week, with a possible plan to increase to two sessions per week to be provided by the Health Improvement Team.

Welfare Rights Service

The CHC provided one session per week – however due to staffing shortages within this service this session is not currently utilized.

The Blue Badge Clinic

Currently CHC provides one session per week and is seeking to increase this to two sessions per week, as full day clinic. This clinic requires good disabled access

Additional one session per week

Heart Failure Clinic

This service has reduced from three sessions per week at CHC now currently providing two sessions

Continence Clinics

This service currently provides six sessions per week at CHC.

Pain Clinics

This service has currently uses two sessions per week at CHC.

Diabetes Nurse Specialist Clinics

There are currently four sessions per week accommodated in NHS premises with an additional one session per week provided in GP premises and charged back to the NHS. In the new build it is proposed that all five sessions per week will be provided in the bookable rooms consulting suite.

Leg Ulcer Clinics

There are currently two sessions per week accommodated at CHC with an additional one session of Doppler scanning per week provided in the bookable rooms. In the new build it is proposed that all three sessions per week will be provided in the bookable rooms consulting suite.

Hep C Clinics

There is currently one session per week accommodated at CHC. The Board is seeking to provide one additional session per week in the bookable rooms.

Psychiatry Clinics

There is currently one session per week accommodated at CHC. This service is based at Goldenhill Resource Centre in Clydebank.

Podiatry Clinics

Podiatry Clinics will be relocated from their current provision in the bookable rooms suite to an Clinical Support Services area within the new development

Smoking Cessation Clinics

There are currently two sessions per week (one attached to antenatal) accommodated at CHC. The Board is seeking to provide one additional session per week smoking cessation clinics per week in the bookable rooms.

Health Visitor Clinics

There are currently three sessions per week accommodated in GP premises. The Board is seeking to provide two additional sessions within the bookable rooms suite, making a total of five sessions per week

Retinal Screening Clinics

There are currently four sessions per week accommodated at CHC in the bookable room

Primary Care Mental Health

There is currently 29 session per week accommodated at CHC.

Pharmacy

There are currently three sessions per week accommodated in CHC.

Oral Nutritional Support Dietitians

Currently the community paediatric clinics require two sessions per fortnight.

COPT Physio

There is currently one session per week accommodated in CHC.

4.5 The Site

The site is located at Queens Quay development, off Dumbarton Road. The site was formerly the John Brown shipyard which is currently subject of a masterplan redevelopment for residential, commercial and social use, all serviced by a District Heating System drawing energy from the Clyde. The Queens Quay development will become a significant focal point for Clydebank and the new Health Centre is to be at the centre of this new development.

The health centre and the adjacent WDHSCP care home form what is referred to as the health quarters. The health quarter site is being acquired from Clydeside Regeneration Limited (CRL) for nil consideration. West Dunbartonshire Council, NHS GGC and CRL have all approval to the transfer and the respective solicitors are engaged to document the transfer. It is anticipated that missives will be agreed by Q1 2019, with the projected date for site transfer comfortably in advance of Financial Close.

A Schedule of Accommodation (SOA) has been arrived at following a number of meetings with the users and project team and totals a floor area of 5,722m². A copy of the SOA is included as Appendix 3 which details all the services to located within the new facility. These include General Practitioners, bookable community rooms, Physiotherapy, Podiatry, Social Work and the HSCP open plan office accommodation with associated bookable meeting rooms.

4.6 Site Access, Constraints and Orientation

The site is essentially level. Therefore, it is not anticipated that there will be any access issues on to the site. To support the proposed design, site investigations and topographical surveys have been undertaken by hub West Scotland to determine the full extent of the ground conditions and any possible contaminants on the site. A site Remediation Plan has been developed, and has been agreed with the local Pollution Control Officer within West Dunbartonshire Council. The site transfers to the ownership of NHSGGC, having already undergone a series of agreed enabling works undertaken by the current owners, Clydeside Regeneration Limited (CRL).

4.7 Design Development

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

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

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

4.8 NHS Scotland Design Assessment Process (NDAP)

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

It is anticipated that confirmation of Supported Status will be achieved by October 2019, in advance of submission to the Capital Investment Group.

4.9 HAI-Scribe

A HAI-Scribe Stage 2 infection control assessment for these proposals was carried out on 20 July 2018 with NHSGC Infection Control. The stage 2 Strategy and Risk Assessment was completed at this meeting and is included in Appendix 15.

4.10 Clinical and Design Brief

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

4.11 Staff to be accommodated in the new facility

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

Department	Current Location	GP	Nurse/HCA	Admin	AHP	Total
Blue Wing	CHC	5	3	9		17
Green Wing	CHC	9	3	10		22
Orange Wing	CHC	5	3	8		16
Purple Wing	CHC	3	2	6		11
Red Wing	CHC	10	3	13		26
Yellow Wing	CHC	7	2	12		21

Community Admin	CHC			15		15
Contenance Team	CHC		3			3
District Nursing	CHC		30			30
Dietetics	CHC			1	3	4
DSN	CHC				1	1
Health Visiting	CHC		43	3		46
Physiotherapy	CHC			1	6	7
Podiatry	CHC				5	5
PCMH	CHC				4	4
SLT					4	4
Outpatients Clinics(every day in bookable consulting rooms)					10	10
COPT team	Hardgate cl					37
Hospital Discharge team	Hardgate cl					22
Home Care team	Kilbowie road					31
Pharmacy team (agile)	CHC					4
Sub Total		39	92	78	33	336

Home Care Team has 305 staff that will access the building for one to one discussions and for patient supplies.

4.12 Surplus Estate

The OBC is predicated on the basis that the existing Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie Road, which are not fit for purpose, will be disposed of once the new facility becomes available. The properties owned by NHS GGC are currently on the Board's Property Disposal Programme to which Scottish Futures Trust are actively involved in. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

4.13 Commercial Arrangements

4.13.1 GP Practices

In respect of GP Practices, we have provided GPs with an estimate of what the costs are likely to be in the new facility. Using the agreed methodology for GP Charges, the practices have been provided with an estimate of their Rent & Other Charges for

their new accommodation within the new facility based on the approved Schedule of Accommodation. These costs will be confirmed/adjusted and agreed prior to completion of the building.

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

4.14 Risk Allocation

4.14.1 Transferred Risks

Inherent construction and operational risks are to be transferred to the Project Co. These can be summarised as follows:

4.14.2 Risk Allocation

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

4.14.3 Shared Risks

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

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

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

4.15 Payment Structure

NHSGGC will pay for the services in the form of an Annual Service Payment (Unitary Charge). 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.

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

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

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

4.16 Contractual Arrangements

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

The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. To increase the value for money for this project it is intended that the Clydebank Health and Care Centre will be bundled with the similarly timed new Greenock Health Centre, and the Stobhill Mental Health Project. This will be achieved under a single Project Agreement utilising SFT's standard "Design Build Finance and Maintain (DBFM) Agreement".

4.17 DBFM

Hub West Scotland will establish a DBFMco to deliver the project which will delegate the design and construction delivery obligations of the Project Agreement to its

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

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.

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.

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

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

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, Scottish Futures Trust and Participant Investment.

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.

4.18 Soft facilities

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

4.19 Equipment

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

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

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

The agreement for the new Clydebank Health and Care Centre will be based on the SFT's hub standard form (DBFM) contract (the Project Agreement). The Project Agreement is signed at Financial Close. Any derogation from the standard form position must be agreed with SFT.

4.20 Procedure

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 DBFMCo to carry out rectification.

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

4.21 Personnel Implications

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

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

Transforming Care in Clydebank

Financial Case

August 2018

5 Financial Case

5.1 Introduction

The purpose of the financial case at the full business case stage is to demonstrate that the preferred option identified at OBC stage remains financially viable.

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

The financial case for the preferred option for the 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

The overall capital cost position has increased from £19,250,246 at OBC stage to £19,349,875. The main reason for the increase in cost is the provision of a District Heating System.

5.2 Revenue Costs & Funding

5.2.1 Revenue Costs and Associated Funding for the Project

The table below 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 existing Health Centre (£200k) equipment (£1,1155.0k) and subordinated debt investment (£161.4k) Details of all the revenue and capital elements of the project together with sources of funding are presented below:

5.3 Recurring Revenue Costs - At Base Date

<u>Additional Recurring Costs</u>	£'000
Unitary Charge	1,673.9
Depreciation on Equipment	115.5
IFRS – Depreciation	774.0
Heat, Light & Power, Rates & Domestic services	446.0
Client Facilities Management (FM) Costs	30.3
Total Additional Recurring Costs	3,039.7

5.3.1 Unitary Charge

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 2 submission dated 24th August 2018 and the Financial Model Health Bundle and represents the Predicted Maximum Unitary Charge of £1,673.9k pa based on a price base date of April 16.

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.

5.3.2 Depreciation

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.

5.3.3 HL&P, Rates & Domestic Costs

HL&P costs are derived from existing Health Centre costs and a rate of £27.00/m² has been used.

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

Domestic costs are derived from existing Health Centre costs and a rate of £28.00/m2 has been used.

5.3.4 Client FM Costs

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

5.3.5 Costs with regard to Services provided

NHS staffing and non-pay costs associated with the running of the health centre are not expected to increase with regard to the transfer of services to the new facility.

5.3.6 Recurring Funding Requirements – Unitary Charge (UC)

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

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

Based on the above percentages the element of the UC to be funded by SGHD is £1,673.9k which represents 91.0% of the total UC, leaving NHSGGC to fund the remaining £150.2k (9.0%). This split is tabled below:

5.3.7 Unitary Charge split

UNITARY CHARGE	<u>Unitary Charge</u> £'000	<u>SGHD Support</u> %	<u>SGHD Support</u> £'000	<u>NHSGGC Cost</u> £'000
Capex inc group1 equipment (Net)	1,474.7	100%	1,474.7	0
Life cycle Costs	98.1	50%	49.0	49.1
Hard FM	101.1	0	0	101.1
Total Unitary Charge including Risk (25 years)	1,673.9		1,523.7	150.2
			91.0%	9.0%

5.3.8 Sources of NHSGGC recurring revenue funding

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

5.3.9 Sources of revenue funding

NHSGGC Income & Reinvestment	£'000
Existing Revenue Funding	659.4
IFRS - Depreciation	774.0
Additional Revenue Funding – GPs & Pharmacy	32.5
WDHSCP Revenue Contribution	50.0
Total Recurring Revenue Funding	1,515.9

5.3.10 Depreciation

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

5.3.11 Health Centre Running Costs

All heat, light & power, rates and domestic budget provision for current buildings will transfer to the new facility. This is reflected above in the NHSGGC contribution. Current budget provision for rent / rates of existing GP premises will also transfer to the new facility as reflected above.

5.3.12 Additional Revenue Funding

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

5.3.13 Summary of revenue position

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

5.3.14 Summary revenue position

Recurring Revenue Funding	£'000
SGHD Unitary Charge support	1,523.7
NHSGGC recurring funding per above	1,515.9
Total Recurring Revenue Funding	3,039.6

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	1,673.9
Depreciation on Equipment	115.5
Facility running costs	476.2
IFRS - Depreciation	774.0
Total Recurring Revenue Costs	3,039.6
Net surplus at FBC stage	0

The above table highlights that at FBC and Stage 2 Submission stage, the project revenue funding is cost neutral. Any shortfall in revenue will be funded by West Dunbartonshire HSCP.

5.4 Capital Costs & Funding

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

Capital costs and associated funding for the project

Capital Costs	£'000
Land purchase & Fees	0
Group 2 & 3 equipment Including VAT	1,155.0
Sub 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

5.4.1 Land Purchase

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.

5.4.2 Group 2 & 3 Equipment

An allowance of £1,155.0k including IT equipment and VAT has been assumed for the Clydebank Project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers. It is therefore anticipated the current equipment allowance will reduce.

5.4.3 Sub Debt Investment

Sub Debt was reviewed after ESA10 and at this stage of the project it is assumed that the Board will be required to provide the full 10% investment. Confirmation will be requested from the other participants during the 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.

5.4.4 Non Recurring Revenue Costs

There will be non-recurring revenue costs estimated below:

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

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

5.4.5 Disposal of Current Health Centre and Clinics

The FBC is predicated on the basis that the existing Clydebank Health Centre, Hardgate Clinic and the West Dunbartonshire Council owned premises at Kilbowie Road, which are not fit for purpose, will be disposed of once the new facility becomes available. The properties owned by NHSGGC are currently on the Board's Property Disposal Programme in which Scottish Futures Trust are actively involved. There will be a non-recurring impairment cost to reflect the rundown of the facilities. The net book value's as at August 2018 is Clydebank HC £688k. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

5.5 Statement on Overall Affordability

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

Hub's Stage 2 submission is based upon the assumption that all 3 projects will close at a single DBFM Financial Close. Delays to infrastructure works at Clydebank have led to a position where it will be instructed into the DBFM bundle, consisting of Greenock and Stobhill, during Q1/Q2 2019 when the Clydebank infrastructure works are sufficiently completed. At that time, Clydebank pricing will be updated to reflect any change in market pricing conditions and an update to its business case produced. Pricing updates are within the margins indicated by the national BCIS inflation indexes the uplift will be covered by Scottish Government. In the meantime, each project will have a single FBC for approval. A separate Bundling Paper will be produced explaining the full detail of the bundling strategy for the three projects and the mechanism for bringing the bundle to completion.

5.6 Financing & Subordinated Debt

5.6.1 hubCo's Financing Approach

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

5.6.2 Current finance assumptions

The table below details the current finance requirements from the different sources, as detailed in the Financial Model Health Bundle submitted with hubCo's Stage 2 submission.

Current finance assumptions

	£'000
Senior Debt	18,577
Sub debt (inc rolled up interest)	1,614
Equity	0
Total Funding	20,191

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

5.6.3 Subordinated debt

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

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

	NHSGGC	SFT	HCF Investments	hubCo	Total
Proportion of sub debt	10%	10%	20%	60%	100%
£ sub debt	161,362	161,362	322,723	968,170	1,613,617

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

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

5.6.4 Senior Debt

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

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

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

Senior debt

Metric	Terms
Margin during construction	1.35%
Margin during operations	1.30%-1.45%
Arrangement fee	1.5%
Commitment fee	0.58%
Maximum gearing	92%

5.7 Financial Model

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

Financial model key inputs and outputs

Output	Clydebank
Total Annual Service Payment (NPV)	£21.113m
Nominal project return (Post Tax)	4.94%
Nominal blended equity return	10.50%
Gearing	91.25%
All-in cost of debt (including 0.5% buffer)	3.64%%-3.84%
Minimum ADSCR ¹	1.159
Minimum LLCR ²	1.178

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

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

5.7.1 Financial efficiencies through project bundling

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

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

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

5.8 Risks

The key scheme specific risks are set out in the Clydebank Health and Care Centre Risk Register, which is held at Appendix 8 to this OBC. This has been developed by joint risk workshops with hub West Scotland and totals Zero. The risk register ranks 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 to financial close.

The unitary charge payment will not be confirmed until financial close. The risk that this will vary due to changes in the funding market (funding terms or interest rates) sits with 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 close.

A separate, but linked, risk is the risk that the preferred funder will withdraw its offer. This is a risk which needs to be considered when the funding market for revenue projects is difficult. This will be monitored by means of on-going review of the funding market by 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.

At financial close, the agreed unitary charge 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 (100% hard FM, 50% lifecycle). NHSGGC will address this risk through its committed funds allocated to the project.

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

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

5.9 Accounting Treatment and ESA10

This section sets out the following:

- the accounting treatment for the Clydebank scheme for the purposes of NHSGGC's accounts, under International Financial Reporting standards as applied in the NHS; and

- how the scheme will be treated under the European System of Accounts 2010, which sets out the rules for accounting applying to national statistics.

5.9.1 Accounting treatment

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

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

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

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

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

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

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

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

5.9.2 ESA10 (European System of Accounts 2010)

As a condition of Scottish Government funding support, all DBFM projects, as

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

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 treatment of PPPs" by EUROSTAT on 29 September 2016 SFT have engaged the various parties and made amendments to the standard documentation that allow hub schemes to be considered as a "non-government asset" under ESA10.

5.10 Value for Money

The Predicted Maximum Cost provided by Hubco in their Stage 1 submission has been reviewed by external advisers and validated as representing value for money.

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

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

5.11 Composite Tax Treatment

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

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

5.12 Stakeholder Support and Sign- Off

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

Patient / service user and carers groups have participated in meetings and workshops, with their input similarly informing the project's ambitions and shape. The membership of the Design and Delivery Group is detailed in Appendix 4. Each meeting has been comprehensively recorded and minutes of each meeting are reviewed and agreed at the following meeting.

Alongside the meetings of the Design and Delivery Group, a number of rounds of meetings have taken place with each stakeholder group, including each GP practice, to discuss detailed plans, including space, costs and sign-off of detailed room plans. 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 membership of this group is detailed in Appendix 5. 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.

Transforming Care in Clydebank

Management Case

August 2018



6 Management Case

6.1 Project management arrangements

This section provides an update of the project management arrangements shown in the OBC with the focus shifted from the procurement phase to the detailed arrangements in support of the design, build, implementation, and commissioning phases.

Our governance and reporting structure has been revised in relation to hub developments (See diagram). The key change has been to further establish a structure that can manage and is accountable for the hub projects delivered by NHS Greater Glasgow & Clyde, and work in conjunction with the HSCP's within the Greater Glasgow & Clyde area, and their respective governance processes.

Diagram 03: Organisational Structure



The Clydebank Health and Care Centre Project Board reports to the NHSGGC Hub Steering Group which oversees the delivery of all NHSGGC Hub projects within the area. The project is managed by a Project Board chaired by Beth Culshaw, Chief Officer West Dunbartonshire Health and Social Care Partnership, supported by Jo Gibson, Head of Community Health and Care (WDHSCP).

The Project Board comprises representatives of WDHSCP Senior Management Team, NHSGGC (including Property and Capital Planning and Finance); the services that will be operating within the new Health and Care Centre; hubCo and

West Dunbartonshire Council.

The Project Board represents the wider ownership interests of the project and maintains the co-ordination of the development proposal. The Board is also supported by a series of sub groups as required including Design and Delivery Group, Arts Strategy Group, Agile Working, Infection Control and Communications.

6.1.1 Named Persons for each Key Role identified

Named Persons

Key Roles:		
Role:	Named person:	Role Description:
Senior Responsible Officer	Beth Culshaw	Beth is West Dunbartonshire Health and Social Care Partnership Chief Officer and chairs the project board and leads on communication with those groups forming part of the governance process. Communication with external groups include: West of Scotland Regional Planning Group as well as internal communication with those groups forming part of the full governance process such as WDHSCP's Senior Management Group, NHSGGC's Corporate Management Team and the Finance & Planning Committee. Beth is also the SRO for the development of a West Dunbartonshire Council £14m transformation and replacement of older people's residential and day care provision within Clydebank. She has extensive and direct experience of leading projects and overseeing developments in primary, community and acute services, with a focus on improving the health and social care of local people. Through this experience Beth is able to provide expertise related to the project's development, management, governance and stakeholder engagement.
Project Director	Jo Gibson	Jo is a Senior General Manager within West Dunbartonshire Health and Social Care Partnership. She is directly involved with a large number of projects at any one time, at varying stages of development and that vary greatly in complexity and value. She has experience in working in operational and strategic roles, across England and Scotland. She has previous experience of developing business cases and securing new funding and extensive project

		management experience.
Lead Project Manager & Client Representative	Ian Docherty	Ian Docherty has been involved across a number of recent health care projects and has been the Technical Lead for the Gorbals Health & Care Centre and the construction process of the Eastwood Health & Care Centre.
Commissioning Manager	Heather Griffin	Heather is a Senior General Manager within the Capital Planning & Property Department and it is her role to lead on all of the board's commissioning, decommissioning, accommodation and migration projects as well as post project evaluations. In this role Heather has led on numerous commissioning projects, including secure mental health facilities. It is her experience in project commissioning and existing relationships that will be utilised for this project.
Project Monitoring Manager	Frances Wrath	<p>Frances is the designated Post Project Evaluation Manager within the Capital Planning & Property Department. For this project Frances has assisted on developing the Benefits Realisation and Evaluation Plan and the Post Project Review Plan; ensuring his complies with SCIM guidelines. Frances will lead on all aspects of the post project review process.</p> <p>As full time Post Project Review Manager, Frances has undertaken this role on a number of projects of various sizes over the last two years and is familiar with all SCIM requirements in relation to post project evaluation.</p>
Project Accountant	Marion Speirs	Marion has acted as Financial Lead on all NHSGGC hub projects to date. These have included completed projects (Maryhill H&CC and Eastwood H&CC, Inverclyde Integrated Care), projects currently on site (Woodside H&CC and Gorbals H&CC) and projects currently in development (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards).

Beth Culshaw and Jo Gibson have not been involved with the project from the outset but have worked to understand and gain a detailed understanding of the project

objectives and the process of delivery. Beth took up her role as Chief Officer in July 2017, and Jo joined the HSCP in January 2018. Ian Docherty has been the lead Project Manager since the project's commencement.

All have confirmed capacity to continue in their roles ensuring continuity of knowledge and the required skills.

Jo Gibson and Ian Docherty meet regularly to review progress, agree next steps and ensure key decision points are considered by the Project Board, with input from Hub and West Dunbartonshire Council.

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

6.1.2. Project Management arrangements

This section provides an update of the project management arrangements shown in the OBC with the focus shifted from the procurement phase to the detailed arrangements in support of the design, build, implementation, and commissioning phases.

6.1.3 High Level Project Plan

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

Table: High Level Project Plan

OBC Consideration\Approval	July/August 2017	Presentation to NHSGGC Capital Planning Group, NHSGGC Board, and Scottish Government Health Directorate Capital Investment Group (CIG) for approval.
Stage 2 Completion	August 2018	Detailed Design, Costs, Key Stage Reviews, Preparation of FBC
FBC Consideration\Approval	October 2018	As for OBC above
Financial Close	November 2018	Contract

	(subject to bundling strategy)	Agreement\Finalisation
Completion date	May 2020 (subject to bundling strategy)	Construction
Services Commencement	July 2020 (subject to bundling strategy)	Health and Care Centre Operational

All key user sign-off milestones were achieved in advance of NHSGGC entering the internal governance process for Board approval of this FBC. This sign-off applies to those activities and decisions required for the PSCPs delivery programme along with those elements that form part of the commissioning programme leading into the soft landings process.

A protocol has been agreed within the PSCP Stage 4 contract for any further items that emerge requiring service user sign off ahead of construction commencing. The protocol details timescales for user notification periods and periods for client review, consideration and sign off.

Management of the construction programme shall continue to work in tandem with the Stakeholder Engagement & Communication Plan which is further detailed in section 6.2.6. Given that there is a known six-month hiatus between agreeing Target Price and commencing construction activity on site, there is every likelihood that ad hoc engagement between parties will be required. On occurrence this will be managed in accordance with the engagement plans and governance processes to ensure appropriate review and approval is provided to maintain agreed milestones.

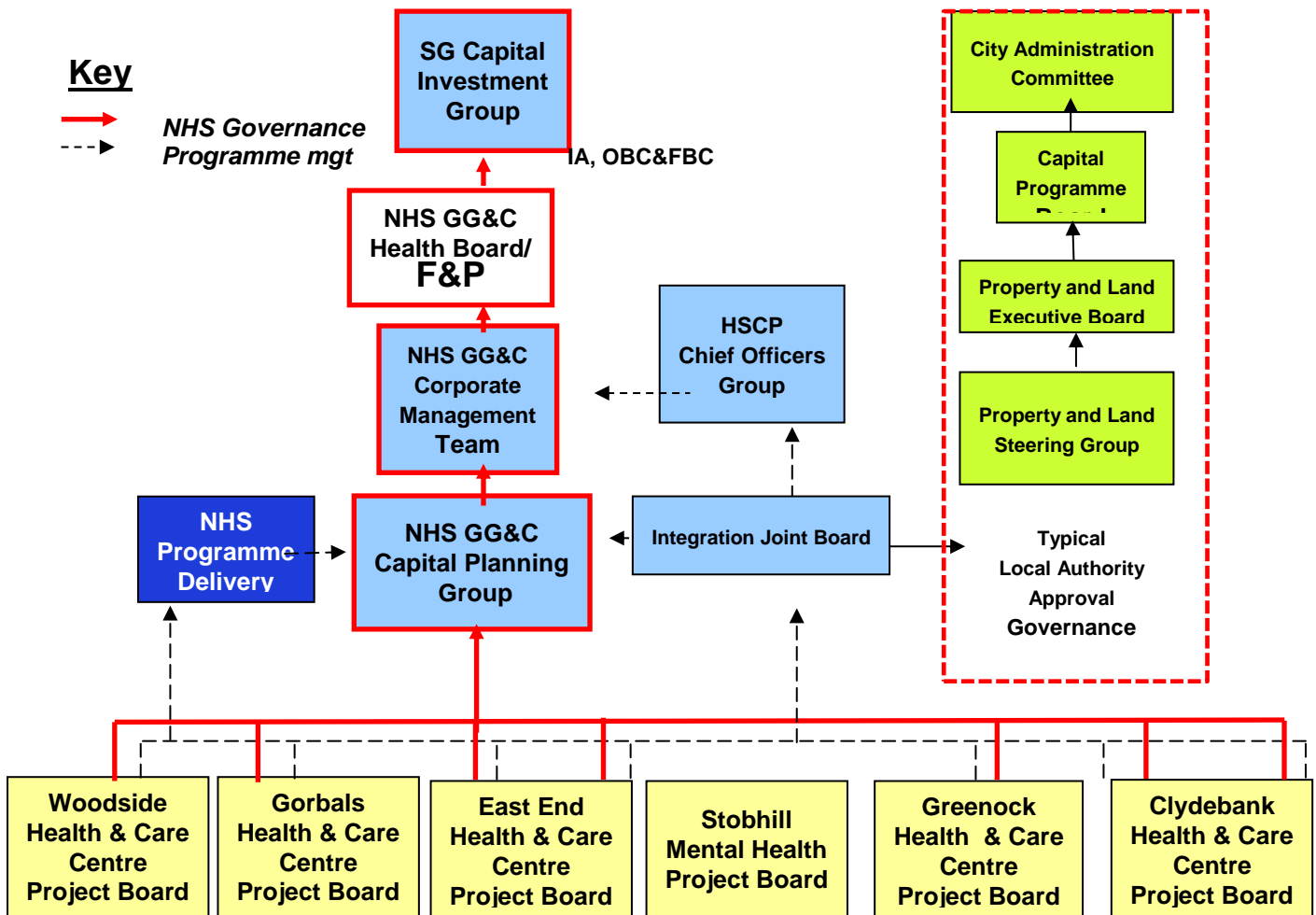
A detailed project programme is attached at Appendix 13

6.1.4 Project Management Arrangements

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

hub Governance and Reporting Arrangements

The hub Project Steering Group has governance and reporting structures which impact on this project and are described over the page:



A Project Board has been established and is chaired by the Chief Officer of West Dunbartonshire.

The Project Board comprises representatives from the:

- Senior Management Team of the West Dunbartonshire HSCP
- Service leads, including links to Greater Glasgow and Clyde user and carer representation group
- West Dunbartonshire Council
- Stakeholders
- NHSGGC Capital Planning team.
- Hub West

The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal. The Project Board reports to a range of governance arrangements, including the NHSGGC Programme Delivery Group, which oversees the delivery of all NHSGGC hub projects. This Group is chaired by a Chief Officer (Designate) of an HSCP and includes representative from other Project Boards within NHSGGC, Capital Planning,

Facilities, Finance, hub Territory and hubCo.

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

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

Project	Clydebank Health and Care Centre	NHSGGC WDHSCP hubCo
Parties	NHS Greater Glasgow & Clyde West Dunbartonshire HSCP Hub West Scotland	NHSGGC WDHSCP hubCo
Project Sponsor	Beth Culshaw	WDHSCP
Project Director	Jo Gibson	WDHSCP
Project Manager	Ian Doherty	NHSGGC
Finance Manager	Marion Speirs	NHSGGC
Administration Manager	Liz Kerr	WDHSCP
Private Sector Development Partner – Project Manager	Gary Smithson	hubCo
Private Sector Development Partner - Tier 1 contractor	Principal Supply Chain Member (Lead) – BAM	BAM

Independent Client Advisors:	
Project role	Organisation & Named lead
Project Director & Business Case author:	Jo Gibson, Head of Health and Community Care
Health and Social Care - Project Manager	Liz Kerr, Head of Administration
Clinical / service lead:	Clinical Director (Currently vacant) Jo Gibson (Service Lead)
Technical advisor:	Currie and Brown
Financial advisor	Caledonian Economics
Legal advisor	CMS
IM&T advisor	David Daly, IT Manager NHSGGC, David Murphy, IT NHSGGC
Medical equipment advisor	n/a
Commissioning advisor	Tbc
Other advisors:	Anderson Bell Christie Architects
Site Monitor role	<p>NHSGGC has developed a scope of service for a Site Monitor role in response to the Cole Report. The scope was developed with input from NHS/hWS and the Board's Technical Advisers. This service is being deployed on the Woodside/Gorbals project</p> <p>The same service and provision are planned for the Clydebank/Greenock/Stobhill bundle.</p> <p>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 at Clydebank/Greenock/Stobhill.</p>

6.1.5 Project Recruitment Needs

NHSGGC has extensive experience managing Hub Projects. The Clydebank Health and Care Centre will be NHSGGC Property and Capital Planning Department's seventh such development. As noted above for key project personnel, NHSGGC has the required resource and individual capacity to fill the key roles identified within the project structure. Additional support will be provided within NHSGGC and from those confirmed as client advisors. It is not envisaged that further recruitment will be required to deliver the project.

Individuals identified under section 6.1.1 have more recently become involved and engaged in the project and have been selected for the necessary skills and capabilities they possess to assist the successful delivery of the project. Should any replacement of those individuals be required, NHSGGC recognise that demonstrable knowledge and capability requires to be provided to instil confidence that no gap in resource ability will be evident.

Should there become resource gaps within the Project Structure; these will be reported to the Project Board and immediate action will be taken to fill roles which would have an impact on the Project, Programme or both. Should any gaps be identified, the opportunity to work and share resources with other NHS Boards will be explored, in the first instance, thereafter, the normal recruitment process will be followed, with any interim requirements being covered, where appropriate by the Property & Capital Planning Department.

In forming the wider sub-groups for the project, attention was taken to represent the numerous stakeholder groups associated with the development, including young people as a group who historically are more reticent in accessing primary care.

NHS and hWS have undertaken an iterative process of refinement of hub projects and carried over lessons learned from each. This has included:

- Early issue of Authority Construction Requirements (ACRs) with original new project request
- Ongoing review and revision of Authority Construction Requirements (ACRs) during Stage 1, reflecting issues and derogations on previous projects (currently v12).
- Careful selection of Tier 1 contractor, taking account of past performance
- Early engagement of Tier 1 Contractor (BAM)
- Early engagement of FM provider (FES)
- Early engagement with CLO re land matters
- Joint Legal/Financial/Technical adviser meetings together with CLO.
- Early development of Schedule Part 5 information
- Early identification of any Ancillary Rights issues

- Interim engagement with HFS and A+DS on emerging design proposals
- Improved processes to provide underwrite and payment of fees in accordance with SFT guidance note.

6.2 Confirm any Change Management Arrangements

To achieve successful change management outcomes key staff have been and 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.

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.



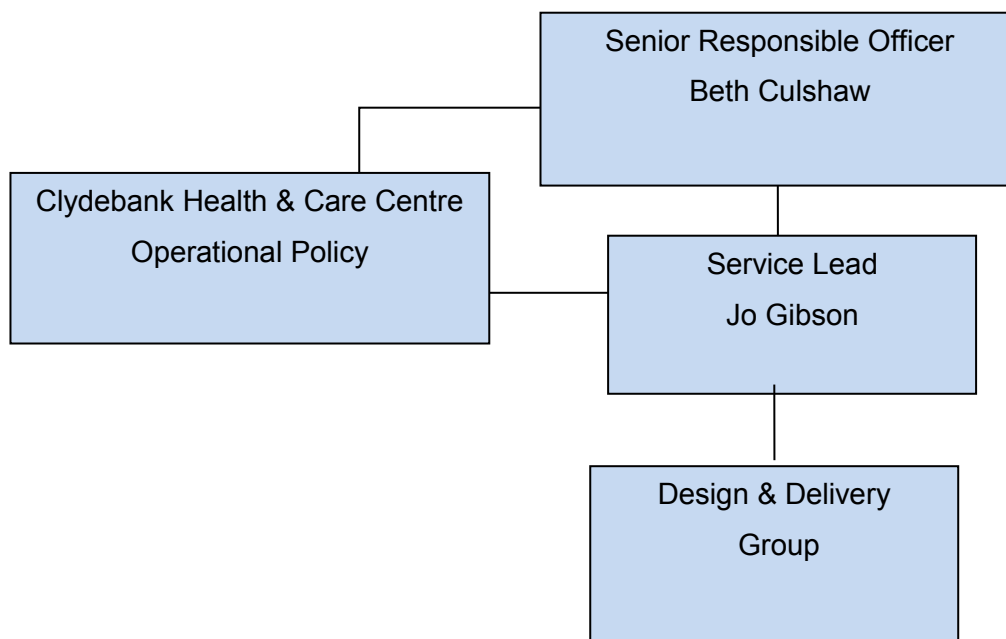
6.2.1 Facilities Change Plan

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.

6.2.2 Service and Operational Delivery

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

Service Delivery Relationship



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

At a national level, the new General Medical Services contract will change how services will be delivered in primary care. The contract supports the creation of enhanced multi-disciplinary teams that will support General Practice in line with the new General Medical Services Contract. Jo Gibson, Service Lead and Project Director has led on the development of the local Primary Care Improvement Plan, ensuring these expanding teams are planned with cognisance of the opportunities offered by the new Health and Care Centre. The plans developed in the OBC took account of and included the emerging policy towards expanded MDT working in primary care, ensuring the new centre is well placed to deliver the requirements of the Primary Care Improvement Plan (PCIP). The PCIP for West Dunbartonshire in year 1 sees the introduction of new / enhanced roles in primary care including Community Link Workers, Advance Practice Physiotherapists, Phlebotomists and healthcare assistants. Approximately 12 additional WTE posts will be created in the year 2018/19 with this number likely to increase to up to over 50 additional posts by 2022/23.

Alongside this, the focus continues to be on ensuring that West Dunbartonshire HSCP has available the appropriate number of staff with the right skills, working in a multi-disciplinary and multi- agency way to ensure the right culture is fostered and patient centred care is at the foundation of the service delivery.

Should there be any change in service delivery the above organogram shows that a structure is in place to ensure those key people are aware of the change and are in a position to take appropriate action accordingly. Jo Gibson is the key person associated with ensuring correct management of any service delivery and operational change. Jo has direct line management responsibility for the majority of community services provided in the new Health and Care Centre, as well as being the lead contact with GP practices and services commissioned from the third and independent sectors.

6.2.3 Further Resources and Training

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

A preliminary workshop by Scottish Future Trust, which set out the advantages of introducing alternative modes of working, was presented to a wide group of staff. This presentation was very well received by the staff and it is the HSCP intention to implement transitional change to agile working prior to the migration into the new Health & Care Centre.

Clydebank H&CC follows on from a number of successfully implemented health centre projects over recent years. We seek to learn and develop from project to project by having a core Capital Planning, IT, Procurement and Commissioning Team taking these projects forward. All the members of these support teams who will be involved have been involved in at least two previous similar projects.

6.2.4 OD and Change Plan

The Organisational Development plan details the arrangements for the smooth transition of staff and continuity arrangements for clinical care during the relocation to the new Clydebank Health & Care Centre.

WDHSCP is committed to supporting staff through the change by providing opportunities for individuals and teams to consult, engage and develop the necessary skills and practices in order to make a successful transition to the new Health and Care Centre while maximising the opportunities for new ways of working.

The change necessitates a move from the current model to the future model as detailed:

From	To
Out dated facility in need of repair	High quality complex care facility
Silo working and boundary setting	Integrated person centred care, boundary blurring and care pathways that exploit the co-location
Services disparately located	Services co-located
Patients potentially accessing multiple sites	Patients accessing a one stop shop for Primary and Community Care
Paper reliance and storage challenges	Paperlite and less need for storage
Static working which facilitates supervision, containment of staff and face to face communication between team members	Agile working which facilitates more effective use of staff time while supporting communication and team cohesiveness
Allocated desk space and clinic space for services, teams and individuals	6 desks per 10 staff, bookable rooms and processes to support planning and allocation of space to support service delivery
Service specific vision	Overarching service vision and common shared values and objectives

The change from the current model of working to the new model requires new ways of working afforded by co-location, high quality infrastructure and agility of the workforce. Our Organisational Development plan details the key steps to achieve the change, identifying enablers and threats, ensuring these can be minimised or eradicated. Stakeholder engagement and improvement methodology is the foundation of the plan.

Focus will be on specific areas of change that will maximise the potential for new ways of working. These include:

- Focus on agile and flexible working
- Paperlite practice
- Exploring building design on staff wellbeing i.e. outside green space
- Lone working and robust governance around this
- New co-located “neighbours” creating new connections and opportunities for enhanced communication
- Strategies for maintaining team cohesion and containment with an agile, flexible workforce
- Process creation and implementation i.e. booking rooms and clinic space
- Management of paper files both in use and those archived
- Recognising and acting on opportunities for new ways to deliver services i.e. new integrated pathways

In addition to these areas of focus, communication and engagement with staff will continue throughout the project.

Relevant policies that help inform the plan include lone working, work force change, agile working, home working and work-life balance policies. There is a need to ensure policies for example lone working are robustly implemented to ensure that safety is not undermined by new ways of working.

Key Actions

Actions include:

- Identification of lead person (sponsor) and designated change champion for each service involved in the move. The lead person will provide strategic leadership and monitor change activity within service while the champion will provide direct support and encouragement and information to the team
- Change management learning sessions- improvement methodology (PDSA, 5S, process mapping), cycle of change and Bridges transition model
- Identification of teams to try out new ways of working i.e. agile working
- Engagement with groups (questionnaires, focus group, and interviews) will provide intelligence regarding enablers, road blocks and solutions collated
- Quarterly meetings in order to scope out change progress, enablers and any road blocks early. Forum to share intelligence- report back on PDSA/learning
- Early consideration of any decisions that may need to take into account the upcoming change. This may be in relation to new processes, equipment, or practice. For example, starting a repository for policies at a team level to reduce need to keep paper copies in order to be paperlite earlier
- Early identification of processes that need to change or be created to support the change i.e. bookable rooms, containment, supervision and team communication
- Support in letting go of old ways of working and for many, the connection to the old location. Sharing thoughts, feelings and what might be difficult or good about change
- Consideration of the discreet needs of some teams
- Standard operating procedures developed i.e. for booking rooms, having meetings and staying connected to team members, file management
- Assessment of lone working compliance and /or issues across teams involved in change carried out to ensure robust staff safety and staff governance. Incidences of policy/technology breakdown raised and assessed. Action planning as required supporting full and robust implementation

- Wider engagement event to demonstrate progress, detail what can be done now and how change can be easier for staff and therefore for patients/clients held
- Learning needs analysis across staff/service groups
- Provision of training and skills development to meet identified needs/gaps.
- Consider new staff and induction to new ways
- Provide a Phase 3 checklist to support i.e. what you should do now i.e. 5S if not already done, packing up and how to ensure correct delivery, moving from paper to electronic – don't take what can be accessed on line, personal items
- Colour coordinated plan with corresponding signage for HC arranged to support delivery of work articles to correct office/team. Communication to teams/staff of which colour they are and coloured labels provided.
- Approaching the move date it will be necessary to rationalise service delivery for a short time. This will include identifying priority patients or clients. Routine clinics will be cancelled for a short period to support the move
- Equipment that is job essential will be labelled as such and either moved personally if able or clearly identifiable to avoid disruption
- As move becomes imminent, Vlogging and site visits will be utilised to help staff see where they will be after the change
- Clear and easy to understand signage should be in place well before moving in to ensure that staff and patients can find their way around

Following the move, there will be:

- Time allowed for “getting to know the neighbours”.
- Monthly meetings to explore any on-going issues that need resolved.
- An ongoing review of agile working and other new ways of working and SOPs

6.2.5 Stakeholder Engagement and Communication Plan

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

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 and beyond. In addition, the Centre will provide a community resource to be shared and used by the wider community and third sector organisations. This development is a key strand in the strategy to address some of the economic regeneration need in the area.

Since the OBC, detailed communication and engagement has been undertaken to ensure stakeholders are involved in and are signed up to these developments. The conduit for much of this engagement has been via the Design and Delivery Group, which has representation from all stakeholders. Membership of this group is provided in Appendix 4.

A Communication Plan has been developed to ensure that an appropriate level of information is passed to Staff, Patients and Carers and the public throughout the project as well as to other key stakeholders, such as Regional Planning Groups. It is noted that a common concern at Post Project Evaluation can be that information has not been shared widely amongst staff and patients at all stages of the project and the project team would wish to mitigate this through specific events, bi-monthly newsletters and noticeboard updates.

During the Planning Application Stage (March – May 2018), the plans for Clydebank Health and Care Centre were publicised widely across West Dunbartonshire. Several comments were received by the public and these have all been considered as part of the planning application.

The full Project Engagement and Communication Plan is described over the page. This is a live document and its ongoing review will form part of the core team agenda, especially when entering into the construction stage, ensuring its contents are regularly reviewed and updated as required.

Communication Plan

Stakeholder Group:	Communication Type	Responsible Person
Project Board	<ul style="list-style-type: none"> All papers issued by email when appropriate including progress reports, minutes of meetings, agendas, presentations etc. Papers will be sent timeously and normally within 10 working days of Board meetings. Board papers, except by prior agreement with Board will be issued 5 days working days 	Project Manager SRO Chairs of Task Teams and User Groups
Design Steering Group	<ul style="list-style-type: none"> Programme/progress updates. General information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback and action list updates. Information will be shared both verbally via regular Design Steering Group Meetings (quarterly) and local focus groups driven forward by project requirements such as Information Technology Meetings, Infection Control and Agile Working. Updates will be shared electronically via minutes, agendas and presentations. 	NHS Project Manager Hub Manager Design Steering Group members will also provide information to participants as per working group remit.
West Dunbartonshire HSCP Board	<ul style="list-style-type: none"> Programme update, General information relating to Project. 	Chief Officer Senior Responsible Officer (SRO)

Stakeholder Group:	Communication Type	Responsible Person
Scottish Ministers	<ul style="list-style-type: none"> • Programme update. General information relating to project by briefings; as required 	Chief Officer Senior Responsible Officer
Service Planning Development Managers	<ul style="list-style-type: none"> • Programme update. General Information relating to project. This is dependent on the stage of development of project. At times frequent and intensive (e.g. design stage) at other times just updating on a quarterly basis by email, ad hoc meeting etc. They will also receive regular updates through the Steering Design Group and members of staff involved in the Project Board 	Senior Responsible Officer
Service Users & General Public	<ul style="list-style-type: none"> • Newsletter, e-Newsletters, public engagement and consultation events, social media updates. 	Senior Responsible Officer Project Manager Community Engagement Officer
Local community and voluntary sector partner organisations	<ul style="list-style-type: none"> • Head of Planning to liaise with Health Improvement Team to disseminate information both written, electronic and verbally amongst partners 	Senior Responsible Officer Head of Planning Community Engagement Officer
HSCP Staff	<ul style="list-style-type: none"> • Project updates, general information relating to project. Visual display available for staff to view. • Any condition to staff working condition/practices arising from new developments will receive regular updates via team leads and extracts of minutes. 	Senior Responsible Officer Head of Planning Human Resources Representative

6.3 Art and Therapeutic Design and Healthy Environments

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

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

The overarching objective of the art and therapeutic design, health environment programme is to ensure there is successful delivery in context, of bespoke therapeutic design and art strategy which brings a cultural dimension into the healthcare environment which is about *Place Making*.

This responds to the 2011 version of BREEAM criteria which requires that arts coordination capacity is established and an art policy and an art strategy has been prepared for the development at the feasibility/design brief stage and endorsed by the senior management and addresses the following:

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

The New Clydebank Health and Care Centre Art and Environment Strategy Group was established in autumn 2015 and is populated by a wide range of stakeholders.

The first task for the group was to oversee recruitment of a Lead Artist/ Curator/Planner. Wide Open and Cultural Geographer Ruth Olden were recruited into these roles in April 2016. They were invited to work creatively with the project architects, landscape architect and engage with service providers, service users, local arts, and regeneration, heritage and community stakeholders. The commissioners were looking for an overarching art, architecture and green space concept which both acknowledges and celebrates the significant history of the area and explores the idea of a forward looking, health promoting, health and care centre.

The purpose of the Wide Open engagement programme which commenced in April 2016 was to build relationships and work in collaboration with stakeholders to develop a shared language and a clear framework from which the art, therapeutic design and Greenspace concept design will emerge through seeking to capture the creativity that exists within people and develop ways in which this can be harnessed and expressed to leave meaningful permanent legacies creating a community-

inspired therapeutic art and design vision that promotes wellbeing.

Consultation with stakeholders took the form of in depth face to face or telephone interviews, focussing across three key areas:

- What's important to staff/public
- How staff/public will engage with the building and how to improve the experience
- How the building connects with the wider community / environment

There were a number of important considerations to understand from a range of perspectives including: *distraction; difficult conversations; healthcare pathways; waiting experience, how staff interact, thresholds; point of contact between staff and users; communal areas.*

6.3.1 The Process

The visioning process comprised of three main stages:

Engaging with all target stakeholders, documentary review and background research and orientation

Capturing ideas, thinking and synergies, building upon the identified, industrial and heritage themes, and exploring other potential areas

Sharing the results and key messages in a creative visioning document that will also contain details for the design development and implementation phase

Alongside this process, the project steering group commissioned arts consultant and Cultural Geographer, Ruth Olden to gather local stories about the new wave of 'makers and menders' in Clydebank. Ruth worked on a joint consultation process with Wide Open and the stories contained within 'River to Recovery' have informed the strategy and individual artist and designer briefing documents.

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

Our Voices outlines the integration of artworks throughout the new Clydebank Health and Care Centre and its surrounding environment. It's an evolving document that is built upon the findings of a unique consultation and creative exercise that combines the findings of Wide Open, place-making and public art commissioning specialists, and cultural geographer Ruth Olden.

The response to the conjoined consultation process was very enthusiastic and generated passionate discussion, a wide range of ideas, thoughts, opinions and recollections of experiences. Ruth Olden and Wide Open listened carefully to what

people said and incorporated views and experiences from a wide range of backgrounds into the strategy. It's the richness and vibrancy of the collated conversations and stories that has established the strategy's approach. The level of engagement was extensive and is listed in an appendix.

The strategy sets out an approach where inspiration for the resulting artworks is drawn from the collective voice and stories of Clydebank's grassroots communities through focussed community engagement. This will ensure a sense of place is created, that genuinely comes from the communities that the new health centre will serve.

Our Voices was developed in advance of the new health centre being fully designed to achieve improved economies of scale by 'designing in' elements of the proposed arts projects into the architect's and landscape architect's plans wherever possible. Where costs can't be met in this way further fundraising is being sought by the Arts and Environment Strategy Group from public and private sectors.

6.3.2 The projects

A shortlist of eight projects are described in the arts strategy, all of which aim to help create a calm, welcoming and interesting building and surrounding environment by offering enhancement of internal and external spaces in order to create comfortable, interesting and reassuring spaces which are health promoting and subtly embrace Clydebank's rich industrial past.

The Arts and Environment Strategy Group selected four projects to be progressed, with each aligned to a story selected from Ruth Olden's River to Recovery anthology which was the result of her consultation process:

PROJECT NUMBER	STORY	PROJECT NAME
Project 2	Adrenaline	Playful Carpark
Project 3	Pollination	Waiting and Distraction
Project 5	Soil	Civic Squares
Project 6	River To Recovery	Recovery Stories

6.3.3 Commissioning

Wide Open drew up commission briefs for projects 2, 3 and 5 and put a call out through its networks and public portals such as Creative Scotland's Opportunities microsite. Interviews took place in November 2017 and artist Jim Buchanan was selected to develop outline concept designs for Playful car park and Civic Squares projects.

Architecture design company Dress For The Weather working in partnership with surface design studio Bespoke Atelier were selected to deliver the outline concept designs for the Waiting and Distraction project across the new health centre's waiting rooms.

Ruth Olden would progress her Recovery Stories project subject to securing further funding from the Arts and Humanities Research Council, a decision is expected in September 2018.

All the arts projects that have been selected to progress, will involve community engagement programmes with a range of different groups and age ranges to ensure that the resulting artworks come from the communities that the new health and care centre will serve.

Jim Buchanan

The narrative and ideas behind artist Jim Buchanan's concept designs are very strong, so much so that West Dunbartonshire Council's Planning Department made elements of his designs a condition of planning approval for the new health centre, recognising the potential of the designs to influence and create cohesion across the wider Queen's Quay masterplan area.

Of the five elements that make up Jim's proposal, two have been developed as a cost neutral approach (Bankies and Lightwell); Keel will be delivered through the core arts strategy budget; with the other two (Walk Well and Lightwave) requiring additional funding for which an application to the Green Exercise Partnership has been submitted in August 2018.

Movement and the potential for interaction with artworks resonate through each of Jim's design solutions:



- **KEEL** - focused movement emphasising balance
- **LIGHTWAVE** – a self-guided meander
- **WALK WELL** - repetitive practise of movement, physically calibrated
- **LIGHT WELL** - a ‘holding space’, emphasis on slower walking to support mindfulness
- **BANKIES** – ‘Adrenaline’ activating social interaction and play



Dress for the Weather / Bespoke Atelier

Dress for the Weather have designed bespoke artworks within a number of window panels within the waiting rooms that look out across the internal court yard areas. To create distraction, interest and improve the waiting experience the windows are the primary focus. The secondary focus will be wall hung artworks on acoustic panels above the seating area.

Dress for the Weather and Bespoke Atelier’s outline thinking is to create artworks that encompass the following below. When further funding is secured an artist residency programme will take place with a number of community groups to create stage-2 detailed designs for consideration before progressing to fabrication.

- Transparency
- Texture

- Layers / relief
- Movement / perspective
- Touch / robust



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

We are confident that the Our Voices Strategy for Clydebank Health and Care Centre will ensure that the modern, purpose-built centre will have wellbeing and recovery embedded within its outdoor and indoor spaces, in a unique and locally empowering way. A full copy of the Arts Strategy is provided in Appendix 16.

6.4 Green Travel Plan

In compliance with NHSGGC Travel Policy and the Board's Carbon Plan 2014, the new building will have a Green Travel Plan (GTP) and associated Parking Management Plan. It is a planning condition that before works can commence on site, a Green Travel plan is submitted to the Planning Authority for review and approval.

6.4.1 What is a Travel Plan?

A Travel Plan is an overarching document developed to identify a package of measures tailored to the specific needs of a building/site. It contains a package of measures and policies developed to encourage use of sustainable transport modes and to reduce reliance on the car, especially single occupancy car use.

The Travel Plan promotes the use of public transport and active travel i.e. walking and cycling. The focus of the Travel Plan is on the commuting and business travel elements within an organisation.

As well as helping to address the growing CO2 environmental problem, the development and implementation of a Travel Plan can have a number of benefits including:

- Reduced congestion
- Reduced pollution
- Reduced noise
- Improved air quality

Health benefits - active travel (walking and cycling) can help:

- Reduce stress
- Reduce obesity and weight problems
- Reduce incidence of coronary heart disease
- Improve well-being

Generating the Travel Plan involves developing a set of targets and techniques which, when properly managed, can reduce the overall impact of staff, patient and client travel and lower the ecological footprint of travel.

6.4.2 Promoting Healthy Working Lives

Travel, especially by car, is now so common that it is easy to forget the health risks that can be involved. For a successful trip, the key is about planning ahead (travel planning) and alertness to potential hazards. However, travel planning is more than opting for a single occupancy car journey. Awareness of alternative travel options and taking them, often benefits individual health. In addition, taking these more

sustainable choices brings advantages to the organisation, colleagues and the wider community and so they should be the preferred method of travel.

Further Advantages of Green Travel Plan

As well as promoting a healthier lifestyle, a well-managed Green Travel Plan, will reduce traffic within the environment and contribute to a reduction in CO2 emissions which are a major contributing factor in global warming. The plan will also assist in identifying methods of reducing business mileage and single car occupancy.

6.4.3 Methodology and Findings

The methodology used to gather this information and compile the Health & Care Centre Travel Plan included a site audit to identify current transport facilities. We have gathered information from staff, patients and visitors.

- Staff travel audit identified that over 65% of staff that completed the survey currently live within the West Dunbartonshire local authority boundary.
- 32% travel from within the Greater Glasgow and Clyde Health Board boundary which includes Glasgow City, Renfrewshire, East Renfrewshire, Inverclyde and East Dunbartonshire as well as West Dunbartonshire.
- 5% travel from out with the Greater Glasgow and Board areas.

The survey also identified work patterns including peak start and finish times. A similar audit was carried out during June 2018 asking patients to provide details on their journey to the current site of Clydebank Health Centre. Over 65% of participants cited that a more direct bus route and more frequent bus service would encourage them to use public transport.

6.4.4 Objectives and Targets 2018 -2023

- To promote and increase active travel (walking and cycling)
- Work in partnership with other organisations to promote and establish incentives for active travel to work e.g. bike to work scheme.
- Provide greater transport choice
- Reduce unnecessary staff travel
- Review policy implications for encouraging home working and more flexible working arrangements
- To promote and increase use of public transport usage
- Reduce single occupancy vehicle travel

6.4.5 Conclusions

The objective of the Travel Plan is to ensure that there are viable alternatives for travelling to Clydebank Health & Care Centre for staff, patients, clients and visitors,

where practicable and that its introduction would encourage and increase the percentage of those travelling to the development by modes other than private car, particularly single car occupancy car trips. However, the nature of the work, car use is essential for 48% of the staff.

The success of the Travel Plan measures in reaching model shift targets will be monitored on an annual basis for 5 years. If the results of annual monitoring indicate that the Travel Plan targets are not being achieved additional measures will be required to be identified and the length of the Travel Plan extended.

6.5 Benefits Realisation Plan

The Benefits Realisation Plan provided (below) in this FBC has been reviewed and confirmed as both appropriate and viable for the stage. Whilst the core benefits have remained in place from the Strategic Assessment, the Plan has been expanded upon from that included in the OBC to provide a baseline measurement and a target outcome to ensure there is a clear ability to monitor progress and quantify success through subsequent project evaluation.

Softer benefits have been included as an appended table to the main Benefits Realisation Plan as a result of ongoing discussion with the user group. These will be included in any monitoring and evaluation through the construction, commissioning and post occupancy phases.

Evaluation of all benefits will be led by the NHSGGC Post Project Review Manager with the assistance of the Project Board; Project Design & Delivery Group, and where necessary stakeholder representatives from staff, patients and visitors' groups.

Benefits Realisation Plan

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
1.	It will improve quality of life through the care provided by the co-location of integrated teams enabling speedy access to modernised services.	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Services Leads within West Dunbartons hire HSCP • General Practitioners 	<ul style="list-style-type: none"> • 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 	<p><i>Improved team working reported by Patient, staff and GP practice feedback</i></p> <p><i>Reduced Occupied Bed Days</i></p>	2016/17 81,161	73,045 <i>building on MSG target delivery with continuous improvement</i>	After 2 years from the facility opening

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
		which services delivered and based.		Primary Care.	<p><i>Reduced emergency admissions</i></p> <p><i>Increase numbers of people with Anticipatory Care Plans and Increase the number of ACP conversations</i></p>	<p>2016/17 4,535 admissions</p> <p>2017/18 1,921 people</p> <p>No baseline yet – question being added to revised SSA and Review paperwork</p>	<p><i>on 10% reduction</i></p> <p><i>4,082 building on MSG target delivery with continuous improvement on 10%</i></p> <p><i>Targets being agreed as part of NHSGGC's Unscheduled Care Plan – suggestion 4 completed and 50 conversations per month</i></p>	
2	Contributes to improving the overall health & wellbeing of people in the area	Improve patient experience / Carry out survey	NHSGGC/West Dunbartonshire Council/HSCP	Linked to social factors including employment, education and housing	Health and Wellbeing Survey results	Reference latest available Scottish public health Observatory	Long term aspiration to move a range of poor health and wellbeing	Review after 5 years of facility being operational

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
	and improve health inequalities					neighbourhood profiles	outcome indicators linked to areas of deprivation in a positive direction that contributes to addressing health inequalities	
3.	It will improve support to people to live independently.	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Services Leads within West Dunbartons hire HSCP • General Practitioners 	<ul style="list-style-type: none"> • 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. 	<p><i>Reduced emergency hospital admissions</i></p> <p><i>Reduced attendances at A&E</i></p> <p><i>Patients report feeling safe</i></p> <p><i>Numbers of people supported at home</i></p>	<p>2016/17 4,535</p> <p>2016/17 32,863 attendances</p> <p>2017/18 89% (HSCP figure)</p> <p>2017/18 89.2%</p>	<p>4,082 building on MSG target delivery with continuous improvement on 10% reduction</p> <p>29,577 building on MSG target delivery with continuous improvement on 10%</p> <p>91%</p> <p>Increase on baseline of</p>	Review after 2 years of facility being operational.

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
					<p>or in a homely setting during their last 6 months of life</p> <p>% supported to live as independently as possible</p>	2017/18 81%	2018/19 – 91% 83%	
4.	It will increase the proportion of people with intensive needs being cared for at home.	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Services Leads within West Dunbartonshire HSCP • General Practitioners 	<ul style="list-style-type: none"> • 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. 	<p>Increased numbers of people with complex needs being cared for at home</p> <p>Increase % of people 75+ being supported at home</p>	2017/18 83% 17/18 14.5%	85% 15%	Review after 2 years of facility being operational.
5.	It will ensure timely discharge from hospital.	<ul style="list-style-type: none"> • Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity 	<ul style="list-style-type: none"> • Services Leads within West Dunbartonshire HSCP • General Practitioners 	<ul style="list-style-type: none"> • Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Overall 	<p>Number of acute bed days lost to delayed discharge 65+, including AWI.</p> <p>Number of acute</p>	2017/18 2,291 2017/18 461	2,150 420	Review after 2 years of facility being operational.

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
		<p>and adaptability of facilities in which services delivered and based.</p> <ul style="list-style-type: none"> • Improve safety and quality of facilities in which services delivered and based. 		<p>Implementation of NHSGGC Acute Services Transformation Programme.</p> <ul style="list-style-type: none"> • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care. 	<p>bed days lost to delayed discharge 65+ AWI.</p> <p>Number of bed days lost to delayed discharge – All Reasons</p>	2017/18 3,439	3,000	
6.	It will improve access to services and contribute to regeneration of Clydebank	<ul style="list-style-type: none"> • Contribute to economic regeneration of Clydebank as a whole. • Improve safety and quality of facilities in which services delivered and based. 	<ul style="list-style-type: none"> • NHSGGC • West Dunbartons hire Council • <i>West Dunbartons hire Community Planning Partnership</i> 	<ul style="list-style-type: none"> • Effective delivery and success of other regeneration initiatives. • Impact of Community Planning Partnership Local Outcome Improvement Plan. 	<p>Patient satisfaction results from (national) Health & Social Care Survey.</p> <p>Increase rating of arrangements to see a Dr in GP practice</p> <p>Increase rating of arrangements to see another medical professional in GP practice</p>	<p>2017/18 66% (Clydebank Cluster)</p> <p>2017/18 67% (Clydebank Cluster)</p>	<p>74%</p> <p>73%</p>	<i>After 3 years following opening of the facility</i>

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
					Rating of overall care by GP practice	2017/18 85% (Clydebank Cluster)	89%	
					Rating of overall care provided by Out of Hours services	2017/18 81% (Clydebank Cluster)	82% (Alexandria 17/18)	
7	Deliver a more energy efficient building within the NHSGGC estate reducing CO2 emissions and contributing to a reduction in whole life costs.	Sustainability Increase capacity and adaption of facilities in which services delivered and based Improve safety and quality of facilities in which services delivered and based	Capital Planning/Facilities leads within NHSGGC		CO2 emissions and energy consumption rate.	Assessed upon facility becoming operational	Meeting the sustainability standards as detailed in the Authority Construction Requirements (ACRs)	Review after 1 year of facility being operational
8	Achieve a BREEAM Healthcare rating of "Excellent"	Sustainability	Capital Planning/Facilities leads within NHSGGC		Independent assessment by BREEAM accredited assessor	Assessed upon facility becoming operational	BREEAM score of 70 or over. Securing BREEAM Healthcare Rating of Excellent	Review after 6 months of facility being operational
Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable

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

In addition to the full Benefits Realisation table included above, softer benefits to measure Patient/ Staff and Carer feedback have been included at this FBC stage after discussions with the user group. These exist independently of the Benefits Realisation table but will form part of the overall project evaluation on completion.

Table 15: Softer Additional Benefits

Ref no	Benefit	Assessment	As measured by	Preferred Outcome	Object owner	Timescale	Baseline	Target
1	<i>Patients feel more supported to care for themselves</i>	<i>Increased focus on asset based approaches</i>	<i>Patient and resident surveys and focus groups</i>	<i>Increased support reported</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>
2	<i>Patients feel more supported to care for their friends and families</i>	<i>Focus on building community capacity</i>	<i>Patient and resident surveys and focus groups</i>	<i>Less dependency on services</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>
3	<i>People report that their community feels more compassionate and coherent</i>	<i>Focus on building community capacity</i>	<i>Patient and resident surveys and focus groups</i>	<i>Increased community cohesion</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>
4	<i>People report that their care is more joined-up and they do not need to repeat their story to so many professionals</i>	<i>Increased integration of multidisciplinary teams and services</i>	<i>Patient and resident surveys and focus groups</i>	<i>Care is delivered in a more seamless way</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>

6.6 Risk Management

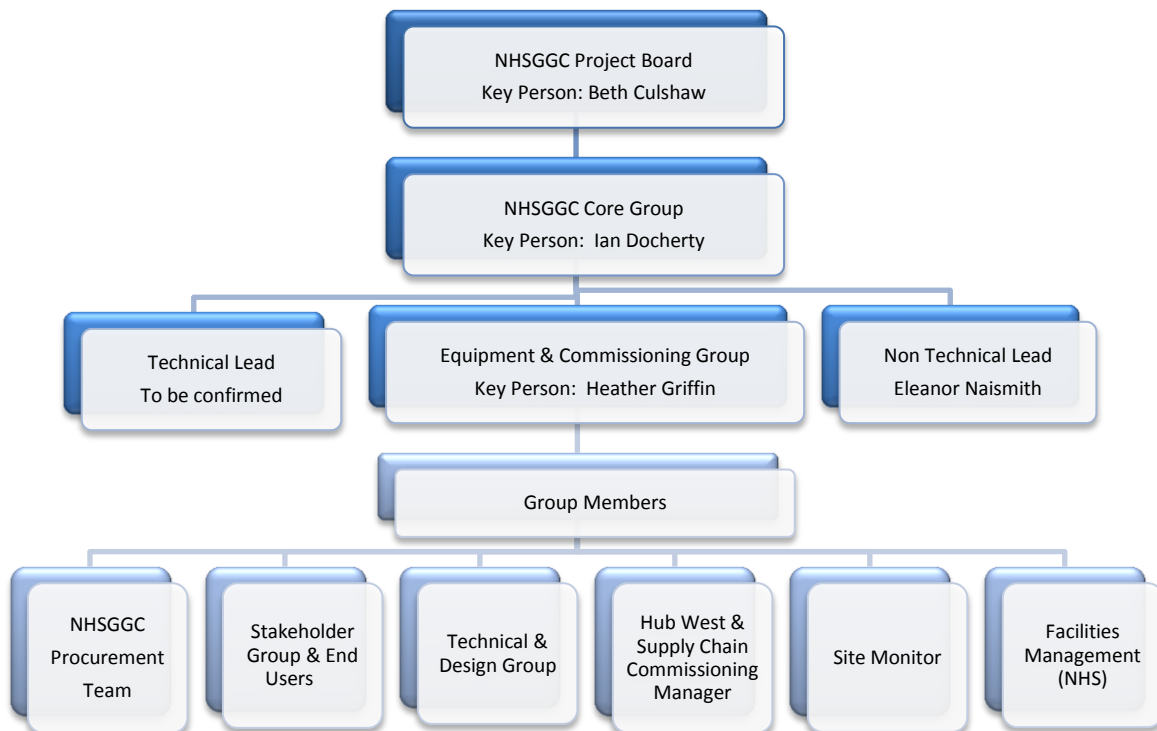
The main project risks and mitigation factors are identified at a high level at the OBC stage. As the project has developed through the FBC stages a more detailed and quantified risk register has been prepared. The main risks at this stage are highlighted in Appendix 8. The Risk Register will be continually reviewed and discussed at the Project Board.

6.7 Commissioning Process Arrangements

The NHSGGC Property & Capital Planning Project Manager will be responsible in overseeing the final stages of the project including all training needs for the new building and final commissioning certificates.

They will liaise with the Main Contractor and other specialist contractors, along with the Commissioning Group to ensure a smooth transition to the New Facility.

Diagram: Commissioning Governance Arrangements



Heather Griffin, identified as the key NHSGGC person for commissioning in section 6.1.2 will lead and chair the Equipment & Commissioning Group. Commissioning for the project will include both Technical and Non- Technical elements. Eleanor Naismith is identified as the Non- Technical lead. Eleanor works as part of Heather's non-technical commissioning team and has experience of both leading and assisting on the non-technical elements of project commissioning. Both Heather and Eleanor have confirmed resource ensuring suitability and availability to perform the roles.

Identified in the governance structure above is that the Equipment & Commissioning group lead and technical and non-technical leads all link with Ian in his role as Lead Project Manager. Through his involvement in the project from the outset, Ian has been noted in the above structure as he will be able to support all commissioning leads through his established relationships with identified group members, working with the existing communications strategy and sharing of live project information. Working in this way, with Ian's involvement, key stages of the commissioning process have been established to ensure the design and construction process is managed in such a way to reach all required milestones.

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

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

These key stages and associated future activities are reflected in the current Commissioning Master Plan (CMP) and Commissioning Requirements Brief (CRB) provided in Appendix 10.

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

6.7.1 Technical Commissioning

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

6.7.2 Non-Technical Commissioning

Through development of the FBC, Heather Griffin was identified as Commissioning Manager for NHSGGC as well as the lead for the Non-Technical commissioning element. Led by the project manager, the project has seen completion of room data and component sheets and the full schedule of FF&E components. Completion of

this process has meant all components have been identified; their procurement route has been established and identified as either PSCP or direct by NHSGGC.

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

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

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

6.8 Project Monitoring and Service Benefits Evaluation Plan

This section provides comprehensive detail of the Project Monitoring and Service Benefits Evaluation Plan previously outlined at OBC stage.

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

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

As described in the current Project Execution Plan (Appendix 13), a variety of meeting types are in place to ensure appropriate monitoring and compliance with the contractual arrangements. A summary of the approach, including the key core group, is presented below and further described in the Project Monitoring and Evaluation Plan (table 17).

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

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

Works Delivery Costs: A project spend profile has been developed to include the Target Price and all project related costs. The joint cost advisors will review and report spend against the profile highlighting any issues.

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

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

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

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

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

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

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

Stakeholder Engagement: Stakeholders will be represented at the Project Board meeting and be engaged for design and technical discussion and any elements of change. Stakeholders are identified in the PEP, with the most appropriate representatives forming part of the monitoring and evaluation process. Further detail on how stakeholders will be kept engaged is provided in the communication plan provided in appendix 14.

Monitoring & Evaluation Plan: Project Monitoring Programme

Project Monitoring Programme

What will be assessed	When it will be carried out		How it will be done (approach)
	Milestone Date	Report submission	
Project Monitoring stage:			
Affordability Assessment	<p>As part of the FBC approval.</p> <p>Ongoing assessment at Project Board meetings as part of change management and cost reporting.</p>	<p>Commercial report provided for each Project Board meeting.</p> <p>Final assessment report as part of Outturn Cost Report by 3 months post occupation)</p>	<p>Affordability will largely be assessed as part of the FBC submission. On approval and construction commencing the Financial Close information will form the baseline for reporting. An Addendum to the FBC will be produced and forwarded to SGHSCD.</p> <p>Ongoing affordability will be assessed during the implementation stage through the change management process as part of the regular Project Board meetings. Costs will be assessed against the approved capital spend.</p>

Outturn Capital Costs	By Financial Close	By Financial Close	<p>Comparison between FBC & FC.</p> <p>The report will provide a detailed breakdown of any cost changes and impact of risks realised or mitigated.</p>
Outturn Revenue Costs	June 2022	June 2022	<p>The revenue costs will be assessed against the baseline and the target reductions identified within the FBC and benefits register.</p> <p>The resulting report will provide a breakdown of the actual costs against forecast.</p>
Stakeholder Support	Minimum 4 Weekly Project Board during implementation.	Recorded as part of meeting minutes published within 5 working days of each meeting.	<p>Signed stakeholder support letters to be provided as part of the FBC submission.</p> <p>Regular Project Board meetings throughout the project to maintain support and direction from project SRO. Key project information to be passed to those forming Stakeholder support.</p>
Stakeholder Engagement	Monthly Progress Meetings during implementation with stakeholder	One month after construction start	<p>Pre- Start, progress and Commissioning meetings will be held throughout implementation to ensure continued stakeholder</p>

	<p>representation.</p> <p>Stakeholder engagement meetings as required through project.</p>	<p>Service Benefits Evaluation Report produced January 2022</p>	<p>engagement as outlined within the PEP.</p> <p>Part of the Service Benefits Evaluation Report undertaken after 18 months of occupation will seek stakeholder feedback on engagement through the project.</p>
Project Programme	<p>Minimum monthly during implementation</p>	<p>Report provided for each Delivery Group/ progress meeting, by Independent Tester.</p>	<p>Programme status contained on monthly DBFMCo & PM Reports.</p> <p>Comparison between contract completion dates and planned completion dates reviewed: identify slippage or otherwise.</p>
Project Scope Changes	<p>4 Weekly Project Board during implementation</p> <p>OR</p> <p>As required for urgent emerging issues</p>	<p>Recorded as part of Delivery / progress/ design & technical meeting minutes published within 5 working days of each meeting</p>	<p>Significant changes in project scope are reviewed at the Project Board to ensure stakeholder and SRO support.</p> <p>Change management discussed at Delivery group on a monthly basis to review changes to the works.</p>
Health & Safety Performance	<p>Ongoing through project.</p>	<p>Report provided for each Delivery Group meeting.</p>	<p>Health & Safety issues captured and reviewed on the monthly Main Contractor Advisor</p>

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

		as required.	reduce any potential for lack of ownership. Designated client risks are defined in the contract with all other risks passed to the DBFMCo at Financial Close.
Community Benefits	Quarterly as part of Delivery group/ progress meetings.	DBFMCo will provide monthly reports at the Delivery Group/ progress meetings. Targets were agreed on DBFMCo appointment and updates on achieving targets or otherwise will be provided through the project.	DBFMCo have agreed a community benefits plan that exceeds baseline targets for a project of this size. An updated community benefits tracker has been developed at FBC detailing progress to this stage. Many benefits will be realised through the construction stage and a final report on those achieved will be provided on completion of the commissioning and soft landings process.

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

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

- A review of the management of risk throughout the project development

6.9 Monitoring & Evaluation Plan: Service Benefits Evaluation

Provided within section 6.13 is the project Benefits Realisation plan comprising core benefits identified and developed from the Strategic Assessment. As an addition, softer benefits have been developed post OBC, which have now been included in this FBC. For both core and additional benefits, ongoing development has included the addition of Baselines and Targets which will form the basis of the evaluation of the service benefits.

Further details on the approach and engagement through the evaluation process are provided in the 'Monitoring & Evaluation Plan – Service Benefits Evaluation' table below. The table also contains information on the approach to gaining overall feedback on the project from the stakeholder group.

Initial review and evaluation will be undertaken within 3 months of occupation and will provide a final project monitoring report to be submitted to SGHSCD.

A further evaluation will take place 18 months post occupancy which allows for reasonable bedding in period following the occupation of the new facility. The main focus of the evaluation will involve:

- Assessment of whether and to what extent the project has realised its expected benefits
- Gaining feedback from users and other stakeholders on the project outcomes i.e. how stakeholder expectations have been met
- Reviewing the impact of any service change on operational activities, processes and people
- Understanding of how well the project has impacted on service activity and performance.
- Reflection of what went well and what could have been improved to provide learning to be passed on to other similar projects.

Service Benefits Evaluation Programme

What will be assessed	When it will be carried out		How it will be done (approach)
	Milestone Date	Report submission	
Service Benefits Evaluation stage:			
Expected benefits	onwards within a 6 – 24-month timeframe depending on the benefit being evaluated	6 – 24 months following completion depending on the benefit being evaluated	Benefits register completed and endorsed by Object Owners. Evaluation to be completed against the agreed target/ baseline and within the specified 6 – 24-month timescale. A detailed breakdown per expected benefit is provided below.
1. It will improve quality of life through the care provided by the co-location of integrated teams enabling speedy access to modernised services.	18 months after occupation	18-24 months after occupation	An assessment will be carried out against a baseline taken on August 2018 to review waiting times across services; improve positive experience rating; increase in number of patient consultations across all services; reduced unscheduled bed days and increased number of patients with anticipatory care plans.
2. Contributes to improving the overall health & wellbeing of people in the area and improve health inequalities	Initial review 18 months post occupancy with full review 5 years post occupancy	Initial review 18-24 months post occupancy	Long term aspiration to positively affect poor health and wellbeing indicators linked to areas of deprivation. Feedback from Health and wellbeing survey results
3. It will improve support to people to live independently.	18 months after occupation	18-24 months post occupancy	A assessment will be carried out against a baseline taken on August 2108 to review percentage of people supported to live as independently as

			possible - number of people supported at home or in a homely setting last 6 months of life; reduced emergency hospital admissions; reduced attendance at A&E; increased number of patients reporting feeling safer at home
4. It will increase the proportion of people with intensive needs being cared for at home.	18 months after occupation	18-24 months post occupancy	A assessment will be carried out against a baseline taken on August 2108 to review the number of people with complex needs being cared for at home – reduced rate of readmissions to hospital within 28 days; increase in people 75+ being supported at home
5. It will ensure timely discharge from hospital.	18 months after occupation	18-24 months post occupancy	A assessment will be carried out against a baseline taken on August 2108 to review number of acute bed days lost to delayed discharge – all reasons
6. It will improve access to services and contribute to regeneration of Clydebank	Initial review 18 months post occupancy with full review 3 years post occupancy	Initial review 18-24 months post occupancy	Location of Health and Social care Centre will contribute to the overall regeneration of Clydebank; Health and Social Care patient satisfaction survey
7. Deliver a more energy efficient building within the NHSGGC estate reducing C02 emissions and contributing to a reduction in whole life costs.	12months after occupation	12months after occupation	Will be assessed during first year of occupation on how facility meets the sustainability standards as detailed in (ACRs)
8. Achieve a BREEAM	6 months after	6 months after	Independent assessment

Healthcare rating of "Excellent"	occupation	occupation	by BREEAM accredited assessor
9. Achieve a high design quality in accordance with the Board's Design Action plan and guidance available from A+DS	6 months after occupation	6 months after occupation	AEDET assessment and joint supporting statement from A+DS and HFS
10. Meet statutory requirement and obligations for public buildings e.g. with regards to DDA	1 month post occupation	1 month post occupation	DDA audit and EQIA of facility involving local disability groups with different types of disability
Stakeholder expectations	(or 18mths after occupation)	18 months after occupation	As part of the Service Benefits Evaluation Report undertaken after 18 months of occupation. This will assess how well the project achieved its objectives with feedback direct from the stakeholders as part of the Project Board.
Impact of service change	(or 18mths after occupation)	18 months after occupation	A Service Benefits Evaluation Report will be undertaken 18 months after occupation and will capture feedback from staff patient and carer surveys.
Service activity & performance	(or 18mths after occupation)	18 months after occupation	In line with the benefits register the service activity and performance will be evaluated as part of the Service Benefits Evaluation Report.

6.10 Project Monitoring Report

This section describes how all project events will be monitored and evaluated. It is this structure that will form the basis for the overall Project Monitoring Report, updating and presenting information provided within this FBC submission.

The template included as Appendix 11 has been developed for use as a summary document for monitoring through the construction and commissioning stages. Information will be collated from those sources and meetings identified and provided by Ian Docherty each month for issue to Frances Wrath for tracking. The report is also used for internal reporting through the established project governance structure, with backup detail readily available if required or requested.

Transforming Care in Clydebank

Conclusion

August 2018



7 Conclusion

This Full Business Case has laid out the case for the need for the development of a new Health and Care Centre on the Queen's Quay site, an integral element of the pivotal Health Quarter for Clydebank.

The considerable challenges facing Clydebank, in relation to its economy, disease, population profile and deprivation have been set out. The policy landscape supports a new model for primary care, creating multi-disciplinary teams supporting general practitioners. At the same time an increasingly elderly population, and high levels of complex co-morbidity is driving growing demand for health and social care services in Clydebank, and across Scotland.

Those changing demographics, an increase in demand for services and the likelihood of more people with complex co-morbidities alongside reduced public sector resources, means that the partners need to work together with communities to deliver services in different ways and ensure full advantage is taken of the investment available. The integration of planning between health, leisure, housing and residential care, created by the Queen's Quay opportunity represents a rare opportunity to ensure this full potential is realised.

As stated in the financial case, the Predicted Maximum Cost provided by Hubco in their Stage 1 submission has been reviewed by external advisers and validated as representing value for money. The costs have been compared against other similar comparators and for Stage 2, Hubco are expected to achieve further value for money through market testing.

West Dunbartonshire's economy is recovering, and recovery is the theme that has underscored much of the engagement with stakeholders, both in relation to patient outcomes, and in the design and art strategy for the building. The new Health and Care Centre, sitting on the location of the first foundry works in Clydebank, and framing a view of the Titan Crane, is scheduled to open 150 years following the first foundry works in Clydebank. This Centre will invite staff and visitors to remember the past, the hardship and the recovery, and to look forward, with improved self-determination, health and wellbeing, to the future.

Appendices

1. OBC Approval Letter
2. Planning Consent
3. Schedule of Accommodation
4. Membership of Design and Delivery Group
5. Membership of Arts & Health Strategy
6. Commercial Case Whole life Appraisal Dashboard
7. BIM Execution Plan
8. Combined Risk Register
9. Outline Commissioning Programme
10. Commissioning Requirements
11. Project Monitoring Report
12. Construction Programme
13. Project Execution Plan
14. Communication Plan
15. Stage 2 HAI Scribe
16. Art & Design Strategy

Appendix 1 – OBC Approval Letter

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

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

16 October 2017

Dear Jane

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

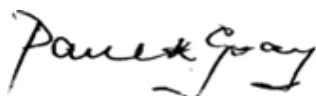
The two Outline Business Cases above have been considered by the Health Directorates' Capital Investment Group (CIG) on 17 August and 19 September 2017. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit a Full Business Case for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

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

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

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

Yours sincerely



Paul Gray

Appendix 2 – Planning Consent

Ref No – DC18/057

Grant of Planning Consent

WEST DUNBARTONSHIRE COUNCIL
TOWN AND COUNTRY PLANNING (SCOTLAND) ACTS
TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT
PROCEDURE) (SCOTLAND) REGULATIONS

Proposal **Erection of new health and care centre**

Site **Queens Quay Full Dev Site**
Cart Street
Clydebank

Applicant **NHS Greater Glasgow & Clyde**

Agent **Anderson Bell Christie**
382 Great Western Road
Kelvinbridge
Glasgow
G4 9HT
F.A.O Amy Knowles-Brown

Class of Development **Local Development**
Decision Type **Committee**

WEST DUNBARTONSHIRE COUNCIL, AS PLANNING AUTHORITY, IN EXERCISE OF THEIR POWERS UNDER THE ABOVE-MENTIONED ACTS AND ORDERS, AND HAVING CONSIDERED YOUR PROPOSED DEVELOPMENT, THE PLAN(S) DOCKETTED AS RELATIVE THERETO AND THE PARTICULARS GIVEN IN THE ABOVE APPLICATION, HEREBY:-

DECISION: GRANT PLANNING PERMISSION SUBJECT TO THE CONDITIONS AND REASONS CONTAINED IN THE ACCOMPANYING PAPER(S) APART.

NOTE: *IT SHOULD BE UNDERSTOOD THAT THIS PERMISSION DOES NOT CARRY WITH IT ANY NECESSARY CONSENT OR APPROVAL TO THE PROPOSED DEVELOPMENT UNDER ANY OTHER STATUTORY ENACTMENTS.*

DATED THIS: 30th day of May 2018

STRATEGIC LEAD, REGULATORY
16 CHURCH STREET
DUMBARTON G82 1QL,


SIGNED
for WEST DUNBARTONSHIRE COUNCIL

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Ref No –DC18/057

Page 2

01. The materials to be used on the development hereby approved shall be a mix of facing brick (Crest Titan multi brick) 5mm weathered corten steel, aluminium curtain walling system (RAL 7021 Matt), 150mm pressure cap and cream mortar. All external materials shall be implemented as per the approved details unless otherwise agreed in writing with the Planning Authority.

Reason In the interests of visual amenity.

02. Unless otherwise agreed in writing no development shall commence on site until samples of all hard surfacing and edging materials throughout the site shall be submitted for the further written approval of the Planning Authority. Such details shall include the provision of sample panels showing options for the material to be used in front of the main entrance to the health and care centre adjacent to the shared surface and public realm area at the head of the basin and shall be co-ordinated with the materials for the wider Queens Quay public areas. The agreed materials shall thereafter be implemented as approved prior to the occupation of the building.

Reason In the interests of visual amenity and to ensure that the materials to be used are appropriate to the character of the area and consistent with the surrounding development.

03. Unless otherwise agreed in writing no development shall commence on site until full details of the design and location of all walls and fences to be erected on site, including the corten steel gates at the entrance to the maintenance access path, shall be submitted for the further written approval of the Planning Authority and implemented prior to the occupation of the building.

Reason In the interests of visual amenity and to ensure that the materials to be used are appropriate to the character of the area.

04. Prior to the commencement of development on site, details of the Sustainable Urban Drainage System (SUDS), its maintenance following installation and how it connects to the wider SUDS system shall be submitted to and approved by the Planning Authority. The SUDS shall be designed to ensure that contaminants present on the site are not mobilised and that pollution pathways are not created. The SUDS scheme shall thereafter be formed and maintained on site prior to the occupation of the building and in accordance with the approved details.

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- Reason** To ensure that the drainage design is acceptable.
05. The landscaping scheme approved under Drawing No.16020_SW_201 Rev D02 shall be implemented as approved not later than the next appropriate planting season after the occupation of the building. Details of the maintenance arrangements for the landscaping scheme shall be submitted for further approval and the landscaping shall thereafter be maintained in accordance with these details. No landscaping details or features shall be altered or removed without the prior approval of the Planning Authority.
- Reason** To ensure the implementation of a satisfactory scheme of landscaping which will in due course improve the environmental quality of the development.
06. Prior to the commencement of development on site, timescales for the completion of pedestrian walkways, landscaping works, hard surfaces and boundary treatments, shall be submitted for the further approval of the Planning Authority. Thereafter, such works shall be fully implemented as agreed and maintained.
- Reason** To ensure the timeous implementation of these aspects of the development.
07. The development shall be constructed in accordance with the proposed ground levels as shown on Drawing No. 16020_LG_202 Rev D02. Any alterations to these levels shall first be agreed in writing with the Planning Authority.
- Reason** To ensure that the development is constructed in accordance with the agreed site levels.
08. Unless otherwise agreed in writing no development shall take place within the development site as outlined in red on the approved plan until the developer has secured the implementation of a programme of archaeological works in accordance with a written scheme of investigation which has been submitted by the applicant, agreed by the West of Scotland Archaeology Service, and approved by the Planning Authority. Thereafter the developer shall ensure that the programme of archaeological works is fully implemented and that all recording and recovery of archaeological resources within the development site is undertaken as agreed by the Planning Authority in consultation with the West of Scotland Archaeology Service.

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Reason To protect public health and to ensure that the site is suitable for its intended use.

13. Notwithstanding the submitted details, details of assessment criteria and sampling frequency to demonstrate the suitability of any site-won material or imported material to be used shall be submitted to and approved by the Planning Authority prior to any such material being re-used or imported.

Reason To protect public health and to ensure that the site is suitable for its intended use.

14. The approved remediation scheme shall be carried out in accordance with its terms prior to the commencement of development on site (other than that required to carry out said remediation), unless otherwise agreed in writing by the Planning Authority. The Planning Authority shall be notified in writing of the intended commencement of remediation works not less than 14 days before these works commence on site. An interim verification report shall be submitted to the Planning Authority at least six weeks prior to the occupation of the building. Upon completion of the remediation works and at least two weeks prior to the intended occupation of the building, a final verification report which demonstrates the effectiveness of the completed remediation works shall be submitted to and approved in writing by the Planning Authority before the occupation of the building.

Reason To protect public health and to ensure that the site is suitable for its intended use.

15. The presence of any previously unsuspected or unencountered contamination that becomes evident during the development of the site shall be brought to the attention of the Planning Authority within one week, and work shall cease on that particular part of the site. At this stage, if requested, a comprehensive contaminated land investigation and risk assessment shall be undertaken and a remediation scheme shall be submitted to and approved by the Planning Authority prior to the recommencement of site works. The scheme shall be implemented as approved.

Reason To protect public health and to ensure that the site is suitable for its intended use.

16. Unless otherwise agreed in writing no development shall take place on site until such time as a noise impact assessment has been submitted to and approved in writing by the Planning Authority. This noise impact assessment shall include an assessment of the potential for the proposed use to cause

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19. Unless otherwise agreed in writing no development shall commence on site until a scheme for the control and mitigation of dust shall be submitted for the further approval of the Planning Authority. The scheme shall identify likely sources of dust arising from the development or its construction, and measures to prevent or limit the occurrence and impact of such dust. The scheme shall be implemented as approved prior to any dust-generating activities commencing on site.
- Reason** To minimise the occurrence of dust, in the interests of the amenity of the area.
20. During the period of construction, all works and ancillary operations which are audible at the site boundary, or at such other places that may be agreed by the Planning Authority, and any piling works shall be carried out between 8am and 6pm Mondays to Saturdays and not at all on Sundays or Public Holidays.
- Reason** To minimise noise and disturbance to nearby residents at unsocial hours.
21. Unless otherwise agreed in writing no development shall commence on site until details of sustainable travel information to be provided to patients including information screens and wayfinding signage within the new health and care centre building and elsewhere within the site shall be submitted for the further written approval of the Planning Authority and implemented prior to the occupation of the building.
- Reason** To support and encourage the use of sustainable transport methods by those using the building.
22. Unless otherwise agreed in writing no development shall commence on site until full details of any external lighting including floodlights shall be submitted for the further written approval of the Planning Authority and implemented prior to the occupation of the building.
- Reason** In the interests of visual amenity and to ensure that the development does not adversely affect the amenity of neighbouring properties by creating excessive illumination.
23. Unless otherwise agreed in writing no development shall commence on site until full details of the cycle racks, bike store and bin storage areas to be erected on site shall be submitted for the further written approval of the Planning Authority and implemented prior to the occupation of the building.

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- Reason** In the interests of visual amenity.
24. Unless otherwise agreed in writing no development shall commence on site until a solar glare hazard assessment shall be submitted for the further written approval of the Planning Authority in consultation with Glasgow Airport Safeguarding. Any recommendations made within the assessment shall be implemented prior to the occupation of the building.
- Reason** To ensure that glare from the roof-mounted solar panels does not endanger the safe movement of aircraft and the operation of Glasgow Airport.
25. Unless otherwise agreed in writing no development shall commence on site until full details of the access barrier at the entrance to the staff car park, including its appearance and how it will operate shall be submitted for the further written approval of the Planning Authority and implemented as approved.
- Reason** In the interests of roads and public safety.
26. Unless otherwise agreed in writing no development shall commence on site until full details of any signage to be erected on the building and elsewhere within the boundary of the site shall be submitted for the further written approval of the Planning Authority and implemented as approved.
- Reason** In the interests of visual amenity.
27. No satellite antenna, aerials or additional plant equipment shall be erected on the roof or any part of the exterior of the building without the prior approval of the Planning Authority.
- Reason** To allow the planning authority to retain effective control in the interests of visual amenity.
28. Prior to the occupation of the building the agreed bird management proposals on the roof shall be implemented as approved.
- Reason** To avoid endangering the safe movement of aircraft and the operation of Glasgow airport.
29. Notwithstanding the details shown on the approved plans, the layout of the car park shall be as shown on drawing number 16020-SK-180523-001.

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Reason In the interests of visual amenity.

FOR NOTING

Informatives

01. The applicant is advised that under the terms of Section 58 of the Town and Country Planning (Scotland) Act 1997 (as amended), the development hereby approved must commence within a period of 3 years from the date of this decision notice.
02. The applicant is advised that under the terms of the Town and Country Planning (Development Management Procedure) (Scotland) Regulations 2008, the developer is required to submit to the Planning Authority in writing upon the forms specified for the purpose and attached to this decision notice:
 - a) A Notice of Commencement of Development as soon as practicable once it is decided to commence the development hereby approved (which shall be prior to the development commencing);
 - b) A Notice of Completion of Development as soon as practicable once the development has been completed
03. Given the nature of the proposed development it is possible that a crane may be required during its construction. We would, therefore, draw the applicant's attention to the requirement within the British Standard Code of Practice for the safe use of Cranes, for crane operators to consult the aerodrome before erecting a crane in close proximity to an aerodrome. This is explained further in Advice Note 4, 'Cranes and Other Construction Issues' (available at <http://www.aoa.org.uk/policy-safeguarding.htm>). The development is close to the aerodrome and the approach to the runway. We draw attention to the need to carefully design lighting proposals. This is further explained in Advice Note 2, 'Lighting near Aerodromes' (available at <http://www.aoa.org.uk/policy-safeguarding.htm>). Please note that the Air Navigation Order 2005, Article 135 grants the Civil Aviation Authority power to serve notice to extinguish or screen lighting which may endanger aircraft.
04. The plans referred to as part of this decision are: 16020-SK-180523-001, 16020_HW_200 Rev D03, 16020_LB_203 Rev D02, 16020_SF_204 Rev D05, 16020_L_001 Rev D02, 16020_L_100 Rev D05, 16020_LG_202 Rev D02, 16020_L_400 Rev D02 16020_L_401 Rev D02, 16020_SW_201 Rev D02, AL(0)00, AL(0)100 Rev J, AL(0)101 Rev H, AL(0)102 Rev I, AL(0)103 Rev J, AL(0)200 Rev K, AL(0)300 Rev H, IDV-4200 Rev P3, IDV-4250 Rev P2, IDV-4251 Rev P2, BAM-CHCC-PS-001, BAM-CHCC-PS-002

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**TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997
PLANNING ETC. (SCOTLAND) ACT 2006**

RIGHTS OF AGGRIEVED APPLICANTS (COMMITTEE DECISIONS)

1. **If this decision involves a refusal of planning permission or the granting of permission subject to conditions, and if the applicant is aggrieved by this decision, they may lodge an appeal to the Scottish Ministers against this decision within 3 months of the date of this notice.**

The appeals form and guidance can be obtained and submitted to us from the Scottish Government ePlanning portal

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

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Appendix 3 – Schedule of Accommodation

4.6.1 Schedule of Accommodation

Number	Department	Room Name	Briefed Area (m ²)	Area (m ²)	Level
Agile					
2/15	Agile	South East Wing	0.0 m ²	16.8 m ²	Level 2
2/22	Agile	South East Wing	0.0 m ²	156.0 m ²	Level 2
2/27	Agile	South West wing	0.0 m ²	93.4 m ²	Level 2
2/30	Agile	South West Wing	0.0 m ²	41.3 m ²	Level 2
2/32	Agile	South West wing	0.0 m ²	26.8 m ²	Level 2
2/36	Agile	South West wing	0.0 m ²	33.0 m ²	Level 2
2/38	Agile	South West wing	0.0 m ²	118.3 m ²	Level 2
2/41	Agile	North West wing	0.0 m ²	87.1 m ²	Level 2
2/45	Agile	North West wing	0.0 m ²	26.5 m ²	Level 2
2/47	Agile	North West wing	0.0 m ²	44.3 m ²	Level 2
2/50	Agile	North West wing	0.0 m ²	39.7 m ²	Level 2
			0.0 m ²	683.2 m ²	

Agile Break-Out					
2/16	Agile Break-Out	Quiet Working	0.0 m ²	3.8 m ²	Level 2
2/17	Agile Break-Out	Quiet Working	0.0 m ²	3.8 m ²	Level 2
2/19	Agile Break-Out	Meeting Room	0.0 m ²	10.0 m ²	Level 2
2/28	Agile Break-Out	Quiet Working	0.0 m ²	6.2 m ²	Level 2
2/29	Agile Break-Out	Quiet Working	0.0 m ²	6.2 m ²	Level 2
2/37	Agile Break-Out	Meeting Room	0.0 m ²	8.1 m ²	Level 2
2/48	Agile Break-Out	Quiet Working	0.0 m ²	5.7 m ²	Level 2
2/49	Agile Break-Out	Quiet Working	0.0 m ²	5.8 m ²	Level 2
			0.0 m ²	49.6 m ²	

Central Space					
0/04	Central Space	Mail Room / Caretaker	15.0 m ²	15.3 m ²	Level 0
0/52	Central Space	Main Reception	25.0 m ²	19.1 m ²	Level 0
0/53	Central Space	Interview Rm 1	10.0 m ²	11.9 m ²	Level 0
0/54	Central Space	Office & Archive	10.0 m ²	20.7 m ²	Level 0
0/56	Central Space	Treatment Room 3	18.0 m ²	18.6 m ²	Level 0
0/57	Central Space	Treatment Room 2	18.0 m ²	18.7 m ²	Level 0
0/58	Central Space	Treatment Room 1	18.0 m ²	18.7 m ²	Level 0
0/79	Central Space	Treatment Store	15.0 m ²	11.2 m ²	Level 0
0/82	Central Space	Waiting	50.0 m ²	83.2 m ²	Level 0
2/10	Central Space	DN Store	15.0 m ²	11.9 m ²	Level 2
2/55	Central Space	Chair Store	0.0 m ²	7.5 m ²	Level 2
			194.0 m ²	237.0 m ²	

Circulation					
0/01	Circulation	Draft Lobby	0.0 m ²	14.7 m ²	Level 0
0/03	Circulation	Corridor	0.0 m ²	20.4 m ²	Level 0
0/11	Circulation	Corridor	0.0 m ²	17.8 m ²	Level 0
0/17	Circulation	Corridor	0.0 m ²	25.5 m ²	Level 0
0/27	Circulation	Corridor	0.0 m ²	21.3 m ²	Level 0
0/46	Circulation	Corridor	0.0 m ²	12.9 m ²	Level 0
0/51	Circulation	Draft Lobby	0.0 m ²	21.5 m ²	Level 0

4.6.1 Schedule of Accommodation

0/73	Circulation	Corridor	0.0 m ²	41.1 m ²	Level 0
0/74	Circulation	Corridor	0.0 m ²	31.3 m ²	Level 0
0/75	Circulation	Corridor	0.0 m ²	17.2 m ²	Level 0
0/85	Circulation	Corridor	0.0 m ²	17.1 m ²	Level 0
0/97	Circulation	Corridor	0.0 m ²	28.0 m ²	Level 0
0/104	Circulation	Corridor	0.0 m ²	43.9 m ²	Level 0
0/115	Circulation	Corridor	0.0 m ²	50.6 m ²	Level 0
0/132	Circulation	Corridor	0.0 m ²	26.0 m ²	Level 0
0/L1	Circulation	LIFT 1	0.0 m ²	6.2 m ²	Level 0
0/L2	Circulation	LIFT 2	0.0 m ²	4.9 m ²	Level 0
0/L3	Circulation	LIFT 3	0.0 m ²	4.9 m ²	Level 0
0/S1	Circulation	STAIR 1	0.0 m ²	15.8 m ²	Level 0
0/S2	Circulation	STAIR 2	0.0 m ²	21.5 m ²	Level 0
0/S3	Circulation	STAIR 3	0.0 m ²	22.5 m ²	Level 0
0/S4	Circulation	STAIR 4	0.0 m ²	22.5 m ²	Level 0
1/01	Circulation	Corridor	0.0 m ²	11.0 m ²	Level 1
1/11	Circulation	Corridor	0.0 m ²	19.8 m ²	Level 1
1/12	Circulation	Corridor	0.0 m ²	22.6 m ²	Level 1
1/19	Circulation	Corridor	0.0 m ²	14.5 m ²	Level 1
1/29	Circulation	Corridor	0.0 m ²	30.2 m ²	Level 1
1/36	Circulation	Corridor	0.0 m ²	20.8 m ²	Level 1
1/44	Circulation	Corridor	0.0 m ²	25.7 m ²	Level 1
1/54	Circulation	Corridor	0.0 m ²	23.3 m ²	Level 1
1/67	Circulation	Corridor	0.0 m ²	43.3 m ²	Level 1
1/83	Circulation	Corridor	0.0 m ²	26.9 m ²	Level 1
1/94	Circulation	Corridor	0.0 m ²	33.7 m ²	Level 1
1/117	Circulation	Central Space	0.0 m ²	226.7 m ²	Level 1
1/L1	Circulation	Lift	0.0 m ²	6.2 m ²	Level 1
1/L2	Circulation	LIFT 2	0.0 m ²	4.9 m ²	Level 1
1/L3	Circulation	LIFT 3	0.0 m ²	4.9 m ²	Level 1
1/S1	Circulation	STAIR 1	0.0 m ²	17.2 m ²	Level 1
1/S2	Circulation	STAIR 2	0.0 m ²	21.5 m ²	Level 1
1/S4	Circulation	STAIR 4	0.0 m ²	22.5 m ²	Level 1
2/01	Circulation	Lobby	0.0 m ²	23.5 m ²	Level 2
2/02	Circulation	Corridor	0.0 m ²	25.7 m ²	Level 2
2/21	Circulation	General Circulation	0.0 m ²	31.8 m ²	Level 2
2/25	Circulation	General Circulation	0.0 m ²	118.9 m ²	Level 2
2/26	Circulation	General Circulation	0.0 m ²	89.4 m ²	Level 2
2/56	Circulation	General Circulation	0.0 m ²	54.1 m ²	Level 2
2/L1	Circulation	LIFT 1	0.0 m ²	6.2 m ²	Level 2
2/L2	Circulation	LIFT 2	0.0 m ²	4.9 m ²	Level 2
2/L3	Circulation	LIFT 3	0.0 m ²	4.9 m ²	Level 2
2/S1	Circulation	STAIR 1	0.0 m ²	17.2 m ²	Level 2
2/S2	Circulation	STAIR 2	0.0 m ²	22.5 m ²	Level 2
2/S3	Circulation	STAIR 3	0.0 m ²	22.5 m ²	Level 2
2/S4	Circulation	STAIR 4	0.0 m ²	22.5 m ²	Level 2
ENG 432	Circulation	Corridor	0.0 m ²	10.9 m ²	Level 0
ENG 569	Circulation	Corridor	0.0 m ²	10.7 m ²	Level 2
			0.0 m ²	1529.0 m ²	

4.6.1 Schedule of Accommodation

Community					
0/48	Community	Potential Future Cafe	40.0 m ²	40.9 m ²	Level 0
0/49	Community	Store	10.0 m ²	9.5 m ²	Level 0
0/50	Community	Quiet Room	10.0 m ²	9.6 m ²	Level 0
0/78	Community	Dirty Utility	6.0 m ²	5.6 m ²	Level 0
0/86	Community	Comm.Clinic Store 1	15.0 m ²	15.7 m ²	Level 0
0/89	Community	Dirty Utility	6.0 m ²	5.7 m ²	Level 0
0/92	Community	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/93	Community	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/94	Community	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/95	Community	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/98	Community	Consulting Room	15.0 m ²	15.5 m ²	Level 0
0/99	Community	Consulting Room	15.0 m ²	15.5 m ²	Level 0
0/100	Community	Consulting Room	15.0 m ²	15.5 m ²	Level 0
0/101	Community	Consulting Room	15.0 m ²	15.5 m ²	Level 0
0/102	Community	Consulting Room	15.0 m ²	15.5 m ²	Level 0
0/103	Community	Consulting Room	18.0 m ²	18.7 m ²	Level 0
0/105	Community	Consulting (Bariatric)	18.0 m ²	18.7 m ²	Level 0
0/112	Community	Breastfeeding Room	7.0 m ²	6.7 m ²	Level 0
0/129	Community	Comm.Clinic Store 2	15.0 m ²	1.7 m ²	Level 0
0/130	Community	Comm.Clinic Store 2	15.0 m ²	2.3 m ²	Level 0
0/131	Community	Comm.Clinic Store 3	15.0 m ²	4.0 m ²	Level 0
			310.0 m ²	277.3 m ²	

COPT/Adult Care					
2/09	COPT/Adult Care	Store	20.0 m ²	21.5 m ²	Level 2
			20.0 m ²	21.5 m ²	

Engineering					
0/02	Engineering	Mechanical	0.0 m ²	1.0 m ²	Level 0
0/08	Engineering	Gas boiler /Hot water	0.0 m ²	30.6 m ²	Level 0
0/09	Engineering	Water Storage	0.0 m ²	22.4 m ²	Level 0
0/10	Engineering	Switch	0.0 m ²	12.8 m ²	Level 0
0/43	Engineering	Riser	15.0 m ²	5.3 m ²	Level 0
0/68	Engineering	Mechanical	0.0 m ²	5.5 m ²	Level 0
0/76	Engineering	Mechanical	0.0 m ²	0.9 m ²	Level 0
0/87	Engineering	Mechanical	0.0 m ²	0.7 m ²	Level 0
0/96	Engineering	Mechanical	0.0 m ²	5.5 m ²	Level 0
0/118	Engineering	Service Riser	0.0 m ²	1.8 m ²	Level 1
1/14	Engineering	Service Riser	0.0 m ²	1.7 m ²	Level 1
1/32	Engineering	Service Riser	0.0 m ²	5.3 m ²	Level 1
1/35	Engineering	IT hub	0.0 m ²	11.1 m ²	Level 1
1/68	Engineering	Service Riser	0.0 m ²	5.5 m ²	Level 1
1/73	Engineering	Service Riser	0.0 m ²	0.7 m ²	Level 1
1/82	Engineering	Service Riser	0.0 m ²	5.5 m ²	Level 1
1/95	Engineering	Service Riser	0.0 m ²	0.6 m ²	Level 1
1/103	Engineering	IT Hub Room	0.0 m ²	11.6 m ²	Level 1
2/20	Engineering	Service Riser	0.0 m ²	5.2 m ²	Level 2
2/33	Engineering	Service Riser	0.0 m ²	5.6 m ²	Level 2
2/36	Engineering	Service Riser	0.0 m ²	1.1 m ²	Level 2

4.6.1 Schedule of Accommodation

2/40	Engineering	Main Server	15.0 m ²	16.4 m ²	Level 2
2/44	Engineering	Service Riser	0.0 m ²	5.5 m ²	Level 2
ENG 577	Engineering	Mechanical	0.0 m ²	0.9 m ²	Level 1
ENG 578	Engineering	Mechanical	0.0 m ²	1.1 m ²	Level 2
			30.0 m ²	164.2 m ²	

FM					
0/05	FM	Delivery Hold	0.0 m ²	4.8 m ²	Level 0
0/06	FM	Waste	7.5 m ²	23.0 m ²	Level 0
0/07	FM	DSR	10.0 m ²	13.2 m ²	Level 0
0/44	FM	DSR	0.0 m ²	3.7 m ²	Level 0
0/117	FM	Garden store	15.0 m ²	6.3 m ²	Level 0
1/51	FM	Resus. Trolley	3.0 m ²	1.5 m ²	Level 1
1/84	FM	DSR	10.0 m ²	10.2 m ²	Level 1
1/116	FM	DSR	10.0 m ²	5.8 m ²	Level 1
2/03	FM	FM Store	15.0 m ²	14.1 m ²	Level 2
2/11	FM	Central Delivery	15.0 m ²	12.3 m ²	Level 2
2/14	FM	DSR	10.0 m ²	11.6 m ²	Level 2
			95.5 m ²	106.4 m ²	

GP 1 - Green					
1/52	GP 1 - Green	Reception	0.0 m ²	15.7 m ²	Level 1
1/53	GP 1 - Green	Admin	40.0 m ²	31.5 m ²	Level 1
1/55	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/56	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/57	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/58	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/59	GP 1 - Green	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/60	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/61	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/62	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/63	GP 1 - Green	Clinical Room	18.0 m ²	18.2 m ²	Level 1
1/64	GP 1 - Green	Store	0.0 m ²	3.4 m ²	Level 1
1/66	GP 1 - Green	Practice Managers	10.0 m ²	12.5 m ²	Level 1
1/69	GP 1 - Green	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/70	GP 1 - Green	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/71	GP 1 - Green	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/72	GP 1 - Green	Waiting	40.0 m ²	46.2 m ²	Level 1
1/75	GP 1 - Green	Store	15.0 m ²	4.2 m ²	Level 1
1/76	GP 1 - Green	Store	0.0 m ²	6.5 m ²	Level 1
1/77	GP 1 - Green	Dirty Utility	3.0 m ²	3.4 m ²	Level 1
			291.0 m ²	307.4 m ²	

GP 2 - Orange					
1/02	GP 2 - Orange	Reception	0.0 m ²	11.2 m ²	Level 1
1/03	GP 2 - Orange	Admin	35.0 m ²	31.0 m ²	Level 1
1/04	GP 2 - Orange	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/05	GP 2 - Orange	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/06	GP 2 - Orange	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/07	GP 2 - Orange	Consulting Room	15.0 m ²	15.1 m ²	Level 1

4.6.1 Schedule of Accommodation

1/08	GP 2 - Orange	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/09	GP 2 - Orange	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/10	GP 2 - Orange	Clinical Room	18.0 m ²	18.2 m ²	Level 1
1/15	GP 2 - Orange	Dirty Utility	3.0 m ²	3.5 m ²	Level 1
1/16	GP 2 - Orange	Store	12.0 m ²	4.5 m ²	Level 1
1/17	GP 2 - Orange	Store	12.0 m ²	7.8 m ²	Level 1
1/18	GP 2 - Orange	Waiting	35.0 m ²	44.3 m ²	Level 1
1/20	GP 2 - Orange	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/21	GP 2 - Orange	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/22	GP 2 - Orange	PM Office	10.0 m ²	10.1 m ²	Level 1
			245.0 m ²	251.3 m ²	

GP 3 - Blue					
0/12	GP 3 - Blue	Waiting	35.0 m ²	41.9 m ²	Level 0
0/13	GP 3 - Blue	Clinical Room	18.0 m ²	18.7 m ²	Level 0
0/14	GP 3 - Blue	Store	0.0 m ²	5.4 m ²	Level 0
0/15	GP 3 - Blue	Practice Managers	10.0 m ²	12.9 m ²	Level 0
0/18	GP 3 - Blue	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/19	GP 3 - Blue	Practice Nurse	15.0 m ²	15.1 m ²	Level 0
0/20	GP 3 - Blue	Practice Nurse	15.0 m ²	15.1 m ²	Level 0
0/21	GP 3 - Blue	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/22	GP 3 - Blue	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/23	GP 3 - Blue	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/24	GP 3 - Blue	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/25	GP 3 - Blue	Admin	35.0 m ²	27.7 m ²	Level 0
0/26	GP 3 - Blue	Reception	0.0 m ²	9.1 m ²	Level 0
0/29	GP 3 - Blue	Dirty Utility	3.0 m ²	4.0 m ²	Level 0
0/30a	GP 3 - Blue	Store	12.0 m ²	2.6 m ²	Level 0
0/30b	GP 3 - Blue	Store	0.0 m ²	4.5 m ²	Level 0
			218.0 m ²	232.6 m ²	

GP 4 - Red					
1/24	GP 4 - Red	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/25	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/26	GP 4 - Red	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/27	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/28	GP 4 - Red	Clinical Room	18.0 m ²	18.2 m ²	Level 1
1/31	GP 4 - Red	Waiting	45.0 m ²	49.9 m ²	Level 1
1/33	GP 4 - Red	Admin	0.0 m ²	9.8 m ²	Level 1
1/34	GP 4 - Red	Practice Managers	10.0 m ²	9.8 m ²	Level 1
1/37	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/38	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/39	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/40	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/41	GP 4 - Red	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/42	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/43	GP 4 - Red	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/45	GP 4 - Red	Store	15.0 m ²	10.2 m ²	Level 1
1/46	GP 4 - Red	Dirty Utility	3.0 m ²	3.1 m ²	Level 1
1/47	GP 4 - Red	Store	0.0 m ²	5.5 m ²	Level 1

4.6.1 Schedule of Accommodation

1/49	GP 4 - Red	Admin	45.0 m ²	27.7 m ²	Level 1
1/50	GP 4 - Red	Reception	0.0 m ²	11.1 m ²	Level 1
			301.0 m²	311.2 m²	

GP 5 - Purple					
0/32	GP 5 - Purple	Reception + Admin	0.0 m ²	9.8 m ²	Level 0
0/33	GP 5 - Purple	Reception + Admin	25.0 m ²	18.6 m ²	Level 0
0/34	GP 5 - Purple	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/35	GP 5 - Purple	Practice Nurse	15.0 m ²	15.1 m ²	Level 0
0/36	GP 5 - Purple	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/37	GP 5 - Purple	Consulting Room	15.0 m ²	15.1 m ²	Level 0
0/38	GP 5 - Purple	Clinical Room	18.0 m ²	18.2 m ²	Level 0
0/39	GP 5 - Purple	Practice Managers	10.0 m ²	10.2 m ²	Level 0
0/40	GP 5 - Purple	Store	10.0 m ²	10.0 m ²	Level 0
0/42	GP 5 - Purple	Dirty Utility	3.0 m ²	3.4 m ²	Level 0
0/47	GP 5 - Purple	Waiting	20.0 m ²	21.2 m ²	Level 0
			146.0 m²	151.8 m²	

GP 6 - Yellow					
1/79	GP 6 - Yellow	Waiting	35.0 m ²	49.0 m ²	Level 1
1/80	GP 6 - Yellow	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/81	GP 6 - Yellow	Practice Managers	10.0 m ²	10.1 m ²	Level 1
1/85	GP 6 - Yellow	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/86	GP 6 - Yellow	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/87	GP 6 - Yellow	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/88	GP 6 - Yellow	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/89	GP 6 - Yellow	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/90	GP 6 - Yellow	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/91	GP 6 - Yellow	Practice Nurse	15.0 m ²	15.1 m ²	Level 1
1/92	GP 6 - Yellow	Consulting Room	15.0 m ²	15.1 m ²	Level 1
1/93	GP 6 - Yellow	Clinical Room	18.0 m ²	18.2 m ²	Level 1
1/97	GP 6 - Yellow	Store	12.0 m ²	10.4 m ²	Level 1
1/98	GP 6 - Yellow	Dirty Utility	3.0 m ²	2.8 m ²	Level 1
1/100	GP 6 - Yellow	Admin	35.0 m ²	27.9 m ²	Level 1
1/101	GP 6 - Yellow	Reception	0.0 m ²	10.5 m ²	Level 1
			248.0 m²	264.6 m²	

HSCP Bookable					
2/23	HSCP Bookable	Meeting/training room	50.0 m ²	48.9 m ²	Level 2
2/24	HSCP Bookable	Meeting Room	25.0 m ²	22.3 m ²	Level 2
2/31	HSCP Bookable	Meeting Room	0.0 m ²	14.0 m ²	Level 2
2/46	HSCP Bookable	Meeting Room	0.0 m ²	14.2 m ²	Level 2
2/51	HSCP Bookable	Meeting Room	25.0 m ²	24.1 m ²	Level 2
2/52	HSCP Bookable	Meeting Room	25.0 m ²	23.3 m ²	Level 2
			125.0 m²	146.8 m²	

Main Entrance					
0/113	Main Entrance	Atrium	180.0 m ²	199.5 m ²	Level 0
			180.0 m²	199.5 m²	

4.6.1 Schedule of Accommodation

OAMH					
0/90	OAMH	Interview Room	10.0 m ²	10.0 m ²	Level 0
0/91	OAMH	Interview Room	10.0 m ²	10.0 m ²	Level 0
			20.0 m ²	20.0 m ²	

PCMH					
0/106	PCMH	Interview Room	12.0 m ²	12.7 m ²	Level 0
0/108	PCMH	Interview Room	12.0 m ²	12.7 m ²	Level 0
0/110	PCMH	Interview Room	12.0 m ²	12.9 m ²	Level 0
			36.0 m ²	38.3 m ²	

Physiotherapy					
0/63	Physiotherapy	Treatment Room	15.0 m ²	15.6 m ²	Level 0
0/64	Physiotherapy	Treatment Room	18.0 m ²	18.7 m ²	Level 0
0/65	Physiotherapy	Treatment Room	15.0 m ²	15.6 m ²	Level 0
0/66	Physiotherapy	Store	0.0 m ²	8.2 m ²	Level 0
0/69	Physiotherapy	Treatment Room	15.0 m ²	15.1 m ²	Level 0
0/70	Physiotherapy	Treatment Room	15.0 m ²	15.1 m ²	Level 0
0/71	Physiotherapy	Gym	50.0 m ²	49.9 m ²	Level 0
0/72	Physiotherapy	Store	15.0 m ²	7.0 m ²	Level 0
			143.0 m ²	145.3 m ²	

Podiatry					
0/59	Podiatry	Clinical Room	15.0 m ²	15.6 m ²	Level 0
0/60	Podiatry	Clinical (Teaching)	18.0 m ²	18.7 m ²	Level 0
0/61	Podiatry	Clinical Room	15.0 m ²	15.6 m ²	Level 0
0/62	Podiatry	Clinical Room	15.0 m ²	15.6 m ²	Level 0
0/67	Podiatry	/ Physio Office	15.0 m ²	13.8 m ²	Level 0
0/77	Podiatry	Store	15.0 m ²	7.6 m ²	Level 0
			93.0 m ²	86.9 m ²	

Staff					
2/12	Staff	Area	0.0 m ²	74.0 m ²	Level 2
2/39	Staff	Touch Down Area	0.0 m ²	27.3 m ²	Level 2
2/53	Staff	Kitchen	0.0 m ²	25.5 m ²	Level 2
2/54	Staff	Area	0.0 m ²	21.6 m ²	Level 2
			0.0 m ²	148.4 m ²	

WC'S - CHANGE					
0/28	WC'S - CHANGE	WC	0.0 m ²	3.4 m ²	Level 0
0/31	WC'S - CHANGE	WC	0.0 m ²	4.4 m ²	Level 0
0/41	WC'S - CHANGE	WC	0.0 m ²	5.3 m ²	Level 0
0/45	WC'S - CHANGE	WC	0.0 m ²	3.2 m ²	Level 0
0/80	WC'S - CHANGE	WC - Male	0.0 m ²	11.4 m ²	Level 0
0/81	WC'S - CHANGE	WC - Accessible	0.0 m ²	5.9 m ²	Level 0
0/83	WC'S - CHANGE	WC- Female	0.0 m ²	13.1 m ²	Level 0
0/84	WC'S - CHANGE	WC - Accessible	45.0 m ²	5.0 m ²	Level 0
0/88	WC'S - CHANGE	WC	50.0 m ²	3.7 m ²	Level 0

4.6.1 Schedule of Accommodation

0/111	WC'S - CHANGE	Baby Change	5.0 m ²	4.1 m ²	Level 0
0/114	WC'S - CHANGE	Baby Change	5.0 m ²	5.2 m ²	Level 0
1/13	WC'S - CHANGE	WC	0.0 m ²	4.4 m ²	Level 1
1/23	WC'S - CHANGE	WC	0.0 m ²	2.3 m ²	Level 1
1/30	WC'S - CHANGE	WC	0.0 m ²	3.4 m ²	Level 1
1/48	WC'S - CHANGE	WC	0.0 m ²	4.4 m ²	Level 1
1/74	WC'S - CHANGE	WC	0.0 m ²	3.3 m ²	Level 1
1/78	WC'S - CHANGE	WC	0.0 m ²	4.4 m ²	Level 1
1/96	WC'S - CHANGE	WC	0.0 m ²	3.4 m ²	Level 1
1/99	WC'S - CHANGE	WC	0.0 m ²	4.6 m ²	Level 1
2/04	WC'S - CHANGE	WC : Male	25.0 m ²	10.4 m ²	Level 2
2/05	WC'S - CHANGE	WC : Female	50.0 m ²	9.7 m ²	Level 2
2/06	WC'S - CHANGE	WC	0.0 m ²	2.7 m ²	Level 2
2/07	WC'S - CHANGE	WC	0.0 m ²	2.7 m ²	Level 2
2/08	WC'S - CHANGE	WC	0.0 m ²	6.8 m ²	Level 2
2/13	WC'S - CHANGE	WC	0.0 m ²	4.6 m ²	Level 2
2/34	WC'S - CHANGE	WC	0.0 m ²	5.6 m ²	Level 2
2/35	WC'S - CHANGE	WC	0.0 m ²	3.2 m ²	Level 2
2/42	WC'S - CHANGE	WC	0.0 m ²	5.6 m ²	Level 2
2/43	WC'S - CHANGE	WC	0.0 m ²	3.2 m ²	Level 2
TOTAL			180.0 m ²	149.1 m ²	
			2875.5 m²	5521.0 m²	

NB: Totals exclude wall allowance

4.6.2 GIFA Schedule

GIFA Schedule	m2
Ground Floor	2150
First Floor	1900.5
Second Floor	1671.6
	5722.1

Appendix 4 – Membership of Design and Delivery Group

APPENDIX 3

Clydebank Health & Care Centre

Design & Delivery Group

Name	Designation
Anne MacDougall	LEN Chair Person
Tracy Cassidy	Physiotherapy Manager
David MacDoanld	Arts Curator – Wide Open
Ian Docherty	NHS Project Manager
Gary Smithson	HUB West Scotland
Jo Gibson	Head of Health & Community Care (Chair)
Jackie Maceira	West Dunbartonshire Access Panel
Jonathan McQuillan	Architect ABC
Judith Belmore	Practice Manager Clydebank HC
Karen Gall	Architect ABC
Kirsteen MacLennan	Integrated Operations Manager WDHSCP
Liz Kerr	Business Manager Clydebank HC
Lindsey McNaughtan	HUB West Scotland
Katie Morgan	Administrator Clydebank HC
Amy Knowles-Brown	Architect ABC
Debbie Banks	Health Visitor
David Bisset	Podiatry Team Lead
Leona Cook	Dietetic Team Lead
Wendy Cox	Business Admin manager Goldenhill
Ralph Cunningham	GP Blue Wing
Sheila Downie	Speech & Language Therapy
Fiona Greer	Architect ABC

Murray Fleming	GP Yellow Wing
Jacqueline Hardie	Practice Manager Yellow Wing
Francesca Irvine	GP Green Wing
Kim McNab	West Dun Carers
Lisa McRae	Policy Assistant West Dun HSCP
Pamela Macintyre	Prescribing Lead
Pauline Macwhirter	Practice Manager Blue Wing
Karen McElwee	Practice Manager Red Wing
Mary Angela McKenna	Integrated Operations Manager COPT
Lynne McKnight	Integrated Operations Manager Care at Home
Jane McNiven	Practice Manager Green Wing
Katrina Moffat	GP Orange Wing
Neil Murray	GP Green Wing
Alex Potter	GP Red Wing
Fiona Rodgers	Senior Nurse
Lyndsey Samuel	Speech & Language Therapy
Mags Simpson	Senior Nurse
Irene True	Practice Manager Purple Wing
Sandra Woollard	Health Visiting
Fiona Wright	MSK Physio Team Lead

Appendix 5 – Membership of Arts & Health Strategy

APPENDIX 5

Clydebank Health & Care Centre

Arts & Health Strategy Group

Name	Designation
Anne MacDougall	LEN Chair Person
Tracy Cassidy	Physiotherapy Manager
David MacDoanld	Arts Curator – Wide Open
Ian Docherty	NHS Project Manager
Gary Smithson	HUB West Scotland
Jo Gibson	Head of Health & Community Care
Gill Graham	WDC Libraries & Culture Manager
Gillian Kirkwood	Y Sort It
Jackie Maceira	West Dunbartonshire Access Panel
Jonathan McQuillan	Architect ABC
Judith Belmore	Practice Manager Clydebank HC
Liz Kerr	Business Manager Clydebank HC
Lindsey McNaughtan	HUB West Scotland
Kirsteen MacLennan	Integrated Operations Manager WDHSCP
Melissa Orr	Landscape Architect Harrison Stevens
George Murphy	NHS Public Involvement Officer
Paul Hayes	Scottish Health Council
Jackie Sands	NHS Arts Co-ordinator
Marion Speirs	HUB Accountant
Andy Mooney	Local Artist
Katie Morgan	NHS Administrator

Joe Traynor	WDC Culture
Ruth Olden	Arts Researcher
Matt McKenna	Artist – Dress for the Weather
Marion Parola	Artist – Bespoke Atelier
Jim Buchanan	Artist

Appendix 6 – Commercial Case Whole life Appraisal Dashboard

PROJECT SUMMARY

Project Name:	Clydebank Health and Care Centre
Health Board:	NHS Greater Glasgow and Clyde
Local Authority:	
Total Project Cost:	£19,419,875 (Incl NHS Direct Costs)
Hubco Affordability Cap:	£21,650,200
Hubco Current Project Cost:	£19,349,875 (Equivalent to the Affordability Cap)
Site Abnormals:	£2,335,055
Gross Internal Area:	5,722 m2
Nr of GP's:	31 nr
Car Parking Spaces:	184 nr
Storey's:	3 nr



PERFORMANCE METRICS

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

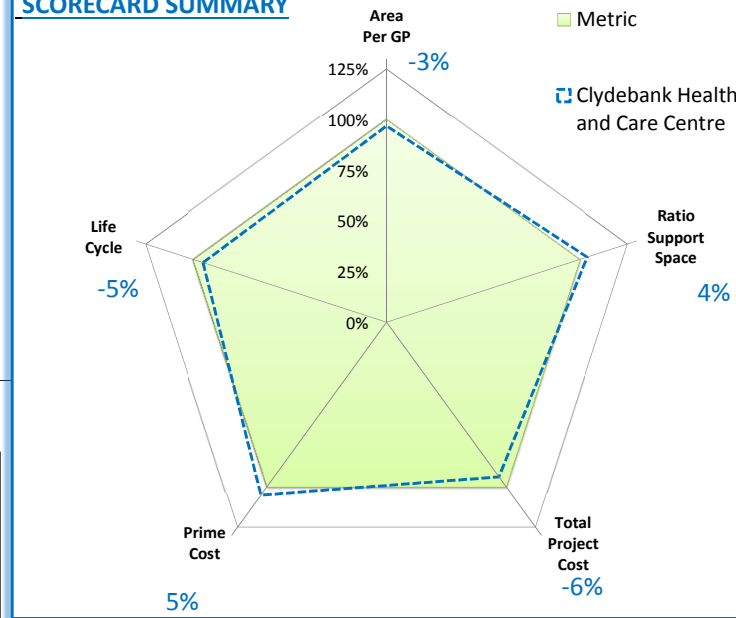
6.0 Area Metric A	
Nr of GP	Area/GPm2
3	160
4	152
5	137
6	130
7-9	123
10-11	116
12-16	109
17-20	105
21>	100

Inflation Uplift:- 40.63%

Area Metric B 1:3

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost (£/m2)	£3,164	£2,986	-£178
Prime Cost (£/m2)	£1,969	£2,077	£108
Area Per GP (m2/GP)	100	96.98	-3.02
Ratio Support Space (Ratio)	1:3	3.1	0.12
Life Cycle (£/m2)	£18.00	£17.15	-£0.85

SCORECARD SUMMARY



Description Of Scorecard

Area Per GP- Area per GP's based on banding listed within table 6. This refers to the Nr of GP's and not practices. This measures the space efficiency of the new project.

Ratio Of Support Space - Ratio of Clinical provision versus circulation and support space. Metric of 1m2 of clinical equal to 3m2 of support space. Metric equal to 1:3. Refer to table 7.0 below. This measures the space efficiency of the new project.

Total Project Cost - £/m2 rate for total cost for new project. Metric rates outlined in table 5.0 above.

Prime Cost (Excl Exts)- £/m2 rate for total cost for work packages for the project excluding external works. Metric rates outlined in table 5.0 above.

Life Cycle Cost - Metric of £18/m2 against new project based on standard service spec.

FINANCIAL ASSESSMENT

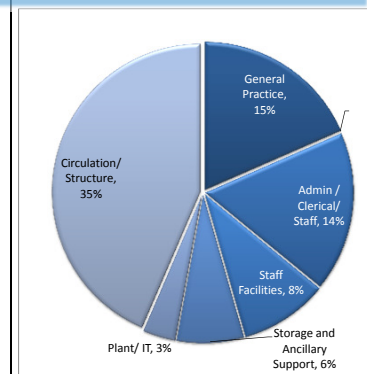
2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
Ground works incl piling and	Sub	£876,725	£47,997	£924,722
Envelope	Super	£284,320	£15,565	£299,885
TM52 (criteria 3)	M&E	£9,100	£498	£9,598
SHTM Chilled Water	M&E	£157,500	£8,622	£166,122
2015 Building Reg &	M&E	£364,693	£19,965	£384,659
Externals (contam. art.	Ext	£521,518	£28,551	£550,069
Total		£2,213,857	£121,198	£2,335,055

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£1,472,611	£257	£595,886	£104
Superstructure	£6,555,847	£1,146	£6,271,527	£1,096
Finishes	£919,637	£161	£919,637	£161
Fittings & Furnishing	£861,881	£151	£861,881	£151
M&E	£3,766,215	£658	£3,234,922	£565
Prime Cost	£13,576,192	£2,373	£11,683,854	£2,077
External Works	£1,207,441	£211	£685,923	£120
Project Fees (Design, surveys, Hubco fee)	£4,566,241	£798	£4,445,043	£777
Hubco Affordability Cap	£19,349,875	£3,382	£17,014,820	£2,974
NHS - Decant/Management	£70,000	£12	£70,000	£12
NHS - Contingency	£0	£0	£0	£0
TOTAL PROJECT COST	£19,419,875	£3,394	£17,084,820	£2,986

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

Items	%	£
Post FC Risk	1.3%	£162,617
Pre FC Risk	0.0%	£0
NHS Cont	0.0%	£0

NHS Board Commentary on Financial Assessment
No allowance included for NHS Capital Planning Team resources
£70K included for Construction Phase Quality Management and Decanting in accordance with current NHS approach.
DBFM associated fees/cost deducted in accordance with SFT guidance



AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	850	15%
Other Health Services	538	9%
Local Authority	0	0%
Patient Interface	576	10%
Admin / Clerical/ Staff	806	14%
Staff Facilities	444	8%
Storage and Ancillary Support	337	6%
Plant/ IT	164	3%
Circulation/ Structure	2,008	35%
Total GIA	5,722	100%
Omit Abnormals		
GP & Other Health Services	-1,387	-
LA Facilities (Incl circ/plant)	0	-
Nett Support Space	4,335	Diff
Ratio Clinical Vs Support Space	1: 3.1	-0.1

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
31	100	97

NHS Board Commentary on Area Provisions

Appendix 7 – BIM Execution Plan

Clydebank HCC

350-03

BIM Execution Plan (BEP)

Approval Record Pre-Contract

By:	Danny Slater	Date:	11/11/16
Apr:	Ross Honeyman	Date:	14/11/16

Approval Record Post-Contract

By:		Date:	
Apr:		Date:	

Revision Record

Rev	Date	Revision Details	Rev by
P1.1	14.11.16	Initial Issue For Comment	
P1.2	10.07.17	Second Issue	RH

BIM Execution Plan Overview

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

This document shall be read in conjunction with the:

- Project Management Plan
- Design Management Plan

Document Ownership

This Project Information Plan (BEP) is owned and maintained by the Project Delivery Manager identified in supported by the Project Information Manager. It is recognised that the plan will evolve as Task Teams join the project and will need to be updated as appropriate.

Any required amendments shall be notified to the Project Delivery Manager who will then evaluate them and implement them in consultation with the project team as required.

Document Authority

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

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

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BIM Execution Plan (BEP)



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1. General Project Information

Table 1: Project Information



Client Name	NHS Greater Glasgow & Clyde
Project Name	Clydebank Health & Care Centre
Type of asset	Health Facility
Site Address	Titan Boulevard, Clydebank
Client Project Number	P41
Form of Contract	Hub Style DBFM Construction Contract
Contract Number	N/A
BAM C Project Number	HSC.0372
[SUPPLIER] project Number	TBC after Contract Award
Design Start:	July 2016
Site Construction Start:	TBC
Site Completion / Handover:	TBC
Project EIRs:	NHSGGC EIR's dated October 2016
Project Design Management Plan:	TBC after Contract Award
Project Management Plan:	TBC after Contract Award
Procurement Route:	Hub West Scotland Framework
Phasing:	Single Phase New Build
Approximate Value:	£19m
Approximate Gross Internal Floor Area:	5,725m ²
Contract Number:	HSC.0371
CIC BIM Protocol in use	N/A

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2. Summary of Proposed Approach

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

Description

The design team and contractor will work collaboratively to deliver the key BIM goals identified by the client within the EIR document.

The primary responsibility of design co-ordination remains with the Lead Designer as outlined in the responsibilities matrix and schedule of design services (refer to appointment documents & Design Management Plan).

It is also the responsibility of the remaining design disciplines to co-ordinate with each other. BAM will assist with BIM implementation and will collate the discipline models into federated Navisworks & Glue models to allow clash detection exercises to be undertaken with the results communicated around the design team. BAM will also assist with integrating contractor-designed elements into the model; however the overall responsibility for co-ordination of CDP design remains with the Lead Designer.

Designers will apply BIM Standards which should reference AEC UK BIM Protocol v2.0, AEC UK BIM Protocol for Autodesk Revit v2.0, BS1192:2007 and PAS1192-2013 or their own BIM Standards where appropriate.

Design Team members will develop and agree a set of mutually beneficial conventions and protocols for the exchange of BIM data so that exchanged models are, within reason, fit for purpose with regard to the recipients' coordination requirements: e.g. having a consistent origin and datum, being purged of nonessential data, and appropriately structured so as not to cause unnecessary processing work for the recipient.

The design team and contractor will use the model to help identify risks and assist the risk management process, and identify potential areas for added value through analysis of the federated model

There will be regular BIM co-ordination meetings with the design teams and the attendance from all the disciplines is required.

Where available, supply chain fabrication information will be issued to BAM for integration into the federated model with the model being developed to ensure that as-built location of all service runs are to be correctly modelled within the handover PIM by the contractor and the design team where applicable.

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

A co-ordinated Project Information Model (PIM) created by the design team is to be handed over to the client at drop point 4. BAM will collate all individual design models for the project. Asset information will be provided by BAM to the client in a format yet to be agreed with the FM provider. This will in all likelihood be in Navis NWD format.

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2.1 Changes to other Tender Documents

Based on the EIR .

No specific information was provided by the Employer.

2.2 Client's strategic purposes

Based on the EIR .

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

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

Table 3: Client's strategic purposes

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

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2.3 Project Goals and KPIs

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

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

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

Table 4: SMART Project Goals for Collaboration and BIM

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

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Table 4: SMART Project Goals for Collaboration and BIM

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

3. Health and Safety

Based on the EIR.

Anderson Bell + Christie Architects are appointed as the principle designer under CDM 2015.

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

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

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

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Management

4. Project Roles, Responsibilities and Authorities

4.1 Project Roles

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

Based on the EIR.

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

4.2 Information exchange and management

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

Role Name	Position	Name / Email	Tel
NHSGCC GSL Champion	N/A	N: E:	L: M:
NHSGCC Employers Technical Advisor	Currie & Brown	N: Jackie Harvey E: JackieHarvey@curriebrown.com	L: M:
BAM – Design & Planning Project Delivery Manager	Design Manager	N: Danny Slater E: dslater@bam.co.uk	L:0141 779 8888 M:
BAM - BIM Task Team Information Manager	Regional Planner	N: David Carson E: dcarson@bam.co.uk	L:0141 779 8888 M:
ABC - Architects Lead designer	Associate	N: Jonathon McQuillan E:JonathanMcQuillan@andersonbellchristie.com	L:0141 339 1515 M:
ABC - Architects Team manager	BIM Manager	N: Fiona Greer E:FionaGreer@andersonbellchristie.com	L:0141 339 1515 M:
ABC - Architects Information manager	TBC	N: E:	L: M:
ABC - Architects Interface manager	TBC	N: E:	L: M:
ABC - Architects Information originator	TBC	N: E:	L: M:
Baker Hicks - Structural Team manager	Senior Eng	N: Steven Perkins E: steven.perkins@baker-hicks.com	L:01698 738600 M:
Baker Hicks - Structural Information manager	BIM Manager	N: Kenny Moffat E: kenny.moffat@baker-hicks.com	L:01698 738600 M:
Baker Hicks - Structural Interface manager	TBC	N: E:	L: M:
Baker Hicks - Structural Information originator	TBC	N: E:	L: M:
Baker Hicks - Structural Team manager	Senior Eng	N: Steven Perkins E: steven.perkins@baker-hicks.com	L:01698 738600 M:

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BIM Execution Plan (BEP)



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

Role Name	Position	Name / Email	Tel
Baker Hicks - Structural Information manager	BIM Manager	N: Kenny Moffat E: kenny.moffat@baker-hicks.com	L:01698 738600 M:
Baker Hicks - Structural Interface manager	TBC	N: E:	L: M:
Baker Hicks - Structural Information originator	TBC	N: E:	L: M:
TuvSud - MEP Team manager	Associate	N: Gary Meechan E: Gary.Meechan@tuv-sud.co.uk	L:0141 221 9866 M:
TuvSud - MEP Information manager	BIM Manager	N: E:	L: M:
TuvSud - MEP Interface manager	TBC	N: E:	L: M:
TuvSud - MEP Information originator	TBC	N: E:	L: M:

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4.3 Model Originators High Level Responsibility's

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

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

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

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4.4 BIM Responsibility Matrix

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

Based on the EIR.

No specific information was provided by the employer.

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

4.5 Project Implementation Plan (PIP)

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

4.6 Details of the competence assessment which bidders must respond to

Based on the EIR.

No specific information was provided by the employer.

4.7 Supplier capability summary

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

All parties have confirmed their BIM capabilities are adequate enough to meet the Clients required BIM Goals at the BIM Start Up Meeting.

Subcontractor capabilities shall be assessed and recorded as details become available and BEP updated accordingly.

4.8 Training requirements

Based on the EIR.

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

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

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

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5. Programme

5.1 Major Project Milestones

Based on the EIR.

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

Table 7: Project stage definitions

Table 8: Project stage definitions		
RIBA Stage	Name	Core Objectives
Stage 0	Inception of Project	Identify client's Business Case and Strategic Brief and other core project requirements.
Stage 1	Preparation	Develop Project Objectives , including Quality Objectives and Project Outcomes , Sustainability Aspirations , Project Budget , other parameters or constraints and develop Initial Project Brief . Undertake Feasibility Studies and review of Site Information .
Stage 2	Concept Design	Prepare Concept Design, including outline proposals for structural design, building services systems, outline specifications and preliminary Cost Information along with relevant Project Strategies in accordance with Design Programme. Agree alterations to brief and issue Final Project Brief.
Stage 3	Developed Design	Prepare Developed Design, including coordinated and updated proposals for structural design, building services systems, outline specifications, Cost Information and Project Strategies in accordance with Design Programme.
Stage 4	Technical Design	Prepare Technical Design in accordance with Design Responsibility Matrix and Project Strategies to include all architectural, structural and building services information, specialist subcontractor design and specifications, in accordance with Design Programme.
Stage 5	Specialist Design	Offsite manufacturing and onsite Construction in accordance with Construction Programme and resolution of Design Queries from site as they arise.
Stage 6	Construction	Handover of building and conclusion of Building Contract.
Stage 7	Use and Aftercare	Undertake In Use services in accordance with Schedule of Services .

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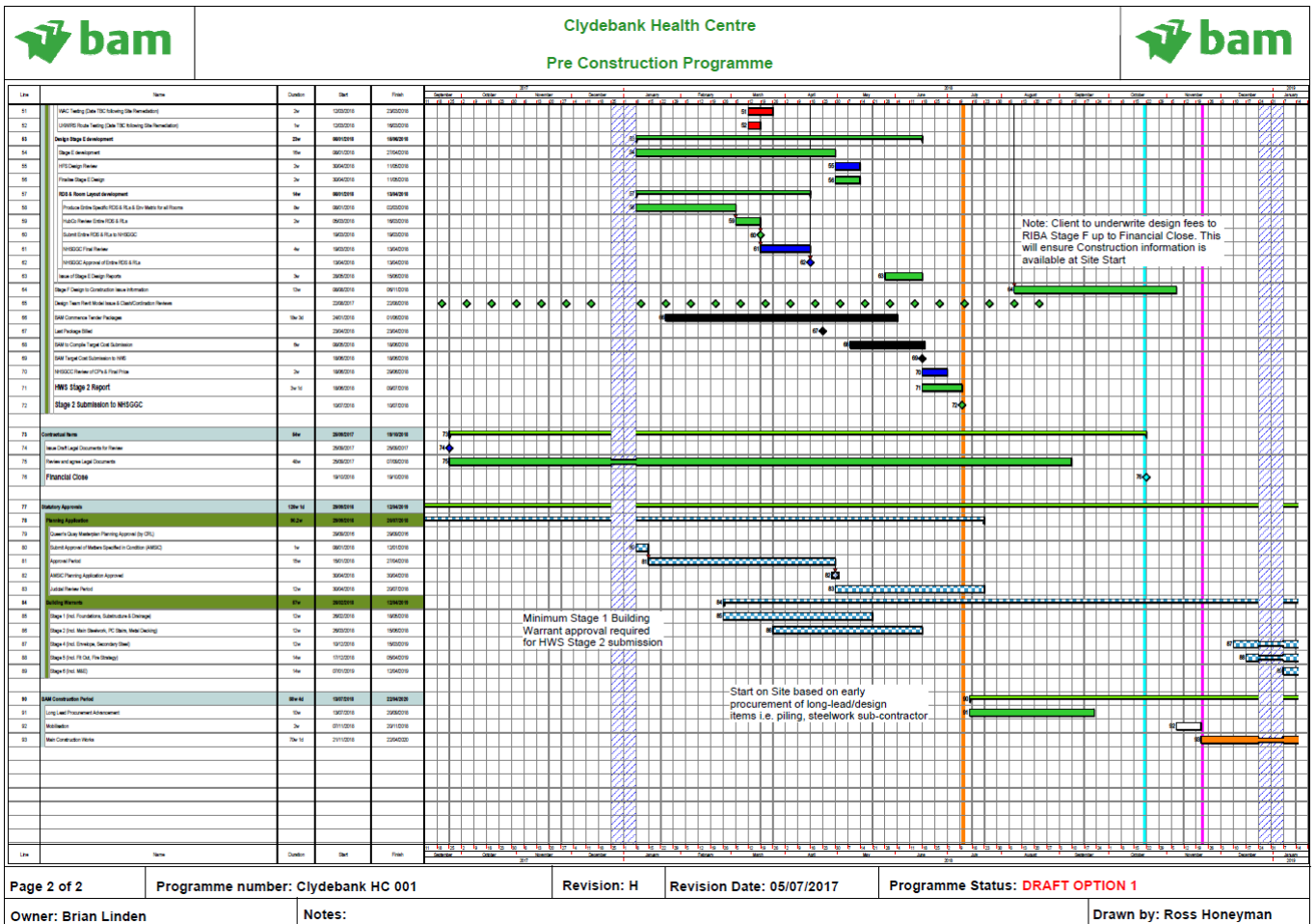


5.2 Alignment to Project Programme

Based on the EIR.

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

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



5.3 Alignment of data drops to project stages

The Strategic Purposes have to be aligned to Section 2.3.

Based on the EIR.

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

Table 9: Project stages and data drops

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

Planning and Documentation

6. Existing Conditions

6.1 Surveys

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

The proposals for the project include the following:

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

6.2 Existing Legacy Information

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

The following legacy information has been provided by Hub West Scotland

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

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

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7. Collaboration and Information Production

7.1 Project information model delivery strategy

Based on the EIR.

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

Model information will be exchanged in native Revit file format for collaboration purposes between the Design Team consultants and BAM.

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

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

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

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

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7.2 Levels of Detail

Based on the EIR.

Design team are to provide LOD4 (350), confirmed within their scope of design appointments through hub West Scotland.

Default LOD as defined in PAS 1192-2, RIBA Plan of Work 2013 and CIC/BIM Protocol is detailed in Table 10 below.

Table 10: Levels of Detail

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

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

7.3 Information Responsibility Matrix / Model Production Delivery Table

Based on the EIR.

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

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

7.4 Schedule Excluded Information

Based on the EIR.

All design team members to specifically identify any excluded information or elements that will not be modelled in this section.

General

COBie – UK 2012 – Data drops will not involve use of this format

Landscaping will not be included within the 3D Design Model

Drainage / Civils will not be included within the 3D Design Mode

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BIM Execution Plan (BEP)



Architectural

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

Civil & Structural

Steelwork connections; Steel reinforcement; profiled metal decking; masonry support lintels

M&E

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

8. Applicable Standards

Table 11 : Standard Methods and Procedure

Title
PAS1192:2
Supported by BS1192:2007

9. Data Standards

9.1 Model Setting out and Orientation

Table 12 : Site Origin

Site Control File Ref:	TBC
Name of Lead Designer:	Jonathan McQuillan – Anderson Bell + Christie Architects

Table 13 : Shared Co-ordinates at known location / survey point on site

E/W	000.000
N/S	000.000
Elevation (m)	000.000
Rotation (°)	000.00°

Table 14 : Building Origin – DETAILS SHOWN ARE EXAMPLES EXACT DETAILS

Shared Co-ordinates at	i.e. Intersection of Grid ? & ?
Level (m)	??
E/W	?????.???
N/S	?????.???

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BIM Execution Plan (BEP)



Elevation (m)

??.??

Rotation (°)

000.00°

9.2 File Naming Convention

Table 15: Template for file/ container naming

											Opt		Opt			
Project	-	Originator	-	Volume/ Zone/ Building	-	Level	-	File Type	-	Discipline/ Role	-	No.	-	Status	-	Rev
AAA	-	BAM	-	ZZ	-	ZZ	-	M3	-	W	-	000 01	-	S0	-	P1.1

Note – The inclusion of a Status and Revision in the file/container name is optional under BS1192-2:2007. All naming conventions were discussed and reviewed at BIM Start Up Meeting. Only Model Naming Convention will be enforced owed to consultant's internal auditing / QA procedures

Table 16 : Model naming

File names for models should be formatted as: [project][originator][zone][level][discipline][number]

	IFC & RVT	NWC / NWD	DWFX
BAMC	CHC-BAM-00-00-3M-MC-0000	CHC-BAM-00-00-3M-MC-0000- Federated_PM	N/A
Architect	CHC-ABC-00-00-3M-A-0000	CHC-ABC-00-00-3M-A-0000- Coordination	CHC-ABC-00-00-3M-A-(2015-XX-XX)
Structural	CHC-BHK-00-00-3M-S-0000	CHC-BHK-00-00-3M-S-0000- Coordination	CHC-BHK-00-00-3M-S-(2015-XX-XX)
Civils	CHC-BHK-00-00-3M-C-0000	CHC-BHK-00-00-3M-C-0000- Coordination	CHC-BHK-00-00-3M-C-(2015-XX-XX)
M&E	CHC-TUV-00-00-3M-ME-0000	CHC-TUV-00-00-3M-ME-0000- Coordination	CHC-TUV-00-00-3M-ME-(2015-XX-XX)
Others	CHC-????-00-00-3M-Y-0000	CHC-????-00-00-3M-Y-0000- Coordination	CHC-????-00-00-3M-Y-(2015-XX-XX)

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

Table 17 : Project Code

Code	Project Code(S)
ATE	All Project Documents

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

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Table 18 : Originator Codes

Originator codes for project team

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

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

9.3 Volume (Zone or Building)

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

Table 19 : Volume (Zone or Building) Codes

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

9.4 Layer Naming Convention

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

9.5 Model Accuracy and Tolerances

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

9.6 Annotations, dimensions, abbreviations and symbols

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

9.7 Attribute Data

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

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10. IT Solutions

10.1 Software Versions

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

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

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

Table 20: Software Requirements

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

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

Table 21 : BAM standard validation software

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

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10.2 Project Software Exchange Formats

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

Table 22 : Software Exchange Formats

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

10.3 Document Upload Format to Common Data Environment (CDE)

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

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10.4 Additional File Formats

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

Table 23: Additional File Formats

Work Packages	Drawing Type	Format
Setting Out GA's	General arrangement and setting out drawings	** .dwg

10.5 Maximum File Sizes

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

Table 24: Maximum File Sizes

Platform	Max File Size
Revit or IFC	200mb limit – Individual discipline models
NWC/MWD	500mb limit – Federated models

11. Security and integrity of project information

Based on the EIR

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

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

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

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12. Master Information Delivery Plan (MIDP)

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

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

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

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

12.1 Contents of MIDP

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

Documents:

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

12.2 Document Deliverables

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

12.3 Digital Deliverables

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

12.4 3D Geometric Deliverables – Construction Co-ordination Model

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

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

12.5 3D Geometric Deliverables – Design Intent Model

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

12.6 Data Deliverables

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

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13. Subsequent use of information

13.1 Information Approvals

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

13.2 PIM authorization process

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

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

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Appendix 8 – Combined Risk Register

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 (ie status at Stage 2 Submission)	
		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	5	2	15	#REF!	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)	26.10.17 -Noted that deed not likely to be available until Q1 2018. 22.11.17 - very draft Sch Pt 5 issued by NHS on 21.11.17. hWS to support development of final form document 16.5.18 - hWS awaiting receipt of Sch Pt 5 and or meeting to progress with CRL 20.6.18 - Risk scoring increased to reflect risk of delay of 8w +	1. Agreed that hWS would provide further definition of key interfaces in advance in order to seek agreements on known design related matters. 2. NHS to agree with WDC whether a deed of servitude or ANOTHER document will be prepared with CRL 3. NHS to confirm timescales for progression of Sch Pt 5	Closed
	S2	15.03.16	Land purchasedelay	potential for delay in transfer of site between NHS and WDC	2	4	4	2	16		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)	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 28.9.17 - As for S1 above. Programme in place to conclude land purchase prior to FBC approval 20.6.18 - Risk score increased to reflect higher likelihood of delay in land purchase owing to current delays in deed of conditions being issued.	As above for S1	Closed
	S3b	16.5.18	Integration with existing structures -Centenary Wall and also other adjacent buildings	Scope to be finalised post demolition works, and priced within Stage 2 Submission.	2	3	2	2	6	Substation wall repair incl in Stage 2 price	No allowance for any works in stabilising or removing neighbouring structures which remain ie WDC outbuilding	1. Survey to be commissioned of remaining walls (complete) 2. SI to include examination of existing foundations (complete) 3. Design to be prepared for boundary treatment (complete)	BAM	hWS	16.5.18 - B&W survey received and shared with WDC. WDC to confirm works to existing remaining walls. BAM to arrange site visit to finalise boundary design proposals. Complete	1. WDC to undertake works to snooker hall (works due for July 18)	Closed
	S4 A	29.8.16	Known contamination identified	Existing contamination not removed by DAWN/CRL in a timely manner	1,2	2	2	2	4		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.	BAM	BAM	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 28.9.17 - scope identified by hWS for inclusion on NHS letter of commitment with DAWN.	1. DAWN/CRL to provide for validation report for remediation works undertaken.	Closed
	S6	08.09.16	Removal of invasive weeds	Horsetail identified during SI/ invasive weed survey - risk of additional treatment required by HCC project	1,2	5	1	1	5	incl in Stage 2 price	Additional cost if not treated/removed sufficiently ahead of start of earthworks	HWS to obtain confirmation that horsetail will be eradicated from site by CRL and NHS to include as land transfer requirement.	BAM	hWS	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 28.9.17 - surveys to be undertaken during Stage 2 post removal by DAWN of stockpiled material. Commitment from CRL still to be sought. 22.11.17 - WDC confirmed this will be not be guaranteed by WDC/DAWN 16.5.18 - Kleercut quote acceptable. BAM to instruct.	4. Arrangements to be made to commence spraying regime prior to FC/site start. BAM to commence spraying regime under strategic service.	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 (ie status at Stage 2 Submission)
		Risk Title	Risk Description													
S8A	6.12.16	Archaeological survey requirement	Potential for WDC planning to seek archaeology survey for site.	2	3	2	1	6	incl in Stage 2 price	procedural issue only - no time or cost impact anticipated	Purify through Planning approval	BAM	hWS	6.12.16 - hWS understands that adjacent Care Home do not envisage such surveys. WDC planning currently considering. 28/9 - Planning approval granted to DAWN/Masterplan. Conditions now known for Health Centre development. 18.5.18 - WSOI issued with planning application. Watching brief required during works	1. ABC to recirculate proposal for survey and watching brief. Required surveys to be commissioned via hWS in Stage 2. 2. Watching brief to be priced in BAM Stage 2 price	Closed
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	2	2	1	4	inc in Stage D hWS overall costs	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	BAM	hWS	30/3/18 - strategy issued to planning for approval 16/5/18 - RMS approved in principal. To be updated and resubmitted to planning to allow formal and full sign off. To be actioned by end May 2018. Responsibility for ion term monitoring to be confirmed with PCO	1. RMS to be updated and resubmitted to WDC Planning for end May 2018.	Closed
S11	2.12.17	Ancillary rights to allow arisings to be kept on site	Failure to secure ancillary 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	4	8		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	NHS (GL)	NHS (GL)	2.12.17 - Required land identified by BAM. In principal agreement from DAWN/CRL to grant access/ancillary rights. 19.7.17 - Draft Heads of Terms issued NHS to WDC 23/6/17 28.9.17 - Ancillary rights agreed in principal with DAWN. 26.10.17. Drawing showing area of Titan Boulevard where ancillary rights are required issued to NHS GGC. 18.5.18 - NHS still to progress license with CRL.NHS to confirm programme for concluding.	1. Survey completed by BAM. 2. NHS GGC to procure license to utilise Titan Boulevard.	retained by NHS
S12	9.3.17	Risk of UXO	Additional unexploded ordnance objects identified	2	2	3	2	6	incl in Stage 2 price		BAM to undertake additional magnetometer survey under strategic service	BAM	BAM	28.9.17 - survey to be commissioned post site scrape by DAWN 18.5.18 - BAM to obtain and forward UXO survey proposal for commission under strategic service	1. BAM to undertake survey under strategic service (land scan) 2. BAM to undertaken preboring survey during construction period.	Transferred to DBFMCo stepped down to BAM
U1	15.03.16	Responsibility for Utility diversions	Utility diversions remain to be carried out by Clydebank HCC project	1,2	2	2	2	4	excluded from Stage 2 price	Utility diversion works excluded from Stage 1 Costs	Include on DAWN/WDC interface schedule of responsibilities.	NHS (ID)	NHS (ID)	30/3/18 - Elect Quotation accepted by CRL. Date for disconnection to be confirmed 18.5.18 - Electrical works to be complete May 18. 20.6.18 - Existing Gas pipe still to be cut back. Due end June 18. BT works now complete. 13.8.18 - Electricity, Gas and BT diversions complete. Water to be certified.	1. Certificate of water disconnection to be sought from DAWN/CRL.	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 (ie status at Stage 2 Submission)
		Risk Title	Risk Description													
UTILITY ISSUES	U2	15.03.16	Scottish Water Approvals	Scottish Water approval timescales for approval and confirmation of works required (if any)	1,2	2	2	2	4		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. 28.9.17 - further guidance required from TS 26.10.17 - PDE submitted by TS to Scottish Water 16.5.18 - BAM to confirm whether a licensed provider is to be brought on board to continue with SW approval process.	1. Masterplan approvals requested as part of mini masterplan forum. 2. BAM to Liaise with Tsand obtain Scottish Water feedback	Transferred to DBFMCo stepped down to BAM
	U4b	6.12.16	Integratoin of WDC district heating	Delay in receipt of district heating information from WDC results in Contractor or FM proposal changes	2	3	4	2	12	Refer change notice 003 for current estimate and assumptions	Purify during Stage 2 Design	hWS	NHS (ID)	16.5.18. Dialogue to take place with WDC network operator once appointed (scheduled for end May 2018) 20.6.18 - dialogue now scheduled for mid July 18. Awaiting WDC appointment of operator. Risk increased due to delay in WDC appointment. Any impact would need to be priced as a Stage 2 Addendum. 12.8.18 Awaiting appointment of network operator by WDC (now anticipated Aug 18)	1. hWS to arrange meeting with WDC / network operator	Closed
	U5	16.5.18	New utility connections	Risk of increased cost	2	4	1	1	4	incl in Stage 2 price	Obtain early quotation from Energetics	BAM	hWS	16.5.18 - Initial quotation obtained from energetics. Updated quotation to be obtained. 12.8.18 - updated energetics quote obtained	1. NHS to confirm option to commence early design work with energetics. Cost of £15k	Closed
	TP1	15.03.16	Building Control sign off - fire strategy	Change to design may be necessary	1,2	2	2	1	4	incl in Stage 2 price (contractor risk %)	Engagement during Stage 1 and purify during Stage 2. Susan Grant of HSF is key contact. Engagement with building control during Stage 2	BAM	BAM	28/9/17 - NDAP process has reviewed Stage 1 Fire Strategy reports. No issues arising. 8.2.18 - reduced to £12.5k. risk of actuating areas increase eg doors 16.5.18 - Updated JGA report and drawings to be collated and issued to building control	1. Warrant documents to be submitted to building control	Closed
TP2	15.03.16	NHS infection control sign off	Change to design may be necessary	1,2	2	2	1	4		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 (ID)	NHS (ID)	29/8/16 - no engagement to date 2.12.16 - to be engaged by NHS during Stage 1 Submission design review process and room layout review 28/9 - meeting to be diarised with infection control 28.9.17 - review held under HISCRIBE during Stage 1 review process. No issues arising 18.5.18 - NHS to engage with infection control during June 18, in relation to draft CPs/work package drawings	1. Engage end of Stage E for next review	Closed	

THIRD PARTY ISSUES

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 (ie status at Stage 2 Submission)
		Risk Title	Risk Description													
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	5	5	5	25	£0	Temp works allowance @ £1,250 pw * 14 months (Oct 18 to Jan 20) for surface water pumping to maintain Haeltl Centre delay backstop of Jan 2020 for all drainage dependency works. Not included in Stage D cost	Establish schedule of assumed interfaces and works by DAWN/CRL and seek agreement from WDC and Dawn/CRL	hWS	NHS (ID)	30/3/18 - CRL update to be provided mid April. Indications are drainage to be available for Oct 18 16.5.18 - CRL dates = Surface Water connection due to be available July 18. Foul water tail also July 18, pump station feb 19. BAM Backstop for FW Jan 2020 20.6.18. Risk rating increased to reflect current masterplan dates and works known to be outstanding as at Oct 18. Impact (time and cost) based on assessment of any decision to close CHC as FCZ in Q1/2 2019 if decided to mitigate against masterplan delay risk resting with NHS Board / SG.	1. Monitor roads contract commencing end May 18. 2. NHS GGC taking paper on bundling options to Scottish Government on 21 June 2018.	Closed
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	2	2	3	6	£0		Purify during Stage 2 design and Planning Process	ABC	hWS (GS)	30/3/18 - planning committee due for 30 May 18 12.8.18 - planning approval received June 18. Conditions to be discharged in due course.	1. Refer planning condition tracker.	Closed
TP5	15.03.16	NDAP - stakeholder review	Change to design and or scope of work may be necessary	1,2	2	2	2	4			Early engagement to set principals for the site (early in Stage 1 with landscape architect).	hWS (GS)	NHS (ID)	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 18.5.18 - NHS to engage with infection control during June 18, in relation to draft CPs/work package drawings	Incorporate in stage 2 design	Closed
TP7	28.4.16	Requirement for vehicle restraint/barrier due to proximity of new road		1,2	4	1	1	4	included in stage 2 price		Assess design interface with masterplan.	BAM	hWS	29.8.16 - To be discussed with WDC Roads 2.12.16 - pending sight of DAWN design 8.2.18 - reduced to £10k based on Stage D cost plan / design 16.5.18 - coordinate with CRL/IWA works to quay square.	Assess design interface with masterplan. Mini masterplan workshop	Closed
TP10	28.9.17	Delay in WDC construction of new shared access road.	programme impact	Construction	3	2	2	6		Works to commission new Health Centre unaffected	Monitor of Care Home programme. 1m working zone HCC side of new access road agreed to allow concurrent works until June 2019	hWS	NHS	28.9.17- include milestone on mini masterplan reliance programme 18.5.18 - longstop of June 2019 provided to WDC Care Home, based on health centre FC end Oct 18	1.NHS to include milestone on mini masterplan reliance programme 2. include backstop date on land transfer documents	Closed
TP11	4.12.17	Delay in WDC procurement of district heating	programme impact	2	5	4	2	20		Works to commission new Health Centre unaffected (where on site boilers are retained)	Timeline for procurement of DH operator requested from WDC (Richard Cairns)	hWS	NHS (JD)	4.12.17 - Timeline requested from WDC at meeting of 20.11.17 20.6.18 - dialogue now mid July 18. Awaiting WDC appointment of operator. Risk increased due to delay in WDC appointment. Any impact would need to be priced as a Stage 2 Addendum.	1. Timeline to be reviewed with NHS GGC (energy team)	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 (ie status at Stage 2 Submission)
		Risk Title	Risk Description													
TP12	4.12.17	Delay in WDC construction of district heating network	programme impact	Construction	3	1	2	6		Works to commission new Health Centre unaffected. Dependency on external works and commissioning of DH connection	network infrastructure to be programmed for installation early during construction period. DH works will be considered an Authority Related Party.	hWS	NHS (JD)	4.12.17 - milestones to be added to BAM Construction programme 16.5.18 - appointment due to be made by WDC end May 2018	1. BAM to include milestones on programme	retained by NHS
TP14	16.5.18	Approval not obtained from Glasgow Airport	Glare analysis to be undertaken and approved by Glasgow airport	2	2	3	2	6	incl in Stage 2 price (contractor risk %)		Glare analysis to be undertaken to meet GAA requirements. Survey cost of £2k	BAM	hWS	16.5.18 - TS proposal for glare analysis to be shared with GAA and commissioned	1. undertake glare analysis	closed
D2	22.11.16	General design development risk - Stage 2		2	3	2	2	6	included in stage 2 price			BAM	hWS	22/11/16 - allowance established for Stage 2 detailed design development 4/12/17 - pre cast stair to roof (£9k) 4.1.18 - to be reviewed as part of Stage D cost plan review 8.2.18 - (piling mat fill £15k, steel tonnage £42k, flooring £10k)	Track during Stage 2	Closed
D5	6.12.16	Interior design proposals results in additional costs		2	3	2	2	6	included in stage 2 price		Cost budget to be set with consultant at start of design period	BAM	hWS	2.12.16 - allowance provided for until designer appointed and scope agreed. 20.4.17 - hWS issued scope and supplier list to NHS 8.2.17 - reduced to £12.5k following reception desk pricing at Stage D	1. Review Graven Stage E proposals	Closed
D7	12.6.18	Room Layout Completion and sign off	Delay in completion of coordinated room layouts and subsequent sign off by NHS/stakeholders. Risk that Stage 2 price is based on layouts yet to be agreed.	2	4	2	2	8	Stage 2 price based on submitted drawings.		1. Room layouts under review to be concluded for end June. Balance of layouts to then be assessed. Allowance within Stage 2 Submission to be included based on assessment of room layouts not yet concluded.	BAM	hWS	21.6.18 New risk added. To be reviewed again end June 18.	1. Room layout progress to be reviewed at end June.	To be concluded prior to Financial Close.
C1	15.03.16	Wayleaves required for site services (on third party land)	Impact on programme	2,Cons	5	2	1	10	included in stage 2 price	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 12.3.18 - Risk added as Energetics will require wayleave/lease for their infrastructure	1. Process for obtaining right to Titan Boulevard to be agreed with Energetics (CRL owned land)	Closed or transferred to DBFMCo stepped down to BAM
C2	23.11.16	Risk of sub contractor insolvency/failure pre FC		2	3	2	2	6	included in stage 2 price	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 8.2.18 - allowance reduced to £20k		Closed

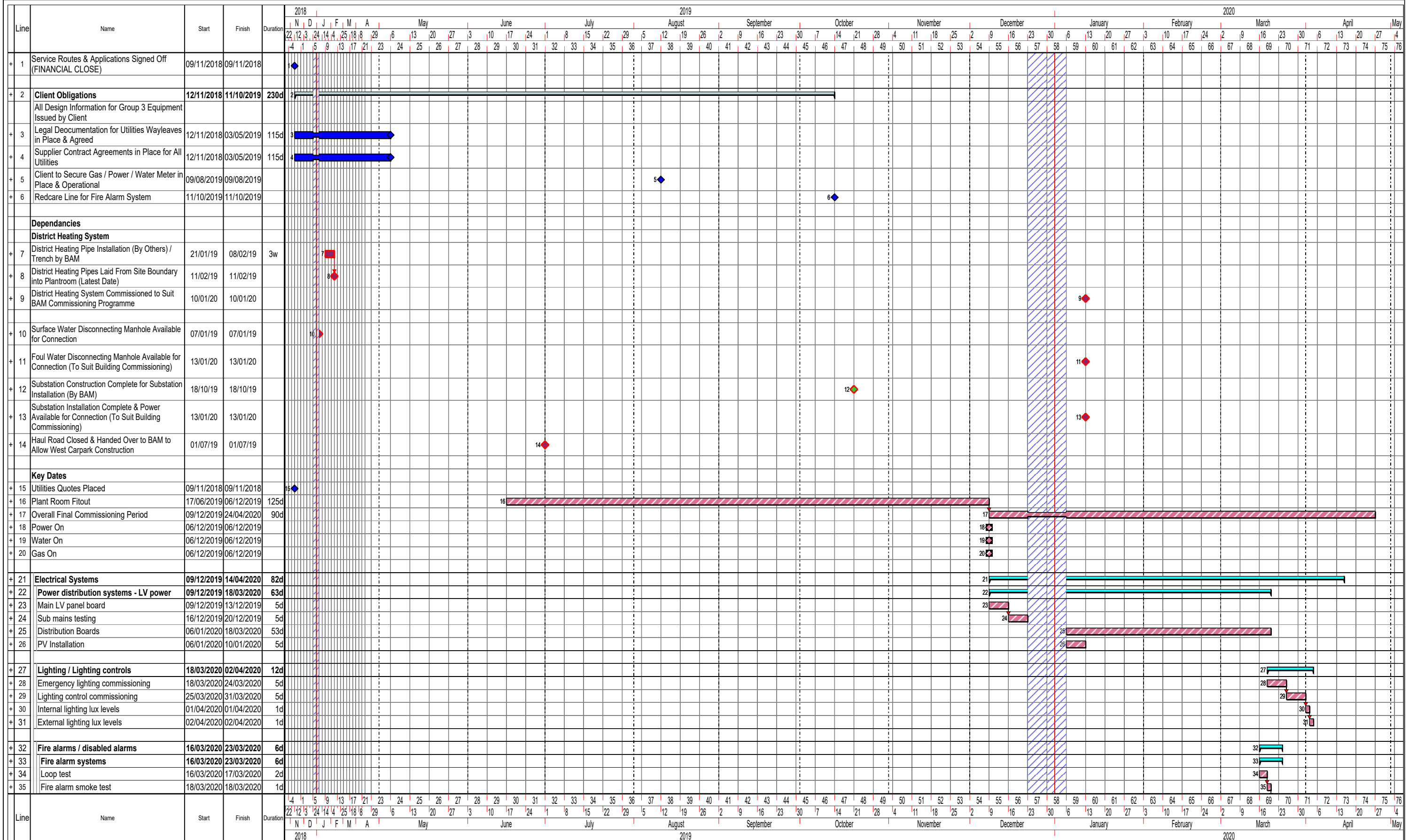
Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact -Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Forecast Stage 2 status (ie status at Stage 2 Submission)
		Risk Title	Risk Description													
C3	6.12.16	Lenders due diligence may bring additional requirements/changes		2	3	2	2	6	Final due diligence to be concluded between Stage 2 Submission and Financial Close.	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 D allowance		Stage 2	3	3	3	9	Stage 2 price fixed to dec 2018.	impact on Stage 2 price	Stage 1 Addendum based on published BCIS baseline - 285 for Q3 2018	HWS	NHS (JD)	28.9.17 - Refer to separate NHS held risk allowance for increase in inflation above BCIS index of 285 26.10.17 - refer C&B cost report of 16.5.18 - NHS to confirm current affordability based on latest BCIS indices 20.6.18 - Risk scoring reduced following NHS GGC confirmation of affordability, based on Stage D cost plans and BCIS from May 18. See above for risk on programme delay.	1. Monitor BCIS changes as part of monthly progress reporting. 2. Monitor and track local market and material cost changes.	Closed
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			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			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			Active
nal	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			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			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			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			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			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 (ie status at Stage 2 Submission)	
		Risk Title	Risk Description														
Operational	OP9	05.05.2017	Changes to Practices	Independent Contractors seek to merge and require adjustment of layout.	2 to 4	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			Active	
	OP10	05.05.2017	Delay in IT commissioning	Lack of IT resource prevents commissioning of two Health centres simultaneously.	4	3	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			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			Active
	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			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			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			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			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			Active
Sub Total								£0									

Appendix 9 – Outline Commissioning Programme



Hub West Scotland - NHSGGC
Clydebank Health Centre
Outline Commissioning Programme



Appendix 10 – Commissioning Requirements

Project Template

1 Operational Commissioning Requirement Brief

There are two contractually separate commissioning roles required to bring the [insert name of project] into operational service.

Building Commissioning- These works are procured by way of DBFM contract, which includes the buildings Hard FM for a period of 25 years. Whilst, GG&C NHS may witness the building technical commissioning, they have no responsibility for this exercise.

Operational Commissioning- This operational commissioning requirement brief sets out the commissioning and handover requirements for the [insert name of project]. The brief will form an integral part of the Employer's Information Requirements (EIRs) and Asset Information Requirements (AIRs) required under BIM. The following sections will provide detail on the level of information and engagement required in order to successfully commission the project into service.

1.1 Project Overview

The [insert name of project and provide description].

1.2 Soft Landings and BIM Strategy

These works are procured by way of DBFM contract, which includes the contract requirement for Project Co to implement a soft landing and BIM strategy.

Specific details of [insert name of project] BIM strategy and implementation are detailed in the project BIM Execution Plan (BEP) and associated appendices which are updated in line with design progress.

1.3 Building Technical Commissioning and Aftercare

These works are procured by way of DBFM contract, which includes the buildings Hard FM for a period of 25 years. Whilst, GG&C NHS may witness the building

technical commissioning, they have no responsibility for this exercise.

Defect Liability / Aftercare

Following successful handover of the project the Project Co will be responsible for the rectification of any defects for a period of 52 weeks. This defect liability period is irrespective of any warranty provided by any manufacturer or supplier. The Project Co will provide suitable contact details within the O&M Manuals to allow the respective FM team to raise any defects for resolution.

In addition to the defect liability period the Project Co will be responsible for any latent defects arising within 12 years from project handover. As with the defect liability period the DBFM Contractor will be responsible for providing appropriate contact details within the O&M Manuals. Manufacturer and Supplier details will also be provided for any assets installed under the contract.

1.4 Group 2 and 3 Equipping Strategy

The Equipping Strategy remains the responsibility of the Project Director with support from the Operational Commissioning Manager. The Core Team however have agreed the Equipping Responsibility Matrix prior to the commencement of the equipping process. This matrix ensures that there is clear demarcation and ownership of equipment being provided by the Project and the Clinical Service. At a high level Group 1 equipment will be provided and fitted by Project Co, Group 2 equipment will be provided by NHS GGC Procurement and fitted by the PSCP, Group 3 equipment will be provided and fitted by the wider Operational Commissioning Team and Clinical Service post handover.

1.5 User Guides and Templates

To enable successful handover and operation of the new facility there is a requirement to produce Standard Operating Procedures (SOP) for how the facility will be run. These should be purely for the facility and should remain separate from the SOPs used by the services for delivering the required level of care to patients. The responsibility for the production of the SOP remains with the Service Manager with support from the Core Team. A draft SOP checklist is provided in Figure 1, this

will be agreed during the construction phase of the project prior to the start of the commissioning phase. The SOP should be used as basis for staff training and familiarisation of the new facility.

Project Co will ensure that, the a video of the pre handover training sessions are captured on disk and passed onto the Building Management Team. This will allow training to be rolled out to the relevant personnel and can be retained for training of any new staff over the life of the building.

Standard Operating Procedures Checklist	
✓	Services – Confirmation of services to be provided by department
✓	Hours of Operation – opening hours, visiting hours, etc
✓	Predicted Workload – this should be taken from projections in the Full Business Case at the outlet, but should be modified by contracting targets
✓	Staffing Requirements – confirmation of number and grades of staff
✓	Shift Arrangements – confirmation of staff shift arrangements
✓	Management Arrangements – required for each staff group
✓	Staff Training – general staff induction, training arrangements in use of specialised equipment
✓	Space Utilisation – management of patient flows, how each room or activity space will be utilised
✓	Quality Standards – details of how these will be achieved
✓	Logistics – arrangements for delivery and collection of supplies, post, patient notes, materials management, transfer of deceased, etc.
✓	Waste and Environmental Management Strategy – How will waste be collected, disposed of, etc.
✓	Interdepartmental Relationships – how departments interacts with the operation of the facility. How patients will be received, directed or transported to the services they require. Effects on other departments staffing levels and budgets
✓	Data Collection – how is data collected for patient records, clinical audit, financial systems, etc.
✓	Health and Safety Legislation – requirements relating to COSHH (Control of Substances Hazardous to Health) and other relevant legislation
✓	NHS Scotland – requirement relating to other NHS Scotland Body policies

Figure 1

1.6 Training and Site Visits Protocols

Pre Handover

Pre handover the site remains under the control of the DBFM Contractor who in turn is responsible for the Health and Safety (H&S) of all personnel on site. While staff visits are an essential part of the commissioning process they must not take place without the explicit agreement of the GG&C Project Manager and the DBFM Contractor.

As the project nears completion the GG&C Project Manager in conjunction with the HSCP should arrange site visits for staff training. Site familiarisation of staff will be undertaken post handover. 12 weeks prior to handover a schedule of visits should be agreed with Project Co / DBFM Contractor to ensure that all visits do not conflict with the remaining works and the DBFM Contractors requirement to lock down completed areas to avoid mess or damage to finishes prior to handover.

Project Co remains responsible for providing training to the NHS GGC Team on any assets or systems installed as part of the project. This should be arranged alongside the testing programme discussed above.

Post Handover

Post handover the operation of the facility will become the responsibility of NHS GGC Building Management Team. However, responsibility for the hard FM remains with Project Co by way of the FM provider. The Building Management Team will become responsible for controlling access to the building from handover. There may still be a requirement for the DBFM Contractor and their supply chain to visit the facility to undertake remedial works as required. Strict controls (control of access and permit to work) will be placed on the DBFM Contractor to ensure their work does not disrupt the service being delivered.

1.7 Handover and Snagging Protocols

These works are procured by way of DBFM contract. An Independent Tester is appointed to assess if the contract conditions are being met during the contract. It is also their responsibility to assess when the works are complete and fit to be handed over to GG&C NHS.

Post handover the facility will be subject the NHS GGC policies and procedures. Arrangements for access and permit to work to carry out snagging works should be agreed between the Project Co and the Building Management Team and the Operational Commissioning Manager during the handover process. Weekly meetings should then be held to monitor the progress of the snagging works until all items have been successfully completed.

1.8 Equipping Responsibility Matrix

The equipping responsibility matrix to be developed during the planning phase of this project.

Appendix 11 – Project Monitoring Report

PROJECT TITLE	xx	PROJECT No.	xx
Prepared By:	xx	Date:	xx

Project Board and Governance

Senior Responsible Officer:	xx
Last Project Board was held on:	xx
Risk Register last updated on:	xx
Governance Status	xx

Executive summary

xx

Financial Summary

Risk		Low		
FC Contract Price	xx			
	Previous years	18/19	19/20	20/21
Spend to date	£	£	£	
Forecast Spend	£	£	£	
Comment:				
xx				

Clients' Brief and Change Request Status

Brief Document Status:	<i>Update on progress. Identify any clarifications required and/or items still to be specified.</i>
Change Requests Status:	<i>List those under consideration/in progress/completed and the cost/programme implications associated with each project.</i>

Programme and Progress

Programme Risk:	Low	Med	High
<i>Key dates including Works Start and Finish Dates and upcoming events</i>			

Design & Technical Report

Programme Risk:	Med
<i>Update on design and technical progress</i>	

Public Utilities

Programme Risk:	Low		
<i>Report any issues that arise</i>			

Legal & Commercial

Programme Risk:	Low		
<i>Report any issues that arise</i>			

Furniture, Fittings and Equipment

Programme Risk:	Low		
<i>Will be reviewed closer to handover in conjunction with commissioning plan</i>			

Risk

HUB Project Risk Register included within Appendix B.

Risks <u>removed</u> since last month	Risk Score <u>reduced</u> from last month	Risk score <u>increased</u> from last month	New Risks <u>added</u> since last month

Red Risk Summary

Risk No	Risk Description	Mitigation	Score

NHS Project Risk Register included within Appendix A.

Risks <u>removed</u> since last month	Risk Score <u>reduced</u> from last month	Risk score <u>increased</u> from last month	New Risks <u>added</u> since last month

Red Risk Summary

Risk No	Risk Description	Mitigation	Score

Health and Safety Update

<i>Comment on any reported Health & Safety issues.</i>
--

Construction Quality

<i>Comments from Site Monitor</i>

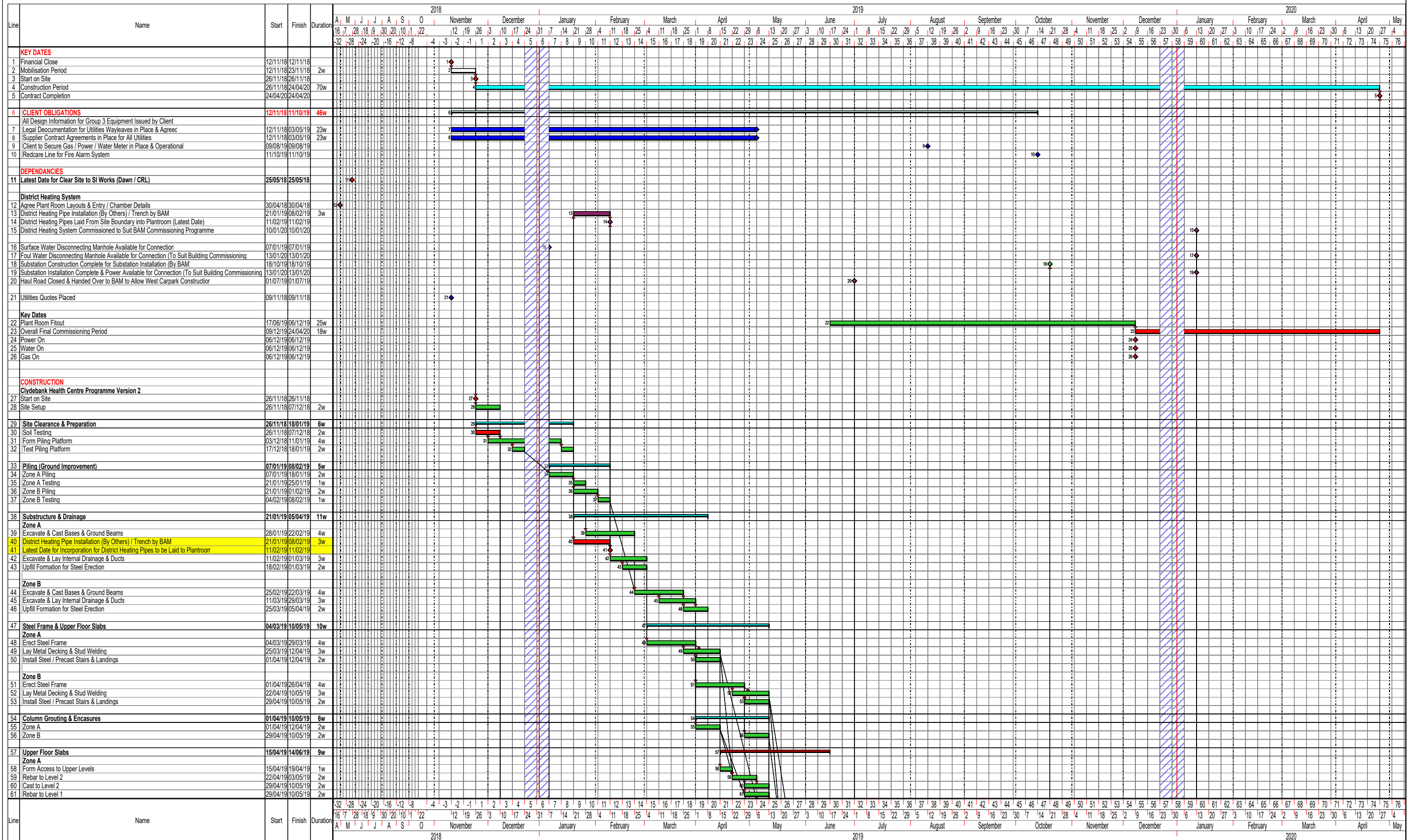
Community Benefits

<i>Attach or include Hub's Community Benefits tracker</i>

Appendix 12 – Construction Programme

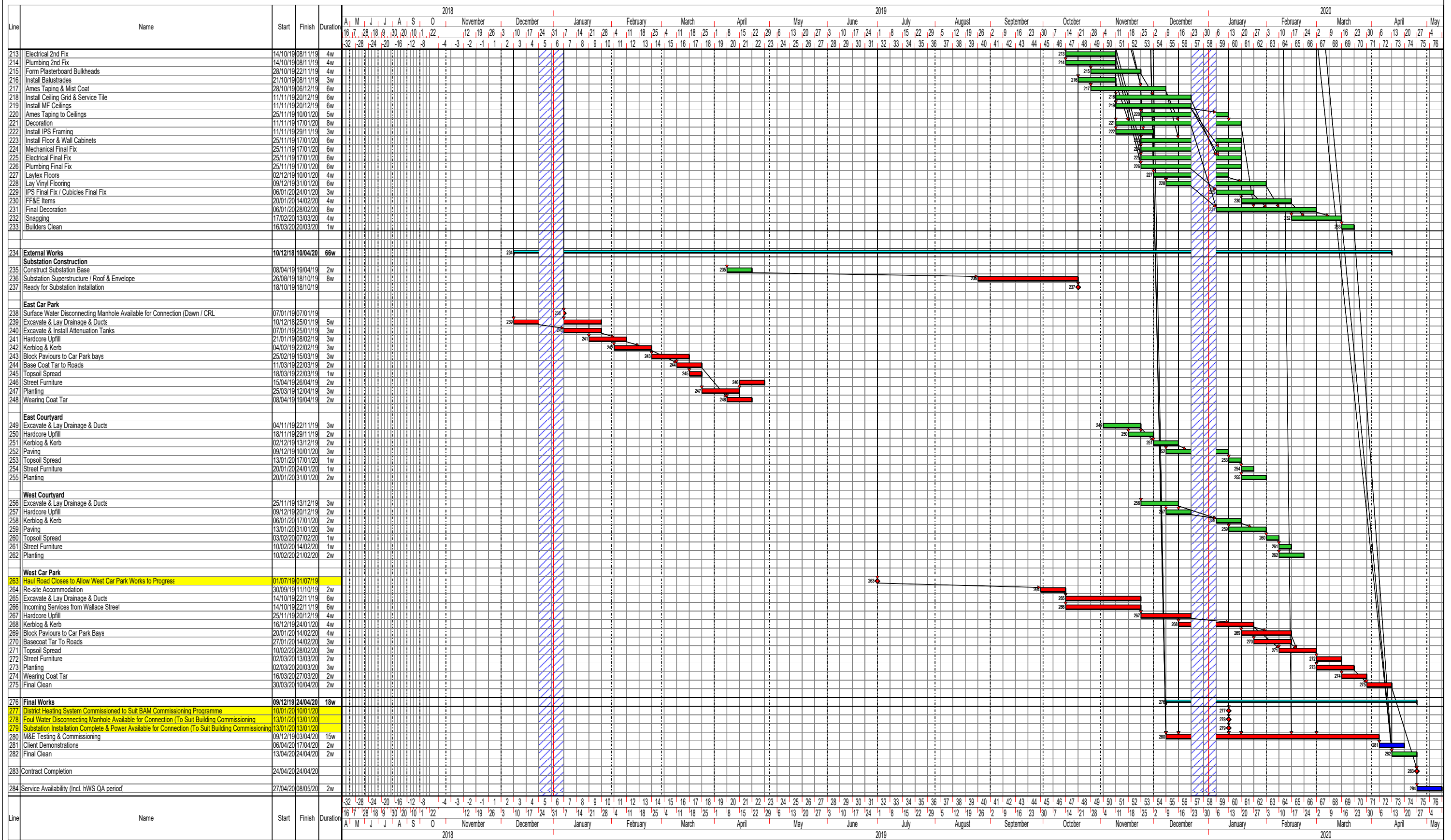


Hub West Clydebank Health Centre Construction Programme





Hub West Clydebank Health Centre Construction Programme



User: [] Critical Path [] Lead In / Mobilisation [] Summary [] 30a. Summary2 [] Client [] By Others [] Construction [] Summary Elevations / Floors

Appendix 13 – Project Execution Plan

Clydebank Health and Care Centre Project Execution Plan



P41 Clydebank Health and Care Centre - Project Execution Plan

Version Control

Version	Date	Issued by	Approved by	Status
0.1	May 2017	G Smithson		Draft
1.0	May 2017	G Smithson		Stage 1 Submission
2.0	July 2017	G Smithson		Stage 1 Addendum
2.1	September 2017	G Smithson		Stage 2 Launch
3.0	August 2018	G Smithson		Stage 2 Submission

Distribution Control

Version	Issued by	Distribution
1.0	G Smithson	NHS GGC
2.0	G Smithson	Project Team
2.1	G Smithson	Project Team
3.0	G Smithson	Project Team

P41 Clydebank Health and Care Centre - Project Execution Plan

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- 1.0 Introduction
- 2.0 Project Definition**
 - 2.1 Briefing
 - 2.2 Project Overview
 - 2.3 Participant Critical Success Factors
 - 2.4 Value for Money (VFM)
 - 2.5 Sustainability
 - 2.6 KPIs and CITs
- 3.0 Project Organisation**
 - 3.1 Overall Project Structure
 - 3.2 Key Roles and Responsibilities
 - 3.3 Project Directory
- 4.0 Meetings and Project Reporting**
 - 4.1 Meeting Strategy during development Stage (pre financial close)
- 5.0 Risk Management**
- 6.0 Management of Information**
 - 6.1 Lines of Communication
 - 6.2 Design Responsibility Matrix
 - 6.3 Document Management
- 7.0 Building Information Modelling**
- 8.0 Programme Control**
 - 8.1 Development Stage (pre financial close)
- 9.0 Cost Control**
- 10.0 Change control**
- 11.0 Health and Safety**

Schedule of Appendices

- Appendix 1 Participant Project Brief**
- Appendix 2 Project Directory**
- Appendix 3 Design Responsibility Matrix**

P41 Clydebank Health and Care Centre - Project Execution Plan

Appendix 4 Project BIM Execution Plan

Appendix 5 Overall Programme

Appendix 6 Change Control template

P41 Clydebank Health and Care Centre - Project Execution Plan

1.0 Introduction

The purpose of this Project Execution Plan ("PEP") is to capture the key information about the project and provide the framework within which the project will be managed. The PEP will not form part of the contract documents and does not seek to modify or detract in any way from any contractual responsibilities of the parties involved.

The PEP is intended to be a dynamic document and will be reviewed and updated as necessary throughout the project in order to address the changes in project management strategy.

The PEP and the associated procedures are subject to regular review by the Project Team. The purpose of this review is to ensure that the PEP remains current and continues to be suitable and effective in satisfying the obligations, expectations, and intentions of the project.

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

P41 Clydebank Health and Care Centre - Project Execution Plan

2.0 Project Definition

2.1 Briefing

The Participants Project Brief issued at NRP stage is version 2.0.

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

2.2 Project Overview

Site Address	Queens Quay Clydebank
Participant(s)	NHS Greater Glasgow and Clyde Project lead: John Donnelly Project Manager: Ian Docherty (day to day point of contact)
Contract	DBFM Agreement

2.3 Participant Critical Success Factors

Key CSFs	Description
1. Budget	Project should be delivered within agreed Affordability Cap (£19m). The Affordability Cap set by the Participant includes for abnormalities which hWS have developed along with the Participant and the design team. hWS will strive to meet this AC by ensuring the design is developed in line with the cost plan set out at the beginning of Stage 1. Stage 1 Development Value is confirmed as £19,250,246.
2. Timescale	Financial Close to be achieved by Q42017 and Construction completion by Q32019 The programme has been developed with the Participant and using knowledge and experience gained on the Eastwood and Maryhill Health Centres. Stage 1 and Stage 2 extension of time amendments agreed with Participant: Financial close to be achieved by Q4 2018 and construction completion by Q2 2020
3. Design Quality	hWS will work with NHS Greater Glasgow and Clyde to produce a high quality building with materials and fixtures with visual impact, serviceability, capital expenditure and maintenance costs. These will be

P41 Clydebank Health and Care Centre - Project Execution Plan

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

2.4 Value for Money (VfM)

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

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

2.5 Sustainability

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

Criteria	Requirement
BREEAM	Very Good (with agreed % score of [])
EPC	No set target

P41 Clydebank Health and Care Centre - Project Execution Plan

2.6 KPIs and CITs

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

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

P41 Clydebank Health and Care Centre - Project Execution Plan

No	TITLE	DELIVERABLE	ACTIONS
			Technical Advisor and Funders
5.1	Quality: Design Quality	To ensure that the Stage 1 and Stage 2 design proposals and out turn construction meet minimum design quality criteria set by the Participant.	AEDAT evaluation toolkits are identified for this Project.
5.2	Quality: Construction Quality	Measures the construction quality being delivered on an Approved Project on a project by project basis (the condition of the facility with respects to defects) – meet the construction quality agreed with the Participant at stage 2 using the construction excellence scale	To be agreed between Participant and PDM during Stage 2. Included within Main Contractor ITT and to be confirmed by appointed MC
7.1	Community Engagement: Compliance with Community Engagement Proposals included in Project Development Partnering Services Method Statement	Measures hub West Scotland's performance in any year in following the key community engagement processes in the New Project Development and Delivery.	To be agreed between Participant and PDM at Stage 2 and monitored throughout project development and delivery.
8.1	Community Benefit: Recruitment & Training	Tracks the extent to which hubCo's supply chain contractors meet the recruitment and training targets agreed with the Participants – maximum number of recruitment and training opportunities delivered based on the construction skills approach	Participant request via Value for Money is to exceed the minimum targets. (To be defined by the contractor at tender stage)
8.2	Community Benefit: Small & Medium Enterprise (SME) Supplier/ Third Sector Development	Ensure hubCo and the supply chain actively engage with local SME's and TSO to assist in the delivery of Approved Projects. This is measured on Value of opportunities made available per project during the construction phase.	Included within Main Contractor ITT and to be confirmed by appointed MC (% of SME's and TSO's involved in delivery to be recorded by the Contractor).
8.4	Community Benefit: End User and Community Satisfaction Surveys	Measures the end user/ community users satisfaction in the Approved Project through the use of an end user/ community satisfaction survey during the first twelve months of operation	Included within Main Contractor ITT and to be confirmed by appointed MC. (The Participant and PDM will agree the contents of the End User Satisfaction Survey).
9.2a	Sustainability: Reducing	Ensure construction waste is minimised across construction activities – actual	Included within Main Contractor ITT and to be

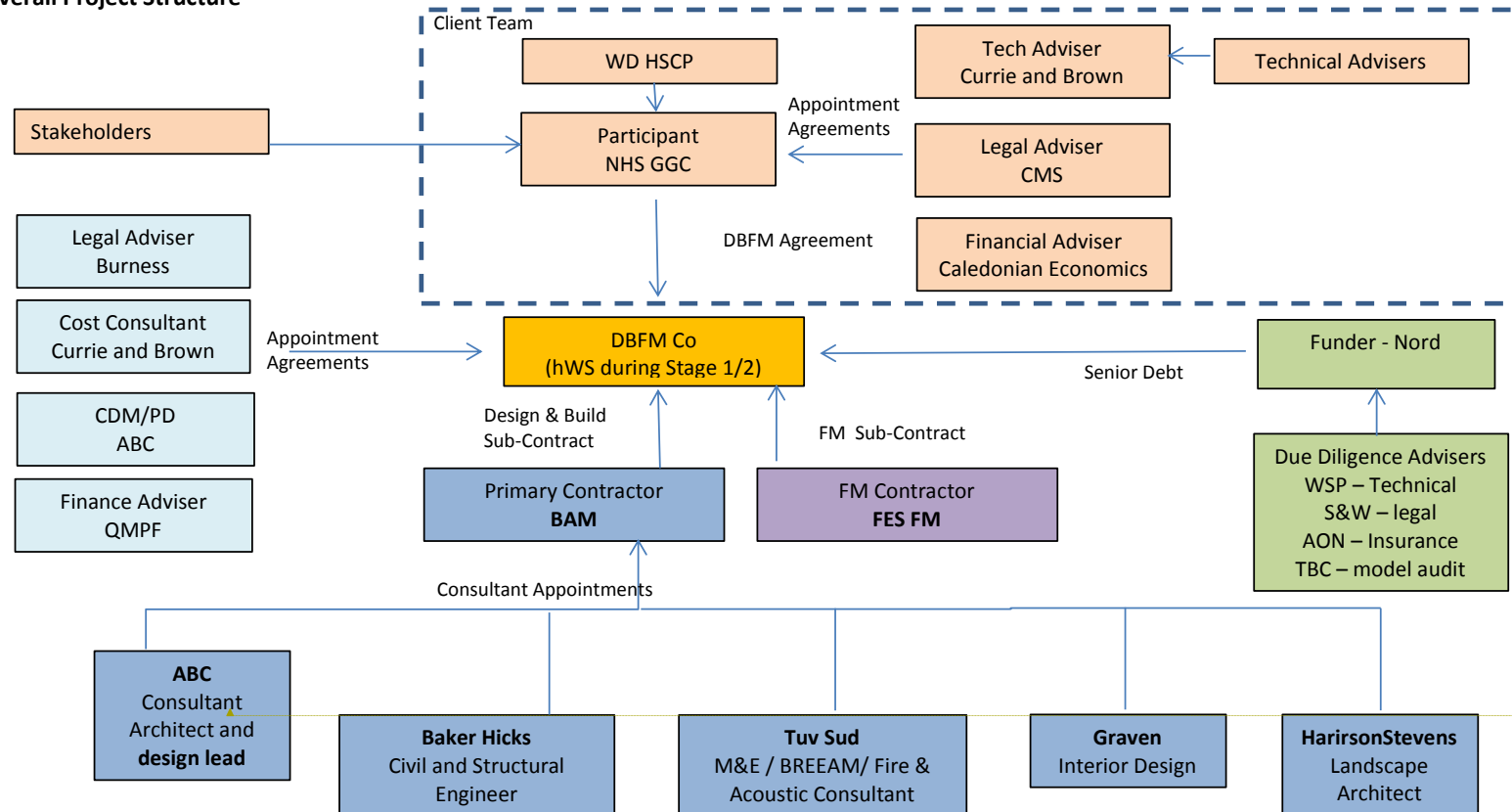
P41 Clydebank Health and Care Centre - Project Execution Plan

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

P41 Clydebank Health and Care Centre - Project Execution Plan

3.0 Project Organisation

3.1 Overall Project Structure



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P41 Clydebank Health and Care Centre - Project Execution Plan

3.2 Key Roles and Responsibilities

Participant – NHS GGC

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

hWS

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

Design and Build Contractor (“D&B Contractor”)

Responsible for undertaking the detailed design and construction of the project in accordance with the Participants requirements, regulatory requirements and Contractors Proposals.

Architect

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

FM Contractor

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

3.3 Project Directory

A project directory is included in Appendix 2.

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4.0 Meetings and Project Reporting

4.1 Meeting Strategy during development Stage (pre financial close)

Meetings can be an effective medium for ensuring that the team understand the project, their role and are performing in line to meet them for the project. The purpose, frequency, attendance, management and output of each meeting must be clearly and effectively defined and managed.

The following meetings will be held:

Project Board Meetings

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

Mini Masterplan Forum

Purpose of meeting	Coordination of NHS Health Centre, WDC Care Home and CRL Masterplan activities
Frequency	2-4 weekly
Agenda, chair, minute	WDC
Attendance	NHS GGC hWS PDM WDC Design Consultants (as required by hWS)

NHS GGC / hWS Programme Delivery Meetings

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

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Progress Review Meetings

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

Commercial Review Meetings

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

Technical Workshops

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

P41 Clydebank Health and Care Centre - Project Execution Plan

Other meetings: it is not proposed that the above structure precludes ad hoc or additional meetings. As and when these are required each team member must take responsibility for calling the meeting, advising the necessary attendees including in all instances the PDM who will be given the opportunity to attend but must, in all cases be copied in on minutes, notes or resulting correspondence.

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

5.0 Risk Management

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

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

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

6.0 Management of information

6.1 Lines of Communication

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

The following communication structure is applicable to this project:

P41 Clydebank Health and Care Centre - Project Execution Plan

Development Stage (Stage 2) Communication Structure

receiver issuer	Stakeholders	WDC HSCP	NHS GGC	NHS Advisers	hWS	Contractor - BAM	FM CO - FES	Funder	Funders Due Diligence Advisers	Designers	Cost Consultant
Stakeholders		I	I		F	F					
WDC HSCP	C		I		C					F	
NHS GGC	C	C		I	I	C	C	F	F	F	F
NHS Advisers			C		C	C	C			C	C
hWS		C	C	F		I	I	C	C	I	I
Contractor - BAM			C	F	C		C	F	F	I (design dev)	C
FM Co - FES			C	F	C	C		F	F	F	F
Funder			F	F	I	C	C		I		
Funders Due Diligence Advisers			C	C	C	C	C			C	C
Designers	C	C	C	F	C	C	C		F		C
Cost Consultant			C	F	C	C	F		F	C	

I = Instruction

C - Consult

F = InForm

P41 Clydebank Health and Care Centre - Project Execution Plan

6.2 Design Responsibility Matrix

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

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

6.3 Document Management

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

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

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

7.0 Building Information Modelling

The project is to be managed and delivered to BIM Level 2 in line with the agreed EIRs and BIM Execution Plan. The Participant Employers Information Requirements (EIRs) should be referred to for project specific requirements.

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

A copy of the project BEP can be found in Appendix 4.

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8.0 Programme Control

8.1 Development Stage (pre financial close)

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

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

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

The following table summarises the key project milestones:

Milestone	Date
NPR Approval	May 2016
Commencement of Stage 1	10 May 2016
Stage 1 Submission	28 April 2017
Stage 1 Approval	13 July 2017
Commencement of Stage 2	18 September 2017
Planning Submission	February 2018
Stage 2 Design Sign off	July 2018
Stage 2 Contractor Fixed Price Submission	13 August 2018
Stage 2 Submission	24 August 2018
Stage 2 Approval	October 2018
Financial Close	November 2018 (subject to masterplan dependencies)

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9.0 Cost Control

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

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

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

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

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

10.0 Change control

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

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

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

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

11.0 Health and Safety

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

The client has a legal responsibility under the CDM Regulations to ensure that "work carried out for them is conducted with proper regard to the health and safety of workers and others" and must "select competent people, provide relevant information and ensure that there are adequate resources, including time, for each stage of the work."

Clients must make sure that:

P41 Clydebank Health and Care Centre - Project Execution Plan

1. Designers and contractors and other team members that they propose to engage are competent, are adequately resources and appointed early enough for the work they have to do;
2. They allow sufficient time for each stage of the project, from concept onwards;
3. They co-operate with others concerned in the project as is necessary to allow other duty holders to comply with their duties;
4. They co-ordinate their work with others involved with the project to be able to comply with their duties;
5. There are reasonable management arrangements in place throughout the project to ensure the that the construction work can be carried out ,so far as is reasonably practicable, safely and without risk to health;
6. Contractors have made arrangements for the suitable welfare facilities to be provided from the start and throughout the construction phase;
7. Any fixed workplaces which are to be constructed will comply, in respect of their design and the materials used, with any requirements of the Workplace, Safety and Welfare regulations 1992;
8. All relevant information likely to be needed by designers, contractors or others to plan and execute the works safely is passed onto them in order to comply with the regulations.

The Construction (Design and Management) Coordinator (CDMC) should assist the client with the development of the management arrangements.

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

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

The design team will:

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

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2. Make sure that design work doesn't start without a competent Principal Designer being appointed;
3. Check clients are aware of their duties;
4. When carrying out design work, avoid foreseeable risks to those involved in construction and future use of the structure, and in doing so they should eliminate hazards and reduce risks associated with the design;
5. Co-ordinate their work with other designers;
6. Take into account how the structure can be built safely;
7. Consider how cleaning and maintenance can be achieved safely;
8. Consider how the construction can be affected by such work for example customers, and or the general public;
9. Consider the welfare of the users of the building.

The main contractor will take over and develop the health and safety plan and co-ordinate the activities of all contractors so that they comply with health and safety law. The principal contractor's key duties are to:

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

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Schedule of Appendices

- Appendix 1** **Participant Project Brief** (refer to latest version of Authority Construction Requirements on ViewPoint/4Ps)
- Appendix 2** **Project Directory**
- Appendix 3** **Design Responsibility Matrix**
- Appendix 4** **Project BIM Execution Plan**
- Appendix 5** **Overall Programme**
- Appendix 6** **Change Control template**

Appendix 14 – Communication Plan

Appendix 12

Communication Plan

Activity	Date	Target	Lead	Detail	Status
2016					
River to Recovery – Clydebank After Industry. Book of Stories	To be added		Ruth Olden Commissioned By WD HSCP	Interviews with local people of Clydebank	Complete
March 2017					
Jobs & Career Fair Clydebank Leisure Centre	22/3/17	45 people directly	Lindsey McNaughtan Hub West Lauren McLaughlin HSCP	Information stand	Complete
November 2017					
Clydebank Disability Group Event Clydebank Town Hall	28/11/17	Community	George Murphy HSCP Lauren McLaughlin HSCP	Information Stand with CHCC drawings	Complete

March 2018					
Travel Plans	26/03/18	Community	Liz Kerr/Lauren McLaughlin	Questionnaires for staff. Hardcopy and electronic to look at current and proposed travel arrangements	Completed
May 2018					
Local display for staff and patients. Kilbowie Road foyer, Clydebank Health Centre.	28/05/18	Community	Liz Kerr/Katie Morgan	Display of artist's impression of outside of new Health Centre along with detailed drawings of the floors	Ongoing. Will be updated as additional detail is added.
June 2018					
Travel Plans	03/06/18	Community	Liz Kerr/Lauren McLaughlin	Questionnaires for patients. Hardcopy and electronic to look at current and proposed travel arrangements	Completed

July 2018					
New Health Centre Newsletter	24/07/18	Community	Liz Kerr	First issue of electronic newsletter becomes available. Paper copy issued 13/08/18	Ongoing. Further issues to coincide with milestones in building.

Appendix 15 – Stage 2 HAI Scribe

Clydebank Health & Care Centre

SHFN 30: Stage 2 Hai-Scribe Questionsets and checklists

Revision -

20th July 2018

Introduction

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

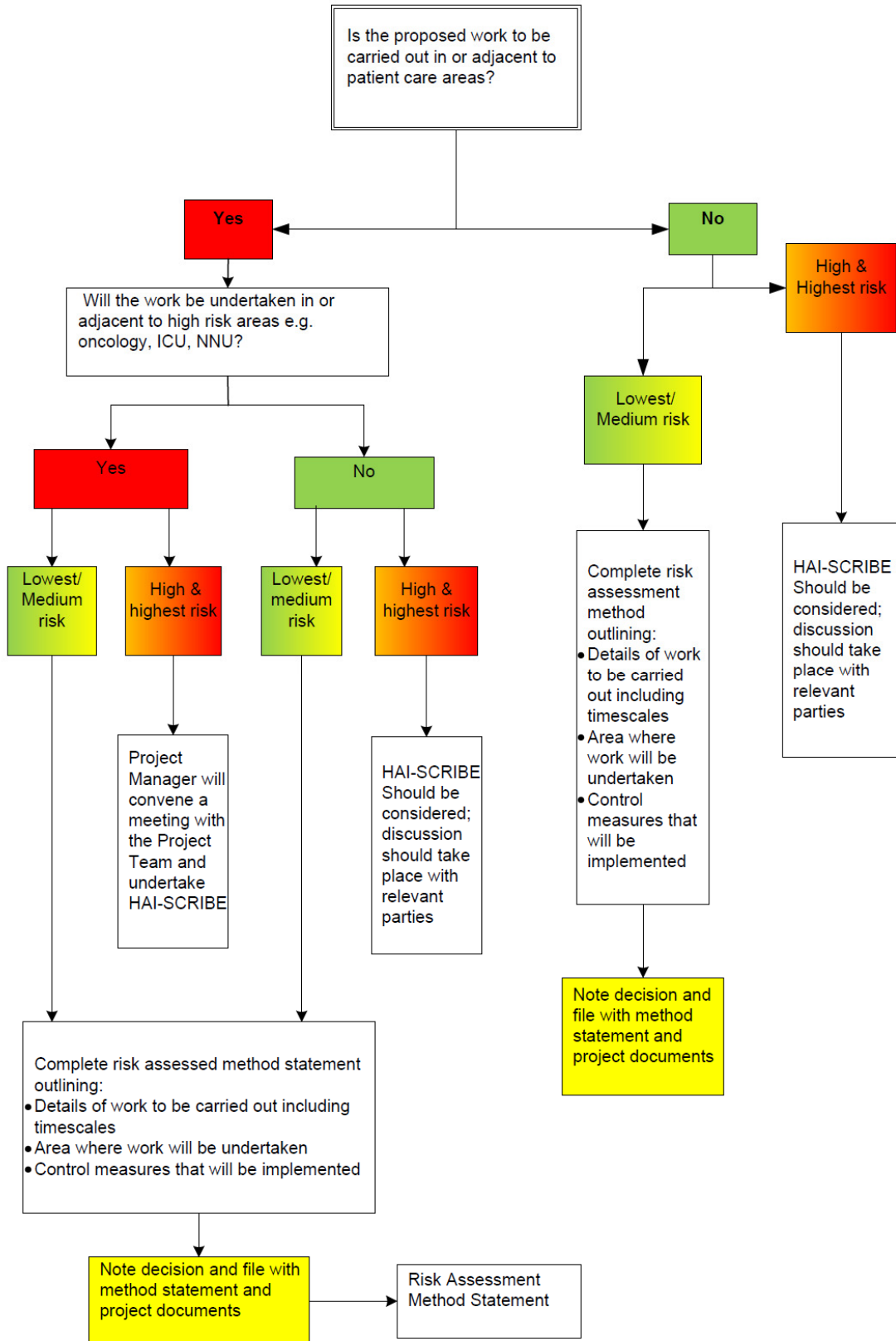
- **Part A:** Manual: Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams.
- **Part B:** HAI-SCRIBE Implementation Strategy and Assessment Process.

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	<p>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.</p>
Type 2	<p>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.</p>
Type 3	<p>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.</p>
Type 4	<p>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.</p>

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	<ol style="list-style-type: none"> 1. Office areas; 2. Unoccupied wards; 3. Public areas/Reception; 4. Custodial facilities; 5. Mental Health facilities.
Group 2 Medium risk	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. A & E (Accident and Emergency); 2. Medical wards; 3. Surgical wards (including Day Surgery) and Surgical outpatients; 4. Obstetric wards and neonatal nurseries; 5. Paediatrics; 6. Acute and long-stay care of the elderly; 7. Patient investigation areas, including; <ul style="list-style-type: none"> • Cardiac catheterisation; • Invasive radiology; • Nuclear medicine; • Endoscopy. <p>Also (indirect risk)</p> <ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Any area caring for immuno-compromised patients*, including; <ul style="list-style-type: none"> • 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; <p>Also (indirect risk)</p> <ol style="list-style-type: none"> 4. CSSUs (Central Sterile Supply Units).

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

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

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

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	<ul style="list-style-type: none"> Execute work by methods to minimise raising dust from construction operations; Immediately replace any ceiling tiles displaced during inspection. 	<ul style="list-style-type: none"> Clean areas by damp dusting with neutral detergent in warm water; Vacuum floor and damp mop. 	<p>Request via domestic supervisor.</p> <p>Request via domestic supervisor.</p>
Class II	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<p>Request via domestic supervisor.</p> <p>Estates staff.</p> <p>Request via domestic supervisor.</p> <p>Estates staff.</p>
Class III	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<p>Request by Estates Dept.</p> <p>Contractor/Estates Staff.</p> <p>Request via domestic supervisor.</p> <p>Request via domestic supervisor.</p> <p>Contractor/Estates Staff.</p>

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

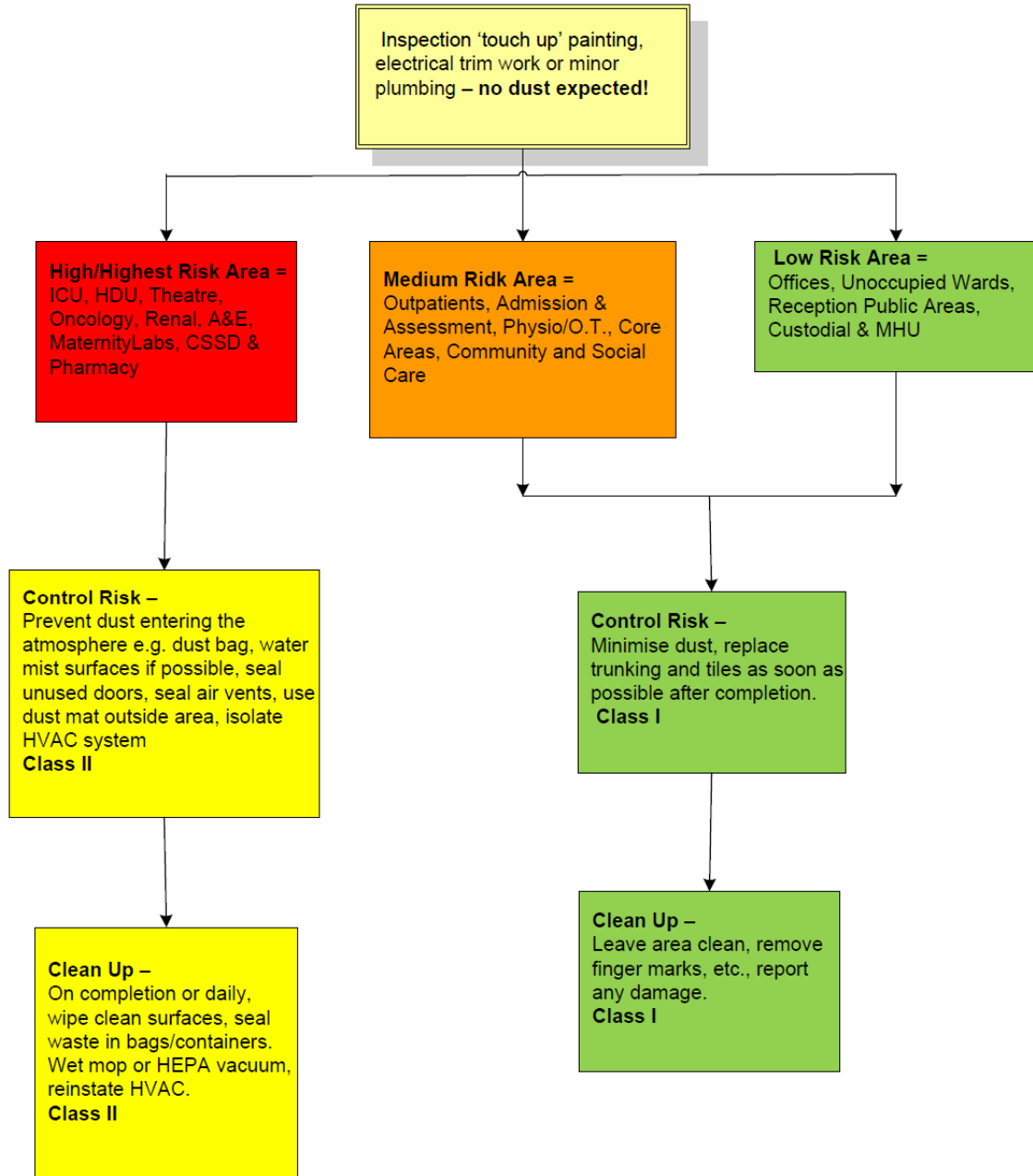
	During Construction Work	After Construction Work	By
Class IV	<ul style="list-style-type: none"> Isolate HVAC system in area where work is being done to prevent contamination of duct system; Complete all critical barriers eg plasterboard, plywood, plastic to seal area from non work area or implement control 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. 	<ul style="list-style-type: none"> 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. 	<p>Contractor.</p> <p>Contractor.</p> <p>Contractor.</p> <p>Request via domestic supervisor.</p> <p>Request via domestic supervisor.</p> <p>Contractor/Estates Staff.</p>

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.

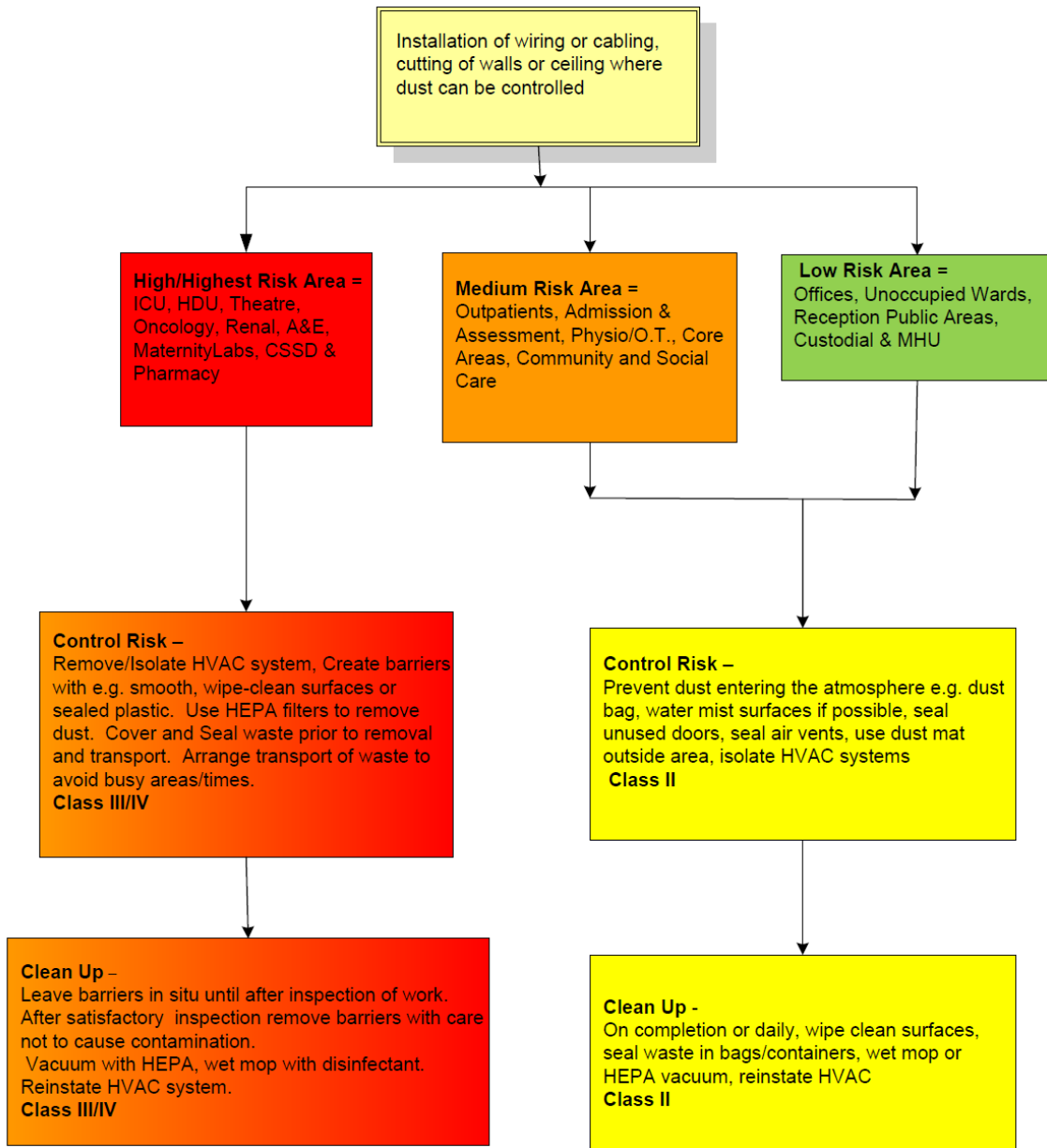
Appendix 4 (Not applicable to this project)

Minor Works and Small Repairs



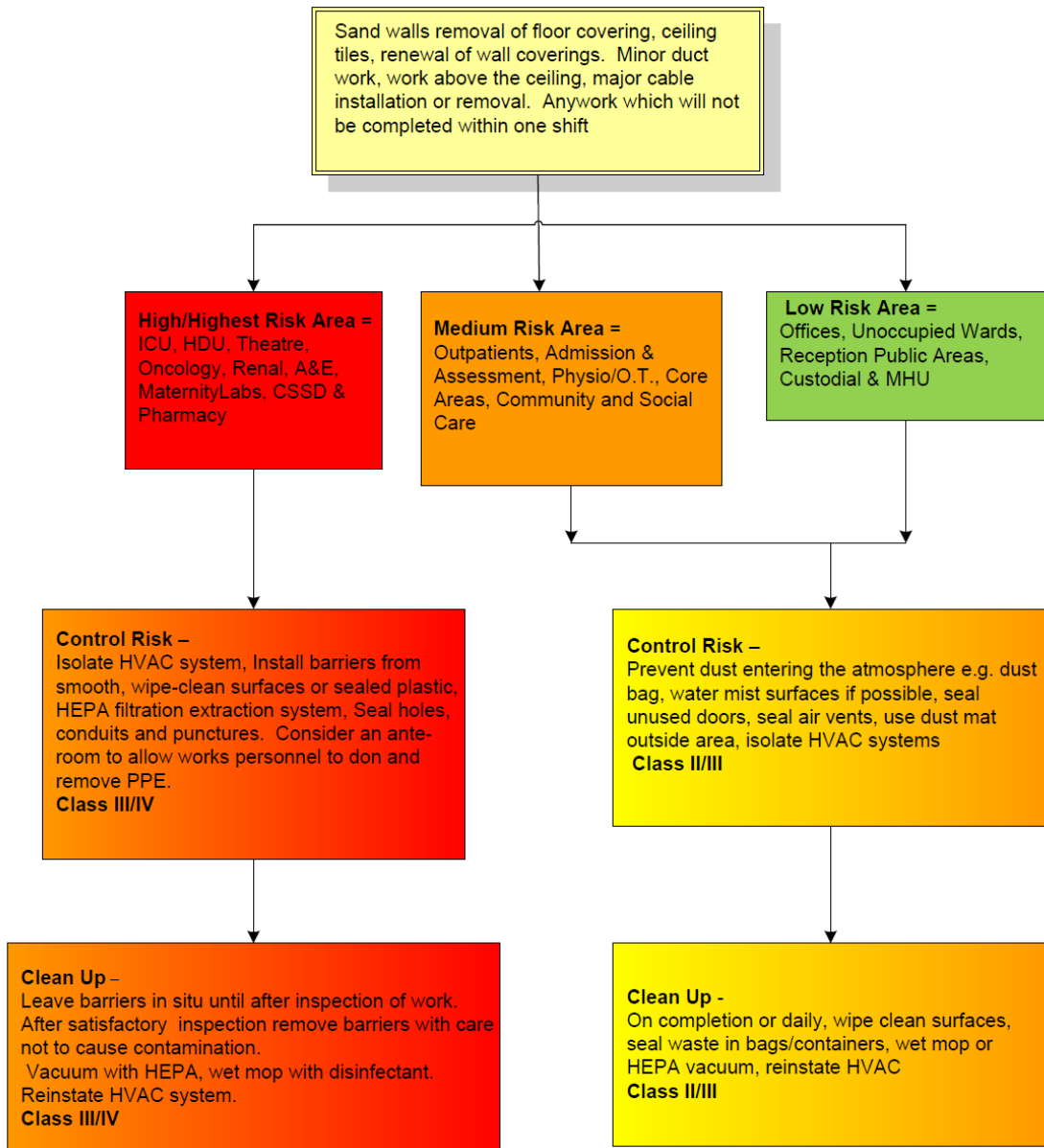
Appendix 5 (Not applicable to this project)

Small Scale Work



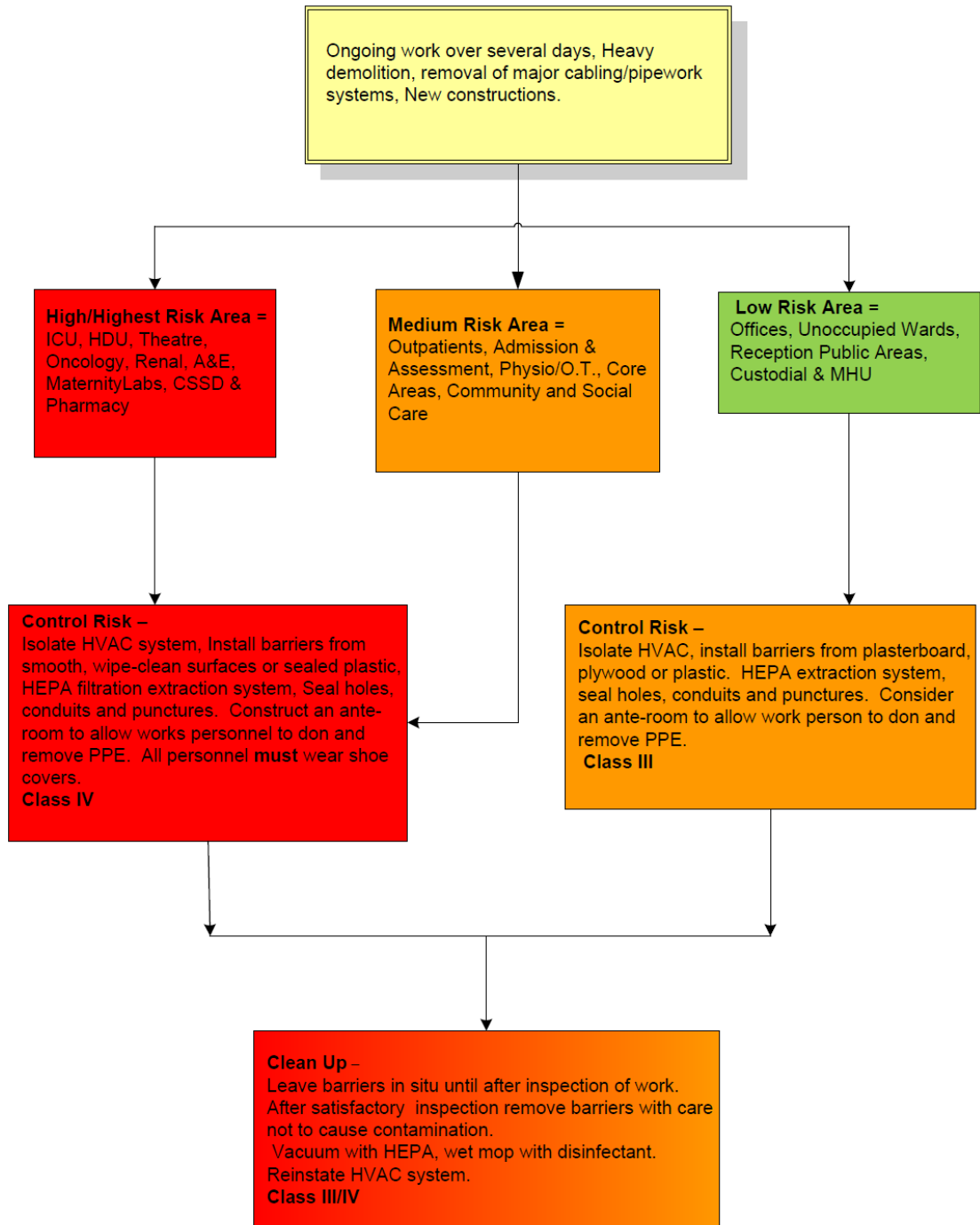
Appendix 6 (Not applicable to this project)

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
<p>Stage 1:</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 • Speech & Language service • Specialist Childrens Service • Kilbowie Road services <p>The new health centre relocates services across a number of sites, these being Clydebank Health Centre, Hardgate Clinic and Kilbowie Road.</p>		

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	<p>Actions to be addressed</p> <p>Remediation process for site currently being developed. All issues require to be addressed as part of the Planning approval process.</p>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		

Development Stage 1: Initial Brief and proposed site for development: Checklist to ensure all aspects have been addressed (continued)		
1.5	<p>Are there construction/demolition works programmed in the neighbourhood which may present a risk of pollution or infection (including fungal infection)?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>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.</p>		
1.6	<p>Are there cooling towers in the neighbourhood which may present a risk of <i>Legionella</i> infection? Consider also air handling units, water pipes etc.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>To be confirmed by TUV SUD. <i>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.</i></p>		
1.7	<p>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 <i>Legionella</i>?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p>		
1.9	<p>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</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p>		

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 <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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	
<i>'Healthcare Associated Infection System for Controlling Risk in the Built Environment' 'HAI-SCRIBE' Implementation Strategy: Scottish Health Facilities Note (SHFN) 30: Part B</i>				
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 0211	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 completed 20th July 2018 for FBC submission

Design and Planning Stage

Project particulars and checklists for Development Stage 2

Development stage 2 : Design and planning HAI-SCRIBE Sign-off	
HAI-SCRIBE Name of Project	Clydebank Health & Care Centre
Name of Establishment	Greenock Health & Care Centre National allocated number
HAI-SCRIBE Review Team	Alison Edwardson - NHSGGC Infection Control Team Ian Docherty – NHSGGC Capital Planning John Stevenson – NHSGGC Capital Planning
HAI – SCRIBE Sign Off	
Completed by (Print name) Ian Docherty	Date 28/08/2018
Signature(s)	Date various
<u>Stage 2 - General Notes relative to assessment</u>	
<p>The Clydebank Health & Care Centre is a continuation of a building type developed for Greater Glasgow & Clyde over the recent years. This has been the basis of the following facilities:</p> <p>Eastwood H&CC Maryhill H&CC Vale of Leven H&CC Barrhead H&CC Renfrew H&CC</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 • Speech & 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.

The Building is a 5,725m² new build facility located on a self contained site. Whilst there is a proposed elderly care home planned in the health quarter in an adjacent site, there will be no direct adjacencies with other operational health care facilities during the construction phase.

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

Key considerations:-

- This health centre has no in-bed accommodation.
- This site was the former John Brown`s Ship Yard. All demolition works were carried out prior to the site transferring to GG&C.
- This build procurement is by way of DBFM contract. Due to the nature of the site and the contract there is no GG&C management responsibility until after building handover.
- All adjacent developments will be new build facilities.

In Advance of this Stage 2 HAI Scribe meeting. The following HAI-scribe Review meetings took place. Comments captured and fed back to Design Team Service Teams.

- Stage 1 review completed 29th March 2017 for OBC submission
- Infection Control/ Facilities/ HSCP – Review of floor plans and adjacencies for toilets, DSR`s waste holds etc on 24th October 2017. Comments captured and fed back to design team/service teams.

Facilities/ HSCP/Infection Control – Further review of room layouts due in the coming weeks.

All sanitary fittings are subject to review as part of the contracts' Reviewable Design Data' (RDD). A further meeting with Infection Control will be called to complete this process. It is anticipated that the sanitary fittings will be similar to those selected for Eastwood, the specification for which was successfully signed off by infection control in 2015.

Additional notes

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**

Development Stage 2: Design and Planning Checklist to ensure all aspects have been addressed		
2.a	Brief description of the work being undertaken.	Read General Notes as Page 20 - 21.
2.b	Identify any potential hazards associated with this work.	Any Hazards are general construction hazards which are all the responsibility of the DBFM Contractor. Due to the nature of the building and site, there are no HAI Scribe hazards.
2.c	Identify any risk associated with the hazards identified above	Not Applicable (see note 2b)
2.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Not Applicable (see note 2b)
	Control Measures	
2.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken	Not Applicable (see note 2b)
	Potential Problems	Not Applicable (see note 2b)
	Control Measures	Not Applicable (see note 2b)
2.f	Actions to be addressed	Not Applicable (see note 2b)
By		Deadline

Development Stage 2: Design and Planning General overview		
2.1	In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Comments Infection Control and Facilities – Review of dirty/clean areas 20 th October 2017. Comments captured and fed back to Service Team and Design Team by way of meeting note.		

<p>Podiatry - Currently, contaminated instruments are collected in sharps disposal boxes at point of use in each surgery. When these boxes reach their capacity they will be removed to the dirty utility and are uplifted weekly by the waste management contractor.</p>		
2.2	<p>Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Noted there are no patient food preparation areas.</p> <p>Staff Facilities Kitchen Top Floor - Noted that separate hand wash basin is provided in Staff Facilities Kitchen to meet Infection Control requirements. Infection Control have indicated that they have no jurisdiction over these areas as these are non clinical areas</p>		
2.3	<p>Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations?</p> <p>Consider: Local and central storage</p> <p>Systems for handling and compaction of waste Systems for segregation and security of waste (especially waste generated from healthcare requiring specialist treatment / disposal) to avoid mixing with other waste and recycles.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Infection Control and Facilities – Review of dirty/clean areas 20th October 2017. Comments captured and fed back to Service Team and Design Team by way of meeting note.</p> <p>Waste management systems captured and agreed with Facilities in BREEAM Letter.</p> <p>Clinical waste holds are located within the building.</p> <p>There is no waste compaction.</p>		

Development Stage 2: Design and Planning General overview (continued)		
2.4	<p>Are there satisfactory arrangements for effective management of laundry facilities?</p> <p>Consider:</p> <p>Local and central storage</p> <p>Systems for movement of laundry to central storage</p> <p>Systems for handling laundry</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p> <p>There are no laundry management requirements other than privacy curtains. These are on a 6 month rota. Spares are held within general HSCP storage? HSCP confirmed they are laundered when changed and that they are fabric.</p>		
2.5	<p>Are there sufficient facilities and space for the cleaning and storage of equipment used by hotel services staff?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Infection Control and Facilities – Review of dirty/clean areas 20th October 2017. Comments captured and fed back to Service Team and Design Team by way of meeting note. DSR is standard room layout. Dirty Utility is standard layout.</p>		
2.6	<p>Are staff changing and showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Staff Shower facilities are located on the 2nd Floor. These can be accessed of the staff corridor and are nearby the staff lift.</p>		
2.7	<p>Is the space around beds for inpatients, day case and recovery spaces in accordance with current relevant NHSScotland guidance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p>		

Development Stage 2: Design and Planning General overview (continued)		
2.8	Are there sufficient single rooms to accommodate patients known to be an infection or potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.9	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The Clydebank Health & Care Centre is a continuation of a building type developed for Greater Glasgow & Clyde over the recent years. All these facilities follow the same principles around finishes and all have been previously considered and approved by Infection Control and Hotel Services.:</p> <p>Infection Control and Facilities – Review of general finishes 20th October 2017. Comments captured and fed back to Service Team and Design Team by way of meeting note.</p> <p>In accordance with the Contract, a further review of specific finishes and details takes place as part of the Reviewable Design Data exercise. Infection Control and Hotel Services will form part of the group undertaking this detailed review.</p>		
2.10	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There are no soft furnishings in clinical areas. Privacy curtains within consultation rooms may be fabric. HSCP confirmed that these would be on a 6 month change rota with spares held within general storage for emergency replacement.</p>		
2.11 P	Is the bathroom / shower / toilet accommodation sufficient and conveniently accessible, with toilet facilities no more than 12m from the bed area?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The reference to beds is not applicable.</p> <p>Toilet provision within the facility is dictated by the Building Control process. However, Infection Control and Facilities – Review of general facilities locations 20th October 2017. Comments captured and fed back to Service Team and Design Team by way of meeting note.</p>		
2.12 D	Are the bathroom/shower/toilet facilities easy to clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Refer to comment on 2.9.</p>		
2.13	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		

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

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

Development Stage 2: Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers (continued)		
2.20	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
2.21 D	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments The hand wash basins are mounted on laminate faced panels and are therefore impervious and wipeable.		
2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
Provision of facilities for Decontamination LDU		
2.25 D	Are separate, appropriately sized sinks provided locally, where required, for decontamination? (The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		

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

Infection Control confirmed that physiotherapy equipment can generally be cleaned with proprietary wipes.		
2.27 P	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Confirmed that used commodes etc are returned directly to 'Equip U' rather than taken into the health Centre. HSCP confirmed that normally used equipment is returned directly to ICIL, however there are occasions when nurses return equipment to ICIL via the health centre.</p>		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p>		
Storage		
2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Reference to storage for patient clothes and possessions is not applicable.</p> <p>Area and nature of storage for Services developed through accommodation schedule and signed off layout drawings in tandem with service. Much of the clinical storage is by way of Medistore units which are widely used in the Acute Hospital sector and are favoured by Infection Control.</p>		
2.30 P	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Dirty and Clean store for Community Dental.</p> <p>Separate Clinical Wastes allowed for within building.</p>		

Development Stage 2: Design and Planning: Engineering services (Ventilation)		
2.31 P	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The heating system is a combination of under floor heaters and radiant panels in ceilings. People cannot come into direct contact with the panels. Therefore, the requirement for low</p>		

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

Development Stage 2: Design and Planning: Engineering services (Ventilation) (continued)		
2.37	Is the ventilation of theatres and isolation rooms in accordance with current guidance?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.38	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.39	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments There are no safety cabinets provided for any dangerous pathogens on this project and no isolation suites.		
Engineering services (Lighting)		
2.41 D	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Light fittings in clinical areas are sealed units. In accordance with the contract, a review of the light fitting specifications takes place as part of the Reviewable Design Data exercise. It is anticipated that these fittings will be similar in style to those approved by Infection Control for Eastwood H&CC.		
Engineering services (Water services)		
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments The water distribution system has been developed by the Services Engineers by way of consultation and review by Health Facilities Scotland Technical Team and GG&C Estates Department. The design of the system is generally in accordance with industry guidance. Chiller units included.		

Development Stage 2: Design and Planning: Engineering services (Water Services) (continued)		
2.43	Are facilities available to enable special interventions for <i>Legionella</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There are no disinfection injection points included in the proposals, however this can be managed in other ways.</p>		
2.44	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The drainage is designed in accordance with the Building Regulations. In addition it is in accordance with the relevant Building Standards and good practice.</p>		
2.45	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There is a 25 year programme of maintenance developed for this building. GG&C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period. The specification and details are reviewed by the FM Team.</p> <p>All services are concealed within ceiling voids, wall constructions, IPS panels or duct risers. The details of these have been reviewed by the appointed Facilities Management Contractor to ensure that they can suitably maintain these services for the 25 years.</p>		
Estates services (Pest control)		
2.46	Is the concealed service ducting designed, installed and maintained to minimise risk of pest infestation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Service risers up through the building and passing through walls are sealed at the junctions.</p>		
Estates services (Maintenance access)		
2.47	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There is a 25 year programme of maintenance developed for this building, GG&C have appointed a Facilities Management Contractor team to manage and undertake this work for the full 25 year period. Their performance is closely monitored with financial penalties if they do not perform within stated time frames for the completion of both planned and reactive maintenance.</p>		

A Bird management plan is also in place.
Development Stage 2: Design and Planning
Additional notes – Stage 2

Development stage 2: HAI-SCRIBE applied to the planning and design stage of the development.				
Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on				
Venue	JB Russell Building, Gartnavel Royal Infirmary.	Date	20 th July 2018	
'Healthcare Associated Infection System for Controlling Risk in the Built Environment' (<i>HAI-SCRIBE</i>) 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
Alison Edwardson		NHS GGC Infection Control	0141 211 3405	Alison.Edwardson@ggc.scot .nhs.uk
Ian Docherty		NHS GGC Capital Planning Dept.	0141 232 2003	Ian.Docherty@ggc.scot .nhs.uk
Comments reviewed post HaiScribe meeting				
Liz Kerr		West Dun HSCP	0141 553 5800	Liz.Kerr@ggc.scot .nhs.uk

Construction and refurbishment Stage

Project particulars and checklists for Development Stage 3

Development stage 3: Construction and refurbishment work: Checklist to ensure all aspects have been addressed		
HAI-SCRIBE Name of Project		
Name of Establishment		
National allocated number		
HAI-SCRIBE Review Team		
HAI-SCRIBE Sign Off		
Completed By (Project Manager) (Print Name)		Date
Signature		Date
Stage 3		
Additional Notes		
<p>*Immuno-compromised patients who are identified as high-risk patients have the greatest risk of infection caused by airborne or waterborne micro-organisms. Patients in this subset include persons who are severely neutropenic for prolonged periods of time (ie an absolute neutrophil count [ANC] of ≤ 500 cells/mL), allogeneic HSCT patients, and those who have received the most intensive chemotherapy (e.g. childhood acute myelogenous leukaemia patients).</p> <p>Immuno-suppressive conditions identified as risk factors for construction-related nosocomial fungal infections include graft-versus-host disease requiring treatment; prolonged neutropenia or granulocytopenia because of cytotoxic chemotherapy; prolonged use of antibiotics; and steroid therapy. Other risk factors for the development of aspergillosis include dialysis and mechanical ventilation, smoking and patient age, the very young and very old being at greater risk Grauhan and colleagues reported that the risk of a fungal infection increases in patients who exhibit three or more risk factors ($p < 0.001$). CCDR (2001)</p>		

<p style="text-align: center;">Development stage 3: HAI-SCRIBE applied to Construction and refurbishment work Prior to the commencement of work</p>		
3.1.1	Brief description of the work being carried out.	
3.1.2	Using the matrix above establish the type and extent of construction and refurbishment /repair work, patients at risk and level of control measures.	
	Type of work	
	Patient risk group	
	Risk class	
3.1.3	Identify any potential hazards associated with this work.	
3.1.4	Identify any risk associated with the hazards identified above.	
3.1.5	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.	
	Control measures	
3.1.6	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	
3.1.7	Actions to be addressed	
	By	Deadline

Development stage 3: In terms of infection risk confirmation that the following been addressed		
3.2.1	The population groups most susceptible to infection. Items to be considered: Adjacent rooms, wards and departments Relocation of susceptible patients Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
3.2.2	The hours of operation of the construction work and the impact of this on the clinical area. Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
3.2.3	Separation of construction and healthcare activities including delivery and supply routes, removal of waste and patient transfers. Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
3.2.4	The construction of temporary barriers and/or sealing of doors and windows to minimise contamination of the environment by dust and potentially infectious particles created during the construction works. Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		

Development stage 3: In terms of infection risk confirmation that the following been addressed (continued)		
3.2.5	Airflow patterns including: Internal and external ventilation systems Exhaust ventilation Sealing of doors and windows Oxygen and Suction points Air handlers, coils, fans and grilles Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
3.2.6	Work with sinks or plumbing which could give rise to aerosol water droplets in high risk areas. Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		
3.2.7	Impact on stock storage areas including: Sterile and non-sterile items Patient care equipment Medications Medical records and documentation Linen and waste facilities including sharps Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		

Development stage 3: During the construction phase have the following been addressed?		
3.3.1	<p>Where external work is being carried out:</p> <p>Prevention of insect and rodent entry and prevention of weather/water entry to internal areas during the construction phase.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
Comments		
3.3.2	<p>Cleaning of site and adjacent areas both during the construction phase and prior to handover.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
Comments		
3.3.3	<p>Enforcement of control and reporting system to ensure compliance with above issues.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
Comments		
Additional notes - Stage 3		

Pre-handover check, ongoing maintenance & feedback Stage:

Development stage 4 – Review of completed project		
HAI-SCRIBE Name of Project		
Name of Establishment		National allocated number
HAI-SCRIBE Review Team		
HAI – SCRIBE Sign Off		
Completed by (Print name)	Date	
Signature(s)	Date	
Stage 4		
Additional notes		

Development Stage 4

Development Stage 4: Pre-handover check, ongoing maintenance and feed-back: General overview		
4.1	Is the space around beds in accordance with current NHSScotland guidance?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.2	Are there sufficient single rooms to accommodate patients known to be an infection of potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.3	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.4	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.5	Is the bathroom / shower / toilet accommodation sufficient and conveniently accessible, with toilet facilities no more than 12m from the bed area?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.6	Are the bathroom/shower/toilet facilities easy to clean?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.7	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers		
4.8	Does each single room have a clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser over and above the hand-wash basin in the en-suite facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.9	Do intensive care and high dependency units have sufficient clinical hand wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene? An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.10	Is there provision of clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, acute, elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.11	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Development Stage 4: Pre-handover check, ongoing maintenance and feed-back: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers (continued)		
4.12	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.13	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.14	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.15	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.16	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.17	Does each hand-wash basin have a waterproof splash back surface?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.18	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Provision of facilities for Decontamination		
4.19	Are separate, appropriately sized sinks provided locally, where required, for decontamination? <i>(The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.20	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.21	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.22	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Storage		
4.23	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Development Stage 4: Pre-handover check, ongoing maintenance and feed-back: Storage (continued)		
4.24	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Engineering services (Ventilation)		
4.25	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.26	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.27	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? <i>(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.28	Are the ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.29	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.30	Does the design and operation of re-circulation of air systems take account of dilution of contaminants and the space to be served? <i>(NB: Recirculation would only arise in UCV theatres)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.31	Is the ventilation of theatres and isolation rooms in accordance with current guidance SHTM 03-01, SHPN 04-01 Supplement 1 and the Scottish Hospital Infection Manual)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.32	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.33	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.34	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Development Stage 4: Pre-handover check, ongoing maintenance and feed-back: Engineering services (Lighting)		
4.35	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Engineering services (Vacuum Units)		
4.36	Are vacuum-controlled units with overflow protection devices for mechanical suction used to avoid contaminating the system with aspirated body fluid?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Engineering services (Water services)		
4.37	Are water systems designed, installed and maintained in accordance with current guidance? (SHTM 04-01 series – Water safety)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.38	Are facilities available to enable special interventions for <i>Legionella</i> such as chlorination/chlorine dioxide, copper/silver ionisation treatment of water?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.39	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.40	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Estates services (Pest control)		
4.41	Is the concealed service ducting designed, installed and maintained to minimise risk of pest infestation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Estates services (Maintenance access)		
4.42	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Additional notes - Stage 4		

Appendix 16 – Art & Design Strategy

Art and Design Strategy – Groups Consulted

Clydebank Local History Society	Christine McNeill NHSGGC, Head of Community Health & Care
Clydebank Men's Shed	Anne MacDougall, Chair Clydebank Locality Engagement
Clydebank Senior Citizens Forum Clydebank Shopping Centre (operations manager) Clydebank Synchronised Swimmers	Beverley McCartney, Practice Manager, Orange Wing, Clydebank Health Centre Soma Kapur, Administration Manager, Clydebank Health Centre Katie Morgan, AHP Administrator, Clydebank Health Centre Tracy Cassidy, MSK Physiotherapy Team Lead Phil MacDonald, Integrated Operations Manager, Adult Care and Hospital Discharge Kirsteen MacLennan, Acting Integrated Operations Manager, Adult Care and Hospital Discharge
Clydebank Tai Chi group	Gill Graham, WDC Manager of Libraries and Culture Joe Traynor, WDC Section Head Libraries and culture staff
Clydebank Titans (BMX)	Jackie Maceira, WD Access Panel
Clydebank Walking Group	Jonathan McQuillan, Anderson Bell and Christie
Dalmuir allotment plots	George Murphy, Public Involvement Officer
Dalmuir Library	Y Sort It / Fresh Creations: Samantha MacGregor, Y Sort It Gillian Kirkwood, Y Sort It Stephen Burns, Y Sort It
West Dunbartonshire Access Panel	West Dunbartonshire Community & Volunteering Service. Scottish Canals – litter picks
Team 16, Y Sort It	Faifley Art Group

Clydebank Anglers	Mums and Munchkins group
Clydebank Boat Yard	Dalmuir Plots Association
Clydebank Housing Association	Dalmuir & Mountblow Community Council
Clydebank Locality Groups	Clydebank Life Story Group
West Dunbartonshire Council's Heritage Team	Whitecrook Community Centre and Community Gardens