



**The Baird Family Hospital**

**and**

**The ANCHOR Centre**

**Foresterhill Health Campus, Aberdeen**

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**Full Business Case**

**APPENDICES**

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January 2020



# **Appendix A**

## **Outline Business Case Approval Letter**

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



Scottish Government  
Riaghaltas na h-Alba  
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Malcolm Wright  
Chief Executive  
NHS Grampian  
Summerfield House  
2 Eday Road  
Aberdeen  
AB15 6RE

22 March 2018

Dear Malcolm

#### **The Baird Family Hospital and ANCHOR Centre – Outline Business Case**

The above Outline Business Case was considered by the Health Directorates' Capital Investment Group (CIG) on 22 March 2018. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit a Full Business Case for this project.

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

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

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

Yours sincerely

A handwritten signature in black ink that reads "Paul Gray".

**Paul Gray**

# **Appendix B**

## **Communication and Involvement Framework**

# **NHS GRAMPIAN**

## **THE BAIRD FAMILY HOSPITAL AND THE ANCHOR CENTRE PROJECT**

### **Communication and Involvement Framework**

Reviewed October 2019

#### **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, and more detail is available from the Project Team, if required. Involvement Action Plans for each building are developed on a 6-monthly cycle; ones produced to date are attached in Appendix 1. The action plans are produced, implemented and reviewed by the Project Communication Team.

The Framework has been informed by discussions with the Project Board and the Scottish Health Council, by adopting written national guidance, and by 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 Aberdeen Maternity Hospital (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 the development of this centre. The new centre will allow new 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, in facilities that support effective and efficient clinical care. Both of the proposed new facilities will be planned on this basis i.e. 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 i.e. 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 the out-patient facilities in the Rotunda, new operating theatres and the £30m+ investment in the 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/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 the current 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 capacity (0.5FTE) 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
- Elected members (City Councillors, MSPs, MPs)
- Local Authority representatives

The areas of engagement have included site option appraisal; clinical workshops; a naming consultation 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; 90+ staff awareness sessions held every six months in Aberdeen and Elgin; project updates to Third Sector organisations; focus groups with patient groups; Appreciative Inquiry workshop on future communication and engagement strategy 30 November 2017; regular drop-in sessions at Foresterhill Health Campus and Dr Gray's in Elgin; and design development meetings with internal stakeholders and the Principal Supply Chain Partner, GRAHAM Construction.

A substantial, separate strand of communication and engagement activity to support the Enabling Works phase took place between August 2018 and July 2019. A separate communication strategy and communication and engagement plan was agreed to govern this activity. All internal and external stakeholders affected by the site preparation works were included in communication and the project proactively attempted to mitigate any adverse impact on patients, the public and colleagues through information tailored to stakeholders' needs. Details of Enabling Works communication are included as Appendix 4.

More details on project Stakeholder Involvement to date can be found in Appendix 5.

## **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 coordinated 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, thereby creating a more patient-focussed model of service delivery.
- In addition, three enabling works had to be completed before construction. These were the re-location and demolition of the Foresterhill Health Centre, the Eye Out-Patient Clinic and the Breast Screening Centre. This work was completed in the course of late 2018/early 2019.

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, appropriate segregation of patient flows on account of sensitivities (e.g. fertility or baby loss services), facilities for family members and visitors, internal and external environment, room and department naming convention, and signage
- Redesign of clinical services and patient pathways of care
- Fundraising involving public and Third Sector 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 6a and 6b). Two separate Stakeholder Analyses were produced due to the different stakeholders, and therefore different engagement needs, for the two

developments. These involved gathering 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.

As people's interest and influence in the project changes over the life of the project, the original Stakeholder Analyses have been reviewed regularly (most recently in October 2019).

A Benefits 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 service redesign agenda continue to be worked on by the Project Team, and 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 the project's public involvement and communication framework meets Government standards. However, as attendance at these hospital-based groups was variable, an additional approach of attending established Third Sector groups was also adopted from March 2016 onwards to ensure a high volume of public input. This continues to be the main communication strategy.

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 (approved in March 2018)
- Detailed Design of Building (2018 – 2019)
- Full Business Case (end 2019)
- Construction (early 2020)

- Commissioning of buildings (2022 – 2023)

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](http://www.bairdanchor.org)
- Newsletters
- Staff awareness sessions and open drop-in sessions
- Talks to patient and community groups
- 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 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 design and planning for food, beverage and other retail facilities in both buildings

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. It is also envisaged that the project will be included when other related NHS Grampian public consultation activities are being undertaken, e.g. Foresterhill Health Campus wide developments such as the Transport Hub (multi-storey car park), Keyworker Housing and the re-provided Foresterhill Health Centre. Subsequent action plans will detail this involvement.

## **9. Following National Guidance**

Support from the Corporate Communications Team, including a 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 and setting 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 7a and 7b). The Scottish Health Council representatives agreed in letters 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 8a and 8b. A Health Inequalities Impact Assessment was also 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, evidenced in its 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 9).

## **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 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 was 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. This plan has been updated for the Full Business Case.

### **List of Appendices**

Appendix 1: Involvement Action Plan

Appendix 2: Project Board Membership and Remit

Appendix 3: Project Structure

Appendix 4: Enabling Works communication Strategy and Action Plan

Appendix 5: Stakeholder Involvement to Date

Appendix 6a: Stakeholder Analysis (The Baird Family Hospital)

Appendix 6b: Stakeholder Analysis (The ANCHOR Centre)

Appendix 7a: Major Service Change Questionnaire (The Baird Family Hospital)

Appendix 7b: Major Service Change Questionnaire (The ANCHOR Centre)

Appendix 8a: Letter from the SHC confirming no major service change  
(The Baird Family Hospital)

Appendix 8b: Letter from the SHC confirming no major service change  
(The ANCHOR Centre)

Appendix 9: National Standards for Community Engagement

The Baird and ANCHOR Project Team October 2019.



# **Appendix C**

## **The ANCHOR Centre Stakeholder Analysis**

# THE BAIRD FAMILY HOSPITAL AND ANCHOR CENTRE PROJECT

## STAKEHOLDER ANALYSIS

Updated October 2019

### THE ANCHOR CENTRE

#### **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, e.g. Aberdeen City Council Planning Department

Local elected members for Midsocket/Rosemount ward

NHS Grampian Engagement and Participation Committee

#### **MANAGE**

**Key stakeholders who should be fully engaged through full communication and consultation**

#### **Internal**

ANCHOR Staff

Clinical Support Services Operational Group

Infection Prevention and Control Team

Pharmacy

Board of NHS Grampian

NHSG B&A Project Board

Asset Management Group (AMG)

All departments directly affected by the Enabling Works

#### **External**

Grampian Fire and Rescue Service

Scottish Ambulance Service (SAS)

Capital Investment Group, SGHSCD

University of Aberdeen (site joint owner)

Health Facilities Scotland (HFS)  
Architecture + Design Scotland (A+Ds)  
Community Councils  
Scottish Futures Trust (SFT)  
Civil Aviation Authority (CAA)  
CLAN drop off bus for Radiotherapy Centre  
Helicopter operators  
Bus companies (First Bus/Stagecoach) regarding Enabling Works/temporary road closure  
Taxi companies  
Foresterhill Health Centre management and HSCP leads based at the centre regarding the Enabling Works  
Blood Transfusion Service regarding the Enabling Works

## **INVOLVE**

**Voices need to be heard, eg patients. You may need to take pro-active steps by organising them into groups or active consultation work.**

### **Staff: Direct**

Research Educators  
Nurses  
Non-clinical staff  
Admin staff  
Medical staff  
Radiotherapists  
Pharmacy  
Psychology  
Radiology  
Medical Equipment Management Service  
Facilities Management/Portering

### **Staff: Indirect**

Allied Health Professionals (AHPs)  
Finance  
Labs  
Central Decontamination Unit (CDU)  
Transport Overview Group  
District Nurses  
General Practitioners (GPs)  
Chaplaincy  
Central Stores

E-Health  
Infection Prevention and Control

### **Public / Patient Groups**

Disability Access Panels  
Public Representatives – including groups and individuals from Orkney and Shetland  
Local residents

### **Committees/Groups/Third Sector**

Grampian Area Partnership Forum (GAPF)  
Cancer MCN (Managed Clinical Network)  
Clinical Advisory Committees  
Scottish Health Council  
Other Health Boards (Orkney, Shetland, Tayside, Highland)  
Health Facilities Scotland (HFS)  
North of Scotland Planning Group (NOSPG)  
North Cancer Alliance  
NHS Education for Scotland (NES)  
Friends of ANCHOR  
Grampian Hospital Arts Trust (GHAT)  
NHSG Endowments  
Teenage Cancer Trust  
UCAN – Urological Cancer Charity  
Grampian Cancer Partnership Group  
Maggie's Aberdeen and associated support groups  
PINK – People In Need of Kindness  
CLAN Cancer Support  
Macmillan Cancer Support  
Myeloma Awareness Group  
CLIC Sargent  
Leukemia Care UK

### **INFORM/MONITOR**

**Not crucial to the process but useful to keep informed.**

Press  
Education (Schools)  
Public/Visitors/Patients – Grampian and Northern Isles, Highland and Tayside  
Local Businesses  
Public Sector organisations (e.g. Police)  
Robert Gordon University (RGU)

# **Appendix D**

## **The Baird Family Hospital Stakeholder Analysis**

# THE BAIRD FAMILY HOSPITAL AND ANCHOR CENTRE PROJECT

## STAKEHOLDER ANALYSIS

Revised October 2019

### THE BAIRD FAMILY HOSPITAL

#### **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  
Royal College of Midwives (RCM) and Local Supervisor Midwifery Officer (LSMO)  
MSPs  
Partner Boards – Orkney, Shetland, Highland and Tayside  
Local Authorities e.g. Aberdeen City Council Planning Department  
Capital Investment Group, Scottish Government Health and Social Care Directorate (SGHSCD)  
Local elected members for Midsocket/Rosemount ward  
NHS Grampian Engagement and Participation Committee

#### **MANAGE**

**Key stakeholders who should be fully engaged through full communication and consultation**

#### **Internal**

Senior Obstetrics and Gynaecology Advisory Committee (SOGs)  
All Baird Staff  
Women's and Children's Operational Group  
Infection Prevention and Control Team  
Pharmacy  
Board of NHS Grampian  
NHSG Project Board  
Asset Management Group (AMG)  
All NHSG departments directly affected by the Enabling Works

#### **External**

Grampian Fire and Rescue Service

Scottish Ambulance Service (SAS)  
Capital Investment Group, SGHSCD  
University of Aberdeen (site joint owner)  
Health Facilities Scotland (HFS)  
A+DS – Architecture + Design Scotland (A+DS)  
Community Councils  
Scottish Futures Trust (SFT)  
Civil Aviation Authority (CAA)  
Human Fertilisation and Embryology Authority (HFEA)  
Helicopter operators  
Bus companies (First Bus/Stagecoach) regarding Enabling Works/temporary road closure  
Taxi companies  
Foresterhill Health Centre management and Health and Social Care Partnership (HSCP)  
leads based at the centre regarding the Enabling Works  
Blood Transfusion Service regarding the Enabling Works

## **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.**

### **Staff: Direct**

Pre-assessment team  
Anaesthetic Staff  
Clinics : Women's Day Clinic, Clinic E  
Breast Screening  
Pregnancy counselling services  
Research Educators  
Neonatal team  
Midwives/Nurses  
Non-clinical staff  
Admin staff  
Prosthetic Advisors  
Specialist Nurses and Midwives  
Medical staff  
Radiology  
Facilities staff  
Theatre staff teams (ARI and AMH)  
Perinatal mental health  
Facilities Management/Portering

### **Staff: Indirect**

Mental health  
Allied Health Professionals (AHP's)  
Medical Physics  
Clinic D  
Finance  
Mortuary  
Labs  
Central Decontamination Unit (CDU)  
Transport Overview Group  
District Nurses/Community Midwives  
General Practitioners (GPs)  
Radiology  
Central Stores  
E-Health  
Theatre User Group  
Social work

### **Public / Patient Groups**

Disability Access Panels  
Public Representatives – including groups and individuals from Orkney and Shetland  
Local residents

### **Committees/Groups/Third Sector**

Grampian Area Partnership Forum (GAPF)  
Clinical/Advisory Committees  
Senior Staff Committee Child Health  
Scottish Health Council  
Other Health Boards (Orkney, Shetland, Tayside, Highland)  
Health Facilities Scotland (HFS)  
National Services Division (NSD) Breast Screening Service  
North of Scotland Planning Group (NOSPG)  
Regional Children's Planning Group  
Neonatal Regional Steering Group  
NHS Education for Scotland (NES)  
The ARCHIE Foundation and Friends of Neonatal Unit  
Grampian Hospital Arts Trust (GHAT)  
NHSG Endowments  
Maternity Voices Partnership (MVP)  
National Childbirth Trust (NCT)  
Infertility Network UK

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  
Miscarriage Information and Support Service (MISS)  
Patients from remote mainland areas or islands

## **INFORM/MONITOR**

**Not crucial to the process but useful to keep informed.**

Media  
Education (Schools)  
Public/Visitors/Patients – Grampian and Northern Isles, Highland and Tayside  
Local Businesses  
Public Sector organisations (e.g. Police)  
Robert Gordon University (RGU)



# **Appendix E**

## **Communication and Involvement Action Plan to December 2019**

**The Baird Family Hospital and The ANCHOR Centre Project**

**Communication and Involvement Action Plan**

**April – December 2019**

<b>Actions</b>	<b>Timescale</b>	<b>Lead</b>	<b>Complete</b>
Online survey to capture Aberdeen Maternity Hospital Islands Accommodation user experiences.	March/April 2019	AR	✓
Continue to publish a quarterly newsletter.	May, August 2019	AR	✓
Provide a project drop-in session at Summerfield House.	16 April 2019	AR	✓
Provide a project update to BRAVE volunteers.	17 April 2019	LAB	✓
Information shared at NHSG Quality event.	30 April 2019	GT/LAB/AR	✓
Volunteer at BRAVE fundraising fashion show for Friends of ANCHOR	10 May 2019	LAB/GT	✓
Volunteer at Courage on the Catwalk fundraising fashion shows for Friends of ANCHOR.	11-12 May 2019	GT/LAB	✓
Visit Balfour project team in Orkney.	14 May and 17/18 October 2019	GT/LAB/NN	✓
Attend the University of Aberdeen Development Trust Donor Day with a project stand.	26 May 2019	GT/LAB	✓
Attend the NHS Scotland Event at Glasgow with poster highlighting the partnership working with Aberdeen Sands on the Bereavement Suite at BFH. Poster entered for the Transformational Change Award, eventually being a finalist and placing in the top 6 of the Person-Centred category.	30-31 May 2019	AR	✓

Attend the Bridge of Don Discussion Group with a project update.	31 May 2019	GT	✓
Participate in 'What Matters to You Day'.	June 2019	GT/LAB/AR	✓
Support SANDS fundraising events.	7 June 2019/15 September 2019	GT	
Visit NHS Highland with a project update.	14 June 2019	GT	✓
Provide a project update to UCAN.	18 June 2019	LAB, AR	
Provide a project update to the School of Nursing and Midwifery meeting, RGU.	26 June 2019	GT	✓
Nominate Sands Aberdeen for Corporate Partnership category in the Celebrate Aberdeen Awards 2019. The Baird Family Hospital project and SANDS made it to the final three and at the event held on the 14 <sup>th</sup> of September 2019, won in the category of Corporate Partnership of the year.	June 2019	GT, AR	✓
Keynote presentation at University of Aberdeen patient partner programme event.	11 July 2019	GT	✓
Update Friends of Neonatal Unit Committee.	10 October 2019	GT	✓
Promote the Baird Project at the Neonatal Unit event held on 17 November 2019 in celebration of World Prematurity Day	17 November 2019	GT	✓
Present at the Newly Qualified Midwives event held on 28 November 2019	28 November 2019	GT	✓
Continue to participate in regular fundraising meetings with Friends of ANCHOR, The ARCHIE Foundation, The University of Aberdeen Development Trust and NHS Grampian Endowment Fund.	Ongoing	GT, LAB	✓



# **Appendix F**

## **Summary of Communication and Involvement to December 2019**

# **The Baird Family Hospital and The ANCHOR Centre Communication and Involvement Activity**

**August 2015 – December 2019**

## **Summary Report**

### **1) Introduction**

This report summarises the communication and involvement activity relating to The Baird Family Hospital and The ANCHOR Centre Project which took place between August 2015 and December 2019.

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

A Stakeholder Analysis exercise was 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 Involvement Action Plans for each building, continue to guide the project's communication and engagement activities and are regularly reviewed and updated.

The stakeholder analysis and the Framework were reviewed and updated in June 2016, June 2017, August 2018, February 2019, October 2019 and December 2019.

### **2) Information**

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

Fourteen Newsletters were written and distributed between August 2015 and June 2019 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 the Newsletter have also been made available at all project events.

Project information has been made available for staff, with dedicated intranet pages for both buildings available since November 2015.

The project has had a social media presence with dedicated Facebook and Twitter accounts since October 2015. The Facebook page currently has over 1348 likes and nearly 1392 follows, while the Twitter account has around 351 followers. Two successful social media campaigns were organised in 2018 to raise the profile of the project. The first one, #70forNHS70, ran for 70 days from 27 April to 5 July 2018 to mark the 70<sup>th</sup> anniversary of NHS Scotland. The

second one, #12daysofXmas, ran for 12 days in December 2018 in the lead up to Christmas. A dedicated project website was also launched in October 2016. Simple project flyers, 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, were distributed at early project events between October 2015 and



ANCHOR flyer  
May2016.docx



Baird flyer May  
2016.docx

August 2016.

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. The brochure was updated to include final-stage artists'



180157 Baird and  
ANCHOR booklet.pdf

impressions of the buildings in September 2018.

Emerging designs for both buildings have been made available 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, June 2017, June 2018, March 2019 and April 2019.

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 architects Norr were present to discuss the project with attendees.

A permanent project display with information is set up at the project offices in the Rosehill Annexe, Foresterhill Health Campus.

### **3) Public representatives**

Communication and Involvement Groups for both projects 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 in these groups varied and was not felt to be the best way to communicate. The decision was therefore taken to limit the frequency of the 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. Going out to stakeholders rather than expecting them to come to the project team 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 and the Grampian Maternity Voices Partnership which meet 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 have focussed on support with project communication and involvement to help inform the plans and designs for both buildings. Involvement and communication opportunities continue during the final design stage and the approaching construction phase as detailed in the Framework document. More focus has also been given to communication and involvement around fundraising from early 2018 onwards. Below are examples of Third Sector partnerships and involvement for each facility.

##### The ANCHOR Centre

- Friends of ANCHOR

The Friends of ANCHOR have invited the project team to speak to models participating in their 'Courage on the Catwalk' fundraiser event during rehearsals for four years in a row – in March and July 2016, April 2017 and 2018 and March 2019. The project team has engaged with nearly 150 women, both service users and their family members, since 2015.

In previous years, the project team has given a presentation to Courage models and carried out focus groups. Some of the focus groups in previous years have 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 teams so that changes can



COTC alumni focus group July report FIN  
COTC focus group report FINAL.docx

be implemented at present where possible.

In 2019, a presentation was followed by a Question and Answer session with the project Clinical Lead Professor Mike Greaves and Project Nurse Carolyn Annand.

On 10 July 2016 and 5 March 2017, project team members 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 the March event. All gave their views about the services and



Men's vision  
breakfast 10 July 201

how these could be improved in The ANCHOR Centre.

The Project team carried out a focus group and gave a presentation to the male BRAVE models at their fundraiser event rehearsals in April 2018. In April 2019 a project presentation was followed by a Question and Answer format with Clinical Lead Professor Mike Greaves and Project Nurse Carolyn Annand.

Project team members also raised the profile of the project by volunteering at both the Courage and the BRAVE events in May 2018 and 2019.

A project display was available 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 act as the lead fundraiser for The ANCHOR Centre. The project team are active in the project fundraising steering group. A fundraising booklet, ANCHORed Together, was produced by Friends of ANCHOR in Autumn 2018 with project input.

- 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 'CLAN Gathering' in February 2016. The ANCHOR Centre Service Project Manager Louise Budge gave presentations at the CLAN Support Volunteers' monthly meetings in April 2017 and 2018.

In September 2016, CLAN invited the ANCHOR team 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, or adverse weather causing 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.

A project update was delivered at CLAN Inverurie Community Coffee Morning in February 2018 and the project team also visited CLAN Crimond in March 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 was gathered regarding, for example, the needs of neutropenic patients who wish to avoid crowds.

Maggie's also put the project team in touch with support groups further away from Aberdeen, such as the Buckie Cancer Link where project updates were delivered in September 2016 and 2018.

Maggie's has continued to host project updates for their services users and invited the project team to present to groups such as the PINK (People In Need of Kindness) breast cancer support group in March 2017 and the Haematology Networking Group in May 2017 and March 2019.

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

- Teenage Cancer Trust

To find out more about young people's care needs, a delegation from The ANCHOR Centre Project Team visited three Teenage Cancer Trust Units in Glasgow and Edinburgh 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.

The Teenage Cancer Trust also organised for the project team to give a presentation about the planned facilities at the Stuart Andrew Lawtie Conference in May 2016.

The project team continued to engage with the Teenage Cancer Trust in 2017 to discuss their role and engagement in the project. Project team colleagues were invited to the May 2018 launch of the Teenage Cancer Trust support services in NHS Grampian.

The project team held a focus group with 7 teenage and young adult patients at Aberdeen Maggie's Centre in February 2019, facilitated by the Teenage Cancer Trust Clinical Nurse Specialists.

- 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 project Public Involvement Officer also established contact in October 2017 with the Macmillan North of Scotland engagement lead to discuss possible areas of joint working.

Regular updates have been given at The Grampian Cancer Partnership Group.

- Urological Cancer Charity (UCAN)

Project updates were delivered at UCAN meetings in June 2016 and 2019.

- Aberdeen Myeloma Awareness Group

A project update presentation was delivered to the Aberdeen Myeloma Awareness Group in April 2017 and September 2018. The presentation was also accessed by Shetland and Orkney Myeloma Awareness Groups via video conferencing.

The project team also attended the Myeloma Awareness event organised by the group in June 2018.

- Pancreatic Cancer Scotland

Project team members met with the Pancreatic Cancer Scotland Development Manager in March 2019 to discuss the project and possible ways of working together in the future.

## **The Baird Family Hospital**

- Stillbirth and Neonatal Death Charity (Sands)

Sands have been involved in the project from the early 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 reference 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 in August 2016.

Sands Committee have been actively involved in the design development of the 1:200 drawings of the Bereavement Annexe from the first half of 2017, with dedicated sessions in February and June. This improvement is ongoing.

Aberdeen Sands, with Banff and Buchan Sands, were involved in a dedicated workshop in February 2018 to discuss equipment and furnishings in the Bereavement Annexe. A meeting was also held in June 2018 to discuss the development of terraces from the Bereavement Suite bedrooms.

The project team supported Aberdeen Sands with their Random Acts of Kindness initiative during the Baby Loss Awareness Weeks in October 2018 and October 2019.

A poster titled 'Small details mean a great deal: Working with Sands to improve care for bereaved families in The Baird Family Hospital', highlighting the project team's partnership working with Sands, was successfully entered for the NHS Scotland Event in May 2019 and was shortlisted as a finalist in its category.

The Baird Family Hospital and Sands were delighted to win The Corporate Partnership of the Year at the Celebrate Aberdeen awards in September 2019.

- Friends of the Neonatal Unit (formerly Friends of the Special Nursery)

The Friends of the Neonatal Unit, part of The ARCHIE Foundation, 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 reference designs in March 2016 with useful positive feedback.

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 Islands patients having their babies stay in the Neonatal Unit in Aberdeen.

Members of the Committee attended a Maternity Services Liaison Committee meeting 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.

The project team attended a meeting of The Friends of Neonatal Unit Committee on the 10<sup>th</sup> of October 2019 to provide a project update.

A project information display was included as part of the Friends' World Prematurity Day Family Events in November 2017 and 2018 and also at the most recent event held on Sunday 17<sup>th</sup> of November 2019.

- The ARCHIE Foundation

The ARCHIE Foundation has been involved from the early stages of the project and will be the lead charity supporting The Baird Family Hospital.

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

A project update was delivered to the ARCHIE Board in September 2016. ARCHIE continue to engage with the project via the bi-monthly fundraising group.

The Friends of the Special Nursery became part of The ARCHIE Foundation in 2016 and has been re-named Friends of the Neonatal Unit. The two charities will act as fundraising leads for The Baird Family Hospital.

- 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 was 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 since 2017.

A meeting to discuss the project and joint working in the future took place in March 2018.

- Miscarriage Information Support Service (MISS)

A meeting to discuss the project and joint working in the future took place in March 2018.

A project update was delivered to the MISS Committee in July 2019.

- Grampian Maternity Voices Partnership (formerly Maternity Services Liaison Committee or MSLC)

The Grampian Maternity Voices Partnership 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 committee's name was changed in March 2019.

The project team have attended the GMVP 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 GMPV dedicated their quarterly meeting for a detailed review of the emerging 1:200 floor plans.

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

Quarterly project updates to the GMPV have continued throughout 2018 and into 2019. The membership were also consulted on potential names for the 'Sanctuary' space in The Baird Family Hospital in 2018.

## 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. 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 gathered on existing reference design plans.

A second round of staff awareness sessions, this time to 90+ clinical and non-clinical teams was completed between late 2017 and early 2018.

The most recent staff awareness sessions for approximately 100 staff groups



Staff Awareness  
Sessions Log - FBC.xl

were carried out in early 2019.

Two events were held in May 2016 in Elgin to update Moray Acute Service and Moray HSCP colleagues and further days will be planned to be held in Dr Gray's Hospital to communicate with acute clinical colleagues.

Three sessions providing members of the NHS Senior Leadership Group, Acute Senior Leadership Group and NHSG Board Members were held in 2016 and proved to be successful in raising awareness about the project.

The NHS Grampian Chief Executive at the time, Mr Malcolm Wright, and the NHS Grampian Chairman, Professor 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 been branded as 'exemplary' by Yvonne Summers, Quality Manager at Scottish Government.

Paul Gray, Director-General Health and Social Care and Chief Executive of NHSScotland 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 about the communication and engagement activities carried out in the project.

## **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, 2018 and 2019
- 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, October 2017 and April 2019
- NHS Grampian Public Involvement Network Event, October 2016
- Health and Wellbeing Event for People Living with Cancer, March and September 2017
- Oncology Educational Event, May 2018
- NHS Grampian Quality and Safety in Healthcare Event, April 2018 and April 2019.

## **7) Community Groups**

Project awareness sessions were delivered to The Discussion Group at the Bridge of Don Community Centre in Aberdeen in May 2018 and 2019 following invitation from the group.

The Aberdeen Probus Club invited the project team to speak at their monthly meeting in November 2018.

## **8) 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 reference designs for the new developments. Meetings were also held with representatives from Sands and Friends of the Special Nursery. BBC Radio Shetland interviewed the team and the visit was well publicised in the project social media pages.

In Orkney, the team met with NHS Orkney clinical and management colleagues as well as service users and representatives from CLAN, Macmillan and Friends of the Special Nursery. BBC Radio Orkney interviewed the team and the visit was again prominently featured in the project social media pages. The Orcadian, a local newspaper, also ran a story on the project, extensively quoting Louise 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 patients currently using the accommodation and to get their thoughts on the Baird reference design.

The project team visited Orkney again in June 2018 and Shetland in October 2018. Further visits to Orkney were also held in May and October 2019 to engage with the Balfour project team.

## **9) Neighbouring NHS Boards**

Visits to Tayside and Highland in 2015

Further visits were organised to Tayside in July 2018 and Highland in 2019.

## **10) Health and Social Care Partnerships (HSCP)**

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 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 with the project. Members of the Moray IJB attended some of 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.

Engagement with the IJB's will continue to be a feature of future communication.

## **11) University of Aberdeen and Robert Gordon University**

A Campus Development Forum to allow ongoing dialogue between NHS Grampian and the University of Aberdeen regarding all site developments over the next 5 years was set up in August 2015. This group meets every 6 weeks to discuss issues of mutual interest and provide progress updates on all inter-related activities.

The project team participated in the launch of the Centre for Women's Health Research in March 2018, and in the first anniversary event in March 2019 in conjunction with The University of Aberdeen Development Trust. The project team also participated in the Donor Day for the Development Trust in May 2019.

The project team had a stall at the Robert Gordon University Midwifery Student Conference in May 2016 and 2018.

Project updates were also delivered to the School of Nursing and Midwifery in May 2018 and June 2019.

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.

## **12) Scottish Health Council**

The project team has kept the local office of the Scottish Health Council (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 the SHC in June 2016, November 2017 and February 2019. The local team has commended the project on their approach to public and staff involvement and communication.

A project update was also delivered to the SHC team and community representatives in Shetland via video conference in March 2018.

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

## **13) National events**

A poster on the project team's collaboration with Sands was displayed at the NHS Scotland Event in May 2019 and was shortlisted as a finalist in the event's poster competition.

#### **14) 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 was entering 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 were, 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 the future.

#### **15) Fundraising**

The project team participate in the Fundraising Steering Group, as well as other meetings with the key fundraising partners, 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 between all partners was held on 27 November 2017.

Workshops to explore fundraising opportunities in different areas of the two new facilities were held in June 2018.

A joint fundraising campaign launch, Delivering the Difference, was held on 31 October 2018. A public launch event took place in the Bon Accord Centre, Aberdeen, with NHS Grampian Endowments, Friends of ANCHOR, Friends of Neonatal Unit, The ARCHIE Foundation, The University of Aberdeen Development Trust and project team colleagues in attendance all day. An invitation-only event for major donors took place in the evening at The Chester Hotel, Aberdeen.

#### **16) Patient surveys**

Between March 2018 and April 2019, the project team carried out a series of patient experience surveys with the following Baird and ANCHOR services:

- Breast Service
- Gynaecology Service
- Maternity Service (women and partners)
- Neonatal/Transitional Care
- Islands Accommodation for Aberdeen Maternity Hospital
- Haematology and Oncology Treatments
- Haematology and Oncology Outpatients
- Teenage and Young Adult service users (focus group)

These have been done to establish a baseline of patient experience (including last three years for some services) which will act as a comparison point for the Post Project Evaluation. This will enable the project team to assess, once the project is finished, whether the Benefits Realisation Plans for each building were successfully implemented.

## **17) Enabling Works**

Internal and external stakeholder engagement was carried out between August 2018 and July 2019 as set out in the project Enabling Works communication strategy. From the start of works in November 2018, this included weekly staff briefings alongside construction colleagues, and the production of publicity materials with maps for Royal Aberdeen Children's Hospital, Radiotherapy Centre and Blood Transfusion staff and patients/donors.

A high volume of staff, patient and general public communication was also provided about the Foresterhill Road closure which started on 25 March 2019 for 8 weeks. This included sharing maps of alternative vehicle routes and safe pedestrian routes, dedicated communication to Foresterhill Health Centre patients, drop-in sessions at ARI main entrance, sharing information on bus route and timetable changes, press releases and social media posts.

## **18) Turf cutting ceremonies**

Formal turf cutting ceremonies to mark the start of the building work were held for both facilities on 18 December 2018. Patient representatives from both Baird and ANCHOR services were identified to cut the first turf.

## **19) 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 2019. These activities have made use of a wide range of communication methods and captured a wide demographic of service users, their families/carers and the general public.

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.

**The Baird and ANCHOR Project Team**  
December 2019



# **Appendix G**

## **NHSScotland Design Assessment Report**

**To follow when available.**

# **Appendix H**

## **The ANCHOR Centre Benefit Register**

**The ANCHOR Centre – Benefit Register  
Full Business Case December 2019**

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.	Treatments –  96%  Outpatients –  93%	(2023/24)  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.	Focus group Feb 2019 (6 young people) – no positive comments made of current ward environment.	(2022/23)  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)	(2023/24) Excellent 100% A-B	5
4	Improves the quality of the healthcare estate.	Quantitative	Proportion of ANCHOR spaces categorised as either A or B for quality facet.	Poor 59% A-B 41% C-D (2015)	(2023/24) Excellent 100% A-B	5
5	Reduces the age of the healthcare estate.	Quantitative	Proportion of NHSG estate less than 50 years old.	(2015) 61%	(Predicted 2022) 71%	4

			Proportion of ANCHOR buildings less than 50 years old.	32%	100%	
6	Safe production and delivery of cancer treatments.	Qualitative	<p>Compliance with the Medicines Act of 1968, Human Medicines Regulations of 2012 and MHRA Good Manufacturing Practice.</p> <p>Compliance with requirement of external aseptic audits and audit programme overseen by HIS for CEL30 SACT compliance.</p>	External audit reports demonstrating compliance and available if required (January 2019)	Continuing compliance as the legislative and professional requirements continually evolve	5
7	Reduces Healthcare Associated Infection.	Quantitative	Percentage prevalence in ARI (local rates where possible)	2018 data (out-patients) - last reported cases of	Baseline data levels maintained or improved	5

				<p>Staphylococcus Aureus Bacteraemia (SAB):</p> <p>Haematology – April 2018</p> <p>Oncology – no reported cases</p> <p>Clostridium Difficile:</p> <p>Haematology – no reported cases</p> <p>Oncology – no reported cases</p>		
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8	Reduces backlog maintenance.	Quantitative	Reduction in backlog maintenance burden in relation to accommodation associated with delivery of out- and day-patient oncology and haematology services.	Circa £1.4m  £1.5m+ in Phase 1, ARI (new EOPD location)	£0	4
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.	Treatments – 67% patients seen on time  Outpatients - 37% seen on time	(2023/24)  90%	5
10	Good teaching and learning, creating competent	Quantitative	Undergraduate and postgraduate students report a good learning experience	University of Aberdeen and Robert Gordon student surveys (source: UoA	High level of satisfaction with teaching facilities reported	4

	practitioners delivering optimal care.			and RGU annual student surveys)		
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.	Treatments – 93% received this Outpatients – 79% received this	(2023/24) 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	(2023/24) 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"> <li>diagnosed at Stage 1</li> <li>stage not known.</li> </ul>	(2013 and 2014 combined)  20.2%  14.3%	(2023/24) consistent with Scottish Average.  Currently:  24.7%  5.4%	5
15	Increased level of staff engagement.	Qualitative	Percentage of staff who say they would	75% agrees their organisation is a	(2023/24) 80%	4

			recommend their workplace.	good place to work in.		
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).	78.5% agrees their team works well together.  (2014) 6.81%	(2023/24)  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.	Existing 17 clinic rooms are currently over utilised, placing restrictions of number of clinics that can be held.	(2023/24)  Increase total number of clinic rooms (Consulting Suite and Treatment Suite) to 23 and all being	5

					utilised at a minimum of 80% capacity	
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%	(2023/24) 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	(2022/23) target scores of between 5.1 and 6.0	5
20	Reduces carbon emissions and energy consumption.	Quantitative	Reduction on CO <sub>2</sub> emissions and energy consumption for Foresterhill Health Campus.	(2015) Foresterhill Heath Campus: Total:	(2023/24) predicted ANCHOR Centre: Total:	4

				799.84 KWh m <sup>2</sup>	200 KWh m <sup>2</sup>	
				Electric:	Electric:	
				119.51 KWh m <sup>2</sup>	80 KWh m <sup>2</sup>	
				62.02 Kg CO <sub>2</sub> m <sup>2</sup> (building standards)	41.52 Kg CO <sub>2</sub> m <sup>2</sup> (building standards)	
				55.23 Kg CO <sub>2</sub> m <sup>2</sup> (DEFRA standards)	36.92 Kg CO <sub>2</sub> m <sup>2</sup> (DEFRA standards)	
				Gas:	Heat:	
				690 kWh m <sup>2</sup>	120 KWh m <sup>2</sup>	
				149 Kg CO <sub>2</sub> m <sup>2</sup> (building standards)	25 Kg CO <sub>2</sub> m <sup>2</sup> (building standards)	
				127.27 Kg CO <sub>2</sub> m <sup>2</sup> (DEFRA standards)	22 Kg CO <sub>2</sub> m <sup>2</sup> (DEFRA standards)	

				Suggested EPC rating: C = 31-45 Kg CO <sub>2</sub> m <sup>2</sup>	
21	Community Benefits are included in Appendix Z				3

# **Appendix I**

## **The Baird Family Hospital Benefit Register**

**The Baird Family Hospital – Benefit Register  
Full Business Case December 2019**

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</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

				patients/week) (source: NHSG local clinical audit)		
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>	Quantitative Parent satisfaction surveys	Analysis of babies who clinically could receive parent-led care but are currently cared for in the NNU	<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>6 women with baby in NNU (as no TC</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>	5

	Maternity – appropriate use of Baird Patient Hotel to support Island families	Qualitative Patient satisfaction surveys	Satisfaction surveys with families  Surveys with women to measure satisfaction with service	available) spoken to in December 2018, all very unhappy with separation.  2019 survey - 47 questionnaires returned; high level of dissatisfaction reported especially with lack of en-suite bathrooms, uncomfortable beds, small rooms, no disabled access/lift and no WiFi.	All women from rural areas stay in the Patient Hotel, where clinically 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	2014 data:  Gynaecology – 2.7 days	Future aim:  Gynaecology – 2.3 days	5

			ambulatory care services	Breast – 3.5 days  (source: ISD)	Breast – 3 days	
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 2024	2015 data:  Maternity – 100% of patients are currently pre-assessed  Gynaecology – 50%	Future aim:  100% for all specialities	5

				Breast – 40%  (source: ISD)		
6	Increased rates of admission on day of surgery (AODOS)	Quantitative	Analysis of AODOS figures in 2015 and then in 2024	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 to internal corridor journeys in future	Neonates – journey to RACH can take 60 minutes (up to 2 hour return wait)  Maternity – journey to ARI can take 60 minutes. For Imaging visits, journey/appointment	Neonates – future target journey of 15 minutes  Maternity – future target journey of 15 minutes	5

				for staff and woman can take up to 5 hours  (source: NHSG local clinical audit)		
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, compare with future numbers in the Baird	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

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

			will promote parenting and bonding			
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	Quantitative Patient satisfaction survey	Surveys with women to measure satisfaction with service and increased choice for birth location.	2019 survey (225 women). 50% reported they were offered a choice on place of birth. 85.8% reported the location of their antenatal care was convenient. 59.7% of women reported they had enough information to make an informed choice.	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	Patient satisfaction surveys	Provision of Patient Hotel, survey women to assess satisfaction	Inadequate hotel provision currently, patient survey was carried out early in	95% of women using this facility report satisfaction	4

	from remote and rural areas stay appropriately in Patient Hotel rather than hospital in-patient bed)			2019 (refer to Number 2 for details) .		
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 was maintained at all times	2019 survey results: Antenatal care 68.1% Labour and birth 74.3% Breast 92% Gynae 82%	95% satisfaction levels	5
14	Facility to improve safety of environment for patients, visitors and staff	Quantitative (by design)	Design to ensure safety of environment for women, patients, babies, staff and visitors	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	5

		Patient satisfaction surveys	Families report satisfaction with safety and security facilities	2019 survey – Maternity 80.5%	safety and security facilities	
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  2019 survey: Maternity – 31.9% of women did not feel supported in this respect; referenced the lack of segregation of patient flows.	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	Quantitative (by design)	Design of facility includes this service, continuing	Currently inadequate	Women surveyed who wished to use this facility report	5

	tertiary level of care e.g. birthing pools	Patient satisfaction survey	ability to provide care for women from North of Scotland	provision of birthing pools.  2019 survey - 10.2% of surveyed women were able to use the pool.	that it was available to them as part of their birthing plan	
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.	2019 surveys: Maternity 62.4% Breast 73% Gynae 82%	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	Analysis of Q1 2015 data (90 working days):  82 scheduled cases were completed outwith the elective theatre session,	No women unnecessarily postponed for elective section unless clinically indicated	4

			<p>the provision of dedicated obstetric emergency theatre in Baird</p> <p>Cessation of women needing to receive Stage 1 recovery in the Birthing Suite as this will be provided in theatres</p>	<p>with 12 women postponed until the following day</p> <p>(source: NHSG local clinical audit)</p>		
19	Increase participation in clinical trials across women and neonatal services	Quantitative	Analysis of current participation against future participation in new facility	<p>Approximately 5% of patients are currently recruited to clinical trials</p> <p>(source: NHSG local clinical audit)</p>	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	Future aim 80% of patients to be recruited to clinical trials	4

				(source: NHSG local clinical audit)		
21	Reduced Healthcare Associated Infection rates (rates already very low, potential for service to look to reduce antibiotic use)	Quantitative	Analysis of current HAI rates against future rates in the new facility	2014 data - last reported cases of Staphylococcus Aureus Bacteraemia (SAB): Gynaecology – October 2012 Neonatology – December 2014  Clostridium Difficile: Gynaecology – July 2010 Maternity – no reported cases	Baseline data levels maintained or improved	5
22	Good teaching and learning environment created to support the existing culture of	Quantitative	Undergraduate and postgraduate students report a	University of Aberdeen and Robert Gordon student surveys	High level of satisfaction with teaching facilities reported	4

	learning, creating competent practitioners delivering optimal care		good learning experience	(source: UoA and RGU annual student surveys)		
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  Functional suitability facet  Quality facet	Poor  23% A-B 77% C-D  Poor 42% A-B 58% C-D  Poor 41% A-B 59% C-D	Excellent  100% A-B  Excellent 100% A-B  Excellent 100% A-B	5

				(source: NHSG Asset Management Plan)		
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 associated financial burden	Quantitative	Reduction in backlog maintenance burden in relation to accommodation associated with delivery of women	Circa £6.5m  (source: NHSG Asset Management Plan)	£0	4

			and neonatal services			
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	2014 data - 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	63% agree their organisation is a good place to work in; 77% agree their team works well together (source: iMatter data available for a	80% staff satisfaction levels	4

				sample of inpatient/outpatient teams in Baird services)		
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	<p>(2015) Foresterhill Heath Campus:</p> <p>Total: 799.84 KWh m<sup>2</sup></p> <p>Electric: 119.51 KWh m<sup>2</sup></p> <p>62.02 Kg CO<sub>2</sub> m<sup>2</sup> (building standards)</p> <p>55.23 Kg CO<sub>2</sub> m<sup>2</sup> (DEFRA standards)</p> <p>Gas: 690 kWh m<sup>2</sup></p> <p>149 Kg CO<sub>2</sub> m<sup>2</sup> (building standards)</p> <p>127.27 Kg CO<sub>2</sub> m<sup>2</sup> (DEFRA standards)</p>	<p>(2022) predicted for Baird Family Hospital:</p> <p>Total: 320 KWh m<sup>2</sup></p> <p>Electric: 132 KWh m<sup>2</sup></p> <p>68Kg CO<sub>2</sub> m<sup>2</sup> (building standards)</p> <p>61kg CO<sub>2</sub> m<sup>2</sup> (DEFRA standards)</p> <p>Heat: 188 KWh m<sup>2</sup></p> <p>40kg CO<sub>2</sub> m<sup>2</sup> (building standards)</p> <p>34kg CO<sub>2</sub> m<sup>2</sup></p>	4
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				(source: NHSG Facilities Department)	(DEFRA standards)	
32	Community Benefits are included in Appendix Z					3

# **Appendix J**

## **The ANCHOR Centre Benefit Realisation Plan**

**The ANCHOR Centre – Benefits Realisation Plan**  
**Full Business Case December 2019**

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.	2022
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.	2022

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.	2022
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.	2022
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.	2022/23
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	2022

					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.	2022/23
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.	2022/23
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.	2022/23
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.	2022/23

	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.	2022/23
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.	2022
14	Supports early cancer detection	Patients	Operational Management Team and Public	Improved Access to Treatment	Dependent on close working with NCA, General Practice, the	Need to work jointly with NCA, MCN, General Practice and	2022/23

			Health Team		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.	2022/23
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.	2022/23

					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.	2022/23

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.	2022/23



# **Appendix K**

## **The Baird Family Hospital Benefit Realisation Plan**

## The Baird Family Hospital - Benefit Realisation Plan

Full Business Case December 2019

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 2023. Funding to support training required.	2023 Potential for benefits to be realised in part pre-2023 and new facility
2	Minimise inappropriate hospital admissions	Women and patients	Space – Project Team Operational Policies – Unit	Effective Quality of Care	Agreement to service model and clinical brief e.g. provision of Patient Hotel.	Project Board to support accommodation provided as part of	2023

			Operational Team		Communication and education with women/patients about service provision and support provided. Development of operational policies.	service modelling. 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.	2023 Potential for benefits to be realised in part pre-2023 and new facility
4	Increase in 23 hour surgery for breast and	Patients	Space – Project Team Operational Policies – Unit	Effective Quality of Care	Agreement to service model with increased ambulatory care provision.	Project Board to support service model. Identification of funding to provide	2023 Potential for benefits to be realised

	gynaecology patients		Operational Team		Staff training to provide enhanced ambulatory services.	equipment to support ambulatory care.	in part pre-2023 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 2023
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	2023
7	Increases safety of people receiving care and support e.g.	Women, adult patients and neonates	Space – Project Team	Safe	Provision of internal corridor connection between hospitals, as short a journey as	Design support to maximise opportunities for the shortest journey	2023

	patient transfers to and from other hospital facilities				possible, avoiding lifts and other potential delays	possible	
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	2023
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	2023
10	Minimise inappropriate hospital stays for well mothers	Women	Space – Project Team Operational Policies – Unit	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	2023

	whose babies require care		Operational 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	2023
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	2023
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	2023

	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	2023
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	2023
16	Improved service provision to	Women	Space – Project Team	Person Centred Care	Women to be involved in the design to	Stakeholder involvement in design,	2023

	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	2023
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	2023
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	2023

	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	2023
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	2023
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	2023

	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	2023
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	2023
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	2023
26	Reduced backlog	Organisation	Asset	Person	Dependent on the	Work with AMG to	2023

	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	2023
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	2023
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	2023

	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	2023
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	2023
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	2023

# **Appendix L**

## **Risk Register**

Project Title:		NHSG : Major Acute Services - Baird & ANCHOR - MAIN										Risk Champion:		Jackie Bremner - NHSG Project Director										
Date Register First Created:		24.01.17		Date Updated:		09.01.20		Revision Number:		24		Updated by:		FMcD/AB		Current Stage:		Stage 3						
Control Buttons:		High Risks		Medium Risks		Low Risks		Active Risks		Closed Risks		Overdue Risk		Action Date Approaching		Reset								
Master Register Ref:	New Register No	Category	GC classification	Risk Description	Probability (1-5)	Impact (£-5)	Risk Rating (1-25)	Action Plan Completed?	Time / Cost Impact	Mitigation	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	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	Date Last Updated
					Prior to Mitigation						Post Mitigation													
	1	Site & Geotechnical (project)	1.03	Access and Scaffold - Assumptions incorrect requiring additional resources and impacting programme	4	3	12			Scaffold plans developed, works market tested	3	2	6		£22,000.00		0		PSCP	PSCP			N	11.04.19
47	2	Project	1.04	Traffic Management - PSCP Construction traffic impedes live operations on site, resulting in delays to public / staff requiring resources to mitigate.	4	3	12			Construction Traffic Management Plan developed by PSCP and agreed with NHSG. Site rules document provided by NHSG.	3	2	6		£8,000.00		0		PSCP	PSCP			N	11.04.19
47A	3	Project	1.04	Traffic Management - NHSG Site operations impede Construction works	4	3	12			Construction Traffic Management Plan developed by PSCP and agreed with NHSG. Site rules document provided by NHSG.	1	2	2		£22,333.33		0		NHSG	Jackie Bremner			N	11.04.19
90	4	Statutory	1.04	Traffic Management - May fail to comply with Traffic Planning Regulations	3	4	12			Construction Traffic Management Plan developed by PSCP and agreed with NHSG. Site rules document provided by NHSG. TMP submitted and agreed with planners.	1	2	2		£2,000.00		0		PSCP	PSCP			N	11.04.19
93	5	Brief	1.04	Traffic Management - Brief / WI may fail to identify and address Site constraints, (Blue light, FM, Fire Access Routes, etc).	4	4	16			Stakeholder meetings with NHSG FM, Estates etc. SAS and Scottish Fire and Rescue. Designs issued to all for review and comment	2	2	4		£44,666.67		0		NHSG	Jackie Bremner			N	11.04.19
93A	6	Design	1.04	Traffic Management - Design may fail to identify and address site constraints (blue light, FM, Fire Access Routes etc)	4	4	16			Stakeholder meetings with NHSG FM, Estates etc. SAS and Scottish Fire and Rescue. Designs issued to all for review and comment	2	2	4		£8,000.00		0		PSCP	PSCP			N	11.04.19
	7	Site & Geotechnical	1.04	Traffic Management - Risk that a 999 ambulance is unaware of the diversions in place that this causes delay to a patient being treated in ED.	3	5	15			All users of the site, including SAS, to be made aware of the diversions. Clear signage to be used.	1	5	5		£0.00		0		NHSG	Jackie Bremner			N	11.04.19
	8	Site & Geotechnical	1.04	Traffic Management - Risk that a Fire Appliance is unaware of the diversions in place. Results in a delay to controlling a fire.	2	5	10			All users of the site, including SFR to be made aware of the diversions. Clear signage to be used.	1	5	5		£0.00		0		NHSG	Jackie Bremner			N	11.04.19
	9	Project	1.04	Traffic Management - NHSG may require additional pedestrian and traffic management arrangements over and above the scope of the works included in the Target Price	3	3	9			NHSG to continue to negotiate with logistics/Graham Construction to agree pedestrian and traffic management arrangements	2	2	4		£22,666.67		0		NHSG	Jackie Bremner			N	11.04.19
	10	Construction	1.05	Logistics - NHSG impose / change restrictions from Site Rules, including hours of working, permits, accessing areas of the site, and alike leading to a change of traffic management, site management, construction methodology.	2	3	6			Robust pre-agreed plan. Site rules/WI signed off by NHSG before agreement of TP. NHSG to communicate with Project Team regarding any changes to the agreed Site Rules and construction phase plans. Alternative solutions to be agreed by NHSG & PSCP.	1	2	2		£11,333.33		0		NHSG	Jackie Bremner			N	11.04.19
	11	Site & Geotechnical (project)	1.05	Logistics - PSCP makes incorrect assumptions in logistics planning, resulting in additional costs and / . Or programme delays	3	3	9			PSCP to plan logistics in detail against programme of works in dialogue with NHSG logistics officers.	2	2	4		£4,000.00		0		PSCP	PSCP			N	11.04.19
46	12	Project	1.06	Adjoining Properties - Claims with regards to damage to neighbouring properties as a direct result of Works, to the extent not already shown in the dilapidations surveys.	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. Works planned, limited adjacencies, where works are close existing information provided and design to account.	1	4	4		£6,000.00		0		PSCP	PSCP			N	11.04.19

141	13	Site & Geotechnical	1.06	Adjoining Properties - Undermining roads / pavement during works.	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		£1,200.00		0		PSCP	PSCP			N	11.04.19
	14	Site & Geotechnical	1.06	Adjoining Property - Existing Fire Strategy including muster points not defined / agreed and may need to be temporarily moved / replaced	5	3	15			Strategy to be developed and reviewed by all parties including FO, ACC and NHSG / HFS	2	2	4		£5,000.00		0		NHSG	Jackie Bremner			N	11.04.19
	15		1.06	Adjoining Properties - Remedial issues to existing buildings, services, drainage, roads and alike, either not detailed in surveys completed at TP or not as a result of PSCP works.	3	2	6			Scope of PSCP works requires to be clearly defined in the Works Information.	3	3	9		£0.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
	16	Site & Geotechnical (project)	1.12	Temporary Works - Incorrect craneage assumptions requiring additional plant and equipment	3	3	9			Craneage study performed	2	3	6		£20,000.00		0		PSCP	PSCP			N	11.04.19
	17	Site & Geotechnical (project)	1.12	Temporary Works - Incorrect assumptions in general temporary works requirements	3	3	9			Temporary works co-ordinator appointed. Register of temporary works developed and requirements incorporated in market testing.	2	3	6		£20,000.00		0		PSCP	PSCP			N	11.04.19
94	18	Site & Geotechnical	1.13	Ground conditions - bearing pressure, to the extent shown in the GI's, site variations require additional works.	4	5	20			Risk mitigated following a six month programme of enabling works. Known ground condition issues included in Target Price.	3	4	12		£60,000.00		0		PSCP	PSCP			N	09.01.20
94	19	Site & Geotechnical	1.13	Ground conditions - gas protection, to the extent identified in GI. Design accounts for gas protection measures.	4	5	20			SI carried out to inform design specification. Gas membrane specified.	1	2	2		£6,000.00		0		PSCP	PSCP			N	11.04.19
94	20	Site & Geotechnical	1.13	Ground conditions - obstructions over and above 200mm, over and above that identified in the GI's completed at Target Price	4	5	20			Early SI's carried out to inform design specification. Few obstructions encountered however there remains a risk in areas of man made fill / previously developed ground	2	2	4		£93,333.33		0		NHSG	PSCP			N	11.04.19
#REF!	21	Site & Geotechnical	1.13	Ground conditions - Rock at a Higher level than anticipated resulting in mass fill to foundations rather than piling	4	3	12			Area to the south west of Baird has the distinct risk of the risk being too shallow (ie less than 3m) to pile requiring mass fill	4	3	12		£60,000.00		8		PSCP	PSCP			N	20.08.19
99	22	Site & Geotechnical (Project)	1.13	Ground conditions - under existing buildings not known at TP submission, results in additional costs and programme, eg contamination, over and above that identified in the GI's completed at Target Price	4	5	20			Early survey work undertaken to including under buildings now demolished.	3	4	12		£70,000.00		0		NHSG	PSCP			N	09.01.20
57	23	Construction	1.14	Contamination - Risk that Baird & ANCHOR, AMH, Site becomes Contaminated 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		£23,333.33		0		NHSG	Jackie Bremner			N	11.04.19
94	24	Site & Geotechnical	1.14	Ground conditions - contamination incl asbestos, including any found during subsequent works (following agreement of the Works Target Price), over and above that identified in the GI's completed at Target Price	4	5	20			Early SI's have been carried out to inform design specification.	3	3	9		£70,000.00		0		NHSG	Jackie Bremner			N	11.04.19
113	25	Site & Geotechnical	1.14	Contaminated Material - Asbestos in buildings over and above that identified in the Management Surveys available at Target Price	5	3	15			-Asbestos surveys have been carried out where possible. The residual risk is in relation to the existing maternity hospital where it is not possible to carry out the survey until the building has been vacated. Desktop study of available info together with meeting with NHSG Asbestos officer Sufficient cost and programme allowances to be made	4	3	12		£160,000.00		0		NHSG	Jackie Bremner			N	09.01.20

113	26	Site & Geotechnical	1.14	Contaminated Material - Asbestos as identified in the Management Surveys provided / completed at target price, under estimated	5	3	15		Robust tendering, billing	2	3	6		£16,000.00		0		PSCP	PSCP			N	11.04.19
	27	Site & Geotechnical (project)	1.14	Contaminated Material - e.g. Aspergillus Fumigatus found on site resulting in decontamination costs and programme delays	3	3	9		Lessons learned from enabling taken into account. Monitoring requirements during construction agreed as part of the Works Information.	2	3	6		£56,000.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
95	28	Site & Geotechnical (project)	1.15	Groundwater - 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.	3	4	12		£60,000.00		0		PSCP	PSCP			N	09.01.20
	29	Site & Geotechnical	1.16	Ground conditions - archaeology - discovery delays works	3	4	12		Desktop surveys carried out to mitigate risk.	1	4	4		£28,000.00		0		NHSG	Jackie Bremner			N	11.04.19
148	30	Site & Geotechnical	1.17	UXO - Unexploded Ordnance	1	3	3		Desktop surveys carried out to mitigate risk.	1	3	3		£28,000.00		0		NHSG	Jackie Bremner			N	11.04.19
	31	Site & Geotechnical	1.18	Ecology - Existing Maternity - BAT's discovered and results in mitigation measures, impacts programme and costs	5	3	15		Survey to be carried out during the bat season in the year leading up to demolition.	2	2	4		£8,000.00		0		NHSG	PSCP			N	11.04.19
	32	Site & Geotechnical (project)	1.18	Ecology - issues and constraints other than the presence of Bats and Knotweed impede works	2	2	4		Ecology reports completed.	1	2	2		£4,000.00		0		PSCP	PSCP			N	11.04.19
97	33	Site & Geotechnical (project)	1.19	Environmental - NHSG amendments outwith the B&A site impact on the results of the FRA.	5	5	25		NHSG to continuously review developments on site.	1	3	3		£4,000.00		0		NHSG	Jackie Bremner			N	11.04.19
38	34	Project	1.20	Existing Services - PSCP damage to existing known services without prior agreement - Repairs required as a result of damage or interference to site wide services as a result of the construction works.	3	4	12		Risk/method statements to be provided for before works undertaken (required by NHSG at least three weeks in advance). Procedures for working with services detailed/agreed within WI.	2	4	8		£8,666.67		0		PSCP	PSCP			N	11.04.19
38A	35	Project	1.20	Existing Services - Risk to loss of service , including any temporary measures required to safeguard clinical services required as a result of damage or interference to site wide services during as a result of the construction works.	3	4	12		Risk/method statements to be provided for before works undertaken (required by NHSG at least three weeks in advance). Procedures for working with services detailed/agreed within WI.	2	4	8		£12,666.67		0		NHSG	Jackie Bremner			N	11.04.19
98	36	Site & Geotechnical (Project)	1.20	Existing Services - Uncharted services - actual location and condition of existing services, found during construction, results in additional costs/time.	4	4	16		GPR surveys carried out. Unknown services further investigated when identified.	3	4	12		£70,000.00		0		NHSG	PSCP			N	11.04.19
	37	Site & Geotechnical	1.20	Existing Services - Risk of damage to MPHWP pipework resulting in repairs being required- ANCHOR	2	3	6		Agree management strategy and temporary works with Vital Energi.	2	3	6		£12,666.67		0		PSCP	PSCP			N	11.04.19
	38	Site & Geotechnical	1.20	Existing Services - Risk of damage to MPHWP pipework resulting in repairs being required- Baird	3	3	9		Agree management strategy and temporary works with Vital Energi.	3	3	9		£19,000.00		0		PSCP	PSCP			N	11.04.19
	39	Site & Geotechnical	1.20	Risk of damage to MPHWP pipework resulting in loss of service - Baird	3	3	9		Agree management strategy and temporary works with Vital Energi.	3	3	9		£0.00		0		NHSG	Jackie Bremner			N	20.08.19
	40	Site & Geotechnical	1.20	Existing Services - Risk of damage to Vital pipework resulting in loss of service - ANCHOR	2	3	6		Agree management strategy and temporary works with Vital Energi.	2	3	6		£0.00		0		NHSG	Jackie Bremner			N	20.08.19
98	41	Site & Geotechnical (Project)	1.20	Existing Services - Known services - Poor Accuracy of GPR surveys of existing services below ground results in damage to services.	4	4	16		GPR surveys carried out. Further trial digs at hot spots to understand risks.	3	3	9		£10,000.00		0		PSCP	PSCP			N	09.01.20

40	42	Service	1.20	Existing Services - Insufficient resilience within existing site services for Oxygen. Including existing quality of gas / network.	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 Forresterhill campus and this work has now commenced.	3	3	9		£60,000.00	0	NHSG	Jackie Bremner			N	09.01.20
40	42A	Service	1.20	Existing Services - ViE works and duct remedials not completed preventing final road works to Rach road / Phase 2 service yard being completed impacting main Baird site works	4	5	20		Works moved to beginning of main works from enabling. Allowance in main works programme of 6 weeks to allow completion of RACH road realignment in advance of required commencement of the main building.	3	3	9		£84,000.00	0	NHSG	Jackie Bremner			N	11.04.19
	42B	Service		Existing Services - ViE works and not completed preventing BAIRD & ANCHOR works start on site	4	5	20		Agreement with Buiding control re level of decontamination to allow works to progree. Other contingencies being investigated e.g. mobile Vie unit.	3	4	12		£0.00	0	NHSG	Jackie Bremner			N	
114	43	Design	1.20	Existing Services - System ties, 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 MITIGATION TO BE REVIEWED	2	3	6		£16,000.00	0	PSCP	PSCP			N	11.04.10
114	43A	Design	1.20	Existing Services - Impact of existing cause and effects to new build cause and effect.	4	3	12		NHSG to provide details of existing C&E	2	3	6		£11,333.33	0	NHSG	Jackie Bremner			N	20.08.19
45	44	Project	1.20	Existing Services - site infrastructure capacity for telecoms not available resulting in design changes during the construction phase of the project.	3	3	9		Comprehensive review of data available and identification of capacity gaps. Site surveys of existing services to be carried out. Ground investigation to be carried out.	1	3	3		£11,666.67	0	NHSG	Jackie Bremner			N	11.04.19
45	45	Project	1.20	Existing Services - site infrastructure capacity for electricity not available resulting in design changes during the construction phase of the project.	3	3	9		Comprehensive review of data available and identification of capacity gaps. Site surveys of existing services to be carried out. Ground investigation to be carried out.	3	3	9		£35,000.00	0	NHSG	Jackie Bremner			N	11.04.19
103	46	Site & Geotechnical	1.20	Existing Services - mechanical, gas, Water, fire hydrant, sprinkler. Infrastructure may not have sufficient capacity for main works impacting design and costs	3	4	12		Resilience in reservoir & public supply to be investigated. Capacity surveys being carried out	2	3	6		£40,000.00	0	NHSG	Jackie Bremner			N	11.04.19
103	46A	Site & Geotechnical	1.20	Existing Services - MTHW, Infrastructure / connection points may not have sufficient capacity / size for main works impacting design and costs	3	4	12		Investigations ongoing into existing systems.	2	3	6		£0.00	0	NHSG	Jackie Bremner			N	11.04.19
54	47	Design	1.20	Existing Services - Due to issues out with works non-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		£23,333.33	0	NHSG	Jackie Bremner			N	20.08.19
55	48	Design	1.20	Existing Services - CEF pipeline encroaches upon the construction footprint of the Baird Family Hospital and ANCHOR Centre. -Working in proximity causes issues / damage	4	5	20		Known location, permit to dig and hand dig processes used	1	3	3		£1,466.67	0	PSCP	PSCP			N	11.04.19
100	49	Project	1.20	Existing Services - Existing condition of existing steam main and or services and or tunnel, results in remedial or additional works required to complete project	5	4	20		Further surveys to be carried out immediately prior to the works.	3	3	9		£35,000.00	0	NHSG	Project Director: Jackie Bremner			N	11.04.19

105	50	Site & Geotechnical (Project)	1.20	Existing Services - Drainage Impact Assessment results in on / off site drainage capacity works (foul drainage) - over and above scope - resulting in delays and additional works	3	4	12			Initial drainage impact assessment (DIA) carried out, further DIA work to be implemented. Pre development enquiry has been submitted and still awaiting the Scottish Water response.	3	4	12		£84,000.00	0	NHSG	Jackie Bremner			N	09.01.20
106	51	Site & Geotechnical	1.20	Existing Services - Drainage connections / diversions Existing Maternity - works required over and above those identified in the CCTV surveys / drawings and specifications included in the works information.	3	4	12			CCTV to Maternity has been carried out and results being incorporated in the design. There remains a residual risk.	2	3	6		£60,000.00	0	NHSG	Jackie Bremner			N	11.04.19
106	52	Site & Geotechnical	1.20	Existing Services - Drainage Existing Maternity - remedial works required to existing drainage not amended by the PSCP either within or out with the site prior to commencement / and or after handover	3	4	12			CCTV surveys have been carried out. Post completion CCTV required	2	4	8		£8,000.00	0	NHSG	Jackie Bremner			N	11.04.19
107	53	Statutory	1.20	Existing Services - 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.	2	3	6		£40,000.00	0	NHSG	Jackie Bremner			N	20.08.19
166	54	Site & Geotechnical	1.20	Existing Services - existig defects and / or issues with the current Pneumatic tube system is problematic which we need to join into.	3	2	6			Investigations ongoing into condition of existing systems.	3	2	6		£6,000.00	0	NHSG	Project Director: Jackie Bremner			N	
222	55	Brief & CP's / Design	1.20	Existing Services - Additional works may be required to complete the terminations required for the services including the steam main disconnections, over and above TP allowances, resulting in additional costs and a delay to reinstating the heating over and above those identified in the Target Price	3	3	9			Survey to be carried out/risk and method statement to be agreed in advance of the works commencing (during Stage 4).	2	3	6		£11,333.33	0	NHSG	Project Director: Jackie Bremner			N	11.04.19
	56	Site & Geotechnical	1.20	Existing Services - Condition of steam main and or depth associated with te ANCHOR development. Steam main impacts design and or costs of work.	3	5	15			Further surveys carried out, however remains a risk that duct deeper than limited surveys. Additional surveys to be carried out during Stage 4 and as the works progress.	3	3	9		£17,000.00	0	NHSG	Jackie Bremner			N	11.04.19
	57	3rd Party	1.20	Existing Services - Maternity - Existing third party meters may be found within buildings for demolition resulting in a delay and additional costs.	3	3	9			RFI response confirming no presense.	1	2	2		£0.00	0	NHSG	Jackie Bremner			N	11.04.19
	58	Site & Geotechnical	1.20	Existing Services - Existing service duct requires remedial works including back-log maintenance	4	4	16			Surveys completed, work avoid points of specific concern, monitor during works	3	3	9		£0.00	0	NHSG	Jackie Bremner			N	11.04.19
	59		1.20	Existing Services - Steam Main shutdowns periods for disconnection of Maternity impacts demolition programme	4	3	12			Preparation works to be done, where required, during annual estates shutdown.	2	2	4		£14,000.00	0	NHSG	Project Director: Jackie Bremner			N	11.04.19

	60		1.21	Temporary Connections - Insufficient site temporary electrical supplies. Requiring additional supplies and / or generators	4	3	12		2 no 200amp supplies available, check on demand for tower cranes required.	2	3	6		£11,333.33	0	NHSG	Project Director: Jackie Bremner		N	11.04.19
142	61	Construction	1.21	Water - Temporary water outages caused by others out with construction site halt works on site	2	3	6		Resolve quickly to minimise programme impact.	1	3	3		£0.00	0	NHSG	Project Director: Jackie Bremner		N	11.04.19
142	62	Construction	1.21	Electricity - Temporary power outages caused by others out with construction site halt works on site	2	3	6		Resolve quickly to minimise programme impact.	1	3	3		£0.00	0	NHSG	Project Director: Jackie Bremner		N	11.04.19
	63	Construction	1.22	Security - theft from the works	4	3	12		Site Security to be incorporated into construction plan and prelims	2	2	4		£20,000.00	0	PSCP	PSCP		N	11.04.19
26A	64	Statutory	2.01	Planning - Failure to discharge and / or costs to comply with planning conditions (05) Replacement of planting within 5 years if due to drought and / or no maintenance (07) Bird Management Plan after Sectional Completion (11) Travel plan compliance demonstration (12) Site wide Signage	3	3	9		Approval of matters specified received in November 2018. Purification of all but one issue prior to construction commencement in place. External materials proposals submitted for purification in December 2019.	2	2	4		£20,000.00	0	NHSG	Project Director: Jackie Bremner		N	11.04.19
26B	65	Statutory	2.01	Planning - Failure to discharge and / or costs to comply with planning conditions (01) Materials (02) Plantroom enclosures (03) Boundary Treatment Materials (05) Planting except where replacement required as a result of NHSG lack of maintenance / and or drought (10) Westburn Road Crossing	5	4	20		Approval of matters specified received in November 2018. Purification of all but one issue prior to construction commencement in place. External materials proposals submitted for purification in December 2019.	3	4	12		£0.00	0	NHSG	Jackie Bremner		N	09.01.20
26C	66	Statutory	2.01	Planning - Failure to discharge and / or costs to comply with planning conditions (06) Environmental Management Plan (07) Bird Management Plan up to Sectional Completion (08) Acoustic Report (09) Working Hours (13) Air Quality	2	4	8		Approval of matters specified received in November 2018. Purification of all but one issue prior to construction commencement in place. External materials proposals submitted for purification in December 2019.	1	3	3		£9,000.00	0	PSCP	PSCP		N	09.01.20
85	67	Statutory	2.01	Statutory Planning - Costs of discharging conditions of Planning Consent may be greater than allowance provided for e.g. extent of works / green space, resulting in amendment to design and cost	5	5	25		Regular engagement with planners Identification of possible planning risk costs in cost plan	3	4	12		£0.00	0	NHSG	Jackie Bremner		N	05.11.19
92	68	Statutory	2.02	Building Control - 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	3	9		£85,000.00	0	NHSG	Jackie Bremner		N	20.08.19
	69	Site & Geotechnical	2.03	Statutory Electric - Connections to HV ring results in loss of overall ring due to parallel fault leading to loss of service	4	4	16		Caution during excavation and jointing. Surveys to be undertaken prior to works and comprehensive RAMS agreed before proceeding. Contingency planning with MM (electrical engineer) prior to works starting.	3	4	12		£0.00	0	NHSG	Jackie Bremner		N	11.04.19

205	70	Statutory	2.04	Statutory Water - Additional design fees may be necessary in relation to Scottish Water, DIA	3	2	6		Graham Construction to advise on the timescale/cost for this additional input.	1	2	2		£1,500.00	0	NHSG	Jackie Bremner			N	20.08.19
34	71	Statutory	2.10	Statutory Other - Legislative changes post Stage 4 contract that affect the scope, specification and/or the cost of the project.	2	4	8		Regular monitoring and review.	1	4	4		£58,333.33	0	NHSG	Jackie Bremner			N	11.04.19
34A	72	Statutory	2.10	Statutory Other - Fire legislative changes post Stage 4 contract that affect the scope, specification and/or the cost of the project.	2	4	8		Regular monitoring and review.	1	4	4		£26,666.67	0	NHSG	Jackie Bremner			N	11.04.19
41A	73	Project	2.10	Statutory Other - ACRM - HEFA require amendments to the design and or constructed works (Change in Brief)	4	3	12		Early and regular engagement with ACRM department and HEFA. Early engagement to appoint preferred sub contractor to develop design and provide support on development of URS.	2	3	6		£11,333.33	0	NHSG	Service Project Managers: Gail Thomson			N	20.08.19
41A	74	Project	2.10	Statutory Other - ACRM - PSCP fails to comply with Brief / URS resulting in remedial works to facility	4	3	12		Early and regular engagement with ACRM department and HEFA. Early engagement to appoint preferred sub contractor to develop design and provide support on development of URS.	2	3	6		£4,000.00	0	PSCP	PSCP			N	20.08.19
109	75	Design	2.10	Statutory others - Aseptic pharmacy brief does not meet user / GMP requirements, resulting in remedial works to facility	3	4	12		Early and regular engagement of Pharmacy colleagues and appointment of a Specialist Contractor. Appropriate engagement with agencies underway. Pharmacy engaged in dialogue. Early engagement ongoing to appoint preferred sub contractor to develop design and provide support on development of URS. Lessons learned session held with Clinical Team and details added to the lessons learned register.	1	3	3		£5,666.67	0	NHSG	Project Director: Jackie Bremner			N	11.04.19
109	76	Design	2.10	Statutory others - Aseptic pharmacy design does not meet brief / URS, resulting in remedial works to facility	3	4	12		Early and regular engagement of Pharmacy colleagues and appointment of a Specialist Contractor. Appropriate engagement with agencies underway. Pharmacy engaged in dialogue. Early engagement ongoing to appoint preferred sub contractor to develop design and provide support on development of URS. Lessons learned session held with Clinical Team and details added to the lessons learned register.	2	3	6		£4,000.00	0	PSCP	PSCP			N	11.04.19
89	77	Statutory	2.10	Statutory Other - May fail to comply with cost of Environmental Regulations	4	3	12		Environmental plan has been developed for both Planning and construction	2	3	6		£8,000.00	0	PSCP	PSCP			N	11.04.19
91	78	Statutory	2.10	Statutory Other - 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	3	3		£6,000.00	0	PSCP	PSCP			N	11.04.19
154	79	3rd Party	2.10	Statutory Others - External agencies cause delays, / and or request changes in main works that influence enabling costs and programme i.e. NDAP/HFS	4	3	12		Early and regular engagement with this stakeholder agency.	2	3	6		£56,000.00	0	NHSG	Jackie Bremner			N	20.08.19
80			2.10	Statutory Other - Amendments as a result of revised SHTM 04 in relation to the removal of TMV's	4	2	8			4	2	8		£8,000.00	0	NHSG	Project Director: Jackie Bremner			N	11.04.19
80A			2.10	Statutory Other - 3rd Party validation of services and areas may delay handover	4	2	8		NHSG to scope and procure 3rd party specialists in line with programme	3	2	6		£0.00	0	NHSG	Project Director: Jackie Bremner			N	11.04.19
81		Construction	3.01	Adjoining Property -NHSG fail to engage with appropriate clinical stakeholders to advise of works/noise/disruption.	3	4	12		Regular planned site communication meetings/look-ahead between NHSG & PSCP with clinical attendance. Escalation strategy in place to agree with issues that arise.	2	3	6		£0.00	0	NHSG	Jackie Bremner			N	11.04.19
221	82	Programme	3.02	Programme Main - The start date for the main contract may be delayed due to defects on enabling works.	3	3	9		NEC3 Supervisor to monitor and report on quality and highlight any defects early. PSCP quality control system in place.	1	3	3		£0.00	0	NHSG	Jackie Bremner			N	
119	83	Construction	3.08	Aircraft - Disruption of Heli operations - Due to activities that do not comply with the site rules document.	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	3	4	12		£8,000.00	0	PSCP	PSCP			N	11.04.19

120	84	Construction	3.08	Aircraft - Construction works are disrupted due to helipad operations, in the event that materials equipment are not safely secured.	4	3	12		Foreign Object Damage strategy to be developed and incorporated into construction method statement.	2	3	6		£5,333.33		0		PSCP	PSCP			N	11.04.19
120	85	Construction	3.08	Aircraft - Construction works are disrupted due to helipad operations beyond the allowances for standing time included within the Works Target Price.	4	3	12		Protocol to be agreed with NHSG on standing time during construction operations and allowance to be included in the Enabling Works Target Price.	2	3	6		£80,000.00		0		NHSG	Jackie Bremner			N	11.04.19
	86	Construction	3.08	Aircraft - Delay to completing the work for the Westburn Road lighting may delay the start of the main contract	3	3	9		Design agreed with Helicopter Operators and Graham Construction has submitted the design to AAC. Discussions are ongoing with the roads department to allow the design to be finalised.	5	4	20		£0.00		0		NHSG	Jackie Bremner			N	09.01.20
43	87	Construction	3.10	3rd Party - Non compliance with HAI Scribe assessment 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		£5,333.33		0		PSCP	PSCP			N	20.08.19
43A	88	Construction	3.10	3rd Party - HAI Scribe controls over and above HIA Assessment 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		£11,333.33		0		NHSG	Jackie Bremner			N	11.04.19
126	89	Construction	3.10	3rd Party Noise - Noise and acoustic levels exceed limits / requirements noted in the Site rules / WI during construction halting work	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		£24,000.00		4		PSCP	PSCP			N	11.04.19
127	90	Construction	3.11	3rd Party Dust - not controlled during construction work halting 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	2	3	6		£24,000.00		4		PSCP	PSCP			N	11.04.19
124	91	Site & Geotechnical	3.14	3rd Party Other - Unforeseen restrictions to planned working hours over and above those in WI / Site Rules	3	3	9		Early dialogue with stakeholders to understand and plan for likely restrictions.	2	3	6		£56,000.00		0		NHSG	Jackie Bremner			N	11.04.19
125	92	Construction	3.14	3rd Party Other - Vibration exceed limits / requirements noted in the Site rules / WI during construction works affecting clinical services /stopping construction work	4	3	12		Construction techniques and surveillance to be developed with respect of limits set in Site Rules/Works Information - Site rules	2	2	4		£16,000.00		2		PSCP	PSCP			N	20.08.19
128	93	Construction	3.14	3rd Party Other - Odour during construction works may become an issue in adjacent buildings halting work (e.g. fumes from construction activities)	2	3	6		Construction techniques and surveillance to be developed with respect of limits set in Site Rules/Works Information. HAI scribe to be carried out	1	3	3		£4,000.00		1		PSCP	PSCP			N	11.04.19
132	94	Construction	3.14	3rd Party Other - Vandalism of the works	4	3	12		Site Security to be incorporated into construction plan and prelims	2	3	6		£8,000.00		0		PSCP	PSCP			N	11.04.19
138	95	Construction	3.14	3rd Party Other - 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. Over sail out with boundary prevented	1	4	4		£1,133.33		0		PSCP	PSCP			N	11.04.19
139	96	Construction	3.14	3rd Party - Other - Remodelling / refurbishing the existing layout will involve working in a live hospital environment - disruption	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 - Out of hours working	2	2	4		£2,266.67		2		PSCP	PSCP			N	11.04.19
	97	Construction	3.14	3rd Party Other - Work in close proximity to acute care areas	3	4	12		Construction Phase H&S Plan, and Health and Safety planning by PSCP with input from NHSG. daily communications between PSCP site management team and NHSG	2	3	6		£6,666.67		0		PSCP	PSCP			N	11.04.19
	98	Legal & Contractual	4.01	Status of Design - Delays with client approval of construction drawings as per NEC clauses (Design Acceptance).	2	4	8		PSCP to distribute (notification) all drawings to approval authorities within NHSG via A-Site with timescales and actions clarified.	2	4	8		£21,333.33		0		NHSG	Jackie Bremner			N	11.04.19
53	99	Brief & CP's / Design	4.02	BREEAM - PSCP BREEAM target credits required for overall works are not achieved during works. e.g. material reuse etc.	5	3	15		Early identification of points that need to be secured.	2	3	6		£12,000.00		0		PSCP	PSCP			N	11.04.19
53A	100	Brief & CP's / Design	4.02	BREEAM - NHSG BREEAM target credits required for overall works are not achieved during works . e.g. material reuse etc.	5	3	15		Early identification of points that need to be secured.	2	3	6		£0.00		0		NHSG	Jackie Bremner			N	20.08.19

	101		4.03	Air permeability - issues with testing and / or quality results in need for remedial works	2	3	6		quality of design detailing to be reviewed, robust quality checks during construction, sufficient allowances in programme	1	2	2		£4,000.00		0		PSCP	PSCP			N	11.04.19
	102		4.04	Acoustics - issues with testing and / or quality results in need for remedial works	2	3	6		quality of design detailing to be reviewed, robust quality checks during construction, sufficient allowances in programme	1	2	2		£4,000.00		0		PSCP	PSCP			N	11.04.19
163	103	Design	4.04	Design Assumptions - Baird Birthing Rooms: Acoustic Performance agreed as part of the Works Information proves to be inadequate	3	3	9		Building designed in accordance with SHTM guidance. Specialist acoustician engaged and his advice has been taken account of in the Stage 3 design.	2	3	6		£9,333.33		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
	104		4.05	U-Value - issues with testing and / or quality results in need for remedial works	2	3	6		quality of design detailing to be reviewed, robust quality checks during construction, sufficient allowances in programme	1	2	2		£4,000.00		0		PSCP	PSCP			N	11.04.19
	105		4.06	BIM Requirement - Level 2 no achieved, LOD and LOI not in line with EIR's	2	3	6		BEP completed, ongoing clash detection and BIM workshops, BIM champion leading process	1	2	2		£4,000.00		0		PSCP	PSCP			N	11.04.19
	105A			BIM - Information provided may not interface with NHSG asset & FM systems without significant rework.	5	3	15		Continue dialogue with NHSG & NHS BIM advisor to identify scale of issue.	4	3	12		£0.00		0		NHSG	Jackie Bremner			N	
86	106	Brief & CP's / Design	4.10	Technical - 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		£16,000.00		0		PSCP	PSCP			N	11.04.19
30	107	Brief & CP's / Design	4.14	Design Assumptions - Scope is unclear, resulting in inappropriate facilities and cost escalation.	4	4	16		Works Information updated and included in the Stage 4 Contract.	1	3	3		£0.00		0		NHSG	Jackie Bremner			N	08/10/18
30A	108	Brief & CP's / Design	4.14	Design Assumptions - NHSG Brief amended and / or unclear resulting in amendments to works	4	3	12		Clear signed off Works Information as part of the Stage 4 Contract.	1	3	3		£15,000.00		0		NHSG	Jackie Bremner			N	11.04.19
111	109	Project	4.14	Design assumptions - Specialist equipment design requirements change / not advised timeously e.g. MRI	4	2	8		NHSG and Graham Construction have worked with HFS to agree assumptions and demarcation schedule outlining what will be done by the PSCP during Construction and what needs to be done by NHSG to bring the unit into operation.	3	2	6		£12,000.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
	109a	Project	4.14	Design Assumptions - assumptions made in the Target Price/Design around Group 2, 3 & 4 equipment change.	4	3	12		NHSG and Graham Constructicon have collaborated to agree assumptions	4	3	12		£80,000.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
112	110	Project	4.14	Design Assumptions - Art strategy and programme does not align with PSCP design and programme	3	3	9		Develop an aligned strategy. A representative of GHAT is a member of the Interior Design Project Group and this will be addressed during Stage 4.	3	2	6		£17,000.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
115	111	Brief & CP's / Design	4.14	Design Assumptions - Failure to agree derogations and clarifications has an impact on Target Price agreement and the potential for programme delay.	3	4	12		Timely agreement of derogations and clarifications and their reflection in their costed design/Target Price.	3	4	12		£0.00		0		NHSG	Jackie Bremner			N	20.08.19
116	112	Brief & CP's / Design	4.14	Design Assumptions - 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 4 works information.	2	4	8		£8,000.00		0		PSCP	PSCP			N	11.04.19
117	113	Brief & CP's / Design	4.14	Design Assumptions - Failure to co-ordinate with Green space strategy - resulting in amendment to scope and costs e.g. change in materials	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, NHSG approval of proposals	3	3	9		£30,000.00		0		NHSG	Jackie Bremner			N	01.08.18
118	114	Design	4.14	Design Assumptions - Existing link bridge structure requires significant works for interface	3	3	9		Survey & design required in advance of Stage 4. Allowance to be made in cost plan until final design known	2	3	6		£4,666.67		0		PSCP	PSCP			N	20.08.19
119	115	Construction	4.14	Design Assumptions - 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		£17,000.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
	116	Brief & CP's / Design	4.14	Design Assumptions - Maternity - Additional depth of foundations may be discovered during demolitions, beyond the 2 m allowed in the Target Price and resulting in a cost and programme impact.	3	3	9		The demolition prices have allowed for an assumed 2m depth of existing foundations to all buildings for demolition	2	3	6		£22,000.00		0		NHSG	Jackie Bremner			N	11.04.19

	117	Brief & CP's / Design	4.14	Design Assumptions - Vibration limits designed to for ACRM are not sufficient for equipment.	2	3	6		Design was developed in consultation with the specialists in the department/structural engineer and in accordance with the SHTM and British Standards	1	3	3		£2,000.00	0	NHSG	Project Director: Jackie Bremner		N	11.04.19
30B	118	Brief & CP's / Design	4.15	Development of the Enabling works results in change required to Main works design - risk due to TP prior to completion of the enabling works	4	3	12		TO BE CLOSED PRIOR TO CONTRACT AGREEMENT	1	3	3		£0.00	0	NHSG	Jackie Bremner			20.8.19
56	119	Service	4.15	Design Assumptions - There is a risk that the Baird Theatre design / brief is not fit for purpose for all specialities. Including achieving environmental criteria as result of brief not being compliant with HBN 26.	5	3	15		Involved all relevant stakeholders in theatre design, including research/visits to other theatre facilities. Design is appropriate for the specialists who will operate in the building in 2022.	1	3	3		£0.00	0	NHSG	Service Project Manager: Gail Thomson		N	11.04.19
83	120	Design	4.15	Design Changes - May fail to define appropriately the Clinical / Non Clinical WI leading to minor changes	5	3	15		Creation of comprehensive WI during Stage 2, 3 and 4. Incorporate lessons learned from other projects. PSCP WI signed off by NHSG through NEC3 Design Acceptance.	3	2	6		£70,000.00	0	NHSG	Project Director: Jackie Bremner		N	20.08.19
83A	121	Design	4.15	Design Changes - PSCP may fail to appropriately interpret the Clinical / Non Clinical WI leading to minor changes in works	5	3	15		Creation of comprehensive WI during Stage 2, 3 and 4. Incorporate lessons learned from other projects. PSCP WI signed off by NHSG through NEC3 Design Acceptance.	3	2	6		£48,000.00	0	PSCP	PSCP		N	20.08.19
84	122	Service	4.15	Design Changes - May fail to define appropriately the Clinical / Non Clinical Brief leading to Major changes	3	5	15		Creation of comprehensive WI during Stage 2, 3 and 4. Incorporate lessons learned from other projects. PSCP WI signed off by NHSG through NEC3 Design Acceptance.	1	4	4		£200,000.00	0	NHSG	Project Director: Jackie Bremner		N	20.08.19
84A	123	Design	4.15	PSCP may fail to appropriately interpret the Clinical / Non Clinical WI leading to major changes in works	3	5	15		Creation of comprehensive WI during Stage 2, 3 and 4. Incorporate lessons learned from other projects. PSCP WI signed off by NHSG through NEC3 Design Acceptance.	1	4	4		£80,000.00	0	PSCP	PSCP		N	20.08.19
	124		4.15	Design Changes - MRI and all other Group 2,3,4 - final selected equipment impacts design post TP	4	4	16			3	3	9		£170,000.00	0	NHSG	Project Director: Jackie Bremner		N	
	125		4.15	Design Changes - Revised RPA requirements amend design	3	2	6		RPA requirements have been confirmed and are reflected in design.	2	2	4		£11,333.33	0	NHSG	Project Director: Jackie Bremner		N	11.04.19
	126		4.15	Design Changes - Nurse call changes to performance specification	4	2	8		Clinical input required prior to Design Acceptance of the nurse call. <del>WILL BE COMPLETED FOR TP</del>	4	2	8		£22,666.67	0	NHSG	Project Director: Jackie Bremner		N	09.01.20
	127		4.15	Design Change - Theatre integration requirements require amendments to the design	4	3	12		Project team is in ongoing dialogue with specialists in order to confirm requirements. Provision made for cabling meantime.	4	2	8		£22,666.67	0	NHSG	Project Director: Jackie Bremner		N	09.01.20
	128		4.18	Design fees - insufficient allowances for PSCP design fees and development of the design to react to ongoing coordination	2	3	6		Fees agreed in advance of tender, design change freeze post TP	1	2	2		£30,000.00	0	PSCP	PSCP		N	11.04.19
	129	Brief & CP's / Design	4.21	Design Assumptions - Package development of Design from RIBA Stage 4 to 5 - Design development	4	4	16		Robust design of RIBA 4, surveys and alike <b>SUM TRANSFERRED FROM PACKAGE TENDERS</b>	1	3	3		£0.00	0	PSCP	PSCP		N	11.04.19
147	130	Design	4.21	Design Development - 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		£4,666.67	0	PSCP	PSCP		N	11.04.19
14	131	Project	5.04	Main works Programme - Handover is delayed due to <b>construction</b> issues.	4	3	12		Early and effective planning and coordination by the PSCP	3	3	9		£321,600.00	12	PSCP	PSCP		N	11.04.19
	132	Programme	5.04	Programme Main - Handover is delayed due under estimation of construction periods	4	3	12		Early and effective planning and coordination with the PSCP	2	2	4		£0.00	0	PSCP	PSCP		N	11.04.19

14A	133	Project	5.04	Main works Programme - Handover is delayed due to technical commissioning issues.E147	4	3	12		Early and effective planning and coordination with the PSCP & Technical commissioning manager. Commissioning manager appointed	3	3	9		£60,000.00		12		PSCP	PSCP			N	11.04.19
157	134	Site & Geotechnical	5.05	Adverse Weather - 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		£32,000.00		4		PSCP	PSCP			N	11.04.19
157	135	Site & Geotechnical	5.05	Adverse Weather - Weather conditions out with 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	2	4	8		£56,000.00		0		NHSG	Jackie Bremner			N	11.04.19
157	136	Site & Geotechnical	5.05	Adverse Weather - Wind speeds over and above 38mph prevent craneage activities	2	4	8		Regular review of weather forecast and mitigation measures to be incorporated Approve Time / Risk allowance	2	4	8		£28,000.00		0		NHSG	Jackie Bremner			N	11.04.19
143	137	Project	5.06	Programme Resources - Availability of NHSG NEC3 Supervisor resource impacts on witness testing, commissioning and validation during the construction phases.	2	3	6		Commissioning plan in place - soft landings & adequate Supervisor capacity/notice periods to be defined. Commissioning manager appointed and programme being developed with NGB / CM / MM. Dates clearly set out in the Construction Programme.	1	3	3		£14,000.00		0		NHSG	Jackie Bremner			N	11.04.19
	138	Programme	5.07	Sectional Completion - Client change in phasing during works impacts delivery	3	3	9		Detailed phasing developed between the parties	1	2	2		£4,000.00		0		NHSG	Jackie Bremner			N	11.04.19
137	139	Statutory	5.10	Programme 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	3	6		£20,000.00		4		PSCP	PSCP			N	11.04.19
134	140	Construction	5.12	Defects - Zero defects at Handover not achieved	3	4	12		Sufficient recourse to de-slag prior to handover. Quality Management System to be developed Soft landings to provide process for de-slag prior to handover	1	4	4		£0.00		0		PSCP	PSCP			N	11.04.19
156	141	Construction	5.12	Defects - Post completion snagging	5	2	10		Sufficient resource to de-slag prior to H/O QMS to be developed Soft landings to provide process for de-slag prior to handover	2	2	4		£40,000.00		0		PSCP	PSCP			N	11.04.19
130	142	Project	5.13	Programme other - 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 and equipment manager currently being recruited.	2	3	6		£56,000.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
131	143	Project	5.13	Programme Other - NHS Directly employed subcontractors do not adhere to programme	3	3	9		Regular programme updates & review. Good package management. Programme changes must be clearly communicated to allow resources to be planned.	2	3	6		£40,000.00		0		NHSG	Project Director: Jackie Bremner			N	11.04.19
135	144	Project	5.13	Programme - Other - There is a risk that failure to clear / decant existing Aberdeen Maternity Hospital impacts on ability to demolish AMH.	4	3	12		Decommissioning plan to be developed and implemented.	2	3	6		£8,000.00		0		NHSG	Project Manager: Fiona-Nicki Nesbitt			N	20.08.19
136	145	Service	5.13	Programme - Other - There is a risk that failure to ensure staff familiarisation with new equipment and installations may delay handover and occupation. Subject to Graham Construction having to provide the training that has been included in the Works Information.	3	3	9		Soft landings plan being developed to provide training and aftercare with respect to PSCP supplied equipment	1	3	3		£2,000.00		0		NHSG	Project Manager: Fiona-McDade Nicki Nesbitt			N	20.08.19
	146	Construction	6.01	Labour - availability including for Out of hours working	3	2	6		Review subcontractor bids, appointments to include for travel and accommodation, manage programme	2	2	4		£22,666.67		0		PSCP	PSCP			N	11.04.19

	147	Site & Geotechnical	6.03	Materials - Non availability of Materials	3	2	6		Early procurement - parties to work to substitute if required, programme to show lead-ins	1	2	2		£20,000.00		0		PSCP	PSCP			N	11.04.19
62	148	Finance & Procurement (Project)	6.06	Subcontractor Availability - 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.	3	4	12		£60,000.00		12		PSCP	PSCP			N	20.08.19
122	149	Construction	6.06	Subcontractor availability - 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.	3	3	9		£70,000.00		12		PSCP	PSCP			N	05.11.19
	150	Finance & Procurement	6.12	Quantities - Package Quantity Take off risk	4	3	12		Competent parties, cross checked <b>SUM TRANSFERRED FROM PACKAGE TENDERS</b>	2	3	6		£0.00		0		PSCP	PSCP			N	11.04.19
	151	Finance & Procurement	6.13	Scope - Package scope gaps	4	3	12		Competent parties, cross checked <b>SUM TRANSFERRED FROM PACKAGE TENDERS</b>	2	3	6		£0.00		0		PSCP	PSCP			N	11.04.19
	152	Finance & Procurement	6.24	Insurance - Additional insurance requirements lead to additional prelim costs above original tender	5	3	15		agree additional requirements in advance of TP, build into TP	5	3	15		£0.00		0		NHSG	Jackie Bremner			N	20.08.19
	153	Project	6.24	Insurances - If the PSCP fails to take out the agreed insurances, NHSG will deduct the cost of this from payments to Grahams, including any expenses incurred in obtaining these insurances.	3	3	9		PSCP will take out CAR insurance.	1	3	3		£0.00		0		PSCP	PSCP			N	11.04.19
25	154	Construction	6.26	Quality - The level of build quality delivered by PSCP does not match brief.	4	4	16		Robust monitoring by Graham Construction Site Supervisor and NEC3 Supervisor team. PSCP has a full quality management system in place.	1	4	4		£40,000.00		0		PSCP	PSCP			N	11.04.19
52	155	Finance	7.03	Escalation - 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		NHSG	Finance Manager: Julie Anderson			N	11.04.19
69	156	Finance & Procurement	7.03	Escalation - 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.	3	4	12		£612,000.00		0		PSCP	PSCP			N	11.04.19
122	157	Finance & Procurement	7.04	Taxation - Changes in legislation due to BREXIT, increase costs and programme.	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		£195,000.00		0		NHSG	Jackie Bremner			N	11.04.19
65	158	Project	8.00	Contractual - PSCP fail to meet NEC3 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		£4,000.00		0		PSCP	PSCP			N	11.04.19
66	159	Project	8.00	Contractual - PSCM fail to meet NEC contract obligations.	2	3	6		PSCP commercial team to brief full PSCM team's on requirements and provide training where required Asite CAT system utilised to administer contract	1	3	3		£6,000.00		0		PSCP	PSCP			N	11.04.19
67	160	Project	8.01	Design Liability - PSCP fails to obtain / deliver Sub Contractor Collateral Warranties	3	4	12		Agreed list to be identified early to allow discussion.	3	2	6		£90,000.00		0		PSCP	PSCP			N	20.08.19

145	161	Finance & Procurement	8.02	Contract - Extent & requirement of delay damages unknown.	2	3	6			TO BE CLOSED PRIOR TO CONTRACT AGREEMENT	1	3	3		£0.00	0	NHSG	Project Director: Jackie Bremner			N	20.08.19
79	162	Finance & Procurement	8.06	Payment Terms - Project Bank Account system unproven / does not work	3	1	3			Project bank account to be established and piloted during Stage 3 and fully operated during Stage 4.	3	1	3		£0.00	0	NHSG	Julie Anderson			N	09.01.20
79	163	Finance & Procurement	8.06	Payment Terms - Project Bank Account system unproven / does not work	3	1	3			REVERT TO TRAD PAYMENT whilst solution is being found, interim payments required by PSCP using own capital, resulting in loss in interest on capital	3	1	3		£24,000.00	0	PSCP	PSCP			N	11.04.19
144	164	Finance & Procurement	8.11	Contract - 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		£50,000.00	4	PSCP	PSCP			N	11.04.19
81	165	Project	8.21	Contractual - Failure to deliver agreed 'Community Benefits'	3	2	6			Early agreement with PSCP regarding Community Benefits Plan and regular updates of progress.	2	1	2		£4,666.67	0	PSCP	PSCP			N	11.04.19
82	166	Finance & Procurement	8.21	Contractual - Inaccurate forecast of pain/gain share, and taking benefit prior to finalising Actual Cost, results in under / overspend	3	3	9			No use of gain until high degree of actual cost (might be late in project). Regular forecasting in line with the contract.	3	2	6		£0.00	0	NHSG	Julie Anderson			N	11.04.19
82	166A	Finance & Procurement	8.21	Contractual - use of gain share results in additional contract risk to PSCP impacting profitability and forecasting.	3	3	9			Separate contract is entered into for reinvestment	3	2	6		£60,000.00	0	PSCP	PSCP			N	11.04.19
68	167	Project	9.01	Resources - NHSG - Project team may not involve appropriate Professional expertise, (Design, Commercial)	3	3	9			Selection of team including Professional Services Consultants to be based on quality of professional expertise and costs.	1	2	2		£2,000.00	0	NHSG	Jackie Bremner			N	20.08.19
68	168	Project	9.01	Resources - PSCP Project consultancy 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	2	2		£10,000.00	0	PSCP	PSCP			N	20.08.19
151	169	Project	9.01	Resources - PSCP internal resources inappropriate and insufficient to deliver the works	3	4	12			Regular review of resource requirement. Resources is a standing agenda item for the Core Group.	1	2	2		£10,000.00	0	PSCP	PSCP			N	11.04.19
15	170	Project	9.01	Resources - NHSG - Inappropriate and insufficient resources to deliver the project and associated work	3	4	12			Regular review of resource requirement including the commissioning of external resources as required.	1	2	2		£20,000.00	0	NHSG	Jackie Bremner			N	11.04.19
121	171	Finance & Procurement	9.03	Construction Market Conditions - Material and labour costs due to market conditions	3	4	12			Impact of market conditions 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 market conditions costs	5	5	25		£0.00	0	PSCP	PSCP			N	20.08.19
133	172	Finance	9.03	Construction Market Conditions - Suppliers/supply chain may suffer insolvency during the project.	4	3	12			Vetting of supply chain prior to appointment.	3	3	9		£210,000.00	12	PSCP	PSCP			N	05.11.19

123	173	Construction	10.00	Health and Safety - Fire within construction site	3	3	9		Fire plans to be developed including protection of adjoining buildings / departments and escape routes	1	3	3		£8,000.00	0		PSCP	PSCP			N	20.08.19
1	174	Project	Client	Overall project 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.	3	3	9	T		£336,000.00	0	NHSG	Project Director: Jackie Bremner			N	11.04.19
2	175	Finance & Procurement	Client	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	4	4	16	T&C	£0.00	0	NHSG	Finance Manager: Julie Anderson			N	11.04.19	
3	176	Project	Client	Scottish Government/NHS Grampian do not approve FBC resulting in programme delay.	5	4	20		Continuing and regular engagement with Scottish Government on compliance with new SCIM guidance.	3	4	12	T	£120,000.00	0	NHSG	Project Director: Jackie Bremner			N	11.04.19	
7	177	Service	Client	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	T	£0.00	0	NHSG	Public Involvement Officer: Anna Rist			N	11.04.19	
8	178	Service	Client	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.	3	4	12		£0.00	0	NHSG	Project Director: Jackie Bremner			N	11.04.19	
9	179	Service	Client	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	NHSG	Service Project Managers: Gail Thomson & Louise Budge			N	11.04.19	
10	180	Service	Client	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	NHSG	Project Director: Jackie Bremner			N	11.04.19	
11	181	Service	Client	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	3	3	9		Early and continuous engagement throughout the project with partnership, HR and professional bodies.	2	3	6		£0.00	0	NHSG	Service Project Managers: Gail Thomson & Louise Budge			N	11.04.19	
12	182	Project	Client	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.	1	2	2		£0.00	0	NHSG	Project Manager: Fiona McDade			N	11.04.19	
13	183	NHSG Commissioning	Client	There is a risk that failure to plan and coordinate functional commissioning activities with the aim of having a smooth commissioning period. Such as failure could lead to cost pressures and disruption/risk to clinical areas.	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. Commissioning manager appointed 2018. Equipment manager to be appointed 2019.	2	3	6		£40,000.00	0	NHSG	Service Project Managers: Gail Thomson & Louise Budge			N	11.04.19	

17	184	Finance & Procurement	Client	Affordability of scheme within the notional funding identified is not achievable	4	5	20		On-going monitoring and monthly reporting to Project Board. Joint Cost Advisor regularly reviews the cost plan with the PSCP. Further work ongoing to verify emerging target price.	5	5	25		£0.00	0	NHSG	Finance Manager: Julie Anderson		N	11.04.19
18	185	Finance	Client	Evaluation of project does not demonstrate VFM.	4	4	16		Close engagement with NHSG, Joint Cost Advisor, and PSCP to ensure that VFM is demonstrated.	4	4	16		£0.00	0	NHSG	Finance Manager: Julie Anderson		N	09.01.20
19	186	Finance	Client	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	NHSG	Finance Manager: Julie Anderson		N	11.04.19
20	187	Finance	Client	Potential Group 2, 3, 4 equipment costs are unaffordable.	4	4	16		Development of equipment schedule in conjunction with HFS.	2	3	6		£0.00	0	NHSG	Service Project Manager: Gail Thomson		N	11.04.19
21	188	Finance & Procurement	Client	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	NHSG	Finance Manager: Julie Anderson		N	11.04.19
24	189	Finance & Procurement	Client	VAT treatment assumptions could change.	3	3	9		Regular review of VAT assumptions and update of cost plans as appropriate	3	2	6		£186,000.00	0	NHSG	Finance Manager: Julie Anderson		N	11.04.19
31	190	Service	Client	There is a risk that 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	NHSG	Service Project Manager: Gail Thomson		N	11.04.19
32	191	Service	Client	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 is being implemented in advance of Baird being opened in 2022.	2	4	8		£0.00	0	NHSG	Service Project Manager: Gail Thomson		N	11.04.19
33	192	Service	Client	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	NHSG	Service Project Managers: Gail Thomson & Louise Budge		N	11.04.19
35	193	Service	Client	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.	3	3	9		£0.00	0	NHSG	Service Project Managers: Gail Thomson & Louise Budge		N	20.08.19
36	194	Service	Client	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	NHSG	Service Project Manager: Gail Thomson		N	11.04.19
37	195	Service	Client	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	NHSG	Service Project Managers: Gail Thomson & Louise Budge		N	11.04.19
39	196	Service	Client	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	NHSG	Service Project Managers: Gail Thomson & Louise Budge		N	11.04.19

48	197	Service	Client	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	NHSG	Service Project Manager: Gail Thomson			N	11.04.19	
49	198	Service	Client	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	NHSG	Service Project Manager: Gail Thomson			N	11.04.19	
50	199	Service	Client	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	NHSG	Service Project Manager: Gail Thomson			N	11.04.19	
51	200	Service	Client	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	NHSG	Service Project Managers: Louise Budge			N	20.08.19	
58	201	Service	Client	There is a risk that NHS Grampian is unable to find a solution to accommodating the Community Midwifery team, currently based in AMH, by 2022 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 2022.	2	3	6			£0.00	0	NHSG	Service Project Manager: Gail Thomson			N	11.04.19	
59	202	Finance & Procurement	Client	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			£20,000.00	0	NHSG	Finance Manager: Julie Anderson			N	11.04.19	
																£2,515,000.00								
																£2,515,000.00								

# **Appendix M**

## **The ANCHOR Centre Service Redesign Summary Report**

# THE ANCHOR CENTRE SERVICE REDESIGN SUMMARY REPORT

## **AIM**

Ensure accommodation meets the needs of all services located in The ANCHOR Centre.

Review of working models and practices to ensure staffing skill-mix and training is appropriate for The ANCHOR Centre.

Dedicated facilities for Teenagers and Young Adults.

Increased single team working across Haematology and Oncology, streamlining patient processes.

## **BENEFITS REGISTER**

- 1 – accommodation promoting dignity and privacy
- 2 – improved provision for teenagers and young adults
- 6 – safe production and delivery of cancer treatments
- 9 – co-location and co-ordination of services
- 10 – good teaching and learning facilities and culture
- 11 – improved access to additional services
- 17 – accommodation sized to cope with predicted capacity
- 18 – improved recruitment in all professions

## **REDESIGN LEADS**

**Service** Dr Shelagh Bonnar-Shand, Unit Operational Manager,  
Dr Jane Tighe, Unit Clinical Director

**Project** Professor Mike Greaves, Project Clinical Lead,  
Carolyn Annand, Project Nurse, Louise-Anne Budge,  
Service Project Manager

## **ACHIEVEMENTS**

- Robust service modelling completed to ensure all clinical spaces provide capacity for anticipated day and out-patient figures meeting incidence and prevalence predictions:
  - Short-life working groups set up to review and improve on clinic utilisation and scheduling
  - Regular review against achievement of 31 and 62 day targets
- Identification of areas of good practice and key roles required across both services by all professions
- Steady progress of merging of nursing teams between Oncology and Haematology to function as one team in The ANCHOR Centre. Areas include:
  - differences in practice and equity of services for both specialities eg pre-assessment clinics, toxicity assessment, appointment management, counselling etc
  - all appropriately qualified staff to have Systemic Anti-Cancer Therapy training
  - development of Advanced Nurse Practitioners training and development programme
  - harmonisation of working hours
  - comprehensive induction course
  - development of Health Care Support Workers role led by Associate Practice Educator
- Roll out of Electronic Patient Records (EPR) to current oncology and haematology day and out-patient wards.
- Recurring funding from Teenage Cancer Trust for dedicated Medical Lead sessions and Clinical Specialist Nurses. Regular engagement with TCT and patients in the 16-25 year age group regarding design of Lounge and needs
- Patient surveys have been carried out for The ANCHOR Centre providing comprehensive feedback
- Ongoing engagement with all Third Sector partners (eg Friends of ANCHOR, Maggie's, CLAN etc) to develop future services

## **NEXT STEPS**

- Ongoing work to review and improve clinic utilisation and scheduling
- Ongoing work to resolve EPR difficulties within Haematology
- Comprehensive investment and commitment to nursing team training and development programmes including assisting with unscheduled care and practical procedures eg bone marrow aspirates, line insertions

## **PROJECT STATUS**

Green



# **Appendix N**

## **The Baird Family Hospital Service Redesign Summary Report**

# THE BAIRD FAMILY HOSPITAL – ABERDEEN CENTRE FOR REPRODUCTIVE MEDICINE SERVICE REDESIGN SUMMARY REPORT

## **AIM**

Increase partnership working between NHS Grampian and University of Aberdeen in provision of service; incorporating medical and technical advances to provide seamless care to patients and improve service efficiency

## **BENEFITS REGISTER**

- 1 – ambulatory care as norm
- 2 – minimise admissions
- 3 – reduce length of stay
- 6 – increased admission on day of surgery

## **REDESIGN LEADS**

**Service** Abha Maheshwari, Consultant in Reproductive Medicine

**Project** Margaret Meredith, Project Nurse

## **ACHIEVEMENTS**

- All new patients (NHSG and University of Aberdeen) now entered onto Capture electronic patient record. NHSG activity on TrakCare (for ISD purposes).
- Fully integrated nursing team.
- 'No delays' system in place – egg and sperm donors now using this system.

## **NEXT STEPS**

- Progress plans to integrate laboratory teams in early 2020 when new Laboratory Manager in post.
- Plan to engage with other reproductive units e.g. Glasgow to inform planning for commissioning of the Baird.

## **PROJECT STATUS**

**Green**

# THE BAIRD FAMILY HOSPITAL – BREAST SERVICE REDESIGN SUMMARY REPORT

## AIM

Maintain/improve uptake on national breast screening programme, improve theatre efficiency and increase ambulatory provision.

## BENEFITS REGISTER

- 1 – ambulatory care as norm
- 2 – minimise admissions
- 3 – reduce length of stay
- 4 – increase in 23 hour surgery
- 5 – increased surgical pre-assessment
- 6 – increased admission on day of surgery

## REDESIGN LEADS

**Service** Elizabeth Smyth, Consultant Breast Surgeon

**Project** Margaret Meredith, Project Nurse

## PROJECT STATUS

Green

## ACHIEVEMENTS

- Ongoing work to review and improve on clinic utilisation and scheduling.
- Relocation of breast service to temporary accommodation in ARI as part of enabling workstream for Baird.
- Fully integrated management structure now in place, including prosthetic services.

## NEXT STEPS

- Seek to cohort breast theatres pre-Baird (part of wider theatre reorganisation across ARI).
- Continue to increase provision and uptake of pre-assessment services.
- Ongoing work to review and improve theatre scheduling.
- Breast team to be trained in sentinel node biopsies (currently provided by Nuclear Medicine) to allow the full service to be provided in the Baird theatres.

# THE BAIRD FAMILY HOSPITAL – GYNAECOLOGY SERVICE REDESIGN SUMMARY REPORT

## AIM

Redesign work to increase provision of ambulatory services, reduce hospital admissions, improve theatre efficiency and co-locate services.

## BENEFITS REGISTER

- 1 – ambulatory care as norm
- 2 – minimise admissions
- 3 – reduce length of stay
- 4 – increase in 23 hour surgery
- 5 – increased surgical pre-assessment
- 6 – increased admission on day of surgery
- 17 – co-location and co-ordination of services

## REDESIGN LEADS

**Service** Dr Premila Ashok, Consultant  
Gynaecologist

**Project** Margaret Meredith, Project Nurse

## PROJECT STATUS

Green

## ACHIEVEMENTS

- Well established governance structure in place with multi-disciplinary input.
- Redesign based on clear evidence and best clinical practice.
- Co-location of Clinic B and Women's Day Clinic created enhanced opportunities for redesign pre-Baird and associated reduction in waiting times.
- Work commenced on clinic templates that will be used in the Baird.
- Hysteroscopy activity moved from theatre setting to ambulatory setting; reduction in waiting times, more efficient use of clinical accommodation and improved patient satisfaction.
- Establishment of daily emergency clinics commenced, reducing unnecessary in-patient admissions.
- Relocation of early pregnancy service to Aberdeen Maternity Hospital, creating cohesive service with clinical protocols in place.
- Ongoing audits of redesign work.
- Single nurse management structure in place.

## NEXT STEPS

- Next phase of redesign work to commence in early 2020.
- February 2020 – plan to commence work to move ablation procedures from theatre to ambulatory setting.
- Plan for nurse led post-menopausal bleeding clinics.
- Seek to cohort gynaecology theatres pre-Baird (part of wider theatre reorganisation across ARI).
- Relocate emergency clinics from ward setting to ambulatory setting.
- Work with Radiology to identify and provide scanning support.
- Consider gynaecology out-patient clinic as self-check-in pilot area.
- Start detailed work on workforce planning for the Baird.
- Continue to increase provision and uptake of pre-assessment services.
- Continue to engage with centres of excellence for increased learning.
- Review theatre timetables.
- Review clinical resources needed to expand hysteroscopy service.

# THE BAIRD FAMILY HOSPITAL – MATERNITY SERVICE REDESIGN SUMMARY REPORT

## AIM

Increase ambulatory provision and reduce unnecessary hospital admissions.

## BENEFITS REGISTER

- 1 – ambulatory care as norm
- 2 – minimise admissions
- 3 – reduce length of stay
- 10 – minimise inappropriate hospital stays
- 12 – support women to be independent
- 15 – improved patient pathways
- 17 – co-location and co-ordination of services

## REDESIGN LEADS

**Service** Dr Sharon Rajkumar, Consultant Obstetrician

**Project** Gail Thomson, Deputy Project Director

## ACHIEVEMENTS

- Relocation of early pregnancy service to Aberdeen Maternity Hospital, creating a cohesive service.
- Meeting and governance structure in place, led by Consultant Obstetrician.
- NHS Grampian Best Start team in place, including funded clinical posts, leading on redesign work which will be of benefit to Baird aspirations for 2023.
- Priority areas for the Baird redesign:
  1. Pregnancy loss – work with gynaecology service in the management of ectopic pregnancies. Establishment of short life working group, including looking at staff development needs. Nursing staff being trained to work alongside midwifery staff in the Early Pregnancy Unit.
  2. Integrated out-patient services (scanning, antenatal clinic, day assessment unit). Increase ambulatory provision and reduce unnecessary hospital admissions.
  3. Triage – a telephone triage service and triage unit were established in Aberdeen Maternity Hospital in February 2019. This is staffed by a midwife 24/7 and has improved continuity and consultancy of evidence based advice. The service is also implementing the Cook Cervical Ripening Balloon as a new service development.
- Patient surveys have been carried out for the Baird project providing valuable feedback.
- The team continue to engage with Third Sector partners (e.g. Sands) to develop future services.

## NEXT STEPS

- Next phase of redesign work will commence in early 2020.
- The service will continue to develop maternity care under the auspices of the Best Start workstream (NHSG is an early adopter site).
- Clinical resources to support the integrated out-patient service will continue to be pursued.
- Extend the Cook Balloon service to out-patient care.

## PROJECT STATUS

Green

# THE BAIRD FAMILY HOSPITAL – NEONATOLOGY SERVICE REDESIGN SUMMARY REPORT

## AIM

Reduce re-admissions and length of stay, establish Transitional Care as a model and location of care, create flexible workforce to respond to pending national decision re future provision of ITU care in Scotland

## BENEFITS REGISTER

2 – minimise admissions  
7 – increased safety of patient transfer  
9 – avoid unnecessary patient transfers

## REDESIGN LEADS

**Service** Caroline Clark, Chief Nurse

**Project** Margaret Meredith, Project Nurse

## ACHIEVEMENTS

- Establishment of pilot Transitional Care working and principles in Aberdeen Maternity Hospital, evaluation to be put in place.
- TC meeting structure in place with regular meetings and dedicated project management support.
- Workshops held on multi-disciplinary basis to agree criteria for Transitional Care (as model of care as well as place of care in the Baird).
- Parent surveys taken place, including gathering of views on TC.
- Family Integrated Care is a priority for the service, investment has been made in external support to develop this and the team are active at national and international level in promoting this work.
- The team are working on EPI cure study (developmental care best delivered by parents).

## NEXT STEPS

- Progression of transitional care workstream to continue under the Best Start workstream.
- Progress aspiration to establish a Transitional Care unit within an existing maternity ward area pre-Baird.
- Continue work on TC staffing model for the Baird.
- Look at rotation of neonatal nurses/newly qualified midwives.

## PROJECT STATUS

Amber