



The Baird Family Hospital

and

The ANCHOR Centre

Foresterhill Health Campus, Aberdeen

Outline Business Case

APPENDICES

March 2018

Appendix A

Initial Agreement Approval Letter

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

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30 September 2015

Dear Malcolm

NHS GRAMPIAN – BAIRD FAMILY HOSPITAL AND ANCHOR CENTRE – INITIAL AGREEMENT

The above Initial Agreement has been considered by the Health Directorate's Capital Investment Group (CIG) at its meeting of 21 July. Since that date, CIG members have been working with your project team to address the queries that were raised at the meeting. CIG has now recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit an Outline Business Case.

These two projects, together with the other interlinked developments currently planned for the Foresterhill campus, represent a complex and ambitious programme of investment. Given this, I would ask you to liaise closely with CIG members as you move forward with the development of your projects. CIG members will be happy to discuss work in progress and to provide advice and support to your team as they take forward these important projects.

A public version of the final revised Initial Agreement document should be sent to Colin Wilson (Colin.Wilson2@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 £5m, that NHS Boards set up a section of their website dedicated specifically to such projects. The approved Business Cases/contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at www.scim.scot.nhs.uk/Approvals/Pub_BC_C.htm.

I would ask that if any publicity is planned regarding the approval of the Initial Agreement that NHS Grampian liaise with SG Communications colleagues regarding handling.

If you have any queries regarding the above please contact David Browning on 0131 244 2082 or e-mail David.Browning@gov.scot.

Yours sincerely

Paul Gray

Appendix B

Communication and Involvement Framework

NHS Grampian

The Baird Family Hospital and The ANCHOR Centre

Communication and Involvement Framework

1. Introduction

This Framework aims to provide an agreed and transparent approach to informing patients, public and other stakeholders, and involving them in The Baird Family Hospital and The ANCHOR Centre Project. The Framework gives an overview of the project, with more detail available from the Project Team. Involvement Action Plans for each building are developed on a 6-monthly cycle; example plans produced to date are attached in Appendix 1. The action plans are produced, implemented and reviewed by the Communication Project Team (Service Project Managers and Public Involvement Officer).

The Framework has been informed by discussions with the Project Board and the Scottish Health Council by adopting written national guidance, and further developed with views and comments gathered through patient and public involvement to date.

2. Project Aims

The overarching project aim is to build The Baird Family Hospital and The ANCHOR Centre as two new, fit-for-purpose facilities on the Foresterhill Health Campus. These buildings will provide modern clinical accommodation to support the provision of high quality clinical services and create welcoming healthcare environments which will promote positive patient experiences.

The Baird Family Hospital will include all clinical services currently located in the Aberdeen Maternity Hospital (AMH) as well as breast and gynaecology services.

The ANCHOR Centre will provide accommodation for oncology and haematology out-patient and day-patient services, including Aseptic Pharmacy.

3. Project Background

The Baird Family Hospital will fulfil the requirement to replace the existing AMH which was included in the Maternity Strategy approved by the Board of NHS Grampian in 2010. The building is not fit for purpose for modern day clinical service

delivery and limits the ability of the service to redesign in order to better meet the needs of women, neonates and their families. The new hospital will allow enhanced provision for ambulatory care to be the norm, reducing the need for unnecessary hospital stays, as well as providing increased accommodation to support families. The facility will also allow for more appropriate co-location of services to support women e.g. pregnancy loss services to be co-ordinated and appropriately provided by the obstetric or gynaecology service, dependent on the individual needs of the patient. The location of The Baird Family Hospital will allow for physical connections to be made to Aberdeen Royal Infirmary and Royal Aberdeen Children's Hospital which will benefit patients and families who require to access care in these two buildings.

The ANCHOR Centre has been planned for some time and has been developing on a staged basis. The Radiotherapy Centre on the Foresterhill Health Campus, completed in 2013, was the first stage of this development. The new centre will allow accommodation for oncology and haematology out-patient and day-patient services to be co-located, benefitting patients by providing enhanced clinical spaces in the same facility. The inclusion of the Aseptic Pharmacy Suite in the centre will also reduce patient journeys to collect and receive treatments and medications.

A key aim of NHS Grampian is to maintain people in their own homes and communities as far as possible. If treatment and care in hospital is required it should be for the minimum time necessary and in facilities that support effective and efficient clinical care. Both of these new facilities will be planned on this basis e.g. within the context of the whole pathway of care for patients.

The development of The Baird Family Hospital and The ANCHOR Centre will be part of the implementation of the Foresterhill Development Framework which was approved by the Board of NHS Grampian and the Scottish Government in 2008. The Development Framework has already resulted in significant investment in the campus e.g. in new buildings such as the Matthew Hay Building, Aberdeen Dental School and Hospital, the Suttie Centre and the Radiotherapy Centre. It has also led to significant investment in existing buildings including out-patient facilities in the ARI

Rotunda, new operating theatres and the £30m+ investment in in-patient areas in the Phase 2 and East End buildings.

The Baird Family Hospital and The ANCHOR Centre Project will therefore not only replace old buildings and allow for the relocation of services, but will also facilitate the redesign of clinical services to ensure they meet the needs of the local population.

4. Project Management Arrangements and Structure

A copy of the Project Board Membership and Remit is enclosed as Appendix 2. The Project Structure is enclosed as Appendix 3.

5. Past Communication and Involvement Activity

Involving patients and the public is intrinsic to NHS Grampian's approach to strategic planning and service delivery. The Baird Family Hospital and The ANCHOR Centre Project, in this respect, is a natural progression from NHS Grampian's previous activity in public involvement and communication relating to cancer services and maternity services redesign. Work to involve stakeholders in this project has been undertaken since the early stages of project planning and has been a feature of engagement adopted by the Project Team from the start. This is also evident in the dedicated Public Involvement Officer post (0.5WTE) in the Project Team.

The six broad groups of stakeholders that the Project Team have engaged with since December 2014 include:

- patients and the public
- Third Sector organisations (charities and patient support networks)
- NHS Grampian staff
- regional and national planning bodies and clinical networks
- MSPs
- Local Authority representatives

The areas of engagement have included:

- site option appraisal

- clinical workshops
- a naming consultation exercise for both buildings
- internal launch events for NHS Grampian staff
- discussions relating to specialist service provision with the appropriate bodies
- two well-attended public consultations events (23 June and 11 August 2015) as well as an Open Day to share the emerging designs with the public (13 April 2017)
- engagement with Aberdeen City Council Planning Department
- 80+ staff awareness sessions held each quarter across Grampian and the North of Scotland
- project updates to Third Sector organisations
- focus groups with patient groups
- regular drop-in sessions at Foresterhill Health Campus and Dr Gray's in Elgin
- design development meetings with internal stakeholders and the Principal Supply Chain Partner (GRAHAM Construction)

More details on project Stakeholder Involvement to date can be found in Appendix 4.

6. What Are We Consulting On?

It is important to be clear about the main communication messages to patients and the public. These are:

- services will not be stopping/closing
- why services are moving
- where services are moving to and when
- what will be different and why
- what patients and the public can and cannot influence

On this last point, there are aspects of the project relating to the location and range of services offered which are already agreed. The focus in relation to these elements will be about informing patients and the public. There is a considerable service redesign agenda and building design development agenda that will be the focus of stakeholder involvement over the life of the project.

- **The Baird Family Hospital:** this will replace the AMH which is no longer suitable for the provision of modern health services. The plan will be to demolish this building following the commissioning of The Baird Family Hospital. Stakeholder involvement will be required to assist clinical teams in redesigning services to improve patient pathways and allow for more efficient co-location of services. Input from patient representatives will be vital to ensure that redesign is undertaken which keeps benefits to patients as the focus
- **The ANCHOR Centre:** bringing oncology, haematology and radiotherapy out-patient and day-patient services together allows for the delivery of co-ordinated services in a fit-for-purpose environment. Patients will utilise different parts of the service during their patient journey; the ability to access clinical support in the same location will improve the patient experience and reduce the need for patients and families to travel to different parts of the Foresterhill Health Campus. This will therefore create a more patient-focussed model of service delivery
- In addition, three enabling works must be completed before construction on this project can start. These are the re-location and demolition of the Foresterhill Health Centre, the Eye Out-Patient Clinic and the Breast Screening Centre. Consultation and public engagement on these enabling works is being carried out by the respective Project Team.

Other aspects of the project will be about involving and consulting with patients and the public. The issues identified so far where there is scope for people to influence the plans are:

- helping to ensure the environment of care meets the needs of the population, for example influencing the design of the new buildings including patient access, waiting areas, internal and external environment and signage
- redesign of clinical services and patient pathways of care
- fundraising involving public representatives

7. Who Will Be Informed and Involved?

To help identify stakeholders with a concern or an interest in the project, a Stakeholder Analysis Exercise was carried out by the Project Team on behalf of the Project Board (Appendices 5a and 5b). Two separate Stakeholder Analyses were produced due to the different stakeholders, and therefore different engagement

needs, for the two developments. This exercise involved producing a list of stakeholders for both buildings and then prioritising them into categories in terms of their interest and influence. This exercise will allow Project Team resources to be directed appropriately in relation to those who need to be kept informed and others who need to be supported to be fully involved.

In recognition of the fact that people's interest and influence in the project may change over time, the original Stakeholder Analyses have been reviewed regularly (most recently in June 2017).

A Benefit Realisation Plan will be an important part of planning for the project and will lead to specific pieces of clinical service redesign work which will benefit from having public and patient involvement. The details of the associated service redesign agenda will be worked on by the Project Team. This work will benefit from establishing a current patient experience baseline and, subsequently, agreed improvement targets through consultation.

The Project Team will also work with existing structures and networks such as the Public Involvement Network and, in particular, established Third Sector groups associated with the Baird and ANCHOR services.

8. How and When Will People Be Informed and Involved?

As detailed in Section 5 and Appendix 4, public representatives were involved in the site option appraisal, clinical workshops and in the naming process for the two buildings. Third Sector representatives and NHS Grampian staff have also been involved from the early stages of the project. Communication and Involvement Subgroups for both developments, with representation from the Scottish Health Council, were established in November 2015 to ensure that project communication meets Government standards. However, as attendance at these meetings subsequently proved to be variable, an additional approach of attending established Third Sector groups was adopted from March 2016 to ensure a high volume of public input. This approach has proved to be very successful.

A common sense approach to the communication and involvement process is to dovetail activities with the stages of the business planning cycle of the project. This

will allow the involvement process, including decisions about who to involve and how to involve them, to be agreed in a timely manner.

The business planning cycle stages are:

- site option generation (completed in December 2014)
- Initial Agreement (approved September 2015)
- Outline Business Case
- detailed design of building
- Full Business Case
- Financial Close
- construction
- commissioning of buildings

These stages will progress in tandem with service redesign.

The new buildings will facilitate appropriate clinical service redesign to ensure we continue to provide high quality care in the most effective way to meet patient needs.

A redesign structure has been developed by the Project Team.

A number of methods will be used at these stages to inform patients, the public and staff about the project. Many of these suggestions were made by patients and staff.

For example:

- newspaper features
- the NHS Grampian website and intranet, as well as a dedicated project website at www.bairdanchor.org
- noticeboards
- newsletters
- awareness sessions
- dedicated Facebook and Twitter accounts managed according to agreed Project Team Social Media Guidelines and strategy

A number of methods have been and will be used to involve patients, the public and staff. For example:

- representatives on Project Board and Project Groups
- public representation at workshops involved with service redesign
- patient interviews

- patient surveys to establish a baseline for the Benefit Realisation Plans for both buildings, or to inform the physical design and/or service planning

Although the initial stages of consultation have been quite focussed in terms of who has been involved, the next stage of the process will include raising wider public awareness of the proposals. The project has been included when other related NHS Grampian public consultation activities have been undertaken e.g. Foresterhill Health Campus developments such as the Lady Helen Parking Centre and the new Foresterhill Health Centre. The project will continue to be included in related future events. Subsequent action plans will continue to detail this involvement.

9. Following National Guidance

Support from the Corporate Communications Team, including the dedicated Public Involvement Officer in the Project Team, will help to ensure that the project adheres to national consultation guidance. There are points to note in relation to national guidance.

CEL 4 (2010) “Informing, Engaging and Consulting People in Developing Health and Community Care Services” is a key document, issued by the Scottish Government to NHS Boards. This document sets out the relevant legislative and policy frameworks for involving the public in the delivery of services.

Extracts from this guidance include:

- NHS Boards are required to involve people in designing, developing and delivering health care services they provide for them
- Where the Board is considering consulting the public about service development and change, it is responsible for:
 - informing potentially affected people, staff and communities for their proposal and the timetable for:
 - involving them in the development and appraisal of options
 - involving them in a (proportionate) consultation on the agreed options
 - reaching a decision

- providing evidence on the impact of this public involvement on the final agreed service development or change
- The public involvement process should be applied in a realistic, manageable and proportionate way to any service development or change
- Boards should keep the Scottish Health Council informed about proposed service changes so that it can provide Boards with advice and, if necessary, support in involving potentially affected people in the process

The Project Team met with the Scottish Health Council in relation to the Major Service Change assessment and prepared a questionnaire for both developments (Appendices 6a and 6b). The Scottish Health Council representatives agreed in writing to the Project Board with the conclusion that the project does not meet the threshold for Major Service Change as set out in “Guidance on Identifying Major Health Service Change (Scottish Health Council, 2010)”. Further details can be found in Appendices 7a and 7b. An Equality and Diversity Impact Assessment will also be carried out by the project at Outline Business Case stage.

Public involvement in the project will build on NHS Grampian’s commitment to follow national guidance and an established culture of communication with the people it serves, as evidenced in the core organisational values of “Caring, Listening and Improving”. The National Standards for Community Engagement will be followed to ensure good practice in day-to-day aspects of the project (see Appendix 8).

10. Progress Evaluation

Evaluation of any communication and involvement activities needs to examine both the process and the impact of involvement. For example:

Patient/public representatives on Project Board, Project Groups, Communication and Involvement Subgroups and in workshops:

- process – number of representatives, attendance of meetings, support provided
- impact – contribution during discussions and influence on decisions

11. Post-Project Evaluation and Benefits Realisation Plan

The project will undertake a Post-Project Evaluation, the purpose of which is to assess how well the project has met its objectives, including whether the project has been delivered on time, to cost and achieved quality standards.

A comprehensive Benefits Realisation Plan will be included in the Outline Business Case for the project, building on the initial work outlined in the Initial Agreement.

This plan identifies the potential benefits of the project, how they will be measured and how they are evaluated.

List of Appendices

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Appendix 5b	Stakeholder Analysis (The ANCHOR Centre)
Appendix 6a	Major Service Change Questionnaire (The Baird Family Hospital)
Appendix 6b	Major Service Change Questionnaire (The ANCHOR Centre)
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Appendix 7b	Letter from the SHC confirming no major service change (The ANCHOR Centre)
Appendix 8	National Standards for Community Engagement

Appendix C

The ANCHOR Centre Stakeholder Analysis

THE ANCHOR CENTRE - STAKEHOLDER ANALYSIS

SATISFY	Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	
	Integrated Joint Boards – Moray, Aberdeen and Aberdeenshire MSPs Partner Boards – Orkney, Shetland, Highland and Tayside Local Authorities eg Aberdeen City Council Planning Department Capital Investment Group, Scottish Government Health and Social Care Directorate (SGHSCD)	
MANAGE	Key stakeholders who should be fully engaged through full communication and consultation.	
	<p><u>Internal</u></p> ANCHOR staff Clinical Support Services Operational Group Infection Prevention and Control Pharmacy NHSG Board Enabling projects: <ul style="list-style-type: none"> • Inverurie and Foresterhill project • EOPD and BSC Project NHSG Baird and ANCHOR Project Board Asset Management Group	<p><u>External</u></p> Grampian Fire and Rescue Scottish Ambulance Service Press CIG, SGHSCD University of Aberdeen Health Facilities Scotland Architecture + Design Scotland Community Councils Scottish Futures Trust Civil Aviation Authority
INVOLVE	Voices need to be heard e.g. patients. You may need to take pro-active steps by organising them into groups or active consultation work.	
	<p><u>Staff – Direct</u></p> Research educators Nurses Non-clinical staff Admin staff	<p><u>Staff – Indirect</u></p> AHPs Finance Labs Sterile Services Unit

	<p>Medical staff Radiotherapists Pharmacy Psychology Radiology Medical Physics Facilities staff</p>	<p>Transport Overview Group District nurses GPs Chaplaincy Central Stores E-Health BTS Infection Control</p>
	<p><u>Public/Patient Groups</u></p> <p>Youth Forum Patient Action Co-ordination Team Disability and Ethnicity Group Public representatives – including groups and individuals from Orkney and Shetland Local residents Public Involvement Network</p>	<p><u>Committees/Groups/Third Sector</u></p> <p>Patient Focus and Public Involvement Grampian Area Partnership Forum Cancer Managed Clinical Network Clinical Advisory Committees Scottish Health Council Other Health Boards (Orkney, Shetland, Tayside, Highland) HFS – Equipment Service North of Scotland Planning Group North of Scotland Cancer Area Network NHS Education for Scotland Robert Gordon University University of Aberdeen Friends of ANCHOR Grampian Hospitals Art Trust NHSG Endowments First Bus/Stagecoach Teenage Cancer Trust Urological Cancer Charity (UCAN) Grampian Cancer Partnership Group Maggie’s Aberdeen and associated support groups</p>

		People In Need of Kindness (PINK) CLAN Cancer Support Macmillan Cancer Support Myeloma Awareness Group CLIC Sargent Leukemia Care UK
INFORM/	Not crucial to the process but useful to keep informed.	
MONITOR	Education (schools) Public/visitors/patients – Grampian, Northern Isles, Highland and Tayside Local businesses Public sector organisations (eg police)	

Appendix D

The Baird Family Hospital Stakeholder Analysis

	<p>Clinics : Women's Day Clinic, B and E</p> <p>Breast screening</p> <p>Pregnancy counselling service</p> <p>Research educators</p> <p>Neonatal team</p> <p>Midwives/nurses</p> <p>Non-clinical staff</p> <p>Admin staff</p> <p>Prosthetic advisors</p> <p>Specialist nurses and midwives</p> <p>Medical staff</p> <p>Radiology</p> <p>Facilities staff</p> <p>Theatre staff teams (ARI and AMH)</p> <p>Perinatal mental health team</p>	<p>Medical Physics</p> <p>Clinic D</p> <p>Finance</p> <p>Mortuary</p> <p>Labs</p> <p>Sterile Services Unit</p> <p>Transport Overview Group</p> <p>District nurses/community midwives</p> <p>GPs</p> <p>Radiology</p> <p>Central Stores</p> <p>eHealth</p> <p>BTS</p> <p>Theatre User Group</p> <p>Social Work</p>
	<p><u>Public/Patient Group</u></p> <p>Youth Forum</p> <p>Patient Action Co-ordination Team</p> <p>Disability and Ethnicity Group</p> <p>Public representatives – including groups and individuals from Orkney and Shetland</p> <p>Local residents</p> <p>Public Involvement Network</p>	<p><u>Committees/Groups/Third Sector</u></p> <p>Patient Focus and Public Involvement</p> <p>Grampian Area Partnership Forum</p> <p>Clinical/Advisory Committees</p> <p>Senior Staff Committee, Child Health</p> <p>Scottish Health Council</p> <p>Other Health Boards (Orkney, Shetland, Tayside, Highland)</p> <p>HFS – equipment service</p> <p>NSD Breast Screening Service</p> <p>North of Scotland Planning Group</p> <p>Regional Children's Planning Group</p> <p>Neonatal Regional Steering Group</p> <p>NHS Education for Scotland</p> <p>The ARCHIE Foundation</p> <p>Grampian Hospitals Art Trust</p>

		<p>NHSG Endowments First Bus/Stagecoach Maternity Services Liaison Committee National Childbirth Trust Infertility Network UK Friends of Special Nursery Stillbirth and Neonatal Death Society (SANDS) CLAN Cancer Support and associated groups Maggie's Centre and associated groups Friends of ANCHOR Birth Trauma Association UK Maternal Mental Health Scotland</p>
<p>INFORM/ MONITOR</p>	<p>Not crucial to the process but useful to keep informed.</p> <p>Education (schools) Public/visitors/patients – Grampian and Northern Isles, Highland and Tayside Local businesses Public sector organisations (eg police) Robert Gordon University</p>	

Appendix E

Communication and Involvement Action Plan

Communication and Involvement Action Plan

The Baird Family Hospital

October 2017 – March 2018

Actions	Timescale	Lead
Set up a project display at NHS Grampian Annual Review	5 October 2017	AR
Continue to publish a regular newsletter	October 2017, January 2018	AR
Attend The Friends of the Special Nursery World Prematurity Day family event with a project display	18 November 2017	AR
Continue attending the Maternity Services Liaison Committee (MSLC)	23 November 2017, February 2018	GT, AR
Support Theatre Redesign Group with the development of a newsletter and a Communication Action Plan	October - November 2017	GT, AR
Facilitate a stocktake and future vision workshop on communication and engagement approach to date, using the Appreciative Inquiry method	30 November 2017	AR
Continue the second round of staff awareness sessions (80+ sessions planned)	October 2017 – February 2018	GT, AR
Update Grampian Area Partnership Forum (GAPF) and senior partnership group	15 January 2018	AR
Deliver a project update pop-up session at Summerfield House	17 January 2018	GT, AR
Set up project communication boards with relevant details of the finalised programme in appropriate clinical and non-clinical areas	TBC once programme approved 2018	AR

Continue to participate in Campus Development Forum to allow ongoing dialogue between NHS Grampian and University of Aberdeen regarding all site developments over the next five years	Ongoing	JB
Continue engagement with Capital Investment Group (CIG), Health Facilities Scotland (HFS), Architecture + Design Scotland (A+DS) and Scottish Futures Trust (SFT)	Ongoing	JB
Continue to engage with the Integration Joint Boards to keep them up-to-date with project developments	Ongoing	JB, GT, LAB
Continue to involve clinical and other internal staff in the final design of both developments	Ongoing	GT, LAB
Continue to grow and develop NHS Grampian Intranet sites for both buildings. Continue to review and update the public website as agreed	Ongoing	AR
Continue to manage and update project social media pages as agreed	Ongoing	AR
Represent project at wider NHSG events	Ongoing	AR, GT, LAB
Keep a digital archive of all available media items mentioning the project	Ongoing	AR
Continue Facilities Management (FM) engagement on a monthly basis	Ongoing	LAB
Continue to attend the Maggie's Centre groups at least every six months	Ongoing	AR, LAB

The ANCHOR Centre
October 2017 – March 2018

Actions	Timescale	Lead
Set up a project display at NHS Grampian Annual Review	5 October 2017	AR
Continue to publish a regular newsletter	October 2017, January 2018	AR
Meet with Ben Mudge, Macmillan Engagement Lead for North of Scotland, to discuss future possibilities for joint working	10 October 2017	AR
Support Wards 307 and 310 with their patient experience survey. The results of this will be used towards the project's Benefits Realisation Plan	October – November 2017	AR
Continue the second round of staff awareness sessions (80+ sessions planned)	October 2017 – February 2018	LAB, AR
Update GAPF and senior partnership group	15 January 2018	AR
Set up project communication boards with relevant details of the finalised programme in appropriate clinical and non-clinical areas	TBC once programme approved 2018	AR
The ANCHOR Service Project Manager to continue familiarisation of service through various 1-to-1s with clinicians and spending time in clinical areas	Ongoing	LAB
Continue to participate in Campus Development Forum to allow ongoing dialogue between NHS Grampian and University of Aberdeen regarding all site developments over the next five years	Ongoing	JB
Continue engagement with CIG, HFS, A+DS and SFT	Ongoing	JB
Continue to engage with the Integration Joint Boards to keep them up-to-date with project developments	Ongoing	JB, GT, LAB

Continue to involve clinical staff and other internal stakeholders in the final design of both developments	Ongoing	GT, LAB
Continue to grow and develop NHS Grampian Intranet sites for both buildings. Continue to review and update the public website as agreed	Ongoing	AR
Continue to manage and update project social media pages as agreed	Ongoing	AR
Represent project at wider NHSG events	Ongoing	AR, GT, LAB
Keep a digital archive of all available media items mentioning the project	Ongoing	AR
Continue FM engagement on a monthly basis	Ongoing	LAB
Continue to attend the Maggie's Centre groups at least every six months	Ongoing	LAB

Appendix F

Summary of Communication and Involvement to December 2017

The Baird Family Hospital and The ANCHOR Centre Project

Summary of Communication and Involvement

August 2015 – December 2017

1) Introduction

This report summarises the communication and involvement activities relating to The Baird Family Hospital and The ANCHOR Centre Project which took place between August 2015 and December 2017.

Communication activities are carried out by all members of the Project Team, supported by Anna Rist as the Public Involvement Officer dedicated to the project.

Stakeholder Analyses exercises were carried out by the Project Team in August 2015. A Project Communication and Involvement Framework was approved by the Project Board in October 2015. These documents, along with 6-monthly Communication and Involvement Action Plans for each building, have guided the project's communication and engagement activities since 2015.

The Stakeholder Analyses and the Framework were reviewed and updated in June 2016 and June 2017.

2) Information

A range of methods have been used to inform key stakeholders about project developments.

Between August 2015 and October 2017, nine newsletters have been produced and distributed to staff, Third Sector partners, patient groups and members of the public, raising awareness of The Baird Family Hospital and The ANCHOR Centre Project and providing information about these important developments. Paper copies of newsletters have also been made available at all project events.

Project information has also been made available to staff with dedicated intranet pages for both buildings in existence since November 2015.

The project has had a social media presence with dedicated Facebook and Twitter accounts since October 2015. These were the project's main digital platforms while the dedicated public website was under development. This public website was launched in October 2016.

Project flyers (attached), detailing the opportunities for staff, patients and members of the public to get involved, as well as details of the project's social media accounts, have been distributed at project events.



ANCHOR flyer
May2016.docx



Baird flyer May
2016.docx

A project brochure was completed by NHSG Corporate Graphic Design in September 2016 and has been well received by patient groups, staff and senior management. This brochure will be updated with current and final design images as the project develops.



Project Brochure.pdf

Emerging designs for both buildings have been made available to view for staff, patient groups, Third Sector groups and members of the public to view and comment on. Pop-up events have been organised at different locations in Aberdeen Royal Infirmary, Royal Aberdeen Children's Hospital, Aberdeen Maternity Hospital and Summerfield House in September 2016, April 2017 and June 2017. More of these events will be planned for early 2018.

A dedicated all-day event to share the emerging designs and draft elevational drawings with the general public was held at Cummings Park Community Centre on 13 April 2017. Project colleagues from NHS Grampian, GRAHAM Construction and the wider design team were present to discuss the project with attendees.

A permanent project display with information, site plans and designs is set up at the project offices in Rosehill Annexe, Foresterhill Health Campus. Periodically updatable project progress posters for display in clinical and non-clinical areas, as well as by project Third Sector partners, are in development with NHS Grampian Corporate Graphic Design.

3) Public Representatives

Communication and Involvement Groups for both buildings were launched in November 2015. This approach was initially going to be the project's main way of disseminating information to stakeholders and getting their input to inform the emerging plans and designs. However, the attendance from public representatives at these groups varied and it was therefore not felt to be the best way to communicate. The decision was taken to limit the frequency of the formal Communication and Involvement Groups and to more proactively tap into existing Grampian-wide Third Sector groups and meetings instead.

This has proven to be a very successful way to involve and get feedback from a wider demographic and to boost the visibility of the project. The efforts made by the Project Team to proactively engage with stakeholders is also in keeping with the project's engagement ethos.

4) Third Sector Involvement

The Project Team participates in the NHS Grampian Cancer Partnership Group which meets quarterly. Additionally, productive partnerships have been built individually with local and national Third Sector organisations to help achieve the best possible services for patients and their families/carers. These Third Sector partnerships are currently focussed on support with project communication and involvement to help inform the plans for both buildings. More focus is also to be given to fundraising from early 2018 onwards, once a fundraising strategy is in place. Detailed below are examples of Third Sector partnerships and involvement for each facility.

The ANCHOR Centre

- Friends of ANCHOR

The Friends of ANCHOR invited the Project Team to carry out focus groups with models from their 'Courage on the Catwalk' fundraiser held in March 2016, July 2016 and April 2017. Nearly 100 women, both service users and their family members, took part. On all occasions, the focus groups were preceded by a project update. Some of the focus groups concentrated on the physical design of The ANCHOR Centre and how this could be planned from the perspective of patient experience and staffing. Others focussed on the existing service and what currently works/does not work well. All events were successful and the Project Team gained many useful insights. Reports from the 2016 focus groups have also been circulated to the operational management team so that changes can be implemented at present where possible.



COTC alumni focus
group July report FIN



COTC focus group
report FINAL.docx

On 10 July 2016 and 5 March 2017, Project Team members also attended two Men's Vision Breakfasts, again organised by the Friends of ANCHOR. Nine men (current/former patients and family members) attended the July event and 11 men attended the March event. All gave their views about the services and how these could be improved in The ANCHOR Centre.



Men's vision
breakfast 10 July 201

A project display was presented for current and former patients as well as staff at the two-yearly Friends of ANCHOR Appreciation Afternoon on 6 October 2017.

Friends of ANCHOR have also been provided with a supply of project brochures to display.

Friends of ANCHOR will also act as the fundraising lead for The ANCHOR Centre. The Baird and ANCHOR Public Involvement Officer participates in the project's Fundraising Steering Group. Communication and engagement plans for this will be developed in early 2018.

- CLAN Cancer Support

CLAN has supported the Project Team by hosting the launch event for The ANCHOR Centre Communication and Involvement Group in November 2015, as well as the first meeting of the group in January 2016 and advertising the group on their e-Bulletin.

CLAN also invited Professor Mike Greaves, ANCHOR Clinical Lead, to deliver a talk at the 'CLAN Gathering' in February 2016. The ANCHOR Centre Service Project Manager, Louise-Anne Budge, was invited to give a presentation at the CLAN Support Volunteers' monthly meeting in April 2017 and has been requested back for a follow-up talk in early 2018.

CLAN invited the ANCHOR team in September 2016 to hold a focus group with CLAN Haven residents to find out more about the needs of patients travelling to Aberdeen from remote areas, including Moray, Highlands and the Islands. Poignant feedback was received about the need for improved video conferencing facilities to overcome various challenges faced by patients travelling by air, such as the often difficult, long and tiring journeys for a short hospital appointment. Problems with adverse weather can also cause delays and/or cancellations to flight schedules, meaning rescheduling of much-awaited appointments by several weeks. Following the success of the first focus group, the Project Team visited CLAN Haven monthly between December 2016 and April 2017 to continue collecting feedback, especially to support the design development of the 1:200 drawings.

Pop-up engagement sessions at CLAN Community Coffee Mornings across Aberdeenshire are currently in the planning for early 2018.

CLAN have a supply of project brochures to be displayed at CLAN Haven. These were also available to the public at the CLAN Family Fun Day in September 2016.

- Maggie's Centre Aberdeen

Maggie's Centre hosted a Communication and Involvement Group in March 2016, as well as a project update presentation to an audience of various centre user groups in May 2016. Useful feedback regarding, for example, the needs of neutropenic patients who wish to avoid crowds was gathered.

Maggie's also put the Project Team in touch with support groups outwith Aberdeen, such as the Buckie Cancer Link where a project update was delivered in September 2016.

Maggie's has continued to host project updates for their service users and invited the Project Team to present to groups such as the People In Need of Kindness (PINK) breast cancer support group in March 2017 and the Haematology support group in May 2017.

Maggie's have been provided with project brochures to display to clients.

- Teenage Cancer Trust (TCT)

To find out more about young people's cancer care needs, a delegation from The ANCHOR Centre Project Team visited three Teenage Cancer Trust Units in December 2015 and April 2016. These scoping exercise visits to other hospitals have given the Project Team a very helpful starting point to plan the teenage and young adult space in the new centre.

The Teenage Cancer Trust also organised for the Project Team to give a presentation about the planned facility at the Stuart Andrew Lawtie Conference in May 2016.

The Project Team has continued to engage with the Teenage Cancer Trust throughout 2017 to discuss their role and engagement in the project.

- Macmillan

The Macmillan Board received a project update in August 2016 with an extensive discussion about the opportunities to be involved and included in the planning of The ANCHOR Centre.

The Baird and ANCHOR Public Involvement Officer has also established contact in October 2017 with the Macmillan North of Scotland engagement lead to discuss possible areas of joint working in 2018.

- Urological Cancer Charity (UCAN)

A project update was delivered at a UCAN meeting in June 2016.

- Aberdeen Myeloma Awareness Group

A project update presentation was delivered to the Aberdeen Myeloma Awareness Group on 26 April 2017. The presentation was also accessed by Shetland and Orkney Myeloma Awareness Groups via video conferencing.

The Baird Family Hospital

- Stillbirth and Neonatal Death Charity (SANDS)

Sands have been involved in the project since 2015 and the early planning stages to inform the redesign and provision of pregnancy loss services in The Baird Family Hospital. The Project Team have benefited from their expertise in planning for facilities and staffing needed to support families experiencing the loss of a baby.

In April 2016, the Baird emerging designs were taken to a meeting with the Sands Committee for feedback. These were well received.

The Project Team also met with a Sands representative in Shetland during a visit to the island in August 2016.

The local Sands Committee have continued their active involvement in the design development of the 1:200 drawings of the Bereavement Annexe in the first half of 2017, with dedicated sessions held in February and June. A workshop will be planned for early 2018 with Sands to discuss the detail of the Bereavement Suite environment.

- Friends of the Special Nursery

The Friends of the Special Nursery have been involved in developing the plans for the Neonatal Unit. Their input has been particularly important in the development of the Transitional Care Unit and facilities needed for families whose babies require specialist care over an extended period.

Members of their Committee viewed emerging designs in March 2016 with useful positive feedback and they have continued to receive design updates throughout 2017.

The Project Team also met with two of their representatives in Shetland in August 2016 and Orkney in September 2016 to gain insights to the issues affecting island families when their babies stay in the Neonatal Unit in Aberdeen.

The Friends are members of the Maternity Services Liaison Committee and were present at a meeting held in February 2017 which was dedicated to reviewing the early 1:200 plans. A project update for the Committee was also delivered in March 2017.

A project information display was included as part of the Friends' World Prematurity Day Family Event on 18 November 2017.

- The ARCHIE Foundation

The ARCHIE Foundation has been involved from the early stages of the project and will be involved in the fundraising strategy once agreed.

The Chief Executive of ARCHIE viewed and commented on the Baird emerging design in March 2016.

A project update was delivered to the ARCHIE Board in September 2016.

The ARCHIE Foundation will act as the fundraising lead for The Baird Family Hospital. The Baird and ANCHOR Public Involvement Officer participates in the project's Fundraising Steering Group. Communication and engagement plans for this will be developed in early 2018.

- CLAN, Friends of ANCHOR and Maggie's

All three charities have supported the project's communication with and involvement of patients with experience of breast or gynaecological cancers requiring surgery.

The Project Team met in early November 2017 with the support group established by Maggie's to support women who have experienced gynaecological cancer, and the support group established for breast cancer sufferers in February 2017.

- Infertility Network Scotland (Infertility Network UK branch)

The local Development Officer attended the Communication and Involvement Group in November 2015. While their involvement in the project has been limited in 2016 due to staffing changes in their organisation, Infertility Network Scotland have been kept informed about project developments. Contact has continued to be maintained in 2017.

- Maternity Services Liaison Committee (MSLC)

The Maternity Services Liaison Committee is one of the major patient committees used by the Project Team to engage with women who have experience of maternity and neonatal services. This committee has been running for many years and includes a large group of women who are interested in service improvement from an individual patient perspective, as

well as those who represent formal support groups and organisations e.g. National Childbirth Trust (NCT) and Sands.

The Project Team have attended the MSLC regularly to speak to the membership about the project, both formally and informally. A well-received project update presentation was delivered in May 2016.

In February 2017, the MSLC dedicated their quarterly meeting to a detailed review of the emerging 1:200 floor plans.

In August and November 2017, project updates were given to the MSLC to explain the delay caused by the cost reconciliation exercise, together with reassurances that clinical space will not be compromised.

5) Staff Awareness Sessions

Between February and November 2016, 60+ staff awareness sessions were arranged and held to update staff working in clinical and non-clinical areas on project progress. These sessions were a combination of attending existing departmental meetings, committee meetings, ward meetings and drop-in sessions for all staff disciplines and grades. Update presentations were delivered, question and answer sessions offered and staff feedback has been gathered on design plans. A new round of sessions commenced in late 2017 and will continue into early 2018 with over 80 sessions planned.

Two events were held in May 2016 in Elgin to update Moray Acute Service and Moray Health and Social Care Partnership colleagues. Similar events will be organised for early 2018.

Three sessions specifically for members of the NHS Senior Leadership Group, Acute Senior Leadership Team (ASLT) and NHSG Board Members were held in 2016 and proved to be successful in raising awareness about the project. An update session was provided to the ASLT on 20 December 2017 and further sessions will be organised for early 2018.

The NHS Grampian Chief Executive, Malcolm Wright, and the NHS Grampian Chairman, Stephen Logan, visited the Project Team on 27 October 2016 to find out more about the project's communication and involvement activities. They commended the team on this work which has also been branded as 'exemplary' by Yvonne Summers, Quality Manager at the Scottish Government.

Paul Gray, Director-General Health and Social Care and Chief Executive of NHS Scotland, visited the Project Team with Malcolm Wright in February 2017, passing on similarly positive comments about communication and engagement.

The Office of Government Commerce Gateway Review in May 2017 was also very positive of the communication and engagement activities carried out by the project.

A new round of staff awareness sessions, this time to 80+ clinical and non-clinical teams, has been ongoing since September 2017.

6) NHS Grampian Events and Groups

The Project Team has participated in the following events and groups since October 2015:

- NHS Grampian Public Involvement Network festive drop-in, December 2015
- Foresterhill Health Campus Redevelopment 'Open Day', February 2016
- Grampian Cancer Care Network Professional Conference, March 2016 and March 2017
- Perinatal Mental Health Forum, June 2016 and November 2017
- presentation to NHS Grampian Youth Forum, August 2016
- continued attendance at the Grampian Cancer Partnership Group (quarterly)
- NHS Grampian Annual Review, October 2016 and October 2017
- NHS Grampian Public Involvement Network Annual Event, October 2016
- Health and Wellbeing Event for People Living with Cancer, March and September 2017

7) Highland and Islands Visits

Project team members visited Shetland in August 2016 and Orkney in September 2016 to deliver project updates and to get local views and comments.

NHS Shetland clinical and management colleagues as well as the Public Partnership Forum came to hear about the project and to view and comment on the emerging designs for the new developments. Meetings were also held with representatives from Sands and Friends of the Special Nursery. BBC Radio Shetland interviewed Gail Thomson, the Baird Senior Service Project Manager, and the visit was well publicised on the project's social media pages.

In Orkney, the team met with clinical and management colleagues as well as service users and representatives from CLAN, Macmillan and Friends of the Special Nursery. An interview was held with BBC Radio Orkney and the visit was again prominently featured on the project's social media pages. The Orcadian, a local newspaper, also ran a story on the project, extensively quoting Louise-Anne Budge, the ANCHOR Service Project Manager.

The Project Team also organised a focus group at the Aberdeen Maternity Hospital Islands Accommodation in June 2016 to gather real time feedback from families currently using the accommodation and to get their thoughts on the Baird design.

The team visited NHS colleagues in NHS Highland on 23 November 2016 to provide a project update.

The Project Team is currently scheduling dates for a second round of Highland and Islands visits in spring 2018.

8) Health and Social Care Partnerships (HSCPs)

The Project Team has communicated with the three HSCPs via the Integration Joint Boards since August 2015.

Contact was made with the (Shadow) Integration Joint Boards (IJBs) in September 2015 to establish how they wished to be involved in the project. The IJBs were contacted again in April 2016 for a project update and to discuss their ongoing engagement. Members of the Moray IJB attended the Moray communication sessions held in May 2016.

The Project Team attended a question and answer session with the Aberdeenshire IJB in September 2016.

Project updates were given to IJB Locality Managers and Primary Care leads in July and August 2017.

9) University of Aberdeen and Robert Gordon University

A Campus Development Forum to facilitate ongoing dialogue between NHS Grampian and the University of Aberdeen regarding all site developments over the next five years was set up in August 2015. This group meets every six weeks to discuss issues of mutual interest and provide progress updates on all inter-related activities.

The Project Team had a stall at the Robert Gordon University Midwifery Student Conference in May 2016.

The Project Team also sent a delegate to the Digital Health and Care Institute University Engagement Event at RGU in May 2016 to make contacts and find out about developments within technology-enabled care.

10) Scottish Health Council (SHC)

The Project Team has kept the local office of the SHC informed about the project and has sought and listened to their opinion on the communication and involvement processes. Copies of involvement activities and reports have also been shared with local officers. Project update presentations were delivered to SHC in June 2016 and November 2017. The local team has commended the project on their approach to public and staff involvement and communication. The project update presentation will also be delivered to Northern Isles SHC

teams as well as community representatives via video-conferencing in January 2018.

The Project Team will continue to liaise with the SHC to ensure communication and involvement activities associated with this project are appropriate.

11) Communication and Engagement Stocktake and Future Vision Workshop

A Communication and Involvement Stocktake and Future Vision Workshop using the Appreciative Inquiry method was held for The Baird Family Hospital on 30 November 2017. As the project enters its fourth year, it was felt timely to go back to staff, Third Sector and public representatives to find out where the project's communication and involvement successes are, and what could be improved. The workshop generated many ideas that the Project Team will pursue further. However, the Project Team also felt reassured about the approach they have taken so far is being supported by stakeholders and will continue to be built upon going forwards.

A similar workshop is planned for The ANCHOR Centre in spring 2018.

12) Fundraising

The Baird and ANCHOR Public Involvement Officer has participated in the Fundraising Steering Group since May 2017, with the express aim of advising on how the project's stakeholder engagement strategy will complement the fundraising strategy. This group includes key fundraising partners such as The ARCHIE Foundation, The Friends of ANCHOR, The University of Aberdeen Development Trust and NHS Grampian Charities (Endowment Fund).

A dedicated fundraising acknowledgement strategy workshop involving all partners was held on 27 November 2017.

13) Conclusion

A significant amount of communication and involvement activity regarding The Baird Family Hospital and The ANCHOR Centre project has been carried out between August 2015 and December 2017. These activities have made use of a wide range of communication methods and captured a wide demographic of

service users, their families/carers, the general public, Third Sector colleagues and staff across the North of Scotland.

Consequently, a substantial amount of valuable feedback and input has been obtained to inform the emerging designs and programme of service redesign. Feedback and suggestions concerning current service provision have also been fed back to operational management teams as appropriate.

Appendix G

NHSScotland Design Assessment Report



NHSScotland Design Assessment Process

Project No/Name: GP05-06 Baird Family and ANCHOR projects
Business Case Stage: OBC
Assessment Type: Panel
Assessment Date: Dec 2017 - Jan 2018
Response Issued: 8th Feb 2018 v 1.2 (updates *in italics*, 16 Mar 2018)

Introductory Comments

The appraisal below is of GP05 Baird Family and GP06 ANCHOR projects on Foresterhill campus. This review is based on the HUB stage 1 OBC submission (approx. RIBA Stage 2 or C), received from NHS Grampian between 19th - 22nd December 2017 and 8th January 2018; plus earlier meetings 29th Nov 2016, 1st Nov 2017; and technical meetings 22nd & 26th January 2018.

The Board's Design Statement (DS) was developed for June 2015 IA stage submission to CIG and we have used this as benchmarks in our recommendations below. We understand the Board have undertaken self-assessment workshops, including AEDETs, to confirm their objectives are being met at each of the last 3 no key decision points, in-line with their DS's section 5.

Generally the project team is to be commended on amount of work that has been done, and the dialogue that has taken place, thus allowing us to review in considerable detail at OBC stage.

The Board have had initial dialogue with the local planning authority to discuss the emerging designs, however the scheme is yet to be submitted for planning approval. Nigel McDowell at Aberdeen City Council planning has attended the NDAP review workshops to discuss key issues around the projects, and comments have been incorporated into this report.

Joint Statement of Support

Having considered the information provided, Health Facilities Scotland and Architecture & Design Scotland have assessed the project and consider that it is of a suitable standard to be

SUPPORTED (*verified following receipt of information marked**)

With the following recommendations:

Essential Recommendations

See Appendix A for further details on recommendations.

1. That plans to address wider approach, setting and landscape framework issues noted in clause 1.1, 1.2 and 1.3 of the Design Statements be brought together, and developed in conjunction with the recent appointment for Campus Landscape Masterplan (Lot 1).
2. That the design & landscape around the building, courtyards and the use of upper level flat roofs/ terraces for views and accessible respite gardens be developed significantly to provide the

range of experiences noted in clauses 1.2, 1.3, 1.5, 1.6, 2.2, 2.3, 3.1 & 4.1 of the design statement. The current plan to minimise access and user experience to mostly only 'lightwells', is not yet meeting Design Statement or national standards. Even IF elements to be delivered later, at FBC stage a viable design proposal is required to ensure what can be achieved now and in future. Also the appearance and maintainability of the exterior, plus service yard and FM access to be further developed to ensure the 4.1 statement achievable: *"improve the impress-ion and operation of the hospital and it's relationship with the adjacent residential areas."*

3. That the building designs continue to be developed and coordinated throughout FBC to address the detailed matters in Appendix A, e.g. patient (1.0), staff (2.0) and visitor experience (3.0), MEP strategy (4.0), fire strategy, wayfinding, access, acoustics, sustainability; and ultimately to reach standards that are closer to those benchmarked for these projects. In particular see Appendix **information marked***; this is required to allow NHS Board decision-making on appropriate environment for up to 9% of inpatients, and sustainable MEP strategy. This information is anticipated to be received by HFS prior to an NDAP 'supported status' being sent to CIG.

Advisory Recommendations

We recommend that the Board:

- Develop the proposals to take account of the Advisory Recommendations as noted within Appendix A – General Design Principles - of this report

Notes of Potential to Deliver Good Practice

If the above recommendations are addressed in full, then the project has the potential to become a model of good practice for staff and patient environments.

Next Stage Processes

Next Actions at Current Business Case Stage

The Board are invited to provide the evidence described below to allow the NDAP to verify the status as **SUPPORTED** to the CIG. Please indicate your intentions in this regard by ~~20 March~~ ~~16 February~~ to susan.grant7@nhs.net, and the anticipated timescale for submitting amended information.

- NHS Board provision of **information marked*** in Appendix, to allow decision-making on appropriate environment for up to 9% of inpatients, and sustainable MEP strategy.
- NHS Board Letter confirming commitment to develop the designs in accordance with our recommendations, including anticipated timescales for submitting amended information.
- If we do not receive a notification of your intentions by the above date, the above report will have the status amended to UNSUPPORTED and be automatically forwarded to the CIG.

VERIFICATION CIG (to be completed once above has been received and considered):

The above * marked evidence was received and conditions discharged on *15 March 2018*.

NHS Grampian letter *to be received by 20 March by HFS & CIG*. The above **SUPPORTED** status is therefore **VERIFIED** *on this basis*.

Signed ...*Susan Grant*..... Dated*16 Mar 2018*.....

Process at Next Business Case Stage

- Early FBC review of developed designs addressing the recommendations in this report prior to submission to Planning to allow an updated report to be provided to support the application into the Local Authority.
- Ongoing engagement with HFS regarding development of detailed proposals to ensure consensus is reached on any derogations etc and FBC submission can be supported.
- Desktop review and report at FBC

Notes on Use and Limitations to above Assessment

The above assessment may be used in correspondence with the Local Authority Planning Department as evidence of consultation with A&DS **provided the report is forwarded in its entirety**. A&DS request that they be notified if this is being done to allow preparation for any queries from the local authority; please e-mail health@ads.org.uk . If extracts of the report are used in publicity, or in other manners, A&DS reserve the right to publish or otherwise circulate the whole report.

Any Design Assessment carried out by Health Facilities Scotland and/or Architecture & Design Scotland shall not in any way diminish the responsibility of the designer to comply with all relevant Statutory Regulations or guidance that has been made mandatory by the Scottish Government.



Appendix A – General Design Principles

GP05-06 - Baird Family and ANCHOR projects

4. Approach, Setting and Landscape: campus framework

- Council Planners (ACC) wish to continue to be a partner and 'critical friend' to NHSG in the development of the landscape and campus framework. The current masterplan is a strategy which needs to be developed into a realisable plan. ACC is 'open' to help guide this.
- NHSG advise landscape details of plants, materials and general landscape have not yet been specified or finalised with planners. A lead landscape architect for campus landscape masterplan's 'lot 1' has been appointed and design development will soon be starting. To be completed early 2019. The absence prior to this has meant there has yet to be a coordinated approach. Essential Recommendation- (DS 4.1) Coordination needed asap and early sight of proposals requested. We will require a full landscape plan with materials and details, to include a similar palette of materials for across the whole campus, plus Baird and ANCHOR sites.
- NHSG advised extra charitable funding may be available to tie in the Children's hospital landscape. We welcome proposed synergy in landscape between Baird and RACH.
- Parking: NHSG advise new Multi Storey Carpark (MSC) is not for staff - opened and closed again due to electrical snagging issues. Now in 'bedding-in' phase; for use by patients & visitors only. Baird undercroft car park, drop-off and access, prioritised for those in labour and bereaved. Similar prioritisation anticipated in ANCHOR area adjacent to entrance. Essential Recommendation- (DS 2.1, 3.1 & 4.1) develop Shuttle bus from MSC around site. Develop drop off and parking layouts to achieve benchmarks.

BAIRD FAMILY project:

5. Approach, Setting and Landscape

- Essential Recommendation- (DS 1.1) Develop external treatments and landscape. Particular attention on backup generator adjacent to southeast entrance, e.g. potential to use vertical green wall/planting was discussed to help tie into the landscape.
- Essential Recommendation- (DS 1.1) Develop how the building is approached from the northwest. For example, is the café in the right place/ potential to obscure entrance? Landscape Architects to review how axial geometry is coming through, to ensure legibility.
- Essential Recommendation- (DS 1.2) Consider pedestrian crossing over Forresterhill Road in detail, and opportunities to continue proposed hard landscaping treatment across to tie in with Lot 1 as part of developing campus landscape masterplan strategy.
- Essential Recommendation- (DS 1.3, 1.6, 2.4) Building cross sections working well. Still to explore potential for roofs to be treated as hard/soft landscaping, and give different sense of landscape treatment, to support wayfinding, recovery, sustainability and value for money.
- Essential Recommendation- (DS 1.3, 1.6, 2.4) Develop a coordinated approach of landscape treatment, & courtyards in particular. Potential of a modular approach. Show views from access level and from above, where both important. Non-accessible courtyards should still have planting, with visual interest, biodiversity, plus art, to ensure a long term value.
- Essential Recommendation- (DS 1.3, 1.6, 2.4) Especially IF elements to be delivered later, at FBC stage a viable design proposal is required to ensure what can be achieved now and in future. Easy maintenance and FM accessibility strategy will be key to ensure viability, especially of parts to be delivered by volunteers or charity.
- Essential Recommendation- (DS 1.3, 1.6, 2.4) Develop Arts Strategy – high level strategies have begun. NHSG stated fundraising strategy to be launched once OBC approval in. The team encouraged to get architects, artists and landscape (plus HAI) to work together asap; and thus ensure multi-discipline dialogue delivers quality and value across the project.

- Essential Recommendation- (DS 4.1) Develop scale of planting to the south. NHSG team advise this is still to be determined through detailed development of landscape. Also stated that culvert cannot be opened up due to aviation constraints.
- Essential Recommendation- (DS 4.1) Further exploration of proposed SUDS, levels, parking, road and landscape area between Baird and Anchor is to be welcomed.
- Essential Recommendation- (DS 4.1) ACC planning queried treatment of retaining feature wall to screen views of basement car parking from the south. Potential to extend geometry of the facade into the landscape?
- Essential Recommendation- (DS 4.1) Explore southwest corner of the building, this looks tight and awkward, particularly from wider / Lot 1 perspective, and may create too much of a pinch point /bottle neck.
- Essential Recommendation- (DS 4.1) Develop maintainability and FM accessibility of the exterior, including to plant and service yard(s) as well as near public or blue light entries.

6. Architectural

- Layout is very well-considered, an admirable comprehension of a large and complex brief into a succinct form.
- Southern corridor is long, however in reality will not read as such as it is split between departments and set out his way so that door locations dividing departments can change should departments shrink or expand.
- NHSG confirmed that a conscious decision has been made that there are to be no dirty corridors throughout and are satisfied this can be managed in the design & FM service.
- The stair towers have too much dominance, and concerns the proposed super graphic could date whole facility quickly.
- Advisory Recommendation – Develop stair design and play down the emphasis of the stair, e.g. continue plane to form a dark grey rectilinear foil / fin sitting behind as a backdrop to the white render. Mass and proportion is key in articulating this successfully, the fin wall as a backdrop to the two 'dominant' concave elevations should be a strong horizontal. Apart from a slot of light into the stairs, absorb into the convex walls, to better effect as a stop.
- Advisory Recommendation – ACC concern over proposed use of black brick at east and west entrances, appearing harsh and unwelcoming. Develop & humanise the entrances, using a lighter touch, colour and materials were discussed and would be welcomed, e.g. opportunity to make café and reflective spaces at each main entrance more tactile.
- Advisory Recommendation – Develop 3D visualisations, as overly distort the floor to floor height of 4350mm, if windows are 2700mm - narrow band of render below looks weak.
- Essential Recommendation- (DS 1.3, 1.6, 1.9, 2.3, 3.1, 4.1) Team advise that windows are flush to help with providing seating on the interior. Consider facet and protection from wind driven rain – deep reveals to minimise wash off. A complex pattern of windows mullions and transoms (horizontal & vertical framing) is proposed, some of which will be opening. Both these issues are significant elements to ensure proposals will deliver a sustainable solution, internally and externally. These must be developed in detail with users early in FBC stage, including modelling of options where required to test competing requirements, see 7.
- **Essential Recommendation- (DS 1.3, 1.6, 1.9, 2.3, 3.1) Provide architectural images to demonstrate the patient environment and 'views' for the 8no bedrooms currently looking into the atrium. Both as current option, plus as a roof garden/roof lights –pros and cons of each, including effect on atrium's initial 'impressions' /wayfinding for visitors; fire etc.**
*** required prior to OBC NDAP verification of 'support' to CIG**
- *Further to receipt of drawings and proposals dated 18th February, and subsequently updated proposals received 15th March following further NDAP feedback, the Team are congratulated on architectural development of both options. There are pros and cons for both - either would be acceptable. A balanced view should be taken as to which is preferred and which should be developed to FBC stage, and in reference to DS noted above. We recommend Board seek views of potential service users, as their priorities should be given due consideration. We also suggest a 3D model will assist this decision-making. Plus a possible hybrid between the two approaches for rooms adjacent to the stairwells could merit further exploration. Advice on pros and cons of each options as follows:*

- *Atrium – Full Height option: (Pros) bedroom pods/bay windows add modulation and visual interest to the upper portion of the of the atrium space, views of activity within rooms could help animate the space; oblique views offered from rooms provide potential to allow good observation along atrium (1.3) and attractive place to sit; 4 storey atrium creates greater feeling of space. (Cons) less private than lower height option in terms of potential of bedrooms to be overlooked from atrium space; acoustic and lighting control needed from atrium space (blinds required); no views to outdoor space or breath of fresh air from rooms (1.9); initial arrival space should still be intimate in scale (1:3); pods must not be value engineered out if this option is to be supported.*
- *Atrium – Lower Height option: (Pros) bedrooms provided with view outside to landscaped space and breath of fresh air (1.9); more privacy provided to bedroom spaces; atrium has more intimate scale (1:3), but still airy and good lighting; (Cons) careful specification and design of roof garden required to ensure planting appropriate with amount of natural light provided; maintenance of space needed to ensure pleasant view maintained from bedrooms (Note: similar issues and solution will need to be developed anyway for 19 bedrooms that overlook flat roof area to south).*
- *Technical design issues e.g. fire, acoustics, and maintainance, are still to be resolved for both options at the next stage. With both pros and cons for each, we consider these issues are not so significant that they will either rule in or out a Board/ User preference.*

7. **Building Services Strategy** (from 2no follow-up meetings: 22 & 26 Jan 2018)

- HFS queried design proposals, options and reports for MEP strategy i.e. whole of the building is fully mechanically ventilated, with radiant ceiling panels, plus openable windows. This is an 'unusual' proposal given recent similar NHSS solutions. At follow-up meetings, HFS accepted this was due to clinical and deep planning constraints in ground and first floors. However it was agreed that a more usual and simpler natural ventilated design be sought and tested for second floor e.g. patient bedrooms; and for third floor e.g. hotel and offices. Project team agreed, but stated a change was time critical for FBC development.
Essential Recommendation- (DS 4.1) realistic DSM modeling must be developed to test and optimize safe, sustainable and comfortable solutions early in FBC design development. Supply and confirm realistic DSM assumptions based on considered data, e.g. operational hours, occupation / equipment diversity, MEP gains, water use, non- "adiabatic". Also develop design and confirm realistic electrical max. demand, expansion potential, resilience etc. Plus 'future weather' comfort, to optimise landscape etc to reduce solar gain & noise.
(Refer to IES & Mabbett reports on HFS's website: [NHSScotland New Build Health Buildings DSM Modelling - Summary](#) and [NHSScotland New Build Health Buildings DSM Modelling - Main Report](#))
Essential Recommendation- Current NCM+ model update with patient bedroom natural ventilated design (4-5 chosen) e.g. opening window(s)/ trickle vent and ensuite extract solution (see emailed IES/ Mabbett 2017 report on NHSS bedroom exemplar model). This will allow comparison and Board decision-making.
- * **required prior to OBC NDAP verification of 'support' to CIG**
Further to receipt of updated Ventilation report on 21st Feb and meetings on this date and 8th March; HFS still has reservations regarding technical assumptions and details . However a key element of this report is that risks of 'solar gain' overheating can be alleviated by increasing mechanical bedroom air changes in from ~2 to ~6ACH, is agreed. We therefore accept, that although not an agreed 'optimal' solution in terms of sustainability, complexity and costs, this would take considerably more effort, and will also have pros and cons. Assuming 21st Feb report is basis for the Board decision-making to go with the current Baird proposals; we recommend a contractual incentive is provided on whole design life model and/or part of 8. soft landing. This should relate to $\leq 25^{\circ}\text{C}$ for 50hrs/ year; with agreed pay-back, or better the design/ contractual input to correct if occurs within agreed time limit e.g. 10 years. We also recommend the window design which is yet to be developed provides a number of opening permutations so this is more than just a 'placebo' to users, and will provide flexibility for operation/ sustainability improvement. Similar to above recommendations apply to ANCHOR's 21 consulting rooms; in addition we recommend the nat vent option of rooms 1-6 & 16; plus explore further why model/ design is not achieving similar solution in rooms 7-15 at terrace. Otherwise this terrace needs some other functionality, especially given current proposal for no patient access.

- Note: [SHTM 55](#) mandates window risk assessment, NOT a 100mm max. opening. Good sustainable window design can achieve air flow, safety, comfort and views. [SHPN 04](#) & [SHTM 03-01](#) both encourage hybrid/ natural ventilated solutions. SHTM 03-01 & SHTM 04-01 are both under review. For clarity Table A1 should be read in this context, e.g.

Application	Ventilation	ac/Hour	Pressure (Pascals)	Supply Filter	Noise (NR)	Temp (°C)	Comments For further information see Section 6
General ward	S / E / N	6	0 or -ve	G4	30	18-28	
Communal ward toilet	E	10 or 3	-ve	-	40	-	
Single room	S / E / N	6	0 or -ve	G4	30	18-28	
Single room WC	E	3 or 10	-ve	-	40	-	
Clean utility	S	6	+ve	G4	40	18-28	
Dirty utility	E	6	-ve	-	40	-	

S = supply E = extract

N = Natural ventilation

Natural ventilation is by nature variable, so strict ac/hr etc is not applicable for General Ward or Single Room. Natural ventilation for patient bedrooms is encouraged. Given toilet/ WC is ensuite @10 ac/hr, a patient bedroom will achieve more than 2 ac/hr and ordinarily is -ve pressure relative to corridor.

- Essential Recommendation – develop water system design based on realistic DSM above and include service voids to confirm safe water temperature design, reducing legionella risk without reliance on constant chilling or dumping ([SHTM 04-01](#), HSE, Water Byelaws).

8. Sustainability

- BREEAM 2014 NC target of ~70% is welcomed with ENE01 ≤5. MEP options to date not based on realistic DSM, only NCM+ with 2050 DSY with limited data on WLC cost/ periods etc; but relative 'magnitude' assumed correct. We welcome priority on total energy demand reduction; therefore Pv not required for BREEAM. IF NHSG request Pv; current proposal's payback is too low, once optimised is still ~9-10yrs; note, panels are ordinarily good for 20 yrs, but key parts 10-15yrs. Alternatively IF NHSG request roof space for future Pv; this is still unlikely to be cost effective, unless incentives/ tariffs change significantly.
- Advisory Recommendation – Update BCRs & DS 4.2 to clarify sustainability brief; e.g. >2 years 'seasonal commissioning/ soft-landings; use annual operational energy NDEP certificates, not just 10yr EPC 'notional carbon'; confirm if EU-ETS is relevant to designs.
- Advisory Recommendation –for soft-landing, VfM, sustainability, energy targets, and continuous improvement, BCR to state contractor will assist annually for min. 3 yrs, to:
 - review of actual electrical and gas demand figures for each year of operation and update contract with provider, to minimise operational costs to Board.
 - review of energy performance for each year, to provide an improvement report to minimise operational costs/ actual energy use to Board
 - preparation of agreed format of NHSScotland Display Energy Performance (NDEP) annual certificate, or agreed equivalent (e.g. DEC), showing table comparison in kWh/m² to design model targets & NDAP benchmarks (· below), plus the trend of actual energy used, over min. last 3yr period of contract.
- Essential Recommendation - NDAP benchmarks; to be confirmed prior to FBC submission: BAIRD TOTAL 320 kWh/m² (Elec. 120; Thermal 200); ANCHOR TOTAL 200 kWh/m² (Elec. 80; Thermal 120);

(above are based on improvement on HTM07-02 benchmarks)

- Essential Recommendation - SUDS proposals to be developed. Unfortunately is not a wider campus biodiversity-led solution, therefore essential buried 'barrel' proposal must realise wider benefits & resolve RACH approach, parking & levels, in-line with campus masterplan.

9. **Equality Act/ access**

- Essential Recommendation - Confirm Equality Impact Assessments undertaken, i.e. independent/ community reviews e.g. [SDEF](#) / [DSDC](#). We welcome 'changing place' toilet. Provide evidence in use of [HBN 08-02](#), [Dementia](#) & [wayfinding](#) guidance and checklists.

10. **Acoustic Design**

- Essential Recommendation – We welcome acoustic OBC report. This should be developed to ensure the appropriate design of key internal spaces e.g. birthing rooms, bedrooms, cons/exam, theatres, recovery, atrium, cafe and reception/ staff base complies not only with [SHTM 08-01](#), but [HBN 08-02](#) our Equality Act duties and reduction of unwanted noise to aid recovery e.g. fire alarm visual & audible warnings. The Board must also consider their equipment specifications, e.g. soft closer bins, night-settings for phones/ bleeps etc.

11. **HAI & Quality Assessments**

- Essential Recommendation - Confirm HAI workshops and assessments completed for each stage. Submit record of appropriate stakeholder design reviews undertaken for each stage, i.e. Design Statement self-assessment workshops, including AEDETs. (SHFN 30; DS: 5.0)

12. **Fire & Life Safety Strategy**

- Essential Recommendation - Develop fire strategy, layout etc updated and reviewed to ensure segregated/ safe, evacuation routes operationally achievable from all clinical, visitor and staff spaces, including evidence on progressive horizontal evacuation where required; atrium design/ assumptions; smoke containment etc. as SHTM/ Firecode compliance.
- Essential Recommendation - Facade and wall covering to comply with minimum standards of THND, however in view of ongoing review of building standards there may be a requirement for non combustibile cladding on healthcare buildings with the possibility of applying regulations retrospectively. Provide full details of cladding, insulation, fire stopping and cavity barriers.
- Fire service access should be agreed with fire service to ensure satisfied with proposals.
- Extended travel distances of $\geq 5m$ where limit of 15 is specified, is not a minor increase.
- L1 detection and fire compartmentation is standard for hospitals and is not a mitigation.
- Refuse and high hazard areas under operating theatre. It is imperative that theatres are provided with the maximum protection to ensure they remain in use for as long as possible.
- Goods receiving area under operating theatres (as refuse area above) Additionally, there cannot be reliance on management control for goods receiving room as it would be impractical to implement.
- Protected lobbies should not form part of a through route.
- Dry Riser outlets in atrium. Consult with fire service; as there may be some flexibility regarding hose distances. They would not normally expect to run hose from an atrium.
- MRI compartment exit. Ensure that patients can be safely moved to an adjoining and appropriate compartment to continue their care.
- Car park ventilation – listed as a fire safety issue, refer to engineering for compliance.
- Advisory- fire suppression systems are not mandatory for all areas within a hospital, but they do add an additional layer of fire safety and this should be considered fully in any determination. Additionally as there are variances from other standards , a suppression system could be considered in mitigation. There is a possibility that suppression systems may be specified for hospital buildings following a review of regulations.
- Advisory Recommendation – bedroom door self closing devices are ' free swing arm' type. To allow Fire and Equality functionality e.g. equipment access and patient use/ isolation.
- Advisory Recommendation – 'multi state' detectors to be installed as part of the fire alarm system. This will reduce false alarms, service disruption and avoidable blue light journeys.
- Advisory Recommendation – environment and management for the safe charging of personal electrical equipment by staff and patients.

13. **Derogations**

- Essential Recommendation - Confirm OBC, then FBC, list of derogations and include the technical reasons for each and whether each deviation meets or exceeds current guidance.

ANCHOR project

The headings and content for Baird project review above should also be read for ANHOR. Only where a variant occurs is this commented on below.

14. **Approach, Setting and Landscape**

- Advisory Recommendation - (DS 1.1) Walls extending into the landscape to the eastern edge works well, combining seating etc. And using the same language as the building. Suggested looking at the Shell headquarters in Geneva by Kathryn Gustafson as a precedent – an example of a strong architecture and landscape scheme.
- Essential Recommendation- (DS 1.1, 1.2) There is a paradox with the design of the southern 'courtyard' space. The layout and orientation of the space suggests an entrance, and/or a place you would want to be, there is an opportunity lost in making this a service yard. The team are strongly encouraged to re-examine this.
- Essential Recommendation- (DS 1.1, 1.2) If this southern area must be the service yard then it should be revisited and developed as part of the landscape - for example through varying the treatment of the surface so that the landscape flows in (e.g. using grasscrete rather than hard paving to denote the vehicle turning area), ha-ha wall as screening, and keeping the service area to a bare minimum (pulling back the line of bollards as tight to the secure line of the delivery area as possible).
- Essential Recommendation- (DS 1.3) The northern courtyard that is being enclosed in three+ storeys may struggle to be seen as a habitable space. The space could become bigger to become more useable if it cannot house the services. The adjacency of the space to the teenagers' lounge suggested it could usefully be made accessible as a focused amenity space for teenagers to spend time. The same landscape tools used in the southern areas could be used here, e.g. ha-ha, wall edge, this will help establish 'sense of place' & contain this space.

15. **Architectural**

- Team is to be congratulated on amount of work that has been done allowing us to comment in greater detail. The refinement of the building footprint, moving further away from radiotherapy, is a positive step.
- Essential Recommendation- (DS 1.1, 1.2, 1.3) Strengthen entrance & built form- there is a lack of strength to the entrance and a confused response to the southern "courtyard". The diagrams suggest greater clarity in organization (i.e. two flanks and a central section) which is not being followed through in the built form.
- Essential Recommendation- (DS 1.3, 1.4) Strengthen atrium clarity - the legibility of the central atrium area has diminished and has the least clarity in the plan. The team will explore opportunities to address this, to help reinforce the clarity of the atrium so that it reads as one space through, for example, increasing transparency and playing with ceiling heights where budget allows.

16. **Building Services Strategy** (from 2no follow up meetings: 22 & 26 Jan 2018)

- Essential Recommendation- As 7. Plus at follow-up meetings, HFS accepted clinical constraints in lower ground aseptic suite, plus solar gain risk to comfort in open plan chemo treatment and office on first floor. However it was agreed that a more usual and simpler natural ventilated design be sought and tested for upper ground floor outpatient wings i.e. consulting exam suite. This was particularly relevant given NHSG stated patients will not access adjacent terrace, so only audio /visual privacy concerns were 1 or 2 rooms onto east car park, which should be resolvable by good landscape design near their opening windows.

Appendix H

The ANCHOR Centre Benefits Register

The ANCHOR Centre – Benefits Register

Identification						Prioritisation (RAG)
Ref. No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance
1	Care delivered in spaces that maintain dignity and privacy at what is often a distressing time.	Quantitative Patient Survey	The proportion of patients who report that their dignity and privacy was maintained at all times.	Survey 2018	(2022/23) 90%	5
2	Improved provision for teenagers and young adults.	Qualitative Patient Interviews	The proportion of teenagers and young adults (aged up to 25 years) who report that their specific needs were met while waiting and receiving care.	Patient Interviews 2018	(2021/22) 90%	4
3	Improves the physical condition of the healthcare estate.	Quantitative	Proportion of ANCHOR spaces categorised as either A or B for physical condition appraisal facet.	Poor 37% A-B 63% C-D (2015)	(2022/23) Excellent 100% A-B	5
4	Improves the quality of the healthcare estate.	Quantitative	Proportion of ANCHOR spaces categorised as	Poor 59% A-B	(2022/23) Excellent	5

			either A or B for quality facet.	41% C-D (2015)	100% A-B	
5	Reduces the age of the healthcare estate.	Quantitative	Proportion of NHSG estate less than 50 years old. Proportion of ANCHOR buildings less than 50 years old.	(2015) 61% 32%	(Predicted 2021) 71% 100%	4
6	Safe production and delivery of cancer treatments.	Qualitative	Compliance with <i>the Medicines Act of 1968, Human Medicines Regulations of 2012 and MHRA Good Manufacturing Practice.</i>	TBC	Compliance with standards	5
7	Reduces Healthcare Associated Infection.	Quantitative	Percentage prevalence in ARI (local rates where possible)	TBC	TBC	5
8	Reduces backlog maintenance.	Quantitative	Reduction in backlog maintenance burden in relation to accommodation associated with delivery	Circa £1.4m £1.5m+ in Phase 1, ARI (new EOPD location)	£0	4

			of out- and day-patient oncology and haematology services.			
9	Co-location and co-ordination of services improving the patient pathway.	Quantitative Patient Survey	The proportion of patients who report that their care was co-ordinated and the pathway of care smooth.	Survey 2018	(2022/23) 90%	5
10	Good teaching and learning, creating competent practitioners delivering optimal care.	Quantitative	Undergraduate and postgraduate students report a good learning experience	Annual student survey - TBC	TBC	4
11	Improved access to additional services e.g. complementary treatments and signposting to local authority and Third Sector agencies who can support patients.	Quantitative	A patient survey where patients report that they had access to good care during their day or out-patient visit and that they were signposted to other services provided by the local authority and Third Sector organisations.	Survey 2018	(2022/23) 90%	4

12	Supports achievement of the cancer treatment targets.	Quantitative	HEAT targets are consistently met.	Refer to performance graphs in section 4.2 in OBC	Sustainable achievement of 31 and 62 day cancer waiting time targets.	5
13	Improves the functional suitability of the healthcare estate.	Quantitative	Proportion of ANCHOR spaces categorised as either A or B for functional suitability appraisal facet.	(2015) Poor 40% A-B 60% C-D	(2022/23) Excellent 100% A-B	4
14	Supports early cancer detection.	Quantitative	Percentage of breast, colorectal and lung cancer cases (combined): <ul style="list-style-type: none"> diagnosed at Stage 1 stage not known. 	(2013 and 2014 combined) 20.2% 14.3%	(2022/23) consistent with Scottish Average. Currently: 24.7% 5.4%	5
15	Increased level of staff engagement.	Qualitative	Percentage of staff who say they would recommend their workplace.	Survey 2018	(2022/23) 80%	4

16	Supports optimisation of staffing and team working.	Qualitative and Quantitative	A staff survey showing how staff feel about the team they work in. Reduction in staff absence rates (excluding medical staff).	Survey 2018 (2014) 6.81%	(2022/23) report revealing a 15% improvement in staff satisfaction 4%	4
17	Accommodation sized to cope with predicted rises in demand and to achieve waiting time targets.	Quantitative	Review of referral trends or utilisation of accommodation.	TBC	TBC	5
18	Improved recruitment in all professions.	Quantitative	Reduced staff turnover and length of time taken to fill vacancies.	(2014/15) turnover rate for Clinical Support Services Division – 9.11%	(2022/23) 50% reduction	4
19	Improves design quality in support of increased quality of care and value for money.	Quantitative	AEDET score	(2015) baseline scores of between 1.3 and 3.5	(2021/22) target scores of between 5.1 and 6.0	5
20		Quantitative	Reduction on CO ₂ emissions and energy	(2015)	(2022/23)	4

	Reduces carbon emissions and energy consumption.		consumption for Foresterhill Health Campus.	<p>Foresterhill Heath Campus: Total: 799.84 KWh m² Electric: 119.51 KWh m² 62.02 Kg CO₂ m² (building standards) 55.23 Kg CO₂ m² (DEFRA standards) Gas: 690 kWh m² 149 Kg CO₂ m² (building standards) 127.27 Kg CO₂ m² (DEFRA standards)</p>	<p>predicted ANCHOR Centre: Total: 200 KWh m² Electric: 80 KWh m² 41.52 Kg CO₂ m² (building standards) 36.92 Kg CO₂ m² (DEFRA standards) Heat: 120 KWh m² 25 Kg CO₂ m² (building standards) 22 Kg CO₂ m² (DEFRA standards) Suggested EPC rating: C = 31-45 Kg CO₂ m²</p>	
21	The Community Benefits to be achieved during the construction phase will be included in the Benefits Register at FBC stage once agreed with PSCP.			4		

Appendix I

The Baird Family Hospital Benefits Register

The Baird Family Hospital – Benefits Register

Identification						Prioritisation (RAG)
Ref. No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance
1	Facility supports ambulatory care to be the norm where possible, reducing inappropriate admissions to hospital	Quantitative	Comparison of ambulatory care activity figures to in-patient activity figures	<p>Maternity - in 2014, 5,614 women were admitted to postnatal wards, 60% of whom had the potential to be managed on an ambulatory pathway (source: ISD, NHSG local clinical audit)</p> <p>Gynaecology – in 2014, emergency activity in-patient setting (15-30 patients/week) (source: NHSG local clinical audit)</p>	<p>Enhanced facilities in the Baird will allow for:</p> <p>Maternity – increase ambulatory activity by at least 60%</p> <p>Gynaecology – 80% of activity to be carried out in ambulatory setting</p>	5

2	<p>Minimise inappropriate hospital admissions:</p> <p>Gynaecology – see benefit register reference 1</p> <p>Neonatology – care for babies appropriately in family-led Transitional Care Unit, not Neonatal Unit</p> <p>Maternity – appropriate use of Baird Patient Hotel to support Island families</p>	<p>Quantitative Patient satisfaction surveys</p> <p>Quantitative</p>	<p>Analysis of babies who clinically could receive parent-led care but are currently cared for in the NNU Satisfaction surveys with families</p> <p>Analysis of in-patient stays for this patient cohort</p>	<p>34 and 35 week gestation babies – up to 2 cots per day</p> <p>Neonatal Abstinence Syndrome – 1-2 cots per day</p> <p>TBC by survey during 2018</p>	<p>All babies clinically suitable for Transitional Care Unit receive their care there (anticipate 370 babies per annum)</p> <p>Families report high satisfaction levels</p> <p>All women from rural areas stay in the Patient Hotel, where clinically</p>	5
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		Patient satisfaction surveys	Surveys with women to measure satisfaction with service		appropriate, reporting high satisfaction levels with facility	
3	Reduced length of stay for gynaecology and breast patients	Quantitative	Analysis of current length of stay and in future with enhanced ambulatory care services	2014 data: Gynaecology – 2.7 days Breast – 3.5 days (source: ISD)	Future aim: Gynaecology – 2.3 days Breast – 3 days	5
4	Increase in 23 hour surgery for breast and gynaecology patients	Quantitative	Analysis of patient activity	2014 data: Gynaecology – 40% daycase rate Breast – 20% daycase rate (source: NHSG local clinical audit)	Future aim: Gynaecology – 50% daycase rate Breast – 40% daycase rate	5

5	Increased surgical pre-assessment for gynaecology and breast patients, maintain maternity pre-assessment rate	Quantitative	Analysis of surgical pre-assessment rates in 2015 and then in 2022	2015 data: Maternity – 100% of patients are currently pre-assessed Gynaecology – 50% Breast – 40% (source: ISD)	Future aim: 100% for all specialities	5
6	Increased rates of admission on day of surgery (AODOS)	Quantitative	Analysis of AODOS figures in 2015 and then in 2022	2015 data: Gynaecology – 40% Breast – 40% (source: ISD)	Future aim: 85% across all specialities	5
7	Increases safety of people receiving care and support e.g. patient transfers to and from other hospital facilities	Quantitative	Comparison of time taken for current external ambulance journeys as opposed	Neonates – journey to RACH can take 60 minutes (up to 2 hour return wait)	Neonates – future target journey of 15 minutes	5

			to internal corridor journeys in future	Maternity – journey to ARI can take 60 minutes. For Imaging visits, journey/appointment for staff and woman can take up to 5 hours (source: NHSG local clinical audit)	Maternity – future target journey of 15 minutes	
8	Maintain NHS Grampian’s position as the Board with the highest level of attendance at Breast Screening Service	Quantitative	Analysis of current and future uptake of this key service	77.7% attendance in 2014 (source: NSD)	Aim to maintain and improve on current level	4
9	Avoid unnecessary neonatal and maternity patient transfers out of region	Quantitative	Current transfers out of area due to occasions where the Neonatal Unit is not appropriately staffed,	2014 data: Maternity – 17 women transferred to other Boards (due to staffing issues)	Future aim: Maternity – no transfers out of region unless clinically indicated	5

			compare with future numbers in the Baird	Neonatal – total of 156 days of neonatal care provided in other Boards (due to staffing issues) (source: NHSG local clinical audit)	Neonatal – 90% reduction in transfers out of region, where not clinically indicated	
10	Minimise inappropriate hospital stays for well mothers whose babies require care	Quantitative Patient satisfaction surveys	Data re current numbers of women who remain in a postnatal bed unnecessarily because their baby is in the NNU Survey of women to measure satisfaction with new facility which will promote parenting and bonding	This service does not exist currently but estimated to be 2-3 women daily in this situation	Anticipate average of 370 babies per year in Transitional Care Unit, average length of stay of 8 days High satisfaction levels reported	4

11	Provision of appropriate maternity facilities for low, medium and high risk women, providing enhanced choice, as well as enabling early access to antenatal services	Qualitative Patient satisfaction surveys	Surveys with women to measure satisfaction with service and increased choice for birth location.	Patient surveys to be carried early in 2018 Scottish Maternity Care Experience Survey data re Grampian feedback (source: Maternity Care Experience Survey)	95% of women report that they were offered information regarding birth location and are supported to make an informed choice	5
12	Support women to be healthy, well and independent (maternity – women from remote and rural areas stay appropriately in Patient Hotel rather than hospital in-patient bed)	Patient satisfaction surveys	Provision of Patient Hotel, survey women to assess satisfaction	Inadequate hotel provision currently, patient survey to be carried out early in 2018	95% of women using this facility report satisfaction	4
13	Patients are cared for in an environment which maintains privacy and dignity e.g. 100% single rooms	Patient satisfaction surveys	The proportion of women and patients who report that their dignity and privacy	TBC by survey early 2018	95% satisfaction levels	5

			was maintained at all times			
14	Facility to improve safety of environment for patients, visitors and staff	Quantitative (by design) Patient satisfaction surveys	Design to ensure safety of environment for women, patients, babies, staff and visitors Families report satisfaction with safety and security facilities	Ward security in place but no baby tagging system currently in place	Controlled access in all patient areas, provision of secure baby tagging system Families report satisfaction with safety and security facilities	5
15	Support the emotional and psychological needs of women by providing a facility with improved patient pathways and appropriate segregation e.g. appropriate separation of maternity and reproductive flows	Qualitative Patient satisfaction surveys	Building design clearly demonstrates appropriate separation of flows to minimise distress	Current accommodation does not allow for this appropriate segregation	Patient surveys and a building design which clearly demonstrates that women feel the facility meets the needs of specific patient groups, consistent with the Design Statement and Clinical Brief	5

16	Improved service provision to support tertiary level of care e.g. birthing pools	Quantitative (by design) Patient satisfaction survey	Design of facility includes this service, continuing ability to provide care for women from North of Scotland	Currently inadequate provision of birthing pools	Women surveyed who wished to use this facility report that it was available to them as part of their birthing plan	5
17	Co-location and co-ordination of services improving the patient journey	Patient satisfaction survey	The proportion of patients who report that their care was co-ordinated and the pathway of care was smooth.	TBC by survey early in 2018	95% satisfaction levels	5
18	Improve delivery of Stage 1 recovery services to women in the maternity service	Quantitative	Reduction in women who experience delays for elective caesarean sections due to priority given to emergency cases. Achieved by the provision of dedicated obstetric emergency theatre in Baird	Analysis of Q1 2015 data (90 working days): 82 scheduled cases were completed outwith the elective theatre session, with 12 women postponed until the following day	No women unnecessarily postponed for elective section unless clinically indicated	4

			Cessation of women needing to receive Stage 1 recovery in the Birthing Suite as this will be provided in theatres	(source: NHSG local clinical audit)		
19	Increase participation in clinical trials across women and neonatal services	Quantitative	Analysis of current participation against future participation in new facility	Approximately 5% of patients are currently recruited to clinical trials (source: NHSG local clinical audit)	Future aim 10% of patients to be recruited to clinical trials	4
20	Increase participation in clinical trials for reproductive medicine clients	Quantitative	Analysis of current participation against future participation in new facility	Approximately 15% of patients are currently recruited to clinical trials (source: NHSG local clinical audit)	Future aim 80% of patients to be recruited to clinical trials	4
21	Reduced Healthcare Associated Infection rates (rates already very low, potential for	Quantitative	Analysis of current HAI rates against future rates in the new facility	Last reported cases of Staphylococcus Aureus Bacteraemia (SAB):	Baseline data levels maintained or improved	5

	service to look to reduce antibiotic use)			Gynaecology – October 2012 Neonatology – December 2014 Clostridium Difficile: Gynaecology – July 2010 Maternity – no reported cases		
22	Good teaching and learning environment created to support the existing culture of learning, creating competent practitioners delivering optimal care	Quantitative	Undergraduate and postgraduate students report a good learning experience	University of Aberdeen and Robert Gordon student surveys (source: UoA and RGU annual student surveys)	High level of satisfaction with teaching facilities reported	4
23	Physical estate is improved, including the functional suitability and the quality of the estate	Quantitative	Proportion of estate categorised as either A or B for physical condition appraisal facet	Poor 23% A-B 77% C-D	Excellent 100% A-B	5

			Functional suitability facet	Poor 42% A-B 58% C-D	Excellent 100% A-B	
			Quality facet	Poor 41% A-B 59% C-D (source: NHSG Asset Management Plan)	Excellent 100% A-B	
24	Reduces the age of the healthcare estate	Quantitative	Proportion of estate (related to Baird services) less than 50 years old	23% (source: NHSG Asset Management Plan)	100%	4
25	Appropriate spaces to deliver care safely	Qualitative	Facility provides spaces which are clinically safe and appropriate for modern day healthcare	Accommodation currently not compliant with SHBN/HBN	All accommodation compliant with SHBN/HBN	4
26	Reduced backlog maintenance and	Quantitative	Reduction in backlog maintenance burden	Circa £6.5m	£0	4

	associated financial burden		in relation to accommodation associated with delivery of women and neonatal services	(source: NHSG Asset Management Plan)		
27	Supports achievement of national targets e.g. IVF HEAT target, national waiting time targets for gynaecology and breast	Quantitative	HEAT targets are consistently met	Current IVF performance – 6 months Breast – compliant Gynaecology – compliant for in-patients (source: ISD)	Sustainable achievement of HEAT target for IVF treatment and national waiting time targets for gynaecology and breast patients	5
28	Increases level of staff engagement, supports optimisation of staffing and team working	Qualitative	Percentage of staff who say they would recommend their workplace	TBC by survey early in 2018 i-Matters survey results	80% staff satisfaction levels	4

29	Improved recruitment to all professions, creating a sustainable workforce	Quantitative	Divisional workforce turnover rate	2014/15 rates: Turnover rate for Women and Children's Division – 9.85% (source: NHSG Human Resources)	50% reduction by 2022	4
30	Improves design quality in support of increased quality of care and value for money	Quantitative	AEDET score	Baseline scores of between 1 and 2.3 (source: Baird and ANCHOR AEDET scores)	Target scores of between 4-6	5
31	Reduces carbon emissions and energy consumption	Quantitative	Percentage reduction on CO2 emissions and energy consumption for Foresterhill Health Campus	(2015) Foresterhill Heath Campus: Total: 799.84 KWh m ² Electric: 119.51 KWh m ²	(2022) predicted for Baird Family Hospital: Total: 320 KWh m ² Electric: 132 KWh m ² 68Kg CO ₂ m ²	4

				<p>62.02 Kg CO₂ m² (building standards)</p> <p>55.23 Kg CO₂ m² (DEFRA standards)</p> <p>Gas: 690 kWh m²</p> <p>149 Kg CO₂ m² (building standards)</p> <p>127.27 Kg CO₂ m² (DEFRA standards)</p> <p>(source: NHSG Facilities Department)</p>	<p>(building standards) 61kg CO₂ m² (DEFRA standards) Heat: 188 kWh m² 40kg CO₂ m² (building standards) 34kg CO₂ m² (DEFRA standards)</p>	
32	The Community Benefits to be achieved during the construction phase will be included in the Benefits Register at FBC stage once agreed with PSCP.					3

Appendix J

The ANCHOR Centre Benefits Realisation Plan

The ANCHOR Centre – Benefits Realisation Plan

Identification		Realisation					
Ref. No.	Main Benefit	Who Benefits?	Who is Responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
1	Care delivered in spaces that maintain dignity and privacy at what is often a distressing time.	Patients	Space – Project Team Operational Policies – Operational Management Team	Person Centred Care	Dependent on staff developing operational policies to ensure privacy and dignity.	Operational policies for the day and out-patients units are reviewed and updated with patient involvement.	2021
2	Improved provision for teenagers and young adults.	Patients	Space – Project Team Operational Policies – Operational Management Team	Person Centred Care	Dependent on teenagers and young adults and the Teenage Cancer Trust being involved in specification of the spaces and the operational policies.	Teenagers represented on The ANCHOR Centre Communication and Involvement Group.	2021

3	Improves the physical condition of the healthcare estate	Patients/ Staff/ Organisation	Project Team	Improved Efficiency and Effectiveness	Dependent on clear Board Construction Requirements (Technical Brief)	Work with Healthcare Planners, HFS Scotland and Technical Advisors to ensure clear specification.	2021
4	Improves the quality of the healthcare estate	Patients/ Staff/ Organisation	Project Team	Improved Efficiency and Effectiveness	Dependent on clear Board Construction Requirements	Work with Healthcare Planners, HFS and Technical Advisors to ensure clear technical specification.	2021
5	Reduces the age of the healthcare estate	Organisation	Asset Management Group (AMG)	Improved Efficiency and Effectiveness	Dependent on decommissioning of vacated spaces or reuse by non-clinical functions.	Work with AMG to make sure that the vacated spaces are decommissioned or used appropriately.	2021/22
6	Safe production and delivery of cancer treatments	Patients/ Staff/ Organisation	Project Team and Pharmacy Management Team	Improved Efficiency and Effectiveness	Dependent on the successful implementation of the Medicine's Act of 1968 and the Human	Need to work closely with pharmacy colleagues to ensure compliance with this guidance in both	2021

					Medicines Regulations of 2012 and compliance with MHRA Good Manufacturing Practice.	physical and operational policy terms.	
7	Reduces Healthcare Associated Infection	Patients/ Staff/ Organisation	Operational Management Team	Improved Efficiency and Effectiveness	Dependent on clear technical specification and the implementation of good operational working practices.	Support needed from Infection Prevention and Control colleagues to ensure appropriate specification and sound operational policies are in place.	2021/22
8	Reduces backlog maintenance	Organisation	AMG	Improved Efficiency and Effectiveness	Dependent on the spaces vacated in ARI being occupied in future by non-clinical functions.	Work with AMG to make sure that the vacated spaces are used appropriately.	2021/22
9	Co-location and co-ordination of	Patients/ Staff	Operational Management	Improved Efficiency	Dependent on the successful	NHSG organisational change process	2022/23

	services, improving the patient pathway		Team	and Effectiveness	implementation of the service redesign agenda.	applied, if required, to deliver the agreed redesign agenda.	
10	Good teaching and learning, competent practitioners delivering optimal care	Patients/ Staff/ Universities	Operational Management Team	Improved Efficiency and Effectiveness	Dependent on continued joint working with clinical staff and university colleagues to help create the right learning environment.	Support of the UoA and RGU to develop and implement appropriate, accessible teaching and learning opportunities for undergraduate and postgraduate learning.	2021/22
11	Improved access to additional services e.g. complimentary treatments and signposting to local authority and Third Sector	Patients	Operational Management Team	Patient Centred Care	Dependent on understanding what patients and carers need, work with Third Sector in a co-ordinated manner to ensure a wide range of opportunities to suit the needs of patients,	Need to work jointly with local authority and Third Sector colleagues to develop services in a co-ordinated way.	2022

	agencies who can support patients				carers and families.		
12	Supports achievement of the cancer treatment targets	Patients	Operational Management Team	Improved Access to Treatment	Dependent on successful recruitment to vacancies, good scheduling and the creation of optimal, streamlined patient pathways.	Human Resources (HR) support to facilitate the implementation of the redesign agenda.	2022
13	Improves the functional suitability of the healthcare estate	Organisation	Project Team	Improved Efficiency and Effectiveness	Dependent on the involvement of clinicians and patients in the specification and design of the new facility.	Support for clinicians and patients across the life of the project through e.g. The ANCHOR Centre Project Group and the Communication and Involvement Group.	2021
14	Supports early cancer detection	Patients	Operational Management Team and Public	Improved Access to Treatment	Dependent on close working with NOSCAN, General	Need to work jointly with NOSCAN, MCN, General Practice and	2022

			Health Team		Practice, the Cancer Managed Clinical Network (MCN) and Public Health to deliver this important stream of work.	Public Health colleagues to develop early detection initiatives and services in a co-ordinated way.	
15	Increased level of staff engagement	Staff/ Organisation	Operational Management Team	Improved Efficiency and Effectiveness	Dependent on staff feeling positive about their work and workplace.	Good involvement in the project, helping to create a feeling of ownership and pride.	2022
16	Supports optimisation of staffing and team working	Staff/ Organisation	Operational Management Team	Improved Efficiency and Effectiveness	Dependent on the successful implementation of the service redesign agenda.	HR support to deliver the service change agenda.	2022
17	Accommodation sized to cope with predicted rises in demand and to achieve waiting time targets	Patients/ Organisation	Project Team and Operational Management Team	Improved Access to Treatment	Dependent on accurate date prediction assumptions re incidence and prevalence as well as	Regular review of planned and actual changes in referrals, early planning to deal with any variances appropriately.	2022

					future care pathways, informing the Schedule of Accommodation.		
18	Improved recruitment in all professions	Staff/ Organisation	Operational Management Team	Improved Efficiency and Effectiveness	Dependent on the availability of suitably qualified people applying for vacancies.	Need to promote The ANCHOR Centre nationally to raise awareness regarding the new facility, positive opportunities offered in NHS Grampian.	2022/23
19	Improves design quality in support of increased quality of care and value for money	Patients/ Staff/ Organisation	Project Team and Operational Management Team	Improved Efficiency and Effectiveness	Dependent on regular review to ensure that the emerging design is compliant with clinical/technical briefs and the Design Statement.	Use the independent design review carried out by SFT, the NDAP process and the AEDET process to evaluate the design quality at key stages throughout the project.	2021

20	Reduces carbon emissions and energy consumption	Organisation	Operational Management Team	Improved Efficiency and Effectiveness	Dependent on sustainable design and design specification.	The technical specification has been developed in collaboration with Technical Advisors and HFS.	2023
21	Community Benefits to be achieved during construction to be included in the Benefits Register at FBC stage once agreed with PSCP.	Construction Employees and the general public	PSCP and NHS Grampian	Improved Efficiency and Effectiveness	All community benefits to be agreed with PSCP	Support of all participating organisations needed.	2021

Appendix K

The Baird Family Hospital Benefits Realisation Plan

The Baird Family Hospital - Benefits Realisation Plan

Identification		Realisation					
Ref. No.	Main Benefit	Who Benefits?	Who is Responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
1	Facility supports ambulatory care to be the norm, where possible, reducing inappropriate admissions to hospital	Women and patients	Space – Project Team Operational Policies – Unit Operational Team	Person Centred Care	Agreement to service model and clinical brief. Service planning and redesign of services to delivery care differently. Staff training in enhanced ambulatory service provision. Development of operational policies.	Support to identify ways to redesign in advance of 2021. Funding to support training required.	2022 Potential for benefits to be realised in part pre-2022 and new facility
2	Minimise inappropriate hospital admissions	Women and patients	Space – Project Team Operational Policies – Unit Operational	Effective Quality of Care	Agreement to service model and clinical brief e.g. provision of Patient Hotel. Communication and	Project Board to support accommodation provided as part of service modelling.	2022

			Team		education with women/patients about service provision and support provided. Development of operational policies.	Development of operational policies and communication with women and patients.	
3	Reduced length of stay for gynaecology and breast patients	Patients	Space – Project Team Operational Policies – Unit Operational Team	Effective Quality of Care	Agreement to service model with increased ambulatory care provision. Staff training to provide enhanced ambulatory services. Equipment funding to deliver more ambulatory care.	Project Board to support service model. Identification of funding to provide equipment to support ambulatory care.	2022 Potential for benefits to be realised in part pre-2022 and new facility
4	Increase in 23 hour surgery for breast and gynaecology patients	Patients	Space – Project Team Operational Policies – Unit Operational	Effective Quality of Care	Agreement to service model with increased ambulatory care provision. Staff training to	Project Board to support service model. Identification of funding to provide equipment to support	2022 Potential for benefits to be realised in part pre-

			Team		provide enhanced ambulatory services.	ambulatory care.	2022 and new facility
5	Increased surgical pre-assessment for gynaecology and breast patients, maintain current rate for maternity	Women and patients	Space – Project Team Operational Policies – Unit Operational Team	Person Centred Care	Optimal utilisation of pre-assessment resources already in place. Education of women and patients.	Pre-assessment service support to provide appropriately responsive service. Clinical use of this service to minimise multiple attendances.	2017 initially, full benefit from 2022
6	Increased rate of admission on day of surgery	Patients	Space – Project Team Operational Policies – Unit Operational Team	Person Centred Care	Staffing model in place to support admission on day of surgery, including pre-assessment service	Project Team and Human Resources support to assist theatre operational team to devise appropriate staffing model	2022
7	Increases safety of people receiving care and support e.g. patient transfers	Women, adult patients and neonates	Space – Project Team	Safe	Provision of internal corridor connection between hospitals, as short a journey as possible, avoiding lifts	Design support to maximise opportunities for the shortest journey possible	2022

	to and from other hospital facilities				and other potential delays		
8	Maintain NHS Grampian's position as the Board with the highest level of attendance at the Breast Screening Service	Patients	Space – Project Team Operational Policies – Unit Operational Team	Health of Population	Design to support ease of access to building as much as possible to ensure attendances are maintained	Maximum ease of access (parking, public transport) to building as possible	2022
9	Avoid unnecessary neonatal and maternity patient transfers out of region	Women and neonates	Space – Project Team Operational Policies – Unit Operational Team	Person Centred Care	Appropriate staffing in place in Neonatal Unit to accommodate 95% of North of Scotland demand for neonatal cots	Operational team to agree staffing model and pursue funding options	2022
10	Minimise inappropriate hospital stays for well mothers	Women	Space – Project Team Operational Policies – Unit Operational	Effective Quality of Care	Design to include Transitional Care Unit which will cater for family needs	Neonatal and maternity teams to devise clinical and staffing models	2022

	whose babies require care		Team				
11	Provision of appropriate maternity facilities for low, medium and high risk women, providing enhanced choice	Women	Space – Project Team Operational Policies – Unit Operational Team	Safe	Support for midwifery staff to educate women about choice, including risk options	Training for staff, communication methods to reach patient groups, clear clinical and risk criteria in place	2022
12	Support women to be healthy, well and independent	Women and patients	Space – Project Team Operational Policies – Unit Operational Team	Health of Population	Provision of Patient Hotel and optimal use of this facility	Policies in place to agree facility use, support from clinical teams to appropriately use the space	2022
13	Patients are cared for in an environment which maintains privacy and	Women and patients	Space – Project Team Operational Policies – Unit Operational Team	Person Centred Care	Dependent on services developing and implementing operational policies to facilitate privacy and dignity	Operational policies in place	2022

	dignity e.g. 100% single rooms						
14	Facility to improve safety of environment for patients, visitors and staff	Women, adult patients and neonates	Space – Project Team Operational Policies – Unit Operational Team	Safe	Appropriate security in place to meet needs of patient groups, creation of operational policies to support these systems	Technical assistance to select systems	2022
15	Support the emotional and psychological needs of women by providing a facility which improves patient pathways and provides appropriate segregation	Women, adult patients and neonates	Space – Project Team Operational Policies – Unit Operational Team	Health of Population	Design to create a welcoming environment which also allows for patient flows to be separate as appropriate	Design and clinical teams to maximise opportunities for appropriate segregation	2022
16	Improved service provision to	Women	Space – Project Team	Person Centred Care	Women to be involved in the design to	Stakeholder involvement in design,	2022

	support tertiary level of care e.g. birthing pools		Operational Policies – Unit Operational Team		ensure facility meets women and family needs	operational team to ensure criteria and risk controls in place	
17	Co-location and co-ordination of services, improving the patient journey	Women, adult patients and neonates	Space – Project Team Operational Policies – Unit Operational Team	Effective Quality of Care	Clinical teams to agree best model of care delivery, with stakeholder input	Design to allow for appropriate co-location to maximise staff time as well as providing seamless care	2022
18	Improve delivery of Stage 1 recovery services to women in maternity service	Women and neonates	Space – Project Team Operational Policies – Unit Operational Team	Effective Quality of Care	Staffing model in place to support Stage 1 recovery in theatre, Baird provision of dedicated obstetric emergency theatre	Support to facilitate theatre, birthing and ward teams to work together to ensure service redesign	2022
19	Increase participation in clinical trials across women	Women, adult patients and neonates	Space – Project Team Operational Policies – Unit	Effective Quality of Care	Clinical and research teams to work collaboratively to appropriately promote	NHS and University close collaboration to streamline activities and use	2022

	and neonatal services		Operational Team University partners		and recruit to trials	accommodation optimally	
20	Increase participation in clinical trials for reproductive medicine clients	Patients	Space – Project Team Operational Policies – Unit Operational Team University partners	Effective Quality of Care	Clinical and research teams to work collaboratively to appropriately promote and recruit to trials	NHS and University close collaboration to streamline activities and use accommodation optimally	2022
21	Reduced Healthcare Associated Infection rates	Women and patients Staff Organisation	Unit Operational Team	Safe	Clear technical specification and implementation of good operational clinical working practices	Infection Prevention and Control support to ensure working practices and policies in place	2022
22	Good teaching and learning environment,	Women and patients Staff	Space – Project Team Operational	Value and Sustainability	Continued good working with clinical staff and university	Support of UoA and RGU to develop learning opportunities	2022

	creating competent practitioners delivering optimal care		Policies – Unit Operational Team		colleagues	for under and postgraduate teaching	
23	Physical estate is improved, including functional suitability	Women and patients Staff Organisation	Project Team	Person Centred Care	Dependent on clear Works Information (technical brief)	Work with healthcare planners, HFS and technical team to ensure clear technical specification	2022
24	Reduces the age of the healthcare estate	Organisation	Asset Management Group (AMG)	Person Centred Care	Dependent on decommissioning vacated spaces	Work with AMG to ensure vacated spaces are decommissioned or used appropriately	2022
25	Appropriate spaces to deliver care safely	Women and patients Staff Organisation	Project Team	Person Centred Care	Dependent on clear Works Information (technical brief), compliance with relevant SHBN/HBN	Work with healthcare planners, HFS and technical team to ensure clear technical specification	2022
26	Reduced backlog	Organisation	Asset	Person	Dependent on the	Work with AMG to	2022

	maintenance and associated financial burden		Management Group	Centred Care	spaces vacated in ARI being occupied in future by non-clinical functions	make sure that vacated spaces are used appropriately	
27	Supports achievement of national targets e.g. IVF HEAT target, national waiting time targets for gynaecology and breast	Patients	Unit Operational Team	Effective Quality of Care	Effective space utilisation to maximise clinical staff time, no change to national criteria, successful service redesign to increase ambulatory provision	Senior clinical leadership to facilitate the redesign agenda	2022
28	Increases level of staff engagement, supports optimisation of staffing and team working	Staff Organisation	Unit Operational Team	Value and Sustainability	Dependent on staff feeling positive about their work and workplace	Effective staff involvement in project, helping to create a feeling of ownership and pride	2022
29	Improved recruitment to all	Staff Organisation	Unit Operational Team	Value and Sustainability	Dependent on the availability of suitably	Promote The Baird nationally to raise	2022

	professions, creating a sustainable workforce				qualified personnel	awareness about the new facility	
30	Improves design quality in support of increased quality of care and value for money	Women and patients Staff Organisation	Project Team Unit Operational Team	Value and Sustainability	Regular review to ensure design is compliant with clinical/technical briefs as well as Design Statement	Evaluate design quality using SFT independent design review, NDAP, AEDET etc	2022
31	Reduces carbon emissions and energy consumption	Organisation	Unit Operational Team	Value and Sustainability	Dependent on sustainable design and design specification	Technical specification developed with technical advisors, HFS etc	2022
32	Include community benefits to be achieved, to be developed in full for Full Business Case	Community partners	Project Team PSCP	Value and Sustainability	Work with PSCP to agree benefits to be achieved	PSCP and Project Team to agree benefits and how these will be achieved	2022

Appendix L

Risk Register

RISK REGISTER

Project Title:		NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director					
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number:	23	Updated by:	FMcD	Current Stage:	Stage 2
Control Buttons:		High Risks	Medium Risks	Low Risks	Active Risks	Closed Risks	Overdue Risk	Action Date Approaching	Reset

Ref No:	Category	Risk Description	Prior to Mitigation			Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation			Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Days to Action Date	Closed Out
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
1	Project	Programme not achievable/deliverable within stated timescales.	5	3	15			To establish and actively manage the delivery of the Project Plan to meet programme, with review at regular Core Group Meetings.	4	3	12	T	£0.00	£0.00	0	0	Project Director: Jackie Bremner/PS CP	PSCP: Anthony Bateman		-43111	N
2	Finance	Lack of clarity over scale of Scottish Government funding and conditions attached : associated with the Works	4	4	16			Regular and timely engagement with Scottish Government	2	4	8	T&C	£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Finance Manager: Julie Anderson		-43111	N
3	Project	Scottish Government/NHS Grampian do not approve OBC/FBC resulting in programme delay.	5	4	20			Continuing and regular engagement with Scottish Government on compliance with new SCIM guidance.	1	3	3	T	£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
7	Service	There is a risk that Internal and external stakeholders feel disengaged, are not involved in shaping the project and are not kept up to date with progress.	3	4	12			A Project Communications and Involvement Framework is in place and reviewed regularly. Project Team meet regularly with third sector and patient group partners. Internet, intranet and social media accounts are in place. Regular internal staff awareness sessions organised. Regular engagement with other Health Boards in North of Scotland. NHSG Partnership and HR personnel involved in project to aid communication.	2	3	6		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Public Involvement Officer: Anna Rist		-43111	N
8	Service	There is a risk that the lack of a clear NHSG Service Redesign Strategy and Implementation Plan will result in appropriate clinical service modelling not being achieved thereby not maximising the benefits of the facilities.	4	4	16			Creation of a Redesign Agenda and Implementation Plan coupled with a governance structure to support its delivery.	2	4	8		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
9	Service	There is a risk that the facility design and/or service model do not meet with approval from users (e.g. patients, carers, staff) resulting in complaints/grievances/ poor publicity/loss of reputation).	4	4	16			Early and continuous engagement with users will be a key role for the Project Team, facilitated through Project Groups and various other communication channels.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
10	Service	Failure to maintain the benefits of relations with the University in the current facilities, and to achieve aspirations for education, peer review and research in the future.	3	3	9			Early and continuous engagement with University.	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Director: Jackie Bremner		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director						
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number:	23	Updated by:	FMcD	Current Stage:	Stage 2

Control Buttons:

High Risks								Reset
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Ref No:	Category	Risk Description	Prior to Mitigation			Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation			Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Days to Action Date	Closed Out
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
11	Service	There is a risk that service redesign will involve changes to staff terms and conditions, with the potential for staff dissatisfaction/formal action. This could potentially lead to programme delay if staff do not feel involved in the planning for the new facilities	3	3	9			Early and continuous engagement throughout the project with partnership, HR and professional bodies.	2	3	6		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
12	Project	Project team roles and responsibilities are unclear.	4	3	12			Clear Project structure, roles and terms of reference. A team development process is established to ensure coordinated team working and good communication. Roles and responsibilities are set out in the PEP which is updated on a quarterly basis.	2	2	4		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Director: Jackie Bremner		-43111	N
13	Commissioning	Failure to plan and coordinate functional commissioning activities to ensure a smooth, bring into operation of the new facilities, following handover, creating cost pressures, and disruption and risk to clinical care	4	3	12			Commissioning manager and equipment manager to be appointed in 2018 to create and implement a safe, smooth and coordinated functional commissioning plan. Soft landings plan to be mitigated.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
14	Project	Handover is delayed due to construction or technical commissioning issues.	4	3	12			Early and effective planning and coordination with the PSCP & Technical commissioning manager.	2	3	6		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
15	Project	Inappropriate and insufficient resources to deliver the project and associated work - e.g. business case	3	4	12			Regular review of resource requirement including the commissioning of external resources as required.	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Director: Jackie Bremner		-43111	N
17	Finance	Affordability of scheme within the notional funding identified is not achievable	4	5	20			Updated OBC cost plan based on Stage 2 designs. Cost plan agreed between the PSCP and the Joint Cost Advisor. Risk allowance calculated using Monte Carlo simulation.	3	3	9		£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Finance Manager: Julie Anderson		-43111	N
18	Finance	Evaluation of project does not demonstrate VFM.	4	4	16			Regular review of project against VFM and affordability criteria. Benchmarking exercise to be carried out to prove vfm.	2	4	8		£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Finance Manager: Julie Anderson		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director				
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number: 23	Updated by: FMcD	Current Stage:	Stage 2

Control Buttons:

High Risks								Reset
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Ref No:	Category	Risk Description	Prior to Mitigation			Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation			Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Days to Action Date	Closed Out
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
19	Finance	Recurring building running costs are unaffordable.	4	3	12			Periodic review of anticipated running costs and appropriate incorporation into NHS Grampian Financial Plan	1	3	3		£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Finance Manager: Julie Anderson		-43111	N
20	Finance	Initial costing: equipment based on % of construction costs - need to identify a more robust driver. Potential Group 2, 3, 4 equipment costs unaffordable.	4	4	16			Development of equipment schedule in conjunction with HFS.	2	3	6		£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Service Project Manager: Gail Thomson		-43111	N
21	Finance	Potential double running between technical commissioning and decommissioning not budgeted.	3	3	9			Early budgeting for commissioning period and confirmation of capacity required for double running for a number of weeks (staffing and infrastructure) following completion of the commissioning plan.	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Finance Manager: Julie Anderson		-43111	N
24	Finance	VAT treatment assumptions could change.	3	3	9			Regular review of VAT assumptions and update of cost plans as appropriate	3	3	9		£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Finance Manager: Julie Anderson		-43111	N
25	Construction	The level of build quality delivered by PSCP does not match brief.	4	4	16			Robust monitoring by Site Supervisor and NEC3 Supervisor team. PSCP has a full quality management system in place.	1	4	4		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
26	Statutory	Failure to discharge statutory planning conditions.	5	4	20			Early & ongoing engagement with Planning Authority, statutory consultees and stakeholders.	3	4	12		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
29	Project	Site abnormals reduce the viability of development sites (excluding ground risk).	4	4	16			Topographic surveys carried out. Site Investigations undertaken by PSCP (drainage, levels & CCTV).	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director						
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number:	23	Updated by:	FM:CD	Current Stage:	Stage 2

Control Buttons:

High Risks	Medium Risks	Low Risks	Active Risks	Closed Risks	Overdue Risk	Action Date Approaching	Reset
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Ref No:	Category	Risk Description	Prior to Mitigation			Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation			Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Days to Action Date	Closed Out
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
30	Design	Construction requirements unclear, resulting in inappropriate facilities and cost escalation.	4	4	16			Clear, signed off stage 2 works information and clinical briefs. Stage 3 & 4 works information being developed in conjunction with the PSCP.	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager/ Service Project Manager: Gail Thomson		-43111	N
31	Service	Clinical modelling assumptions are not realised.	4	4	16			Early and detailed involvement of clinical staff and other relevant parties in the planning process, with repeated review at all stages.	2	4	8		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Service Project Manager: Gail Thomson		-43111	N
32	Service	There is a risk that maternity modelling may be inaccurate if assumptions about the use of Community Maternity Units are not realised and impact of Best Start recommendations	3	4	12			Forecast CMU numbers have been reviewed using best available evidence to date coupled with clinical staff engagement. Active plan to encourage appropriate usage of the CMUs to be rolled out from 2018, two years in advance of the Baird opening	2	4	8		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Manager: Gail Thomson		-43111	N
33	Service	There is a risk that future changes to medical technology/clinical care are unable to be fully anticipated and could change the service model from that which is planned. There is the associated risk that accommodation provided will then not be fit for purpose	5	4	20			Project Team will continue ongoing dialogue with clinical teams throughout the life of the project to keep up to date with changes in clinical care which could impact on the project. Flexible provision of accommodation will be the aim as much as possible.	2	4	8		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
34	Statutory	Legislative changes that affect the scope, specification and/or the cost of the project. (excl. fire)	2	4	8			Regular monitoring and review.	1	4	4		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Service Project Manager: Gail Thomson		-43111	N
35	Service	There is a risk that the strategy for health records paper storage/electronic patient record is not realised and inadequate accommodation is provided. The project will provide for current paper records only.	5	3	15			Robust dialogue with Health Records team and engagement around strategic planning for implementation of electronic patient records will take place. Accommodation provided in future will be flexible in nature. Finding a storage solution for the AMH records being progressed by the wider NHSG Health Records Projects Group	2	3	6		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
36	Service	There is a risk that we are unable to recruit and retain clinical staff within specialist services, reducing our ability to achieve some of the benefits outlined in the benefits registers.	4	3	12			Early resource planning and engagement with relevant stakeholders. Proposal to develop key worker staff housing on site which will hopefully increase recruitment to NHSG, as well as the attraction of working in modern-day healthcare facilities	2	3	6		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Manager: Gail Thomson		-43111	N
37	Service	There is a risk that the service/project will fail to prepare and train staff to deliver redesigned services.	4	4	16			Early planning and engagement with Operational Management Teams and with relevant stakeholders led by the Redesign Groups.	2	4	8		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
38	Construction	Damage or interference to or failure of site services during construction resulting in disruption to clinical service.	2	4	8			Risk/method statements to be provided for before works undertaken. Procedures for working with services detailed/agreed within WI.	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director						
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number:	23	Updated by:	FMcD	Current Stage:	Stage 2

Control Buttons:

High Risks									Reset
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Ref No:	Category	Risk Description	Prior to Mitigation			Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation			Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Days to Action Date	Closed Out
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
39	Service	There is a risk that Soft FM services are not redesigned appropriately to function effectively in the new buildings.	3	3	9			Detailed non-clinical briefs have been developed, outlining the high level redesign required. An agreed redesign agenda has been developed with service and project input.	2	3	6		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Managers: Gail Thomson & Louise Budge		-43111	N
40	Design	Insufficient resilience within existing site services for Oxygen.	4	5	20			Early assessment of existing service capacity in addition to an assessment of likely service demands of B&A. Strategy is agreed & plan being developed. NHSG have agreed capital funding for the implementation of SHBN compliant O2 resilience for the Foresterhill campus during 2017/18.	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
41	Project	External agencies cause delays, i.e. HFEA.	4	3	12			Early and regular engagement with HFEA.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Service Project Managers: Gail Thomson		-43111	N
43	Construction	HAI controls (e.g. noise, dust) inadequate.	5	3	15			Complete HAI Scribe assessments at key stages and agree action plans with PSCP.	2	3	6		£0.00	£0.00	0	0	PSCP: Anthony Bateman	Project Manager: Fiona McDade		-43111	N
44	Service	National Review of Aseptic Pharmacy leads to design review of ANCHOR lower ground floor if elements of aseptic pharmacy is delivered nationally.	3	3	9			Active participation in the National Planning Review by NHSG staff. Aseptic pharmacy represents less than 2% of the total project.	2	1	2		£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Finance Manager: Julie Anderson		-43111	N
46	Construction	Claims with regards to damage to neighbouring properties as a direct result of construction; without prior knowledge of existing condition of neighbouring buildings.	2	4	8			Photographic schedule of condition to be undertaken of neighbouring properties prior to starting construction works. Method statements for construction to be completed by PSCP.	1	4	4		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
47	Construction	Construction traffic impedes live operations on site.	3	3	9			Construction Traffic Management Plan to be developed by PSCP and agreed with NHSG.	2	3	6		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
48	Service	There is a risk that neonatal service modelling for the North of Scotland proves to be inaccurate (e.g. unanticipated changes to service delivery at Dr Gray's, Raigmore or Dundee which impact on Baird modelling, impact of Best Start national ITU recommendations)	4	4	16			Undertake scenario planning to understand what the impact would be and put in place contingency plans, e.g. soft expansion space.	3	4	12		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Manager: Gail Thomson		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director						
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number:	23	Updated by:	FMcD	Current Stage:	Stage 2

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			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
49	Service	There is a risk that gynaecology service modelling will prove to be inaccurate, and the predicted movement of patients from in-patient to day and out-patient care is not achieved placing an unpredicted burden on in-patient services	4	4	16			Service redesign agenda to be agreed to prepare the service for new ways of working.	2	4	8		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Manager: Gail Thomson		-43111	N
50	Service	There is a risk that the Admission on Day of Surgery rates are not realised for gynaecology and breast services, resulting in inadequate accommodation provision.	4	4	16			Design and implement a comprehensive surgical pre-assessment service accessible to all elective gynaecology and breast patients.	2	4	8		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Manager: Gail Thomson		-43111	N
51	Service	There is a risk that the predicted increase in incidence and prevalence of cancer are underestimated putting space pressure on The ANCHOR Centre.	3	3	9			Continue to rehearse alternative ways of working e.g. extension of operational hours, increase in community clinics/treatments where appropriate etc.	2	3	6		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Managers: Louise Budge		-43111	N
52	Finance	Programme may straddle financial years and availability of funding requires to be managed.	3	3	9			Active management of the programme and early dialogue with NHS and SGHSCD if revenue/capital funding is required in a different financial year.	2	2	4		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Finance Manager: Julie Anderson		-43111	N
53	Design	BREEAM target credits are not achieved. e.g. renewables required.	5	3	15			Early identification of points that can be secured.	2	3	6		£0.00	£0.00	0	0	Project Manager: Fiona McDade	PSCP: Anthony Bateman		-43111	N
54	Design	Achievement of n+1 heat and energy resilience impacts negatively upon capex and/or space.	4	4	16			An agreed strategy for heat resilience for the facilities.	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
56	Service	There is a risk that the Baird Theatre design is not fit for purpose for all specialities.	5	3	15			Involve all relevant stakeholders in theatre design, including research/visits to other theatre facilities.	1	3	3		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Manager: Gail Thomson		-43111	N
57	Construction	Risk that Baird & ANCHOR Site become infested by Knotweed	3	3	9			Knotweed strategy for site developed and an initial and ongoing treatment plan established. Ongoing communication with Core Group.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
58	Service	NHS Grampian must find a solution to accommodating the Community Midwifery team, currently based in AMH, by 2021 as this team are not included in accommodation to be provided in The Baird Family Hospital	4	3	12			Agreed strategy to be in place to ensure this team have secured accommodation before 2021.	2	3	6		£0.00	£0.00	0	0	Service Project Manager: Gail Thomson	Service Project Manager: Gail Thomson		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director						
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			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
59	Finance	Financial standing of the PSCP in light of the current economic uncertainty.	3	4	12			Financial standing of the PSCP confirmed through the HFS PSCP procurement process. PSCP has provided NHSG with a Parent Company Guarantee. NHSG and the Joint Cost Advisor will work with PSCP to ensure that supply chain risks are managed during the development and application of the procurement strategy	1	4	4		£0.00	£0.00	0	0	Finance Manager: Julie Anderson	Finance Manager: Julie Anderson		-43111	N
62	Project	Procurement Strategy: management of supply chain lead time.	3	4	12			Work in partnership with the PSCP and Joint Cost Advisor to ensure procurement strategy considers the management of lead in time issues ahead of target price being agreed.	2	4	8		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Stephen McNally / Jule Plesko		-43111	N
63	Service	Unable to reach agreement with UoA regarding relocation of office accommodation from FHC to alternative accommodation to vacate building in early 2018.	3	2	6			Agree scope and investigate options in collaboration with UoA, with aim of agreeing a mutually agreeable solution to be delivered in 2017.	3	2	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
65	Project	PSCP fail to meet NEC contract obligations.	2	3	6			PSCP commercial team to brief full PSCP team on requirements and provide training where required. Asite CAT system utilised to administer contract	1	3	3		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Stephen McNally / Jule Plesko		-43111	N
67	Project	Sub Contractor Collateral Warranties fail to be listed definitively.	3	4	12			Agreed list to be identified early to allow discussion.	3	2	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
68	Project	Project team may not involve appropriate Professional expertise, (Design, Commercial)	3	3	9			Selection of team including PSCM's to be based on quality of professional expertise and costs.	1	3	3		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
69	Finance	Construction Inflation calculations may be inadequate (MIPS)	3	5	15			Use of BCIS forecasts at point of target price to be used. Review of market data and cost plan allowances. Procurement strategy also deals with this. Framework agreement includes provision of inflation.	2	4	8		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Ross Irwin / Stephen McNally		-43111	N
77	Project	Variations to Framework Scotland Contract may not be approved or agreed	2	3	6			Engagement with CLO and Pinsent Mason to agree project specific Z clauses to be included in the Stage 4 Contract. These are with the PSCP for consideration.	2	2	4		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Director: Jackie Bremner		-43111	N
79	Project	Project Bank Account system unproven / does not work	3	1	3			Project bank account to be established during Stage 2, piloted during Stage 3 and fully operated during Stage 4.	2	1	2		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Finance Manager: Julie Anderson		-43111	N
81	Project	Failure to deliver agreed 'Community Benefits'	3	2	6			Early agreement with PSCP regarding Community Benefits Plan and regular updates of progress.	2	2	4		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: CBO: Debbie Rutherford and CO - Suzanne Stevenson		-43111	N
82	Finance	Inaccurate forecast of pain/gain share, and taking benefit prior to finalising Actual Cost.	3	3	9			No use of gain until high degree of actual cost (might be late in project)	3	2	6		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Jule Plesko / Stephen McNally		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director				
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High Risks	Medium Risks	Low Risks	Active Risks	Closed Risks	Overdue Risk	Action Date Approaching	Reset
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			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Time / Cost Impact										
83	Design	May fail to define appropriately the Clinical / Non Clinical WI leading to minor changes	5	3	15			Creation of comprehensive WI during Stage 2 and 3. Incorporate lessons learned from other projects.	4	2	8			£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
84	Service	May fail to define appropriately the Clinical / Non Clinical Brief leading to Major changes	3	5	15			Creation of comprehensive WI during Stage 2 and 3. Incorporate lessons learned from other projects.	1	4	4			£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
85	Statutory	Costs of discharging conditions of Planning Consent may be greater than allowance provided for e.g. extent of works / green space	5	5	25			Regular engagement with planners Identification of possible planning risk costs in cost plan	2	4	8			£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Jule Plesko / Stephen McNally		-43111	N
86	Design	May fail to maintain a consistent interpretation of Standards	3	3	9			Derogations and applicable standards to be developed and regular reviews maintained throughout project life for each building; to be monitored.	2	3	6			£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
87	Statutory	Local objection may influence Planning / Design	3	3	9			On-going consultation with planners, consultees and public	1	3	3			£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
89	Statutory	May fail to comply with cost of Environmental Regulations	4	3	12			Environmental plan to be developed for both Planning and construction	2	3	6			£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
90	Statutory	May fail to comply with Traffic Planning Regulations	3	4	12			Construction Traffic Management Plan to be developed by PSCP and agreed with NHSG. Plan agreed with council.	1	4	4			£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
91	Statutory	May fail to comply with Utilities Regulations	2	4	8			Detailed design of Utilities strategy required and identification of utility regulations applicable including SHTM's etc.	1	4	4			£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: MEP Manager Andrew Smith		-43111	N
92	Statutory	Fire strategy not defined / agreed Fire Strategy remains open to testing throughout the design stage, and derogations may be challenged.	4	4	16			Strategy to be developed and reviewed by all parties including FO, ACC and NHSG / HFS	3	4	12			£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
93	Design	Designs may fail to identify and address Site constraints, (Blue light, FM, Fire Access Routes, electrical infrastructure etc.).	4	4	16			Stakeholder meetings with NHSG FM, Estates etc. and SAS Designs issued to all for review and comment	2	4	8			£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
94	Project	Ground conditions, bearing pressure, contamination. Requirement for expensive ground gas protection and removal/capping of contaminated ground.	4	5	20			Early SI's to be carried out to inform design specification.	3	4	12			£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
95	Project	High groundwater table gives problems on both sites for basements.	4	4	16			Current design proposals take into account the high groundwater levels across the sites. To be further investigated once demolition works have taken place.	3	4	12			£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director						
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97	Project	Onerous restrictions/mitigation required for flood risk.	5	5	25			Early surveys/FRA design to be carried out.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
98	Project	Unknown services - Accuracy of GPR surveys of existing services below ground	4	4	16			GPR surveys to be carried out. Further trial digs at hot spots to understand risks, risk allowance for unknowns. Possible early diversion enabling works to de-risk programme	3	4	12		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
99	Project	Dark ground - Surveys and Investigations - access difficulties and risks inherent in areas which are not surveyed. i.e. areas of existing buildings can not be surveyed	4	5	20			Early survey work should seek to make assessment close to existing buildings not yet demolished to help inform risk cost.	3	4	12		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
103	Project	Water Infrastructure may not have sufficient capacity	3	4	12			Resilience in reservoir & public supply to be investigated.	3	4	12		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
105	Project	Drainage Impact Assessment results in on / off site drainage capacity works (foul drainage)	3	4	12			Initial drainage impact assessment (DIA) carried, further DIA work to be implemented.	2	4	8		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
106	Project	Drainage connections - existing information is not good, quality of existing installation may cause problems.	3	4	12			CCTV surveys have been carried out.	2	4	8		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
107	Statutory	ACC requirement for limit on discharge leads to large attenuation requirement on site where space is limited. Existing drainage from Radiotherapy also needs to be moved. Storm water attenuation due to increase in impermeable areas (Surface Water)	4	5	20			Sourcing of information regarding existing discharge rates. Work currently underway.	3	4	12		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
109	Design	Aseptic pharmacy design does not meet user / GMP requirements	3	4	12			Design to be developed to specific URS Early engagement / Market testing of specialist contractor to be sought	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
111	Project	Specialist equipment design requirements change / not advised timeously e.g. MRI	4	2	8			NHSG to identify possible suppliers of equipment PSCP to meet with supplier and users, and collate worst-case requirements Design to be based on worst case and to allow optimum flexibility for equipment	3	2	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
112	Project	Art strategy programme does not align with PSCP design programme	3	3	9			Develop an aligned strategy. A representative of GHAT is a member of the Interior Design Project Group.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N

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113	Construction	Asbestos may be more extensive than highlighted in the management surveys.	5	3	15			Ability to carry out demolition surveys to be agreed. May not be possible due to live nature of site Desktop study of available info together with meeting with NHSG Asbestos officer Sufficient cost and programme allowances to be made	4	3	12		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
114	Design	System tie-ins, fire alarm and BEMS - specific requirements not known system architecture not matched	3	3	9			PSCP to identify scope of works in conjunction with NHSG	3	3	9		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
115	Design	Failure to agree derogations	3	4	12			Derogations to be developed and regular reviews maintained throughout project life for both buildings.	3	4	12		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
116	Design	Failure to meet carbon reduction targets	4	4	16			Ongoing dialogue with design team & NHSG as part of the MEP workshops and development of Stage 3 & 4 works information.	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
117	Design	Failure to co-ordinate with Green space strategy	4	3	12			Dialogue with planners, NHSG to provide details of Greenspace requirements and design for interfacing phases PSCP to develop design against NHSG requirements	3	3	9		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
118	Project	Existing link bridge structure requires significant works for interface	3	3	9			Survey & design required Allowance to be made in cost plan until final design known	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
119	Construction	Disruption of Heli operations - including changes to heli pad location.	3	4	12			Design to take cognisance current CAA report Meeting to take place with Heli-operators to discuss current design and operational requirements. TMP and craneage to be developed and agreed with NHSG	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
120	Construction	Disruption to construction works as a result of Heli operations	4	3	12			Foreign Object Damage strategy to be developed and incorporated into construction method statement; protocol to be agreed with NHSG on standing time during construction operations.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
121	Finance	Material and labour costs due to BREXIT.	3	4	12			Impact of BREXIT to be monitored Possible early purchase of products to be investigated Early Market testing of key components to be undertaken to achieve supplier input on BREXIT costs	3	4	12		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Jule Plesko / Stephen McNally		-43111	N
122	Project	Material and labour shortages due to geographical location (major developments)	3	4	12			Early market testing of key packages to secure resource Meet the buyer events to identify wider supply chain.	1	4	4		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Jule Plesko / Stephen McNally		-43111	N
123	Construction	Fire within construction site	3	3	9			Fire plans to be developed including protection of adjoining buildings / departments and escape routes	1	3	3		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
124	Construction	Unforeseen restrictions to planned working hours over and above those in WI	3	3	9			Early dialogue with stakeholders to understand and plan for likely restrictions.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N

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125	Construction	Vibration during construction works affecting clinical services	4	3	12			Construction techniques and surveillance to be developed with respect of limits set in BCR's	2	3	6		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
126	Construction	Noise and acoustic levels exceeds agreed limits during construction	4	3	12			Construction techniques and surveillance to be developed with respect of limits set in BCR's HAI scribe to be carried out	2	3	6		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
127	Construction	Dust not controlled during construction work.	2	3	6			Construction techniques and surveillance to be developed with respect of limits set in BCR's HAI scribe to be carried out	1	3	3		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
128	Construction	Odour during construction works may become an issue in adjacent buildings	2	3	6			Construction techniques and surveillance to be developed with respect of limits set in BCR's HAI scribe to be carried out	1	3	3		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
130	Project	Capital equipment procurement (NHSG) - Procurement and lead-in times of Group 2/3/4 equipment and availability	3	3	9			HFS appointed to assist delivery of equipment strategy	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Service Project Manager: Louise Budge		-43111	N
131	Project	NHS Directly employed subcontractors do not adhere to programme	3	3	9			Regular programme updates & review. Good package management	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
132	Construction	Vandalism	4	3	12			Site Security to be incorporated into construction plan and prelims	2	3	6		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
133	Finance	Suppliers/supply chain may suffer insolvency during the project.	3	3	9			Vetting of supply chain prior to appointment.	2	3	6		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Jule Plesko / Stephen McNally		-43111	N
135	Project	Failure to clear / decant existing Maternity	4	3	12			Decommissioning plan to be developed and implemented.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
136	Service	Familiarisation with new equipment and installations may delay handover and progress on subsequent phases.	3	3	9			Soft landings plan being developed to provide training and aftercare with respect to PSCP supplied equipment	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Manager: Fiona McDade		-43111	N
137	Statutory	Building Control fail to meet dates for issues certificates to close off each construction phase.	3	4	12			Early engagement with ACC BCO Staged warrants to be agreed Regular meetings and engagement with assigned BCO	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
138	Construction	Risk of falling materials during craning operations.	2	4	8			Construction Phase Plan to be developed. Specific RAM's and lifting plans to be developed and agreed in advance of operations. Oversail out with boundary prevented	1	4	4		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
139	Construction	Remodelling/refurbishing the existing layout will involve working in a live hospital environment. Anchor	3	2	6			HAI scribe to be completed Method statement to be developed for interfacing works detailing how live areas protected to ensure continuity of services	2	2	4		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N

Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director						
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number:	23	Updated by:	FMcD	Current Stage:	Stage 2

Control Buttons:

High Risks

Medium Risks

Low Risks

Active Risks

Closed Risks

Overdue Risk

Action Date Approaching

Reset

Ref No:	Category	Risk Description	Prior to Mitigation			Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation			Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Days to Action Date	Closed Out
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)										
141	Construction	Undermining roads / pavement during works - Baird	2	4	8			Design to be developed to ensure protection of existing roads and paths. Alternative routes provided as a last resort. Construction techniques chosen to mitigate risk including consideration of temporary works	1	4	4		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
143	Project	Availability of suitable NHSG staff to witness testing, commissioning and lead validation as required during construction phases.	2	3	6			Commissioning plan in place - soft landings & adequate Supervisor capacity/notice periods to be defined.	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Director: Jackie Bremner		-43111	N
144	Finance	No relief from delay damages for matters that are contractors insurable events, e.g. flood, fire, storm	2	5	10			Inherent risk other than provisions made to protect works as far as practicable	2	5	10		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
145	Finance	Extent & requirement of delay damages unknown.	2	3	6			To be advised during stage 2/3	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner /JCA	Project Director: Jackie Bremner		-43111	N
147	Design	Interface between Works Information and specialist design not included in subcontractor specialist price	3	4	12			Coordination meeting/plan Early engagement of specialist sub-contractors to ensure interfaces clearly identified and responsibilities agreed	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
148	Construction	Unexploded Ordnance	1	3	3			Desktop surveys carried out to mitigate risk.	1	3	3		£0.00	£0.00	0	0	Project Director: Jackie Bremner	Project Director: Jackie Bremner		-43111	N
151	Project	Inappropriate and insufficient PSCP resources to deliver the project and associated work - e.g. business case	3	4	12			Regular review of resource requirement. Resources is a standing agenda item for the Core Group.	2	4	8		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
152	Project	Inappropriate and insufficient PSC resources to deliver the project and associated work - e.g. business case	3	4	12			Regular review of resource requirement including the commissioning of external resources as required.	2	4	8		£0.00	£0.00	0	0	Project Director: Jackie Bremner	CJCA - Currie & Brown		-43111	N
154	Project	External agencies cause delays, i.e. NDAP/HFS	4	3	12			Early and regular engagement with this stakeholder agency.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
155	Project	Failure to meet GMP guidelines. i.e. Aseptic Pharmacy.	4	3	12			Early and regular engagement of Pharmacy colleagues and appointment of a Specialist Contractor.	2	3	6		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-43111	N
156	Construction	Post completion snagging	5	2	10			Sufficient recourse to de-snap prior to H/O QMS to be developed Soft landings to provide process for de-snap prior to handover	3	2	6		£0.00	£0.00	0	0	PSCP: Anthony Bateman	PSCP: Anthony Bateman		-43111	N
157	Construction	Weather conditions within the 1 in 10 year average disrupting the works	2	4	8			Regular review of weather forecast and mitigation measures to be incorporated Approve Time / Risk allowance to be included in contract.	2	4	8		£0.00	£0.00	0	0	PSCP: Commercial Director: Jamie Peacock	PSCP: Jule Plesko / Stephen McNally		-43111	N



Project Title:	NHSG : Major Acute Services - Baird & Anchor		Risk Champion: Jackie Bremner - Project Director	
Date Register First Created:	24.01.17	Date Updated:	04.01.18	Revision Number: 23
Updated by: FmCD			Current Stage:	Stage 2

Control Buttons: High Risks Medium Risks Low Risks Active Risks Closed Risks Overdue Risk Action Date Approaching Reset

Ref No:	Category	Risk Description	Prior to Mitigation			Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation			Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Days to Action Date
			Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)									
190	Construction	New buildings may block the "bleep" signal. Won't be able to be determined until completion	3	2	6			No mitigation possible until completion of buildings. Accept & address if required.	3	2	6		£0.00	£0.00	0	0	NHSG: Kelly	NHSG: Kelly Easton		-4311
197	EW	EWNC031 : PSCP 04/07/2017 : Design Work Required to make a crossing at Westburn Road	5	3	15			Carry out design work and agree final design with ACC.	2	3	6		£0.00	£0.00			Project Director: Jackie Bremner	PSCP: Anthony Bateman		-4311
198	EW	EWNC032 : PSCP 04/07/2017 : We require the Asset information required prior to procurement starts	3	2	6			WSP commissioned by NHSG to clarify the outstanding BIM requirements.	2	2	4		£0.00	£0.00			Project Director: Jackie Bremner	PSCP: Anthony Bateman		-4311
206	EW	EWNC039 : PSCP 01/08/2017 : Baird: Acoustic Performance of Birthing Rooms is inadequate	3	3	9			Building designed in accordance with SHTM guidance. Further study to be carried out on possible enhancement of standards.	3	3	9		£0.00	£0.00			Project Director: Jackie Bremner	Project Director: Jackie Bremner		-4311
213	EW	EWNC046 : PSCP 10/08/2017 : We have been made aware of an additional redundant service duct.	5	3	15			Survey can't be carried out until works commence on site.	5	3	15		£0.00	£0.00			PSCP: Anthony Bateman	PSCP: Anthony Bateman		-4311
218	EW	EWNC051 : PSCP 30/08/2017 : B&A: Door Access Control.	3	2	6			Security requirements will be developed with the PSCP during Stage 3.	2	2	4		£0.00	£0.00			Project Director: Jackie Bremner	Project Director: Jackie Bremner		-4311
227	Statutory	CAR Licence timescales and planning	3	4	12			To be progressed in the timescales to avoid future issues (normally takes 4-6 months).	3	4	12		£0.00	£0.00	0	0	Project Director: Jackie Bremner	PSCP: Anthony Bateman		-4311
228	Project	Site abnormalities reduce the viability of development sites - Drainage/CCTV	4	3	12			CCTV surveys to be carried out	2	3	6		£0.00	£0.00			Project Director: Jackie Bremner	PSCP: Anthony Bateman		-4311

Appendix M

The ANCHOR Centre Service Redesign Plan

The ANCHOR Centre Service Redesign Plan (Summary)

Key - RAG	Green	On target
	Amber	Will not meet target timescale
	Red	Significantly delayed or risk of not being achieved

Benefits Register Reference Number	Benefit	Redesign	Timescale	Progress to Date (December 2017)	RAG Status
2	Improved provision for teenagers and young adults.	Dialogue with Teenage Cancer Trust (TCT) and other partner agencies regarding staffing provision and services. Analysis of actual numbers in-area and out-of-area.	2017/18	Dedicated space within The ANCHOR Centre. Confirmation of funding from TCT for dedicated medical, clinical and data analysis resource to NHSG. Age specific patient discussions ongoing.	Green
6	Safe ordering, production and delivery of cancer treatments.	Clear understanding of roles and responsibilities of all staffing groups associated with the safe and timeous ordering, production and delivering of treatments.	2018/19	Ongoing discussions with Pharmacy. Final design of building will influence delivery times (Stage 3). Lessons learned workshop for 2016 Aseptic Pharmacy Suite arranged for 31/1/18. Medicines Management Redesign Group being established in Spring 2018, sub-group for aseptic services for The ANCHOR Centre to be established.	Green
9	Co-location and co-ordination of services, improving the patient pathway.	Different staffing models required for support staffing services e.g. reception/portering/domestics/FM hybrid roles etc.	2018/19	Building design and working models will influence. Administration Redesign Group established, meets quarterly. Soft Facilities Management (FM) Redesign Group established, meets every six weeks.	Green
10	Good teaching and learning, competent practitioners delivering optimal care.	Establishment of Advanced Nursing Practitioner Development Programme. Delivery of established teaching programme for junior and middle grade medical staff. Establish induction courses for new to area registered nurses. Develop a robust framework around Systemic Anti-Cancer Therapy (SACT) training and compliance.	2020	Dedicated teaching space in The ANCHOR Centre. Ongoing work with Practice Education Team Leader to deliver on educational ambitions. Deliver training in partnership with Robert Gordon University (RGU). Continue development programme with Advanced Nurse Practitioners (ANPs).	Green
9 + 11	Improved access to additional services e.g. complementary treatments and signposting to local authority and Third Sector agencies who can support patients.	Scoping exercise in regard to NHS services and Third Sector services.	2018	Build on existing partnership working and participate in short-life working groups of the Cancer Partnership Group.	Green

12 + 14	Support achievement of waiting time targets, treatment targets and Detecting Cancer Early initiatives.	<p>Development of effective hub and spoke model, allowing patients to be safely treated in "community" facilities.</p> <p>Increase use of video conferencing, telephone consultations and jabber guest.</p> <p>Multi-disciplinary patient appointment planning.</p> <p>Moves towards Electronic Patient Record (EPR).</p>	2017/18	<p>Spey Unit in Elgin - additional resources secured for nursing and pharmacy staff and training undertaken in ARI and Dr Gray's. Exploration of existing treatments which could be transferred to community.</p> <p>Data gathering and comparison ongoing.</p> <p>Macmillan funded post being progressed through the recruitment process.</p> <p>VC and Jabber Guest facilities limited use, further work required.</p> <p>Scheduling programmes - short-life working group being set up.</p> <p>Oncology medical staffing job plans being reviewed.</p>	Amber
17	Accommodation sized to cope with predicted rises in demand.	<p>Review of oncology and haematology working models.</p> <p>Increase in number of specialist nurse-led clinics.</p>	2018/19	<p>Identification of areas of good practice and key roles required across both services e.g. pre-assessment, toxicity assessment, counselling, appointment management etc.</p> <p>Early discussions regarding redesign of specific Clinical Nurse Specialist (CNS) service within the Day Unit.</p> <p>Scheduling short-life working group established to analyse trends.</p> <p>Roll-out of EPR to Wards 307 and 310.</p>	Green

Appendix N

The Baird Family Hospital Service Redesign Plan

2	Minimise inappropriate hospital admissions	Neonatology	Baird Transitional Care model will allow for appropriate parent-led care as well as releasing NNU clinical space.	2021	Monthly Transitional Care Group meetings, initially concentrating on clinical criteria and staffing model. Linkages made to national group progressing this, including cognisance of Best Start recommendations. Unit implementing elements of Family Integrated Care now in advance of the Baird.	Amber
2	Minimise inappropriate hospital admissions	Reproductive	Reduce need for women to be admitted to a hospital bed to have a procedure under sedation.	2018/2019	Service currently not funded in AMH. Reproductive and Anaesthetic teams have agreed the clinical model and resources required. Internal business case to be pursued to establish this service in advance of the Baird.	Amber
5	Increased surgical pre-assessment	Gynaecology	Ensure optimal utilisation of funded pre-assessment service already in place to support gynaecology. Aim for 100% pre-assessment.	2017	Engaging with pre-assessment service to increase uptake, numbers are increasing. Relocation of OPD accommodation in May 2018 may provide opportunity for pre-assessment to be co-located. Consultant Lead for this project identified.	Amber
6	Increased rates of Admission on Day of Surgery (AODOS)	Gynaecology and Breast	Reduction in inappropriate hospital admissions and reduced length of stay	2018/2019	Service does not have access to suitable accommodation to support this currently. Gynaecology and Breast services will participate in the ARI AODOS pilot which will continue to be rolled out in 2018/2019	Amber

9	Avoid unnecessary transfers out of region	Neonatology	Adequately resource nursing team to be able to cope with 95% of North of Scotland demand	2021	Business case for additional nursing staff progressing through NHSG processes. Require 70% QIS trained workforce, pursuing annual training numbers and funding.	Red
11	Appropriate maternity facilities	Theatre	Maternity recovery care to be provided in Baird theatres (currently provided in Labour Ward).	2016	Recovery to be appropriately provided by theatre nurses, not midwives. Recovery nurse post (Mon-Fri) commenced October 2016. Plan to move to 24/7 service once resources secured	Amber
11	Appropriate maternity facilities, enabling early access to antenatal services	Maternity	Ensure appropriately modelled and resourced scanning and screening service, including enhanced provision of locally based services. Increase consultant obstetrician numbers to allow for increased community clinics.	2017	Internal business case submitted for additional sonographer staffing. Training plan in place to increase staff undertaking sonography training. Weekend clinics established as well as community clinics. 3 additional obstetrician posts appointed to. New pathways of care agreed for peripheral units to allow midwives to review scans.	Amber
11	Appropriate maternity facilities	Maternity	Baird maternity services will work alongside integrated community maternity teams, offering enhanced patient choice. Continuity of carer model to be implemented as part of Best Start maternity review.	2017	Peterhead CMU is now integrated. Best Start Programme Board in place to oversee implementation of national recommendations e.g. continuity of carer	Green

17	Co-location and co-ordination of services, improving the patient journey	Maternity and Gynaecology	Baird will provide opportunity to have a single early pregnancy service, supported by both obstetrics and gynaecology. Service aim to introduce this model ahead of 2021.	2017	A single early pregnancy service was established in AMH in summer 2017, supported by obstetrics and gynaecology. Hyperemesis Unit now operational in AMH. A substantive Senior Charge Midwife has been appointed to lead the service with a designated consultant lead.	Green
17	Co-location and co-ordination of services, improving the patient journey	Breast	Principle agreed that all Baird surgery will be carried out in the Baird. Plan for all breast surgical activity to be carried out in the Baird, including joint procedures e.g. free flap breast surgery carried out jointly with Plastic Surgery	2021	Discussions commenced with plastic surgeons regarding training and resource implications. Co-location will minimise patient visits with increased opportunity for "one-stop" clinics for consultations and investigations.	Amber
17	Co-location and co-ordination of services, improving the patient journey	Facilities Management	Different staffing models required to support services to patients and families.	2021	Soft Facilities Management Group established and meets every six weeks. Group will look at provision of catering services in particular and how these can be streamlined across Baird services.	Green
28 and 29	28) Supports optimisation of staffing and team working; 29) Improved recruitment to all professions, creating a sustainable workforce	Theatres	Increased flexibility and sustainability of theatre workforce across maternity, breast and obstetric activity. Aim to have fully integrated theatre nursing team working across all specialities		Process to identify "core staff" commenced. Workforce meetings including HR and Partnership. Monthly theatre meetings established. Commencement of clinical modelling and discussions re future training programmes.	Amber

28 and 29	28) Supports optimisation of staffing and team working; 29) Improved recruitment to all professions, creating a sustainable workforce	Maternity, Gynaecology, Breast and Neonatology	Baird co-location with RACH will allow potential sharing of medical staff resource, Adjacency of Baird in-patient services will allow potential medical staff efficiencies.	2021	Meetings commenced with RACH to discuss. Baird Medical Group to be established in early 2018 to bring all relevant medical leads together.	Green
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Appendix O

Benefit Criteria and Scoring of the Options – Results

NHS Grampian
Baird and ANCHOR Project - for OBC
Revisiting of Baird Benefit Appraisal

The weighting and scoring of benefits was revisited by key members of the Project Team, using the methodology applied during the benefit appraisal undertaken in 2014.

To ensuring end to end consistency in scoring the team examined each component of the non benefit appraisal, including benefit weighting and option scoring.

The review of each score took into account changes the passage of time, changes in policy, assets and service delivery.

1. Weighting of Benefits

	IA	OBC
	%	Average
	%	%
Effective and Safe Service Delivery	19.61	24
Accessibility	17.65	19
Compatible with Foresterhill Master Plan/Development Framework	16.65	14
Flexibility/Future Proofing	15.69	14
Best Use of Resources	15.69	20
Disruption	14.71	10
Total	100.00	100
Rank		

2. Scoring

Option 1 - The Baird Family Hospital on the site of the existing Foresterhill Health Centre

	IA	OBC
	Score	Average
	Score	Score
Effective and Safe Service Delivery	6	8
Accessibility	8	8
Compatible with Foresterhill Master Plan/Development Framework	10	9
Flexibility/Future Proofing	7	8
Best Use of Resources	6	8
Disruption	7	7
Weighted Score	732.3	784

Option 2 - The Baird Family Hospital adjacent to Children's Hospital

	IA	OBC
	Score	Average
	Score	Score
Effective and Safe Service Delivery	4	7
Accessibility	9	7
Compatible with Foresterhill Master Plan/Development Framework	4	6
Flexibility/Future Proofing	7	7
Best Use of Resources	4	7
Disruption	7	7
Weighted Score	579.45	673

Option 3 The Baird Family Hospital located adjacent to Maggie's Centre

	IA	OBC
	Score	Average Score
Effective and Safe Service Delivery	7	7
Accessibility	6	6
Compatible with Foresterhill Master Plan/Development Framework	4	5
Flexibility/Future Proofing	3	5
Best Use of Resources	7	5
Disruption	5	6

Weighted Score 540.22 563

Option 4 The Baird Family Hospital and The ANCHOR Centre joined on site of existing Eye Clinic/adjacent to Matthew Hay Building and Radiotherapy Centre

	IA	OBC
	Score	Average Score
Effective and Safe Service Delivery	4	6
Accessibility	9	7
Compatible with Foresterhill Master Plan/Development Framework	4	5
Flexibility/Future Proofing	6	6
Best Use of Resources	6	7
Disruption	6	6

Weighted Score 580.43 624

Option 5 Backlog - £14m

	IA	OBC
	Score	Average Score
Effective and Safe Service Delivery	0	2
Accessibility	0	5
Compatible with Foresterhill Master Plan/Development Framework	0	4
Flexibility/Future Proofing	0	2
Best Use of Resources	0	3
Disruption	0	4

Weighted Score 0 302

NHS Grampian

Baird and ANCHOR Project - for OBC Revisiting of ANCHOR Benefit Appraisal

The weighting and scoring of benefits was revisited by key members of the Project Team, using the methodology applied during the benefit appraisal undertaken in 2014.

To ensuring end to end consistency in scoring the team examined each component of the non benefit appraisal, including benefit weighting and option scoring.

The review of each score took into account changes the passage of time, changes in policy, assets and service delivery.

1. Weighting of Benefits

	IA %	OBC Average %	
Effective and Safe Service Delivery		20	24
Accessibility		18	19
Compatible with Foresterhill Master Plan/Development Framework		17	14
Flexibility/Future Proofing		16	14
Best Use of Resources		16	20
Disruption		15	10
Total		100	100

Rank

2. Scoring

Option 1 The ANCHOR Centre adjacent to the existing Radiotherapy Centre:

	IA Score	OBC Average Score	
Effective and Safe Service Delivery		6	8
Accessibility		8	8
Compatible with Foresterhill Master Plan/Development Framework		10	9
Flexibility/Future Proofing		7	7
Best Use of Resources		6	8
Disruption		7	7
Weighted Score		732	770

Option 2 The ANCHOR Centre between Radiotherapy and Matthew Hay Building

	IA Score	OBC Average Score	
Effective and Safe Service Delivery		4	7
Accessibility		9	7
Compatible with Foresterhill Master Plan/Development Framework		4	6
Flexibility/Future Proofing		7	7
Best Use of Resources		4	5
Disruption		7	6
Weighted Score		579	621

Option 3 The ANCHOR Centre adjacent to the Radiotherapy Centre

	IA Score	OBC Average Score	
Effective and Safe Service Delivery	7		8
Accessibility	6		8
Compatible with Foresterhill Master Plan/Development Framework	4		8
Flexibility/Future Proofing	3		7
Best Use of Resources	7		7
Disruption	5		8
Weighted Score	540		751

**Option 4 The Baird Family Hospital and The ANCHOR Centre joined on site of existing Eye Clinic/
adjacent to Matthew Hay Building and Radiotherapy Centre**

	IA Score	OBC Average Score	
Effective and Safe Service Delivery	4		6
Accessibility	9		7
Compatible with Foresterhill Master Plan/Development Framework	4		6
Flexibility/Future Proofing	6		7
Best Use of Resources	6		6
Disruption	6		7
Weighted Score	580		637

Option 5 Backlog - £2m

	IA Score	OBC Average Score	
Effective and Safe Service Delivery	0		2
Accessibility	0		5
Compatible with Foresterhill Master Plan/Development Framework	0		3
Flexibility/Future Proofing	0		2
Best Use of Resources	0		3
Disruption	0		3
Weighted Score	0		274

Appendix P

Summarised Capital Cost Plan

NHS Grampian
 Baird and ANCHOR Project
 Cost Plan for OBC Economic Case
 Baird Family Hospital

	GIFA	25,983	20,308	20,308	20,308	21,660
		Option 1	Option 2	Option 3	Option 4	Option 5
Constituent		Total	Total	Total	Total	Total
	Facilitating works estimate		698,600	698,600	698,600	0
	Building works estimate	64,318,883	52,800,800	52,800,800	52,800,800	18,434,008
	e/o for basement car parking	586,500	450,000	150,000	450,000	0
	e/o for retaining wall construction	151,140	500,000	0	1,000,000	0
	Extra over cost for Operating Theatre	0	2,000,000	2,000,000	2,000,000	
	e/o for external works\landscaping	2,097,305	1,827,720	1,827,720	1,827,720	0
	e/o for IT infrastructure (in services ke	978,040	710,780	710,780	710,780	0
	e/o for culvert diversion	0	2,046,000	2,046,000	2,046,000	0
	e/o for energy provision (in services k	400,000	400,000	400,000	400,000	0
	e/o for link to ARI	800,000	1,000,000	1,000,000	1,000,000	0
	e/o for link to RACH		200,000	200,000	200,000	0
	Demo of maternity	1,475,000	500,000	500,000	500,000	0
	Demo Foresterhill HC	175,000	150,000	150,000	150,000	0
	Demo Breast Screening	100,000	122,015	122,015	122,015	0
	Building works estimate	71,081,868	63,405,915	62,605,915	63,905,915	18,434,008
	Main Contractor's Preliminaries estimate	5,510,607	4,915,530	4,853,510	4,954,292	1,429,092
	Sub-total	76,592,475	68,321,445	67,459,425	68,860,207	19,863,101
	Main Contractors overheads and Profit estimate	3,063,699	2,732,858	2,698,377	2,754,408	794,524
			0	0	0	0
	Works cost Estimate	79,656,174	71,054,303	70,157,802	71,614,616	20,657,625
			0	0	0	0
	Project Design Team Fees estimate	5,207,831	3,300,000	3,300,000	3,300,000	1,032,881
			0	0	0	0
	Sub-total	84,864,005	74,354,303	73,457,802	74,914,616	21,690,506

Other development / project costs estimate							
	Group 2 & 3 equipment	11,186,787	11,186,787	11,186,787	11,186,787	5,593,394	
	Other client direct costs	1,550,000	1,550,000	1,550,000	1,550,000	0	
Base cost estimate							
		97,600,792	87,091,090	86,194,589	87,651,403	27,283,899	
Risk allowances estimate							
	Optimism bias (non Quantifiable risk)		20,849,607	20,634,985	20,983,746	2,979,402	
	Quantified Risk	6,453,519					
Cost limit (excluding inflation)							
		104,054,311	107,940,697	106,829,574	108,635,148	30,263,301	
Enabling Projects:							
	BSC	354,352					
	FHC	7,531,000					
	To Economic Case	111,939,663	107,668,682	106,557,559	108,363,133	30,263,301	
	Optimum Bias		23.94%	23.94%	23.94%	10.92%	

NHS Grampian
 Baird and ANCHOR Project
 Cost Plan for OBC Economic Case
 The ANCHOR Centre

	Area	5,489	5,209	5,209	5,209	2,555
		Option 1	Option 2	Option 3	Option 4	Option 5
Constituent		Total	Total	Total	Total	Total
	Building works estimate - New Build	15,479,451	12,501,600	12,501,600	12,501,600	1,374,591
	Building works estimate - Refurbish a	100,000	468,000	468,000	468,000	0
	e/o for retaining wall construction	0	2,000,000	300,000	1,000,000	0
	e/o for external works\landscaping	869,359	506,430	506,430	506,430	
	e/o for energy provision	100,000	100,000	100,000	100,000	
	e/o site roads infrastructure works	0	250,000	250,000	250,000	
	e/o for link from cancer centre to radiotherapy	0	250,000	250,000	250,000	0
	e/o for feature stair	75,000	75,000	75,000	75,000	
	Demo EOPD	125,000	125,000	125,000	125,000	
	e/o for removal of attenuation tank	20,000	20,000	20,000	20,000	
	Link corridor from Cancer Centre to Radiotherapy - allowance			150,000	150,000	
	Building works estimate	16,768,810	16,296,030	14,746,030	15,446,030	1,374,591
	Main Contractor's Preliminaries estimate	2,361,689	2,295,103	2,076,804	2,175,391	193,595
	Sub-total	19,130,499				
	Main Contractors overheads and Profit estimate	765,220				
	Works cost Estimate	19,895,719	0	0	0	0
	Project Design Team Fees estimate	2,039,252	1,386,551	1,386,551	1,386,551	0

Sub-total		21,934,971	1,386,551	1,386,551	1,386,551		0
Other development / project costs estimate							
	Other client direct costs	1,000,000	1,000,000	1,000,000	1,000,000		0
Base cost estimate		23,897,984	3,349,564	3,349,564	3,349,564		481,507
Risk allowances estimate							
	Optimism bias (non Quantifiable risk)		801,886	801,886	801,886		52,581
	Quantified Risk	1,509,063					
Cost limit (excluding inflation)		25,407,046	4,151,449	4,151,449	4,151,449		534,087
	Enabling Projects:						
	EOPD	4,229,130	4,229,130	4,229,130	4,229,130		
	To Economic Case	29,636,176	26,971,712	25,203,413	26,002,000		2,102,272
	Optimum Bias		23.94%	23.94%	23.94%		10.92%

Appendix Q

Indicative Drawings of Site Options

Option 1



NHS GRAMPIAN

ABERDEEN ROYAL INFIRMARY
FORESTERHILL, ABERDEEN

FUTURE DEVELOPMENT



47 Victoria Street, Aberdeen, AB10 1QA
T: (01224) 639265 F: (01224) 637196
E: mrt@mrta.co.uk W: www.mrta.co.uk

Option 2



NHS GRAMPIAN

ABERDEEN ROYAL INFIRMARY
FORESTERHILL ABERDEEN

FUTURE DEVELOPMENT

MRT
MACKIE RAMSAY TAYLOR ARCHITECTS
47 Victoria Street, Aberdeen, AB10 1QA
T: (01224) 639295 F: (01224) 637956
E: mail@mrtarchitects.com W: www.mrtarchitects.com

Option 3



NHS GRAMPIAN

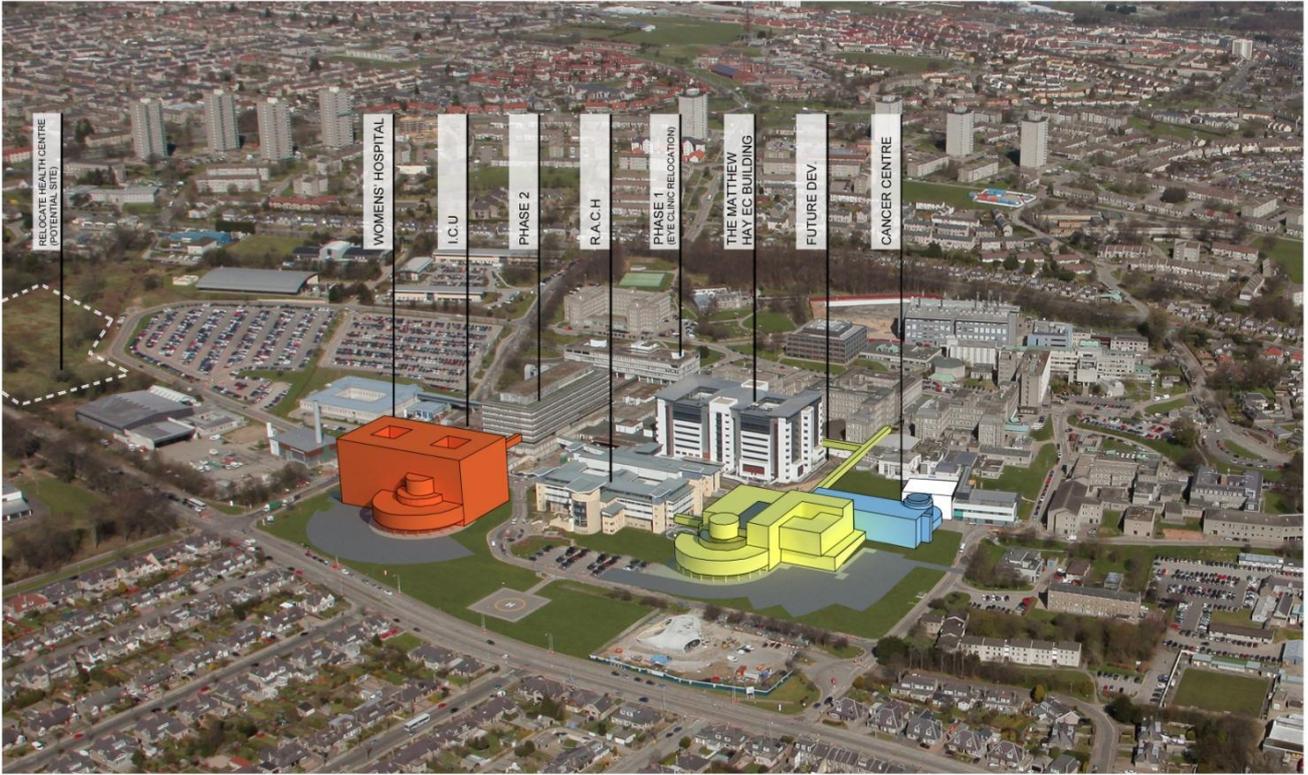
ABERDEEN ROYAL INFIRMARY
FORESTERHILL ABERDEEN

FUTURE DEVELOPMENT



47 Victoria Street, Aberdeen, AB10 1QA
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Option 4



NHS GRAMPIAN

ABERDEEN ROYAL INFIRMARY
FORESTERHILL ABERDEEN

FUTURE DEVELOPMENT



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Appendix R

Optimism Bias Template

Baird and ANCHOR - OPTION 2 - BUILD PROJECT ON FORESTERHILL CAMPUS

Optimism Bias - Upper Bound Calculation for Build

After Mitigation

Lowest % Upper Bound	12.5%		
Mid %	40%		
Upper %	80%		
Actual % Upper Bound for this project	47.5%		23.9%

Build complexity

<i>Choose 1 category</i>		X		
Length of Build	< 2 years		0.50%	0
	2 to 4 years	X	2.00%	2.00%
	Over 4 years		5.00%	0

<i>Choose 1 category</i>				
Number of phases	1 or 2 Phases	X	0.50%	0.50%
	3 or 4 Phases		2.00%	0
	More than 4 Phases		5.00%	0

<i>Choose 1 Category</i>				
Number of sites involved (i.e. before and after change)	Single site*		2.00%	0
	2 Site	X	2.00%	2.00%
	More than 2 site		5.00%	0

* Single site means new build is on same site as existing facilities

Location

<i>Choose 1 Category</i>				
New site - Green field	New build		3%	0
New site - Brown Field	New Build		8%	0
Existing site	New Build	X	5%	5.00%
	<i>or</i>			
Existing site	Less than 15% refurb		6%	0
Existing site	15% - 50% refurb		10%	0
Existing site	Over 50% refurb		16%	0

9.50%

Scope of scheme

<i>Choose 1 category</i>		X		
Facilities Management	Hard FM only or no FM	X	0.00%	0.00%
	Hard and soft FM		2.00%	0

<i>Choose 1 category</i>				
Equipment	Group 1 & 2 only		0.50%	0
	major Medical equipment		1.50%	0
	All equipment included	x	5.00%	5.00%

<i>Choose 1 category</i>				
IT	No IT implications		0.00%	0
	Infrastructure		1.50%	0
	Infrastructure & systems	X	5.00%	5.00%

<i>Choose more than 1 category if applicable</i>				
External Stakeholders	1 or 2 local NHS organisations		1.00%	0
	3 or more NHS organisations		4.00%	0
	Universities/Private/Voluntary sector/Local government	x	8.00%	8.00%

Service changes - relates to service delivery e.g NSF's

<i>Choose 1 category</i>				
Stable environment, i.e. no change to service			5%	0
Identified changes not quantified			10%	0
Longer time frame service changes		x	20%	20.00%

Gateway

<i>Choose 1 category</i>				
RPA Score	Low	X	0%	0.00%
	Medium		2%	0
	High		5%	0

38.00%

Baird and ANCHOR - OPTION 3 - BUILD PROJECT ON FORESTERHILL CAMPUS

Optimism Bias - Upper Bound Calculation for Build

After Mitigation

Lowest % Upper Bound	12.5%		
Mid %	40%		
Upper %	80%		
Actual % Upper Bound for this project	47.5%	23.9%	

Build complexity

<i>Choose 1 category</i>		X		
Length of Build	< 2 years		0.50%	0
	2 to 4 years	X	2.00%	2.00%
	Over 4 years		5.00%	0

<i>Choose 1 category</i>				
Number of phases	1 or 2 Phases	X	0.50%	0.50%
	3 or 4 Phases		2.00%	0
	More than 4 Phases		5.00%	0

<i>Choose 1 Category</i>				
Number of sites involved (i.e. before and after change)	Single site*		2.00%	0
	2 Site	X	2.00%	2.00%
	More than 2 site		5.00%	0

* Single site means new build is on same site as existing facilities

Location

<i>Choose 1 Category</i>				
New site - Green field	New build		3%	0
	New Build		8%	0
	New Build	X	5%	5.00%
<i>or</i>				
Existing site	Less than 15% refurb		6%	0
Existing site	15% - 50% refurb		10%	0
Existing site	Over 50% refurb		16%	0

9.50%

Scope of scheme

<i>Choose 1 category</i>		X		
Facilities Management	Hard FM only or no FM	X	0.00%	0.00%
	Hard and soft FM		2.00%	

<i>Choose 1 category</i>				
Equipment	Group 1 & 2 only		0.50%	0
	major Medical equipment		1.50%	0
	All equipment included	x	5.00%	5.00%

<i>Choose 1 category</i>				
IT	No IT implications		0.00%	0
	Infrastructure		1.50%	0
	Infrastructure & systems	X	5.00%	5.00%

<i>Choose more than 1 category if applicable</i>				
External Stakeholders	1 or 2 local NHS organisations		1.00%	0
	3 or more NHS organisations		4.00%	0
	Universities/Private/Voluntary sector/Local government	x	8.00%	8.00%

Service changes - relates to service delivery e.g NSF's

<i>Choose 1 category</i>				
Stable environment, i.e. no change to service	Identified changes not quantified		5%	0
	Longer time frame service changes	x	10%	0
			20%	20.00%

Gateway

<i>Choose 1 category</i>				
RPA Score	Low	X	0%	0.00%
	Medium		2%	0
	High		5%	0

38.00%

Baird and ANCHOR - OPTION 3 - BUILD PROJECT ON FORESTERHILL CAMPUS

Optimism Bias - Upper Bound Calculation for Build

After Mitigation

Lowest % Upper Bound	12.5%		
Mid %	40%		
Upper %	80%		
Actual % Upper Bound for this project	47.5%	23.9%	

Build complexity

<i>Choose 1 category</i>		X		
Length of Build	< 2 years		0.50%	0
	2 to 4 years	X	2.00%	2.00%
	Over 4 years		5.00%	0

<i>Choose 1 category</i>				
Number of phases	1 or 2 Phases	X	0.50%	0.50%
	3 or 4 Phases		2.00%	0
	More than 4 Phases		5.00%	0

<i>Choose 1 Category</i>				
Number of sites involved (i.e. before and after change)	Single site*	x	2.00%	2.00%
	2 Site		2.00%	0
	More than 2 site		5.00%	0

* Single site means new build is on same site as existing facilities

Location

<i>Choose 1 Category</i>				
New site - Green field	New build		3%	0
	New Build		8%	0
	New Build	X	5%	5.00%
<i>or</i>				
Existing site	Less than 15% refurb		6%	0
Existing site	15% - 50% refurb		10%	0
Existing site	Over 50% refurb		16%	0

9.50%

Scope of scheme

<i>Choose 1 category</i>		X		
Facilities Management	Hard FM only or no FM	X	0.00%	0.00%
	Hard and soft FM		2.00%	

<i>Choose 1 category</i>				
Equipment	Group 1 & 2 only		0.50%	0
	major Medical equipment		1.50%	0
	All equipment included	x	5.00%	5.00%

<i>Choose 1 category</i>				
IT	No IT implications		0.00%	0
	Infrastructure		1.50%	0
	Infrastructure & systems	X	5.00%	5.00%

<i>Choose more than 1 category if applicable</i>				
External Stakeholders	1 or 2 local NHS organisations		1.00%	0
	3 or more NHS organisations		4.00%	0
	Universities/Private/Voluntary sector/Local government	x	8.00%	8.00%

Service changes - relates to service delivery e.g NSF's

<i>Choose 1 category</i>				
Stable environment, i.e. no change to service	Identified changes not quantified		5%	0
	Longer time frame service changes	x	10%	0
	Longer time frame service changes		20%	20.00%

Gateway

<i>Choose 1 category</i>				
RPA Score	Low	X	0%	0.00%
	Medium		2%	0
	High		5%	0

38.00%

Baird and ANCHOR - OPTION 5 - BACKLOG

Optimism Bias - Upper Bound Calculation for Build

After Mitigation

Lowest % Upper Bound	12.5%		
Mid %	40%		
Upper %	80%		
Actual % Upper Bound for this project	28.0%	10.9%	

Build complexity

<i>Choose 1 category</i>		X		
Length of Build	< 2 years	X	0.50%	0.50%
	2 to 4 years		2.00%	0
	Over 4 years		5.00%	0

<i>Choose 1 category</i>				
Number of phases	1 or 2 Phases		0.50%	0
	3 or 4 Phases	X	2.00%	2.00%
	More than 4 Phases		5.00%	0

<i>Choose 1 Category</i>				
Number of sites involved (i.e. before and after change)	Single site*	X	2.00%	2.00%
	2 Site		2.00%	0
	More than 2 site		5.00%	0

* Single site means new build is on same site as existing facilities

Location

<i>Choose 1 Category</i>				
New site - Green field	New build		3%	0
New site - Brown Field	New Build		8%	0
Existing site	New Build		5%	0
	<i>or</i>			
Existing site	Less than 15% refurb		6%	0
Existing site	15% - 50% refurb	x	10%	10.00%
Existing site	Over 50% refurb		16%	0

14.50%

Scope of scheme

<i>Choose 1 category</i>		X		
Facilities Management	Hard FM only or no FM	X	0.00%	0.00%
	Hard and soft FM		2.00%	0

<i>Choose 1 category</i>				
Equipment	Group 1 & 2 only	X	0.50%	0.50%
	major Medical equipment		1.50%	0
	All equipment included		5.00%	0

<i>Choose 1 category</i>				
IT	No IT implications	X	0.00%	0.00%
	Infrastructure		1.50%	0
	Infrastructure & systems		5.00%	0

<i>Choose more than 1 category if applicable</i>				
External Stakeholders	1 or 2 local NHS organisations		1.00%	0
	3 or more NHS organisations		4.00%	0
	Universities/Private/Voluntary sector/Local government	x	8.00%	8.00%

Service changes - relates to service delivery e.g NSF's

<i>Choose 1 category</i>				
Stable environment, i.e. no change to service identified changes not quantified Longer time frame service changes		X	5%	5.00%
			10%	0
			20%	0

Gateway

<i>Choose 1 category</i>				
RPA Score	Low	X	0%	0.00%
	Medium		2%	0
	High		5%	0

13.50%

Appendix S

Costed Risk Plan

Monte Carlo output		Project		Commercial	Total
Confidence	10%	£2,130,055		£2,207,535	£4,337,590
		£2,643,745		£2,756,852	£5,400,596
	25%				
	50%	£3,325,759		£3,421,843	£6,747,602
	75%	£4,004,196		£4,056,543	£8,060,740

Allocation to Capital Cost Plan					
	50% confidence			£6,747,602	
	Baird			£5,334,840	
	ANCHOR			£1,412,762	
	Total			£6,747,602	

COST EVALUATION

Ref No:	Risk & Opportunity Description	Cost post Mitigation			Probability	Owner	Closed
		Min	Most Likely	Max			
1	Programme not achievable/deliverable within stated timescales.	£280,000.00	£560,000.00	£840,000.00	4.00	Project Director: Jackie Bremner\PSCP	N
2	Lack of clarity over scale of Scottish Government funding and conditions attached : associated with the Works	£0.00	£0.00	£0.00	2.00	Finance Manager: Julie Anderson	N
3	Scottish Government\NHS Grampian do not approve OBC/FBC resulting in programme delay.	£140,000.00	£280,000.00	£420,000.00	1.00	Project Director: Jackie Bremner	N

7	There is a risk that Internal and external stakeholders feel disengaged, are not involved in shaping the project and are not kept up to date with progress.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
8	There is a risk that the lack of a clear NHSG Service Redesign Strategy and Implementation Plan will result in appropriate clinical service modelling not being achieved thereby not maximising the benefits of the facilities.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
9	There is a risk that the facility design and/or service model do not meet with approval from users (e.g. patients, carers, staff) resulting in complaints/grievances/ poor publicity/loss of reputation).	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
10	Failure to maintain the benefits of relations with the University in the current facilities, and to achieve aspirations for education, peer review and research in the future.	£50,000.00	£100,000.00	£150,000.00	1.00	Project Director: Jackie Bremner	N
11	There is a risk that service redesign will involve changes to staff terms and conditions, with the potential for staff dissatisfaction/formal action. This could potentially lead to programme delay if staff do not feel involved in the planning for the new facilities.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
12	Project team roles and responsibilities are unclear.	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
13	Failure to plan and coordinate functional commissioning activities to ensure a smooth, bring into operation of the new facilities, following handover, creating cost pressures, and disruption and risk to clinical care.	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N

14	Handover is delayed due to construction or technical commissioning issues.	£180,000.00	£360,000.00	£540,000.00	2.00	PSCP: Anthony Bateman	N
15	Inappropriate and insufficient resources to deliver the project and associated work - e.g. business case	£50,000.00	£100,000.00	£150,000.00	1.00	Project Director: Jackie Bremner	N
17	Affordability of scheme within the notional funding identified is not achievable	-£500,000.00	£1,000,000.00	£2,000,000.00	4.00	Finance Manager: Julie Anderson	N
18	Evaluation of project does not demonstrate VFM.	£0.00	£0.00	£0.00	2.00	Finance Manager: Julie Anderson	N
19	Recurring building running costs are unaffordable.	£150,000.00	£300,000.00	£450,000.00	1.00	Finance Manager: Julie Anderson	N
20	Initial costing: equipment based on % of construction costs - need to identify a more robust driver. Potential Group 2, 3, 4 equipment costs unaffordable.	£250,000.00	£500,000.00	£750,000.00	2.00	Finance Manager: Julie Anderson	N
21	Potential double running between technical commissioning and decommissioning not budgeted.	£0.00	£0.00	£0.00	1.00	Project Director: Jackie Bremner	N
24	VAT treatment assumptions could change.	£0.00	£0.00	£0.00	3.00	Finance Manager: Julie Anderson	N
25	The level of build quality delivered by PSCP does not match brief.	£180,000.00	£360,000.00	£540,000.00	1.00	PSCP: Anthony Bateman	N
26	Failure to discharge statutory planning conditions.	£100,000.00	£200,000.00	£300,000.00	3.00	Project Director: Jackie Bremner	N
29	Site abnormalities reduce the viability of development sites (excluding ground risk).	£0.00	£0.00	£0.00	2.00	PSCP: Anthony Bateman	N
30	Construction requirements unclear, resulting in inappropriate facilities and cost escalation.	£0.00	£0.00	£0.00	1.00	Project Director: Jackie Bremner	N
31	Clinical modelling assumptions are not realised.	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N

32	There is a risk that maternity modelling may be inaccurate if assumptions about the use of Community Maternity Units are not realised and impact of Best Start recommendations	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
33	There is a risk that future changes to medical technology/clinical care are unable to be fully anticipated and could change the service model from that which is planned. There is the associated risk that accommodation provided will then not be fit for purpose.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
34	Legislative changes that affect the scope, specification and/or the cost of the project. (excl. fire)	£125,000.00	£250,000.00	£500,000.00	1.00	Project Director: Jackie Bremner	N
35	There is a risk that the strategy for health records paper storage/electronic patient record is not realised and inadequate accommodation is provided. The project will provide for current paper records only.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
36	There is a risk that we are unable to recruit and retain clinical staff within specialist services, reducing our ability to achieve some of the benefits outlined in the benefits registers.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
37	There is a risk that the service/project will fail to prepare and train staff to deliver redesigned services.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
38	Damage or interference to or failure of site services during construction resulting in disruption to clinical service.	£10,000.00	£10,000.00	£10,000.00	2.00	PSCP: Anthony Bateman	N
39	There is a risk that Soft FM services are not redesigned appropriately to function effectively in the new buildings.	£5,000.00	£20,000.00	£50,000.00	2.00	Service Project Manager: Gail Thomson	N

40	Insufficient resilience within existing site services for Oxygen.	£50,000.00	£100,000.00	£150,000.00	1.00	Project Director: Jackie Bremner	N
41	External agencies cause delays, i.e. HFEA.	£10,000.00	£50,000.00	£100,000.00	2.00	Project Director: Jackie Bremner	=Risk Register'!V50
43	HAI controls (e.g. noise, dust) inadequate.	£0.00	£0.00	£0.00	2.00	PSCP: Anthony Bateman	N
44	National Review of Aseptic Pharmacy leads to design review of ANCHOR lower ground floor if elements of aseptic pharmacy is delivered nationally.	£0.00	£0.00	£0.00	2.00	Finance Manager: Julie Anderson	N
46	Claims with regards to damage to neighbouring properties as a direct result of construction; without prior knowledge of existing condition of neighbouring buildings.	£10,000.00	£10,000.00	£10,000.00	1.00	PSCP: Anthony Bateman	N
47	Construction traffic impedes live operations on site.	£10,000.00	£30,000.00	£70,000.00	2.00	PSCP: Anthony Bateman	N
48	There is a risk that neonatal service modelling for the North of Scotland proves to be inaccurate (e.g. unanticipated changes to service delivery at Dr Gray's, Raigmore or Dundee which impact on Baird modelling, impact of Best Start national ITU recommendations).	£0.00	£0.00	£0.00	3.00	Service Project Manager: Gail Thomson	N
49	There is a risk that gynaecology service modelling will prove to be inaccurate, and the predicted movement of patients from in-patient to day and out-patient care is not achieved placing an unpredicted burden on in-patient services.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
50	There is a risk that the Admission on Day of Surgery rates are not realised for gynaecology and breast services, resulting in inadequate accommodation provision.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N

51	There is a risk that the predicted increase in incidence and prevalence of cancer are underestimated putting space pressure on The ANCHOR Centre.	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
52	Programme may straddle financial years and availability of funding requires to be managed.	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
53	BREEAM target credits are not achieved. e.g. renewables required.	£0.00	£0.00	£0.00	2.00	Project Manager: Fiona McDade	N
54	Achievement of n+1 heat and energy resilience impacts negatively upon capex and/or space.	£0.00	£0.00	£0.00	2.00	PSCP: Anthony Bateman	N
56	There is a risk that the Baird Theatre design is not fit for purpose for all specialities.	£0.00	£0.00	£0.00	1.00	Service Project Manager: Gail Thomson	N
57	Risk that Baird & ANCHOR Site become infested by Knotweed	£25,000.00	£50,000.00	£100,000.00	2.00	Project Director: Jackie Bremner	N
58	NHS Grampian must find a solution to accommodating the Community Midwifery team, currently based in AMH, by 2021 as this team are not included in accommodation to be provided in The Baird Family Hospital	£0.00	£0.00	£0.00	2.00	Service Project Manager: Gail Thomson	N
59	Financial standing of the PSCP in light of the current economic uncertainty.	£75,000.00	£100,000.00	£125,000.00	1.00	Finance Manager: Julie Anderson	N
62	Procurement Strategy: management of supply chain lead time.	£0.00	£5,000.00	£10,000.00	2.00	PSCP: Commercial Director: Jamie Peacock	N
63	Unable to reach agreement with UoA regarding relocation of office accommodation from FHC to alternative accommodation to vacate building in early 2018.	£0.00	£0.00	£0.00	3.00	Project Director: Jackie Bremner	N
65	PSCP fail to meet NEC contract obligations.	£0.00	£0.00	£0.00	1.00	PSCP: Commercial Director: Jamie Peacock	N

67	Sub Contractor Collateral Warranties fail to be listed definitively.	£1,000.00	£5,000.00	£20,000.00	3.00	Project Director: Jackie Bremner	N
68	Project team may not involve appropriate Professional expertise, (Design, Commercial)	£0.00	£0.00	£0.00	1.00	PSCP: Anthony Bateman	N
69	Construction Inflation calculations may be inadequate (MIPS)	-£275,000.00	£550,000.00	£1,100,000.00	2.00	PSCP: Commercial Director: Jamie Peacock	N
77	Variations to Framework Scotland Contract may not be approved or agreed	£10,000.00	£20,000.00	£30,000.00	2.00	Project Director: Jackie Bremner	N
79	Project Bank Account system unproven / does not work	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
81	Failure to deliver agreed 'Community Benefits'	£0.00	£0.00	£0.00	2.00	PSCP: Anthony Bateman	N
82	Inaccurate forecast of pain/gain share, and taking benefit prior to finalising Actual Cost.	£0.00	£0.00	£0.00	3.00	PSCP: Commercial Director: Jamie Peacock	N
83	May fail to define appropriately the Clinical / Non Clinical WI leading to minor changes	£0.00	£0.00	£0.00	4.00	Project Director: Jackie Bremner	N
84	May fail to define appropriately the Clinical / Non Clinical Brief leading to Major changes	£500,000.00	£1,000,000.00	£1,500,000.00	1.00	Project Director: Jackie Bremner	N
85	Costs of discharging conditions of Planning Consent may be greater than allowance provided for e.g. extent of works / green space	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
86	May fail to maintain a consistent interpretation of Standards	£50,000.00	£100,000.00	£250,000.00	2.00	PSCP: Anthony Bateman	N
87	Local objection may influence Planning / Design	£0.00	£0.00	£0.00	1.00	Project Director: Jackie Bremner	'Risk Register'!V96
89	May fail to comply with cost of Environmental Regulations	£50,000.00	£100,000.00	£250,000.00	2.00	PSCP: Anthony Bateman	N
90	May fail to comply with Traffic Planning Regulations	£50,000.00	£100,000.00	£250,000.00	1.00	PSCP: Anthony Bateman	N
91	May fail to comply with Utilities Regulations	£50,000.00	£100,000.00	£250,000.00	1.00	PSCP: Anthony Bateman	N

92	Fire strategy not defined / agreed Fire Strategy remains open to testing throughout the design stage, and derogations may be challenged.	£250,000.00	£500,000.00	£750,000.00	3.00	PSCP: Anthony Bateman	N
93	Designs may fail to identify and address Site constraints, (Blue light, FM, Fire Access Routes, electrical infrastructure etc.).	£0.00	£0.00	£0.00	2.00	PSCP: Anthony Bateman	N
94	Ground conditions, bearing pressure, contamination. Requirement for expensive ground gas protection and removal/capping of contaminated ground.	£250,000.00	£500,000.00	£750,000.00	3.00	Project Director: Jackie Bremner	N
95	High groundwater table gives problems on both sites for basements.	£250,000.00	£500,000.00	£1,000,000.00	3.00	PSCP: Anthony Bateman	N
97	Onerous restrictions/mitigation required for flood risk.	£10,000.00	£20,000.00	£30,000.00	2.00	Project Director: Jackie Bremner	N
98	Unknown services - Accuracy of GPR surveys of existing services below ground	£250,000.00	£500,000.00	£750,000.00	3.00	Project Director: Jackie Bremner	N
99	Dark ground - Surveys and Investigations - access difficulties and risks inherent in areas which are not surveyed. i.e. areas of existing buildings can not be surveyed	£250,000.00	£500,000.00	£750,000.00	3.00	Project Director: Jackie Bremner	N
103	Water Infrastructure may not have sufficient capacity	£50,000.00	£100,000.00	£150,000.00	3.00	Project Director: Jackie Bremner	N
105	Drainage Impact Assessment results in on / off site drainage capacity works (foul drainage)	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
106	Drainage connections - existing information is not good, quality of existing installation may cause problems.	£100,000.00	£150,000.00	£200,000.00	2.00	Project Director: Jackie Bremner	N

107	ACC requirement for limit on discharge leads to large attenuation requirement on site where space is limited. Existing drainage from Radiotherapy also needs to be moved. Storm water attenuation due to increase in impermeable areas (Surface Water)	£0.00	£0.00	£0.00	3.00	Project Director: Jackie Bremner	N
109	Aseptic pharmacy design does not meet user / GMP requirements	£250,000.00	£400,000.00	£600,000.00	2.00	PSCP: Anthony Bateman	N
111	Specialist equipment design requirements change / not advised timeously e.g. MRI	£25,000.00	£50,000.00	£75,000.00	3.00	Project Director: Jackie Bremner	N
112	Art strategy programme does not align with PSCP design programme	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
113	Asbestos may be more extensive than highlighted in the management surveys.	£150,000.00	£300,000.00	£450,000.00	4.00	Project Director: Jackie Bremner	N
114	System tie-ins, fire alarm and BEMS - specific requirements not known system architecture not matched	£150,000.00	£200,000.00	£250,000.00	3.00	PSCP: Anthony Bateman	N
115	Failure to agree derogations	£100,000.00	£200,000.00	£300,000.00	3.00	PSCP: Anthony Bateman	N
116	Failure to meet carbon reduction targets	£100,000.00	£200,000.00	£300,000.00	2.00	PSCP: Anthony Bateman	N
117	Failure to co-ordinate with Green space strategy	£25,000.00	£50,000.00	£75,000.00	3.00	Project Director: Jackie Bremner	N
118	Existing link bridge structure requires significant works for interface	£20,000.00	£50,000.00	£75,000.00	2.00	Project Director: Jackie Bremner	N
119	Disruption of Heli operations - including changes to heli pad location.	£0.00	£0.00	£0.00	2.00	PSCP: Anthony Bateman	N
120	Disruption to construction works as a result of Heli operations	£100,000.00	£200,000.00	£300,000.00	2.00	Project Director: Jackie Bremner	N
121	Material and labour costs due to BREXIT.	£475,000.00	£950,000.00	£1,425,000.00	3.00	PSCP: Commercial Director: Jamie Peacock	N
122	Material and labour shortages due to geographical location (major developments)	£475,000.00	£950,000.00	£1,425,000.00	1.00	PSCP: Commercial Director: Jamie Peacock	N

123	Fire within construction site	£10,000.00	£10,000.00	£10,000.00	1.00	PSCP: Anthony Bateman	N
124	Unforeseen restrictions to planned working hours over and above those in WI	£100,000.00	£200,000.00	£300,000.00	2.00	Project Director: Jackie Bremner	N
125	Vibration during construction works affecting clinical services	£150,000.00	£300,000.00	£500,000.00	2.00	PSCP: Anthony Bateman	N
126	Noise and acoustic levels exceeds agreed limits during construction	£150,000.00	£300,000.00	£500,000.00	2.00	PSCP: Anthony Bateman	N
127	Dust not controlled during construction work.	£50,000.00	£100,000.00	£150,000.00	1.00	PSCP: Anthony Bateman	N
128	Odour during construction works may become an issue in adjacent buildings	£50,000.00	£100,000.00	£150,000.00	1.00	PSCP: Anthony Bateman	N
130	Capital equipment procurement (NHSG) - Procurement and lead-in times of Group 2/3/4 equipment and availability	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
131	NHS Directly employed subcontractors do not adhere to programme	£50,000.00	£100,000.00	£150,000.00	2.00	Project Director: Jackie Bremner	N
132	Vandalism	£50,000.00	£75,000.00	£100,000.00	2.00	PSCP: Anthony Bateman	N
133	Suppliers/supply chain may suffer insolvency during the project.	£100,000.00	£200,000.00	£300,000.00	2.00	PSCP: Commercial Director: Jamie Peacock	N
135	Failure to clear / decant existing Maternity	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
136	Familiarisation with new equipment and installations may delay handover and progress on subsequent phases.	£5,000.00	£10,000.00	£15,000.00	1.00	Project Director: Jackie Bremner	N
137	Building Control fail to meet dates for issues certificates to close off each construction phase.	£180,000.00	£360,000.00	£540,000.00	2.00	PSCP: Anthony Bateman	N
138	Risk of falling materials during craning operations.	£10,000.00	£10,000.00	£10,000.00	1.00	PSCP: Anthony Bateman	N
139	Remodelling/refurbishing the existing layout will involve working in a live hospital environment. Anchor	£10,000.00	£25,000.00	£50,000.00	2.00	PSCP: Anthony Bateman	N

141	Undermining roads / pavement during works - Baird	£75,000.00	£100,000.00	£150,000.00	1.00	PSCP: Anthony Bateman	N
143	Availability of suitable NHSG staff to witness testing, commissioning and lead validation as required during construction phases.	£5,000.00	£10,000.00	£15,000.00	1.00	Project Director: Jackie Bremner	N
144	No relief from delay damages for matters that are contractors insurable events, e.g. flood, fire, storm	£180,000.00	£360,000.00	£540,000.00	2.00	PSCP: Anthony Bateman	N
145	Extent & requirement of delay damages unknown.	£0.00	£0.00	£0.00	1.00	Project Director: Jackie Bremner /JCA	N
147	Interface between Works Information and specialist design not included in subcontractor specialist price	£100,000.00	£300,000.00	£500,000.00	2.00	PSCP: Anthony Bateman	N
148	Unexploded Ordinance	£50,000.00	£100,000.00	£150,000.00	1.00	Project Director: Jackie Bremner	N
151	Inappropriate and insufficient PSCP resources to deliver the project and associated work - e.g. business case	£0.00	£0.00	£0.00	2.00	PSCP: Anthony Bateman	N
152	Inappropriate and insufficient PSC resources to deliver the project and associated work - e.g. business case	£20,000.00	£40,000.00	£60,000.00	2.00	Project Director: Jackie Bremner	N
154	External agencies cause delays, i.e. NDAP/HFS	£75,000.00	£150,000.00	£200,000.00	2.00	Project Director: Jackie Bremner	N
155	Failure to meet GMP guidelines. i.e. Aseptic Pharmacy.	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
156	Post completion snagging	£50,000.00	£100,000.00	£150,000.00	3.00	PSCP: Anthony Bateman	N
157	Weather conditions within the 1 in 10 year average disrupting the works	£60,000.00	£120,000.00	£180,000.00	2.00	PSCP: Commercial Director: Jamie Peacock	N
190	New buildings may block the "bleep" signal. Won't be able to be determined until completion	£0.00	£0.00	£0.00	3.00	NHSG: Kelly	N
197	EWNC031 : PSCP 04/07/2017 : Design Work Required to make a crossing at Westburn Road	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N

198	EWNC032 : PSCP 04/07/2017 : We require the Asset information required prior to procurement starts	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
206	EWNC039 : PSCP 01/08/2017 : Baird: Acoustic Performance of Birthing Rooms is inadequate	£0.00	£0.00	£0.00	3.00	Project Director: Jackie Bremner	N
213	EWNC046 : PSCP 10/08/2017 : We have been made aware of an additional redundant service duct.	£0.00	£0.00	£0.00	5.00	PSCP: Anthony Bateman	N
218	EWNC051 : PSCP 30/08/2017 : B&A: Door Access Control.	£0.00	£0.00	£0.00	2.00	Project Director: Jackie Bremner	N
226	EWNC058 Additional accommodation required for emergency changing rooms in NNU/Birthing BFH	£0.00	£0.00	£0.00	3.00	Project Director: Jackie Bremner	N
227	CAR Licence timescales and planning	£0.00	£0.00	£0.00	3.00	Project Director: Jackie Bremner	N
228	Site abnormals reduce the viability of development sites - Drainage/CCTV	£20,000.00	£40,000.00	£60,000.00	2.00	Project Director: Jackie Bremner	N

Appendix T

Generic Economic Model (GEM) Extracts

The Baird Family Hospital - OBC GEM Model									
	SUMMARY	Appraisal Period	NPC	Risk Adjustment	Risk Adjusted NPC		EAC	Risk Adjustment	Risk Adjusted NPC
			£'000	£'000	£'000		£'000	£'000	£'000
Option 1		30 Years	142,732.0		142,732.0		7,646.2		7,646.2
Option 2		30 Years	135,523.1		135,523.1		7,260.0		7,260.0
Option 3		30 Years	134,624.8		134,624.8		7,211.9		7,211.9
Option 4		30 Years	136,084.5		136,084.5		7,290.1		7,290.1
Option 5		30 Years	44,313.2		44,313.2		2,373.9		2,373.9

The ACNCHOR Centre - OBC GEM Model									
	SUMMARY	Appraisal Period	NPC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000		EAC £'000	Risk Adjustment £'000	Risk Adjusted NPC £'000
	The ANCHOR Centre								
Option 1		30 Years	40,817.2		40,817.2		2,186.6		2,186.6
Option 2		30 Years	43,635.3		43,635.3		2,337.6		2,337.6
Option 3		30 Years	41,832.7		41,832.7		2,241.0		2,241.0
Option 4		30 Years	42,646.8		42,646.8		2,284.6		2,284.6
Option 5		30 Years	8,402.9		8,402.9		450.1		450.1

Appendix U

University of Aberdeen – Agreement in Principle Letter



UNIVERSITY
OF ABERDEEN

Senior Vice Principal
University Office
King's College
Aberdeen AB24 3FX
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United Kingdom
Tel: +44 (0) 1224 272017

18 December 2017

Jackie Bremner
Project Director
Baird and ANCHOR Project
Project Office
Rosehill Annex
Foresterhill Health Campus
AB25 2ZG

Dear Jackie

Agreement in principle – Occupation of parts of Baird Family Hospital and Anchor Cancer Centre

At our meeting of the University Capital Programme Management Committee today, it was decided that I write to you with our 'Agreement in Principle' to occupy parts of the Baird Family Hospital and Anchor Cancer Centre under the terms outlined below:

The University of Aberdeen has been included by NHS Grampian in developing a project brief and schedule of accommodation for two new build projects on the Foresterhill campus, namely the Baird Family Hospital and the ANCHOR Centre. Within these new builds will be spaces for University activities in teaching and research and replacement space for our current IVF unit (currently located in the Maternity Hospital which will be demolished) which we intend to occupy when the buildings are completed. The arrangement will be supported by a Heads of Term agreement and this letter represents in principle agreement to occupy the space which will be created in the new facilities.

At the current time, these spaces equate to 1039m² (excluding the proposed NES funded ACI space amounting to 411m²) and it is proposed that the University will be recharged for its share of Property Running Costs of the New facilities, the current costs are circa £141 per m² at 2016 prices.

The proposed running costs includes the following elements only:

- Annual Property Running Costs (which includes Rates/Water Rates/Electricity/Heating/Domestics/Hard Facilities Management /Soft Facilities Management/Window Cleaning)
- Lifecycle and other maintenance costs as incurred. For general maintenance to the whole building, this cost will be allocated pro-rata in relation to the University occupied space as a proportion of total space per building.

I trust that this in-principle agreement will allow you to proceed with both Projects.

If you have any questions, please do not hesitate to contact me.

Yours sincerely,

Professor Mike Greaves
Senior Vice Principal

Appendix V

The ANCHOR Centre Schedule of Accommodation

Document Title:		Schedule of Accommodation			
Facility		The ANCHOR Centre			
Document Ref:		NHSG-TAC-GRA-SC-070			
Last Issued		15th Dec 2017			
Area Compliance Schedule					
Area	Room No	Room Name	SoA v14 Area	OBC Area	+/-
CLINICAL AREAS					
Bridge Zone	A-CA001	Information Lounge	16.00	16.00	0.00
Bridge Zone	A-CA002	Store Room – Information Lounge	4.00	4.40	0.40
Bridge Zone	A-CA003	Quiet Room	9.00	9.20	0.20
function sub-total			29.00	29.60	0.60
Entrance Zone	A-CA004	Parking Bay: 6 wheelchairs	4.00	4.00	0.00
Entrance Zone	A-CA005	Reception	9.00	9.00	0.00
Entrance Zone	A-CA112	Back Office	9.00	9.00	0.00
Entrance Zone	A-CA006	Waiting Area: 45 persons	67.60	67.50	-0.10
Entrance Zone	A-CA008	Coffee Cart Area	10.00	10.20	0.20
Entrance Zone	A-CA009	Store Room - Coffee Cart	8.00	8.00	0.00
Entrance Zone	A-CA010	"Coffee" Lounge Area: 20 places	40.00	40.00	0.00
Entrance Zone	A-CA011	Teenagers and Young Adults Lounge	16.50	16.60	0.10
Entrance Zone	A-CA012	WC Ambulant	2.50	3.10	0.60
Entrance Zone	A-CA013	WC Ambulant	2.50	3.00	0.50
Entrance Zone	A-CA014	WC Accessible	4.50	4.50	0.00
Entrance Zone	A-CA015	WC Accessible	4.50	4.90	0.40
Entrance Zone	A-CA016	PAMIS "Changing Places"	12.00	12.40	0.40
Entrance Zone	A-CA017	Infant Feeding Room	5.50	5.80	0.30
Entrance Zone	A-CA018	Nappy Change	4.00	4.80	0.80
function sub-total			199.50	202.80	3.30
Consulting Zone	A-CA019	Reception	8.00	8.90	0.90
Consulting Zone	A-CA020	Admin Office: 2 place	11.00	11.20	0.20
Consulting Zone	A-CA021	Printer/IT/Admin Store Room	6.00	6.10	0.10
Consulting Zone	A-CA022	Staff Base	8.00	9.00	1.00
Consulting Zone	A-CA023	Medical Records Transit Room	9.00	9.00	0.00
Consulting Zone	A-CA024	Prescription Verification Room	13.50	13.90	0.40
Consulting Zone	A-CA025	Parking Bay - Resus Trolley	1.00	1.30	0.30
Consulting Zone	A-CA026	Staff Pantry	6.00	6.00	0.00
Consulting Zone	A-CA027	Interview/Counselling room	9.00	9.80	0.80
Consulting Zone	A-CA028	Sub-waiting Area: 35 place	52.50	48.00	-4.50
Consulting Zone	A-CA029	Phlebotomy & Physiological Measurement Room	26.00	26.10	0.10
Consulting Zone	A-CA030	Pneumatic Tube Station	1.00	1.00	0.00
Consulting Zone	A-CA031	WC Accessible - Sample Room	4.50	4.60	0.10
Consulting Zone	A-CA032	WC Ambulant	2.50	2.50	0.00
Consulting Zone	A-CA033	WC Ambulant	2.50	2.70	0.20
Consulting Zone	A-CA034	Clean Utility	12.00	12.50	0.50
Consulting Zone	A-CA035	Dirty Utility - Specimen Hatch	6.00	6.00	0.00
Consulting Zone	A-CA037	DSR	10.00	10.20	0.20
Consulting Zone	A-CA038	Disposal Hold	12.00	12.00	0.00
Consulting Zone	A-CA039	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA040	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA041	Consulting/Examination room	15.00	15.20	0.20

Consulting Zone	A-CA042	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA043	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA044	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA045	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA046	Consulting/Examination room	15.00	15.10	0.10
Consulting Zone	A-CA047	Consulting/Examination room	15.00	15.30	0.30
Consulting Zone	A-CA048	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA049	Consulting/Examination room	15.00	15.00	0.00
Consulting Zone	A-CA050	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA051	Consulting/Examination room	15.00	15.00	0.00
Consulting Zone	A-CA052	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA053	Consulting/Examination room	15.00	15.00	0.00
Consulting Zone	A-CA054	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA055	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA056	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA057	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA058	Consulting/Examination room	15.00	15.20	0.20
Consulting Zone	A-CA059	Store Room – Consulting Zone	4.00	4.00	0.00
Consulting Zone	A-CA060	Store Room – Consulting Zone	4.00	4.20	0.20
Consulting Zone	A-CA063	WC Staff Ambulant	2.50	2.70	0.20
Consulting Zone	A-CA064	WC Staff Ambulant	2.50	2.70	0.20
function sub-total			513.50	517.80	4.30
Treatment Zone	A-CA065	Sub-waiting Area: 20 place	30.00	30.40	0.40
Treatment Zone	A-CA066	Reception	8.00	8.30	0.30
Treatment Zone	A-CA067	Admin Office: 3 place	16.50	16.70	0.20
Treatment Zone	A-CA068	Printer/IT/Admin Store Room	6.00	6.30	0.30
Treatment Zone	A-CA069	Senior Charge Nurse office; 1 person	9.00	9.40	0.40
Treatment Zone	A-CA071	Prescription Verification Room	13.50	13.70	0.20
Treatment Zone	A-CA072	Pneumatic Tube Station	1.00	0.90	-0.10
Treatment Zone	A-CA073	Clean Utility	30.00	29.70	-0.30
Treatment Zone	A-CA074	Kitchen	15.00	15.20	0.20
Treatment Zone	A-CA075	Dry Goods Store	0.00	0.00	0.00
Treatment Zone	A-CA076	Complementary Therapies Room	16.50	16.50	0.00
Treatment Zone	A-CA077	Store Room - Complementary Therapies	4.00	4.10	0.10
Treatment Zone	A-CA078	Interview/Counselling Room	9.00	11.10	2.10
Treatment Zone	A-CA079	Parking Bay - Resus Trolley	1.00	1.00	0.00
Treatment Zone	A-CA080	Linen Store	4.00	4.00	0.00
Treatment Zone	A-CA081	DSR	10.00	10.30	0.30
Treatment Zone	A-CA082	Disposal Hold	12.00	12.10	0.10
Treatment Zone	A-CA083	Staff base (1)	8.00	8.00	0.00
Treatment Zone	A-CA084	Staff base (2)	8.00	8.00	0.00
Treatment Zone	A-CA085	Procedure Room	16.50	16.50	0.00
Treatment Zone	A-CA086	Procedure Room	16.50	16.50	0.00
Treatment Zone	A-CA116	Treatment Chair Area	344.00	344.00	0.00
Treatment Zone	A-CA091	4 Chair Treatment Cluster	inc	0.00	
Treatment Zone	A-CA117	4 Chair Treatment Cluster	inc	0.00	
Treatment Zone	A-CA118	4 Chair Treatment Cluster	inc	0.00	
Treatment Zone	A-CA119	4 Chair Treatment Cluster	inc	0.00	
Treatment Zone	A-CA120	4 Chair Treatment Cluster	inc	0.00	
Treatment Zone	A-CA121	4 Chair Treatment Cluster	inc	0.00	
Treatment Zone	A-CA122	4 Chair Treatment Cluster	inc	0.00	
Treatment Zone	A-CA087	Touchdown Space	inc	0.00	
Treatment Zone	A-CA088	Touchdown Space	inc	0.00	
Treatment Zone	A-CA089	Touchdown Space	inc	0.00	
Treatment Zone	A-CA090	Touchdown Space	inc	0.00	
Treatment Zone	A-CA092	Chair Treatment Room	16.50	16.50	0.00

Treatment Zone	A-CA093	Chair Treatment Room	16.50	16.50	0.00
Treatment Zone	A-CA094	Patients en-suite with chamfered shower as per HBN 00-02	4.50	4.70	0.20
Treatment Zone	A-CA095	Patients en-suite with chamfered shower as per HBN 00-02	4.50	4.60	0.10
Treatment Zone	A-CA096	WC Accessible	4.50	4.60	0.10
Treatment Zone	A-CA097	WC Accessible	4.50	5.20	0.70
Treatment Zone	A-CA098	WC Accessible - Sample Room	4.50	4.60	0.10
Treatment Zone	A-CA100	Store Room - Consumables	10.00	10.20	0.20
Treatment Zone	A-CA101	Store Room - Equipment	10.00	10.30	0.30
Treatment Zone	A-CA102	Dirty Utility - Specimen Hatch	8.00	8.90	0.90
Treatment Zone	A-CA103	Dirty Utility - Specimen Hatch	8.00	8.50	0.50
Treatment Zone	A-CA113	Consulting/Examination room	15.00	15.00	0.00
Treatment Zone	A-CA114	WC Accessible	4.50	4.60	0.10
Treatment Zone	A-CA115	WC Accessible - Sample Room	4.50	5.20	0.70
function sub-total			694.00	702.10	8.10
Research	A-CA104	Administration Office: 6 place	33.00	26.50	-6.50
Research	A-CA105	Audit Office: 3 person	13.50	10.90	-2.60
Research	A-CA106	WC Staff Ambulant	2.50	2.60	0.10
Research	A-CA107	Laboratory	13.50	13.50	0.00
Research	A-CA109	Freezer Room	13.50	13.50	0.00
Research	A-CA110	Records Storage Room	13.50	13.70	0.20
Research	A-CA111	Multi-person Offices (14 place)	77.00	61.90	-15.10
function sub-total			166.50	142.60	-23.90
CLINICAL AREA TOTALS		Functional	1602.5	1594.90	-7.60
		Planning (5%)	80.13	207.12	127.0
		Engineering (3%)	50.48	89.40	38.92
		Circulation (30%)	504.79	522.80	18.01
		TOTAL CLINICAL AREAS	2237.89	2414.22	176.33
CT					
CT	A-CT001	Waiting Area: 5 place	-9.00	0.00	9.00
CT	A-CT002	Changing Room – Accessible	-4.50	0.00	4.50
CT	A-CT003	Changing Room - Ambulant	-2.00	0.00	2.00
CT	A-CT004	Parking Bay – Dirty Linen Trolley	-1.00	0.00	1.00
CT	A-CT005	WC Assisted	-4.50	0.00	4.50
CT	A-CT006	Preparation Room	-11.00	0.00	11.00
CT	A-CT007	CT Scanner Room	-42.00	0.00	42.00
CT	A-CT008	Control Room	-22.00	0.00	22.00
CT	A-CT009	Parking Bay - Resus Trolley	-1.00	0.00	1.00
CT	A-CT010	Technical Room	-6.00	0.00	6.00
CT	A-CT011	Dirty Utility	-6.00	0.00	6.00
CT	A-CT012	Lead apron and protection gear holding area	-0.50	0.00	0.50
CT	A-CT013	Reporting area	-15.00	0.00	15.00
CT	A-CT014	Store room	-5.00	0.00	5.00
function sub-total			-129.50	0.00	129.50
CT AREA TOTALS		Functional	-129.50	0.00	129.50
		Planning (5%)	-6.48	0.00	6.48
		Engineering (3%)	-4.80	0.00	4.80
		Circulation (30%)	-33.99	0.00	33.99
		TOTAL CT	-174.77	0.00	174.77
PHARMACY					
Dispensing Area	A-P001	Public Reception	4.00	4.10	0.10

Dispensing Area	A-P002	Interview/Counselling Room	9.00	10.10	1.10
Dispensing Area	A-P003	Dispensing/Prefills Area	45.00	45.50	0.50
Dispensing Area	A-P004	Pneumatic Tube Station	1.00	1.00	0.00
Dispensing Area	A-P005	Hot Desking Area: 6 person	25.00	25.10	0.10
Dispensing Area	A-P006	Dispensary Cold Room	10.00	10.10	0.10
Dispensing Area	A-P007	Dispensary Cold Room	10.00	10.10	0.10
Dispensing Area	A-P008	Dispatch/Receipt/Distribution	20.00	20.00	0.00
Dispensing Area	A-P009	Disposal Hold	12.00	12.20	0.20
function sub-total			136.00	138.20	2.20
Aseptic Suite	A-P010	Pharmacy Store	30.00	30.20	0.20
Aseptic Suite	A-P011	Staff Changing (Female)	25.00	25.00	0.00
Aseptic Suite	A-P014	Staff Changing (Male)	7.50	7.50	0.00
Aseptic Suite	A-P015	Staff Shower Ambulant - Unisex	2.50	2.70	0.20
Aseptic Suite	A-P018	Disposal Hold	12.00	12.10	0.10
Aseptic Suite	A-P019	Pre-Entry Changing Area	8.00	8.10	0.10
Aseptic Suite	A-P020	Dirty Gown Disposal Area	6.00	6.00	0.00
Aseptic Suite	A-P021	Outer Support Room	42.50	42.60	0.10
Aseptic Suite	A-P023	Stage 1 Changing Room (Support Room Change)	6.00	6.00	0.00
Aseptic Suite	A-P024	Inner Support Room	36.00	36.90	0.90
Aseptic Suite	A-P025	Stage 2 Changing Room (Clean Room Change 1)	4.50	4.60	0.10
Aseptic Suite	A-P026	Air Lock 1	4.00	4.20	0.20
Aseptic Suite	A-P027	Clean Room 1	32.00	32.20	0.20
Aseptic Suite	A-P028	Stage 2 Changing Room (Clean Room Change 2)	4.50	4.60	0.10
Aseptic Suite	A-P029	Air Lock 2	4.00	4.20	0.20
Aseptic Suite	A-P030	Clean Room 2	32.00	32.00	0.00
Aseptic Suite	A-P031	Stage 2 Changing Room (Clean Room Change 3)	4.50	4.50	0.00
Aseptic Suite	A-P032	Air Lock 3	4.00	4.00	0.00
Aseptic Suite	A-P033	Clean Room 3	22.00	22.40	0.40
Aseptic Suite	A-P034	Office – Aseptic Staff	18.00	17.90	-0.10
Aseptic Suite	A-P035	Staff Rest Room	20.00	20.10	0.10
function sub-total			325.00	327.80	2.80
QA Area	A-P036	Quality Assurance Room	24.00	24.10	0.10
function sub-total			24.00	24.10	0.10
Clinical Trials Area	A-P037	Clinical Trials Office: 5 person	27.50	27.50	0.00
Clinical Trials Area	A-P038	Cold Room	10.00	10.00	0.00
Clinical Trials Area	A-P039	Clinical Trial Store, Receipt, Dispense & Quarantine	45.00	45.00	0.00
Clinical Trials Area	A-P045	Clinical Trials Returns	15.00	15.10	0.10
function sub-total			97.50	97.60	0.10
Support Accommodation	A-P040	WC Staff Ambulant	2.50	2.60	0.10
Support Accommodation	A-P041	WC Staff Ambulant	2.50	2.40	-0.10
Support Accommodation	A-P042	WC Staff Accessible	4.50	4.70	0.20
Support Accommodation	A-P043	DSR	10.00	10.00	0.00
Support Accommodation	A-P044	Staff Locker Bay	5.00	5.00	0.00
function sub-total			24.50	24.70	0.20
PHARMACY TOTALS		Functional	607.00	612.40	5.40
		Planning (5%)	30.35	56.80	26.45

			Engineering (3%)	19.12	1.60	-17.52
			Circulation (25%)	159.34	16.50	-142.84
			TOTAL PHARMACY	815.81	687.30	-128.51
TEACHING,ADMIN & SUPPORT						
Teaching	A-TAS001	Multi-function Room (40 persons)	50.00	50.40	0.40	
Teaching	A-TAS037	Multi-function Room (20 persons)	25.00	25.00	0.00	
Teaching	A-TAS002	Multi-function Room (20 Persons)	25.00	25.00	0.00	
Teaching	A-TAS003	Cloakroom	4.00	4.00	0.00	
Teaching	A-TAS004	Hot Desking (3 person)	13.50	13.50	0.00	
Teaching	A-TAS005	Store Room	10.00	10.00	0.00	
Teaching	A-TAS006	Staff Pantry	6.00	6.40	0.40	
function sub-total			133.50	134.30	0.80	
Admin & Staff Support	A-TAS007	Desk Spaces in Multi-person Offices (Consultants)	112.00	89.60	-22.40	
Admin & Staff Support	A-TAS008	Desk Spaces in Multi-person Offices (Registrars and Associates)	60.50	48.40	-12.10	
Admin & Staff Support	A-TAS009	Desk Spaces in Multi-person Offices (CNS, Pharmacy and Psychology)	182.00	145.60	-36.40	
Admin & Staff Support	A-TAS010	Desk Spaces in Multi-person Offices (Medical Secretaries)	77.00	61.60	-15.40	
Admin & Staff Support	A-TAS011	Desk Spaces in Multi-person Offices (Management Support)	11.00	12.40	1.40	
Admin & Staff Support	A-TAS012	Management Office (4 Person)	28.00	22.40	-5.60	
Admin & Staff Support	A-TAS013	Staff Rest Room/Beverage Bay	56.50	56.90	0.40	
Admin & Staff Support	A-TAS014	WC Staff Ambulant	2.50	2.70	0.20	
Admin & Staff Support	A-TAS015	WC Staff Ambulant	2.50	2.70	0.20	
Admin & Staff Support	A-TAS016	WC Staff Accessible	4.50	4.50	0.00	
Admin & Staff Support	A-TAS036	Printer IT Store	6.00	6.00	0.00	
function sub-total			542.50	452.80	-89.70	
FM Support	A-TAS017	Goods receipt/despatch area	60.00	56.60	-3.40	
FM Support	A-TAS018	Materials Management Office/Mail Room	12.00	12.10	0.10	
FM Support	A-TAS019	Equipment Cleaning Room	10.00	10.00	0.00	
FM Support	A-TAS020	Bulk Store Room	12.00	12.50	0.50	
FM Support	A-TAS021	Domestic Machine Park/Charging	10.00	10.00	0.00	
FM Support	A-TAS022	Clean Bin Holding Area	30.00	0.00	-30.00	
FM Support	A-TAS023	Disposal Hold	30.00	30.80	0.80	
FM Support	A-TAS024	DSR	10.00	10.10	0.10	
FM Support	A-TAS025	WC Staff Ambulant	2.50	2.60	0.10	
function sub-total			176.50	144.70	-31.80	
Staff Facilities	A-TAS026	Staff Changing (Female)	40.00	40.10	0.10	
Staff Facilities	A-TAS027	Shower: Ambulant (Female)	2.50	2.70	0.20	
Staff Facilities	A-TAS028	Shower: Ambulant (Female)	2.50	2.80	0.30	
Staff Facilities	A-TAS029	WC Staff Ambulant (Female)	2.50	2.70	0.20	
Staff Facilities	A-TAS030	WC Staff Ambulant (Female)	2.50	2.70	0.20	
Staff Facilities	A-TAS031	Staff Changing (Male)	10.00	10.00	0.00	
Staff Facilities	A-TAS032	Shower: Ambulant (Male)	2.50	2.50	0.00	
Staff Facilities	A-TAS033	WC Staff Ambulant (Male)	2.50	2.50	0.00	
Staff Facilities	A-TAS034	WC Staff Accessible	4.50	4.50	0.00	
function sub-total			69.50	70.50	1.00	

TAS TOTALS	Functional	922.00	802.30	-119.70
	Planning (5%)	46.10	24.24	-21.86
	Engineering (3%)	29.04	22.70	-6.34
	Circulation (25%)	242.34	65.70	-176.64
	TOTAL TAS	1239.48	914.94	-324.54

TOTAL Function	3131.50	3009.6	-121.90
TOTAL Planning	156.60	489.72	333.12
TOTAL Engineering	98.60	113.70	15.10
TOTAL Circulation	906.50	605.00	-301.50

Net GIFA	4293.20	4235.52	-57.68
Plant Allowance	637.50	544.80	-92.70
Interdepartmental Comms	558.10	708.88	150.78
Total GIFA	5488.80	5489.20	0.40

Appendix W

The Baird Family Hospital Schedule of Accommodation

Facility		The Baird Family Hospital			
Document Title:		Schedule of Accommodation			
Document Ref:		NHSG-BFH-GRA-SC-070			
Last Issued		10th Nov 2017			
Area Compliance Schedule					
Area	Room No	Room Name	SoA v14 Area	OBC Area	+/-
ACRM					
Clinic Area	B-ACRM001	Reception and Back Office	10.00	10.00	0.00
Clinic Area	B-ACRM002	Waiting Area: 20 Place	25.50	25.80	0.30
Clinic Area	B-ACRM003	WC Ambulant	2.50	2.50	0.00
Clinic Area	B-ACRM004	WC Accessible	4.50	4.50	0.00
Clinic Area	B-ACRM005	Call Centre; 2 person	12.00	10.60	-1.40
Clinic Area	B-ACRM006	Finance Office	9.00	10.40	1.40
Clinic Area	B-ACRM007	Secretarial Office	22.00	22.00	0.00
function sub-total			85.50	85.80	0.30
Consulting Zone	B-ACRM008	Staff Base	8.00	8.20	0.20
Consulting Zone	B-ACRM009	Pneumatic Tube Station	1.00	1.00	0.00
Consulting Zone	B-ACRM010	SCN Office	9.00	10.40	1.40
Consulting Zone	B-ACRM011	Staff WC Ambulant	2.50	2.50	0.00
Consulting Zone	B-ACRM012	MDT Hub/Teaching and Meeting Room	24.00	24.00	0.00
Consulting Zone	B-ACRM013	Consulting/Examination Room	16.50	16.60	0.10
Consulting Zone	B-ACRM014	Consulting/Examination Room	16.50	16.60	0.10
Consulting Zone	B-ACRM015	Consulting/Examination Room	16.50	16.50	0.00
Consulting Zone	B-ACRM016	Consulting/Examination Room	16.50	16.60	0.10
Consulting Zone	B-ACRM017	Consulting/Examination Room	16.50	16.60	0.10
Consulting Zone	B-ACRM018	Consulting/Examination Room	16.50	16.50	0.00
Consulting Zone	B-ACRM019	Ultrasound Room	16.50	16.50	0.00
Consulting Zone	B-ACRM020	Ultrasound Room	16.50	16.50	0.00
Consulting Zone	B-ACRM021	Ultrasound Room	16.50	16.50	0.00
Consulting Zone	B-ACRM022	Ultrasound Room	16.50	16.50	0.00
Consulting Zone	B-ACRM023	Interview/Counselling Room	9.00	10.30	1.30
Consulting Zone	B-ACRM024	Records Store Room	16.50	16.50	0.00
Consulting Zone	B-ACRM025	Store Room	8.00	8.00	0.00
function sub-total			243.00	246.3	3.30
Day Treatment Area	B-ACRM026	Single Cubicle	13.50	13.50	0.00
Day Treatment Area	B-ACRM027	Single Cubicle	13.50	13.60	0.10
Day Treatment Area	B-ACRM028	Single Cubicle	13.50	13.60	0.10
Day Treatment Area	B-ACRM029	Single Cubicle	13.50	13.60	0.10

Day Treatment Area	B-ACRM030	Single Cubicle	13.50	13.60	0.10
Day Treatment Area	B-ACRM031	Single Cubicle	13.50	13.80	0.30
Day Treatment Area	B-ACRM032	Chair Area	10.00	10.00	0.00
Day Treatment Area	B-ACRM033	Procedure Room 1	16.50	17.00	0.50
Day Treatment Area	B-ACRM034	Procedure Room 2 (Anaesthetic)	23.50	23.50	0.00
Day Treatment Area	B-ACRM035	Staff Base	8.00	8.20	0.20
Day Treatment Area	B-ACRM036	WC Accessible	4.50	4.50	0.00
Day Treatment Area	B-ACRM037	Recovery Room	20.00	20.40	0.40
Day Treatment Area	B-ACRM038	Clean Utility	16.00	16.00	0.00
Day Treatment Area	B-ACRM039	Dirty Utility	8.00	10.40	2.40
Day Treatment Area	B-ACRM040	Prep Room	20.00	20.00	0.00
Day Treatment Area	B-ACRM041	Resuscitation Bay	1.00	1.00	0.00
Day Treatment Area	B-ACRM042	Disposal Hold	12.00	14.00	2.00
Day Treatment Area	B-ACRM043	DSR	10.00	10.10	0.10
Day Treatment Area	B-ACRM044	Linen Store	4.00	4.00	0.00
Day Treatment Area	B-ACRM045	Patient Pantry	6.00	7.30	1.30
Day Treatment Area	B-ACRM046	Staff Locker Bay (24)	1.50	1.50	0.00
function sub-total			242.00	249.6	7.60
Labs	B-ACRM047	Sample Reception Area	6.00	6.10	0.10
Labs	B-ACRM048	Embryology Lab	32.00	32.00	0.00
Labs	B-ACRM049	ICSI	16.50	16.50	0.00
Labs	B-ACRM050	Cryostorage	28.00	28.00	0.00
Labs	B-ACRM051	Liquid Nitrogen Generator	8.00	8.90	0.90
Labs	B-ACRM052	Sperm Preparation Laboratory	16.50	16.50	0.00
Labs	B-ACRM053	Sample Production Room	8.00	8.00	0.00
Labs	B-ACRM054	Sample Production Room	8.00	8.00	0.00
Labs	B-ACRM055	Sample Production Room	8.00	8.00	0.00
Labs	B-ACRM056	WC Accessible	4.50	4.50	0.00
Labs	B-ACRM057	Sperm Diagnostic Laboratory	16.50	16.50	0.00
Labs	B-ACRM058	Store Room	14.00	13.90	-0.10
Labs	B-ACRM059	Staff Changing (Male)	8.00	8.10	0.10
Labs	B-ACRM060	Staff Changing (Female)	8.00	9.70	1.70
Labs	B-ACRM061	Unisex Staff Changing - Lab	8.00	8.00	0.00
Labs	B-ACRM062	WC Staff Ambulant	2.50	2.50	0.00
Labs	B-ACRM063	Air Lock - Staff	4.00	4.00	0.00
Labs	B-ACRM064	Air Lock - Equipment/Consumables	4.00	4.40	0.40
function sub-total			200.50	203.6	3.10
Support & Utility	B-ACRM066	Store - Ready to Use Medical Gas	4.00	5.40	1.40
function sub-total			4.00	5.40	1.40
Office & Admin	B-ACRM067	Office - Research Staff	33.00	33.00	0.00
Office & Admin	B-ACRM068	Office - Nursing and Laboratory Staff	33.00	33.00	0.00
function sub-total			66.00	66.00	0.00
ACRM TOTALS		Functional	841.00	856.7	15.70
		Planning (5%)	42.10	99.27	57.17
		Engineering (3%)	26.50	1.73	-24.77

		Circulation (30%)	264.90	311.5	46.60
		TOTAL ACRM AREAS	1174.50	1269.20	94.70
ADMIN					
Admin	B-ADM	Management, Increase to 13 x 7m2	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Management Admin	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Consultant (Obstetric)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Consultant (Reproductive Medicine)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Consultant (Neonatology)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Consultant (Gynaecology)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Consultant (Breast)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Middle Grade Staff Team (Hotdesks)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Secretarial (Obstetrics)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Secretarial (Gynaecology)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Secretarial (Breast)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Secretarial (Breast Screening)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Nursing (Pregnancy Counselling Team)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Nursing (Breast Care Nurses/Nurse Practitioner)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Midwifery Team, Reduce to 4 x 5.5m2	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Hearing Screening Team	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Social Work Team	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Prosthetic Team, Reduce to 2 x 5.5m2	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Practice Educators Room (3 person)	<i>inc. in Open Plan Office</i>		
Admin	B-ADM	Open Plan Office Area	633.50	657.0	23.50
Admin	B-ADM	Staff Pantry	6.00	6.00	0.00
Admin	B-ADM	Staff Pantry	6.00	6.10	0.10
Admin	B-ADM	DSR	10.00	10.80	0.80
Admin	B-ADM	WC Staff Ambulant	2.50	2.80	0.30
Admin	B-ADM	WC Staff Ambulant	2.50	2.80	0.30
Admin	B-ADM	WC Staff Accessible	4.50	4.50	0.00
Admin	B-ADM	Shared Printer/IT space	6.00	6.00	0.00
Admin	B-ADM	Shared Printer/IT space	6.00	6.20	0.20
function sub-total			677.00	702.2	25.20
ADMIN TOTALS		Functional	677.00	702.2	25.20
		Planning (5%)	33.90	8.00	-25.90
		Engineering (3%)	21.30	16.20	-5.10

			Circulation (23%)	163.50	19.40	-144.10
			TOTAL ADMIN AREAS	895.70	745.8	-149.90
BIRTHING SUITE						
Entrance	B-BS001	Hand-wash Station	1.50	1.40	-0.10	
Entrance	B-BS002	Reception	8.00	8.20	0.20	
Entrance	B-BS003	WC Accessible	4.50	4.50	0.00	
Entrance	B-BS004	Parking Bay: 6 wheelchairs	4.00	4.00	0.00	
function sub-total			18.00	18.10	0.10	
Birthing Suite Rooms	B-BS005	Birthing Room	26.00	26.20	0.20	
Birthing Suite Rooms	B-BS006	Birthing Room	26.00	26.40	0.40	
Birthing Suite Rooms	B-BS007	Birthing Room	26.00	26.40	0.40	
Birthing Suite Rooms	B-BS008	Birthing Room	26.00	26.40	0.40	
Birthing Suite Rooms	B-BS009	Birthing Room	26.00	26.70	0.70	
Birthing Suite Rooms	B-BS010	Birthing Room	26.00	26.00	0.00	
Birthing Suite Rooms	B-BS011	Birthing Room	26.00	26.00	0.00	
Birthing Suite Rooms	B-BS012	Birthing Room	26.00	26.00	0.00	
Birthing Suite Rooms	B-BS013	Birthing Room	26.00	26.00	0.00	
Birthing Suite Rooms	B-BS014	Birthing Room	26.00	25.40	-0.60	
Birthing Suite Rooms	B-BS015	En-suite Assisted	5.00	5.20	0.20	
Birthing Suite Rooms	B-BS016	En-suite Assisted	5.00	5.00	0.00	
Birthing Suite Rooms	B-BS017	En-suite Assisted	5.00	5.00	0.00	
Birthing Suite Rooms	B-BS018	En-suite Assisted	5.00	5.10	0.10	
Birthing Suite Rooms	B-BS019	En-suite Assisted	5.00	5.00	0.00	
Birthing Suite Rooms	B-BS020	En-suite Assisted	5.00	5.30	0.30	
Birthing Suite Rooms	B-BS021	En-suite Assisted	5.00	5.20	0.20	
Birthing Suite Rooms	B-BS022	En-suite Assisted	5.00	5.00	0.00	
Birthing Suite Rooms	B-BS023	En-suite Assisted	5.00	5.20	0.20	
Birthing Suite Rooms	B-BS024	En-suite Assisted	5.00	5.00	0.00	
Birthing Suite Rooms	B-BS025	Birthing Room (with pool)	31.50	31.20	-0.30	
Birthing Suite Rooms	B-BS026	En-suite Assisted	5.00	5.20	0.20	
Birthing Suite Rooms	B-BS027	Store Room - Birthing Room Store	2.00	2.20	0.20	
Birthing Suite Rooms	B-BS028	Parking Bay - Resus Trolley	1.00	1.00	0.00	
Birthing Suite Rooms	B-BS029	Parking Bay - Resus Trolley	1.00	1.50	0.50	
function sub-total			350.50	353.6	3.10	
BS Annex	B-BS030	Birthing Room	26.00	26.80	0.80	
BS Annex	B-BS031	Birthing Room	26.00	26.60	0.60	
BS Annex	B-BS032	En-suite Assisted	5.00	5.10	0.10	
BS Annex	B-BS033	En-suite Assisted	5.00	5.10	0.10	
BS Annex	B-BS034	Interview/Counselling Room	12.00	12.00	0.00	
BS Annex	B-BS035	Team Office	9.00	9.00	0.00	
BS Annex	B-BS036	Family Room	12.00	12.00	0.00	
BS Annex	B-BS037	Dirty Utility	8.00	10.60	2.60	
function sub-total			103.00	107.2	4.20	
Patient Support Facilities	B-BS038	Interview/Counselling Room	9.00	9.00	0.00	

Patient Support Facilities	B-BS039	Ward Pantry	12.00	12.10	0.10
Patient Support Facilities	B-BS040	Food Service Bay	3.50	3.50	0.00
Patient Support Facilities	B-BS041	Patient Pantry	6.00	6.70	0.70
Patient Support Facilities	B-BS042	Partners Lounge	12.00	12.00	0.00
function sub-total			42.50	43.30	0.80
Utilities	B-BS043	Dirty Utility	8.00	9.60	1.60
Utilities	B-BS044	Linen Store	4.00	4.70	0.70
Utilities	B-BS045	Linen Store	4.00	4.20	0.20
Utilities	B-BS046	Clean Utility	16.00	16.20	0.20
Utilities	B-BS047	Pneumatic Tube Station	1.00	1.30	0.30
Utilities	B-BS048	Disposal Hold	12.00	11.80	-0.20
Utilities	B-BS049	DSR	10.00	10.00	0.00
Utilities	B-BS050	Point of Care Testing Room	9.00	9.10	0.10
function sub-total			64.00	66.90	2.90
Backup Storage	B-BS051	Store Room – Resuscitation Trolley Store	9.00	9.70	0.70
Backup Storage	B-BS052	Store Room - Large Equipment Store	12.00	11.80	-0.20
Backup Storage	B-BS053	Store Room - Large Equipment Store	12.00	12.10	0.10
function sub-total			33.00	33.60	0.60
Office & Admin	B-BS054	SCN/SCM Office - 2 person	12.00	12.10	0.10
Office & Admin	B-BS055	Staff Base	8.00	8.30	0.30
Office & Admin	B-BS056	Hot Desk Room/MDT	30.00	30.00	0.00
Office & Admin	B-BS057	Staff Locker Bay (30)	2.00	2.00	0.00
Office & Admin	B-BS058	WC Staff Ambulant	2.50	2.60	0.10
Office & Admin	B-BS059	WC Staff Accessible	4.50	6.50	2.00
Office & Admin	B-BS060	Printer/IT/Admin Store Room	6.00	6.00	0.00
Office & Admin	B-BS061	Staff Changing & Shower	4.50	10.00	5.50
function sub-total			69.50	77.50	8.00
BIRTHING SUITE TOTALS		Functional	680.50	700.2	19.70
		Planning (5%)	34.00	72.44	38.44
		Engineering (3%)	21.40	3.26	-18.14
		Circulation (35%)	250.10	268.5	18.40
		TOTAL BIRTHING SUITE AREAS	986.00	1044.40	58.40
BREAST OPD					
Reception	B-BOPD001	WC Accessible	4.50	4.50	0.00
function sub-total			4.50	4.50	0.00
Combined Services / RS	B-BOPD002	Staff Base	8.00	8.00	0.00
Combined Services / RS	B-BOPD003	Waiting Area: 10 Place	16.50	16.50	0.00
Combined Services / RS	B-BOPD004	Consulting/Examination Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD005	Consulting/Examination Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD006	Consulting/Examination Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD007	Consulting/Examination Room	16.50	16.60	0.10

Combined Services / RS	B-BOPD008	Consulting/Examination Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD009	Consulting/Examination Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD010	Consulting/Examination Room	16.50	16.60	0.10
Combined Services / RS	B-BOPD011	Consulting/Examination Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD012	Treatment Room/Ultrasound Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD013	Cytology Laboratory	10.00	10.10	0.10
Combined Services / RS	B-BOPD014	Ultrasound Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD015	Ultrasound Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD016	Ultrasound Room	16.50	16.50	0.00
Combined Services / RS	B-BOPD017	Ultrasound Changing Room Accessible	4.50	4.50	0.00
Combined Services / RS	B-BOPD018	Ultrasound Changing Room Accessible	4.50	4.50	0.00
Combined Services / RS	B-BOPD019	Mammography X-Ray Room with Stereotactic Facilities	22.00	23.40	1.40
Combined Services / RS	B-BOPD020	Mammography X-Ray Room with Stereotactic Facilities	22.00	22.00	0.00
Combined Services / RS	B-BOPD021	Mammography X-Ray Room	15.00	15.20	0.20
Combined Services / RS	B-BOPD022	Mammography X-Ray Room	15.00	15.00	0.00
Combined Services / RS	B-BOPD023	Mammography Changing Room Accessible	4.50	4.50	0.00
Combined Services / RS	B-BOPD024	Mammography Changing Room Ambulant	2.50	2.60	0.10
Combined Services / RS	B-BOPD025	Mammography Changing Room Ambulant	2.50	2.60	0.10
Combined Services / RS	B-BOPD026	Mammography Changing Room Ambulant	2.50	2.50	0.00
Combined Services / RS	B-BOPD027	Mammography Changing Room Ambulant	2.50	2.60	0.10
Combined Services / RS	B-BOPD028	Mammography Changing Room Ambulant	2.50	2.70	0.20
Combined Services / RS	B-BOPD029	Mammography Changing Room Ambulant	2.50	2.50	0.00
Combined Services / RS	B-BOPD030	Mammography Changing Room Ambulant	2.50	2.50	0.00
Combined Services / RS	B-BOPD031	Faxitron Machine Storage Bay	1.00	1.20	0.20
Combined Services / RS	B-BOPD032	Interview/Counselling Room	9.00	9.50	0.50
Combined Services / RS	B-BOPD033	WC Accessible	4.50	4.80	0.30
Combined Services / RS	B-BOPD034	Radiographer Hub	19.00	19.30	0.30
Combined Services / RS	B-BOPD035	PACS Room/QA Radiographer; 3 person	11.00	11.30	0.30
Combined Services / RS	B-BOPD036	MDT Clinic Room	20.00	20.00	0.00
Combined Services / RS	B-BOPD037	Symptomatic Radiologist Hub	12.00	12.20	0.20
Combined Services / RS	B-BOPD038	Radiologist Reporting/Reading Room	20.00	20.00	0.00
Combined Services / RS	B-BOPD039	Interview/Counselling Room	9.00	9.50	0.50
Combined Services / RS	B-BOPD040	Prosthetic Room/Store	20.00	20.00	0.00
Combined Services / RS	B-BOPD041	Parking Bay - Resus Trolley	1.00	1.00	0.00
function sub-total			464.00	468.7	4.70
Support & Utility	B-BOPD042	Store Room	8.00	8.00	0.00
function sub-total			8.00	8.00	0.00
BREAST OPD TOTALS		Functional	476.50	481.2	4.70

			Planning (5%)	23.80	59.40	35.60
			Engineering (3%)	15.00	0.70	-14.30
			Circulation (30%)	150.10	211.0	60.90
			TOTAL BREAST OPD AREAS	665.40	752.3	86.90
CMU						
Entrance	B-CMU001	Hand-wash Station	1.50	1.20	-0.30	
Entrance	B-CMU002	Reception/Staff Base	8.00	8.80	0.80	
Entrance	B-CMU003	Parking Bay: 3 wheelchairs	2.00	3.10	1.10	
Entrance	B-CMU004	Partners Lounge	12.00	15.50	3.50	
Entrance	B-CMU005	Patient Pantry	6.00	6.00	0.00	
Entrance	B-CMU006	WC Accessible	4.50	4.60	0.10	
function sub-total			34.00	39.20	5.20	
Birthing Suite Rooms	B-CMU007	Birthing Room	26.00	26.00	0.00	
Birthing Suite Rooms	B-CMU008	Birthing Room	26.00	26.20	0.20	
Birthing Suite Rooms	B-CMU009	Birthing Room	26.00	26.20	0.20	
Birthing Suite Rooms	B-CMU010	Birthing Room	26.00	26.30	0.30	
Birthing Suite Rooms	B-CMU011	En-suite Assisted	5.00	5.10	0.10	
Birthing Suite Rooms	B-CMU012	En-suite Assisted	5.00	5.20	0.20	
Birthing Suite Rooms	B-CMU013	En-suite Assisted	5.00	5.10	0.10	
Birthing Suite Rooms	B-CMU014	En-suite Assisted	5.00	5.20	0.20	
Birthing Suite Rooms	B-CMU015	Birthing Room (with pool)	31.50	32.60	1.10	
Birthing Suite Rooms	B-CMU016	Birthing Room (with pool)	31.50	31.60	0.10	
Birthing Suite Rooms	B-CMU017	Birthing Room (with pool)	31.50	31.50	0.00	
Birthing Suite Rooms	B-CMU018	En-suite Assisted	5.00	5.10	0.10	
Birthing Suite Rooms	B-CMU019	En-suite Assisted	5.00	5.00	0.00	
Birthing Suite Rooms	B-CMU020	En-suite Assisted	5.00	5.00	0.00	
Birthing Suite Rooms	B-CMU021	Store Room - Birthing Room Store	6.00	6.20	0.20	
function sub-total			239.50	242.3	2.80	
Patient Support Facilities	B-CMU022	Ward Pantry	12.00	12.10	0.10	
Patient Support Facilities	B-CMU023	Food Service Bay	3.50	3.60	0.10	
Patient Support Facilities	B-CMU024	Parking Bay - Resuscitaire	4.00	4.30	0.30	
Patient Support Facilities	B-CMU025	Baby Feed/Prep Room	6.00	6.00	0.00	
function sub-total			25.50	26.00	0.50	
Utilities	B-CMU026	Dirty Utility	8.00	8.20	0.20	
Utilities	B-CMU027	Clean Utility	12.00	12.00	0.00	
Utilities	B-CMU028	Disposal Hold	12.00	11.80	-0.20	
Utilities	B-CMU029	Linen Store	4.00	4.30	0.30	
Utilities	B-CMU030	Pneumatic tube station	1.00	1.00	0.00	
Utilities	B-CMU031	DSR	10.00	9.60	-0.40	
function sub-total			47.00	46.90	-0.10	
Back up Storage	B-CMU032	Store Room - Large Equipment Store	12.00	12.00	0.00	
function sub-total			12.00	12.00	0.00	
Office & Admin	B-CMU033	SCN/SCM Office (1 person)	9.00	9.80	0.80	

Office & Admin	B-CMU034	Hot Desking/MDT/Handover Room	16.50	18.00	1.50
Office & Admin	B-CMU035	Staff Locker Bay (24)	1.50	1.50	0.00
function sub-total			27.00	29.30	2.30
CMU TOTALS		Functional	385.00	395.7	10.70
		Planning (5%)	19.30	41.00	21.70
		Engineering (3%)	12.10	2.80	-9.30
		Circulation (35%)	141.50	139.7	-1.80
		TOTAL CMU AREAS	557.90	579.2	21.30
EPAU					
Epau	B-EPU001	Reception/Staff Base	9.50	9.70	0.20
Epau	B-EPU002	Waiting Area 10 Place	16.50	16.50	0.00
Epau	B-EPU003	WC Ambulant	2.50	3.00	0.50
Epau	B-EPU004	Ultrasound Room	16.50	16.50	0.00
Epau	B-EPU005	Treatment Room	16.50	16.50	0.00
Epau	B-EPU006	Treatment Room	16.50	16.50	0.00
Epau	B-EPU007	Treatment Room	16.50	16.50	0.00
Epau	B-EPU008	En-suite Assisted	5.00	5.00	0.00
Epau	B-EPU009	En-suite Assisted	5.00	5.00	0.00
Epau	B-EPU010	Hyperemesis Room	16.50	16.50	0.00
Epau	B-EPU011	En-suite Ambulant	2.50	3.20	0.70
Epau	B-EPU012	Interview/Counselling Room	9.00	9.50	0.50
Epau	B-EPU013	Recovery Area	20.00	20.00	0.00
Epau	B-EPU014	Pneumatic Tube Station	1.00	1.00	0.00
Epau	B-EPU015	Clean Utility	12.00	11.70	-0.30
Epau	B-EPU016	Dirty Utility	8.00	8.00	0.00
Epau	B-EPU017	Store Room	4.00	4.10	0.10
Epau	B-EPU018	Resuscitation Bay	1.00	0.90	-0.10
function sub-total			178.50	180.1	1.60
EPAU TOTALS		Functional	178.50	180.1	1.60
		Planning (5%)	8.90	19.56	10.66
		Engineering (3%)	5.60	0.84	-4.76
		Circulation (30%)	56.20	69.90	13.70
		TOTAL EPAU AREAS	249.20	270.4	21.20
FOETAL MEDICINE					
Foetal Medicine	B-FMED001	Waiting Area - 5 Place	9.00	9.00	0.00
Foetal Medicine	B-FMED002	Ultrasound Procedure Room	16.50	16.50	0.00
Foetal Medicine	B-FMED003	Interview/Counselling Room	9.00	9.00	0.00
Foetal Medicine	B-FMED004	Interview/Counselling Room	9.00	9.00	0.00
Foetal Medicine	B-FMED005	Store Room	4.00	4.00	0.00
function sub-total			47.50	47.50	0.00
FOETAL MEDICINE TOTALS		Functional	47.50	47.50	0.00
		Planning (5%)	2.40	4.40	2.00
		Engineering (3%)	1.50	0.00	-1.50
		Circulation (30%)	15.00	10.10	-4.90
		TOTAL FOETAL MEDICINE AREAS	66.40	62.00	-4.40

FM HUB					
FM Hub	B-FMH001	Equipment Store	12.00	12.00	0.00
FM Hub	B-FMH002	Bed and Mattress Store	30.00	30.00	0.00
FM Hub	B-FMH003	Equipment Cleaning, Maintenance and Repair	30.00	30.00	0.00
FM Hub	B-FMH004	Mop Laundry/Store	10.00	10.00	0.00
FM Hub	B-FMH005	Laundry Transition Area and Emergency Linen Store	18.00	18.00	0.00
FM Hub	B-FMH006	Dirty Linen Store	8.00	8.30	0.30
FM Hub	B-FMH007	Paper Product Bulk Store	16.00	15.30	-0.70
FM Hub	B-FMH008	Refrigerated Store for Retail Outlet	8.00	8.50	0.50
FM Hub	B-FMH009	Refrigerated Store for Retail Outlet	8.00	8.00	0.00
FM Hub	B-FMH010	Dry Goods Store for Retail Outlet	8.00	10.10	2.10
FM Hub	B-FMH011	FM Office	22.00	22.00	0.00
FM Hub	B-FMH012	Staff WC Ambulant	2.50	2.40	-0.10
FM Hub	B-FMH013	Goods Receipt/Dispatch Area	75.00	75.00	0.00
FM Hub	B-FMH014	Ward Product Management Store	25.00	25.00	0.00
FM Hub	B-FMH015	Temporary Clean Bin Holding Area	30.00	30.00	0.00
function sub-total			302.50	304.6	2.10
FM HUB TOTALS		Functional	302.50	304.6	2.10
		Planning (5%)	15.10	18.56	3.46
		Engineering (3%)	9.50	0.24	-9.26
		Circulation (25%)	79.40	91.80	12.40
		TOTAL FM HUB AREAS	406.50	415.2	8.70
GYN & BREAST IPU					
Entrance	B-GBIU001	Hand-wash Station	1.50	1.50	0.00
Entrance	B-GBIU002	Reception/Staff Base (7 day ward)	8.00	8.10	0.10
Entrance	B-GBIU003	Waiting area: 10 person including 1 wheelchair user	16.50	16.50	0.00
Entrance	B-GBIU004	WC Accessible	4.50	4.60	0.10
Entrance	B-GBIU005	Parking Bay: 6 Wheelchairs	4.00	4.00	0.00
Entrance	B-GBIU006	Multi-purpose Sitting Room	12.00	12.00	0.00
Entrance	B-GBIU007	Interview/Counselling Room	9.00	9.00	0.00
function sub-total			55.50	55.70	0.20
Inpatient Beds	B-GBIU008	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU009	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU010	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU011	Single Bedroom - Accessible	19.00	19.40	0.40
Inpatient Beds	B-GBIU012	Single Bedroom - Accessible	19.00	18.90	-0.10
Inpatient Beds	B-GBIU013	Single Bedroom - Accessible	19.00	18.90	-0.10
Inpatient Beds	B-GBIU014	Single Bedroom - Accessible	19.00	18.90	-0.10
Inpatient Beds	B-GBIU015	Single Bedroom - Accessible	19.00	19.60	0.60
Inpatient Beds	B-GBIU016	Single Bedroom - Accessible	19.00	19.40	0.40
Inpatient Beds	B-GBIU017	Single Bedroom - Accessible	19.00	19.40	0.40
Inpatient Beds	B-GBIU018	Single Bedroom - Accessible	19.00	19.40	0.40
Inpatient Beds	B-GBIU019	Single Bedroom - Accessible	19.00	19.40	0.40
Inpatient Beds	B-GBIU020	Single Bedroom - Accessible	19.00	19.00	0.00

Inpatient Beds	B-GBIU021	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU022	Single Bedroom - Accessible	19.00	18.90	-0.10
Inpatient Beds	B-GBIU023	Single Bedroom - Accessible	19.00	18.90	-0.10
Inpatient Beds	B-GBIU024	Single Bedroom - Accessible	19.00	18.90	-0.10
Inpatient Beds	B-GBIU025	Single Bedroom - Accessible	19.00	18.90	-0.10
Inpatient Beds	B-GBIU026	Single Bedroom - Accessible	19.00	19.70	0.70
Inpatient Beds	B-GBIU027	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU028	Single Bedroom - Accessible	19.00	19.20	0.20
Inpatient Beds	B-GBIU029	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU030	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU031	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU032	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU033	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU034	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU035	Single Bedroom - Accessible	19.00	19.60	0.60
Inpatient Beds	B-GBIU036	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU037	Single Bedroom - Accessible	19.00	21.10	2.10
Inpatient Beds	B-GBIU038	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU039	Single Bedroom - Accessible	19.00	19.00	0.00
Inpatient Beds	B-GBIU040	Single Bedroom - Bariatric	19.00	19.60	0.60
Inpatient Beds	B-GBIU041	Single Bedroom - Entonox	19.00	19.00	0.00
Inpatient Beds	B-GBIU042	Single Bedroom - Entonox	19.00	19.60	0.60
Inpatient Beds	B-GBIU043	Single Bedroom - Entonox	19.00	19.00	0.00
Inpatient Beds	B-GBIU044	Single Bedroom - Entonox	19.00	19.00	0.00
Inpatient Beds	B-GBIU045	Single Bedroom - High Temp	19.00	19.60	0.60
Inpatient Beds	B-GBIU046	Single Bedroom - High Temp	19.00	19.10	0.10
Inpatient Beds	B-GBIU047	Single Bedroom - Scanning/Procedure Room	19.00	19.60	0.60
Inpatient Beds	B-GBIU048	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU049	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU050	En-suite - Assisted	5.00	5.00	0.00
Inpatient Beds	B-GBIU051	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU052	En-suite - Assisted	5.00	5.00	0.00
Inpatient Beds	B-GBIU053	En-suite - Assisted	5.00	5.00	0.00
Inpatient Beds	B-GBIU054	En-suite - Assisted	5.00	5.00	0.00
Inpatient Beds	B-GBIU055	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU056	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU057	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU058	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU059	En-suite - Assisted	5.00	4.80	-0.20
Inpatient Beds	B-GBIU060	En-suite - Assisted	5.00	5.20	0.20
Inpatient Beds	B-GBIU061	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU062	En-suite - Assisted	5.00	5.20	0.20
Inpatient Beds	B-GBIU063	En-suite - Assisted	5.00	4.90	-0.10
Inpatient Beds	B-GBIU064	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU065	En-suite - Assisted	5.00	5.50	0.50

Inpatient Beds	B-GBIU066	En-suite - Assisted	5.00	5.20	0.20
Inpatient Beds	B-GBIU067	En-suite - Assisted	5.00	5.00	0.00
Inpatient Beds	B-GBIU068	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU069	En-suite - Assisted	5.00	5.00	0.00
Inpatient Beds	B-GBIU070	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU071	En-suite - Assisted	5.00	4.90	-0.10
Inpatient Beds	B-GBIU072	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU073	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU074	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU075	En-suite - Assisted	5.00	5.20	0.20
Inpatient Beds	B-GBIU076	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU077	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU078	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU079	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU080	En-suite - Assisted	5.00	5.00	0.00
Inpatient Beds	B-GBIU081	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU082	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU083	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU084	En-suite - Assisted	5.00	5.30	0.30
Inpatient Beds	B-GBIU085	En-suite - Assisted	5.00	5.10	0.10
Inpatient Beds	B-GBIU086	En-suite - Disabled	5.00	5.00	0.00
Inpatient Beds	B-GBIU087	En-suite- Bariatric	7.50	7.90	0.40
Inpatient Beds	B-GBIU088	Staff Base (5 day ward)	8.00	8.00	0.00
function sub-total			970.50	984.9	14.40
Patient Support Facilities	B-GBIU089	Touchdown Spaces	2.00	2.00	0.00
Patient Support Facilities	B-GBIU090	Touchdown Spaces	2.00	2.00	0.00
Patient Support Facilities	B-GBIU091	Touchdown Spaces	2.00	2.00	0.00
Patient Support Facilities	B-GBIU092	Touchdown Spaces	2.00	2.70	0.70
Patient Support Facilities	B-GBIU093	Touchdown Spaces	2.00	2.00	0.00
Patient Support Facilities	B-GBIU094	Touchdown Spaces	2.00	2.00	0.00
Patient Support Facilities	B-GBIU095	Parking Bay - Resus Trolley	1.00	1.80	0.80
Patient Support Facilities	B-GBIU096	Ward Pantry	12.00	12.00	0.00
Patient Support Facilities	B-GBIU097	Food Service Bay	3.50	3.50	0.00
Patient Support Facilities	B-GBIU098	Food Service Bay	3.50	3.50	0.00
Patient Support Facilities	B-GBIU099	Patient Pantry	8.00	8.10	0.10
function sub-total			40.00	41.60	1.60
Utilities	B-GBIU100	Clean Utility (7 day ward)	20.50	20.50	0.00
Utilities	B-GBIU101	Clean Utility (5 day ward)	16.00	16.20	0.20
Utilities	B-GBIU102	Dirty Utility	8.00	8.00	0.00
Utilities	B-GBIU103	Dirty Utility	8.00	8.10	0.10

Utilities	B-GBIU104	Linen Store	4.00	5.00	1.00
Utilities	B-GBIU105	Linen Store	4.00	6.00	2.00
Utilities	B-GBIU106	Disposal Hold	12.00	12.00	0.00
Utilities	B-GBIU107	Pneumatic Tube Station	1.00	1.40	0.40
Utilities	B-GBIU108	DSR	10.00	10.50	0.50
Utilities	B-GBIU109	DSR	10.00	10.50	0.50
function sub-total			93.50	98.20	4.70
Backup Storage	B-GBIU110	Store Room - Large Store	22.00	25.10	3.10
Backup Storage	B-GBIU111	Store Room - Equipment Store	8.00	8.00	0.00
Backup Storage	B-GBIU112	Store Room - Equipment Store	8.00	8.10	0.10
function sub-total			38.00	41.20	3.20
Office & Admin	B-GBIU113	SCN Office - 2 Person	12.00	12.00	0.00
Office & Admin	B-GBIU114	MDT/Handover Room: 5 Day Ward	20.00	20.10	0.10
Office & Admin	B-GBIU115	Printer/IT/admin Store Room	6.00	6.60	0.60
Office & Admin	B-GBIU116	MDT/Handover/Hot Desking: 7 Day Ward	27.00	27.20	0.20
Office & Admin	B-GBIU117	WC Staff Ambulant	2.50	2.50	0.00
Office & Admin	B-GBIU118	WC Staff Accessible	4.50	4.50	0.00
Office & Admin	B-GBIU119	Staff Locker Bay (30)	2.00	2.00	0.00
function sub-total			74.00	74.90	0.90
GYN & BREAST IPU TOTALS		Functional	1271.50	1296.50	25.00
		Planning (5%)	63.60	183.67	120.07
		Engineering (3%)	40.10	10.63	-29.47
		Circulation (35%)	467.30	522.0	54.70
		TOTAL GYN & BREAST IPU AREAS	1842.50	2012.80	170.30
GYN OPD					
Reception	B-GOPD001	WC Accessible	4.50	4.50	0.00
function sub-total			4.50	4.50	0.00
Pre-Assessment	B-GOPD002	Staff Base	8.00	8.00	0.00
Pre-Assessment	B-GOPD003	Phlebotomy/Physical Measurement	8.00	8.00	0.00
Pre-Assessment	B-GOPD004	Consulting/Examination Room	16.50	16.50	0.00
Pre-Assessment	B-GOPD005	Consulting/Examination Room	16.50	16.50	0.00
Pre-Assessment	B-GOPD006	Consulting/Examination Room	16.50	16.50	0.00
Pre-Assessment	B-GOPD007	Consulting/Examination Room	16.50	16.50	0.00
Pre-Assessment	B-GOPD008	Store Room - Pre-Assessment	8.00	8.00	0.00
function sub-total			90.00	90.00	0.00
Consulting Zone	B-GOPD009	Staff Base	8.00	8.10	0.10
Consulting Zone	B-GOPD010	Consult Exam Room	16.50	16.50	0.00
Consulting Zone	B-GOPD011	Consult Exam Room	16.50	16.50	0.00
Consulting Zone	B-GOPD012	Consult Exam Room	16.50	16.50	0.00
Consulting Zone	B-GOPD013	Consult Exam Room	16.50	16.50	0.00
Consulting Zone	B-GOPD014	Consult Exam Room	16.50	16.50	0.00
Consulting Zone	B-GOPD015	Consult Exam Room	16.50	16.50	0.00
Consulting Zone	B-GOPD016	Consult/Examination/Treatment Room	16.50	16.60	0.10
Consulting Zone	B-GOPD017	Interview/Counselling Room	9.00	9.00	0.00

Consulting Zone	B-GOPD018	Store Room - Consulting	8.00	8.00	0.00
function sub-total			140.50	140.7	0.20
Procedure Suite	B-GOPD019	Procedure Suite Waiting Area	16.00	16.00	0.00
Procedure Suite	B-GOPD020	Interview/Counselling Room	9.00	9.00	0.00
Procedure Suite	B-GOPD021	Interview/Counselling Room	9.00	9.10	0.10
Procedure Suite	B-GOPD022	Interview/Counselling Room	9.00	9.00	0.00
Procedure Suite	B-GOPD023	Specialist Procedure Room	20.00	20.00	0.00
Procedure Suite	B-GOPD024	Specialist Procedure Room	20.00	20.00	0.00
Procedure Suite	B-GOPD025	Specialist Procedure Room (large)	25.00	25.00	0.00
Procedure Suite	B-GOPD026	Ensuite Changing Room/WC	4.50	4.40	-0.10
Procedure Suite	B-GOPD027	Ensuite Changing Room/WC	4.50	4.50	0.00
Procedure Suite	B-GOPD028	Ensuite Changing Room/WC	4.50	4.50	0.00
Procedure Suite	B-GOPD029	Procedure Suite Recovery Room	20.00	20.00	0.00
Procedure Suite	B-GOPD030	Ensuite WC Accessible/Recovery	4.50	4.50	0.00
Procedure Suite	B-GOPD031	Parking Bay - Resuscitation Trolley	1.00	1.90	0.90
Procedure Suite	B-GOPD032	Patient Pantry	6.00	6.10	0.10
function sub-total			153.00	154.0	1.00
Support & Utility	B-GOPD033	Store Room - Procedure	16.00	16.00	0.00
Support & Utility	B-GOPD034	Dirty Utility	8.00	0.00	-8.00
Support & Utility	B-GOPD035	Parking Bay - Mobile Hoist	2.00	2.60	0.60
function sub-total			26.00	18.60	-7.40
Office & Admin	B-GOPD036	Senior Nurses Office	12.00	12.50	0.50
Office & Admin	B-GOPD037	Hot Desking (3 person)	16.50	16.50	0.00
function sub-total			28.50	29.00	0.50
GYN OPD TOTALS		Functional	442.50	436.8	-5.70
		Planning (5%)	22.10	57.66	35.56
		Engineering (3%)	13.90	0.84	-13.06
		Circulation (30%)	139.40	198.1	58.70
		TOTAL GYN OPD AREAS	617.90	693.4	75.50
HEALTH RECORDS					
Activity Spaces	B-HRE001	Records/Store/Admin	55.00	55.60	0.60
function sub-total			55.00	55.60	0.60
HEALTH RECORDS TOTALS		Functional	55.00	55.60	0.60
		Planning (5%)	2.80	1.00	-1.80
		Engineering (3%)	1.70	0.00	-1.70
		Circulation (25%)	14.40	0.00	-14.40
		TOTAL HEALTH RECORDS AREAS	73.90	56.60	-17.30
HOTEL					
Hotel	B-HOT001	Bedroom (single)	13.00	13.90	0.90
Hotel	B-HOT002	Bedroom (single)	13.00	13.90	0.90
Hotel	B-HOT003	Bedroom (single)	13.00	13.80	0.80
Hotel	B-HOT004	Bedroom (single)	13.00	13.90	0.90
Hotel	B-HOT005	En-suite (Single)	3.00	4.10	1.10
Hotel	B-HOT006	En-suite (Single)	3.00	4.20	1.20
Hotel	B-HOT007	En-suite (Single)	3.00	4.20	1.20

Hotel	B-HOT008	En-suite (Single)	3.00	4.10	1.10
Hotel	B-HOT009	Bedroom (twin/double)	15.00	15.30	0.30
Hotel	B-HOT010	Bedroom (twin/double)	15.00	15.00	0.00
Hotel	B-HOT011	Bedroom (twin/double)	15.00	15.00	0.00
Hotel	B-HOT012	Bedroom (twin/double)	15.00	15.30	0.30
Hotel	B-HOT013	Bedroom (twin/double)	15.00	15.20	0.20
Hotel	B-HOT014	Bedroom (twin/double)	15.00	15.20	0.20
Hotel	B-HOT015	Bedroom (twin/double)	15.00	14.90	-0.10
Hotel	B-HOT016	Bedroom (twin/double)	15.00	15.20	0.20
Hotel	B-HOT017	Bedroom (twin/double)	15.00	15.10	0.10
Hotel	B-HOT018	Bedroom (twin/double)	15.00	15.00	0.00
Hotel	B-HOT019	Bedroom (twin/double)	15.00	15.20	0.20
Hotel	B-HOT020	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT021	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT022	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT023	En-suite Assisted (Twin/Double)	5.00	4.60	-0.40
Hotel	B-HOT024	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT025	En-suite Assisted (Twin/Double)	5.00	4.90	-0.10
Hotel	B-HOT026	En-suite Assisted (Twin/Double)	5.00	4.90	-0.10
Hotel	B-HOT027	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT028	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT029	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT030	En-suite Assisted (Twin/Double)	5.00	5.00	0.00
Hotel	B-HOT031	Bedroom Large (family use)	19.00	19.90	0.90
Hotel	B-HOT032	En-suite Assisted (Family Use)	5.00	5.20	0.20
Hotel	B-HOT033	Kitchen/Sitting Room/Dining Room	35.00	35.40	0.40
Hotel	B-HOT034	DSR	10.00	10.10	0.10
Hotel	B-HOT035	Linen Store	4.00	4.00	0.00
Hotel	B-HOT036	Office	9.00	8.90	-0.10
Hotel	B-HOT037	Laundry Room	6.00	6.90	0.90
Hotel		Disposal Hold		6.20	6.20
function sub-total			372.00	389.5	17.50
HOTEL TOTALS		Functional	372.00	389.5	17.50
		Planning (5%)	18.60	40.63	22.03
		Engineering (3%)	11.70	4.07	-7.63
		Circulation (25%)	97.70	110.5	12.80
		TOTAL HOTEL AREAS	500.00	544.7	44.70
INDUCTION					
Entrance	B-MIS001	Staff Base	8.00	8.00	0.00
Entrance	B-MIS002	WC Accessible	4.50	4.50	0.00
function sub-total			12.50	12.50	0.00
Induction Suite Rooms	B-MIS003	Single Bedroom	19.00	19.30	0.30
Induction Suite Rooms	B-MIS004	Single Bedroom	19.00	19.80	0.80
Induction Suite Rooms	B-MIS005	Single Bedroom	19.00	20.00	1.00
Induction Suite Rooms	B-MIS006	Single Bedroom	19.00	22.20	3.20

Induction Suite Rooms	B-MIS007	Single Bedroom	19.00	22.20	3.20
Induction Suite Rooms	B-MIS008	Single Bedroom	19.00	22.20	3.20
Induction Suite Rooms	B-MIS009	Single Bedroom	19.00	20.30	1.30
Induction Suite Rooms	B-MIS010	Single Bedroom	19.00	19.80	0.80
Induction Suite Rooms	B-MIS011	Single Bedroom	19.00	19.80	0.80
Induction Suite Rooms	B-MIS012	Single Bedroom	19.00	19.70	0.70
Induction Suite Rooms	B-MIS013	En-suite Assisted	5.00	5.10	0.10
Induction Suite Rooms	B-MIS014	En-suite Assisted	5.00	5.90	0.90
Induction Suite Rooms	B-MIS015	En-suite Assisted	5.00	5.30	0.30
Induction Suite Rooms	B-MIS016	En-suite Assisted	5.00	5.30	0.30
Induction Suite Rooms	B-MIS017	En-suite Assisted	5.00	5.10	0.10
Induction Suite Rooms	B-MIS018	En-suite Assisted	5.00	5.90	0.90
Induction Suite Rooms	B-MIS019	En-suite Assisted	5.00	5.10	0.10
Induction Suite Rooms	B-MIS020	En-suite Assisted	5.00	5.10	0.10
Induction Suite Rooms	B-MIS021	En-suite Assisted	5.00	5.10	0.10
Induction Suite Rooms	B-MIS022	En-suite Assisted	5.00	5.10	0.10
Induction Suite Rooms	B-MIS023	Bathroom	8.00	8.00	0.00
function sub-total			248.00	266.3	18.30
Utilities	B-MIS024	Dirty Utility	8.00	8.00	0.00
Utilities	B-MIS025	Linen Store	4.00	4.00	0.00
Utilities	B-MIS026	Clean Utility	12.00	12.00	0.00
Utilities	B-MIS027	Patient Pantry	6.00	6.00	0.00
Utilities	B-MIS028	DSR	10.00	14.30	4.30
function sub-total			40.00	44.30	4.30
Back-up Storage	B-MIS029	Store Room - Large Equipment Store	12.00	12.50	0.50
function sub-total			12.00	12.50	0.50
Office & Admin	B-MIS030	WC Staff Ambulant	2.50	2.70	0.20
function sub-total			2.50	2.70	0.20
INDUCTION TOTALS	Functional		315.00	338.3	23.30
	Planning (5%)		15.80	36.60	20.80
	Engineering (3%)		9.90	2.50	-7.40
	Circulation (35%)		115.80	156.7	40.90
	TOTAL INDUCTION AREAS		456.50	534.1	77.60
MAIN ENTRANCE					
Main Entrance	B-ENT001	Draught Lobby	15.00	15.00	0.00
Main Entrance	B-ENT002	Concourse	100.00	422.6	322.60
Main Entrance	B-ENT003	Parking Bay - 6 Wheelchairs	4.00	4.00	0.00
Main Entrance	B-ENT004	Waiting Area	22.00	22.10	0.10
Main Entrance	B-ENT005	WC Accessible	4.50	4.60	0.10
Main Entrance	B-ENT006	WC Accessible	4.50	5.10	0.60
Main Entrance	B-ENT007	WC Ambulant	2.50	2.50	0.00
Main Entrance	B-ENT008	WC Ambulant	2.50	2.50	0.00
Main Entrance	B-ENT009	WC Ambulant	2.50	2.50	0.00
Main Entrance	B-ENT010	WC Ambulant	2.50	2.50	0.00
Main Entrance	B-ENT011	WC Ambulant	2.50	2.50	0.00

Main Entrance	B-ENT012	WC Ambulant	2.50	2.50	0.00
Main Entrance	B-ENT013	Infant Feeding Room	5.50	5.50	0.00
Main Entrance	B-ENT014	Nappy Change	4.00	4.00	0.00
Main Entrance	B-ENT015	Changing Places	12.00	12.00	0.00
Main Entrance	B-ENT016	Third Sector Resource Area	20.00	20.00	0.00
Main Entrance	B-ENT017	Third Sector Store Room	5.00	5.00	0.00
Main Entrance	B-ENT018	Snack Bar Servery	25.00	25.20	0.20
Main Entrance	B-ENT019	Snack Bar Seating	60.00	60.00	0.00
Main Entrance	B-ENT021	Retail Space	25.00	25.80	0.80
Main Entrance	B-ENT023	Vending Area	6.00	6.00	0.00
Main Entrance	B-ENT024	DSR	10.00	10.00	0.00
Main Entrance	B-ENT025	Disposal Hold	6.00	6.00	0.00
Main Entrance	B-ENT026	Cashpoint	2.00	2.00	0.00
Main Entrance	B-ENT027	Interview/Counselling Room	9.00	9.00	0.00
Main Entrance	B-ENT028	Secondary Ambulance Draught Lobby	15.00	15.00	0.00
Main Entrance	B-ENT029	Large Store Room - Retail & Snack Bar	18.00	18.00	0.00
Main Entrance		Parking Bay - 6 Wheelchairs		2.00	2.00
function sub-total			387.50	713.9	326.40
MAIN ENTRANCE TOTALS		Functional	387.50	713.9	326.40
		Planning (5%)	19.40	30.92	11.52
		Engineering (3%)	12.20	2.18	-10.02
		Circulation (30%)	122.10	72.30	-49.80
		TOTAL MAIN ENTRANCE AREAS	541.20	819.3	278.10
MATERNITY SERVICES - IN PATIENT AREA					
Maternity In patient Area	B-MIA001	Hand-wash Station	1.50	1.50	0.00
Maternity In patient Area	B-MIA002	Waiting Area 10 place (inc childrens play area)	16.50	16.50	0.00
Maternity In patient Area	B-MIA004	WC Ambulant	2.50	2.50	0.00
Maternity In patient Area	B-MIA005	WC Accessible	4.50	4.50	0.00
function sub-total			25.00	25.00	0.00
Shared Areas	B-MIA006	Staff Base	8.00	8.10	0.10
Shared Areas	B-MIA007	Staff Base	8.00	7.40	-0.60
Shared Areas	B-MIA008	Pneumatic Tube Station	1.00	1.00	0.00
Shared Areas	B-MIA009	Printer/IT/Admin Store Room	6.00	6.00	0.00
Shared Areas	B-MIA010	Parking Bay: 6 wheelchairs	4.00	4.00	0.00
Shared Areas	B-MIA011	Kitchen: Milk feeds preparation	8.00	7.90	-0.10
Shared Areas	B-MIA012	Ward Pantry	12.00	12.10	0.10
Shared Areas	B-MIA013	Food Service Bay	3.50	3.50	0.00
Shared Areas	B-MIA014	Food Service Bay	3.50	4.10	0.60
Shared Areas	B-MIA015	Expressed Milk Room	7.00	7.40	0.40
Shared Areas	B-MIA016	Multi Purpose Sitting Room 10 Person	18.00	18.00	0.00
Shared Areas	B-MIA017	Interview/Counselling room	9.00	9.00	0.00
Shared Areas	B-MIA018	Resuscitaire Room	9.00	9.00	0.00

Shared Areas	B-MIA019	Parking Bay - Resus Trolley	1.00	1.90	0.90
Shared Areas	B-MIA144	Parking Bay - Resus Trolley	1.00	1.00	0.00
Shared Areas	B-MIA020	Disposal Hold	12.00	12.00	0.00
Shared Areas	B-MIA021	WC Staff Ambulant	2.50	4.00	1.50
Shared Areas	B-MIA022	WC Staff Accessible	4.50	4.50	0.00
Shared Areas	B-MIA143	Consulting/Examination Room	13.00	13.00	0.00
Shared Areas	B-MIA023	Staff Locker Bay (30)	2.00	2.00	0.00
function sub-total			133.00	135.9	2.90
Maternity Inpatient Beds	B-MIA024	Single Bedroom	19.00	19.30	0.30
Maternity Inpatient Beds	B-MIA025	Single Bedroom	19.00	19.30	0.30
Maternity Inpatient Beds	B-MIA026	Single Bedroom	19.00	18.90	-0.10
Maternity Inpatient Beds	B-MIA027	Single Bedroom	19.00	18.90	-0.10
Maternity Inpatient Beds	B-MIA028	Single Bedroom	19.00	18.90	-0.10
Maternity Inpatient Beds	B-MIA029	Single Bedroom	19.00	18.90	-0.10
Maternity Inpatient Beds	B-MIA030	Single Bedroom	19.00	18.90	-0.10
Maternity Inpatient Beds	B-MIA031	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA032	Single Bedroom	19.00	19.60	0.60
Maternity Inpatient Beds	B-MIA033	Single Bedroom	19.00	20.10	1.10
Maternity Inpatient Beds	B-MIA034	Single Bedroom	19.00	19.40	0.40
Maternity Inpatient Beds	B-MIA035	Single Bedroom	19.00	20.10	1.10
Maternity Inpatient Beds	B-MIA036	Single Bedroom	19.00	19.40	0.40
Maternity Inpatient Beds	B-MIA037	Single Bedroom	19.00	19.40	0.40
Maternity Inpatient Beds	B-MIA038	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA039	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA040	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA041	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA042	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA043	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA044	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA045	Single Bedroom	19.00	20.50	1.50
Maternity Inpatient Beds	B-MIA046	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA047	Single Bedroom	19.00	20.50	1.50

Maternity Inpatient Beds	B-MIA048	Single Bedroom	19.00	20.50	1.50
Maternity Inpatient Beds	B-MIA049	Single Bedroom	19.00	20.50	1.50
Maternity Inpatient Beds	B-MIA050	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA051	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA052	Single Bedroom	19.00	19.60	0.60
Maternity Inpatient Beds	B-MIA053	Single Bedroom	19.00	19.30	0.30
Maternity Inpatient Beds	B-MIA054	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA055	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA056	Single Bedroom	19.00	19.10	0.10
Maternity Inpatient Beds	B-MIA057	Single Bedroom	19.00	19.20	0.20
Maternity Inpatient Beds	B-MIA058	Single Bedroom	19.00	22.10	3.10
Maternity Inpatient Beds	B-MIA059	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA060	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA061	Single Bedroom	19.00	19.10	0.10
Maternity Inpatient Beds	B-MIA062	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA063	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA064	Single Bedroom	19.00	19.00	0.00
Maternity Inpatient Beds	B-MIA065	Single Bedroom	19.00	19.10	0.10
Maternity Inpatient Beds	B-MIA066	Single Bedroom	19.00	19.40	0.40
Maternity Inpatient Beds	B-MIA067	Single Bedroom	19.00	19.40	0.40
Maternity Inpatient Beds	B-MIA068	Single Bedroom	19.00	19.40	0.40
Maternity Inpatient Beds	B-MIA069	Single Bedroom	19.00	19.40	0.40
Maternity Inpatient Beds	B-MIA070	Single Bedroom - Bariatric	19.00	18.90	-0.10
Maternity Inpatient Beds	B-MIA071	En-suite Assisted	5.00	5.40	0.40
Maternity Inpatient Beds	B-MIA072	En-suite Assisted	5.00	5.00	0.00
Maternity Inpatient Beds	B-MIA073	En-suite Assisted	5.00	5.00	0.00
Maternity Inpatient Beds	B-MIA074	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA075	En-suite Assisted	5.00	5.00	0.00
Maternity Inpatient Beds	B-MIA076	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA077	En-suite Assisted	5.00	4.90	-0.10

Maternity Inpatient Beds	B-MIA078	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA079	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA080	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA081	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA082	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA083	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA084	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA085	En-suite Assisted	5.00	5.20	0.20
Maternity Inpatient Beds	B-MIA086	En-suite Assisted	5.00	4.90	-0.10
Maternity Inpatient Beds	B-MIA087	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA088	En-suite Assisted	5.00	6.70	1.70
Maternity Inpatient Beds	B-MIA089	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA090	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA091	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA092	En-suite Assisted	5.00	5.20	0.20
Maternity Inpatient Beds	B-MIA093	En-suite Assisted	5.00	5.60	0.60
Maternity Inpatient Beds	B-MIA094	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA095	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA096	En-suite Assisted	5.00	5.40	0.40
Maternity Inpatient Beds	B-MIA097	En-suite Assisted	5.00	5.50	0.50
Maternity Inpatient Beds	B-MIA098	En-suite Assisted	5.00	5.40	0.40
Maternity Inpatient Beds	B-MIA099	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA100	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA101	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA102	En-suite Assisted	5.00	6.60	1.60
Maternity Inpatient Beds	B-MIA103	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA104	En-suite Assisted	5.00	5.00	0.00
Maternity Inpatient Beds	B-MIA105	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA106	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA107	En-suite Assisted	5.00	6.10	1.10

Maternity Inpatient Beds	B-MIA108	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA109	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA110	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA111	En-suite Assisted	5.00	5.30	0.30
Maternity Inpatient Beds	B-MIA112	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA113	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA114	En-suite Assisted	5.00	5.00	0.00
Maternity Inpatient Beds	B-MIA115	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA116	En-suite Assisted	5.00	5.10	0.10
Maternity Inpatient Beds	B-MIA117	En-suite Bariatric	7.50	7.20	-0.30
Maternity Inpatient Beds	B-MIA118	Touchdown Space	2.00	2.00	0.00
Maternity Inpatient Beds	B-MIA119	Touchdown Space	2.00	2.00	0.00
Maternity Inpatient Beds	B-MIA120	Touchdown Space	2.00	2.00	0.00
Maternity Inpatient Beds	B-MIA121	Touchdown Space	2.00	2.00	0.00
Maternity Inpatient Beds	B-MIA122	Touchdown Space	2.00	2.00	0.00
Maternity Inpatient Beds	B-MIA123	Touchdown Space	2.00	2.00	0.00
function sub-total			1142.50	1171.30	28.80
Patient Support Facilities	B-MIA124	Patient Pantry	8.00	8.00	0.00
function sub-total			8.00	8.00	0.00
Utilities	B-MIA125	Clean Utility	16.00	18.20	2.20
Utilities	B-MIA126	Clean Utility	16.00	16.00	0.00
Utilities	B-MIA127	Dirty Utility	8.00	8.00	0.00
Utilities	B-MIA128	Dirty Utility	8.00	8.20	0.20
Utilities	B-MIA129	Linen Store	4.00	5.00	1.00
Utilities	B-MIA130	Linen Store	4.00	4.90	0.90
Utilities	B-MIA131	Linen Store	4.00	6.00	2.00
Utilities	B-MIA132	DSR	10.00	10.00	0.00
Utilities	B-MIA133	DSR	10.00	10.00	0.00
function sub-total			80.00	86.30	6.30
Backup Storage	B-MIA134	Store Room – Large Store	8.00	8.20	0.20
Backup Storage	B-MIA135	Store Room – Large Store	8.00	8.00	0.00
Backup Storage	B-MIA136	Store Room – Large Equipment Store	12.00	12.00	0.00
Backup Storage	B-MIA137	Store Room – Large Equipment Store	12.00	12.30	0.30
function sub-total			40.00	40.50	0.50
Office & Admin	B-MIA138	SCN/SCM Office - 2 person	12.00	12.20	0.20

Office & Admin	B-MIA139	MDT/Handover Room	15.00	15.00	0.00
Office & Admin	B-MIA140	MDT/Handover Room	15.00	15.00	0.00
Office & Admin	B-MIA141	Hot Desking (3 person)	16.50	16.50	0.00
Office & Admin	B-MIA142	Hot Desking (3 person)	16.50	16.60	0.10
function sub-total			75.00	75.30	0.30
MATERNITY SERVICES - IN PATIENT AREA TOTALS		Functional	1503.50	1542.30	38.80
		Planning (5%)	75.20	170.65	95.45
		Engineering (3%)	47.40	13.35	-34.05
		Circulation (35%)	552.50	541.5	-11.00
		TOTAL MATERNITY SERVICES - IN PATIENT AREA AREAS	2178.60	2267.80	89.20
MATERNITY OPD					
Entrance	B-MOPD001	Staff Base	10.00	10.10	0.10
Entrance	B-MOPD002	Children's Play Area	8.00	8.00	0.00
Entrance	B-MOPD022	WC Ambulant	2.50	2.20	-0.30
Entrance	B-MOPD003	WC Accessible	4.50	4.50	0.00
function sub-total			25.00	24.80	-0.20
Consulting Zone	B-MOPD004	Phlebotomy and Physiological Measurement Room	13.50	13.60	0.10
Consulting Zone	B-MOPD005	Consult/Exam Room (double sided access)	16.50	16.50	0.00
Consulting Zone	B-MOPD006	Consult/Exam Room (double sided access)	16.50	16.50	0.00
Consulting Zone	B-MOPD007	Consult/Exam Room (double sided access)	16.50	16.50	0.00
Consulting Zone	B-MOPD008	Consult/Exam Room (double sided access)	16.50	16.50	0.00
Consulting Zone	B-MOPD009	Consult/Exam Room (double sided access)	16.50	16.60	0.10
Consulting Zone	B-MOPD010	Consult/Exam Room (double sided access)	16.50	16.50	0.00
Consulting Zone	B-MOPD011	Consult/Exam Room (double sided access)	16.50	16.50	0.00
Consulting Zone	B-MOPD012	Interview/Counselling room	9.00	9.10	0.10
Consulting Zone	B-MOPD013	Patient Pantry	6.00	6.00	0.00
function sub-total			144.00	144.3	0.30
Day Assessment	B-MOPD014	Antenatal Day Assessment Area	26.00	26.00	0.00
Day Assessment	B-MOPD015	Day Case Lounge	16.50	16.70	0.20
Day Assessment	B-MOPD016	Office - Day Assessment	9.00	9.10	0.10
function sub-total			51.50	51.80	0.30
Utilities	B-MOPD017	Dirty Utility	8.00	8.10	0.10
Utilities	B-MOPD018	Store Room	8.00	8.00	0.00
function sub-total			16.00	16.10	0.10
Office & Admin	B-MOPD019	SCM office; 4 person	22.00	22.00	0.00
Office & Admin	B-MOPD020	Breakout Room	9.00	8.50	-0.50
Office & Admin	B-MOPD021	WC Staff Accessible	4.50	4.50	0.00
function sub-total			35.50	35.00	-0.50
MATERNITY OPD AREA TOTALS		Functional	272.00	272.0	0.00
		Planning (5%)	13.60	29.99	16.39

			Engineering (3%)	8.60	1.11	-7.49
			Circulation (30%)	85.70	122.2	36.50
			TOTAL MATERNITY OPD AREAS	379.90	425.3	45.40
MRI						
Zone 2	B-MRI001	Reception and Office	10.00	10.10	0.10	
Zone 2	B-MRI002	Waiting Area - 5 Place	9.00	9.00	0.00	
Zone 2	B-MRI003	Waiting Area - Children	9.00	9.00	0.00	
Zone 2	B-MRI004	Baby Prep Room	9.00	9.00	0.00	
Zone 2	B-MRI005	Bed/Trolley Waiting Area	8.00	8.00	0.00	
Zone 2	B-MRI006	WC Accessible	4.50	4.50	0.00	
Zone 2	B-MRI007	Changing Cubicle - Accessible	4.50	4.50	0.00	
Zone 3	B-MRI008	Changing Cubicle - Accessible	4.50	4.70	0.20	
Zone 2	B-MRI009	Linen Cupboard	0.50	1.40	0.90	
Zone 2	B-MRI010	Interview/Counselling Room	9.00	9.00	0.00	
Zone 2	B-MRI011	Dirty Utility	8.00	8.00	0.00	
Zone 2	B-MRI012	Store - Ready to Use Medical Gas	2.00	2.00	0.00	
Zone 2	B-MRI013	Store Room	8.00	8.00	0.00	
Zone 2	B-MRI014	Store - DSR Cupboard: Non Ferrous	2.00	2.00	0.00	
Zone 2	B-MRI015	Staff Rest Room	10.00	10.00	0.00	
Zone 2	B-MRI016	WC Staff Ambulant	2.50	2.50	0.00	
Zone 2	B-MRI017	MDT Handover Room	9.00	8.90	-0.10	
Zone 2	B-MRI018	Image Review/Reporting Area	11.00	11.00	0.00	
Zone 2	B-MRI019	Parking Bay - Resus Trolley	1.00	1.60	0.60	
function sub-total			121.50	123.2	1.70	
Zone 3	B-MRI020	Prep Room	15.00	15.00	0.00	
Zone 3	B-MRI021	WC Accessible	4.50	5.20	0.70	
Zone 3	B-MRI022	Anaesthesia/Recovery Area and Associated Clinical Support	19.00	19.00	0.00	
Zone 3	B-MRI023	Anaesthetic Induction Area	15.00	15.00	0.00	
Zone 3	B-MRI024	Parking Bay - MRI Trolley/Wheelchair and Associated Equipment	5.00	5.00	0.00	
function sub-total			58.50	59.20	0.70	
Zone 4	B-MRI025	Control Room	16.00	16.30	0.30	
Zone 4	B-MRI026	Scanner Room	45.00	44.90	-0.10	
Zone 4	B-MRI027	Engineering/Technical Room	20.00	20.10	0.10	
function sub-total			81.00	81.30	0.30	
MRI TOTALS			Functional	261.00	263.7	2.70
			Planning (5%)	13.10	23.89	10.79
			Engineering (3%)	8.20	0.41	-7.79
			Circulation (33%)	90.40	99.40	9.00
			TOTAL MRI AREAS	372.70	387.4	14.70
NEONATAL						
Entrance	B-NNU001	Visitors Locker Station	8.00	8.00	0.00	
Entrance	B-NNU002	Reception/Staff Base	8.00	8.70	0.70	
Entrance	B-NNU003	Waiting Area: 10 person including play area	22.50	22.60	0.10	

Entrance	B-NNU004	Interview/Counselling Room	9.00	9.20	0.20
Entrance	B-NNU005	WC Ambulant	2.50	3.00	0.50
Entrance	B-NNU006	WC Accessible	4.50	5.30	0.80
function sub-total			54.50	56.80	2.30
Cot Spaces	B-NNU007	Staff Base (SCBU 8 cot)	15.50	15.50	0.00
Cot Spaces	B-NNU008	Staff Base (SCBU 10 cot)	15.50	15.50	0.00
Cot Spaces	B-NNU009	MDT/Handover Room	18.00	18.30	0.30
Cot Spaces	B-NNU104	Intensive Care Room (7 cots)	161.00	75.50	-85.50
Cot Spaces	B-NNU010	Intensive Care Cot Bay	inc. in B- NNU104	23.00	23.00
Cot Spaces	B-NNU011	Intensive Care Cot Bay	inc. in B- NNU104	23.00	23.00
Cot Spaces	B-NNU012	Intensive Care Cot Bay	inc. in B- NNU104	25.40	25.40
Cot Spaces	B-NNU013	Intensive Care Cot Bay	inc. in B- NNU104	23.90	23.90
Cot Spaces	B-NNU014	Intensive Care Cot Bay	inc. in B- NNU104	23.90	23.90
Cot Spaces	B-NNU015	Intensive Care Cot Bay	inc. in B- NNU104	23.90	23.90
Cot Spaces	B-NNU016	Intensive Care Cot Bay	inc. in B- NNU104	23.70	23.70
Cot Spaces	B-NNU105	Intensive Care Room (6 cots)	138.00	61.40	-76.60
Cot Spaces	B-NNU017	Intensive Care Cot Bay	inc. in B- NNU105	23.00	23.00
Cot Spaces	B-NNU018	Intensive Care Cot Bay	inc. in B- NNU105	23.30	23.30
Cot Spaces	B-NNU019	Intensive Care Cot Bay	inc. in B- NNU105	23.70	23.70
Cot Spaces	B-NNU020	Intensive Care Cot Bay	inc. in B- NNU105	23.90	23.90
Cot Spaces	B-NNU021	Intensive Care Cot Bay	inc. in B- NNU105	23.90	23.90
Cot Spaces	B-NNU022	Intensive Care Cot Bay	inc. in B- NNU105	23.20	23.20
Cot Spaces	B-NNU023	Isolation Room	19.50	19.70	0.20
Cot Spaces	B-NNU024	Isolation Room	19.50	19.40	-0.10
Cot Spaces	B-NNU025	Isolation Room	19.50	19.90	0.40
Cot Spaces	B-NNU026	Isolation Gowning Lobby	3.50	3.50	0.00
Cot Spaces	B-NNU027	Isolation Gowning Lobby	3.50	3.50	0.00
Cot Spaces	B-NNU028	Isolation Gowning Lobby	3.50	3.50	0.00
Cot Spaces	B-NNU110	Special Care Room (8 cots)	112.00	0.00	-112.00
Cot Spaces	B-NNU029	Special Care Cot Bay	inc. in B- NNU110	12.10	12.10
Cot Spaces	B-NNU030	Special Care Cot Bay	inc. in B- NNU110	12.10	12.10
Cot Spaces	B-NNU031	Special Care Cot Bay	inc. in B- NNU110	12.10	12.10
Cot Spaces	B-NNU032	Special Care Cot Bay	inc. in B- NNU110	12.10	12.10
Cot Spaces	B-NNU033	Special Care Cot Bay	inc. in B- NNU110	13.60	13.60
Cot Spaces	B-NNU034	Special Care Cot Bay	inc. in B- NNU110	12.10	12.10

Cot Spaces	B-NNU035	Special Care Cot Bay	inc. in B- NNU110	12.10	12.10
Cot Spaces	B-NNU036	Special Care Cot Bay	inc. in B- NNU110	12.10	12.10
Cot Spaces	B-NNU106	Handwash & Utility Sink Station	inc. in B- NNU110	5.90	5.90
Cot Spaces	B-NNU107	Handwash Station	inc. in B- NNU110	4.40	4.40
Cot Spaces	B-NNU111	Special Care Room (10 cots)	138.00	0.00	-138.00
Cot Spaces	B-NNU037	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU038	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU039	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU040	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU041	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU042	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU043	Special Care Cot Bay	inc. in B- NNU111	13.60	13.60
Cot Spaces	B-NNU044	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU045	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU046	Special Care Cot Bay	inc. in B- NNU111	12.10	12.10
Cot Spaces	B-NNU108	Handwash & Utility Sink Station	inc. in B- NNU111	5.90	5.90
Cot Spaces	B-NNU109	Handwash Station	inc. in B- NNU111	4.30	4.30
Cot Spaces	B-NNU047	Neonatal Treatment Room	16.50	16.50	0.00
Cot Spaces	B-NNU048	Office - Transport Team (2 person)	12.00	12.00	0.00
Cot Spaces	B-NNU049	Store Room - Transfer Equipment Store for air and road	15.00	14.80	-0.20
function sub-total			710.50	848.1	137.60
Parent Support	B-NNU050	Parent Rest Room	15.00	15.90	0.90
function sub-total			15.00	15.90	0.90
Clinical Support	B-NNU051	Expressed Milk Room	12.00	13.00	1.00
Clinical Support	B-NNU052	Kitchen: Milk Feeds Preparation	12.00	12.00	0.00
Clinical Support	B-NNU053	Store Room - Refrigerated Storage	8.00	7.90	-0.10
Clinical Support	B-NNU054	Point of Care Testing Room	9.00	9.00	0.00
Clinical Support	B-NNU055	Clean Utility	16.00	16.00	0.00
Clinical Support	B-NNU056	Dirty Utility	8.00	8.00	0.00
Clinical Support	B-NNU057	Disposal Hold	12.00	13.30	1.30
Clinical Support	B-NNU058	Equipment Room	48.00	48.00	0.00
Clinical Support	B-NNU060	Store: Clinical Equipment	40.00	40.00	0.00
Clinical Support	B-NNU061	Store: Ready to use Medical Gas Cylinders	4.00	4.00	0.00
Clinical Support	B-NNU062	Linen Store	4.00	4.00	0.00
Clinical Support	B-NNU063	Parking Bay - Large Equipment	4.00	4.50	0.50
Clinical Support	B-NNU064	Parking Bay - Large Equipment	4.00	5.60	1.60

Clinical Support	B-NUU065	Parking Bay - Resus Trolley	1.00	1.00	0.00
Clinical Support	B-NUU066	Pneumatic Tube Station	1.00	0.90	-0.10
Clinical Support	B-NUU067	Printer/IT/admin Store Room	6.00	6.00	0.00
Clinical Support	B-NUU068	DSR	10.00	11.80	1.80
Clinical Support	B-NUU069	Laundry Room (neonates)	10.00	9.90	-0.10
function sub-total			209.00	214.9	5.90
Staff Spaces	B-NUU070	Staff WC Ambulant	2.50	2.50	0.00
Staff Spaces	B-NUU071	Staff WC Accessible	4.50	4.50	0.00
Staff Spaces	B-NUU103	Hot Desking Room	38.00	38.00	0.00
Staff Spaces	B-NUU073	Seminar Room: 15 places	25.00	25.00	0.00
Staff Spaces	B-NUU074	Store Room - Teaching	8.00	8.00	0.00
Staff Spaces	B-NUU075	Staff Locker Bay (30)	2.00	3.20	1.20
Staff Spaces	B-NUU076	Staff Rest Room	32.00	32.00	0.00
Staff Spaces	B-NUU077	Store Room - "Friends of the Neonatal Unit"	4.00	5.70	1.70
Staff Spaces	B-NUU078	SCN/SCM Office (2 person)	12.00	12.30	0.30
function sub-total			128.00	131.2	3.20
Transitional Care	B-NUU079	Parentcraft Room	23.00	23.00	0.00
Transitional Care	B-NUU080	Parentcraft Room	23.00	23.00	0.00
Transitional Care	B-NUU081	Parentcraft Room	23.00	23.00	0.00
Transitional Care	B-NUU082	Parentcraft Room	23.00	23.60	0.60
Transitional Care	B-NUU083	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU084	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU085	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU086	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU087	Transitional Care Bedroom	19.00	21.70	2.70
Transitional Care	B-NUU088	Transitional Care Bedroom	19.00	21.10	2.10
Transitional Care	B-NUU089	Transitional Care Bedroom	19.00	19.00	0.00
Transitional Care	B-NUU090	Transitional Care Bedroom	19.00	19.00	0.00
Transitional Care	B-NUU091	Transitional Care Bedroom	19.00	19.00	0.00
Transitional Care	B-NUU092	Transitional Care Bedroom	19.00	22.40	3.40
Transitional Care	B-NUU093	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU094	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU095	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU096	En-suite Assisted	5.00	5.00	0.00
Transitional Care	B-NUU097	En-suite Assisted	5.00	5.00	0.00
Transitional Care	B-NUU098	En-suite Assisted	5.00	5.10	0.10
Transitional Care	B-NUU099	Multipurpose Sitting Room/Pantry	18.00	18.30	0.30
Transitional Care	B-NUU100	Store Room	8.00	8.50	0.50
Transitional Care	B-NUU101	Linen Store	4.00	4.10	0.10
Transitional Care	B-NUU102	Team Office and Clinical Store	9.00	13.30	4.30
function sub-total			295.00	309.8	14.80
NEONATAL TOTALS		Functional	1412.00	1576.70	164.70
		Planning (5%)	70.60	115.2	44.60
		Engineering (3%)	40.10	3.20	-36.90
		Circulation (35%)	518.10	413.8	-104.30

			TOTAL NEONATAL AREAS	2040.80	2108.90	68.10
OVERNIGHT STAY						
Overnight Stay	B-ONS001	Bedroom	10.00	10.10	0.10	
Overnight Stay	B-ONS002	Bedroom	10.00	10.10	0.10	
Overnight Stay	B-ONS003	En-suite Shower/WC	3.00	3.00	0.00	
Overnight Stay	B-ONS004	En-suite Shower/WC	3.00	3.00	0.00	
function sub-total			26.00	26.20	0.20	
OVERNIGHT STAY TOTALS			Functional	26.00	26.20	0.20
			Planning (5%)	1.30	3.60	2.30
			Engineering (3%)	0.80	0.30	-0.50
			Circulation (25%)	6.80	18.70	11.90
			TOTAL OVERNIGHT STAY AREAS	34.90	48.80	13.90
RESEARCH & TEACHING						
Research	B-R&T001	Fridge/Freezer Specimen Store	9.00	8.20	-0.80	
Research	B-R&T005	Staff WC Accessible	4.50	4.60	0.10	
Research	B-R&T028	Staff Pantry	4.50	4.70	0.20	
Research	B-R&T029	Office; 16 person	88.00	44.20	-43.80	
Research		Office; 8 person		44.10	44.10	
Research	B-R&T030	Meeting / Breakout Rooms	14.00	14.00	0.00	
function sub-total			120.00	119.8	-0.20	
Teaching and Meeting	B-R&T007	Reception and Back Office	21.50	21.20	-0.30	
Teaching and Meeting	B-R&T008	Seminar Room 60 places	75.00	75.30	0.30	
Teaching and Meeting	B-R&T009	Seminar Room 60 places	75.00	75.40	0.40	
Teaching and Meeting	B-R&T010	Breakout Room	28.00	28.20	0.20	
Teaching and Meeting	B-R&T011	Breakout Room	28.00	28.20	0.20	
Teaching and Meeting	B-R&T012	Breakout Room	28.00	28.60	0.60	
Teaching and Meeting	B-R&T013	Breakout Room	28.00	29.80	1.80	
Teaching and Meeting	B-R&T014	Computer Room/eLearning	18.00	18.00	0.00	
Teaching and Meeting	B-R&T015	Store Room - Training Aids	20.00	20.00	0.00	
Teaching and Meeting	B-R&T017	Meeting Rooms; VC enabled	16.00	16.00	0.00	
Teaching and Meeting	B-R&T018	Meeting Rooms; VC enabled	16.00	16.20	0.20	
function sub-total			353.50	356.9	3.40	
Shared spaces	B-R&T022	WC Staff Ambulant	2.50	2.70	0.20	
Shared spaces	B-R&T023	WC Staff Ambulant	2.50	2.70	0.20	
Shared spaces	B-R&T024	WC Staff Ambulant	2.50	2.70	0.20	
Shared spaces	B-R&T025	WC Staff Ambulant	2.50	2.70	0.20	
Shared spaces	B-R&T026	WC Accessible	4.50	4.90	0.40	
Shared spaces	B-R&T027	DSR	10.00	12.00	2.00	
Shared spaces		Disposal Hold		7.00	7.00	
function sub-total			24.50	34.70	10.20	
RESEARCH & TEACHING TOTALS			Functional	498.00	511.4	13.40
			Planning (5%)	24.90	35.85	10.95
			Engineering (3%)	15.70	2.45	-13.25
			Circulation (25%)	130.70	176.4	45.70
			TOTAL RESEARCH & TEACHING AREAS	669.30	726.1	56.80

SANCTUARY					
Sanctuary	B-SAN001	Sanctuary; Quiet Room	36.00	36.30	0.30
Sanctuary	B-SAN002	Ablutions area	4.50	4.30	-0.20
function sub-total			40.50	40.60	0.10
SANCTUARY TOTALS		Functional	40.50	40.60	0.10
		Planning (5%)	2.00	3.23	1.23
		Engineering (3%)	1.30	0.47	-0.83
		Circulation (25%)	10.60	7.50	-3.10
		TOTAL SANCTUARY AREAS	54.40	51.80	-2.60
SHARED OPD					
Shared OPD	B-SOU001	Self "check in" kiosks (4 consoles)	4.00	4.00	0.00
Shared OPD	B-SOU002	Self "check in" kiosks (4 consoles)	4.00	4.00	0.00
Shared OPD	B-SOU003	Reception and Back Office	28.00	28.00	0.00
Shared OPD	B-SOU004	Waiting Area: 20 place including 2 Wheelchair Users	33.00	33.10	0.10
Shared OPD	B-SOU005	Waiting Area: 20 place including 2 Wheelchair Users	33.00	33.00	0.00
Shared OPD	B-SOU006	Waiting Area: 20 place including 2 Wheelchair Users	33.00	32.60	-0.40
Shared OPD	B-SOU007	Dirty Utility	8.00	8.60	0.60
Shared OPD	B-SOU008	Dirty Utility	8.00	8.00	0.00
Shared OPD	B-SOU009	Clean Utility (Breast/Gynae)	12.00	15.40	3.40
Shared OPD	B-SOU010	Clean Utility (Maternity/Gynae)	10.00	10.80	0.80
Shared OPD	B-SOU011	Linen Store	4.00	5.00	1.00
Shared OPD	B-SOU012	Linen Store	4.00	4.10	0.10
Shared OPD	B-SOU013	Pneumatic Tube Station	1.00	1.00	0.00
Shared OPD	B-SOU014	Pneumatic Tube Station	1.00	1.00	0.00
Shared OPD	B-SOU015	Disposal Hold	12.00	12.00	0.00
Shared OPD	B-SOU016	Disposal Hold	12.00	12.00	0.00
Shared OPD	B-SOU017	DSR	10.00	10.00	0.00
Shared OPD	B-SOU018	DSR	10.00	10.10	0.10
Shared OPD	B-SOU019	WC Staff Ambulant	2.50	2.50	0.00
Shared OPD	B-SOU021	WC Staff Accessible	4.50	4.60	0.10
Shared OPD	B-SOU022	Staff Locker Bay (24)	1.50	1.70	0.20
Shared OPD	B-SOU023	Staff Locker Bay (24)	1.50	1.70	0.20
Shared OPD	B-SOU024	Printer/IT/Admin	6.00	6.30	0.30
Shared OPD	B-SOU025	Printer/IT/Admin	6.00	7.60	1.60
function sub-total			249.00	257.1	8.10
SHARED OPD TOTALS		Functional	249.00	257.1	8.10
		Planning (5%)	12.50	25.14	12.64
		Engineering (3%)	7.80	0.26	-7.54
		Circulation (30%)	78.40	57.20	-21.20
		TOTAL SHARED OPD AREAS	347.70	339.7	-8.00
STAFF FACILITIES					
Activity Spaces	B-SF001	Staff Rest Room/Beverage Bay	60.00	60.00	0.00
Activity Spaces	B-SF002	Staff Changing Room (Female)	56.00	57.20	1.20
Activity Spaces	B-SF003	Staff Shower Ambulant (Female)	2.50	2.50	0.00

Activity Spaces	B-SF004	Staff Shower Ambulant (Female)	2.50	2.50	0.00
Activity Spaces	B-SF005	Staff WC Ambulant (Female)	2.50	2.30	-0.20
Activity Spaces	B-SF006	Staff WC Ambulant (Female)	2.50	2.50	0.00
Activity Spaces	B-SF007	Staff Changing Room (Male)	12.00	12.00	0.00
Activity Spaces	B-SF010	Staff WC Ambulant (Male)	2.50	2.50	0.00
Activity Spaces	B-SF011	Staff WC Ambulant (Male)	2.50	2.50	0.00
Activity Spaces	B-SF012	Staff WC/Shower Assisted	4.50	4.50	0.00
Activity Spaces	B-SF013	Staff WC/Shower Assisted	4.50	4.00	-0.50
function sub-total			152.00	152.5	0.50
STAFF FACILITIES TOTALS		Functional	152.00	152.5	0.50
		Planning (5%)	7.60	5.12	-2.48
		Engineering (3%)	4.80	0.98	-3.82
		Circulation (25%)	39.90	0.00	-39.90
		TOTAL STAFF FACILITIES AREAS	204.30	158.6	-45.70
THEATRES					
Entrance	B-THE001	Reception	10.00	10.10	0.10
Entrance	B-THE002	Admin Office; 2 person	12.00	12.00	0.00
Entrance	B-THE003	Waiting Room/Lounge (32 places)	64.00	64.40	0.40
Entrance	B-THE004	Store Room - Seminar Equipment	6.00	6.00	0.00
Entrance	B-THE005	WC Ambulant	2.50	2.90	0.40
Entrance	B-THE007	WC Accessible	4.50	4.50	0.00
function sub-total			99.00	99.90	0.90
Patient Prep	B-THE008	Staff Base - General	6.00	5.90	-0.10
Patient Prep	B-THE009	Changing Room Ambulant	2.50	2.50	0.00
Patient Prep	B-THE010	Changing Room Ambulant	2.50	2.50	0.00
Patient Prep	B-THE011	Changing Room Ambulant	2.50	2.50	0.00
Patient Prep	B-THE012	Changing Room Accessible	4.00	4.00	0.00
Patient Prep	B-THE013	Consulting Room (small)	6.00	6.00	0.00
Patient Prep	B-THE014	Consulting Room (small)	6.00	6.00	0.00
Patient Prep	B-THE015	Consulting Room (small)	6.00	6.00	0.00
Patient Prep	B-THE016	Consulting Room (small)	6.00	6.00	0.00
Patient Prep	B-THE017	Consulting Room (small)	6.00	6.00	0.00
Patient Prep	B-THE018	Consulting Room (small)	6.00	6.00	0.00
Patient Prep	B-THE019	Consulting/Examination Room	13.50	13.90	0.40
Patient Prep	B-THE020	Consulting/Examination Room	13.50	13.50	0.00
Patient Prep	B-THE021	Secondary Waiting Area: 10 Persons	20.00	19.40	-0.60
Patient Prep	B-THE022	In-patient Waiting Area	10.00	10.00	0.00
Patient Prep	B-THE023	In-patient Waiting Area	10.00	10.00	0.00
Patient Prep	B-THE024	Store Room - Patient Belongings	6.00	6.00	0.00
Patient Prep	B-THE025	WC Accessible	4.50	4.60	0.10
Patient Prep	B-THE027	WC Ambulant	2.50	2.50	0.00
Patient Prep	B-THE028	Partners Changing Room with WC	9.00	9.00	0.00
Patient Prep	B-THE029	Store Room - Clinical Equipment	8.50	8.50	0.00
function sub-total			151.00	150.8	-0.20
OT Suite Facilities	B-THE030	Operating Theatre: Breast (UCV)	55.00	55.70	0.70

OT Suite Facilities	B-THE031	Operating Theatre: Emergency	55.00	55.70	0.70
OT Suite Facilities	B-THE032	Operating Theatre: Gynae Integrated	55.00	55.70	0.70
OT Suite Facilities	B-THE033	Operating Theatre: Gynae Integrated	55.00	55.70	0.70
OT Suite Facilities	B-THE034	Operating Theatre: Obstetrics	55.00	56.80	1.80
OT Suite Facilities	B-THE035	Operating Theatre: Obstetrics	55.00	55.70	0.70
OT Suite Facilities	B-THE036	MDT Prep Room	14.00	14.10	0.10
OT Suite Facilities	B-THE037	MDT Prep Room	14.00	14.40	0.40
OT Suite Facilities	B-THE038	MDT Prep Room	14.00	14.10	0.10
OT Suite Facilities	B-THE039	Scrub-up and Gowning Room	11.00	11.40	0.40
OT Suite Facilities	B-THE040	Scrub-up and Gowning Room	11.00	11.30	0.30
OT Suite Facilities	B-THE041	Scrub-up and Gowning Room	11.00	11.30	0.30
OT Suite Facilities	B-THE042	Scrub-up and Gowning Room	11.00	11.40	0.40
OT Suite Facilities	B-THE043	Scrub-up and Gowning Room	11.00	11.40	0.40
OT Suite Facilities	B-THE044	Scrub-up and Gowning Room	11.00	11.70	0.70
OT Suite Facilities	B-THE119	Preparation Store Room	16.00	16.10	0.10
OT Suite Facilities	B-THE120	Preparation Store Room	16.00	16.20	0.20
OT Suite Facilities	B-THE121	Preparation Store Room	16.00	15.90	-0.10
OT Suite Facilities	B-THE122	Preparation Store Room	16.00	16.20	0.20
OT Suite Facilities	B-THE123	Preparation Store Room	16.00	16.00	0.00
OT Suite Facilities	B-THE124	Preparation Store Room	16.00	15.90	-0.10
OT Suite Facilities	B-THE051	Theatre Entry/Exit Area	10.00	10.30	0.30
OT Suite Facilities	B-THE052	Theatre Entry/Exit Area	10.00	10.30	0.30
OT Suite Facilities	B-THE053	Theatre Entry/Exit Area	10.00	10.30	0.30
OT Suite Facilities	B-THE054	Theatre Entry/Exit Area	10.00	10.30	0.30
OT Suite Facilities	B-THE055	Theatre Entry/Exit Area	10.00	10.30	0.30
OT Suite Facilities	B-THE056	Theatre Entry/Exit Area	10.00	10.30	0.30
OT Suite Facilities	B-THE060	Dirty Utility	12.00	12.20	0.20
OT Suite Facilities	B-THE061	Dirty Utility	12.00	12.10	0.10
OT Suite Facilities	B-THE062	Dirty Utility	12.00	12.10	0.10
OT Suite Facilities	B-THE063	Dirty Utility	12.00	12.30	0.30
OT Suite Facilities	B-THE064	Dirty Utility	12.00	12.30	0.30
OT Suite Facilities	B-THE065	Dirty Utility	12.00	12.10	0.10
function sub-total			666.00	677.6	11.60
Stage 1 Recovery	B-THE066	Recovery Bay Non-Obstetric	13.50	13.50	0.00
Stage 1 Recovery	B-THE067	Recovery Bay Non-Obstetric	13.50	13.50	0.00
Stage 1 Recovery	B-THE068	Recovery Bay Non-Obstetric	13.50	13.50	0.00
Stage 1 Recovery	B-THE069	Recovery Bay Non-Obstetric	13.50	13.50	0.00
Stage 1 Recovery	B-THE070	Recovery Bay Non-Obstetric	13.50	13.50	0.00
Stage 1 Recovery	B-THE071	Recovery Bay Non-Obstetric	13.50	13.50	0.00
Stage 1 Recovery	B-THE072	Recovery Double Bay Room	33.00	33.10	0.10
Stage 1 Recovery	B-THE073	Recovery Single Bay Room	16.50	16.50	0.00
Stage 1 Recovery	B-THE074	Recovery Single Bay Room	16.50	16.50	0.00
Stage 1 Recovery	B-THE075	Resuscitaire Room	9.00	10.70	1.70
Stage 1 Recovery	B-THE076	Staff Base - Recovery Non-Obstetric	8.00	8.20	0.20
Stage 1 Recovery	B-THE077	Staff Base - Recovery Obstetric	8.00	8.10	0.10
Stage 1 Recovery	B-THE078	Clean Utility	16.00	16.10	0.10

Stage 1 Recovery	B-THE079	Dirty Utility	8.00	8.40	0.40
Stage 1 Recovery	B-THE080	Parking Bay - Resus Trolley	1.00	2.00	1.00
Stage 1 Recovery	B-THE081	DSR	10.00	11.00	1.00
function sub-total			207.00	211.6	4.60
Support Services	B-THE082	Theatre Management Office - 2 person	12.00	12.00	0.00
Support Services	B-THE083	Blood Bank Refrigerator Bay	6.00	6.00	0.00
Support Services	B-THE084	Point of Care Testing Room	8.50	8.50	0.00
Support Services	B-THE085	Service Room: Equipment	13.50	13.50	0.00
Support Services	B-THE086	Parking Bay - Mobile X-Ray & USS	5.00	5.10	0.10
Support Services	B-THE087	Parking Bay - Mobile X-Ray & USS	5.00	5.10	0.10
Support Services	B-THE088	Parking Bay - Resus Trolley	1.00	1.10	0.10
Support Services	B-THE090	Emergency Drug Bay (MH)	1.00	1.20	0.20
Support Services	B-THE091	Parking Bay - Bronchoscope Trolley and Emergency Scope	1.00	1.10	0.10
Support Services	B-THE092	Store Room: Bulk Supplies	44.00	46.20	2.20
Support Services	B-THE093	Store Room: Clinical Equipment	8.50	8.50	0.00
Support Services	B-THE094	Store Room: Clinical Equipment - Large	20.00	20.60	0.60
Support Services	B-THE095	Linen Store	2.00	2.70	0.70
Support Services	B-THE127	Linen Store	2.00	2.20	0.20
Support Services	B-THE096	Store Room: Ready to Use Medical Gas Cylinders	4.00	4.10	0.10
Support Services	B-THE097	Disposal Hold	12.00	12.20	0.20
Support Services	B-THE098	Pneumatic Tube Station	1.00	1.00	0.00
Support Services	B-THE099	DSR	10.00	11.00	1.00
Support Services	B-THE100	Printer/IT/Admin	6.00	6.00	0.00
function sub-total			162.50	168.10	5.60
Staff Support Facilities	B-THE101	Staff Rest Room	28.00	28.00	0.00
Staff Support Facilities	B-THE102	Hot Desking - 4 person	18.00	18.00	0.00
function sub-total			46.00	46.00	0.00
Shared Support Facilities	B-THE103	Staff Changing Room including Boot Change: 12 places	12.00	12.10	0.10
Shared Support Facilities	B-THE104	Staff Changing Room including Boot Change: 28 places	24.00	24.00	0.00
Shared Support Facilities	B-THE105	Linen Store	4.00	2.00	-2.00
Shared Support Facilities		Linen Store		3.50	3.50
Shared Support Facilities	B-THE106	Footwear Wash Room	6.00	6.00	0.00
Shared Support Facilities	B-THE107	Clean Footwear Store	6.00	6.00	0.00
Shared Support Facilities	B-THE108	Staff WC/Shower/Changing Room: Accessible	4.50	4.50	0.00
Shared Support Facilities	B-THE110	WC Staff Ambulant (Female)	2.50	2.50	0.00
Shared Support Facilities	B-THE111	WC Staff Ambulant (Female)	2.50	2.50	0.00
Shared Support Facilities	B-THE112	WC Staff Ambulant (Female)	2.50	2.50	0.00
Shared Support Facilities	B-THE113	WC Staff Ambulant (Male)	2.50	2.60	0.10

Shared Support Facilities	B-THE114	Shower Staff Ambulant (Female)	2.50	2.50	0.00
Shared Support Facilities	B-THE115	Shower Staff Ambulant (Male)	2.50	2.50	0.00
function sub-total			71.50	73.20	1.70
Anaesthetic Offices	B-THE118	Anaesthetic Office	22.00	22.10	0.10
Anaesthetic Offices	B-THE125	Anaesthetic Break Out	6.00	6.00	0.00
function sub-total			28.00	28.10	0.10
THEATRES TOTALS		Functional	1431.00	1455.30	24.30
		Planning (5%)	71.60	132.81	61.21
		Engineering (3%)	45.10	3.69	-41.41
		Circulation (25%)	375.60	511.1	135.50
		TOTAL THEATRES AREAS	1923.30	2102.90	179.60
TRIAGE					
Entrance	B-TRI001	Reception	5.50	5.70	0.20
Entrance	B-TRI002	Waiting Area - 10 Place	16.50	16.50	0.00
Entrance	B-TRI003	Triage Room	16.50	16.60	0.10
Entrance	B-TRI004	Triage Room	16.50	16.60	0.10
Entrance	B-TRI005	Triage Room	16.50	16.60	0.10
Entrance	B-TRI006	Triage Room	16.50	17.30	0.80
Entrance	B-TRI007	"Intermezzo" Lounge	16.50	16.50	0.00
Entrance	B-TRI008	WC Ambulant	2.50	4.20	1.70
function sub-total			107.00	110.0	3.00
Utilities	B-TRI009	Dirty Utility	8.00	7.60	-0.40
Utilities	B-TRI010	Clean Utility	12.00	11.90	-0.10
Utilities	B-TRI011	Pneumatic Tube Station	1.00	1.10	0.10
Utilities	B-TRI012	Parking Bay - Resus Trolley	1.00	1.00	0.00
function sub-total			22.00	21.60	-0.40
Backup Storage	B-TRI013	Store Room - Large Store	8.00	9.50	1.50
function sub-total			8.00	9.50	1.50
Office & Admin	B-TRI014	Hot Desking/Call Centre	16.50	16.50	0.00
Office & Admin	B-TRI015	Staff WC Accessible	4.50	4.50	0.00
function sub-total			21.00	21.00	0.00
TRIAGE TOTALS		Functional	158.00	162.1	4.10
		Planning (5%)	7.90	18.40	10.50
		Engineering (3%)	5.00	0.40	-4.60
		Circulation (30%)	49.80	70.00	20.20
		TOTAL TRIAGE AREAS	220.70	250.9	30.20
ULTRASOUND					
Ultrasound	B-USI001	Reception/Staff Base	8.00	8.20	0.20
Ultrasound	B-USI002	WC Ambulant	2.50	2.50	0.00
Ultrasound	B-USI003	WC Accessible	4.50	4.50	0.00
Ultrasound	B-USI004	Ultrasound Room	16.50	16.50	0.00
Ultrasound	B-USI005	Ultrasound Room	16.50	16.50	0.00
Ultrasound	B-USI006	Ultrasound Room	16.50	16.50	0.00
Ultrasound	B-USI007	Ultrasound Room	16.50	16.50	0.00

Ultrasound	B-USI008	Ultrasound Room	16.50	16.50	0.00
Ultrasound	B-USI009	Ultrasound Room	16.50	16.50	0.00
Ultrasound	B-USI010	Ultrasound Room	16.50	16.50	0.00
Ultrasound	B-USI011	Hot Desking (3 person)	13.50	13.50	0.00
function sub-total			144.00	144.2	0.20
ULTRASOUND TOTALS		Functional	144.00	144.2	0.20
		Planning (5%)	7.20	16.90	9.70
		Engineering (3%)	4.50	0.60	-3.90
		Circulation (30%)	45.40	47.40	2.00
		TOTAL ULTRASOUND AREAS	201.10	209.1	8.00
MEDICAL GAS STORE					
		Medical Gas Store		30.00	30.00
function sub-total			0.00	30.00	30.00
MEDICAL GAS STORE TOTALS		Functional	0.00	30.00	30.00
		Planning (5%)	0.00	1.40	1.40
		Engineering (3%)	0.00	0.00	0.00
		Circulation (30%)	0.00	0.00	0.00
		TOTAL MEDICAL GAS STORE AREAS	0.00	31.40	31.40

Planning area outwith Departments		546.90
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TOTAL Function	12579.00	13332.90	753.90
TOTAL Planning	629.30	1802.19	1172.89
TOTAL Engineering	391.70	73.21	-318.49
TOTAL Circulation	4061.30	4246.70	185.40

Whitespace not within a Department		119.40
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Net GIFA	17661.30	19574.40	1913.1
plant allowance	1597.80	3466.10	1868.3
interdepartmental comms (13%)	2296.00	2853.20	557.20
Total GIFA	21555.10	25893.70	

Appendix X

Principal Supply Chain Partner Procurement Strategy



The Baird Family Hospital
and The ANCHOR Centre Project



NHS GRAMPIAN – MAJOR ACUTE SERVICES

PROCUREMENT STRATEGY

ISSUE DATE: 06/04/17

DOCUMENT REF: NHSGAS-GRA-RP-001

VERSION: 09

LEAD CONTACT: ANTHONY BATEMAN

STATUS: FINAL DRAFT

DOCUMENT VERIFICATION

Version	Date	Description	Prepared by	Approved for issue
01	02/03/17	Draft for comment	SM,JP,RI	AB,GH, C&B
02	03/03/17	DRAFT for Client Comment	GRA / C+B	GRA / C+B
03	10/03/17	Amended in relation to MB comments	GRA	
04	14/03/17	Package selection updated	GRA	
05	20/03/17	Updates in line with comments	GRA	
06	27/03/17	Further updates	GRA	
07	30/03/17	Updated with HFS comments	GRA	
08	05/04/17	Updated with final comments	GRA	
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1.0 INTRODUCTION

To bring additional benefits to NHS Grampian and the Baird and Anchor Project, GRAHAM (Principle Supply Chain Partner or PSCP) are proposing to use a 2-Stream procurement strategy. This procurement strategy is designed specifically for this project to bring added value whilst maintaining maximum competition in pricing.

Traditionally procurement is carried out by marketing testing packages following the RIBA stage 3/4 design (refer to RIBA plan of works - <https://www.ribaplanofwork.com/planofwork.aspx>). This method delivers the maximum competitive pricing from the supply chain, however this approach does not secure added value that early supply chain involvement can bring during the key pre-construction stages.

The approach of securing early supply chain involvement has been the subject of a number of Central Government studies and has highlighted significant cost savings in the region of between 10% and 20%. The benefits highlighted also include: measurable improvements in design; risk management; time management, warranties; sustainable solutions; stakeholder consultation; appointment of Small to Medium Enterprises (SMEs) and local/regional businesses; and employment and skills commitments.

Our proposed strategy aims to achieve the benefits of both methods. The first stream (Stream 1) will secure the added value of early supply chain involvement through the selection of Key PSCMs (Principle Supply Chain Members or Subcontractors) during RIBA Stage 2/3, whilst always maintaining the maximum competition in pricing through the use of approximate bills of quantities targeting a minimum up to 90% of the package value, but allowing appropriate allowances for full cost detail. The criteria for selection of the Stream 1 Key PSCMs is founded on both commercial submissions and an assessment of the added value that can be brought to the project through the early involvement of these Key PSCMs, see section 3.0. The second (Stream 2) will follow the traditional Frameworks Scotland 2 (FS2) process of market testing through the competitive pricing of full bills of quantities.

Both streams have been formulated to comply with the competitive market testing principles of the FS2, with Stream 1 also building on the spirit of FS2 and the New Engineering Contract edition 3 (NEC3) form of contract by extending cooperation and collaboration earlier with the wider supply chain.

This strategy will ensure delivery of the Scheme within defined time, cost, quality and safety parameters, thus yielding best Value for Money (VfM).

All PSCM involvement shall be via agreement with the Joint Cost Advisor (JCA) on behalf of NHS Grampian. Detailed tender documentation will be developed for all Stream 1 and 2 packages to ensure maximum competitive pricing is achieved and validated through transparency and benchmarking with the JCA.

Control of the procurement process will be monitored by the JCA who will in conjunction with the PSCP, report through the monthly progress and commercial reports. Furthermore it will be a standing agenda point at the Commercial meeting.

The flowchart that follows (Diagram 1) details the interaction of the JCA and GRAHAM and the governance applied through NHSG at each stage.

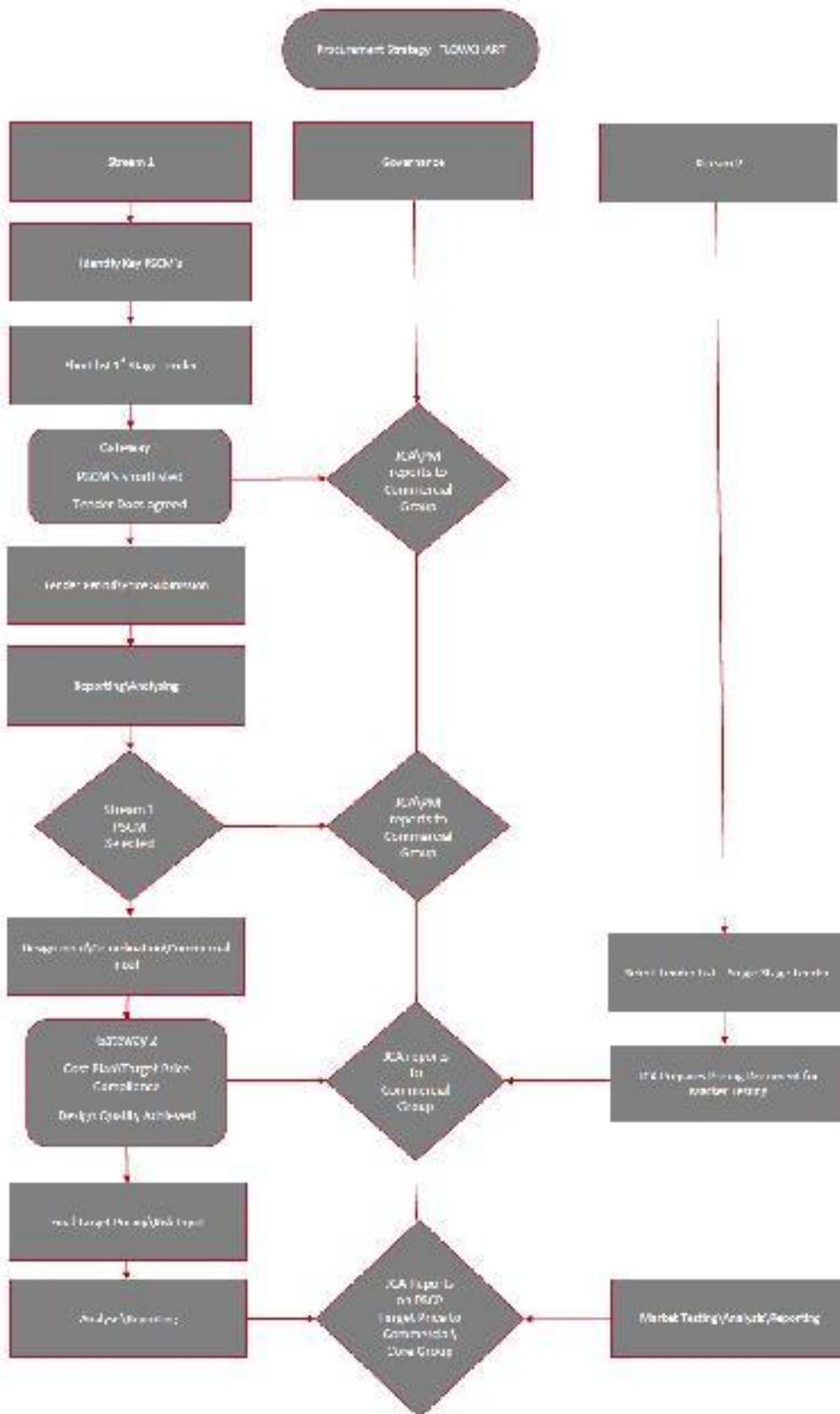


Diagram 1 – Procurement process and governance flowchart.



More detailed processes are set out further within sections 6.0 and 7.0 however Diagram 2 below summarises the principles of each stream.

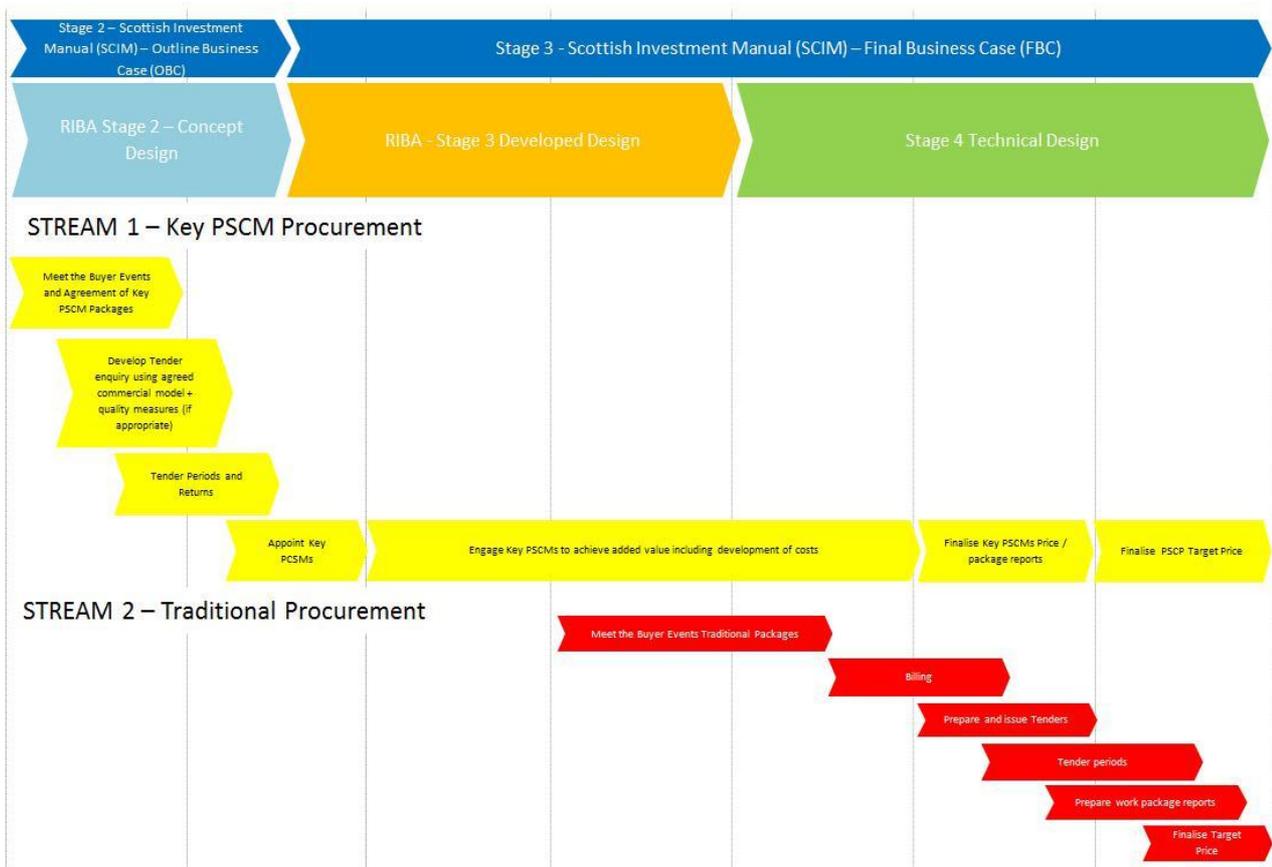


Diagram 2 – Principle of work Streams

Stream 1 PSCMs will provide greater certainty of costs, programme and risk mitigation, early in the development of the works. The Stream 1 PSCMs will bring the following benefits, which are further detailed on a package by package basis in section 3.0:

- Greater cost accuracy earlier in the Full Business Case (FBC) stage;
- Specialist design and co-ordination support to inform key packages during the Stage 3 design to provide optimum innovation, VfM solutions and ensure buildability;
- Expert value engineering support to drive greater VfM;
- Early input into the detailed risk identification and mitigation strategies;
- Better understanding of inflation given current market uncertainty;
- Greater opportunities to develop co-ordinated / multi-disciplinary pre-fabrication and off-site manufacturing solutions;
- Achievement of community benefits through a pre-planned and co-ordinated approach allowing contribution by key PSCM’s; and
- Enabling access by Small to Medium Enterprises (SMEs) to the larger Key PSCM’s.



2.0 SCHEME PROGRAMME & REQUIREMENTS

2.1 Pre-Construction Programme

The Baird and ANCHOR Project will be undertaken in two stages during its pre-construction phase:

- Stage 2 – Outline Business Case (OBC) from Nov 16 to May 17; CIG approval Aug 17; and
- Stage 3 – Full Business Case (FBC) overlapping OBC, concluding in Feb 18.

Once the procurement strategy is agreed, we will fully detail the programme of engagement for all packages in both a bar chart and procurement schedule formats.

2.2 Commercial Requirements

Commercially the costs for the project are developed as follows:

- Stage 2 Outline Business Case (OBC) – PSCP costs based on formal cost plan in conjunction with JCA to establish not to exceed cost; and
- Stage 3 Full Business Case (FBC) – PSCP developed cost at this stage forms the basis of the calculation of the Target Price (guaranteed maximum price for the project) for the construction contract.

It is therefore necessary that the procurement strategy delivers the Stage 3 Target Price using competitive market rates that offer the best possible VfM from the supply chain.



3.0 AGREEING WORK STREAMS FOR PACKAGES

It is acknowledged that the pre-construction programme on this project is particularly challenging, especially the period for supply chain input / market testing and calculation of the Target Price. However it is also recognised that the selected procurement route must ensure maximum benefit in terms of VfM for the Client within the cost budget for the project.

Accordingly, it is proposed that the early market testing route of Key PSCMs is essential in order to deliver the requirements of the project and to ensure the benefits from the added value can be achieved.

Prior to the initiation of the procurement process, we will, in conjunction with NHS Grampian, HFS and the Joint Cost Advisor agree the breakdown of work packages / PSCMs and the preferred procurement stream for each.

We have identified 4 initial key criteria to identify which work streams are most suited to each package:

- Value of Package as % of cost plan;
- Level of package risk;
- Number and criticality of Package interfaces: and
- Technical complexity of package.

We have already selected NG Bailey as a Key PSCM in respect of the Mechanical, Electrical and Plumbing (MEP) scope of works as noted in our successful bid. They were selected on the basis of capacity, technical ability and their collaborative approach to building and agreeing the target price. Their approach to finalising their element of the Target Price is detailed in Appendix A of this document. The final commercial model for MEP will be finalised in conjunction with JCA however it can be clearly seen that subcontractors and materials are fully market tested as part of their proposed commercial model.

Having used the above criteria as can be seen in the Procurement Route Scoring Matrix (BA-PRSM) contained within Appendix B, we are initially proposing the following **draft** packages for appointment as Key PSCM's subject to agreement between the parties. The final packages to be issued as Stream 1 Key PSCMs will be agreed with the JCA on behalf of NHS Grampian, on review of the full commercial model and package risks. Table 1 below further **outlines** the added value we will seek to achieve:

WORK PACKAGE	Added Value / Benefits	
PILING	1.	Competitive market rates for pile type, pile length, obstructions, pile mat, testing to the same level as traditional process earlier in the programme
	2.	Specialist input into pile type selection and design, to ensure the best value solution
	3.	Reduced risk pricing by developing a comprehensive strategy for uncertainty in ground conditions
	4.	Reduced pricing of risk due to better understanding works, including programme and phasing
	5.	Negates the risk of late qualified counter-offers
	1.	Competitive market rates, based on approximate quantities of standard items we can obtain high levels of competitive pricing (not to be exceeded rates)
	2.	Opportunity to secure early the services of the Contractor negating the risk of poor returns from the market
	3.	Improved pricing due to better understanding of logistics and site restrictions and phasing
	4.	Specialist input into design of detailing, e.g. retaining structures, waterproofing

GROUNDWORKS	5.	Opportunities to explore security of material supply rates for concrete and reinforcement avoiding risk of fluctuations on rates
	6.	Opportunity for early procurement of reinforcement (bulk buy early) to reduce inflation risk
	7.	Specialist input into analysis of SI and site conditions reducing risk allowances
	8.	Opportunity and time to secure best deals for haulage and supply of materials and maximise benefits of recycle of materials off site
	9.	Offers the option of advanced (enabling works) i.e. early start on site.
	10.	Allows the time for local labour resources to be secured
CONCRETE FRAME	1.	Based on approximate quantities of standard items we can obtain high levels of competitive pricing (not to be exceeded rates)
	2.	Limited supply chain. Very few subcontractors on the market who are capable of delivery a project of this size and scale. Opportunity to secure early the services of that Contractor negating competition from other projects
	3.	Improved pricing due to better understanding of logistics and site restrictions
	4.	Specialist input into design e.g. methods, materials etc.
	5.	Specialist input into programming in phasing and maximising benefits in formwork design to obtain efficient detailing
	6.	Opportunities to explore creative means of securing fixed material supply rates for concrete and reinforcement avoiding risk of fluctuations on rates
	7.	Opportunity for early plan logistics for concrete deliveries on live site. This will result in efficiencies in pricing
	8.	Opportunity for early procurement of reinforcement (bulk buy early) to reduce inflation risk
	9.	Early detailing of interfaces with other works packages including MEP prefabrication interfaces, pre-formed builders work, casting in fire collars, voids and ducts, casting in secondary steel supports for cladding
	10.	Specialist input into analysis of SI and site conditions
STEEL FRAME	1.	Based on approximate quantities of standard items we can obtain high levels of competitive pricing (not to be exceeded rates) targeting a minimum up to 90% of the package value, but allowing appropriate allowances for full cost detail
	2.	Input into design of connections and interfaces at early stage giving more accurate pricing
	3.	Potential to buy steelwork to avoid pricing inflation increases
	4.	Better planning and coordination
	5.	Improved pricing due to better understanding of logistics and site restrictions
	6.	Specialist input into design of secondary steel for envelope packages
	7.	Maximise off site fabrication of secondary steelwork
BUILDING ENVELOPE	1.	Based on approximate quantities of standard items we can obtain high levels of competitive pricing (not to be exceeded rates) targeting a minimum up to 90% of the package value, but allowing appropriate allowances for full cost detail
	2.	Considerable advantages due to complexity and very early decisions on cladding type and material selection
	3.	Very few subcontractors on the market who are capable of delivering a project of this size and scale. Opportunity to engage to secure them early reducing risks on procurement in construction stage
	4.	Specialist input into material selection and detailing of design
	5.	Early assistance with the planning approvals



	6.	Improved pricing due to better understanding of logistics and site restrictions
	7.	Certainty in pricing of complicated interfaces
	8.	Maximise off-site fabrication which reduces risks on site and improves programming
	9.	Potential to explore the opportunities that exist to avoid margin on margin sub-letting
PARTITIONS AND CEILINGS	1.	Based on approximate quantities of standard items we can obtain high levels of competitive pricing (not to be exceeded rates) targeting a minimum up to 90% of the package value, but allowing appropriate allowances for full cost detail
	2.	Very few subcontractors on the market who are capable of delivering a project of this size and scale. Opportunity to engage to secure them early reducing risks on procurement in construction stage
	3.	Specialist input into material selection and detailing of design for fire and acoustic performance
	4.	Improved pricing due to better understanding of logistics and site restrictions
	5.	Better programming and sequencing with MEP trades reducing programme risk allowance
	6.	Fluctuation in price can be examined and understood in detail to mitigate risk of inflation
	7.	Certainty in pricing of complicated interfaces with MEP and envelope
	8.	Maximise off-site fabrication which reduces risks on site and improves programming (Tie in with MEP)
Fixed Furniture & Equipment (FF&E)	1.	Based on approximate quantities of standard items we can obtain high levels of competitive pricing as current FF&E schedule is significantly advanced targeting a minimum up to 90% of the package value, but allowing appropriate allowances for full cost detail
	2.	Specialist input into equipment selection e.g. style and colour schemes etc to meet interior design requirements
	3.	Improved pricing due to better understanding of logistics and site restrictions
	4.	Better programming and sequencing with MEP trades reducing programme risk allowance
	5.	Value engineering of product selection to maximise VfM within budget
	6.	Fluctuation in price can be examined and understood in detail to mitigate risk of inflation
CLEANROOMS	1.	Based on approximate quantities of standard items we can obtain high levels of competitive pricing targeting a minimum up to 90% of the package value, but allowing appropriate allowances for full cost detail
	2.	Very few subcontractors on the market who are capable of delivering a product of this complexity. Opportunity to engage to secure them early reducing risks on procurement in construction stage
	3.	Specialist input into design (materials and equipment) and Statutory approvals and validation requirements
	4.	Better programming and sequencing with MEP trades reducing programme risk allowance
	5.	Certainty in pricing of complicated interfaces with MEP and envelope
	6.	Better programming and sequencing of commissioning activities reducing programme risk allowances

Table 1 – Outline added Value

The Key PSCMs for these works packages will be selected using criteria outlined in Section 4.



4.0 SELECTION CRITERIA FOR STREAM 1 KEY PSCM'S

It is proposed that the Key PSCMs will be selected through a Competitive Tender process based on a cost and ability to deliver added value. The PSCMs will be evaluated against criteria that are heavily weighted towards competitive pricing.

Specific questions will be developed in relation to individual packages to ensure there is understanding of performance in relation to the scope of works is measured. The key sub-headings are noted below in Table 2, however the scoring percentages are for **example purposes only** and final scoring percentages will be agreed with the JCA on a package by package basis, tailored depending on the level of information available, complexity of the building element design and level of suitable supply chain availability. Questions shall be word / content limited.

The cost selection criteria will be a key document in the process and include not to-exceed rates and bills of quantities to ensure that the full value of the package is competitively tested in line with the aspirations of maximum market testing.

Assessment of the Tender process will be developed and carried out in conjunction with the JCA.

Heading	Sub-Heading	Elemental Score (Draft)	Overall Contribution (Draft)
Added Value	Managing building element design co-ordination and integration with the team (Interfaces and detailing)	35%	0-20%
	Product availability and alternatives	25%	
	Programming and sequencing	25%	
	Proposed Resource / Experience	5%	
	Approach to handover / Soft Landings	5%	
	Sustainability, Environment & Community	5%	
Cost	Direct Fee and Subcontracted Fee Percentage	10%	80-100%
	Risk Allowances	10%	
	Stage 4 fixed site management / establishment / general items amount and/or capped %'s	10%	
	Commercial Model comprising priced bills of quantities, fixed percentages, requirement to market test Tier 2 PSCMs	70%	

Table 2 – EXAMPLE - Scoring criteria for Envelope - Added Value / Cost



5.0 COMMERCIAL MODEL

The Commercial Model will be a key aspect in ensuring VfM is obtained in the selection of the Key PSCM's. It will be specifically tailored for each Key PSCM in conjunction with the JCA to ensure that it delivers value for money. Approximate bills of quantity will be developed to reflect targeting a minimum up to 90% of the package value, but allowing appropriate allowances for full cost detail, ensuring the first stage submissions reflect as far as practicable the overall package costs. The JCA, on behalf of NHS Grampian, will be fully involved in the value for money assessment/verification at the final pricing. The proposed outline commercial models for each package are shown on the Procurement Route Scoring Matrix (BA-PRSM) in Appendix B.

The successful tenderer will be engaged under the status of, Preferred Key PSCM, for the project and will be required to achieve or better the package Commercial Model whilst contributing to the design process, risk workshops, overall cost planning & value engineering, etc, as further detailed in the process charts. This allows the project to benefit from the input of these specialised supply chain work packages.

The selection of the PSCM contract option (A or C) shall be reviewed at each gateway to ensure the appropriateness of the option of contract to be selected. At the end of Stage 3 the PSCMs will provide a work package tender sum which will have been calculated using the competitive rates determined in the market testing, sub-market testing and prices included in the Commercial Model, in an open and fully transparent basis.

The calculation of the Stream 1 PSCMs final tender price will use the competitive pricing obtained through the market tested Commercial Model. The PSCP and JCA will continually monitor the performance of the Key PSCM's to ensure all design / costing's are developing in line with the final FBC requirements.

At Gateway 2, in the process map, shown in section 6.0, the PSCP / PSCM will give a commitment to a final work package price. During the Stage 3 development of the final price, they will have been reviewed and interrogated regularly with the JCA. Gateway 2 will be of sufficient duration and early enough in the overall programme to allow alternative options to be implemented in the event that the PSCM has not achieved the VfM detailed in the commercial model. It will be outlined in the tender documents that the PSCP will reserve the right to remove preferred supplier status and revert back to a traditional procurement route for the work package should Gateway 2 not be achieved.

We also acknowledge that there are potential challenges associated with the Stream 1 process that will be overcome as shown the following Table 3.



Challenge	Mitigation
Potential concerns over how the process achieves competitive pricing	<ul style="list-style-type: none"> • PSCM will be appointed on a NEC Option A or C basis decided in conjunction with the JCA. • PSCM to sub-market test if applicable • Right of PSCP to revert to traditional procurement if required (refer to Diagrams 1 and 2) • Capped Fees and not to exceed rates from tender applied to stage 3
PSCM concerns in relation to design liability and scope	<ul style="list-style-type: none"> • Extent of PSCP / Consultant / PSCM Design liabilities to be clearly defined in work package scopes if applicable
Concern of design team that their role in the process is diminishing	<ul style="list-style-type: none"> • PSCM Design Proportions to be clearly defined in work package scopes • Design Team to be part of workshops and interface meetings to ensure continued “ownership” of design
Requirement for stronger communication and teamwork skills	<ul style="list-style-type: none"> • Package workshop and interface meetings held to ensure communication. • Design Team to clearly identify work package internal leaders • Use of Asite to share information
Accuracy of pricing based on early design	<ul style="list-style-type: none"> • To a sufficiently developed Commercial Model that will deliver competitive pricing • Target Price checked at Gateway 2
Community Benefits not achieved	<ul style="list-style-type: none"> • Key PSCM’s to be part of SME Meet the Buyer Events • Community benefit commitments required as part of Tender process

Table 3 – Challenges to Stream 1 procurement route



6.0 STREAM 1 – KEY SUPPLY CHAIN PARTNERS

The following chart (diagram 3) detail the intended process and inputs / outputs for Key PSCMs

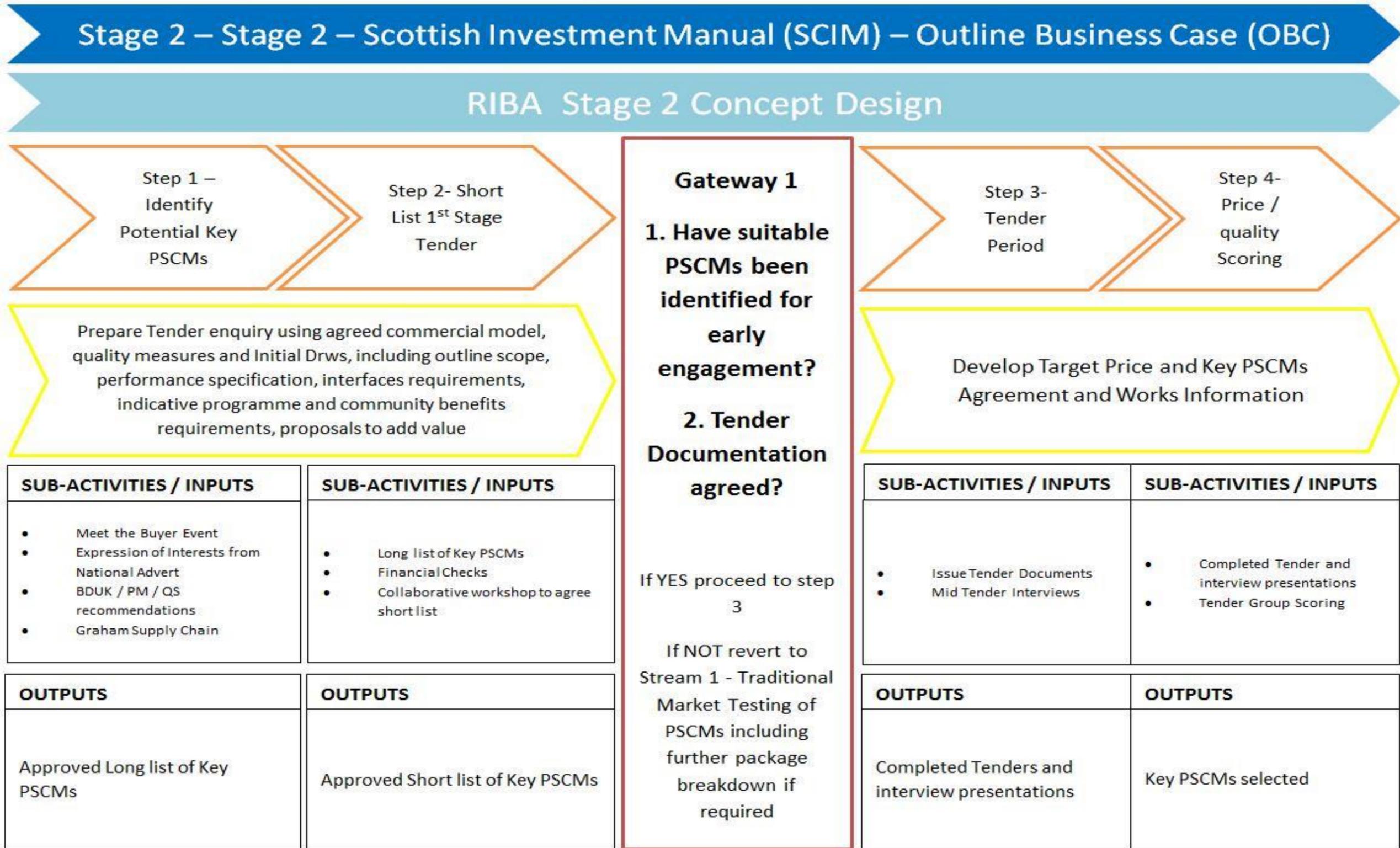


Diagram 3 – Stream 1 process – part 1 of 2 (2nd part on following page)

Stage 3 - Scottish Investment Manual (SCIM) – Final Business Case (FBC)

RIBA STAGE 3 – Developed Design

RIBA STAGE 4 – Technical Design

Step 5 – Engage Key PSCMs in Stage 4 Design, final pricing and SME engagement

Develop design, programme, specifications and pricing with Key PSCMs

SUB-ACTIVITIES / INPUTS

- Joint meet the Buyer Events with Key PSCMs for SME's and suppliers
- Joint Risk Workshops
- Design integration workshops
- Programme/buildability workshops
- Soft Landing workshops
- Community engagement
- Value Engineering Workshops
- Open book sharing including supplier quotations
- Benchmarking of elemental rates
- Delivery of Community Benefits

OUTPUTS

- Co-ordinated technical design
- Mitigated Joint Risk Register
- Further develop detailed and accurate construction programme
- Fully develop and benchmarked package costs
- Finalise Bonds, Warranties and PCG's

Gateway 2

1. Is Cost Plan / Target Price being achieved?

2. Is Design quality being achieved?

If YES proceed to step 6

If NOT revert to Stream 1 - Traditional Market Testing of PSCMs including further package breakdown if required

Step 6 – Final Target Pricing and Agreement with PM / QS

Finalise Key PSCMs Price and Works Information

SUB-ACTIVITIES / INPUTS

- Joint Risk Workshops
- Design integration workshops
- Soft Landing workshops
- Community engagement
- Open book sharing including supplier quotations
- Completed benchmarking of elemental rates
- Delivery of Community Benefits

OUTPUTS

- Final Risk Register
- Final Technical Design
- Finalised Target Price

Diagram 3 – Stream 1 process – part 2 of 2

7.0 STREAM 2 – TRADITIONAL MARKET TESTING PSCM'S

The following chart (diagram 4) details the intended process and inputs / outputs for Key Traditional Procured PSCMs

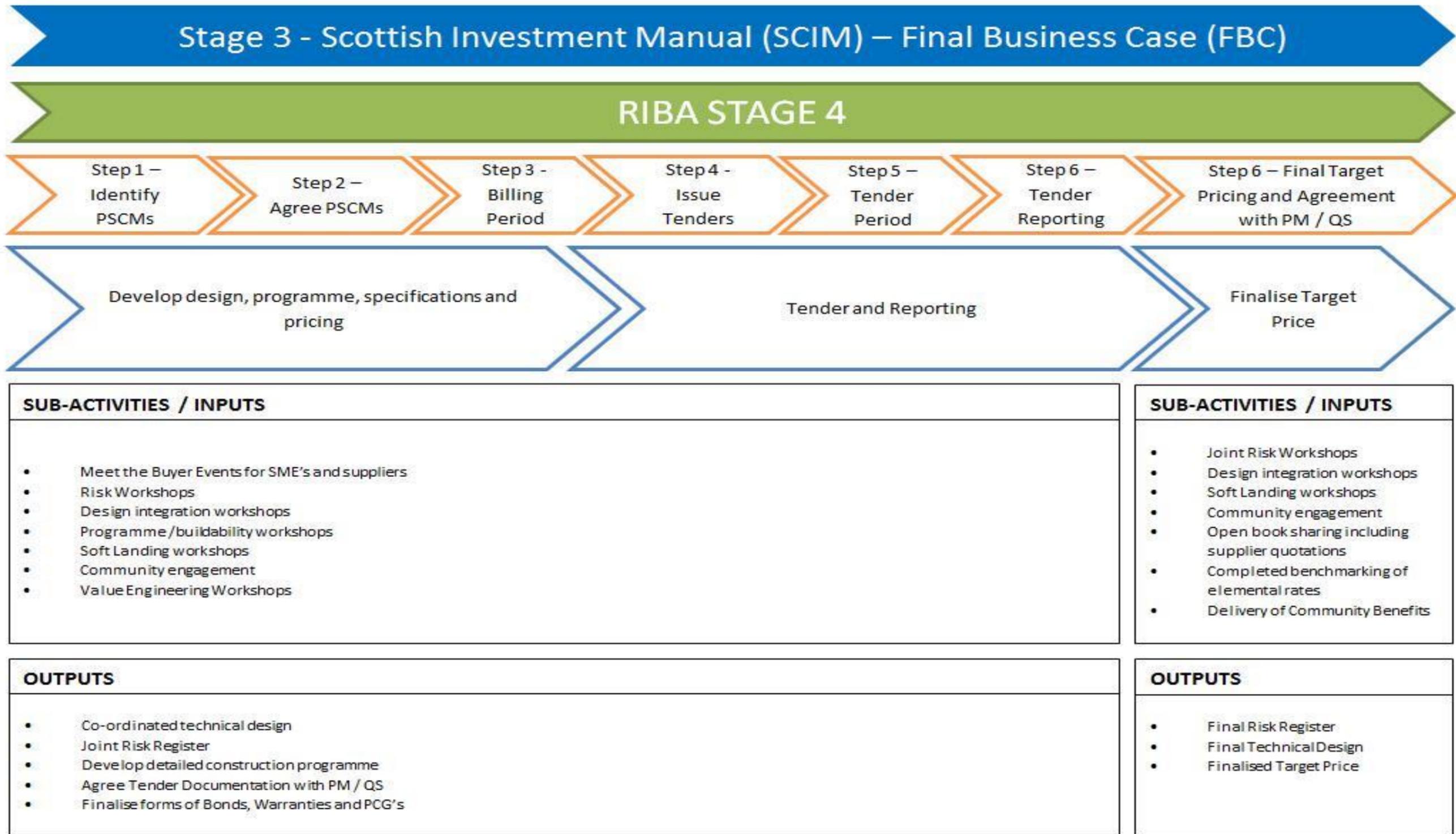


Diagram 3 – Stream 4 process

APPENDIX A – NG BAILEY TENDER / TARGET COST DEVELOPMENT



NG Bailey

The Baird Family Hospital and ANCHOR Centre –
NHS Grampian

OUR APPROACH TO DEVELOPING THE OBC AND FBC

We will work alongside Graham Construction, Mott MacDonald, NORR and the whole design team throughout OBC / FBC and the pre-construction phase to provide real demonstrable value to the process by:

- Driving innovation and best practice solutions into the design from the out-set
- Coordinating and developing the design around the budget
- Undertaking regular cost plan updates to demonstrate the commercial impact of design decisions
- Integration of off-site, making sure that the design is in-line with latest building services solutions and installation techniques
- Integrating the latest IT solutions into the design
- Planning the works to create a detailed integrated programme that offers the leanest durations through the use of off-site solutions and lean installation techniques
- Improving coordination through BIM and the joint design process
- Integrating specialist trade packages into the design process at appropriate times, without compromising the need for market-testing
- Ensuring we design to construct throughout, avoiding abortive design works; in doing this we will protect the programme time constraints and overall budget.

NG Bailey has vast experienced in developing Target Cost Agreements under the NEC open-book form of contract. We fully understand and believe in the requirement for transparent market-testing to demonstrate best value.

We have delivered around £50M of M&E services on the Campus over the last seven years; these projects include the Mathew Hay Building, as well as a multitude of refurbishment and reconfiguration projects in this open-book ethos.

Fully committed to working in partnership with Graham Construction and NHS Grampian, we will continue to be 100% transparent throughout the entirety of the OBC / FBC and project construction phase.

We will market test all the specialist works packages and plant and equipment to demonstrate value for money and the right technical solution for NHS Grampian; throughout this process we will involve the appropriate personnel from Graham Construction, Mott MacDonald, Currie and Brown and NHS Grampian.

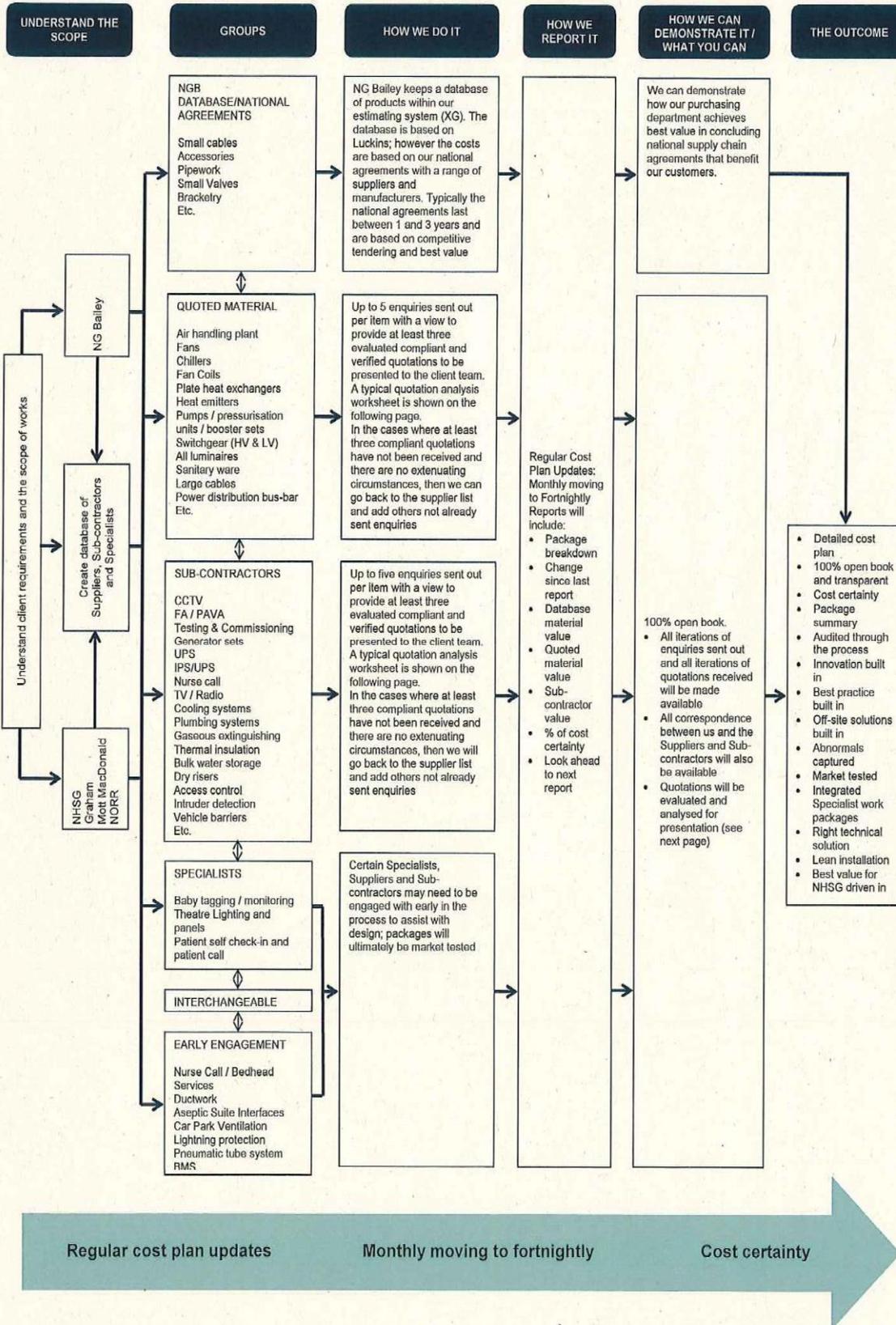
Our prelims will be compiled in conjunction with Graham Construction in order that we share resources where possible to keep the project costs as lean as possible.

We will provide measured break-downs of all our self-delivered items including electrical containment, cabling, luminaires, distribution systems, power systems and equipment, pipework services, drainage, and sanitaryware etc. all of which are procured through our national procurement agreements so NHSG will benefit from having access to the lowest possible costs on the market.

TARGET COST

Throughout the United Kingdom, NG Bailey has completed or is currently working on similar sized healthcare projects, we therefore have excellent benchmark cost data that we can utilise to establish the OBC costs and benchmark specialist packages. This data can help to develop the initial budget that will be tailored to suit the initial design concept. We will update the cost plan at regular intervals to demonstrate the impact of design development, so that the entire team can make informed decisions throughout the process.

Upon submission of the budget, we will then agree a detailed design programme / deliverables matrix with the MEP designer. This matrix will be tailored so that design is prioritised around the high value / high-risk items. We will then be in a position to market-test these items early in the process to provide early confidence in the budget.





NG Bailey

The Baird Family Hospital and ANCHOR Centre — NHS Grampian

A typical Mechanical Quotation Analysis worksheet, presented complete with quotations:

Project No.	Project	Weighting	Supplier / Sub-Contractor							
			Byworth	Cochran	Bosch	Tonishima	ATV			
ND 1507	Steam Boilers	5								
SCOPE	Supply, Deliver, Off-Load, Install, Test & Commission 2 off Dual Fuel Steam Boilers and 1 off Combination Heat Recovery Byworth/Cochran									
Client-Specified										
	Supply of 2 off Dual Fuel Steam Boilers 7 Bar.G. 5,600kg/hr		£98,000.00	£217,516.00	£246,895.00	£657,448.00				
	Supply of 1 off Combination Heat Recovery Steam Boiler 7 Bar.G. 5,600 kg		£81,810.00	£172,804.00	£171,776.73	incl				
	Hot Gas Engine By-pass		£24,861.00	Yes	Yes	Yes				
	Output: 3600kg/hour		Yes	Yes	Yes	Yes				
	Internal Economiser for Waste Gas		£11,590.00	Yes	Yes	Yes				
	Internal Economiser for Fired Section Boiler Ref 1		£9,530.00	Yes	Yes	Yes				
	Internal Economiser for Fired Section Boiler Ref 2		£9,530.00	Yes	Yes	Yes				
	Internal Economiser for Fired Section Boiler Ref 3		£9,530.00	Yes	Yes	Yes				
	Control System		£58,170.00	Yes	Yes	Yes				
	Feed Pump		£78,030.00	Yes	Yes	Yes				
	Dual Fuel Burners		£6,540.00	Yes	Yes	Yes				
	Oxygen Trim		£0.00	Yes	Yes	Yes				
	Inlet Silencers for burners		£3,021.00	Yes	Yes	Yes				
	Self Checking Flame Surveillance		£0.00	NO	Yes	Yes				
	Delivery		£1,350.00	incl	£17,581.63	incl				
	Commissioning		£2,600.00	Yes	£5,799.23	£21,154.00				
	Boiler Operator Training		£1,380.00	Yes	Yes	£2,865.00				
	Gas Booster		£5,960.00	£11,115.00	£5,950.00	£27,339.00				
	Acoustic Cover to Gas Booster		NO	NO	NO	Yes				
	Remote Alarm & Shutdown Panel		£1,740.00	£3,119.00	NO	NO				
	Sequence Control Panel		not offered	£12,475.00	NO	Yes				
	Platforms & Staircase		£4,440.00	£16,200.00	£8,200.00	£65,015.00				
	JIB crane		£8,200.00	£5,200.00	£8,200.00	incl				
	M & E Rebuild After Transport/installation		£10,500.00	£18,315.00	£18,284.89	£19,120.00				
	Cost		£437,782.00	£644,144.00	£476,455.48	£750,582.00				
	Compliance		100.0%	100.0%	100.0%	100.0%				
	Optional Costs		Byworth	Cochran	Bosch	Tonishima				
	Annual Service Contract		£7,440.00	£9,821.00						
	Booster Set Acoustic Endbure & Atex rating			£10,170.00						
	Self Checking Flame Surveillance		£2,380.00							
	Oxygen Trim		£14,400.00							
	Prepared by:JP									
										Date

APPENDIX B – PROCUREMENT ROUTE SCORING MATRIX (BA-PRSM)



The Baird Family Hospital
and The ANCHOR Centre Project



Document title	NHSG B&A Procurement Route Scoring Matrix (BA-PRSM)
Issue date:	30/03/2017
document ref:	NHSGAS-GRA-SH-001
version:	2
status	Draft

WP Ref.	Work Packages	A	B	C	D	E	Commercial Model						
							Work Package % of Overall Cost Plan (Split TBC by C&B)	Interface Scoring (refer to WP Interface Matrix & Complexity Matrix)	Risk Identified on Current Register (refer to WP risk Register - "Package Column")	Complexity Rating (refer to WP Interface Matrix & Complexity Matrix)	Overall Scoring ((B+C)*D)*A	Intended Procurement Route (Stream 1 - Early Engage / Stream 2 - Traditional)	NEC Fees (Direct Fee / Overhead)
6000	M&E	31.00%	24	5	3	6510	Stream 1	✓	✓	✓	✓		
3000	Building Envelope - Roofing, Rooflights, Wall Cladding, Glazing & Ext Doors	15.00%	38	1	3	1800	Stream 1	✓	✓	✓	✓		
2200	Groundworks, External Works, Soft Landscaping, Fencing, Drainage & Off Site Roads	8.00%	32	10	2	672	Stream 1	✓	✓	✓	✓		
2600	Structural Frame, Upper Floors & Roof Deck (Concrete)	3.50%	33	1	3	567	Stream 1	✓	✓	✓	✓		
2400	Structural Frame, Upper Floors & Roof Deck (Steel)	3.50%	45	1	3	483	Stream 1	✓	✓	✓	✓		
4300	Internal Partitions & Ceilings	2.00%	44	1	2	180	Stream 1	✓	✓	✓	✓		
6400	Specialist Medical M&E	1.50%	37	1	3	171	Stream 1	✓	✓	✓	✓		
6200	Aseptic Suite	1.50%	30	1	3	140	Stream 1	✓	✓	✓	✓		
6300	Pneumatic Air Tube	1.00%	28	1	3	87	Stream 1	✓	✓	✓	✓		
6500	BWICS & Fire Stopping	2.00%	40	1	1	82	Stream 2	✓					✓
6100	ACRM Lab	1.00%	37	0	3	81	Stream 1	✓	✓	✓	✓		
4700	Architectural Metalwork	2.00%	18	1	2	76	Stream 2	✓					✓
7500	Lifts	1.50%	33	0	2	69	Stream 1	✓	✓	✓	✓		
4200	External Wall Inner Leaf	1.00%	26	1	2	58	Stream 2	✓					✓
5000	Fixed & Loose FF&E	2.00%	13	0	2	52	Stream 1	✓	✓	✓	✓		
8000	Utilities	1.25%	10	1	3	41	Stream 2	✓					✓
6900	Testing & Commissioning	0.50%	20	0	3	36	Stream 2	✓					✓
5900	Specialist Medical Fixed & Loose FF&E	0.50%	31	0	2	31	Stream 1	✓	✓	✓	✓		
4800	Decoration & Ames Taping	4.00%	6	1	1	28	Stream 2	✓					✓
4400	Floor Finishes	2.50%	10	1	1	28	Stream 2	✓					✓
2100	Piling	4.00%	1	2	2	24	Stream 1	✓	✓	✓	✓		
2605	Concrete Stairs & Landings	1.50%	14	1	1	23	Stream 2	✓					✓
4600	Joinerwork	2.00%	9	1	1	20	Stream 2	✓					✓

WP Ref.	Work Packages	A Work Package % of Overall Cost Plan (Split TBC by C&B)	B Interface Scoring (refer to WP Interface Matrix & Complexity Matrix)	C Risk Identified on Current Register (refer to WP risk Register - "Package Column")	D Complexity Rating (refer to WP Interface Matrix & Complexity Matrix)	E Overall Scoring ((B+C)*D)*A	Commercial Model					
							Intended Procurement Route (Stream 1 - Early Engage / Stream 2 - Traditional)	NEC Fees (Direct Fee / Overhead)	Sub-Contract Prelims (Not to exceed Rates / %)	Plant & Equipment Rate	Approx BOQ / Schedule of Items / Rates	Full BOQ
2900	Internal Brick & Block	1.00%	17	1	1	18	Stream 2	✓				✓
4900	Specialist Floors & Walls	1.00%	17	0	1	17	Stream 2	✓				✓
5004	Kitchen / Café Servery	0.50%	17	0	2	17	Stream 2	✓				✓
4802	Wall Finishes	1.00%	12	1	1	13	Stream 2	✓				✓
5800	Artworks	0.50%	16	1	1	9	Stream 2	✓				✓
4207	IPS & Cubical	0.50%	11	0	1	6	Stream 2	✓				✓
2000	Demolition & Asbestos	1.00%	1	1	2	4	Stream 2	✓				✓
2500	Fire Protection (Steel)	0.50%	7	1	1	4	Stream 2	✓				✓
5700	Signage	0.50%	7	1	1	4	Stream 2	✓				✓
5400	Blinds & Curtains	0.50%	5	0	1	3	Stream 2	✓				✓
1609		0.25%	0	0	1	0	Stream 2	✓				✓

100.00%

The Baird Family Hospital AND The ANCHOR Centre Project

Document Title	NHSG B&A Work Package Risk Register
Version	2.00/2017
Approval Date	15/02/2017
Approval By	NHSG/SG/PL/LOD

Date Register First Created	24/01/17	Date Updated	04/02/2017	Updated by	Chief
Current Stage	Stage 2	Current Stage	Current Stage	Current Stage	Current Stage

Ref No	Risk Description	Priority Mitigation Probability (1-5)	Impact (1-5)	Time / Cost Impact	Mitigation	Active Risk Probability (1-5)	Impact (1-5)	Time / Cost Impact	Agreed PSCP Provision	Agreed NHS Provision	Agreed PSCP Time	Agreed NHS Time	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Closed Date	Comments	Package
40	Inefficient capacity within existing plant to accommodate the additional services demands of the B&A - e.g. Oxygen, Heat/Energy etc - resulting in a need for additional plant services for Oxygen	3	6	20	Early assessment of existing service capacity in addition to an early service demands of B&A	3	6	15	£0.00	£0.00	0	0	Project Director Jackie Bremner	Project Manager	-42832	N	M&E consultant has undertaken a review of existing services and also estimated the likely capacity of the plant. A meeting was held on 3rd June. A proposed campus wide resilience strategy was agreed. Oxygen and Heat Resilience SPAR's were considered by AMG at a meeting. Survey work in relation to Oxygen Resilience has been undertaken. The draft report and recommendation will be submitted for discussion in December/January 2016/2017 - NHSG currently working on oxygen resilience which will be completed by February 2017. The campus wide VIE resilience strategy for Oxygen was approved by the Asset Management Group in February 2017.	INDIVIDUALS
47	Risk that Baird & ANCHOR Site become missed by Knownweed pressure contamination	3	3	9	Knownweed strategy for site developed and an initial land treatment plan established.	1	3	3	£0.00	£0.00	0	0	Project Director Jackie Bremner	Project Manager	-42832	N	NHSG has developed a Knownweed Strategy and initial eradication was undertaken in August 2016. Plans for ongoing review and treatment during the coming years to be confirmed.	INDIVIDUALS
44	Ground conditions, bearing pressure contamination	4	5	20	Early SHT's to be carried out to inform design specification.	2	5	10	£0.00	£0.00	0	0	Project Director Jackie Bremner	PSCP	-42832	N	Programme of site investigations now developed and being implemented.	INDIVIDUALS
45	High groundwater table gives detail on north elevation of basement is onerous.	4	4	16	SI to prove	3	4	12	£0.00	£0.00	0	0	PSCP	PSCP	-42832	N	Programme of site investigations now developed and being implemented.	INDIVIDUALS
46	Culvert requires upgrades down the site boundary / Making the culvert design work is difficult. Consents difficult to achieve.	4	4	16	Early Hydraulic model developed to inform design specification.	4	4	16	£0.00	£0.00	0	0	Project Director Jackie Bremner	PSCP	-42832	N	Programme of investigations now developed and being implemented.	INDIVIDUALS
47	Onerous investigations required for flood risk.	6	6	25	Early surveys/design to be carried out.	6	6	26	£0.00	£0.00	0	0	Project Director Jackie Bremner	PSCP	-42832	N	Programme of investigations now developed and being implemented.	INDIVIDUALS
49	Dark ground surveys and investigations - access areas which are not surveyed i.e. areas of existing buildings can not be surveyed.	4	6	20	Early survey work should seek to make assessment close to existing buildings not yet demolished to help inform risk cost.	4	6	16	£0.00	£0.00	0	0	Project Director Jackie Bremner	PSCP	-42832	N	Programme of investigations now developed and being implemented.	INDIVIDUALS
100	Condition of existing steam / service tunnel	5	4	20	Further surveys to be carried out	5	4	20	£0.00	£0.00	0	0	Project Director Jackie Bremner	PSCP	-42832	N	Programme of investigations now developed and being implemented.	INDIVIDUALS
101	Condition of steam main and or depth. Steam main cannot be built over.	3	6	18	Further surveys to be carried out	2	5	10	£0.00	£0.00	0	0	Project Director Jackie Bremner	PSCP	-42832	N	Programme of investigations now developed and being implemented.	INDIVIDUALS
102	Medical gas services inadequate to feed new buildings	5	6	20	Regular design work. Options for SHTM compliance to be agreed with NHSG.	4	6	20	£0.00	£0.00	0	0	Project Director Jackie Bremner	Project Director Jackie Bremner	-42832	N	AMG approved campus wide rather than building specific plan at February 2017 meeting.	INDIVIDUALS
103	Water interceptors may not have sufficient capacity	3	4	12	Resilience in reservoir & public supply	3	4	12	£0.00	£0.00	0	0	Project Director Jackie Bremner	PSCP	-42832	N	Programme of investigations now developed and being implemented.	INDIVIDUALS
104	District heating system not completed to programme / interruptions on supply capacity	3	5	16	Colleagues and Vital Energy to ensure installation of programmes.	2	5	10	£0.00	£0.00	0	0	Project Director Jackie Bremner	Project Manager	-42832	N	Installation underway. Due to be completed (TBC) 2017.	INDIVIDUALS

