# Appendix Z

# Community Benefits Plan

# Baird & Anchor Project

## APPENDIX B - COMMUNITY BENEFIT DELIVERY & MONITORING MATRIX (Version 2)

| √ | Completed |
|---|---|
| | Potential Issue |
| | Failed |

On Target

19/12/2019 13:28

| | Benefit Ref | Contractual Requirements: Benefit Type Description | Measurement | No In Period | Target No | Achieved | Over/Under Target | Comments |
|---|---|---|---|---|---|---|---|---|
| Employment | 1.1 | **Quantify nr of jobs** Quantify the nr of jobs supported by the project on a Quarterly basis. This should be monitored through the construction phase on a quarterly basis. | Analysis submitted to NHS Grampian as part of monthly project reports at project meetings. | | 8 | | | |
| Skills & Training | 2.1 | **HS&E Test linked** to CSCS, CPCS & Affiliated Competency Cards for Main Contractors Team and sub-contractors within the supply chain. | 1 Individual/operative equals 1 outcome | | All | | | |
| | 2.2 | **Advanced Health and Safety Training (Specific Course to be Agreed with PSCP)** - PSCP to deliver H&S training to advanced level. | 1 Individual/operative equals 1 outcome | 4 | 5 | 4 | | |
| | 2.3 | **Case Studies** - The PSCP is to develop 4 case studies of the community benefits delivered within the project for use and publication by NHS Grampian. | 1 case study equals 1 outcome. | | 4 | | | |
| SME & 3rd Sector | 3.1 | **Your health, Your Choices Seminar -** PSCP to organise, and engage operatives on looking after their health/keeping well through hosting 4 healthy lifestyle seminars during the construction period. | 1 Individual/operative equals 1 outcome. | | 60 | | | We have now achieved Bronze for Healthy Working Lives |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 3.2 | Wellbeing Checks - Offer to site operatives at site induction, 1 visit for a health check during working hours. PSCP to accommodate the release of operatives for 1 hour during working hours to attend voluntary health checks. PSCP and management to promote attendance where possible and make suitable accommodation available for 2 days per month Wellbeing Checks - | 1 Individual equals 1 outcome. | | 400 | | | |
| | 3.5 | **Meet The Buyer Events -** Hold 5 meet the buyer events to focus on Tier 2 supply chain. To be held in Grampian (3), Highland (1) and Tayside (1) specific locations to be decided by the PCSP | 1 event equals 1 outcome | 2 | 5 | 2 | | |
| **Environment** | 4.1 | **FM Training** - Deliver training on building usage to FM teams. Approx. 2 hours and to address building management and efficient use of building to improve carbon performance. | 1 Individual/operative equals 1 outcome. | | 10 | | | |

## Supplementary Benefits

The supplementary benefits have clear definitions but are target measures rather than absolute requirements. The delivery of supplementary benefits will be the subject of a “reasonable endeavours” contractual obligation. Failure to use reasonable endeavours may result in contractual remedies (but not specified price adjustments). Failure to meet target measures having used reasonable endeavours would not be breach of contract and is a contractual compliant outcome.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Employment** | 5.1 | **Apprenticeship in employment** on the project at any level (Existing Apprentices) | One existing apprentice recorded/reported represents one outcome | 5 | 20 | 5 | | |
| | 5.2 | **Apprenticeship employment -** This requires the recruitment of Traditional Apprentices, Specialist Apprentices or Adult Apprentices to the project. All apprenticeship opportunities created on the project should be employed for the duration of the Apprentice framework. An apprenticeship outcome is defined as an individual pursuing a formal apprenticeship framework incorporating either NVQ level 2, 3 or above. The project will be required to report and evidence the ongoing employment of each apprentice until completion. | One apprentice completion recorded/reported represents one outcome | | 5 | | | |

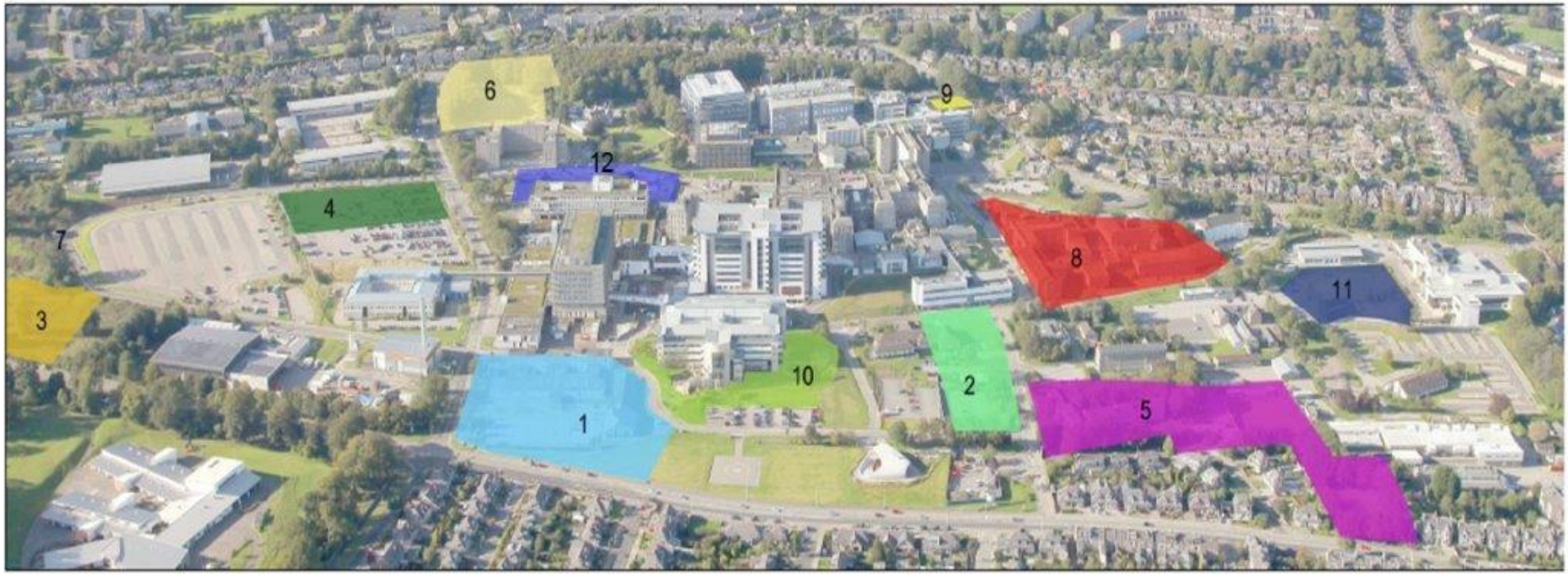
| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 5.3 | **Apprenticeship Completions -** This target requires the reporting/recording of apprentices that complete their apprenticeship framework whilst working on the project. | One apprentice completion recorded/reported represents one outcome | | 2 | | | |
| | 5.4 | **Graduate Employment** - This target employment opportunities for graduates and post-graduates, employed as a direct result of the project. Graduates must have graduated in the last 2 years with a post/degree award or be unemployed or underemployed post-graduation. | One graduate employed represents one outcome | 3 | 3 | 3 | √ | 2no Norr Architects, Andrew McDonagh, Euan Beggs<br>1no Mott McDonald Ryan Hendry |
| | 5.5 | **Employment Opportunities** - This requires the creation of employment opportunities. Employment opportunities must be for a minimum of 26 weeks and be aimed at and filled by New Entrants. | One individual employed for a min. 26 weeks represents one outcome. | 1 | 6 | 1 | | |
| | 5.6 | **Healthy Working Lives –** This (requires PSCP to engage with NHSG (Public Health -Health Improvement) for guidance on potential roles of employers in improving health of workforce and thereafter implement an agreed suite of at least two new policies and practices to support employees to look after their own health and wellbeing. Employers could , for example, develop and implement workplace policies – ranging from alcohol misuse to zero tolerance - to improve workplace culture, based on | 1 case study equals 1 outcome. | 1 | 3 | 1 | | Copy of HWL Bronze Certificate - GRAHAM Construction, |
| | 5.7 | **Quantify nr of jobs** Quantify the nr of jobs supported by the project on a Quarterly basis. This should be monitored through the pre-construction phase on a quarterly basis. | Analysis submitted to NHS Grampian as part of monthly project reports at project meetings. | 6 | 2 | 6 | √ | 3no reports delivered to date |
| **Skills & Training** | 6.1 | **Work Experience Placements** - This requires work experience attendance on the project. The duration of work placements should be a minimum of 1 week and maximum of 4 weeks per individual. Placements should be offered to school pupils, college or university students or individuals from an employability programme. | One Individual represents one outcome | 4 | 10 | 4 | | ( Mott McDonald) 1 no 8 week placement Andrew Gibson, 2 no work placements Andrew Marwood, Blane Danjaj Hugh Lawrie Portlethen Academy |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 6.2 | **Site Visits** - This requires the provision of visits from education or employability providers | One site visit per person represents one outcome | | 50 pupils | | | |
| | 6.3 | **School visits (primary and secondary)** - This requires the provision of visits to schools to present on careers and the project. | One pupil engage at a school visit equals 1 outcome. | | 90 pupils | | | |
| | 6.4 | **Working with Social Enterprises** PSCP to work with social enterprises to provide relevant work-based training opportunities to social enterprise clients from seldom heard groups. | 1 case study equals 1 outcome. | | 2 | | | |
| SME & 3rd Sector | 7.1 | **Training** - This target requires the PSCP to provide training to or upskill members of their supply chain. This aim of this target is to give Primary Contractors flexibility to provide appropriate training to members of their supply chain. Training should be a minimum of ½day in duration and can cover topics areas which offer most value to the supply chain. | One individual represents one outcome | 6 | 30 | 6 | | |
| | 7.2 | **Sub-Contract Opportunities** - for work packages above £2m the PSCP is to advertise the opportunity on www.publiccontractscotland.gov.uk. or demonstrate to NHS Grampian suitable local supply chain engagement. | All package above £2m to be advertised on PCS. | | | | | |
| | 7.3 | **Quantify SME & TSO works** - PSCP to quantify as a % of value of the work which is awarded to SME's and TSO's based nationally and within the NHS Grampian Region. | Report Monthly and Submit final analysis 6 weeks prior to completion. | | % | | | |
| | 7.4 | **Quantify SME & TSO Opportunities -** The PSCP will report total number of tendering opportunities where invitations made to SME's and TSO. (for example:- across 3 package there were 12 tenderers of which 10 were Scottish SME's and 6 were based within the NHS Grampian area) | Report Monthly and Submit final analysis 6 weeks prior to completion. | 1 | % | 1 | | The Bread Maker |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Environment** | 8.1 | **<u>Case Study</u>** - The PSCP is to develop 1 case study on the positive environmental impact of the project in terms of reducing waste to landfill, initiatives to reduce sound, dust or water pollution. | 1 case study equals 1 outcome. | | 1 | | | |
| **Community** | 8.2 | **Considerate Constructors -** The PSCP is required to achieve a score of at least 40 | Considerate Constructors Report | 36 | 40 | 36 | | |

# Appendix AA

# Site Plan in Context of Foresterhill Health Campus




NHS Grampian

| | | | |
|---|---|---|---|
| 1 | The Baird Family Hospital | 8 | Maternity Hospital Demolition |
| 2 | The ANHCHOR Centre | 9 | Mortuary |
| 3 | Health Centre | 10 | Childrens Hospital Garden Improvements |
| 4 | Multi-storey Car Park | | University of Aberdeen |
| 5 | Key Worker Accomodation | 11 | Life Sciences Innovation (LS) Facility |
| 6 | Patient Hotel | 12 | Elective Care Centre |
| 7 | Sub Station | | |

# Appendix BB

# Planning Consent Letter

ABERDEEN
CITY COUNCIL

**APPLICATION REF NO. 170573/MSC**

Development Management
Strategic Place Planning
Business Hub 4, Marischal College, Broad Street
Aberdeen, AB10 1AB
Tel: 01224 523470 Email: pi@aberdeencity.gov.uk

# DECISION NOTICE

## The Town and Country Planning (Scotland) Act 1997

## Approval of Matters Specified in Cond.

Daniel Harrington
NORR
3 Bon Accord Crescent
Aberdeen
Aberdeenshire
AB116XH

on behalf of **NHS Grampian**

With reference to your application validly received on 24.05.2017
for the approval of matters specified in conditions of Planning Permission in Principle under the above mentioned act for the following matters –

**Approval of matters specified in conditions 1a) (site layout) and 1h) (phasing) in relation to P151491 for the erection of the Baird Family Hospital and the Anchor Centre at Foresterhill Health Campus**
at **Foresterhill Health Campus, Aberdeen Royal Infirmary, Aberdeen.,**

Aberdeen City Council in exercise of their powers under the above mentioned Act hereby **APPROVE** the said matters in accordance with the particulars given in the application form and the following plans and documents –

| Drawing Number | Drawing Type |
|---|---|
| BFH-NOR-XX-XX-DR-A-00100 REV P1 | Location Plan |
| NHSGAS-NOR-XX-XX-DR-A-07002 Rev P05 | Site Layout (Proposed) |
| NHSGAS-NOR-XX-XX-XX-DRA-07004 Rev P04 | Site Layout (Proposed) |

**REASON FOR DECISION**

The reasons on which the Council has based this decision are as follows –

The submitted documentation and the additional condition as provided under the provisions of Circular 3/2013 (Development Management Procedures) will allow the delivery of the proposed public health buildings in compliance policy CF1 and other referenced policies within the Aberdeen Local Development Plan and the Aberdeen City and Shire Strategic Development Plan.

**CONDITIONS**

This permission is granted subject to the following conditions:-

(01) The phasing of the development shall not be carried out other than in complete accordance with the details shown on Drawing No. NHSGAS-NOR-XX-XX-DR-A-07002 Rev PO.

Reason In the interests of highway safety and the amenity of the locality

**Date of Signing 30 November 2018**

Daniel Lewis

**Daniel Lewis**
Development Management Manager

## IMPORTANT INFORMATION RELATED TO THIS PERMISSION

### DURATION OF THIS PERMISSION

Unless development is started within 2 years from the grant of the last approval of matters specified in conditions attached to the planning permission in principle to which this application relates, the planning permission expires.

### COMMENCEMENT AND COMPLETION OF DEVELOPMENT

A person who has been granted permission under the terms of the foregoing notice and intends to start work to implement this planning approval must, once they have decided the date they will start work on the development, inform the Council in writing of that date as soon as is practicable, but in all circumstances prior to work commencing. Failure to do so is a breach of planning control under Section 123(1) of the 1997 Planning Act. The Council should be informed of the start date and other required information on the **Notice of Initiation of Development** Form attached below

A person who completes the development for which permission has been granted by the foregoing notice must, as soon as is practicable after doing so, give notice of completion to the Council on the **Notice of Completion of Development** form attached below. In common with the failure to submit an notice of initiation of

development, the Council may take enforcement action if a notice of completion is not given.

## ADVISORY NOTES FOR THE APPLICANT

This permission does not carry with it any necessary approval under the Building Standards Regulations. Please ensure that this permission is compatible with any building warrant obtained. **The Planning Service does not cross check approvals in detail.**

## DETAILS OF ANY VARIATION MADE TO ORIGINAL PROPOSAL, AS AGREED WITH APPLICANT (S32A of 1997 Act)

## RIGHT OF APPEAL

If the applicant is aggrieved by the decision of the planning authority –

a) to refuse planning permission for the proposed development;
b) to refuse approval, consent or agreement require by a condition imposed on a grant of planning permissions;
c) to grant planning permission or approval, consent or agreement subject to conditions.

the applicant may require the planning authority to review the case under section 43A(8) of the Town and Country Planning (Scotland) Act 1997 within three months from the date of this notice. Any requests for a review must be made on a 'Notice of Review' form available from the planning authority or at www.eplanning.scot.

Notices of review submitted by post should be sent to Strategic Place Planning (address at the top of this decision notice).

If permission to develop land is granted subject to conditions and the owner of the land claims that the land has become incapable of reasonably beneficial use in it's existing state and cannot be rendered capable of reasonably benefical use by the carrying out of any development which has been permitted, the owners of the land may serve on the planning authority a purchase notice requiring the purchase of the owner of the land's interest in the land in accordance with Part 5 of the Town and Country Planning (Scotland) Act 1997.

# NOTICE OF INITIATION OF DEVELOPMENT

**The Town and Country Planning (Scotland) Act 1997**

**The Planning (Development Management Procedure) (Scotland) Regulations 2013**

Notice under Sections 27A, 27B and 27C of the above Act and Regulations 37 and 28, regarding the initiation (start) of work for which planning permission has been granted.

Application reference number: **170573/MSC**
Date of issue: 30 November 2018
Address of site to which permission applies: Foresterhill Health Campus, Aberdeen Royal Infirmary, Aberdeen..

**I hereby give notice that it is intended to start the above development on the following date:** dd / mm / yyyy

| | |
|---|---|
| Name, Address and Phone Number of Person Intending to Carry Out Development | |
| Name, Address and Phone Number of Landowner of Site (if different) | |
| Name, Address and Phone Number of Site Agent appointed for development | |

**Date of Submission of Notice** dd / mm / yyyy

**IMPORTANT**

**It is important that this form is completed and returned to Strategic Place Planning when you propose to start work as failure to do so may result in enforcement action being taken. Please complete and return this form to pi@aberdeencity.gov.uk or the address at the top of this decision notice.**

**General Data Protection Regulations**
**How we use your data**

Aberdeen City Council collects, maintains and processes accurate/ally information about you for the purposes of processing and determining planning applications and may be used for consultation purposes where applicable under legislation. Information will be disclosed only in accordance with the requirements of the Town and Country Planning (Scotland) Act 1997 or otherwise as required by law, including disclosure to other agencies for example (Scottish Fire and Rescue Service, Police Scotland, Scottish Natural Heritage, Historic Environment Scotland) as required for the purposes of determining this application.

For the purposes of processing this information Aberdeen City Council is the Data Controller. The Information Commissioner Office is the UK's regulator of data protection law (www.ico.org.uk).

For further information on how we use, store & protect your data please see our website https://www.aberdeencity.gov.uk/your-data/privacy-notices/your-data-planning-application

# NOTICE OF COMPLETION OF DEVELOPMENT

**The Town and Country Planning (Scotland) Act 1997**

**The Planning (Development Management Procedure) (Scotland) Regulations 2013**

Notice under Section 27B of the above Act, regarding the completion of work for which planning permission has been granted.
Application reference number: 170573/MSC
Date of issue: 30 November 2018

Address of site to which permission applies: Foresterhill Health Campus, Aberdeen Royal Infirmary, Aberdeen.,

**I hereby give notice that the development was completed on the following date:** dd / mm / yyyy

| | |
|---|---|
| Name, Address and Phone Number of Person Intending to Carry Out Development<br><br>(see note 4 below) | |
| Name, Address and Phone Number of Landowner of Site (if different) | |
| Name, Address and Phone Number of Site Agent appointed for development | |

**Date of Submission of Notice** dd / mm / yyyy

**IMPORTANT**

**It is important that this form is completed and returned to Strategic Place Planning as soon as possible following completion of works as failure to do so may result in enforcement action being taken. Please complete and return this form to pi@aberdeencity.gov.uk or the address at the top of this decision notice.**

**General Data Protection Regulations**
**How we use your data**

Aberdeen City Council collects, maintains and processes automatically information about you for the purposes of processing and determining planning applications and may be used for consultation purposes where applicable under legislation. Information will be disclosed only in accordance with the requirements of the Town and Country Planning (Scotland) Act 1997 or otherwise as required by law, including disclosure to other agencies for example (Scottish Fire and Rescue Service, Police Scotland, Scottish Natural Heritage, Historic Environment Scotland) as required for the purposes of determining this application.

For the purposes of processing this information Aberdeen City Council is the Data Controller. The Information Commissioner Office is the UK's regulator of data protection law (www.ico.org.uk).

For further information on how we use, store & protect your data please see our website https://www.aberdeencity.gov.uk/your-data/privacy-notices#your-data-planning-application

ABERDEEN
CITY COUNCIL

**APPLICATION REF NO. 180778/MSC**

Development Management
Strategic Place Planning
Business Hub 4, Marischal College, Broad Street
Aberdeen, AB10 1AB
Tel: 01224 523470 Email: pi@aberdeencity.gov.uk

# DECISION NOTICE

## The Town and Country Planning (Scotland) Act 1997

## Approval of Matters Specified in Cond.

Daniel Harrington
NORR
3 Bon Accord Crescent
Aberdeen
Aberdeenshire
AB116XH

on behalf of **NHS Grampian**

With reference to your application validly received on 17.05.2018
for the approval of matters specified in conditions of Planning Permission in Principle under the above mentioned act for the following matters –

**Approval of matters specified in conditions 1b), 1c), 1d), 1e), 1f), 1g), 1i), 1j), 1k), 1l), 1m), 1n) (detailed design), 2 (local road improvement details), 3 (Transportation assessment and Parking Strategy), 4 (Public Transport Strategy), 5 (Travel Plan), 6 (Signage Strategy), 7 (Noise and Vibration), 8 (Air Quality) and 9 (Public Art) in relation to P151491 for the erection of the Baird Family Hospital and Anchor Centre at Foresterhill Health Campus, Aberdeen Royal Infirmary, Aberdeen.,**

Aberdeen City Council in exercise of their powers under the above mentioned Act hereby **APPROVE** the said matters in accordance with the particulars given in the application form and the following plans and documents –

| Drawing Number | Drawing Type |
|---|---|
| NHSGAS-MML-YY-EX-DR-C-00010 Rev P3 | Location Plan |
| NHSGAS-N-R-XX-XX-DR-A-07101 Rev P01 | Other Drawing or Plan |
| NHSGAS-N-R-XX-XX-DR-A07100 Rev P01 | Other Drawing or Plan |
| NHSGAS-N-R-XX-XX-DR-A-07007 Rev P04 | Other Drawing or Plan |
| NHSGAS-N-R-XX-DR-A- | Other Drawing or Plan |

| | |
|---|---|
| 07011 Rev P03 | |
| NHSGAS-NOR-XX-XX-SH-07001 Rev P01 | Schedule of Materials |
| NHSGAS-MML-YY-EX-DR-C-00010 Rev P3 | Other Drawing or Plan |
| NHSGAS-MML-YY-EX-DR-C-00011 Rev P2 | Other Drawing or Plan |
| NHSGAS-MML-EX-DR-C-00012 Rev P3 | Other Drawing or Plan |
| NHSGAS-MM-YY-EX-DR-C-00013 Rev P2 | Other Drawing or Plan |
| NHSGAS-MML-YY-EX-DR-C-00014 Rev P3 | Other Drawing or Plan |
| NHSGAS-MML-YY-EX-DR-C-00015 Rev P3 | Other Drawing or Plan |
| NHSGAS-MML-YY-EX-DR-C-00016 Rev P03 | Other Drawing or Plan |
| NHSGAS-MML-YY-EX-DR-C-00017 Rev P2 | Other Drawing or Plan |
| NHSGAS-MML-YY-EX-DR-C-00018 Rev P1 | Other Drawing or Plan |
| NHSGAS-MML-YY-XX-TS-C-00501 Rev P2 | Other Drawing or Plan |
| N101H-TGP-XX-XX-DR-L-9002 Rev P2 | Site Layout (Landscaping) |
| N101H-TGO-XX-XX-DR-L-9001 Rev P04 | Site Layout (Landscaping) |
| N101H-NOR-XX-EX-DR-A-07001 REV P03 | Site Layout (Proposed) |
| N101H-NOR-XX-EX-DR-A-07002 REV P03 | Ground Floor Plan (Proposed) |
| N101H-NOR-XX-EX-DR-A-07003 REV P02 Anchor: Boundary Wall Elevations | Other Drawing or Plan |
| N101H-NOR-XX-EX-DR-A-07003 REV P02 Anchor: Boundary Wall Elevations | First Floor Plan (Proposed) |
| N101H-NOR-ZZ-LG-DR-A-07001 REV P02 Anchor: Lower Ground Floor Plan | Other Floor Plan (Proposed) |
| N101H-NOR-ZZ-PF-DR-A-07001 REV P03 Anchor: Roof Deck Plan | Roof Plan (Proposed) |
| N101H-NOR-ZZ-RF-DR-A-07001 REV P02 Anchor: Roof Plan | Roof Plan (Proposed) |
| N101H-NOR-ZZ-XX-DR-A-07001 REV P03 Anchor: West and East Elevations | Multiple Elevations (Proposed) |
| N101H-NOR-ZZ-XX-DR-A-07002 REV P03 Anchor: North Elevations and Sections | Other Elevation (Proposed) |
| N101H-NOR-ZZ-XX-DR-A-07003 REV P03 Anchor: South Elevations and | Other Elevation (Proposed) |

| | |
|---|---|
| Sections | |
| N106H-NOR-XX-XX-DR-A-07020 REV P04 Baird: West and East Elevations | Multiple Elevations (Proposed) |
| N106H-NOR-XX-XX-DR-A-07021 REV P04 Baird: North and South Elevations | Multiple Elevations (Proposed) |
| NHSGAS-NOR-XX-XX-DR-A-07004 REV P02 Site Plan - Roof | Site Layout (Other) |
| NHSGAS-NOR-XX-XX-DR-A-07008 REV P02 Blue Light Route | Other Drawing or Plan |
| NHSGAS-NOR-XX-XX-DR-A-07009 REV P02 Shuttle Bus Route | Other Drawing or Plan |
| NHSGAS-NOR-XX-XX-DR-A-07012 REV P02 Site Landscaping Plan | Site Layout (Landscaping) |
| NHSGAS-NOR-XX-XX-DR-A-07013 REV P02 Site Sections - Long Sections | Site Cross Section |
| NHSGAS-NOR-XX-XX-DR-A-07018 REV P02 | Other Drawing or Plan |
| N106H-NOR-XX-00-DR-A-07001 | Ground Floor Plan (Proposed) |
| N106H-NOR-XX-01-DR-A-07001 | First Floor Plan (Proposed) |
| N106H-NOR-XX-02-DR-A-07001 Baird Second Floor Plan | Second Floor Plan (Proposed) |
| N106H-NOR-XX-03-DR-A-07001 | Third Floor Plan (Proposed) |
| N106H-NOR-XX-EX-DR-A-07001 REV P01 Baird Site Plan | Other Drawing or Plan |
| N106H-NOR-XX-LG-DR-A-07001 REV P1 Baird Lower Ground Floor Plan | Basement Floor Plan (Proposed) |
| N106H-NOR-XX-RF-DR-A-07001 REV P1 Baird Main Roof Plan | Roof Plan (Proposed) |
| N106H-NOR-XX-RF-DR-A-07001 Baird Upper Roof Plan | Roof Plan (Proposed) |
| N106H-NOR-XX-XX-DR-A-07002 REV P01 Baird Site Ground Plan | Other Drawing or Plan |
| N106H-NOR-XX-XX-DR-A-07020 Rev 04 Baird East and West Elevations Rev P04 | Multiple Elevations (Proposed) |
| N106H-NOR-XX-XX-DR-A-07021 Rev P04 Baird North and South Elevations Rev P04 | Multiple Elevations (Proposed) |

| | |
|---|---|
| N106H-NOR-XX-XX-DR-A-07030 Baird Sections A and B Rev P01 | Other Drawing or Plan |
| N106H-NOR-XX-XX-DR-A-07031 Baird Sections C and D Rev P01 | Other Drawing or Plan |
| N106H-NOR-XX-XX-DR-A-07040 Baird Site Section and Short Sections 1 Rev P01 | Other Drawing or Plan |
| N106H-NOR-XX-XX-DR-A-07041 Baird Site Section and Short Sections 2 rEV P01 | Other Drawing or Plan |
| N106H_TGP_XX_XX_DR_L_90001 REV P02 Baird Landscape Layout | Site Layout (Landscaping) |
| N106H_TGP_XX_XX_DR_L_90002 REV P02 Baird First Floor Terraces Landscaping | Site Layout (Landscaping) |
| N106H_TGP_XX_XX_DR_L_90002 REV P02 Baird Second Floor Terraces Landscaping | Site Layout (Landscaping) |
| NHSGAS-NOR-XX-XX-DR-A-07011 Rev P03 Signage | Other Drawing or Plan |
| NHSGAS-NOR-XX-XX-DR-A-07100 Rev P01 cAMPUS wIDE Pedestrian Routes | Other Drawing or Plan |
| NHSGAS-N-R-XX-XX-DR-A-07101 Rev P01 Campus Wide Cycle Routes | Other Drawing or Plan |
| NHSGAS-NOR-XX-XX-DR-A-07007 Rev P04 | Other Drawing or Plan |
| NHSGAS-NOR-XX-XX-DR-A-07015 Rev P02 New Parking Number Proposal | Other Drawing or Plan |
| Option B - Facade for Stairs | Other Drawing or Plan |
| Option A Facade feature for stairs | Other Drawing or Plan |
| NHSGAS-NOR-XX-XX-DR-A-07016 | Other Drawing or Plan |
| NHSGAS-NOR-XX-XX-A-00010 Rev P02 | Bird Hazard Management Plan |
| 17455-R01-A dated 11.10.2017 | Noise Assessment |
| | Travel Plan |
| | Design and Access Statement |
| ARIBA-EMP-001 Dated March 2017 | Construction Management Plan |
| 377965 AQ 01 Dated Aptil 2017 | Air Quality Assessment |
| N101H-MML-YY-RP-C-05001 REV B | Drainage Assessment |
| N106H-MML-YY-XX-DR-C-00502 B Dted 01.05.2018 | Drainage Assessment |

**REASON FOR DECISION**

The reasons on which the Council has based this decision are as follows –

The submitted documentation and the additional conditions as provided for under the provisions of Circular 3/2013 (Development Management Procedures) will allow the delivery of the proposed public health buildings in compliance policy CF1 and other referenced policies within the Aberdeen Local Development Plan and the Aberdeen City and Shire Strategic Development Plan.

**CONDITIONS**

This permission is granted subject to the following conditions:-

(01) Prior to above ground works commencing samples of the proposed materials to be used for the external surfaces shall be submitted to and agreed in writing by the local planning authority and the external fabric of the building shall not be undertaken other than in full accordance with the agreed details.

Reason: To ensure that the approved scheme represents a high quality development in the interests of visual amenity and to comply with policy D1 of the Aberdeen Local Development Plan 2017 and national advice within Scottish Planning Policy

(02) Prior to work commencing on any of the proposed plant rooms shown on the approved drawings details of the enclosure design (including acoustic louvres) shall be submitted to and approved in writing by the Local Planning Authority and the development shall not be carried out other than in complete accordance with the approved details. The information shall include an updated Noise Assessment in respect of the performance of the enclosure in relation to amenity impacts.

Reason In the interests of amenity and well-being to comply with policies D1, T5, and CF1 of the Aberdeen Local Development Plan 2017 and guidance within Scottish Planning Policy

(03) Prior to above ground works commencing samples of the proposed materials to be used for the boundary treatments shall be submitted to and agreed in writing by the local planning authority and the approved boundary treatments shall be implemented in full prior to the first occupation of any part of the buildings and retained in perpetuity.

Reason: To ensure that the boundary treatment represents a high quality development in the interests of visual amenity and to comply with policy D1 of the Aberdeen Local Development Plan 2017 and national advice within Scottish Planning Policy.

(04) Prior any occupation of either the Baird building or ANCHOR facility a scheme for landscaping, which shall include hard surfacing, means of enclosure, planting of the development, indications of all existing trees and hedgerows on the land and details of any to be retained, together with measures for their protection in the course of development shall be submitted to and approved in writing by the Local Planning Authority in liaison Aerodrome safeguarding.

Reason: To enhance the appearance of the development in the interest of the visual amenities of the area and in the interest of aerodrome safeguarding and to comply with policies D1, D2 and B4 of the Aberdeen Local Development Plan 2017.

(05) All planting, seeding or turfing comprised in the approved scheme of landscaping shall be carried out in the first planting and seeding seasons following the first occupation of either of the Baird or ANCHOR buildings or the completion of the development, whichever is the sooner; and any trees or plants which within a period of 5 years from the completion of the development die, are removed or become seriously damaged or diseased shall be replaced in the next planting season with others of similar size and species, unless the Local Planning Authority gives written consent to any variation. All hard landscaping and means of enclosure shall be completed before the development is occupied.

Reason: To enhance the appearance of the development in the interest of the visual amenity of the area and in the interest of aerodrome safeguarding and to comply with policies D1, D2 and B4 of the Aberdeen Local Development Plan 2017

(06) The development hereby permitted shall not be carried out other than in complete accordance with the Environmental Management Plan (Document Reference ARIBA-EMP-001and dated March 2017)

Reason: In the interest of the environmental quality and of the area and to comply with policy D1 of the Aberdeen Local Development Plan.

(07) The development hereby permitted shall not be carried out other than in complete accordance with the Bird Hazard Management Plan (Reference NHSGAS-N-R-XX-XXA-00010-P02 dated 7th of November 2018)

Reason In the interest of public safety and to comply with policy B4 of the Aberdeen Local Development Plan 2017 and Circular 2 of 2003.

(08) The development hereby permitted shall not be carried out other than in complete accordance with the recommendations as set out in the Noise Assessment undertaken by Sandy Brown - Consultants in Acoustics, Noise & Vibration (Reference 17455-R01-A and dated 11 October 2017.

Reason: In the interest of amenity and to comply with policy D1 of the Aberdeen Local Development Plan and national advice contained in Scottish Planning Policy and Planning Advice Note 1/2011

(09) No construction work shall take place other than between the hours of 8 am and 6 pm Mondays to Fridays and 8 am and 1 pm on Saturdays and not at all on Sundays, Public and Bank Holidays

Reason: In order to safeguard amenity and well-being and to comply with policy D1 of the Aberdeen Local Development Plan 2017 and national guidance

(10) Prior to either the Baird building or ANCHOR facility being brought into use, whichever is the earlier, the pedestrian crossing on Westburn Road shall be undertaken and completed in full accordance with the details shown on drawing Numbers NHSGAS-MML-YY-EX-DR-C-00012 Rev P3; NHSGAS-MML-YY-EX-DR-C-00013 Rev P2; NHSGAS-MML-YY-EX-DR-C-00014 Rev P3; NHSGAS-MML-YY-EX-DR-C-00015 Rev P2; NHSGAS-MML-YY-EX-DR-C-00016 Rev P3; NHSGAS-MML-YY-EX-DR-C-00017 Rev P2 and NHSGAS-MML-YY-EX-DR-C-00018 Rev P1 to the written satisfaction of the Local Planning Authority.

Reason In the interest of road safety

(11) Within 12 months of the both of the buildings (i.e. Baird building and ANCHOR building) coming into operation evidence shall be submitted to the Local Planning Authority to demonstrate compliance with the monitoring and review mechanisms as set out in the NHS Grampian Foresterhill Health Campus Travel Plan dated July 2017.

Reason: In order that the Local Planning Authority is satisfied as to the practicality, viability and sustainability of the Travel Plan for the Foresterhill Health Campus and to comply with policy T2 and T3 of the Aberdeen Local Development Plan 2017

(12) Details of the proposed signage to those locations shown on Drawing No. NHSGAS-NOR-XX-XX-DR-A-07011 Rev PO3 shall be submitted to and agreed in writing with the Local Planning Authority and implemented in full prior to the occupation of either the Baird building or ANCHOR building either in whole or part, whichever is the earlier

Reason In the interest of road safety and securing placemaking in compliance with policy D1 of the Aberdeen Local Development Plan 2017

(13) The development hereby permitted shall not be carried out other than in complete accordance with the mitigation measures as set out within section 6 of the Air Quality Briefing Note by Mott McDonald reference 377965 I AQ I 01 and dated April 2017.

Reason: in the interest of environmental quality and to comply with policy T4 of the Aberdeen Local Development Plan 2017

(14) Notwithstanding the approved drawings details of the proposed public art in connection with the Baird building shall be submitted to and approved in writing by the Local Planning Authority prior to the occupation of any part of the Baird building and the agreed public art shall be installed on site within 3 months of its approval and shall be retained at all times thereafter.

Reason In the interests of visual amenity and adding to the public realm to comply with policy D1 of the Aberdeen Local Development Plan 2017

**Date of Signing 30 November 2018**

Daniel Lewis

**Daniel Lewis**
Development Management Manager

## IMPORTANT INFORMATION RELATED TO THIS PERMISSION

### DURATION OF THIS PERMISSION

Unless development is started within 2 years from the grant of the last approval of matters specified in conditions attached to the planning permission in principle to which this application relates, the planning permission expires.

### COMMENCEMENT AND COMPLETION OF DEVELOPMENT

A person who has been granted permission under the terms of the foregoing notice and intends to start work to implement this planning approval must, once they have decided the date they will start work on the development, inform the Council in writing of that date as soon as is practicable, but in all circumstances prior to work commencing. Failure to do so is a breach of planning control under Section 123(1) of the 1997 Planning Act. The Council should be informed of the start date and other required information on the **Notice of Initiation of Development** Form attached below

A person who completes the development for which permission has been granted by the foregoing notice must, as soon as is practicable after doing so, give notice of completion to the Council on the **Notice of Completion of Development** form attached below. In common with the failure to submit an notice of initiation of development, the Council may take enforcement action if a notice of completion is not given.

### DISPLAY OF NOTICE WHILST DEVELOPMENT IS CARRIED OUT

This development is:

- a National or Major development, as defined within The Town and Country Planning (Hierarchy of Developments) (Scotland) Regulations 2009; and/or
- a Project of Public Concern, as defined under Schedule 3 of The Town and Country Planning (Development Management Procedure) (Scotland) Regulations 2013.

In accordance with section 27 C (1) of the Town and Country Planning (Scotland) Act 1997 and Regulation 41 of the Town and Country Planning (Development Management Procedure) Regulations 2013, the Public Notice attached at the end of this consent must be displayed for the duration of works associated with this consent.

The notice shall be:

i. completed to include the name and address of the applicant/developer;
ii. displayed in a prominent place at or in the vicinity of the site of the development
iii. readily visible to the public; and
iv. printed on durable material (e.g. laminated/waterproof).

Failure to display this notice may result in the Council taking enforcement action under section 123(1) of the 1997 Planning Act.

## ADVISORY NOTES FOR THE APPLICANT

This permission does not carry with it any necessary approval under the Building Standards Regulations. Please ensure that this permission is compatible with any building warrant obtained. **The Planning Service does not cross check approvals in detail.**

The Applicant is advised that under the terms of condition 7 to Application Reference 151491 that the Local Planning Authority shall be notified should the construction methodology of the development hereby approved involve piling. Submission details shall include details of piling methodology, type of associated plant and proposals for noise attenuation or vibration disturbance

## DETAILS OF ANY VARIATION MADE TO ORIGINAL PROPOSAL, AS AGREED WITH APPLICANT (S32A of 1997 Act)

## RIGHT OF APPEAL

If the applicant is aggrieved by the decision of the planning authority –

a) to refuse planning permission for the proposed development;
b) to refuse approval, consent or agreement require by a condition imposed on a grant of planning permissions;

c) to grant planning permission or approval, consent or agreement subject to conditions,

the applicant may require the planning authority to review the case under section 43A(8) of the Town and Country Planning (Scotland) Act 1997 within three months from the date of this notice. Any requests for a review must be made on a 'Notice of Review' form available from the planning authority or at www.eplanning.scot.

Notices of review submitted by post should be sent to Strategic Place Planning (address at the top of this decision notice).

If permission to develop land is granted subject to conditions and the owner of the land claims that the land has become incapable of reasonably beneficial use in it's existing state and cannot be rendered capable of reasonably benefical use by the carrying out of any development which has been permitted, the owners of the land may serve on the planning authority a purchase notice requiring the purchase of the owner of the land's interest in the land in accordance with Part 5 of the Town and Country Planning (Scotland) Act 1997.

# NOTICE OF INITIATION OF DEVELOPMENT

**The Town and Country Planning (Scotland) Act 1997**

**The Planning (Development Management Procedure) (Scotland) Regulations 2013**

Notice under Sections 27A, 27B and 27C of the above Act and Regulations 37 and 28, regarding the initiation (start) of work for which planning permission has been granted.

Application reference number: **160778/MSC**
Date of issue: 30 November 2018
Address of site to which permission applies: Foresterhill Health Campus, Aberdeen Royal Infirmary, Aberdeen.,

**I hereby give notice that it is intended to start the above development on the following date:** dd / mm / yyyy

| | |
|---|---|
| Name, Address and Phone Number of Person Intending to Carry Out Development | |
| Name, Address and Phone Number of Landowner of Site (if different) | |
| Name, Address and Phone Number of Site Agent appointed for development | |

**Date of Submission of Notice** dd / mm / yyyy

**IMPORTANT**

**It is important that this form is completed and returned to Strategic Place Planning when you propose to start work as failure to do so may result in enforcement action being taken. Please complete and return this form to pi@aberdeencity.gov.uk or the address at the top of this decision notice.**

**General Data Protection Regulations**
**How we use your data**

Aberdeen City Council collects, maintains and processes automatically information about you for the purposes of processing and determining planning applications and may be used for consultation purposes where applicable under legislation. Information will be disclosed only in accordance with the requirements of the Town and Country Planning (Scotland) Act 1997 or otherwise as required by law, including disclosure to other agencies for example (Scottish Fire and Rescue Service, Police Scotland, Scottish Natural Heritage, Historic Environment Scotland) as required for the purposes of determining this application.

For the purposes of processing this information Aberdeen City Council is the Data Controller. The Information Commissioner Office is the UK's regulator of data protection law (www.ico.org.uk).

For further information on how we use, store & protect your data please see our website https://www.aberdeencity.gov.uk/your-data/privacy-notices/your-data-planning-application

# NOTICE OF COMPLETION OF DEVELOPMENT

**The Town and Country Planning (Scotland) Act 1997**

**The Planning (Development Management Procedure) (Scotland) Regulations 2013**

Notice under Section 27B of the above Act, regarding the completion of work for which planning permission has been granted.
Application reference number: 180778/MSC
Date of issue: 30 November 2018

Address of site to which permission applies: Foresterhill Health Campus, Aberdeen Royal Infirmary, Aberdeen.,

**I hereby give notice that the development was completed on the following date:** dd / mm / yyyy

| | |
|---|---|
| Name, Address and Phone Number of Person Intending to Carry Out Development<br><br>(see note 4 below) | |
| Name, Address and Phone Number of Landowner of Site (if different) | |
| Name, Address and Phone Number of Site Agent appointed for development | |

**Date of Submission of Notice** dd / mm / yyyy

**IMPORTANT**

**It is important that this form is completed and returned to Strategic Place Planning as soon as possible following completion of works as failure to do so may result in enforcement action being taken. Please complete and return this form to pi@aberdeencity.gov.uk or the address at the top of this decision notice.**

**General Data Protection Regulations**
**How we use your data**

Aberdeen City Council collects, maintains and processes electronically information about you for the purposes of processing and determining planning applications and may be used for consultation purposes where applicable under legislation. Information will be disclosed only in accordance with the requirements of the Town and Country Planning (Scotland) Act 1997 or otherwise as required by law, including disclosure to other agencies for example (Scottish Fire and Rescue Service, Police Scotland, Scottish Natural Heritage, Historic Environment Scotland) as required for the purposes of determining this application.

For the purposes of processing this information Aberdeen City Council is the Data Controller. The Information Commissioner Office is the UK's regulator of data protection law (www.ico.org.uk).

For further information on how we use, store & protect your data please see our website https://www.aberdeencity.gov.uk/your-data/privacy-notices/your-data-planning-application

# PUBLIC NOTICE

**The Town and Country Planning (Scotland) Act 1997**

**The Town and Country Planning (Development Management Procedure) (Scotland) Regulations 2013**

Notice under section 27 C (1) and regulation 41 to be displayed while development is in progress.

Notice is hereby given that planning permission has been granted subject to conditions on 30 November 2016 by Aberdeen City Council to:

NAME:

ADDRESS:

The development comprises Approval of matters specified in conditions 1b), 1c), 1d), 1e), 1f), 1g), 1i), 1j), 1k), 1l), 1m), 1n) (detailed design), 2 (local road improvement details), 3 (Transportation assessment and Parking Strategy), 4 (Public Transport Strategy), 5 (Travel Plan), 6 (Signage Strategy), 7 (Noise and Vibration), 8 (Air Quality) and 9 (Public Art) in relation to P151491 for the erection of the Baird Family Hospital and Anchor Centre.

Further information regarding the planning permission including the conditions, if any, on which it has been granted can be obtained at all reasonable hours at:

Strategic Place Planning
Aberdeen City Council
Business Hub 4
Marischal College
Broad Street
Aberdeen
AB10 1AB

Email: pi@aberdeencity.gov.uk Tel: 01224 523470
Website: www.publicaccess.aberdeencity.gov.uk

# Appendix CC

# Joint Cost Advisor Target Report – Executive Summary

# Appendix DD

# Summary of eHealth Project Brief

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

**Summary of eHealth Project Brief**

## 1. Purpose

The purpose of this paper is to provide information regarding IT and eHealth considerations during the development of the Project.

## 2. Background

Scotland's Digital Health and Care Strategy recognises the digital transformation embedded in modern culture and the need to evolve health and social care delivery to meet modern day expectations. The North of Scotland Health and Social Care Delivery Plan 2018-2023 and NHS Scotland's National ICT Infrastructure Standard and 2021 Target Operating Model aim to define and manage the standards and actions needed to bring the Digital Health and Care Strategy into operational reality.

In support of this quest, NHS Grampian are forming a Digital Health and Care Strategy Group (sub-group of the NHS Grampian Senior Leadership Team) to oversee digital developments within NHS Grampian, align with North of Scotland Boards and nationally with NHS Scotland.

All new capital developments are planned to embrace as much of the digital standards and aims as possible to allow as much efficiency to be realised from digitally enhancing the facilities.

## 3. eHealth Involvement

eHealth have been engaged in the development of the Baird and ANCHOR Project from the early stages. The Director of eHealth and Facilities is a member of the Project Board, thus ensuring eHealth have a voice in all decisions which impact on eHealth now and in the future. In addition, he is also a member of the Board's Asset Management Group (AMG) which is responsible for the review and sign off of all business cases before recommending approval to the NHSG Board.

## 4. ICT

Underpinning the delivery of the NHS Grampian Digital Health and Care Strategic Delivery Plan is the infrastructure investment to align Grampian with the National ICT Infrastructure Standard and 2021 Target Operating Model. These strategies have been taken account of in the Building Construction Requirements (BCR) document (Section 9) which advises the PSCP on the IT standards to be adopted by this Project.

### 4.1 Network Communications

The new facilities will utilise the now mature CAT6A cabling which supports applications up to 10Gb and has improved performance over CAT6 cabling at higher frequencies. CAT7

cabling was not considered owing to the cost and limited benefit over CAT6A. The investment in the CAT6A cabling will ensure the buildings are future proofed for the foreseeable future.

NHSG already supports a switch based network providing converged voice and data through dedicated IT node rooms distributed throughout the buildings.

All areas within the buildings will allow approved access for devices to the internet via SWAN. The new buildings will provide access to GOVroam (SWANroam) and Eduroam as standard for government and university staff to seamlessly login.

### 4.2 Staff and Patient WiFi

Electronic wireless surveys have and will be produced to ensure there is full wireless coverage throughout both buildings for voice, data, video and location services. Surveys were carried out at early design stage and will be repeated as the buildings take structural form. The surveys will ensure wireless access points are installed on all floors to provide complete coverage for mobile users.

Access via the wireless network is managed through active directory credentials. There is an increasing utilisation of wireless for all aspects of healthcare, enabling staff to bring electronic records to the point of care. An increasingly mobile workforce can use laptops and wireless phones, working from any location and being contactable as though they were at a fixed desk. Patient monitoring systems can remain attached as patients are transferred between locations while still updating vital information to central monitoring consoles. There is an ability to track equipment and/or staff/patients through location services connected to the wireless network.

Patient WiFi allows patients (and visitors) to easily access the internet whilst attending the facilities. Patient WiFi will be available in all areas of both buildings at no cost to the patient. Patient WiFi will be delivered via Aberdeen City Connect public WiFi provider.

### 4.3 IT Security

IT security will be maintained through provision of the latest standard (for NHSG) of data switches, wireless access points and desktop operating systems.

All new services and systems to be implemented within NHS Grampian are subject to a number of checks and balances. Initially, all proposed systems must be currently compliant with the NHS Scotland National ICT Infrastructure Standard and 2021 Target Operating Model to ensure consistency across new developments. Additional processes as a minimum will include:

- Privacy and Security Risk Assessment (PSA) - the PSA is intended to replace the need for separate Privacy Impact Assessment (PIA) and bespoke Security Risk Assessment. This form has been created for all IT and e-communication projects (e.g. email, messaging, chat, forums, self check-in systems, where end points are exposed to direct contact with non NHS staff etc) to be quickly and consistently assessed for privacy and security risk.

- Third Party Information Security Checklist - a combination of; people, procedure, physical and technical security. To allow for quicker assessment, NHS Grampian do gap analysis against these four broad measures, then may ask more questions or evidence related to them. Having security in all four broad areas is better than a gap in security. This is a quicker way to assess than a full audit against ISO 27001/2. This checklist may be used as part of a wider Privacy and Security checklist.
- Design of systems and physical infrastructure to support developments will be based on current and future standards.

### 4.4 Resilience, Disaster Recovery, Business Continuity

The buildings will be connected to two different computer rooms on the Foresterhill Health Campus by diverse fibre and copper connections. In the event of part of the core network failing, the facilities will continue to operate over the alternative connection.

The buildings will both have a main IT node room and a number of other IT node rooms relative to the networking needs of the respective floors. Each non-main node room will connect to the main room by two diverse fibre and copper connections. In the event of partial equipment failure within the main building IT node room, the individual IT node rooms will continue to provide service over the alternative connection.

Each IT node room will have Uninterruptable Power Supply (UPS) installed. These will maintain the power for a period of time in the event of failure. In addition, each UPS will be fed from two separate power sources, again improving resilience. The node rooms will also be climate monitored and designed with business continuity and resilience in mind.

### 4.5 Telecoms

There will be no exchange lines in the Baird or ANCHOR buildings. All services (e.g. alarm lines, lift lines etc) will be delivered over telephone extensions, therefore the forthcoming expiry of the PSTN phone network will have no effect on the development.

Each IT node room will be capable of delivering both IP and analogue telephony services. Whilst the majority of the telephone handsets will be IP based, each area will have strategically placed analogue telephone handsets that will continue to operate in the event of an IP based network failure.

IP based telephone extensions will be distributed across two separate controllers. In the event of one controller failure, the extensions will operate from an alternative controller.

Analogue phones will be available across two diverse connections ensuring that connectivity remains in the event of a failure of one.

Certain staff will have the option of Ascom wireless handsets which operate across the wireless network. The potential benefits and efficiencies offered from the Ascom network integrating with existing and new systems (eg nurse call, Electronic Patient Record) is being explored as an emerging strategic direction.

### 4.6 Audiovisual (AV) and Video Conferencing (VC)

All meeting/seminar/multi-disciplinary team rooms are designed to include a standard configuration of AV and VC. Each consulting room will include dual screens and web cams to facilitate virtual clinics. The AV/VC technology planned will allow interoperability with existing technology in use across NHS Boards. Planning will also take cognisance of national developments (eg Microsoft 365 Teams).

### 4.7 IT Costs

All core infrastructure costs (cabling, telephony etc) associated with these new facilities forms part of the overall construction costs. Allowances for IT equipment, including telephony, VC, AV and system costs have been provided in the equipping costs.

All system and IT equipment allowances identified in the equipping costs have been estimated using market research, analysis of current asset databases and benchmarking data derived from previous projects. These costs include allowances where new initiatives are anticipated to place a greater demand on the IT infrastructure.

## 5. Systems and Service Benefits

The new facilities are planned to take advantage of digital developments in line with the NHSG Digital Health and Social Care strategy and corresponding operational plan. These developments include:

### 5.1 Electronic Records

In line with the NHSG Digital Strategy objective relating to electronic records, the Baird and ANCHOR facilities will be designed with infrastructure and workflows to take maximum advantage of electronic clinical information retrieval and record keeping.

### 5.2 Self Check-In

In line with the NHSG Digital Strategy objective relating to Digitally Assisted Self-Management, patients will have the empowerment to record their own arrivals for ambulatory contacts and to review and validate their own personal information. This will allow the reception resource to have more quality time for those patients requiring assistance, thus improving the patient experience.

### 5.3 Next Patient Call

In line with the NHSG Digital Strategy, the facility will employ a Next Patient Call system to communicate with patients when the clinician is ready for the consultation. This development is expected to reduce unnecessary escorting time for staff.

### 5.4 Baby Tagging

In line with other new facilities which provide in-patient care of neonates, the Baird facility will have the associated infrastructure and software to support an electronic baby tagging system. The prime purpose of this system will be as an additional layer of security for the prevention of baby abductions. The system will be able to monitor the baby's movements around the building against planned movements. Unplanned movements will trigger various levels of alarms and alerts to address the incident, including repositioning of CCTV to capture images in the event a baby has been taken through an external door. Movements, alarms triggered and responses will all be recorded and available for analysis.

### 5.5 Virtual Clinics/Multi-Disciplinary Teams (MDT)

In line with the NHSG Digital Strategy objective relating to telehealth and telecare, all consulting rooms will be equipped to allow consultations to be held closer to home for the patient. All MDT rooms will be equipped to support virtual MDT meetings with participants from other NHSG and other NHS Board locations.

In addition to this being more cost and time efficient for both patients and health care professionals, use of virtual consultations and meetings will reduce the carbon footprint.

## 6. IT Benefits

The IT infrastructure and systems have been planned to deliver the capability the clinical services and patients expect in a modern healthcare environment. The core infrastructure benefits of CAT6A cabling, staff and patient WiFi etc will provide the services in new facilities with the backbone to use digital as they evolve their mode of service delivery. The benefits arising from the systems' capability will mainly be associated with improved patient/staff experience, appropriate care delivered closer to home, improved clinical safety from controlled access to patient's clinical information and efficiency improvements from being able to use IT to automate non-clinically relevant tasks.

## 7. IT Risks and Mitigation

Many risks are mitigated from the following actions:

- IT standards and guidance given to contractors prior to building planning and design
- Key IT personnel in dialogue with the services, contractors and Project Board from early stages and thus involved in decision making
- Constant involvement from IT in the Project Team to keep abreast of progress and issues arising
- Plans for the majority of new ways of working with IT systems to be introduced into working practices a year before the move to the new facilities, thus allowing bedding in time ahead of service commissioning. Where the functionality is unable to be introduced ahead of the service move to the new facility, risk assessments will be made to inform when and how to bring the new functionality into operation.

End of report

# Appendix EE

# Design Quality Review Report

# To follow when available.

# Appendix FF

# High Level Functional Commissioning Plan

# ANCHOR Functional Commissioning Phase

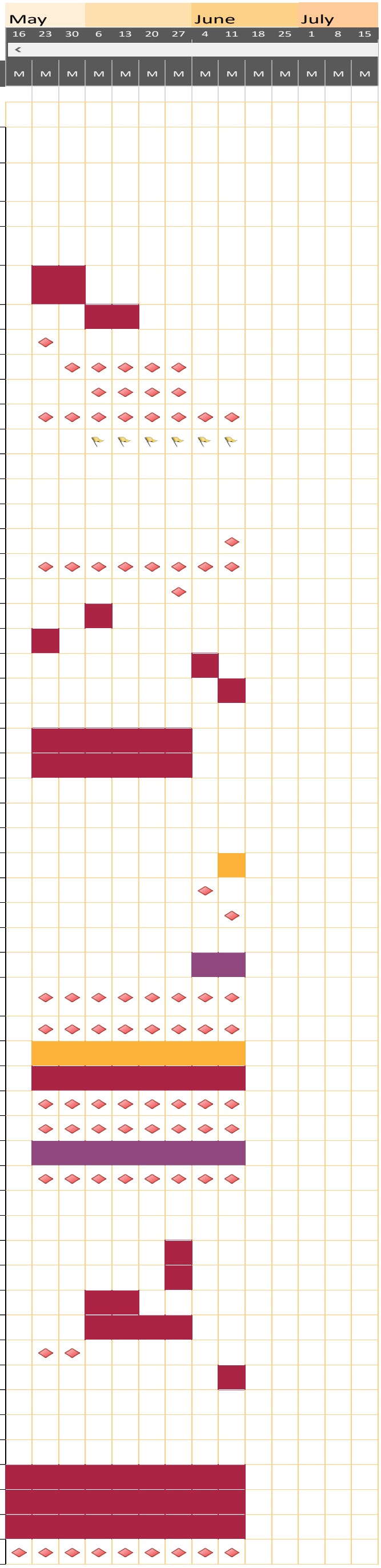
Legend: On Track | Low Risk | Med Risk

Project Start Date: 10/01/2022

Scrolling Increment: 126

Number of weeks 13

| Milestone Description | Category | Assigned To | Start | No. Days | End |
|---|---|---|---|---|---|
| Attend handover meeting. Take receipt of the building | Goal | Project Director/Deputy PD's | 16/05/2022 | 0 | 16/05/2022 |
| Implement interim building security procedure | Milestone | Security Manager | 16/05/2022 | 0 | 16/05/2022 |
| Delivery of domestic equipment | High Risk | Deputy Domestic Manager | 17/05/2022 | 0 | 17/05/2022 |
| Installation of temporary floor protection | Milestone | Commissioning Team | 17/05/2022 | 0 | 17/05/2022 |
| Initial domestic clean | High Risk | Deputy Domestic Manager | 17/05/2022 | 14 | 31/05/2022 |
| IPCT - plating in building | High Risk | Infection Prevention Control Team | 01/06/2022 | 14 | 15/06/2022 |
| HFS set up and early deliveries Group 2 | Goal | HFS, Commissioning Team | 23/05/2022 | 4 | 27/05/2022 |
| HFS Equipment receipt, distribution and assembly | Goal | HFS, Commissioning Team | 30/05/2022 | 32 | 01/07/2022 |
| Arrange for Medical Physics to attend test, and commission medical equipment | Goal | Commissioning Team, Clinical Technologist | 06/06/2022 | 25 | 01/07/2022 |
| Snagging list | Goal | Commissioning Team | 17/05/2022 | 61 | 17/07/2022 |
| Subsequent domestic cleans to keep dust down | Milestone | Commissioning Team | 01/06/2022 | 46 | 17/07/2022 |
| Second clean (after snagging and equipment deployment) | Goal | Deputy Domestic Manager | | 0 | |
| IPCT results of plating and actions required | Goal | Infection Prevention Control Team | | 0 | |
| Plan for another clean depending on results of plating | Goal | Infection Prevention Control Team, Deputy Domestic Manager | | 0 | |
| Final clean | Goal | Deputy Domestic Manager | 07/07/2022 | 8 | 15/07/2022 |
| Daily CT logistics Meeting 8.30am - 30mins only | Goal | Commissioning Team | 17/05/2022 | 61 | 17/07/2022 |
| Receive and install screens - curtains/wall mounted once all furniture installed | Goal | Linen Manager | 27/06/2022 | 4 | 01/07/2022 |
| Receive and distribute stock orders with each department | High Risk | Project Nurses | 01/06/2022 | 9 | 10/06/2022 |
| Receive and distribute stock for domestic supplies | High Risk | Deputy Domestic Manager | 23/05/2022 | 4 | 27/05/2022 |
| Arrange for laminated sheets/photos to be placed on cupboards | High Risk | Project Nurses | 04/07/2022 | 4 | 08/07/2022 |
| Receive pharmacy orders and store safely in drug cupboards | High Risk | Project Nurses | 11/07/2022 | 4 | 15/07/2022 |
| Tour Guide Tours for Project &Commissioning Teams | Milestone | PSCP | 17/05/2022 | 3 | 20/05/2022 |
| Undertake Orientation tours for staff | High Risk | Commissioning Team | 23/05/2022 | 39 | 01/07/2022 |
| Training - mandatory/statutory - fire/security, equipment, new systems etc. | High Risk | Commissioning Team | 23/05/2022 | 39 | 01/07/2022 |
| Open Day - Staff | High Risk | Commissioning Team | 04/07/2022 | 0 | 04/07/2022 |
| Open Day - Donors | Goal | Commissioning Team | 05/07/2022 | 0 | 05/07/2022 |
| Open Day - Public | Goal | Commissioning Team | 06/07/2022 | 0 | 06/07/2022 |
| Final domestic clean post tours | Low Risk | Deputy Domestic Manager | 08/07/2022 | 7 | 15/07/2022 |
| Arrange for badges to be programmed | Goal | Commissioning Team | 04/07/2022 | 4 | 08/07/2022 |
| Arrange for programmed badges to be issued to staff | Goal | Commissioning Team | 11/07/2022 | 4 | 15/07/2022 |
| Arrange for badges to be issued to new starts | Goal | Commissioning Team | 13/07/2022 | 2 | 15/07/2022 |
| Implement removal plan | Med Risk | Commissioning Team | 01/07/2022 | 16 | 17/07/2022 |
| Commissioning of the comms network | Goal | Senior ICT Project Manager/Telecoms Team Leader / Senior Technical Analyst | 17/05/2022 | 61 | 17/07/2022 |
| Deployment and installation of IP phones | Goal | Telecoms Team Leader / Senior Technical Analyst | 17/05/2022 | 61 | 17/07/2022 |
| Setting up new IT equipment | Low Risk | IT Department | 17/05/2022 | 61 | 17/07/2022 |
| Beneficial access - UOA/AV | High Risk | Commissioning Team/UOA | 17/05/2022 | 61 | 17/07/2022 |
| New server installation | Goal | IT Department | 17/05/2022 | 61 | 17/07/2022 |
| Transfer and set up of relocating IT equipment | Goal | IT Department | 17/05/2022 | 61 | 17/07/2022 |
| Comms installation and patching | Med Risk | Telecoms Team Leader / Senior Technical Analyst | 17/05/2022 | 61 | 17/07/2022 |
| Relocation of existing phone sytsem | Goal | Telecoms Team Leader / Senior Technical Analyst | 17/05/2022 | 61 | 17/07/2022 |
| Setting up of multifunctional devices (company to do) | Goal | Commissioning Team/Supplier | 01/07/2022 | 0 | 01/07/2022 |
| SAS/SFRS/Police (include Royal Protection) Orientation/Site visit | Milestone | Commissioning Team | 03/06/2022 | 0 | 03/06/2022 |
| Orientation of Fire Response Team | High Risk | Fire Safety Adviser,Commissioning Team | 27/06/2022 | 4 | 01/07/2022 |
| Orientation of Resus Team | High Risk | Commissioning Team | 27/06/2022 | 4 | 01/07/2022 |
| Local fire plans to be in place | High Risk | Fire Safety Adviser, Project Nurses | 06/06/2022 | 11 | 17/06/2022 |
| BCP's to be in place | High Risk | Service Managers | 01/06/2022 | 30 | 01/07/2022 |
| Key Schedule | Goal | Commissioning Team | 17/05/2022 | 17 | 03/06/2022 |
| Implement Migration plan | High Risk | Commissioning Team | 11/07/2022 | 6 | 17/07/2022 |
| Open and ready for patients | Goal | | 18/07/2022 | 0 | 18/07/2022 |
| Official Opening | Milestone | | | 0 | |
| Post evaluation | Goal | | | 0 | |
| ASEPTIC Pharmacy migration plan | High Risk | | 16/05/2022 | 62 | 17/07/2022 |
| Dispensing Pharmacy migration plan | High Risk | | 16/05/2022 | 62 | 17/07/2022 |
| Clinical Trials migration plan | High Risk | | 16/05/2022 | 62 | 17/07/2022 |
| Funcational Commissioning Phase | Goal | | 16/05/2022 | 62 | 17/07/2022 |



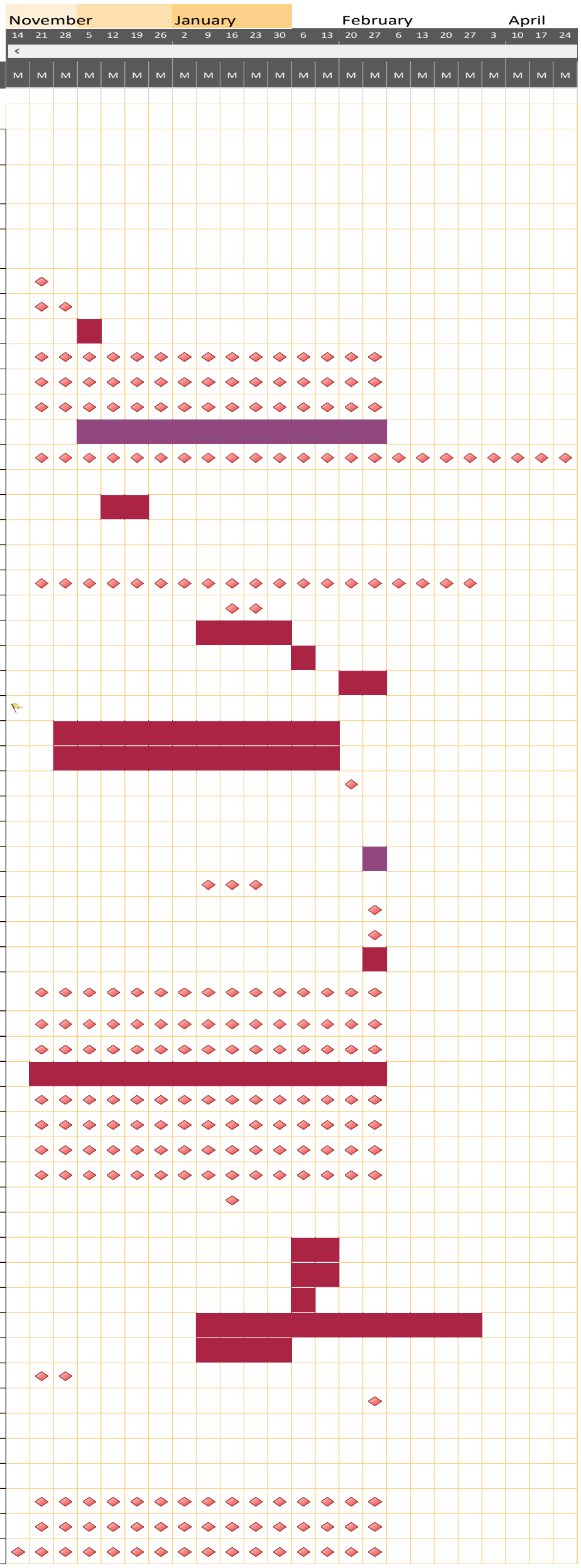
# BAIRD Functional Commissioning Phase

Legend: On Track | Low Risk | Med Risk | High Risk | Unassigned

Project Start Date: 10/01/2022

Scrolling Increment: 308

| Milestone Description | Category | Assigned To | Start | No. Days | End |
|---|---|---|---|---|---|
| Attend handover meeting. Take receipt of the building | Goal | Project Director/Deputy PD's | 14/11/2022 | 0 | 14/11/2022 |
| Implement interim building security procedure | High Risk | Security Manager | 14/11/2022 | 0 | 14/11/2022 |
| Delivery of domestic equipment | High Risk | Deputy Domestic Manager | 15/11/2022 | 0 | 15/11/2022 |
| Received and distributre stock for domestic supplies | High Risk | Commissioning Team, Domestic Teams | 15/11/2022 | 3 | 18/11/2022 |
| Installtion of temporary floor protection | Goal | Commissioning Team | 15/11/2022 | 10 | 25/11/2022 |
| Initial domestic clean | Goal | Deputy Domestic Manager | 15/11/2022 | 14 | 29/11/2022 |
| IPCT plating in building | High Risk | Infection Prevention Control Team | 30/11/2022 | 9 | 09/12/2022 |
| HFS set up and early deliveries Group 2 | Goal | HFS, Commissioning Team | 15/11/2022 | 110 | 05/03/2023 |
| HFS Equipment receipt, distribution and assembly | Goal | HFS, Commissioning Team | 15/11/2022 | 110 | 05/03/2023 |
| Arrange for Medical Physic to attend, test, and commission medical equipment | Goal | Commissioning Team, clinical Technologist | 21/11/2022 | 104 | 05/03/2023 |
| Subsequent domestic cleans to keep the dust down | Med Risk | Deputy Domestic Manager | 01/12/2022 | 94 | 05/03/2023 |
| Snagging list | Goal | Commissioning Team | 15/11/2022 | 167 | 01/05/2023 |
| Second clean (after snagging and equipment deployment) | High Risk | Deputy Domestic Manager | | 0 | |
| IPCT results of plating and actions required | High Risk | Infection Prevention Control Team | 12/12/2022 | 11 | 23/12/2022 |
| Plan for another clean depending on results of plating | Goal | Infection Prevention Control Team, Deputy Domestic Manager | 23/12/2022 | 0 | 23/12/2022 |
| Final clean | Goal | Deputy Domestic Manager | | 0 | |
| Daily CT logistics Meeting 8.30am - 30mins only | Goal | Commissioning Team | 15/11/2022 | 135 | 30/03/2023 |
| Receive and install screens - curtains/wall mounted once all furniture installed | Goal | Linen Manager | 16/01/2023 | 11 | 27/01/2023 |
| Receive and distribute stock orders with each department | High Risk | Project Nurses | 09/01/2023 | 25 | 03/02/2023 |
| Arrange for laminated sheets/photos to be placed on cupboards | High Risk | Project Nurses | 06/02/2023 | 4 | 10/02/2023 |
| Receive pharmacy orders and store safely in drug cupboards | High Risk | Project Nurses | 20/02/2023 | 11 | 03/03/2023 |
| Tour Guide Tours for Project &Commissioning Teams | Milestone | PSCP | 14/11/2022 | 4 | 18/11/2022 |
| Undertake Orientation tours for staff | High Risk | Commissioning Team | 28/11/2022 | 81 | 17/02/2023 |
| Training - mandatory/statutory - fire/security etc | High Risk | Commissioning Team | 28/11/2022 | 81 | 17/02/2023 |
| Open Day - Staff | Goal | Commissioning Team | 20/02/2023 | 1 | 21/02/2023 |
| Open Day - Donors | Goal | Commissioning Team | 22/02/2023 | 1 | 23/02/2023 |
| Open Day - Public | Goal | Commissioning Team | 24/02/2023 | 1 | 25/02/2023 |
| Clean post tours | Med Risk | Deputy Domestic Manager | 26/02/2023 | 7 | 05/03/2023 |
| Arrange for badges to be programmed | Goal | Commissioning Team | 09/01/2023 | 18 | 27/01/2023 |
| Arrange for programmed badges to be issued to staff | Goal | Commissioning Team | 27/02/2023 | 4 | 03/03/2023 |
| Arrange for badges to be issued to new starts | Goal | Commissioning Team | 27/02/2023 | 4 | 03/03/2023 |
| Implement removal plan | High Risk | Commissioning Team | 27/02/2023 | 6 | 05/03/2023 |
| Commissioning of the comms network | Goal | Senior ICT Project Manager/Telecoms Team Leader / Senior Technical Analyst | 15/11/2022 | 110 | 05/03/2023 |
| Deployment and installation of IP phones | Goal | Telecoms Team Leader / Senior Technical Analyst | 15/11/2022 | 110 | 05/03/2023 |
| Setting up new IT equipment | Goal | IT Department | 15/11/2022 | 110 | 05/03/2023 |
| Beneficial access - UOA/AV | High Risk | Commissioning Team/UOA | 15/11/2022 | 110 | 05/03/2023 |
| New server installation | Goal | IT Department | 15/11/2022 | 110 | 05/03/2023 |
| Transfer and set up of relocating IT equipment | Goal | IT Department | 15/11/2022 | 110 | 05/03/2023 |
| Comms installation and patching | Goal | Telecoms Team Leader / Senior Technical Analyst | 15/11/2022 | 110 | 05/03/2023 |
| Relocation of existing phone sytsem | Goal | Telecoms Team Leader / Senior Technical Analyst | 15/11/2022 | 110 | 05/03/2023 |
| Setting up of multifunctional devices (company to do) | Goal | Commissioning Team/Supplier | 16/01/2023 | 4 | 20/01/2023 |
| SAS/SFRS/Police (include Royal Protection) Orientation/Site visit | Goal | Commissioning Team | 13/02/2023 | 0 | 13/02/2023 |
| Orientation of Fire Response Team | High Risk | Fire Safety Adviser,Commissioning Team | 06/02/2023 | 11 | 17/02/2023 |
| Orientation of Resus Team | High Risk | Commissioning Team | 06/02/2023 | 11 | 17/02/2023 |
| Orientation of Bleep Holders | High Risk | Commissioning Team | 06/02/2023 | 4 | 10/02/2023 |
| Local fire plans to be signed off and in place | High Risk | Fire Safety Adviser, Project Nurses | 09/01/2023 | 81 | 31/03/2023 |
| BCP's to be in place | High Risk | Service Managers | 09/01/2023 | 22 | 31/01/2023 |
| Key Schedule | Goal | Commissioning Team | 15/11/2022 | 17 | 02/12/2022 |
| Implement Migration plan | Goal | Commissioning Team | 27/02/2023 | 6 | 05/03/2023 |
| Open and ready for patients | Milestone | | 06/03/2023 | 0 | 06/03/2023 |
| Official Opening | | | | 0 | |
| Post evaluation | | | | 0 | |
| ACRM migration plan | Goal | | 15/11/2022 | 110 | 05/03/2023 |
| MRI migration plan | Goal | | 15/11/2022 | 110 | 05/03/2023 |
| Functional Commissioning Phase | Goal | Commissioning Team | 14/11/2022 | 111 | 05/03/2023 |



# Appendix GG

# The Baird Family Hospital and The ANCHOR Centre Training and Development Plan

**The Baird Family Hospital and The ANCHOR Centre - Training and Development Plan**

**Full Business Case - December 2019**

This plan refers to training specifically related to the new facilities, is in addition to mandatory training and does not include training that will be required for new e-Health systems.

| Department | Learning need | Staff involved | How will need be met | Target date |
|---|---|---|---|---|
| Baird Theatres | Skilled staff to support breast, obstetrics and gynaecology as fully integrated Baird theatre team | Nursing and theatre support staff | Staff rotation, creation of Baird Theatre Nursing Programme, recruitment to Baird Theatre posts | 2017 (commenced)<br>2023 (completion) |
| Baird Theatres | Operational knowledge of integrated theatre system (gynaecology theatre) | Theatre multi-disciplinary team | Baird team access to existing ARI facilities for familiarisation and training | 2018 (commenced)<br>2023 (completion) |
| Baird Maternity | Birthing Suite staff require skills and experience to manage bereavement | Midwifery and Health Care Support Workers (HCSW) | Staff rotation to Rubislaw Ward to gain skills<br>Opportunities for staff to attend Sands bereavement training. | 2017 (commenced)<br>2023(completion) |

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| | | | Rubislaw Ward orientation programme for midwives | |
| Baird Maternity | Ensure sufficient numbers of midwives trained in the Recognition, Evaluation, Assessment, Critical Treatment and Stabilisation (REACTS) course. Increase trained staff in Baird needed due to increased number of birthing rooms | Band 6 midwifery staff | Plan to run regular REACTS courses up to Baird commissioning | 2019 (commenced)<br>2023 (completion) |
| Baird Maternity | Adequate number of staff trained on Examination of the Newborn course. Assist with Early Transfer to Community Care (ETTCC). Priority for Best Start programme | Midwifery staff | Plan to run regular ETTCC courses up to Baird commissioning | 2019 (commenced)<br>2023 (completion) |
| Baird Maternity | Skilled triage midwives who are trained to | Midwifery staff | Introduction of Cook Balloon as safe | 2018 (commenced) |

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| | insert the Cook Balloon for induction of labour. prior to Baird | | method for Induction of Labour (IOL)<br><br>hands on experience. | 2023 (completion) |
| Baird Neonatology | Achieve 70% of QIS trained nurses in the neonatal nursing team | Nursing staff | Continue to send staff to annual QIS training to increase numbers, seek to increase annual training as funding and workforce allows | 2017 (commenced)<br><br>2023 (completion) |
| Baird Medical Staff | Paediatric medical staff in future will cover both RACH and Baird neonatal services – ensure appropriate skills in place | Medical staff | GP trainees to be trained in newborn examinations | 2020 (commence)<br><br>2023 (completion) |
| Baird Neonatology | Increase transitional care skills across the team | Nursing and medical staff | Visit other units across the UK.<br><br>Team continue to progress elements of family-centred care, commended for this work within NHS Scotland | 2017 (commenced)<br><br>2023 (completion) |

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| Baird Breast | Training to provide radioisotope injections in theatre. Currently carried out in Nuclear Medicine department, not patient-friendly process | Consultant and nursing staff | Internal training to be provided by Nuclear Medicine Department (administration of radioisotopes, receipt and despatch etc.) | 2022 (commence)<br>2023 (completion) |
| Baird Gynaecology | Learn from established centres offering enhanced ambulatory services e.g. Glasgow, Telford | Nursing and consultant staff | Job shadowing, spending time in established gynaecology centres | 2019 (commenced)<br>2023 (completion) |
| Baird Gynaecology | Nursing staff skilled in emergency clinic assessment, seeking to avoid unnecessary admissions | Nursing staff | Formal training in emergency clinic skills | 2019 (commenced)<br>2023 (completion) |
| Baird Gynaecology | Increase range of out-patient nurse-led clinical skills e.g. pessary management, ultrasound scanning | Nursing staff | Staff undertake pessary training, colposcopist to train in scanning to provide nurse-led post-menopausal clinics | 2018 (commenced)<br>2023 (completion) |
| Baird Gynaecology | Nurses in out-patient department to gain skills to see out- | Nursing staff | Review of Gynaecology | 2019 (commenced)<br>2023 (completion) |

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| | patients currently seen in in-patient ward | | Specialist Nurse role in progress | |
| Baird Gynaecology | Training in anaesthetic procedures for increased ambulatory care e.g. fundal blocks used for ablations. | Medical staff | Visit to centres who do this currently e.g. Telford. Internal cascade training to be provided by lead gynaecologist. Trials to be conducted in theatre with anaesthetic support | 2020 (commence)<br>2023 (completion) |
| ANCHOR Haematology and<br>Oncology | Service demand necessitates appropriate increase in nurse- and pharmacist-led service provision, delivered by trained and experienced staff.<br>Pharmacists running additional clinics, created a further 35 patient review slots per week.<br>ANP team have introduced haematology pre assessment clinics and | Nursing and pharmacy staff | Investment in clinical skills and decision-making training | 2018 (commenced)<br>2022 (completion) |

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| | are adding additional clinics. | | | |
| ANCHOR Haematology and Oncology | Service demand necessitates appropriate increase in shared care e.g. more GP-led community care; more blood transfusions being delivered in community hospitals. | GP staff | Engage with GP colleagues to advance plans for increased share care provision in the community | 2018 (commenced)<br>2022 (completion) |
| ANCHOR Haematology and Oncology | Service to invest in training and development opportunities to aid recruitment to nurse roles (both in-patient and specialist nurse posts).<br>Day treatment wards up to full nursing establishment.<br>SACT course now being run by RGU and Anchor Unit staff. | Nursing staff | Introduce rotational posts.<br>Invest in staff development and conference attendance.<br>Continue to review skill mix. | 2017 (commenced)<br>2022 (completion) |

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| | Merging of nursing teams between 307 and 310 progressing steadily and on target to be functioning as one team before 2022. Joint educational plan between the two wards. Next steps to explore harmonisation of working hours and differences in practice. | | | |
| ANCHOR Haematology and Oncology | Provide comprehensive training programme to support junior and middle grade medical staff | Medical staff | Continue to review and deliver established teaching programmes for junior and middle grade doctors.<br><br>Continue to ensure that medical staff at these levels get exposure to e.g. blood transfusion, paediatric services, laboratory services etc | 2017 (commenced)<br><br>2022 (completion) |

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|---|---|---|---|---|
| ANCHOR Haematology and Oncology | Robust training and development plans needed to attract, recruit and retain nursing staff.<br><br>Work in progress to deliver high volume mandatory training.<br><br>Associate Practice Educator in post developing HCSW roles. | Nursing staff | Establish induction courses for new to area registered nurses.<br><br>Educational support to be provided to deliver high volume of mandatory training.<br><br>Training to include palliative and end of life topics. | 2017 (commenced)<br><br>2022 (completion) |
| ANCHOR Haematology and Oncology | Workforce to be appropriately trained to provide Systemic Anti-Cancer Therapy (SACT).<br><br>Within day patient service all staff currently SACT trained.<br><br>Significant shortfall in inpatients due to high percentage of new or junior staff. Rotation between in patient and day patient wards to | Nursing staff | Robust training framework for SACT to be developed to ensure compliance | 2018 (commenced)<br><br>2022 (completion) |

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| | develop staff competency. | | | |
| ANCHOR Haematology and Oncology | Safe administration of chemotherapy.<br><br>Course commenced and running successfully.<br><br>Would benefit from one additional autumn course per year to meet service requirements which RGU are unable to fulfil.<br><br>For 2019 outsourcing autumn SACT course to West of Scotland to meet the service needs. | Nursing staff | Deliver training in partnership with Robert Gordon University (RGU) for safe administration of chemotherapy | 2018 (commenced)<br><br>2022 (completion) |
| ANCHOR Haematology and Oncology | Develop Advanced Nursing Team to Masters level knowledge.<br><br>Core team of ANPs appropriately trained and cross covering | Advanced Nursing Team | Work with Nurse Consultant for Advanced Practice to develop this and establish skills competency framework | 2018 (commence)<br><br>2022 (completion) |

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| | entire pathway for scheduled and unscheduled care. | | | |
| ANCHOR Haematology and Oncology | Continued investment in Advanced Nursing Team to assist with unscheduled care and practical procedures e.g. bone marrow aspirates, line insertions<br><br>ANPS already trained to undertake bone marrow aspirations and drainage of ascetic fluid. | Advanced Nursing Team. | Invest in clinical examination and prescribing courses | 2018 (commenced)<br><br>2022 (completion) |

# Appendix HH

# Best Possible Start Local Recommendations

**Local recommendations and reporting – NHS Grampian October 2019**

The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland contains 76 recommends. The Best Start Implementation Programme Board have identified that 23 of these recommendations are suitable for implementation by Boards locally with limited input required nationally.

All 14 Boards in Scotland have identified a local lead for Best Start implementation and this document was developed in consultation with those local leads. It was identified that while some of the guidance required a simple binary response others would be better suited to monitoring progress.

In order to ensure consistency of reporting this document was established. Boards will report progress on a six monthly basis, or until the recommendation is complete.

| | | |
|---|---|---|
| **Measure Name** | **Recommendation 2: Birth Plan: Every Woman will have a clear birth plan developed for her needs which is updated regularly throughout her pregnancy journey**<br><br>**Recommendation 19: Postnatal Care: Options for Postnatal care should be discussed with women throughout pregnancy and a plan agreed which takes account of their unique circumstances** | |
| **Type** | Process | |
| **Why is this measure needed?** | These measures demonstrate person centred care from a primary midwife and, where appropriate, obstetrician, and that the women was actively involved in creating a dynamic plan for her care. | |
| **Operational Definition** | The primary midwife will support the woman in her decision-making as her pregnancy progresses, and these conversations will be recorded in a shared plan. The approach will remain flexible to address changing needs and expectations at every stage. The planning will include consideration of expectations of post birth care, with the final decision on place of birth based on the situation at the start of labour. | |
| **Inclusion** | All women booking for maternity care | |
| **Exclusions** | Concealed pregnancy or unbooked / unknown to the service | |
| **Data collection & sampling method** | Retrospective case note review or electronic record (e.g. Badgernet). 20 cases per month per Board.<br><br>**Processes**:<br><br>1. Does every women have an individualised and reflective of care?<br>2. Do you have a process for auditing plans of care?<br>3. Does your audit process reflect whether the woman was involved in her plan of care and whether it reflected her risks and choices?<br><br>**Who will collect:**Team lead or designated person<br><br>**Where will data be inputted**: data collection form then database<br><br>**Frequency**: monthly<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Run chart | |
| **Baseline data** | None | |
| **Goal or target** | All women | |
| **Report from Boards** | Percentage of women with an individualised plan of care | We commenced data collection in September 2019 on receipt of new measures. Run chart embedded for first month of data collection. We are collating data weekly to support rapid improvement methodology approach.<br><br>  <br>Run Chart Local Recommendation 2 Ir |

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| | Do you have a process for auditing plans of care? | Yes, there is a process for auditing the plans of care. It is currently under review. |
| | Does audit process reflect women's risk and choices | No currently the process does not reflect women's risk and choices. We are working toward developing this. |

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| **Measure Name** | **Recommendation 3: Link GP: GP Practices should nominate a link GP for the practice to provide a liaison point between the midwifery/obstetric team, the health visiting team and the practice.**<br><br>**Recommendation 36. GPs and Health Visitor must be involved as part of the team in pre and post-natal care, and GP practices should identify a named link GP for vulnerable pregnant women.** | |
| **Type** | Process | |
| **Why is this measure needed?** | GPs, as a key part of the multi-professional team will provide a vital point of longer term continuity for vulnerable women, as well as providing ongoing care to all women before, during and after pregnancy | |
| **Operational Definition** | All Boards will have a mechanism to support two way communication with GPs to share management information and changes to services.<br><br>All caseload teams will be able to engage with a named GP either at an individual practice level, or GP cluster level in order to discuss clinical care, especially for vulnerable women. | |
| **Inclusion** | All women booking for maternity care | |
| **Exclusions** | Concealed pregnancy or unbooked / unknown to the service | |
| **Data collection & sampling method** | **Data to be recorded**:<br><br>1. Is there a mechanism to support two way communication and information sharing between midwifery services and GP services?<br>2. Is there a mechanism to support two way communication and information sharing with Health visiting teams.<br><br>**Who will collect:**Boards to confirm that for each practice they have a contact link.<br><br>**Where will data be input**: reporting template<br><br>**Frequency**: when complete<br><br>**Who will collate & disseminate:**Board local lead | |
| **Display: how?** | One off reporting | |
| **Baseline data** | None | |
| **Goal or target** | Contact link in each GP practice | |
| **Source** | Board information | |
| **Report from Boards** | Is 1. Complete? | Yes. There are good communication and information sharing links between Midwives, GP's and GP services in Grampian.<br>The information sharing between GP's and midwives is operated at a local GP practice level.<br>We are currently engaging with GP practices regarding the communication process with the continuity teams.<br>Electronic information available via SCI store for GP's. |
| | Is 2. Complete? | Yes. There is a Grampian wide established pathway for information sharing with health visitors.<br>The mechanism in existence is regular face to face meetings with health visitors relating to information sharing, including the sharing of health plan indicator by 16 |

| | | |
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| | | weeks. Regular transfer of electronic patient records relevant for the health visitor available via SCI store. |

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| **Measure Name** | **Recommendation 4: Parents of babies in neonatal care should be involved in decisions about the care of their baby and in providing as much care for their baby as possible.**<br><br>**Recommendation 5: Mother and baby together: Maternity and Neonatal services should be re-designed to ensure mother and babies stay together.**<br><br>**Recommendation 7: Neonatal Overnight Accommodation: All neonatal facilities should provide emergency accommodation on the unit for parents, with accommodation nearby for parents of less critically ill babies.**<br><br>**Recommendation 39: Psychological services: NHS Boards should ensure all neonatal staff can refer parents of babies in neonatal care to local psychological services within the hospital.**<br><br>**Recommendation 43: Parents should be involved in decision making throughout and involved in practical aspects of care as much as possible. This includes the provision of facilities for overnight accommodation, encouraging kangaroo skin-to-skin care and early support for breastfeeding** |
| **Type** | Process |
| **Why is this measure needed?** | The new model of neonatal care must have family-centred care at its heart. This includes the fundamental principles of keeping mother and baby together, positioning parents as partners in decision making around the baby's care, parents providing as much care as possible for their own babies and having regular communication between partners and clinical staff.<br><br>Neonatal facilities should provide sufficient emergency overnight accommodation on the unit for parents with babies in neonatal care, with alternative overnight accommodation being made available nearby for parents of less critically ill babies.<br><br>Access to psychological and third sector support services can assist them to understand and cope with the situation and prepare them to provide the care that their baby needs. |
| **Operational Definition** | Units should provide facilities to support kangaroo care, support for breastfeeding and breast milk feeding. Parents are involved in baby's care as much as possible. All of these recommendations are part of the Bliss Baby Charter so achievement of the Bliss Baby Charter will complete all of these recommendations. |
| **Inclusion** | Received all their care in one NNAP unit<br>Admitted for at least 12 hours<br>Did not have major surgery |
| **Exclusions** | Boards without neonatal care<br>Babies born between 34 and 36 weeks gestational age (Transitional Care) |
| **Data collection & sampling method** | **Data to be recorded:**<br><br>Bliss Baby Charter requires Boards to RAG rate themselves against criteria which is then assessed by Bliss and an action plan and timescales produced. For reporting, Boards should report on their current progress towards achievement of Bliss Baby Charter. |

| | |
|---|---|
| | 1. Progress report against receiving Bliss Baby Charter accreditation (RAG rating and timescale given by Bliss if available)<br><br>https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/documents/Health-professionals/Bliss-Baby-Charter/Bliss_Baby_Charter_Booklet.pdf?mtime=20180404152638<br><br>**Who will collect:** Designated person within Board<br><br>**Where will data be input**: Bliss Baby Charter Return<br><br>**Frequency**: Six monthly, or until complete<br><br>**Who will collate & disseminate:** Team leader or designated person |
| **Display: how?** | Progress updates |
| **Baseline data** | Electronic record |
| **Goal or target** | All relevant Boards to receive Bliss Baby Charter accreditation |
| **Source** | Electronic record |
| **Report from Boards** | NNU have recently received the Bliss baby charter pledge of improvement. National Bliss meeting took place Thursday 17th October 2019 in Aberdeen. Aberdeen Bliss group also met on the 17th October 2019 to discuss moving the charter forward.<br><br>Information and data collection commencing. |
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| **Measure Name** | **Recommendation 6: Partners to stay: All units should take a flexible approach to the presence of partners, to ensure that families can stay together, with suitable accommodation being provided.** | |
| **Type** | Process | |
| **Why is this measure needed?** | Facilities are available to accommodate partners in postnatal care in some areas, but provision is not uniform. Many NHS Boards already provide accommodation for women who have to travel to access maternity care. However, this is not universal and this provision should be available in all NHS Boards receiving women who have long distances to travel to access specialist services. | |
| **Operational Definition** | All maternity units should have a local policy in placed, based on a national framework. This policy should be available to all families within the unit.<br>  <br>Patient information leaflet.docx | |
| **Inclusion** | Babies born on AMU/FMU/Obstetric Unit | |
| **Exclusions** | Home births | |
| **Data collection & sampling method** | **Data to be reported:**<br><br>1. Do you have a local policy in place that is based on the national framework?<br>2. Do you have a mechanism to gather feedback from service users on accommodation provision?<br>3. Do you have a mechanism to respond the feedback?<br><br>**Who will collect:** Designated person within Board<br><br>**Where will data be input**: Locally devised patient experience survey<br><br>**Frequency**: six monthly<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Local Board choice | |
| **Baseline data** | Local patient experience survey | |
| **Goal or target** | Offered to all women | |
| **Source** | Local patient experience survey | |
| **Report from Boards** | Do you have a local policy based on the national framework? | Yes attached for information<br>  <br>Guidance for overnight stay V4.do |
| | Do you have a mechanism in place to gather feedback? | No not at present we are developing a local user experience survey. |
| | Do you have a mechanism to respond to feedback? | Currently this would be through our board feedback process. Once the survey is developed we will review how we respond to this. |

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| **Measure Name** | **Recommendation 9: Antenatal Education: High quality prenatal and antenatal education must be available to all and NHS Boards should continue to promote and improve early access to antenatal education** | |
| **Type** | Process | |
| **Why is this measure needed?** | Seamless communication and consistent information for families is key throughout the maternity journey to support decision making and support families, for example with breastfeeding. Early access to antenatal education improves outcomes in maternity care, promotes positive health behaviours and supports parenting. | |
| **Operational Definition** | High quality prenatal and antenatal education should be offered to all women during the antenatal period that meets their needs. NHS Boards should continue to promote and improve early access to antenatal education, including parenting, physical and emotional wellbeing, tailored to local populations. | |
| **Inclusion** | All women booking for maternity care; fathers and partners | |
| **Exclusions** | Concealed pregnancy or unbooked / unknown to the service | |
| **Data collection & sampling method** | Locally produced patient experience survey:<br><br>1. All Boards to carry out a stocktake of what antenatal education exists for:<br>a. all women<br>b. for specific groups; and<br>c. who provides the education.<br>2. Is there a way of auditing attendance and feedback from service users?<br><br>**Who will collect:**Local lead<br><br>**Where will data be input**: progress report<br><br>**Frequency**: six monthly<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Report from Boards | |
| **Baseline data** | None | |
| **Goal or target** | That antenatal education delivered is up to date, relevant, accessible and meets the needs of the audience | |
| **Source** | Board reporting | |
| **Report from Boards** | Feedback on 1a. | All women across Grampian are offered antenatal education classes.<br>The sessions offered vary from 1 x 2 hour session on labour and birth to 4x 2 hour sessions, covering labour, birth, attachment and responsive feeding. There are sessions held during the day, evening and at the weekend. |

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| | | In some areas of Grampian all women are offered a physiotherapy session and a session on relaxation. |
| | Feedback on 1b. | For specific groups across Grampian.<br>All community midwives currently offer 1-1 antenatal education sessions for women with identified vulnerabilities.<br>For women that are eligible for FNP receive 1-1 antenatal education from the family nurse.<br>In some areas of Grampian women with a BMI of 30 or over are offered 'Babysteps' sessions. This is a joint venture that offers a walk once a week, it involves visiting local businesses such as a leisure centre, a library and confidence with cooking sessions are offered. Various discounts are offered to encourage the improvement of fitness.<br>In some areas antenatal sessions are facilitated by social work colleagues that offer sessions to women with wellbeing/ child protection concerns.<br>There are some 3rd sector antenatal sessions available in areas of Grampian, such as 'HomeStart' |
| | Feedback on 1c. | The majority of the antenatal education is currently offered by community midwives. Many of the community midwives have had formal training in facilitating antenatal education and currently offer the sessions in accordance with the Scottish parent education programme, although this is often adapted dependant on local area.<br>There is some specialist input from the infant feeding midwives.<br>NHSG physiotherapists facilitate a session.<br>Public health team, social work and 3rd sector agencies are involved in facilitating sessions for specific groups. |
| | Feedback on 2. | Yes. Most areas across Grampian have an electronic record of women invited to attend sessions and how many attended.<br>The feedback from service users is not uniform or used consistently by staff.<br>We plan review how we improve the feedback from service users. We are working on a patient experience survey. |

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| **Measure Name** | **Recommendation 12: Multi-professional teams**: **All NHS Boards should ensure that high performing, multi-professional teams are developed, and supported, to operate effectively and that this team development is afforded the highest priority at NHS Board level. Multi-professional team training opportunities should be explored and should include all levels of staff within Boards.** |
| **Type** | Process |
| **Why is this measure needed?** | A review of evidence and data identified the core principles for multi-professional working as:<br>• Effective communication between staff and sectors being essential, including access to clinical information and records.<br>• The need for trust and respect, and understanding of respective roles.<br>• Open and honest communication and support for challenge and disclosure<br>. • Shared opportunities for education and training.<br>• A need for clear and consistent advice for women and families.<br><br>Effective communication and good interpersonal skills are essential components of high quality care. Further work is needed to ensure that multi-professional team working becomes to norm within effective, supportive teams providing excellent care every time. The new model of care has mothers, babies and families at its centre. Work on improving multi-professional working, culture and behaviours will assist in building a healthy relationship between professionals and across NHS Board and professional boundaries. The proposed shift in care from hospital to community services will mean that the emphasis on team working across extended areas and good communication will become even more critical.<br><br>Strong and collective leadership is important to the development of a positive work environment, and senior staff across all disciplines have a role to play in describing the standards of behaviour required, demonstrating and promoting positive behaviours and tackling poor behaviours when they arise |
| **Operational Definition** | Boards can evidence MDT working through structures for MDT communication, reviews, shared planning, records and MDT training and that all appropriate staff have undertaken Core Mandatory training. |
| **Inclusion** | All Boards |
| **Exclusions** | |
| **Data collection & sampling method** | **Data to be recorded**:<br>1. Progress report towards achieving full Board completion of core mandatory training requirements<br>2. Shared access to records and clinical information<br>3. Forums for MDT: care planning, reviews, updates, huddles between teams, guideline development that demonstrate collective leadership<br>4. Is leadership training multi-disciplinary?<br><br>**Who will collect:** Board representative<br><br>**Where will data be input**: Report for core mandatory training completion |

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| | **Frequency**: six monthly<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Progress report | |
| **Baseline data** | None | |
| **Goal or target** | Full Board completion by date required by Core Mandatory training | |
| **Source** | Progress report for core mandatory training | |
| **Report from Boards** | Progress towards completing Core Mandatory Training | <u>Fetal Monitoring (please see attachments)</u><br><br>K2 package launched in NHSG in April 2019, we have utilised the learning pathway functionality to encourage completion. In mid October 56% of midwives and obstetricians had completed the first learning pathway, with a plan in place via line managers to support those that have not yet completed.<br><br>  K2 Antenatal CTG 141019.xlsx<br>  K2 Fetal physiology 141019.xlsx<br><br><u>Obstetric Emergencies</u><br><br>89% of midwives and obstetricians have attended the PROMPT course in the last two years. This number is normally much closer to 100% however in recent weeks NHSG had had a large number of new graduate midwives commence employment who are booked on to future courses.<br><br><u>Neonatal Resuscitation for midwives</u><br><br>Currently 78% of midwives in NHSG have completed neonatal resuscitation training in the last 4 years. Again this number is usually significantly higher, however the Scottish Newborn Resuscitation Course just recently launched in NHSG in August 2019. Over the next 6 weeks we are delivering 4 more courses which will bring compliance to above 90%.<br><br><u>Yearly hourly requirements</u><br><br>The yearly hourly requirements have been combined in to a day called 'Core Mandatory Training'. This multidisciplinary day was piloted in July 2019 and launched in October 2019. Currently, 7% of staff have attended this day. There is a robust plan in plan for the remainder of 2019 and 2020 to ensure all midwives and obstetricians access this day. |
| | Is there shared access to records for all MDT | Currently the database records the midwives that attend the course, and it is Practice Education only that have access to this database. Attendance is also recorded via Turas |

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| | | Learning, and the hope is that once the reporting function is fully functional we will be able to pull a report including the medical staff. |
| | Are there forums for MDT working | Multiple MDT forums exist including:<br>Twice daily safety huddles<br>Maternity Guidelines Group which includes neonatal and obstetric colleagues<br>• Risk Management meetings<br>• Perinatal Mortality and Morbidity Meetings<br>• Clinical Governance Meetings<br>• Operational Meetings<br>• Quality and Patient Safety Group<br>• Labour Ward Forum<br>• PPH review group<br>• OASIS review group |
| | Is leadership training multidisciplinary | There is a range of leadership training opportunities across Grampian and these are multi-disciplinary , multi-professional and cross-sector, e.g. Quality Improvement Training and SCLIP, Leading with a Brain in Mind. |

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| **Measure Name** | **Recommendation 15: Choice: Each NHS Board should ensure that they are able to provide the full range of choice of place of birth within their area.** | |
| **Type** | Process | |
| **Why is this measure needed?** | All women should have an appropriate level of choice in relation to place of birth and there are a number of choices that should be available to all women in Scotland:<br>1. Home birth<br>2. Birth in an alongside or freestanding midwifery unit<br>3. Obstetric unit birth | |
| **Operational Definition** | Every Board should offer the full range of choice of place of birth which includes homebirth, AMU/FMU and obstetric unit, although it is recognised that this might not be feasible for Island Boards given their population, size and geography | |
| **Inclusion** | All Boards (Island Boards to detail links with other Boards for provision of some services) | |
| **Exclusions** | | |
| **Data collection & sampling method** | **Data to be recorded**:<br>1. Have all choices been offered YES/NO?<br>2. If not is there a budgeted plan and what are the timescales for implementation of all choice options?<br>3. Do you have a target with action plan for suitable uptake of each place of birth option<br><br>**Who will collect:**Board local lead<br><br>**Where will data be input**: Progress report<br><br>**Frequency**: Six monthly, or until complete<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Progress report | |
| **Baseline data** | None | |
| **Goal or target** | Boards to offer all place of birth choices and ensure they are being actively promoted to encourage maximum uptake. | |
| **Report from Boards** | Have all choices been offered – Yes/ No? | Yes. NHS Grampian offers the full range of choice to women for place of birth. Home birth is offered across all community settings. There are standalone CMU's in Peterhead and Inverurie, an alongside midwifery led unit in AMH and consultant led services in AMH and DGH (interim service model is midwifery led). |

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| | | We have recently created a working group which includes lay representatives to explore how we can better promote the variety of options available to women in Grampian and presenting the evidence surrounding place of birth in an effective and meaningful way for women to make a fully informed choice regarding place of birth for them. |
| | If not, what is the timescale for achieving this? | The consultant service in DGH is temporarily amended due to medical staffing issues and a phase 2 plan has been submitted to Scottish Government and the Board of NHSG to detail how this service will be resumed. |
| | Do you have a target for use of each place of birth option | Not at present but we are in the final stages of developing our maternity dashboard which will explore these parameters. |

| Measure Name | **Recommendation 16: Pain relief: All NHS Boards should aim to provide a range of natural pain relief and comfort options for all women.** |
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| **Type** | Process |
| **Why is this measure needed?** | The presence of a known and trusted carer, a skilled midwife backed up by a supportive multi-disciplinary team, mobility in labour and availability of a range of pain relief methods are all factors which will encourage a normal birth. All women should be cared for in a way that supports and encourages them, and builds their self-confidence<br><br>All NHS Boards should aim to provide a range of pain relief for women such as birthing pools, hypnotherapy, aromatherapy and epidural analgesia. The birth setting should support self-confidence and the normal birth process, regardless of where birth takes place. |
| **Operational Definition** | All Boards to ensure that 100% of OU and FMU/AMU rooms should have access to a birth setting that supports self-confidence, the normal birth process and range of options to manage pain. |
| **Inclusion** | All women booking for maternity care |
| **Exclusions** | |
| **Data collection & sampling method** | **Data to be recorded:**<br><br>1. Does your unit offer a welcoming environment for service users (based on "15 Steps Maternity Toolkit" available for NHS England – link below. Local version acceptable, Fife and Forth Valley below for information)<br><br>https://www.england.nhs.uk/wp-content/uploads/2018/05/15-steps-maternity-toolkit-v9-1.pdf<br><br>  <br>Paper version W&C Care Assurance que:<br><br>  <br>Care Assurance Tool Maternity V1 0<br><br>**Who will collect:** Local lead<br><br>**Where will data be input**: local audit tool<br><br>**Frequency**: Six monthly<br><br>**Who will collate & disseminate:** Team leader or designated person |
| **Display: how?** | To be agreed locally |

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| **Baseline data** | None |
| **Goal or target** | All Boards to undertake audit toolkit assessment |
| **Source** | Patient experience survey |
| **Report from Boards** | We have developed part 1 of our local care assurance tool via SNAP which is currently being piloted. We have reviewed this in line with the 15 step maternity tool kit and have requested amendments to support the formal launch of the tool. |

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| **Measure Name** | **Recommendation 20: Postnatal stay: For the majority of women, all key processes should be aligned and streamlined to ensure early discharge is the norm.** | |
| **Type** | Process | |
| **Why is this measure needed?** | Women will discuss their postnatal expectations with their primary midwife as part of the antenatal birth planning process to ensure it meets their needs and preferences. In routine circumstances, families should be encouraged to go home as soon as possible following birth. Women who stay will receive care from the core team of hospital of midwives and support staff-based in the hospital. | |
| **Operational Definition** | There is no agreed international definition of early discharge (Cochrane review). An individualised plan that supports discharge for women between 6 and 48 hours should be normal.<br>Barriers to discharge should be identified and addressed | |
| **Inclusion** | Babies born on AMU/FMU/Obstetric Unit | |
| **Exclusions** | Babies admitted to neonatal care or transitional care. | |
| **Data collection & sampling method** | **Data to be recorded**:<br><br>1. Do you have a discharge policy that ensures there is appropriate early transfer<br>2. Do you audit the barriers to early transfer of care with the multidisciplinary team?<br>3. Do you have an action plan to address the barriers to early transfer of care?<br><br>**Who will collect:** Caseload holders will collect data from all women on caseload who gave birth in last month.<br><br>**Where will data be input**: Progress report<br><br>**Frequency**: six monthly<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Data collection | |
| **Baseline data** | None | |
| **Goal or target** | That women are able to be transferred as early as appropriate with no barriers in the way. | |
| **Source** | Case record | |
| **Report from Boards** | Is 1. Complete? | Yes. However, this guideline is due to be reviewed which we are about to begin. |
| | Is 2. Complete? | No |
| | Is 3. In place? | No. This is an area that we require to carry out further work and development. |

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| **Measure Name** | **Recommendation 30: Fetal Medicine: Each unit must identify a lead obstetrician who has or will develop appropriate expertise in fetal medicine. There must be on-going good communication with and information for parents as well as robust referral pathways in each Board to ensure strong links between local and regional/national centres.** | |
| **Type** | Process | |
| **Why is this measure needed?** | Fetal medicine is a specialist service to care for a baby's complex needs before and around the time of birth. Many of those needs can be met locally by the obstetric and neonatal team. | |
| **Operational Definition** | Each unit must identify a lead obstetrician who has or will develop appropriate expertise in fetal medicine. | |
| **Inclusion** | All Boards | |
| **Exclusions** | | |
| **Data collection & sampling method** | **Data to be recorded**:<br><br>1. All Boards to identify or have access to a lead obstetrician for fetal medicine<br><br>**Who will collect:**Local lead<br><br>**Where will data be input**: progress report<br><br>**Frequency**: One off reporting with an assurance that Boards have a process in place for ensuring this recommendation remains complete.<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Progress report | |
| **Baseline data** | None | |
| **Goal or target** | 100% of all Boards | |
| **Report from Boards** | Is there a lead in place? Yes/ No | Yes |

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| **Measure Name** | **Recommendation 32: Critical Care staff: Staff providing critical care in theatre, recovery or high dependency must comply with national standards, be appropriately trained and regularly maintain competencies. Adequate staffing levels must be in place within theatres, recovery and high dependency areas.** | |
| **Type** | Process | |
| **Why is this measure needed?** | It is essential that maternity theatres have dedicated theatre staffing. It is also essential that all staff providing this care in theatre, recovery or high dependency are trained to the nationally agreed standards and can maintain relevant competencies to provide the same standard of care as received by the non-pregnant surgical patient. | |
| **Operational Definition** | Boards to implement required training and any workforce or service change required | |
| **Inclusion** | All Boards | |
| **Exclusions** | | |
| **Data collection & sampling method** | **Data to be recorded**:<br><br>1. Do your critical care areas have dedicated staff?<br>2. As a minimum, do staff working in these areas meet the standards set out in the national anaesthetic standards document (additional work over and above this can be commented on) –<br>https://www.rcoa.ac.uk/system/files/GPAS-2019-09-OBSTETRICS.pdf<br><br>**Who will collect:** Designated person within Board<br><br>**Where will data be input**: progress report<br><br>**Frequency**: Six monthly (once complete can drop off, depending on local Board policy)<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | Progress report | |
| **Baseline data** | None | |
| **Goal or target** | As set out in national document | |
| **Source** | Board training records | |
| **Report from Boards** | Do your critical care areas have dedicated staff? | These areas have dedicated staff. However, there is no provision for dedicated recovery staff overnight or at the weekend.<br>The midwives that look after critically ill women are REACTS trained. Our requirement at present is that we have 2 REACTS trained midwives on each shift. This equates to 16.8 WTE. In labour ward there are 19.35 WTE midwives that have REACTS training. There is a yearly update day to refresh skills and this is run by our anaesthetic colleagues along with a 2 year update with ILS and PROMPT. Ward watcher is used to capture all data on our HDU population and is sent to SIGSAG yearly. |
| | Do staff working in these areas meet the national standards? | Yes. |

| Measure Name | **Recommendation 33: Theatre Staff: Maternity theatres should have dedicated theatre staffing, and these staff are appropriately trained and managed.** | |
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| **Type** | Process | |
| **Why is this measure needed?** | It is essential that maternity theatres have dedicated theatre staffing. It is also essential that all staff providing this care in theatre, recovery or high dependency are trained to the nationally agreed standards and can maintain relevant competencies to provide the same standard of care as received by the non-pregnant surgical patient. | |
| **Operational Definition** | Review existing staff training and workforce and develop a local plan to ensure that appropriate workforce will be in place | |
| **Inclusion** | All Boards | |
| **Exclusions** | | |
| **Data collection & sampling method** | Data to be recorded:<br><br>1. Do your maternity theatres have dedicated staff?<br>2. As a minimum, do staff working in these areas meet the standards set out in the national anaesthetic standards document (additional work can be commented on) – https://www.rcoa.ac.uk/system/files/GPAS-2019-09-OBSTETRICS.pdf<br><br>Who will collect: Designated person within Board<br><br>Where will data be input: progress report<br><br>Frequency: Six monthly (once complete can drop off, depending on local Board policy)<br><br>Who will collate & disseminate: Team leader or designated person | |
| **Display: how?** | Progress report | |
| **Baseline data** | None | |
| **Goal or target** | As set out in national document | |
| **Source** | Board training records | |
| **Report from Boards** | Do your maternity theatres have dedicated staff? | Yes<br>2 Obstetric theatres<br>4 bedded recovery also used as antenatal and postnatal HDU<br>These areas have dedicated staff.<br>There is no provision for dedicated recovery staff overnight or at the weekend. |
| | Do staff working in these areas meet the national standards? | Staff within the theatres meet national standards.<br>Staff in Recovery have or are working towards national standards. This applies to the service provided Monday – Friday day<br>Overnight and weekends there are no provisions for staffing the service with recovery staff of those that meet national standards.<br>HDU care is completed by staff meeting national standards for the majority of the service |

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| **Measure Name** | **Recommendation 34: Vulnerable women: All NHS Boards should conduct a systematic needs assessment focused on the pattern of vulnerable women of child bearing age in their area and develop specific, targeted services for women with vulnerabilities, with team care constructed around women's needs.**<br><br>**Recommendation 35: Vulnerable Women: All staff should receive a level of training to support them to identify and support vulnerable women as part of routine care, and women with the most complex vulnerabilities should have access to a specialist team. Midwives in these roles will continue to provide continuity of carer, should have a reduced caseload in recognition of the complexity of the women, and will act as the co-ordinator of team care for the woman.** |
| **Type** | Process |
| **Why is this measure needed?** | It is important to recognise that there are degrees of complex needs (vulnerability), and that anyone in any part of society can be vulnerable during pregnancy. It is therefore vital that all midwives are equipped as the first point of contact to recognise and manage vulnerable women appropriately. In all cases, it is important to ensure that the team care is constructed around the women's needs and is accessible for vulnerable women. |
| **Operational Definition** | Social Complexities Short Life Working Group has been established and will meet to agree the definition and criteria for vulnerability, pathways and education and training requirements. |
| **Inclusion** | All women booking for maternity care identified as vulnerable/additional HPI |
| **Exclusions** | Concealed pregnancy or unbooked / unknown to the service/ not on core vulnerability list |
| **Data collection & sampling method** | **Data to be recorded**:<br>1. Using the agreed measures of vulnerability, identify current level of need and service provision within Board<br>2 Pathways in Boards for accessing services: financial inclusion, mental health, housing, third sector, domestic abuse, FNP etc.<br>3. Training available for all staff appropriate to level of input<br><br>*Definition and criteria for vulnerability, pathways and training to be defined by the Social Complexities Short Life Working Group.<br><br>**Who will collect:** Caseload holders will collect data from all women on caseload who gave birth in last month.<br><br>**Where will data be input**: progress report<br><br>**Frequency**: six monthly<br><br>**Who will collate & disseminate:** Team leader or designated person |
| **Display: how?** | |
| **Baseline data** | None |
| **Goal or target** | 100% of women within the core vulnerability list should have access to appropriate level of services. |
| **Report from Boards** | N/A for October 2019 – awaiting information from the Social Complexities Working Group. |

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| **Measure Name** | **Recommendation 37: Perinatal Mental Health: All NHS Boards should review their current access to perinatal mental health services to ensure early and equitable access is available to high quality services, with clear referral pathways. NHS Boards should ensure adequate provision of staff training to allow staff to deliver services to the appropriate level. Primary midwives should play a proactive and systematic role in the identification and management of perinatal mental health care.** |
| **Type** | Process |
| **Why is this measure needed?** | There is variation in the perinatal mental health support available across NHS Scotland. Clearer and more efficient pathways are needed for referral, along with greater access to services. |
| **Operational Definition** | Access and referral pathways to mental health services are in place and sufficient [To be defined] provision is available. |
| **Inclusion** | All NHS Boards |
| **Exclusions** | |
| **Data collection & sampling method** | ** Perinatal Mental Health MCN (lead by SG) is currently carrying out a "mapping and gapping" exercise in support of its shorter term aim to produce a comprehensive overview of current service provision, pathways into care, and education/training for NHS staff in the area of perinatal mental health, and clarity of views from stakeholders about service requirements.**<br><br>**Data to be recorded**: To be outlined by Perinatal Mental Health MCN<br><br>**Who will collect:**Team Leader or designated person.<br><br>**Where will data be input**:<br><br>**Frequency**: As outlined by Perinatal mental health MCN<br><br>**Who will collate & disseminate:** Team leader or designated person |
| **Display: how?** | |
| **Baseline data** | None |
| **Goal or target** | To be set by Perinatal Mental Health MCN |
| **Source** | Perinatal Mental Health MCN returns |
| **Report from Boards** | N/A for October 2019 – awaiting information from the Social Complexities Working Group. |

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| **Measure Name** | **Recommendation 40: Third sector: All staff in maternity and neonatal units should be aware of third sector support organisations operating in their area and be able to signpost them to women and families in their care.** | |
| **Type** | Process | |
| **Why is this measure needed?** | Many families struggle to access the support they need and are often unaware of services available locally. | |
| **Operational Definition** | All staff require current access to pathways for referral to third sector support organisations operating in their area. | |
| **Inclusion** | All staff in maternity and neonatal units. | |
| **Exclusions** | | |
| **Data collection & sampling method** | **Data to be recorded**:<br>1. Is there an up to date list that is reviewed regularly and that staff know how to access and signpost families to?<br>2. Are there pathways/guidance for appropriate referral?<br><br>**Who will collect:**Team Leader or designated person.<br><br>**Where will data be input**: Progress report<br><br>**Frequency**: One off reporting with an assurance that Boards have a process in place for ensuring this recommendation remains complete.<br><br>**Who will collate & disseminate:** Team leader or designated person | |
| **Display: how?** | | |
| **Baseline data** | None | |
| **Goal or target** | An up to date list is available and reviewed regularly and staff are aware of how to signpost to it. | |
| **Report from Boards** | Is there an up to date list and referral pathways that are reviewed regularly and that staff know how to access and signpost families to? Yes/ No? | No.<br>The systems currently in place are very localised, are not reviewed regularly and dependant on local staff knowledge.<br>This is an area NHSG is keen to improve. |
| | Are there pathways/guidance for appropriate referral? | No |

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| **Measure Name** | **Recommendation 41: Bereavement support: In every case where a family is bereaved they should, be offered access to appropriate bereavement support before they leave the unit, and each maternity and/or neonatal unit should have access to staff members trained in bereavement care. Families should also be provided with appropriate information about bereavement services locally, both in hospital and third sector services, and also information on follow up care and what happens next.** |
| **Type** | Process |
| **Why is this measure needed?** | Many families struggle to access the support they need and are often unaware of services available locally. |
| **Operational Definition** | Boards to implement the Scottish Bereavement Care Pathway |
| **Inclusion** | All Boards |
| **Exclusions** | |
| **Data collection & sampling method** | **Data to be recorded**:<br>1. Progress towards implementation of the Scottish Bereavement Care Pathway (Are you an early adopter area or awaiting the learning from the early adopters)<br><br>**Who will collect:**Local lead<br><br>**Where will data be input**: Scottish Bereavement Care Pathway<br><br>**Frequency**: as required<br><br>**Who will collate & disseminate:** Team leader or designated person |
| **Display: how?** | Progress report |
| **Baseline data** | None |
| **Goal or target** | As outlined by SBCP |
| **Report from Boards** | NHSG has been identified as an early adopter site for the 5 NBCP Pathways for bereavement care. The 5 pathways are for Miscarriage including ectopic and molar pregnancy; TOPFA; Stillbirth; Neonatal Death and SUDI. Myra Kinnaird, Specialist Bereavement Midwife is project lead for NHSG and working closely with Catherine MacRae – Scotland Lead for NBCP.<br><br>To date we have been reviewing both the short and full guidance used in England. It is hoped that this will assist with producing and publishing revised working versions for the Early Adopter Boards in Scotland to pilot. Expert review groups have been identified for each pathway across Scotland and have been able to input relevant comments for each pathway.<br><br>As part of the project in Grampian we access to 'Trello Boards' to help identify professionals to influence who are involved in the care of the bereaved family. We have also been identifying what bereavement care processes and resources are in place at present across Grampian and how this can be measured against the specific |

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| | pathways. We are awaiting further clarification from the Scottish Project Lead how to proceed at present.<br><br>The project are keen to understand the difference the pathway makes in each area so they have commissioned evaluation specialists Fiveways to conduct an independent evaluation of the project prior to piloting and a time has been organised for the project lead to feed into this evaluation from an NHSG perspective. |

# Appendix II

# Equipment Cost Summary

**NHS Grampian**

**Baird and ANCHOR Project**

**Full Business Case**

**Appendix II – Equipment Cost Summary**

| | Baird | | | ANCHOR | | | | TOTALS (Baird + ANCHOR) | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total Budget Cost - all new (ex VAT) | Transfer Budget Cost (ex VAT) | Total Budget Cost (2019 price ex VAT) | Budget Cost - all new (ex VAT) | Transfer Budget Cost (ex VAT) | Total Budget Cost (2019 price ex VAT) | | Total Budget Cost - all new (ex VAT) | Transfer Budget Cost (ex VAT) | Total Budget Cost (2019 price ex VAT) |
| Cafe fit out | 31,700 | 0 | 31,700 | 0 | 0 | 0 | | 31,700 | 0 | 31,700 |
| Catering | 102,660 | 48,390 | 54,270 | 1,360 | 130 | 1,230 | | 104,020 | 48,520 | 55,500 |
| Clinical Couches & Seating | 234,155 | 64,900 | 169,255 | 34,975 | 8,475 | 26,500 | | 269,130 | 73,375 | 195,755 |
| Clinical Couches & Seating / NHSG Fundraising | 12,000 | 3,000 | 9,000 | 51,000 | 3,000 | 48,000 | | 63,000 | 6,000 | 57,000 |
| Clinical Equipment | 162,060 | 46,950 | 115,110 | 6,125 | 1,500 | 4,625 | | 168,185 | 48,450 | 119,735 |
| Clinical Furniture | 553,630 | 129,575 | 424,055 | 37,135 | 6,860 | 30,275 | | 590,765 | 136,435 | 454,330 |
| Clinical Furniture - Stainless Steel | 65,490 | 17,520 | 47,970 | 27,170 | 7,930 | 19,240 | | 92,660 | 25,450 | 67,210 |
| Curtains | 86,520 | 0 | 86,520 | 10,080 | 0 | 10,080 | | 96,600 | 0 | 96,600 |
| Dispensers | 22,558 | 0 | 22,558 | 1,902 | 0 | 1,902 | | 24,460 | 0 | 24,460 |
| Domestic Services | 359,220 | 169,495 | 189,725 | 78,572 | 29,455 | 49,117 | | 437,792 | 198,950 | 238,842 |
| Electrical (non clinical) | 2,980 | 710 | 2,270 | 900 | 225 | 675 | | 3,880 | 935 | 2,945 |
| Facilities Management | 68,085 | 9,840 | 58,245 | 32,030 | 4,480 | 27,550 | | 100,115 | 14,320 | 85,795 |
| Furniture - Lockers | 49,980 | 0 | 49,980 | 22,225 | 0 | 22,225 | | 72,205 | 0 | 72,205 |
| Furniture - NHSG Fundraising | 25,900 | 0 | 25,900 | 45,390 | 0 | 45,390 | | 71,290 | 0 | 71,290 |
| Furniture - Office and General | 245,455 | 51,450 | 194,005 | 115,560 | 20,630 | 94,930 | | 361,015 | 72,080 | 288,935 |
| Furniture - Patient | 262,855 | 58,755 | 204,100 | 5,470 | 480 | 4,990 | | 268,325 | 59,235 | 209,090 |
| Furniture - Snack Bar | 35,000 | 0 | 35,000 | 0 | 0 | 0 | | 35,000 | 0 | 35,000 |
| Group 2 Leaflet Racks | 1,760 | 0 | 1,760 | 0 | 0 | 0 | | 1,760 | 0 | 1,760 |
| Group 2 Miscellaneous | 7,030 | 0 | 7,030 | 10 | 0 | 10 | | 7,040 | 0 | 7,040 |
| Hoists and slings | 29,500 | 5,000 | 24,500 | 5,000 | 0 | 5,000 | | 34,500 | 5,000 | 29,500 |
| Hospital Beds | 414,700 | 270,400 | 144,300 | 3,800 | 0 | 3,800 | | 418,500 | 270,400 | 148,100 |
| Imaging | 1,563,800 | 231,000 | 1,332,800 | 0 | 0 | 0 | | 1,563,800 | 231,000 | 1,332,800 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| IT / Audio Visual | 338,025 | 10,850 | 327,175 | 375,900 | 4,900 | 371,000 | 713,925 | 15,750 | 698,175 |
| IT / Audio Visual / Patient Monitoring | 9,150 | 0 | 9,150 | 1,050 | 0 | 1,050 | 10,200 | 0 | 10,200 |
| Labs | 669,870 | 190,870 | 479,000 | 36,000 | 0 | 36,000 | 705,870 | 190,870 | 515,000 |
| Laundry | 26,500 | 0 | 26,500 | 0 | 0 | 0 | 26,500 | 0 | 26,500 |
| Medical Scales | 18,950 | 5,200 | 13,750 | 1,150 | 500 | 650 | 20,100 | 5,700 | 14,400 |
| MEMS - Anaesthetics / Ventilators | 339,000 | 47,000 | 292,000 | 0 | 0 | 0 | 339,000 | 47,000 | 292,000 |
| MEMS - Audiology | 41,500 | 41,500 | 0 | 0 | 0 | 0 | 41,500 | 41,500 | 0 |
| MEMS - Clinical Equipment | 235,550 | 135,700 | 99,850 | 145,800 | 86,250 | 59,550 | 381,350 | 221,950 | 159,400 |
| MEMS - Imaging | 2,560,000 | 1,760,000 | 800,000 | 240,000 | 240,000 | 0 | 2,800,000 | 2,000,000 | 800,000 |
| MEMS - Infusion Devices | 1,210,600 | 531,000 | 679,600 | 140,000 | 140,000 | 0 | 1,350,600 | 671,000 | 679,600 |
| MEMS - Medical Gases & Suction | 70,600 | 21,090 | 49,510 | 6,120 | 1,800 | 4,320 | 76,720 | 22,890 | 53,830 |
| MEMS - MRI | 215,000 | 0 | 215,000 | 0 | 0 | 0 | 215,000 | 0 | 215,000 |
| MEMS - Neonatal | 2,130,395 | 1,956,295 | 174,100 | 0 | 0 | 0 | 2,130,395 | 1,956,295 | 174,100 |
| MEMS - Patient Monitoring | 2,301,300 | 1,861,300 | 440,000 | 135,260 | 66,660 | 68,600 | 2,436,560 | 1,927,960 | 508,600 |
| MEMS - Resus | 175,500 | 70,500 | 105,000 | 44,000 | 23,000 | 21,000 | 219,500 | 93,500 | 126,000 |
| MEMS - Theatres | 821,600 | 501,900 | 319,700 | 0 | 0 | 0 | 821,600 | 501,900 | 319,700 |
| MEMS - Women and Childrens | 265,125 | 237,450 | 27,675 | 3,000 | 3,000 | 0 | 268,125 | 240,450 | 27,675 |
| Miscellaneous | 1,925 | 0 | 1,925 | 0 | 0 | 0 | 1,925 | 0 | 1,925 |
| MRI | 1,196,650 | 0 | 1,196,650 | 0 | 0 | 0 | 1,196,650 | 0 | 1,196,650 |
| NHSG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NHSG fundraising | 21,700 | 0 | 21,700 | 0 | 0 | 0 | 21,700 | 0 | 21,700 |
| Nuclear Medicine | 36,340 | 15,160 | 21,180 | 0 | 0 | 0 | 36,340 | 15,160 | 21,180 |
| Office Equipment | 39,044 | 4,890 | 34,154 | 11,950 | 2,550 | 9,400 | 50,994 | 7,440 | 43,554 |
| Patient Trolleys | 45,000 | 20,000 | 25,000 | 0 | 0 | 0 | 45,000 | 20,000 | 25,000 |
| Pharmacy | 6,000 | 1,875 | 4,125 | 25,975 | 2,865 | 23,110 | 31,975 | 4,740 | 27,235 |
| Racking | 10,925 | 2,425 | 8,500 | 1,500 | 0 | 1,500 | 12,425 | 2,425 | 10,000 |
| Refrigeration - Blood | 10,000 | 0 | 10,000 | 0 | 0 | 0 | 10,000 | 0 | 10,000 |
| Refrigeration - Catering | 75,600 | 0 | 75,600 | 9,700 | 0 | 9,700 | 85,300 | 0 | 85,300 |
| Refrigeration - Domestic | 4,675 | 1,300 | 3,375 | 1,600 | 300 | 1,300 | 6,275 | 1,600 | 4,675 |
| Refrigeration - Non-domestic | 103,245 | 0 | 103,245 | 87,105 | 0 | 87,105 | 190,350 | 0 | 190,350 |
| Sack Holders and Bins | 159,625 | 39,835 | 119,790 | 32,250 | 6,320 | 25,930 | 191,875 | 46,155 | 145,720 |
| Space | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Theatres | 907,810 | 73,515 | 834,295 | 0 | 0 | 0 | | 907,810 | 73,515 | 834,295 |
| To be confirmed | 160 | 0 | 160 | 0 | 0 | 0 | | 160 | 0 | 160 |
| Women and Childrens | 17,000 | 6,600 | 10,400 | 0 | 0 | 0 | | 17,000 | 6,600 | 10,400 |
| | **18,401,402** | **8,643,240** | **9,758,162** | **1,777,064** | **661,310** | **1,115,754** | | **20,178,466** | **9,304,550** | **10,873,916** |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Summary** | | | | | | | | | | |
| Furniture (from above) | 2,507,132 | 602,085 | 1,905,047 | 520,779 | 90,835 | 429,944 | | 3,027,911 | 692,920 | 2,334,991 |
| Remove Clinical Couches & Seating / NHSG Fundraising | -12,000 | -3,000 | -9,000 | -51,000 | -3,000 | -48,000 | | -63,000 | -6,000 | -57,000 |
| **Total Furniture** | **2,495,132** | **599,085** | **1,896,047** | **469,779** | **87,835** | **381,944** | | **2,964,911** | **686,920** | **2,277,991** |
| Medical Equipment (From above) | 15,547,095 | 8,030,305 | 7,516,790 | 879,335 | 565,575 | 313,760 | | 16,426,430 | 8,595,880 | 7,830,550 |
| Small Theatre and Procedure Equipment | 1,800,000 | | 1,800,000 | | | | | 1,800,000 | | 1,800,000 |
| Remove:MRI Subject to Separate Business Case | -1,710,408 | | -1,710,408 | | | | | -1,710,408 | | -1,710,408 |
| **Total Medical Equipment** | **15,636,687** | **8,030,305** | **7,606,382** | **879,335** | **565,575** | **313,760** | | **16,516,022** | **8,595,880** | **7,920,142** |
| IT (from above) | 347,175 | 10,850 | 336,325 | 376,950 | 4,900 | 372,050 | | 724,125 | 15,750 | 708,375 |
| Allowance for Telephone and ICT - components | 670,135 | 571,909 | 98,226 | 243,485 | 210,584 | 32,901 | | 0 | 0 | 131,127 |
| Costs for Telephony & Network September 2017 | | | **403,579** | | | **71,614** | | | | |
| Other IT Developments | | | **368,626** | | | **0** | | | | |
| **Total IT** | **1,017,310** | **582,759** | **1,206,756** | **620,435** | **215,484** | **476,565** | | **724,125** | **15,750** | **1,683,321** |
| **Total Equipment before On Costs** | **19,149,129** | **9,212,149** | **10,709,185** | **1,969,549** | **868,894** | **1,172,269** | | **20,205,058** | **9,298,550** | **11,881,454** |
| | | | | | | | | | | |
| Contingency for early costings | | | 1,007,168 | | | 170,027 | | | | 1,177,195 |
| Inflation | | | 995,423 | | | 114,095 | | | | 1,109,518 |
| VAT | | | 2,541,255 | | | 291,278 | | | | 2,832,533 |
| **Total Forecast** | | | **15,253,031** | | | **1,747,669** | | | | **17,000,700** |

# Appendix JJ

# The Baird Family Hospital Patient Survey: Example Questionnaire

**Maternity Service User Experience Survey**

**Thank you for your help with this survey. Your views will help us improve the facilities and service provided at The Baird Family Hospital which opens on the Foresterhill Health Campus in 2022. Please only take this survey if you have had a baby in Grampian in the last three years.**

**These questions refer to your most recent pregnancy and birth.**

1. Location(s) of your ante-natal care (tick all that apply):

   ☐ My GP Practice
   ☐ Aberdeen Maternity Hospital
   ☐ Dr Grays Hospital
   ☐ Peterhead Community Maternity Unit
   ☐ Other, please state:

2. Location of your birth and postnatal care:_____

3. During your pregnancy, were you offered choice around place of birth?
   ☐ Yes
   ☐ No
   Comments:
   _____

4. Did you get enough information from either **a midwife or a doctor** to help you decide where to have your baby?
   ☐ Yes, definitely
   ☐ Yes, to some extent
   ☐ No
   ☐ No, but I did not need this information
   ☐ Don't know/can't remember

5. Did your antenatal care take place in a location/locations convenient to you?
   ☐ Yes
   ☐ No

6. If not, what was inconvenient?
   ☐ Distance from home
   ☐ Access (lack of parking, poor public transport etc.)
   ☐ No facilities for bringing other children with you

☐ Time of the appointment
☐ Other, please specify_____

7. Were you given clear information about who to contact regarding any concerns during your pregnancy?
   ☐ Yes
   ☐ No
   ☐ Don't know/can't remember

8. Thinking of the facilities where your care was delivered (including scans and other specialist appointments), did you feel that your surroundings helped to maintain your privacy and dignity? For example, if you felt upset or worried, was there somewhere private for you to 'take a moment' or to exit discreetly?
   ☐ Yes
   ☐ No
   Comments:

9. If you were required to have any further investigations as part of your antenatal care, were these undertaken in a timely way, and was there easy way finding between departments?
   ☐ Yes
   ☐ No
   Comments:

10. Thinking about your antenatal care, were you encouraged to be involved in decisions about your care?
    ☐ Yes, always
    ☐ Yes, sometimes
    ☐ No
    ☐ I did not want/need to be involved
    ☐ Don't know/can't remember

11. During your labour and birth, did you feel that the facilities available provided the privacy, dignity and comfort you expected?
    ☐ Yes
    ☐ No
    Comments:

12. If your baby was born in hospital, did you have access to a birthing pool?
    ☐ Yes, and I used it
    ☐ Yes, but I did not want to use it
    ☐ No, and I had wanted to use it

☐ No, but I did not want to use it
☐ Don’t know/can’t remember

13. Was there a range of birthing equipment available to suit your needs (e.g. birthing ball, floor mat...)
    ☐ Yes
    ☐ No
    Comments:

14. Were you able to deliver your baby in a position and place (mat, bed etc.) of your choice?
    ☐ Yes
    ☐ No
    Comments:

15. If your partner or someone else was supporting you during labour and birth, were they able to be involved as much as you wanted?
    ☐ Yes
    ☐ No
    ☐ Not applicable
    If not, could you tell us why?

16. If your birth and/or postnatal care took place in a hospital, were you able to request assistance easily?
    ☐ Yes
    ☐ No
    Comments:
    _____
    _____

17. How long did you stay in hospital after your baby was born?
    ☐ Up to 12 hours
    ☐ More than 12 hours but less than 24 hours
    ☐ 1 to 2 days
    ☐ 3 to 4 days
    ☐ 5 or more days

18. Looking back, do you feel that the length of your stay in hospital after the birth was
    ☐ About right – please let us know why in the comments below.
    ☐ Too long – please let us know why in the comments below.
    ☐ Too short – please let us know why in the comments below.
    ☐ Not sure/don’t know

Comments:

_____

_____

19. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?
    ☐ Yes
    ☐ No, as they were restricted to visiting hours
    ☐ No, as there was no accommodation for them in hospital
    ☐ No, they were not able to stay for another reason
    ☐ I did not have a partner or companion with me

20. During your stay in the hospital, did you feel that the environment was safe and secure, with entry appropriately restricted (e.g. by buzzer or staff badge) to those who needed access?

    ☐ Yes
    ☐ No
    If not, could you tell us why?

Thank you for completing this survey. All responses will be stored securely by NHS Grampian.

# Appendix KK

# The ANCHOR Centre Patient Survey: Example Questionnaire


**Teenage and Young Adults**

**Please tell us how you feel about the environment where your care takes place, and how it could be improved!**

**Your views will help us with the planning of The ANCHOR Centre which opens at the Foresterhill Health Campus in 2022,**

1. **Thinking about the environment where your care takes place just now, could you tell us...**

   What is good about it?

   What would you like to change?

2. **In The ANCHOR Centre, there will be a dedicated lounge for older teenagers and young adults (aged 16-24). What would you like us to include in the lounge to make it a space you feel comfortable in? (e.g. furniture, decor, technology, activities...)**

3. **Of the things you have included in question number 2, which would make the biggest difference to you?**

**Today's Focus Group....**

4. **Thinking about today's event, was the venue**

- Easy to get to YES NO
- Suitable for your needs YES NO

Comments:

5. **Was the timing of the event convenient for you?**

YES NO

Comments:

6. **What was the best part of the event?**

7. **How could we make the event better next time?**

**Thank you for sharing your views!**

# Appendix LL

# The Baird Family Hospital Patient Survey: Example Report

| Field summary for 1 | | |
|---|---|---|
| **1.) Location(s) of your ante-natal care (tick all that apply):** | | |
| **Answer** | **Count** | **Percentage** |
| My GP Practice (a) | 194 | 85.84% |
| Aberdeen Maternity Hospital (b) | 141 | 62.39% |
| Dr Gray's Hospital (c) | 11 | 4.87% |
| Peterhead Community Maternity Unit (d) | 9 | 3.98% |
| Other | 9 | 3.98% |

Comments for Question 1 (for those who selected 'other')

- Both GP and AMH
- Fraserburgh
- Inverurie
- Community centre
- Kincardine Hospital
- Aboyne maternity hospital
- Banchory Midwives Clinic
- Stonehaven community hospital
- Balfour Maternity Hospital, Orkney

| Field summary for 2 | | |
|---|---|---|
| **2.) Location of your birth and postnatal care:** | | |
| | **Count** | **Percentage** |
| Answer | 226 | 100% |
| No answer | 0 | 0% |

Number of respondents who selected each location

- Aberdeen Maternity Hospital – 178
- AMH and GP Practice - 14
- Dr Gray's Hospital - 13
- AMH and Home - 8
- Home Birth - 2
- Dr Gray's and GP Practice – 2
- Born before arrival to hospital - 2
- Dr Gray's and Home - 2
- Ninewells Hospital - 1
- Peterhead - 1
- AMH and Inverurie Midwives – 1
- Bridge of Don, Aberdeen - 1
- Aberdeen Maternity Hospital - Water Pool - 1

| Field summary for 3 | | | |
|---|---|---|---|
| **3.) During your pregnancy, were you offered choice around place of birth?** | | | |
| **Answer** | | **Count** | **Percentage** |
| | Yes (a) | 113 | 50% |
| | No (b) | 113 | 50% |
| | Comments | 87 | 38.5% |

Comments for Question 3 (38.5% of respondents made a comment along with their answer)

- As I had a previous section I had to ask to go to Midwife led unit but consultant was excellent and had a good conversation about risks and agreed I could.
- High risk pregnancy so AMH was the only option
- As I live in Aberdeen it was natural that I would give birth at AMH
- Given options of choice at booking appointment and again asked about choice during third trimester - by community midwife
- Aberdeen is the closest maternity unit to where we live.
- No because I was two months early and my labour was very quick when I arrived so they just rushed me to labour ward where I gave birth within 20 mins and the other pregnancy was gestation at 21 weeks and gave birth in Rubislaw
- Due to risks, I was told I had to birth in labour ward even though it turned out fine
- Elective section
- As I had some complications with my first birth I wasn't offered home birth but got choice of midwife unit or labour ward
- We were offered Elgin or Aberdeen for both pregnancies. We chose Elgin for no 1 but I went into preterm labour at 33+3 and had to go to Aberdeen for neonatal. So we decided to stick with Aberdeen for baby no 2 just in case the same happened and we were monitored closely by consultants but thankfully everything was fine this time.
- I have type 1 diabetes so I am a high risk pregnancy
- Midwife led unit or labour ward
- Yes I could choose Aberdeen or Peterhead but due to complications I had to be induced early at Aberdeen.
- AMH or homebirth
- High Risk Pregnancy due to obesity and PGP
- On red pathway so only labour ward offered
- I had planned for a home birth and was completely supported by my community midwife
- Needed a section so no option other than AMH
- Elective C-section
- High risk
- Aboyne or Aberdeen
- Red pathway
- Aberdeen is my nearest maternity hospital so no choice needed

| Field summary for 3 | | |
|---|---|---|
| **3.) During your pregnancy, were you offered choice around place of birth?** | | |
| **Answer** | **Count** | **Percentage** |

- Due to complications caused by a previous surgery, I required an elective c section
- my last pregnancy the midwife led unit was closed but then I was not able to have that option due to high risk pregnancy
- High risk pregnancy
- Yes I was given a leaflet with information around the different choices
- No, as I was having twins. I knew it would have to be started in Westburn for induction then onto the labour ward.
- High risk
- High risk so no choice but AMH
- Midwife unit or labour ward. Home birth was not discussed
- Was advised against home birth as high risk yet didn't get any pain relief or help when I needed it alone in Westburn. Son born within mins of getting to labour ward.
- High risk pregnancy
- Difference in labour ward, midwife unit and Home birth mentioned
- Planned C/S
- I planned for homebirth although the community midwife actually assumed I would be going to AMH and wrote it in notes without asking
- I was given the choice of midwife ward or labour ward at the hospital
- I was a green pathway so could use midwife unit as I wanted a water birth from the start
- Home or Aberdeen
- Labour ward as I was induced
- Discussed midwife unit, labour ward and home birth.
- 2nd birth offered home birth
- I knew I would have my baby at Aberdeen maternity hospital and I was very happy with this fact
- I was classed as high risk pregnancy so Aberdeen was best place to be
- Maternity hospital or home birth
- I was high risk through IVF so had to be on the Labour Ward from the beginning of labour.
- No I needed to go to the doctors unit in the hospital due to previous births
- Was offered option of home birth but complications took the option away
- Green pathway midwives unit only choice
- I was going to choose Peterhead, but as I had a c section due to breach birth I had to go to Aberdeen
- Was IVF so consultant led.
- Offered home birth or Aberdeen
- Red and amber path pregnancies
- I wanted a home birth but midwife was not supportive despite being low risk
- Hospital or home birth

| Field summary for 3 | | |
|---|---|---|
| **3.) During your pregnancy, were you offered choice around place of birth?** | | |
| **Answer** | **Count** | **Percentage** |

- To a degree but as over 40 was strongly pushed towards labour ward than midwife unit and home birth was never discussed/suggested.
- I could have gone to Peterhead but it was too far, or had a home birth.
- We were advised that the maternity unit was closed due to staffing issues so all births in Aberdeen were taking place on the labour ward.
- We were advised the midwife unit was closed due to staffing and that all births would be on labour ward.
- Over 40 so considered red risk. Labour ward
- Choice between Aberdeen and Dr Gray's.
- Complications in first pregnancy meant 2nd and then 3rd babies were born c section at Aberdeen
- I was happy to birth at AMH. The Midwife Ward was closed at the time of my labour but I intended to use the Labour Ward anyway as I wanted an epidural.
- I'm aware I could have requested for this to be considered though, and I know I have a right to request home birth despite medical advice.
- Home or hospital
- Initially I was but due to need for premature induction I had to give birth at AMH
- When I asked about the midwifes unit I was told it was regularly closed due to staffing issues
- Was offered home and Peterhead MU as well as Aberdeen Maternity Hospital
- Told about Peterhead
- I had gestational diabetes so had to be in labour ward
- Two previous PPH so I wanted AMH and midwife agreed this would be best
- Yes, but only when I was no longer under a consultant
- Only because I opted for Elective CS
- Mentioned interested in home birth, midwife dismissive. MLU closed when I went into labour. No other locations/units mentioned to me by medical staff.
- Elective section
- I was very aware of my birth choices and the community midwives explained these well.
- Home, Dr Gray's, Inverness or Aberdeen
- Chose Peterhead however was required to be induced
- Choice of AMH or Peterhead
- The choice was Dr Gray's or home birth as there was no other choice within a reasonable travelling distance.
- Previous difficult birth - consultant led - only option Elgin
- I was automatically put on red pathway for my weight alone and given no other option.
- I had my first in Dr Gray's as I lived in Elgin. Moved to Aberdeenshire, default was AMH but I requested Dr Gray's due to good experience. Could also have

| Field summary for 3 | | |
|---|---|---|
| **3.) During your pregnancy, were you offered choice around place of birth?** | | |
| **Answer** | **Count** | **Percentage** |

had Peterhead but chose Dr Gray's due to wider variety of services and reduced chance of having to be moved to AMH

- I wanted a home birth but was given a lot of false information like ‘you can’t have your first baby at home’ so instead I was offered the midwives unit
- I was told I would be induced on my due date due to my age. Choice was never discussed.
- Red pathway

| Field summary for 4 | | |
|---|---|---|
| **4.) Did you get enough information from either a midwife or a doctor to help you decide where to have your baby?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes, definitely (a) | 80 | 35.4% |
| Yes, to some extent (b) | 55 | 24.34% |
| No (c) | 27 | 11.95% |
| No, but I did not need this information (d) | 63 | 27.88% |
| Don't know/can't remember (e) | 1 | 0.44% |

| Field summary for 5 | | |
|---|---|---|
| **5.) Did your antenatal care take place in a location/locations convenient to you?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes (Y) | 194 | 85.84% |
| No (N) | 32 | 14.16% |

| Field summary for 6 | | |
|---|---|---|
| **6.) If not, what was inconvenient?** | | |
| **Answer** | **Count** | **Percentage** |
| Distance from home (a) | 11 | 18.03% |
| Access (lack of parking, poor public transport, etc) (b) | 26 | 42.62% |
| No facilities for bringing other children with you (c) | 6 | 9.84% |
| Time of the appointment (d) | 9 | 14.75% |
| Other | 9 | 14.75% |

**Field summary for 5**

**5.) Did your antenatal care take place in a location/locations convenient to you?**

| Answer | Count | Percentage |
|---|---|---|

Comments for Question 6 (For those who selected 'other')

- N/A
- Available appointments
- There wasn't much choice
- Was in the process of moving house and had to stay with the mother in law for a few weeks in between. Meant I had to change practice 3 times. Wasn't allowed to stay with the original Practice which was nearest my work. 3rd practice was in limbo as Dyce was changing over at that point and trying to get registered there and get a prescription for needles for the blood sugar monitor wasn't easy. Only saw my midwife at New Dyce once in the last 3 months of the pregnancy.
- Too hot in the hospital upstairs
- Time had to wait after appt. Waiting time more than 1 hour after appt
- That hospital is the worst designed and maintained building ever!
- Was consultant led care so was at hospital often, could have gone midwife led. In fact pregnant again now and process has changed so am midwife led
- Felt like I was maybe seen too much, was not transferred to diabetic team and this led to 'panic' about readings etc.

**Field summary for 7**

**7.) Were you given clear information about who to contact regarding any concerns during your pregnancy?**

| Answer | Count | Percentage |
|---|---|---|
| Yes (a) | 214 | 94.69% |
| No (b) | 11 | 4.87% |
| Don't know/Can't remember (c) | 1 | 0.44% |

**Field summary for 8**

**8.) Thinking of the facilities where your care was delivered (including scans and other specialist appointments), did you feel that your surroundings helped to maintain your privacy and dignity? For example, if you felt upset or worried, was there somewhere private for you to 'take a moment' or to exit discreetly?**

| Answer | Count | Percentage |
|---|---|---|
| Yes (a) | 154 | 68.14% |
| No (b) | 72 | 31.86% |
| Comments | 59 | 26.11% |

**Field summary for 8**

**8.) Thinking of the facilities where your care was delivered (including scans and other specialist appointments), did you feel that your surroundings helped to maintain your privacy and dignity? For example, if you felt upset or worried, was there somewhere private for you to 'take a moment' or to exit discreetly?**

| Answer | Count | Percentage |
|---|---|---|

Comments for Question 8 (26.11% of respondents made a comment along with their answer)

- The back door to consulting rooms meant anyone could come in at any time. There was nowhere to go after upsetting appointments.
- Had a 5 day stay on the assessment area of Westburn ward. Was eventually transferred to another Ward, but was not quiet enough given that I needed rest.
- Didn't need to but exiting discreetly would have been difficult. Also not much privacy in assessment ward
- Was very upset on ward after my baby was taken to Neonatal and it took the midwives days to get me in a room on my own.
- Mostly yes, however rooms in scan department and day case/assessment weren't very soundproof, especially with waiting area just outside these rooms, I could hear other patient's consultations.
- During care in the day assessment, curtains are not soundproof!! Poor women coming in with reduced fetal movement having to sit behind a curtain getting checked whilst room full of other patients. I really felt for them during that scary time
- During my 2nd pregnancy we were given bad news that there was a severe heart problem with our baby. Although we were put into our own room we could hear others right outside who were being monitored and listening to baby heart beat which was quite upsetting.
- I had a miscarriage and was left in the Dayroom following my scan
- As most areas are off the main entrance if you needed to 'get out' you had to go all the way through the hospital. Maybe there could be more exits or garden spaces
- Everything was held in a private room, when I was induced the curtain was around me for all scans and any upsetting information was given to me in a low voice so it wasn't overheard.
- The rooms where families can go if something was wrong with their pregnancy was past the waiting room and into the testing room to access the private rooms, would be better being closer to the scan room etc
- I had a previous late miscarriage plus this baby had issues found on scan. You just had to go back past all the people waiting for scans while you were upset.
- Westburn Ward is like Piccadilly Circus. Absolutely no privacy at all.
- After being told there was a problem at the 20wk scan, I had to leave the room via the long queue of mums waiting. Wasn't offered anywhere to sit or discuss with midwife

**Field summary for 8**

**8.) Thinking of the facilities where your care was delivered (including scans and other specialist appointments), did you feel that your surroundings helped to maintain your privacy and dignity? For example, if you felt upset or worried, was there somewhere private for you to 'take a moment' or to exit discreetly?**

| Answer | Count | Percentage |
|---|---|---|

- My scans were mostly in Stonehaven so that was fine but some of my consultant appointments/pre op at AMH were in such busy surroundings, there was nowhere to hide.
- No complications or special facilities required.
- Not really set up for privacy as the waiting room is in the corridor. So you go in excited to see your first scan and walk out devastated and your world turned upside down.
- Consultation rooms for antenatal care are not very private. Conversations with patients and doctors can be heard in the waiting room
- I had previously attended the fertility clinic and Rubislaw Ward for a miscarriage, I found neither of these services to be in an appropriate setting.
- Community midwife fantastic. Midwife on duty was horrendous when I was in Westburn ward. I put a complaint in after my son was born. Quicker I got out of the hospital the better. Scans fine as consultant checked on my son regularly as high risk.
- All seemed very rushed and didn't have time to ask questions
- Not when waiting for scans at early stages after a miscarriage previously - was very upset in a public room
- Day assessment unit is not private
- It was Aberdeen maternity hospital upstairs however there could have been a vending machine for water or something as it was so hot and didn't want to go downstairs in case I missed my appointment
- Stonehaven sonographer very abrupt, very rude to our 3 year old daughter who had come to see "her baby" I was extremely nervous after losing two babies previously and she showed no empathy and was very rough! But I do know that the area where people see healthy babies is the area where people have to walk through knowing their baby hasn't survived. The same with terminations/miscarriages, which isn't very kind.
- Had a miscarriage in 2015, was left in the scanning room for around 20 minutes ourselves with no explanation, then told to wait two weeks for another scan. Had another baby in 2016 and was much more happy
- Beds divided by thin curtains meant everything was heard by others.
- I was in a lot before having my baby due to complications and I felt a lot of times I did not have the privacy I needed.
- You could hear in the clinic appointment room other patient's conversations. Being examined in a multi bedded room was not dignifying. Ideally single rooms for all - in an ideal world!! Partners staying all night if required!
- Thankfully my scans all were positive experiences with no worries or upset but I was fully aware of the exit being a gauntlet of people as the waiting area is the corridors to the exit.

**Field summary for 8**

**8.) Thinking of the facilities where your care was delivered (including scans and other specialist appointments), did you feel that your surroundings helped to maintain your privacy and dignity? For example, if you felt upset or worried, was there somewhere private for you to 'take a moment' or to exit discreetly?**

| Answer | Count | Percentage |
|---|---|---|

- Only one exit in scanning and going out crying you worry about rest of waiting mothers
- I had to go into the day unit a couple of times and had to have a vagina check to make sure my cervix was still closed. This was done in a room with 4 other couples and just a curtain around me, I felt this gave me no privacy at all
- Very little privacy at AMH
- I had to make use of the Westburn ward prior to my labour and the experience has put me off having another child. The staff were not very responsive or attentive and left me in a state of worry for the duration of my visit. By contrast the labour ward staff attended to my every need promptly but I went in to my experience with a lack in confidence.
- After receiving bad news during a 12 week dating scan then had to walk past a waiting room full of people
- The surroundings were fine and each staff member I dealt with was lovely.
- Never aware of private areas or alternative exits.
- Post natal ward was in multi bedded room, could have had better privacy
- After scans you have to go back through the waiting area.
- I made the decision to have an amniocentesis and felt on show given we were taken to a separate room which brought us past a waiting area
- Never had to face that so I didn't pay attention
- During my pregnancy there was a few things I was worried about and attended the day assessment unit for and I didn't feel like it was a private environment. Being examined and spoken to in detail just behind a curtain with other people in the room didn't feel private nor confidential.
- Don't know
- The hospital was a building site. Room of birth not very private. Had to move room for a shower after down the corridor, where public could see me down the hall
- The ante natal clinic at the hospital, when doing routine checks, was not discrete. Likewise, day ward did not feel private with curtains between.
- At a scan where I was given some news about an apparent issue I was sent back out to wait in waiting room, there appeared to be nowhere to wait. I was quite upset.
- I did not find this a problem, however there is room for improvement.
- Luckily I didn't need a private moment to myself but if I did so during/after one of my scanning or consultant appointments I would have entered into a room full of waiting patients, so not much in the way of privacy or dignity
- Staff maintained privacy and dignity however the nature of busy rooms with a curtain between patients does not ensure confidentiality.

**Field summary for 8**

**8.) Thinking of the facilities where your care was delivered (including scans and other specialist appointments), did you feel that your surroundings helped to maintain your privacy and dignity? For example, if you felt upset or worried, was there somewhere private for you to 'take a moment' or to exit discreetly?**

| Answer | Count | Percentage |
|---|---|---|

- During my regular appointments in Huntly I felt that privacy and dignity was maintained.
- Not really applicable
- We found out at a routine 12 week scan our baby was going to die. We then had to leave the scan room when still grieving for our baby to the waiting room right in front of it. There is no discreet way to leave the normal scanning department at AMH should you receive bad news.
- Postnatal ward was very small and cramped. No privacy or space. Very hot.
- Scanning fine but the wards are a disgrace
- The assessment ward meant there was only curtains between you and other women who could hear all conversations
- Fantastic care at Dr Gray's. Made to feel very comfortable
- Yes for full term pregnancy but no when I miscarried in 2016, was transferred from A&E to Westburn ward and ignored in corridor bleeding heavily for an hour while staff were busy with other mothers. Logged a complaint at the time, had a follow up with head of midwifery who apologised and referred to high vacancy rate in AMH
- When I had a scan to confirm my baby had died, it was obviously a very upsetting time. I had to walk back through the reception area to get to the private room in the ward.
- At Dr Gray's the care is outstanding but all contained within the same clinic/area. I did fear for what would happen in case of loss and had already experienced having to attend the same area for fertility issues and was uncomfortable about being in the same space as pregnant ladies getting scans etc.
- During induction I felt very 'exposed' when I went into labour and struggled to keep quiet so as not to disturb others (Dec 17 & Nov 15)

**Field summary for 9**

**9.) If you were required to have any further investigations as part of your antenatal care, were these undertaken in a timely way, and was there easy way finding between departments?**

| Answer | Count | Percentage |
|---|---|---|
| Yes (a) | 141 | 62.39% |
| No (b) | 15 | 6.64% |
| No answer | 70 | 30.97% |
| Comments | 26 | 8.12% |

## Field summary for 9

**9.) If you were required to have any further investigations as part of your antenatal care, were these undertaken in a timely way, and was there easy way finding between departments?**

| Answer | Count | Percentage |
|---|---|---|

Comments for Question 9 (8.12% of respondents made a comment along with their answer)

- But only because I also work at the hospital.
- Parking was frustrating. My husband often had to drop me off and meet me after.
- Had to wait for several hours to be stitched up by a doctor.
- However I arrived early for my appointment, told to wait in waiting area, 15 minutes after my appointment time, I had to search for nurse, turns out no one was aware I had arrived (glucose/diabetes check)
- Once in hospital yes but trying to get parked is absolutely awful. My partner didn't get to come in to one of my appointments with a consultant because we couldn't get car parked. He had to drop me off and went in myself
- I had to wait 5 days for an urgent follow up because of a public holiday
- The first time I needed to speak to a consultant regarding scans, the midwives could not get hold of anyone due to docs being tied up with appointments and or emergencies. Although the midwife was kind we had to wait till after the weekend to speak to a consultant which meant we had a lot of worry on our mind and what things would mean for our baby. However these things do happen and I don't hold it against the hospital, the conditions weren't ideal especially facing bad news.
- Extra scan organised quickly but had to wait for induction date past recommended
- I spent a lot of time waiting for care. At one point when I was admitted I spent over 12 hours waiting for indigestion medicine!
- I was in Westburn ward for 3 days with barely any intervention to be sent home and had a large bleed within a couple of days. I was in and out of hospital for the last 6 weeks of my pregnancy with various bleeds and no real answers, I felt I spent most of the time waiting to be seen by doctors who all told me different things.
- Had reduced movement so had to go to day assessment - easy to find and helpful staff
- Got MRI at 20 weeks results came through once baby was here
- Concerns over episiotomy healing from early on but not sent to hospital until days later. Infected and did not heal properly
- Special Care was taken due to slap cheek infection, baby was scanned weekly, sometimes more.
- Though under consultant care, I did not see the consultant once and had 3 different registrars.
- At routine midwife appt bump hadn't grown so was told I needed growth scan and that it would be organised for same day, midwife would call me with time.

**Field summary for 9**

**9.) If you were required to have any further investigations as part of your antenatal care, were these undertaken in a timely way, and was there easy way finding between departments?**

| Answer | Count | Percentage |
|---|---|---|

Scan dept in Aberdeen was too busy so soonest I could be seen was 3 days later in Stonehaven which meant I had 3 days of worry

- Growth scans/consultant appointments
- Transferring from scanning dept to ante-natal clinic was confusing with the layout for reception desk - poor signage to explain the route
- Westburn ward at ARI - healthcare assistant told me I was wasting their time and shouldn't be there and instead should be outside sunning myself - midwife was then concerned enough to have me seen by a consultant. This experience doesn't encourage woman to get checked if they are concerned. Sent to a different ward as Westburn too full for initial checks then was left in a waiting room for 2 hours as the two wards thought the other had me and I had been forgotten about. During long labour had many midwives - gestation date kept getting passed on incorrectly, final midwife after traumatic birth moved me after half an hour despite being told I would be in recovery for 2 hours because they needed the bed and she needed to go on her lunch break.
- I was admitted to hospital in the later stages of my pregnancy due to high blood pressure. As soon as it became an issue the community midwife referred me straight to the day assessment unit and I was seen that afternoon and transferred for further assessment in Westburn in a very timely manner.
- I had complications late on in my pregnancy and at all stages issues were dealt with in a timely manner which meant the best outcome for my daughter and I.
- Yes, but I was on the red track and so was told my care would be consultant led. I met my consultant only once, when I was over 30 weeks pregnant. Perhaps the name should be hospital led rather than consultant led as I felt a bit fobbed off.
- I bled at the beginning of this pregnancy and had a miscarriage 7 months previous and having to wait 2 days for a scan was horrendous thankfully all was fine
- Referred for growth scan and results discussed
- Some sign posting to the ECG department etc could be improved
- Had to come back several days after anomaly scan for appointment with consultant. Reducing this wait would reduce the time spent worrying and waiting for further information. Additional recommended tests not available on NHS in Aberdeen eg harmony. This is available in other locations/ health boards.
- Long waiting times in antenatal clinic after scan appt.

| Field summary for 10 | | |
|---|---|---|
| **10.) Thinking about your antenatal care, were you encouraged to be involved in decisions about your care?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes, always (a) | 125 | 55.31% |
| Yes, sometimes (b) | 73 | 32.3% |
| No (c) | 25 | 11.06% |
| I did not want/need to be involved (d) | 2 | 0.88% |
| Don't know/can't remember (e) | 1 | 0.44% |

| Field summary for 11 | | |
|---|---|---|
| **11.) During your labour and birth, did you feel that the facilities available provided the privacy, dignity and comfort you expected?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes (a) | 168 | 74.34% |
| No (b) | 58 | 25.66% |
| Comments | 77 | 34.07% |

Comments for Question 11 (34.07% of respondents made a comment along with their answer)

- The ward was very hot and worse when the curtains were round which was required for privacy. The communal shower was very small and there was nowhere to put your belongings apart from the floor and it was tricky trying to bend down when recovering from a section.
- Had a 24 hour stay in the recovery area of labour ward, before and after an emergency C section.
- Had an emergency c section and cannot speak highly enough of the theatre staff
- The bed wasn’t clean that I delivered on.
- Mostly yes, when in active labour I was offered a “soft bed” but did not receive one for many hours.
- A patient was in bed next to me, sound asleep in a soft bed, which was frustrating as I felt my need was equal to her.
- I was hooked up to so many things that I was unable to move easily from the bed and had to go to toilet there, quite humiliating. Not even privacy screens etc
- Recovery was not sectioned off in the bay I was in. Trying to establish breast feeding with other patients gawking!
- During labour I was in a private room
- During induction I was with 5 other women which was a bit embarrassing as they could hear any pain noises you were making
- All the staff were lovely and tried to help as much as possible
- I was given a birthing ball and the room was very large for my partner with its own toilet and a large comfortable chair for him. The bed was plenty large

**Field summary for 11**

**11.) During your labour and birth, did you feel that the facilities available provided the privacy, dignity and comfort you expected?**

| Answer | Count | Percentage |
|---|---|---|

enough and comfortable. I did want a water birth but I understand why that was not possible as I was induced.

- Westburn Ward is a shared ward and my partner was not allowed to stay. I was in there until two hours before I gave birth meaning that most of my labour was in a shared ward with other women and only a curtain for privacy.
- In labour ward I was on continuous monitoring so had to pee on a bedpan on a normal chair. No commode was offered and no ensuite
- I did not enjoy being induced on Westburn ward as my labour progressed very quickly and this was not ideal given it is multiple bed ward.
- The midwives and my consultant were brilliant, made me feel relaxed and informed of what was happening throughout the birth of my daughter
- Although soundproofing would have been nice. I went into labour before my elective date, arriving on the labour ward to the sound of screaming.
- Westburn Ward was very busy, noisy, very run down - was a lot more private once on labour ward
- Positive experience of labour ward. A prolonged stay in Westburn with poor facilities especially for partners.
- I had excellent care
- With the exception of the Westburn unit where I was left over night with no blanket or comfort listening to pregnant ladies coming in for emergency checks and dealing with them crying all night. As I was waiting for an induction this was not ideal and there was just no privacy for the patients coming in or for myself who was trying to sleep.
- I was in the labour ward and found it to be too clinical to relax in any way, it felt very much like a hospital setting in comparison to the midwife unit I had hoped to visit. The toilets/shower room were also inconvenient.
- Within the labour ward, there was too many people present in the room while nothing was happening. I would have just liked it to be and my partner for a little while.
- Westburn was overcrowded and poorly staffed
- Elective section so no labour involved
- Was in a ward with 4 women and their partners. I was alone and having regular contractions with no help or support.
- Just curtains separating patients in induction ward where I spent 3 days. You can hear every conversation!!
- No bed on arrival for c-section.
- I had to use the visitor toilet to get changed for theatre, not ideal to have to balance on a toilet to get theatre stockings on whilst massively pregnant.
- Pre-theatre obs done in a store room.
- Better facilities for being induced would have been good. More comfortable environment and husband being able to stay longer.
- I was induced in December and was in a makeshift “ward” in a bed with a curtain, no socket to charge my phone and no TV (which is not imperative to

**Field summary for 11**

**11.) During your labour and birth, did you feel that the facilities available provided the privacy, dignity and comfort you expected?**

| Answer | Count | Percentage |
|---|---|---|

care I understand but everyone else had a “normal” hospital bed setup). Being induced can mean a longer stay

- Private room during induction and en suite for labour would have been appreciated
- The rooms were fine and clean but we had to leave which felt like almost immediately into a ward when I had been in labour for two days and completely shattered. It would have been good if my husband could have stayed a little longer so I could catch up on sleep before returning to a noisy ward.
- The birth etc was fine however I spent a long time in recovery with people walking past etc.
- When trying to establish breast feeding in the ward one midwife thought it was appropriate to open all the curtains to encourage the mothers to talk. That was not my main concern at that point.
- I was induced and being on an open ward with 8 or so other beds with just a curtain between us wasn’t ideal.
- Labour ward was excellent
- Having to cross the hall in midwife unit for toilet was a bit of a pain
- For labour and birth yes, but not for after care
- I felt things were dated. Especially the likes of showers within 5 bedded wards
- Yes, privacy and dignity were definitely there, however the Labour Ward was extremely clinical and a slightly warmer/more homely environment would have been more comfortable and put me at ease better. But I understand that it’s a hospital setting and not home.
- The only real places that I felt weren’t so private were the Westburn ward where I was induced and the Summerfield Ward afterwards because it was a shared ward with up to 5 other ladies with just a screen surrounding you. This made it difficult to discuss private matters or ask sensitive questions. The delivery room was very private.
- Yes and no yes because my room was private but having to walk to the toilet with a gown on while I was bleeding I would not call dignified.
- I was induced in Westburn and gave birth there with 5 other couples in the ward. Having delivered baby I was then wheeled through the main entrance corridor to the labour ward to deliver the placenta with a sheet over me and baby.
- No my midwife was awful and the care I received was sub-standard, I did complain and she had to do reflective practice
- During labour yes but in the postnatal ward the space was very cramped, hot and uncomfortable and the curtain did not fully go round in a dorm of people. I feel I needed more privacy at this point when trying to establish breast feeding and recover from difficult delivery.

**Field summary for 11**

**11.) During your labour and birth, did you feel that the facilities available provided the privacy, dignity and comfort you expected?**

| Answer | Count | Percentage |
|---|---|---|

- Not applicable as didn't make it to hospital in time. Ambulance took me and daughter in to be checked over after and I was really happy with the care we received from all staff
- Labour ward was full and I was still on the induction ward with no available pain relief other than morphine which I am unable to take. My partner was actually spoken to about the possibility of needing to deliver the baby on the induction ward if a bed did not become available. It was not very dignified having intense contractions minus any pain relief on a ward with other women and their partners!!!!!!!!
- I had an emergency C-section and couldn't fault the staff on the labour ward and surgical team
- Bad attitudes, 4 hour wait for an anaesthetist - by the time she arrived she struggled to get it in between contractions and then the baby started to come and I could no longer have an epidural. Final midwife (after 20 hours of labour) seemed very fed up, did not speak to me - I had to ask her questions about what was going on and she didn't seem bothered to answer them
- The room I was given on labour ward was a very old room it wasn't comfortable at all it was cold with bright lights the bed was very very uncomfortable. I believe that because I wasn't comfortable and relaxed that was the reason for my c section
- Not having a toilet/shower at my room in labour ward meant having to walk down quite a long corridor past other patients staff etc attached to a drip with wires hanging out of me. Not dignified private or comfortable!
- After the birth I had to share a room with 4 other couples with newborn babies. This did not provide privacy, dignity or comfort. I could not have conversations when others were trying to sleep, and when trying to sleep the newborn babies were crying, so sleep was hard to get. Rest is probably one of the most important things to get after giving birth.
- Home birth
- Westburn Ward was clinical and an inviting place to be for an induction. Labour ward was dated and room wasn't relaxing.
- Husband sent home overnight
- As much as possible during a c section
- I did wish that each labour room had a small toilet, as intense labour pain made it difficult to walk down the hall to use the restrooms.
- I had a planned section. All care was exceptional.
- AMH labour ward is not comfortable or homely. Very clinical feeling about it. Not very sound proofed.
- During induction in Westburn Unit you could hear other procedures taking place in the room
- No ensuite facilities in labour ward room
- I was induced and it was incredibly stressful having to phone back day after day waiting for a bed to be available

**Field summary for 11**

**11.) During your labour and birth, did you feel that the facilities available provided the privacy, dignity and comfort you expected?**

| Answer | Count | Percentage |
|---|---|---|

- After birth the shower facilities on the ward were tiny and severely outdated
- I had plenty privacy during my labour, and dignity is out the door regardless. However my comfort wasn't important to the midwives, I was left in Westburn ward after being induced, I wasn't examined for over 12 hours and once finally examined I was 8cm dilated and had gotten to that stage on just paracetamol. I had told the midwives countless times I was in agony and my contractions were coming fast and strong but I was ignored.
- During birth yes but on ward after no. Shower did not lock or even close properly.
- The room I laboured in didn't have its own toilet so I had to travel through the corridor in just a gown while having contractions to use the bathroom
- I didn't pay much attention during labour! I was otherwise occupied to notice.
- I didn't use the shower in the postnatal ward, it looked awful. I didn't get much sleep due to another patient always calling for help.
- The hospital was being renovated so limited facilities
- Yes, I was in theatre though but care was excellent.
- In the labour ward, had to go through corridor to use toilet whilst in labour. MLU where I had hoped to give birth was closed due to staffing levels. I therefore did not have access to a birth pool and other facilities for active birth as desired.
- In assessment ward again the curtains did not maintain privacy as everyone could hear everything that was going on.
- I laboured in Dr Gray's on an assessment ward with no one paying us much attention at all as we were waiting for the consultant to send us home again. There was only one toilet/shower - by my using it due to the pressure I felt meant others were unable to access it.
- Because I was at home. I did not want to give birth in AMH because of the lack of facilities and conditions of the wards
- Midwives unit was fab and a vast difference from labour ward which was very clinical (1st baby on labour ward)
- Lack of individual rooms in Westburn ward means you have to deal with early stage labour around other women and their partners
- I was induced and delayed over 24 hours poked and prodded with an audience but without the relatives I wanted there at times I felt like I was robbed of any control over the situation because the staff saw me as somebody who should shut up and get on with it. I was in an unnecessary amount of pain for a considerable amount of time because despite my wishes I had a speculum forced inside me around 7 times more than I had consented to and I'd already said it was too painful but was ignored because the crappy monitor bands wouldn't stay and hadn't stayed on for any of my trips to the ward prior to giving birth something that could have been spotted sooner. There was always only one place they would pick up his heartbeat and I always had to hold it there - basically forced to be in pain because nobody looked into alternatives ahead of my labour.

**Field summary for 11**

**11.) During your labour and birth, did you feel that the facilities available provided the privacy, dignity and comfort you expected?**

| Answer | Count | Percentage |
|---|---|---|

- The hospital team were really caring and tried to make my stay the best experience I could have considering I did not want to be in hospital at all.
- I was booked to be induced at Dr Gray's. Was seen to promptly on arriving and given private room until it was time to move to delivery so that I could have rest and quiet away from the ward before the birth.
- I wanted to birth in the midwives unit but it got closed while I was in labour forcing me to use the labour ward. I was very uncomfortable in the labour ward but my midwife was very reassuring and I was given midwife led care still
- The ‘pool’ did not provide any comfort, being a hard pool! I left there only with bruises but still would have preferred to stay there longer than I was ‘allowed’.
- Once in labour ward it was fine

**Field summary for 12**

**12.) If your baby was born in hospital, did you have access to a birthing pool?**

| Answer | Count | Percentage |
|---|---|---|
| Yes, and I used it (a) | 23 | 10.18% |
| Yes, but I did not want to use it (b) | 26 | 11.5% |
| No, and I had wanted to use it (c) | 65 | 28.76% |
| No, but I did not want to use it (d) | 58 | 25.66% |
| Don't know/can't remember (e) | 12 | 5.31% |
| No answer | 42 | 18.58% |

**Field summary for 13**

**13.) Was there a range of birthing equipment available to suit your needs (e.g. birthing ball, floor mat, etc).**

| Answer | Count | Percentage |
|---|---|---|
| Yes (a) | 118 | 52.21% |
| No (b) | 49 | 21.68% |
| No answer | 59 | 26.11% |
| Comments | 70 | 30.97% |

Comments for Question 13 (30.97% of respondents made a comment along with their answer)

**Field summary for 13**

**13.) Was there a range of birthing equipment available to suit your needs (e.g. birthing ball, floor mat, etc).**

| Answer | Count | Percentage |
|---|---|---|

- As I had a C-section this is n/a.
- Did have access to a birth ball in both the labour ward and prenatal ward where I was induced. Not sure about other equipment. I would have liked to try the birth pool.
- Not enough time for me to make use of these before baby was born
- Unable to have due to continuous monitoring required
- Had to be in the labour ward
- Yes but I was not offered them by the midwife
- Offered birthing ball on arrival
- Birth was imminent when I arrived so no need for those things
- I was made to stay on the bed cause of monitoring which was uncomfortable
- Didn't apply to me
- Used birthing ball and mat
- Had the pool so didn’t ask for these but they weren’t visible in the room
- With my first baby I was only allowed to stay on the bed and not move, but with my second I had a birthing ball and they let me move around as much as my drips would allow
- They were very helpful and tried to accommodate me the best they could
- Ball, floor mat, tens machine, ice water, towels etc
- I don’t remember anything in the room - I was in labour ward on continuous monitoring and stuck to the bed by the drip
- C section
- Nothing in room but would not have used anyway as was constrained to bed with monitors
- Birthing ball used - available throughout stay.
- A birthing ball was offered with a few of my labours but no idea about alternatives except the birthing pool which I got for 3 of my 4 labours.
- Question not suitable for c-section birth
- No birthing ball or mat
- Emergency caesarean
- Didn’t get any choice of things to use just the bed and gas and air
- Birth ball in induction ward and birth pool. Was not offered any other options
- Limited on the induction ward to balls only. I wasn’t aware of or offered anything else
- When in Westburn ward, the only thing I was offered was a ball. They have very minimal pain relief. They eventually offered me a bath but it wasn’t the most comfortable. I had been there from 9am, waters broke at 6pm and wasn’t taken to labour ward until 9pm the next day, even though my pessary was removed at 9am. The ward was too busy. I had almost unbearable contractions at this point.
- Had a planned C section
- More birthing pools

**Field summary for 13**

**13.) Was there a range of birthing equipment available to suit your needs (e.g. birthing ball, floor mat, etc).**

| Answer | Count | Percentage |
|---|---|---|

- I was put straight to labour ward when I arrived at hospital. I was 5cm dilated and hadn't felt baby move that morning. Didn't have these things in the room but the only thing I probably would have used was a ball - I'm sure if I had asked I would have got one though
- So impressed with Aberdeen midwife unit. Twice I used it and gave birth in the pool. Fabulous facility but could have been a bit bigger with own toilet in room.
- Everything I wanted was provided and I had enquired beforehand to ensure these things would be available.
- There was a birth ball but no floor mat or anything else.
- There was a birthing ball but I don’t remember much else. No floor mat offered.
- Yes I had a birthing ball in my room which I used
- Only birthing ball after requesting one.
- I had a c section
- Items I asked for were provided and the midwife provided suggestions when I said I was uncomfortable
- I had 2 sections so n/a
- Yes used birthing ball and was offered tens machine but had my own.
- Birth was an elective caesarean section
- No room to use a birth ball comfortably as there was no space in the labour ward room
- To an extent - there were balls (bit dirty) an additional chair (not comfy) no mat offered etc.
- Was induced so in the labour ward - very clinical environment
- I had an emergency c section so did not require this.
- I had an emergency c section so not required.
- The bath in the Westburn ward was a great resource!
- Nothing was offered.
- It was an elective c section due to issues with pressure on my brain. Originally I wanted a birth in the pool but I do know that this equipment was available if I had gone for a traditional birth
- Planned c section
- Emergency c section n/a
- Unsure. I wasn't offered any and do not recall any being in the room so unaware if there was any available.
- I only got offered the birthing ball.
- There were birthing balls but nothing else that I was aware of
- I wanted to use the birthing pool, but was sent home when my contractions were every 3min lasting 1min. The pool was free, I was taken to that room to be examined and sent home. I believe there was only one other woman in the midwife led unit at that time. I was back in 3 hours later in an ambulance, taken to the still free pool room and then sent to Labour Ward

**Field summary for 13**

**13.) Was there a range of birthing equipment available to suit your needs (e.g. birthing ball, floor mat, etc).**

| Answer | Count | Percentage |
|---|---|---|

after being examined. So I didn't get to use anything that I had wanted and was in my plan. My plan was available to the midwife online as with all new plans and notes but I'm not sure to what extent the original midwife looked at it

- None
- Midwife provided floor mat but no other equipment
- I gave birth in a labour ward room, hooked up to the CTG machine on the bed. I was walking about for a while but wasn't offered a birthing ball
- Apart from birthing pool
- Not required
- Bed was able to be altered to allow me to use it comfortably kneeling, like a birthing stool, I had a ball and a fan plus a heat pack. All very helpful
- I don't know if these were available but I didn't see them.
- I was induced and constantly monitored so my choices were limited
- There was no equipment
- Probably but I cannot remember
- Yes but constantly rolling a ball into someone else's ball, gas and air tank, chair, bed or curtain is really crappy especially if the gas and air tank falls on you!
- Not sure.
- Had to ask for ball
- I wasn't given any option for birthing equipment. Just a bed.
- Took my own ball, nothing available
- Bath on Westburn was the slowest running bath I have ever seen! By the time it had filled I was too far on to want to go in it.

**Field summary for 14**

**14.) Were you able to deliver your baby in a position and place (mat, bed, etc.) of your choice?**

| Answer | Count | Percentage |
|---|---|---|
| Yes (a) | 118 | 52.21% |
| No (b) | 108 | 47.79% |
| Comments | 102 | 45.13% |

Comments for Question 14 (45.13% of respondents made a comment along with their answer)

- N/A
- I had a planned section but not by choice.
- Emergency C section
- I ended up with an emergency c section
- Due to complications with birth

**Field summary for 14**

**14.) Were you able to deliver your baby in a position and place (mat, bed, etc.) of your choice?**

| Answer | Count | Percentage |
|---|---|---|

- As previous but ended up as a section
- I had to change position for birth but trusted the advice of the midwife
- C-section birth
- 1st baby was being monitored and 2nd was in the Rubislaw ward.
- Had c/s
- Had to lie on back due to monitoring
- I had a C-section
- C section
- Feel very lucky to have got the pool as there is only one pool in Aberdeen
- It had to be on the bed because I had lots of drips attached as I am diabetic, so they were only doing what was best for me and baby
- On the bed
- I had to come out of the birthing pool as the midwives found it too difficult to monitor my baby while I was in the birthing pool.
- Forceps delivery in theatre
- Planned section
- Emergency intervention was required
- I was told I had to stay in bed when I wanted to stay mobile
- C section
- Elective c-section
- Had to be on a bed due to baby not coping and then an emergency section
- Had to be in bed due to monitoring of baby, however comfortable on my side.
- Had epidural
- C section
- Due to circumstances I had to be in a certain position.
- Only due to needing emergency caesarean section.
- Question not suitable for c-section birth
- Baby being monitored
- When I screamed for help midwife in charge on shift got me to labour ward after my waters broke on the bed and my son's head was on show. Wouldn't listen when I tried telling them even though it was 2nd baby. No choice of position could barely move.
- Did not want a caesarean but had no choice in the matter as baby was very poorly
- I ended up with emergency c section
- N/a - c-section
- Pool birth as I had hoped
- N/a
- I had to go to theatre so unavoidable
- Restricted as baby required heart monitor and clip couldn't be attached.
- I was so grateful the pool was available as when I had first went in the morning (early labour) someone was in the pool but when I returned in the

**Field summary for 14**

**14.) Were you able to deliver your baby in a position and place (mat, bed, etc.) of your choice?**

| Answer | Count | Percentage |
|---|---|---|

afternoon in established labour the girls got the pool all cleaned and ready for me to use! It was very appreciated

- Due to complications, so outwith anyone's control
- I had too many cables to be in the position I wanted.
- Had a planned C section
- I had a c section.
- In theatre
- Due to complications meant it had to be on a bed
- Pool
- Had to be moved to labour ward and ended up having episiotomy
- I would have liked a water birth but wasn't allowed due to being high risk through IVF, however the bed was fine.
- Yes I had my daughter in the bed. My midwife was fantastic making sure I was in a comfy position that was also effective for labour
- Forcing me on my back - I wanted to be up (back to back labour)
- I had wanted the birthing pool but they had just reopened the midwives unit and were too short staffed
- Emergency section after 3 day non progressing labour
- I had a c section
- Needed a forceps delivery so had to go to theatre
- My first choice wouldn't have been the car!!!
- Had no preference.
- I had an emergency c-section so my choice of birth place was not applicable
- Induced with tracer on baby's head
- N/a
- In birthing pool.
- Induction - stuck to drip and then spinal and forceps birth
- Ideally I would have liked to use the birthing pool, however I was induced so had to go to the Labour Ward so this wasn't an option
- Ended up a caesarean again as was in labour ward. Also then had difficulties and required forceps delivery
- My birth did not progress as expected
- I had an emergency section
- I had an emergency c-section
- Not required due to c-section
- In theatre however facilities were very good, but not for my daughter no mobile heart monitor
- N/a I was c section
- Elective section so no choice, but it was appropriate
- Monitoring equipment required that limited me to lying on my back on the bed which was not my preferred position. I would have loved birthing pool

## Field summary for 14

### 14.) Were you able to deliver your baby in a position and place (mat, bed, etc.) of your choice?

| Answer | Count | Percentage |
|---|---|---|

- Ended up having constant monitoring so had to stay on the bed. Ended up in theatre for forceps delivery
- Emergency c section n/a
- Required emergency c-section
- I was put on my back with feet in stirrups
- My baby was born prematurely and was distressed at the time of birth so time was of the essence
- Waters broke early so induced labour
- The midwives were convinced I was at the very beginning of labour and took too long to examine me (waiting in a corridor for a room to be ready) because I wasn't making any noise (hypnobirth) and they were not familiar with this. By the time they examined me I was already pushing the baby out so I didn't get any choice regarding the place.
- Yes and no. As I said, I had wanted to use the pool for pain relief but wasn't allowed. I ended up giving birth on a bed, with forceps and stirrups
- Time factors cited in decision to augment my labour despite this not being my preference. This led to further intervention
- No choice as quick delivery from arrival at hospital - priority was delivering baby
- I was initially upright over the bed, which was the position I was most comfortable. For reasons unknown to me I was moved onto my back
- Elective section
- C section
- The midwives were very accommodating of my birth plan taking time to make the environment similar to the one I had planned at home (once I was transferred along the corridor to labour ward at 10cm dilated)
- Yes because I was at home I had a pool and delivered in there
- I was supported as much as possible but as I was hooked up to monitors and a drip my ability to move around was limited
- No, the whole experience wasn't anything I wanted and I'm offended by the memory of it.
- I ended up with too many interventions to get the birth I wanted
- Kept being asked to lie down, wanted to be more mobile
- I wanted to birth in the unit/home
- I was able to labour standing for the most part, but was requested to get onto the bed several times for checks, which I did not appreciate. I can't say the birth was in a position of my choice as I had a c section eventually.
- I would have liked a water birth but this has not happened as my 1st baby was a c section. Was advised to go to labour ward.

| Field summary for 15 | | |
|---|---|---|
| **15.) If your partner or someone else was supporting you during labour and birth, were they able to be involved you as much as you wanted?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes (a) | 191 | 84.51% |
| No (b) | 28 | 12.39% |
| Not applicable (c) | 7 | 3.1% |

| Field summary for 16 | | |
|---|---|---|
| **16.) If not, could you tell us why?** | | |
| | **Count** | **Percentage** |
| Answer | 32 | 14.16% |
| No answer | 194 | 85.84% |

Answers for Question 16 (14.16% of respondents answered this question)

- Early stages of labour did not like being in Westburn on my own
- We had asked for skin to skin contact for my husband if I were to become unwell during my c section. I did become unwell and my husband was not offered contact with our daughter.
- I had an elective c section and had difficulty feeding. I would really have appreciated my husband being able to be comfortable when staying but he wasn't due to the chairs. This meant he had to leave.
- Not encouraged and Dad quite intimidated by birth!
- They were not allowed to stay with me while I was in labour and only arrived a couple of hours before my baby was born once I was finally transferred to the labour ward at 9cm dilated. I lay for 9 hours in pain on my own with very little pain relief or support.
- He was not allowed to stay with me overnight while I laboured on Westburn.
- No facilities for my partner to stay with me while in labour on Westburn ward
- Would have been nice if he could have stayed due to travel time and getting taken through to labour ward at 4am
- I was taken through for an emergency c-section and the trainee anaesthetist took just under 1 hour to insert my spinal which should have only taken three minutes. During this hour I was hugely distressed to the point I thought I was going to die. At no point did anyone get my partner to come through, he was left waiting in the next room with his scrubs on. An investigation later confirmed there was no reason why he should not have been called in when he had his scrubs on. This hugely affected my mental state for a year after the birth.
- Were not permitted into theatre until after cannula inserted. Huge needle phobia so became very stressed and upset at this point
- My partner only just arrived in time after me phoning him so was all a bit in shock.

**Field summary for 16**

**16.) If not, could you tell us why?**

| | Count | Percentage |
|---|---|---|

- I was induced and in a lot of pain but hubby was turfed out at 9pm. Even when I'd had my baby and was struggling with pain from c section while trying to cope with small baby, he was told to leave at end of visiting time even when in some cases other people's partners got to stay?!?!
- If labour had not progressed my husband would have had to leave induction ward which would have been upsetting and not part of my birth plan
- I was induced so my partner had to leave at nights which was tough on me as the nights are often the longest stretch with no visitors and the checks - however I also understand there were other women in my room to be considered also
- Labour was induced so when visiting hours stopped I was alone for most of my labour through the night.
- More so after birth. She was born at 1.11am and he needed to leave then come back at 9am
- There were times when I was in a lot of pain and my husband had to go home as it was outwith visiting hours. I felt very scared and alone.
- They didn’t get to cut the cord
- Partner felt ostracised and judged throughout as was his first child and didn’t know what to expect
- During my time at Aberdeen Maternity I found it very difficult as a first time mum to have my partner asked to leave each night. I along with every other lady I spoke to would have felt much more relaxed if the partners were allowed to stay. Even if it was in a separate room or similar.
- I spent 3 nights in pre labour ward getting induced. The ward was empty but my husband was not allowed to stay with me.
- Due to complications and fetal distress unable to be involved but happy for midwives and paediatricians to take over to ensure baby's safety
- When admitted to Westburn ward, my husband couldn't stay and so had to go home for a few hours until I was transferred to the labour ward.
- I felt my birth partner was supported well in the emergency C-section
- They could not come with me when my placenta was delivered in the operating room and they were very worried while I was gone. They also were only given a chair to sleep on in the recovery room which is not a humane place to sleep for 2 nights, so he was very tired and could not contribute in the way he would have wanted.
- It was disheartening for both of us that my husband was sent home at 9pm every night - I was in for 2 nights before baby arrived
- He had to leave overnight during induction and after giving birth could not accompany me to theatre when I haemorrhaged
- I was in the Westburn for 4 days before and visiting was restricted
- I wanted my mum and my parents but only my partner was allowed with me.
- I was induced at night and my partner had to go home. I was scared and in pain all night. It would have helped if he could have stayed. I gave birth the next night and he had to go home a couple of hours after. Again it would

| Field summary for 16 | | |
|---|---|---|
| **16.) If not, could you tell us why?** | | |
| | **Count** | **Percentage** |

have helped me immensely physically, mentally and emotionally if he could have stayed.

- Neither of us saw him being born by emergency Caesarean - all I saw was a curtain and I didn't even know he'd been born, they just chucked him in a tub like a slab of meat. In fact my son's father got told to get out of the sterile field when he wanted to see - could've given us both masks but hey the anaesthetist that showed up late had a cold and wasn't wearing a mask coughing and wiping her nose with the back of her wrist but that's fine in the sterile field!
- During 2nd labour I was in labour 2 hours before I was told to call my husband as I was heading to labour ward. Would have been nice to have him there at the start

| Field summary for 17 | | |
|---|---|---|
| **17.) If your birth and/or postnatal care took place in a hospital, were you able to request assistance easily?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes (a) | 143 | 63.27% |
| No (b) | 54 | 23.89% |
| No answer | 29 | 12.83% |
| Comments | 73 | 32.3% |

Comments for Question 17 (32.3% of respondents made a comment along with their answer)

- I received poor help with breastfeeding. The advice was extremely inconsistent.
- There were insufficient staff to help me lift her after my c section.
- My child has tongue tie and referral has been slow.
- The staff were excellent in the labour ward and available in the room at all times.
- There weren't enough doctors on the Ward.
- The midwives were very busy.
- Although I was able to request assistance easily, due to staff shortages it often took a long time for a midwife to be available to see to your needs
- No because short of midwives. I was in room on my own and it was very difficult to get attention of any staff.
- I had to walk to find help
- Very unhelpful rude staff in Ashgrove ward post natal care put me off having another baby
- Not enough staff nurses on the ward, I needed assistance but had to wait several hours before I was seen to. Shared my needs with nurses and carers, told they'd take care of it but I was forgotten about.

**Field summary for 17**

**17.) If your birth and/or postnatal care took place in a hospital, were you able to request assistance easily?**

| Answer | Count | Percentage |
|---|---|---|

- Very busy, short staffed
- So busy, requests were taking hours, had to keep calling on midwives as they went past etc
- Staff very busy and too few trained staff
- The midwife and junior doctor stayed in the room with me throughout the entire labour
- Very understaffed.
- Delivered baby just after noon. Was told I could go home after 6 hours as there were no problems. Didn't get to leave until 11.30pm as there was no one to sign me off. The midwives did keep popping in to apologise but no one could give me a time that I'd get out. I wasn't offered to move into a bed so I was sitting on a birthing chair/table thing in the midwife unit which wasn't uncomfortable but it meant I couldn't nap.
- Labour ward was 1 to 1, recovery was a horrible experience and there was only one person on and an unwell women so felt abandoned. Postnatal was not brilliant - hard to get breastfeeding support or to get time to ask midwives questions
- I did not have to request any additional help
- Midwives were extremely busy and short staffed but provided great care even though clearly ran off their feet
- Due to complications with birth and haemorrhaging I got taken down to the ward after all my family and partner had left for the night and was going to be left to it with my baby even though I hadn't been out of bed yet. Drugs were getting administered at 1am and not being checked. Felt like they were completely overstretched.
- Giving birth was fine but in the postnatal ward it took so long to get help it caused real problems
- When in ward had private room. Often felt forgotten about as midwives busy – say will come back soon but would often be a long time after
- 5 hours between birth and being transferred to a ward with no access to midwife.
- Yes for the first few days as had traumatic experience but after that I felt a bit neglected
- Horrendously understaffed. I struggled massively to feed my son and often had a 15+ minute wait. Not the fault of the midwives - they were great, but a fault of understaffing
- After being rushed to theatre I was unable to move properly and found it hard to get son out of crib next to bed but no one was able to help me overnight
- Not always enough staff to help. I couldn't get to my daughter in neonatal for 6 hours after her birth as my husband was told to leave as he couldn't come to the ward after a 3am delivery (2014)

**Field summary for 17**

**17.) If your birth and/or postnatal care took place in a hospital, were you able to request assistance easily?**

| Answer | Count | Percentage |
|---|---|---|

- Was made to feel bad for asking for help after c section and really struggling with c section. Spent second night in tears the whole night and no one bothered at all.
- After my baby was born they didn't come check on us. I was highly emotional and upset as they sent my partner home straight away. I felt alone and scared and the woman on the ward made me feel like a shit parent.
- Great job by all but short staffed on ward
- The midwives were brilliant
- Not from a midwife - from a HCSW yes
- Short staffed
- Took a while to be seen when requesting, short of staff
- Delay waiting for theatre and access to labour ward
- Yes but they were very short staffed and the poor women were run off their feet trying to help everyone
- All midwives too busy. Struggled to breastfeed - not enough adequate assistance.
- They were very understaffed so had long delays for pain relief and ice packs
- No in a room with broken buzzer and did not get seen until 24 hours post section after arriving in the ward
- Baby was in NNU
- The ward was very busy however staff always responded to buzzers as promptly as they could and were really helpful
- Technically I just had to push a button to get assistance, but sometimes it took a while for someone to come. Also I would frequently ask for help and the midwife would go away and never come back. On my first night I requested extra pain relief at 5am, chased it up at 7am, someone came to see me at 8.30am and said that since I was due my regular pain medication at 9am there was no point giving me extra. I didn't get my regular pain medication until 9.45am. This was consistent with my experience throughout my stay.
- At one point I became overwhelmed, and broke down in tears with a midwife. She basically just said everyone feels like that and went away.
- Midwives were so understaffed and busy it was very difficult to receive care and support. Particularly with feeding issues.
- After my C-section (due to pre-eclampsia) I felt it was quite difficult to get the assistance I needed as the staff seemed very busy at all times. I felt they were doing their best but quite often I wasn't getting my blood pressure/ pain medication on time, sometimes up to an hour late (even when buzzing to remind staff)
- Except from the final midwife who didn't seem to want to speak to me and tell me what was going on despite being taken to theatre and never haven given birth before

## Field summary for 17

### 17.) If your birth and/or postnatal care took place in a hospital, were you able to request assistance easily?

| Answer | Count | Percentage |
|---|---|---|

- After a previous experience 3 years before when I was scolded for requesting assistance, I felt unable to ask for support as I was anxious that it would be the same outcome
- Every time we called the midwife or nurses we felt we were just being a bother and they had more important things to be doing. They also said they would do certain things at certain times but did not or forgot, probably because they are being over worked.
- Midwifes were excellent before and during labour
- Yes. I received regular check-ups due to the nature of my birth and was always given attention when requested.
- Staff were very busy and you often went lengthy periods without seeing a midwife especially in own room. I was often late receiving medication and pain relief. To be fair, if you buzzed for assistance staff did come.
- The midwives were very busy and often I was late receiving medication and pain relief.
- After my c-section I requested help to use the bathroom for the first time and was told to just get on with it. Rooms were crammed, hot and stuffy. Beds were horrible, sweaty and uncomfortable.
- As I had a c section I struggled to get out of the bed to get my baby and the alarm button kept dropping by the side of my bed so I did find it difficult in the middle of the night to get help
- It’s just too busy
- I was delighted that a midwife was with us all the time except for her breaks, and she made sure we knew where to find her.
- Staff too busy to help at times. Said they'd ask midwife to come to speak to me and midwife often never appeared. Short staffed. Medication times varied a lot, difficult when I was waiting to visit my son in neonatal.
- Yes during birth. Postnatal care was poor in comparison. Staff frequently unavailable. Ward was full and not enough staff
- Sometimes it took a little longer than expected
- Very short staffed, extreme difficulty getting anyone to come and see me. They assumed that I wasn't in established labour so not a priority, when in fact I was fully dilated! Once on postnatal ward, also not a priority since I was there mainly because son in NNU. Waited hours to get someone to help with breastfeeding, showing me how to bath my baby etc etc.
- The nurses on the ward were amazing! Couldn't say anything bad about them! They were always there when I needed help, support and guidance
- I had long waits to speak to a doctor to ask if I could go to NNU to visit my baby
- Yes but I had to walk to a nursing station
- Midwives so busy, I felt bad buzzing for help to lift my baby after my section.

**Field summary for 17**

**17.) If your birth and/or postnatal care took place in a hospital, were you able to request assistance easily?**

| Answer | Count | Percentage |
|---|---|---|

- I was able to request it but the assistance never seemed to come. They'd come, switch my buzzer off and then never return with painkillers/monitors etc until buzzed again.
- Midwife did not leave
- Very short staffed. Difficult to get a midwife
- Due to quick delivery midwife was with us from arriving to delivery
- We were given a buzzer but was very busy so the help was not quick.
- I was over stimulated by the induction and my buzzer was ignored by staff, no one checked on me and I had to look for staff myself who were sitting in the office
- Barely got help from a midwife, only an auxiliary. Breast feeding support was useless, they simply put the baby in latch and didn't teach you how. No advice on risk factors to look out for if baby not getting enough milk/reflux issues etc.
- I had a midwife with me constantly during and after delivery.
- The staff were fantastic but clearly very stretched.
- Yes but often had to ask repeatedly once got forgotten about. Painkillers for 7 hours on a prior trip into the ward for unexplained pain, they made up for it by overdosing me on painkillers the day of my son's birth however!
- Midwives always responded when I requested any help with feeding.
- I woke through the night and I had bled all over my bed. I walked to the midwife's station with my newborn baby and asked if I could have some new sheets. These new sheets were never given and my sheets weren't changed until the following morning

**Field summary for 18**

**18.) How long did you stay in hospital after your baby was born?**

| Answer | Count | Percentage |
|---|---|---|
| Up to 12 hours (a) | 20 | 8.85% |
| More than 12 hours but less than 24 hours (b) | 20 | 8.85% |
| 1 to 2 days (c) | 97 | 42.92% |
| 3 to 4 days (d) | 48 | 21.24% |
| 5 or more days (e) | 38 | 16.81% |
| No answer | 3 | 1.33% |

| Field summary for 19 | | |
|---|---|---|
| **19.) Looking back, do you feel that the length or your stay in hospital after the birth was...** | | |
| **Answer** | **Count** | **Percentage** |
| About right - please let us know why in the comments box (a) | 136 | 60.18% |
| Too long - please let us know why in the comments box (b) | 58 | 25.66% |
| Too short - please let us know why in the comments box (c) | 18 | 7.96% |
| Not sure / Don't know (d) | 9 | 3.98% |
| No answer | 5 | 2.21% |
| Comments | 181 | 80.09% |

Comments for Question 19 (80.09% of respondents made a comment along with their answer)

- Felt that the decision with baby being in/out of neonatal didn't make it clear when I'd actually get out to begin with. It's like wards couldn't communicate
- However it was necessary as my baby was in neonatal intensive care.
- Planned section for 2nd baby. Uncomplicated birth and feeding was established.
- I wanted to go home because the hospital was so unpleasant - too hot, too noisy, overcrowded. There were not enough staff to organise my discharge.
- I recovered well from my section and was up and about quickly. As it was my first baby I was keen to get support with feeding. I feel the staff were too busy to be able to fully support with this. Each individual member of staff was fantastic but collectively communication was poor and we received lots of conflicting information depending on the shift.
- I was keen for quick discharge after planned section. I was pleased with the quick removal of catheter and discharge the next day
- Second birth with no complications and happy to go home.
- My baby was in neonatal ward
- I was ready to and wanted to go home but wasn't allowed to as I was just considered from a medical point of view rather than a person. Everything was very medicalised and my mental and emotional health was not considered.
- Was kept in to ensure baby had established feeding - we were discharged as soon as we had had more than one successful consecutive feed
- Due to my baby needing additional support from the fantastic neonatal unit.
- Could have got out earlier if allowed to speak to someone about breast feeding
- Kept for 24 hour observations after baby born with cord round neck
- Second baby - much more confident and wanted to go home
- Due to staff errors my medication was not changed when it should have been which resulted in a longer hospital stay. My baby had bloods taken 5 times

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

instead of 3 as a midwife did not write up his notes. A midwife mentioned my baby looked jaundiced but did nothing about it, this resulted in my baby needing time under the lamp. The paediatrician also did not write up his notes therefore we couldn't be discharged for a day until he repeated his checks. All in all a bit of a shambles and has put me off having another baby at AMH anytime soon.

- It wouldn't have been so short if I wasn't desperate to leave and did everything to get out when I wasn't ready. The care was so terrible I felt I would be better at home but I ended up ill for weeks after and had to keep returning to hospital.
- The ward nurses were under pressure as there was only one on and she had several patients to discharge at the same time. If there were more nurses then the paperwork could be processed quicker freeing up more beds.
- Although I did have ongoing issues with my blood pressure and required post natal checks for a further 6 days post birth. We had to travel to and from hospital multiple times. It may have been better to stay in hospital longer to sort out these issues first
- I would have gone home on day 2 but we had complications
- It was enough time for me to get the hang of expressing and it was lovely being able to pop down all the time to the neonatal unit to see my boy
- I could have left early am after my baby was checked over but had to wait a further 4 hours for a simple prescription. I offered to get it myself from doctor so I could go home and rest (not slept over 50 hours, ward too hot and noisy due to large amounts of visitors) but I was sat fully dressed and ready to leave for hours.
- Baby and myself needed to recover
- The current AMH is filthy and extremely antiquated. I couldn't wait to get out of there. I probably should have stayed one more night.
- This was my second baby and as my birth was straight forward and feeding was established, I didn't feel the need to stay in any longer. I was however given the option to stay if I wished
- Everything was going well, baby latched well.
- Jaundiced baby but not put under lights. Would have just as easily been treated at home
- My son had some issues with his blood sugar so had to stay in an extra 24 hours, however I asked to be discharged as I felt confident that he would feed better at home
- We would have been home the same day as I gave birth at 09:10 but our little boy wasn't breathing when he came out so he needed a little help and they wanted to make sure he was ok for 24 hours.
- I accepted discharge when it was offered, however I wish I had stayed longer as it was the early hours of the morning when I left. I would have preferred

| Field summary for 19 | | |
|---|---|---|
| **19.) Looking back, do you feel that the length or your stay in hospital after the birth was...** | | |
| **Answer** | **Count** | **Percentage** |

to stay as it would have helped me control the visitor numbers (a lot easier to restrict numbers in hospital due to limited space!) better

- My daughter was in neonatal
- The ward said I could stay longer than the week I stayed if I wanted to but I felt bad that I was taking a bed when I didn't need it. I decided to go home and come in every day to neonatal to see my daughter
- It felt too long as I was continuously told during my antenatal care that I 'might' get home the same day. I think families should be told that it's more likely that you will need to stay in hospital so that they are more mentally prepared.
- Could have been shorter but due to emergencies with other patients I had to wait on paperwork which I completely understand. It was my third baby so I didn't need to stay in for days nor did I want to
- We should have really been discharged earlier in the day. Felt there was unnecessary stress put on us just because they were understaffed and not able to complete paperwork.
- I had an emluscs at 1829 so was ready to go on day 2 when I left. Baby had 24 hour observations for prolonged rupture and pyrexia and a flash test for jaundice. Breastfeeding was going well with support on the ward. Couldn't wait to get home and away from inevitable noise on the ward overnight
- I could have been home hours earlier which could have freed up a room in the midwife unit
- Baby received care they needed and I got home when I was ready
- I initially needed monitoring then when I got the all clear my son needed treatment for jaundice.
- Although time spent was enough I was breast feeding and could have done with support, also was never offered a bath for my baby
- I was not well post-birth and wanted to establish feeding
- Took far too long to be discharged.
- On last day took until 8pm for paperwork to be ready. Miscommunication also meant I had a second catheter and additional day in hospital
- Baby was monitored for 24 hours which I was happy with but it then took a further 12 hours for us to be discharged
- Baby required IV antibiotics for five days after birth
- Extended stay due to complications post C-section. I was only discharged when I and the doctors agreed. I was consulted fully about going home.
- I had 3 nights in hospital, 2 in Westburn ward being induced and 1 in Ashgrove ward after emergency c section. This was so much better than the 7 nights I was in with my first born!
- C section and premature baby
- I would have preferred to leave earlier, my daughter was born at 6am, we didn't get a postnatal bed until gone 1pm (I think) and it was a full 24 hours from then before we got discharged.

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

- There were a few things that should have been checked up on but once I was moved to the ward, I hardly saw a midwife/nurse and the atmosphere was terrible so I just wanted to go home.
- Kept in due to blood count due to haemorrhage but never given a blood transfusion and always told let's see how they are tomorrow - I felt like do something or let me go home and get rest and looked after rather than being exhausted trying to look after a baby all night on my own
- I was itching to leave, once the 6 hours was up I had expected to get to leave then. It hadn't been explained that wasn't how it worked.
- I had to have surgery to remove placenta
- Baby wasn't feeding well and my milk wasn't coming in so we stayed in to get help but I hated the postnatal ward so much I was desperate to get home and relax. However this was partially because my husband was ill and couldn't visit so I hated how busy the ward was during visiting hours when I was always on my own. But it did feel difficult to get privacy.
- By the end of my stay I was struggling more than at the start as I was stressed with the surroundings and struggling to eat and sleep
- Baby 1- was 3 nights and fine as a first time mum. Baby 2 - I wanted home and felt the excuse wasn't appropriate for me to stay. I did not like it at all and felt it was unnecessary. Baby 3 - no choice had to stay in 1 night but that was to keep an eye on baby which didn't feel really happened over night that a midwife visiting the next day wouldn't have done. Baby 4 - was a neonatal stay and they sprung it on me that I was being discharged and would have prepared some sort of warning beforehand especially as I was leaving my baby behind.
- I was supposed to leave 12 hours earlier but due to staff shortages I couldn't get paper work signed off.
- I discharged myself from hospital as baby was in the neonatal unit, I was put in a ward where all the other mothers had their babies and my son was not with me. I also found it took less time to get to the neonatal unit from my home than it did walking there from the ward.
- I had a c section, but was up on my feet and felt comfortable to go home with my partner. I was offered to stay longer if I felt I needed it but was cleared to go home whenever I was ready
- It was my second baby so I knew what I was doing and thought the night I spent to recuperate was just enough so I could get home to my other child the next day.
- Right amount of time to recover from c-section, nice to get home to rest for both of us however breastfeeding was very difficult at home after milk had come in
- My son had grunting after there being too much amniotic fluid. So he had to be observed.
- The last two days I was in because my blood pressure was high. It was checked twice a day. I was in a side room, so I never saw nurses/midwives

| Field summary for 19 | | |
|---|---|---|
| **19.) Looking back, do you feel that the length or your stay in hospital after the birth was...** | | |
| **Answer** | **Count** | **Percentage** |

until my blood pressure needed to be checked. I feel that I could have gone home and got this checked at my GP surgery.

- I was discharged within a day and half, and my twins were in the neonatal unit. I feel I was discharged too soon as I hadn't had a chance to feel 100% but of course it was down to bedspace. As usual.
- Second child after having to stay a week with first
- Really struggled with breastfeeding on leaving hospital after transfusion
- Again had private room and was rarely attended to/checked on so didn't feel any need to still be there. Baby in neonatal and knew would be for several weeks
- Had to return days later as baby was jaundiced.
- Said we had to stay in to observe baby as he had low temp yet didn't check his temp hardly. I told the midwives on duty I was leaving as it had been 48 hours and they hadn't been checking him and I wasn't concerned as bought my own thermometer.
- I had a very traumatic experience as baby was born extremely prematurely so was being looked after in the Neonatal Unit. She was very ill so being able to stay in hospital was the best thing for both of us.
- Both me and baby girl had infections
- Delayed on day 1 as Doctor missed reviewing us due to poor handover when I moved from midwife unit to ward but in the end I was glad as I got lots of help establishing breast feeding which was important to me but if I had gone home I think I would have struggled and found this stressful. The HCSWs on the ward were fab! The midwives were very busy
- Breastfeeding was NOT going well and still needed lots of support but made to feel stupid
- Having another child at home and my partner for support meant it was good for me to get home quick so that I had support recovering from my section
- Second baby the labour ward staff were efficient and I was happy to go home as that is my most comfortable place
- I had a breakdown after my son and felt I needed to be there.
- Felt too long and desperate for home but needed to stay due to jaundice. ended up negotiating with paediatrics to leave then return next day for bloods
- They only discharged us once they ensured my baby was healthy
- To ensure health and safety of premature baby
- My baby was premature so needed to stay in due to jaundice, I was glad of the longer stay as I felt confident with breastfeeding by the time we went home.
- I had went to theatre to get a tear fixed so required to stay in for the next night due to the timing I went to theatre. My baby girl also was very sick on aptimal milk when she was born and had very bad nappies so I am glad I was in hospital to get the help to change her milk and ensure she was okay on sma before I was discharged home as that could have been a very

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

worrying time at home watching her be like that without the support of the midwifes and doctors reviewing my little girl to ensure it was nothing more serious.

- I couldn’t rest there so I was desperate to get home. However I was confident with my new baby and didn’t feel I needed much help.
- I was ready to go home, but definitely needed the second night there
- I established feeding and was ready to go home.
- I should have stayed in longer for support for breast feeding but I was so tired after birth and my partner having to leave so suddenly it felt as the visiting hours I felt I wanted to just leave the hospital as soon as I could so I could be with my partner and baby together
- Wanted to leave quicker
- I was kept 2 days due to blood loss, which I feel is fair. I was looked after very well.
- I really wanted to leave on the day I delivered but the midwife would not sign it off as she hadn't seen me breast feed. I hadn't slept for 2 days due to contractions and knew I wouldn't sleep on the ward with the noise so went a 3rd day with no sleep. I was confident my baby would be fed and another midwife said I could discharge myself and the midwife visiting the next day would check breastfeeding however, I didn't want to go against my midwife. I'm happy to say I breast fed my baby until she was 9 months old - only stopped because her teeth came in and wouldn't stop biting.
- I requested to stay in longer as I was breastfeeding and didn’t want to rush my newborn home, but I could have went home from recovery
- Both me and baby were on antibiotics for an infection
- Blood loss and low blood pressure required monitoring
- Was not pushed out and left to make my own decision both times
- Length of time was fine in reality, however couldn't wait to get out due to comfort and privacy reasons
- My son was born at 5.08am and due to the smooth labour I was allowed to leave after 6 hours but was offered to stay the night if I wished. My choice was to go home with my son and husband to get settled and so after discharge and getting all the information we left about 2pm.
- This was my second baby so I felt happy and confident to go home with my newborn
- Staff were busy so I had to wait for a paediatrician to be available to check my daughter then a midwife to hand over paperwork before we could leave. I had an uncomplicated birth and was ready to leave quickly and felt it was a shame the staff were unable to discharge me so it was one less patient to care for and also we were taking up the birthing pool room which meant it was unavailable for anyone else to use. However absolutely no complaints about the staff they were just very busy!

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

- Baby was fine but I needed the time to recover myself as I had a forceps delivery and lost a lot of blood, had an infection, high/low blood pressure, risk of blood clots etc.
- I actually quite liked my stay in the hospital. The staff were amazing and as a first time mum it was so nice to have that support. I was in 2 days but told I could go home after 1. I was told that if I felt I wanted to stay another night then that was ok. I decided to stay to have the support for breast feeding. Again the staff were amazing. They played such an important part in those first couple days of motherhood. I'll always be grateful.
- I personally feel my stay was the perfect length of time I feel everyone should have to spend at least 1 night in hospital just to try help their body get over the shock of having had a baby
- Readmitted due to baby having jaundice but kept us in 2 days before deciding to take blood test!
- Overwhelming first baby and out within 8 hours still establishing feeding
- I really wanted to go home ASAP. I was told I had to stay for 24 hours due to a previous strep B infection in 2010 which was news to me! After 24 hours I was not able to leave as the staff were too busy to discharge me. The ward was very short staffed that day. I eventually just told them I was leaving and would come back for paperwork as I had other children desperately waiting for our return.
- Baby was unwell and in NNU
- Had post delivery complications and felt that this length of stay was required
- I was kept in longer to get extra help feeding, but I didn't really get any extra help. Each time I spoke to someone I had to explain everything again, and each midwife had a different opinion on how to get my baby to latch/how to increase supply.
- They kept saying my son was too cold. However they used cheap thermometers, it was someone with a more expensive thermometer came round that we got an accurate reading. They kept noting his temp at 34. He was a not 34 degrees he was a good 36 degrees. I was so angry as I was being kept away from my other child at home. But the midwives wouldn't listen.
- I had to stay one extra night as my amniotic fluid had been leaking pre labour, so they wanted to observe myself and baby for a temperature in case of infection.
- If haematology weren't backed up I could have been home by lunchtime on day 3 rather than teatime day 3. Also felt that it was difficult to get a timescale from anyone as to when we could go.
- I was told at 10am we would be discharged that day but due to delays with prescriptions it took till 5pm which was not an ideal time for travelling home with a new baby

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

- From being told we could be discharged and that I should get dressed and ready to go it was a further 2.5 hours until the paperwork was sorted for us to leave
- I obviously didn't want to remain in hospital but my son had jaundice. I also struggled with feeding and the midwives encouraged me to stay in hospital until I felt comfortable. The day we were waiting to be discharged was incredibly frustrating however as we were kept waiting all day.
- Although I would have wanted to leave a day earlier my baby needed additional tests therefore the extra day was appropriate
- Would have been better if there was more space and comfort for my husband so he could stay with me - was quite traumatic given baby blues that they are unable to stay with mother and baby postnatal (ie nights)
- My baby was born with cdh undiagnosed till birth and needed life saving surgery. It was very difficult leaving him in neonatal so poorly,
- C section and after care
- After having severe pre-eclampsia I had to stay in hospital until my blood pressure stabilised which was 6 days. Although I understand this, it wasn't the right environment to rest and recover. Being in busy room with 5 other women and babies plus families was very difficult to rest and busy staff forgetting to administer medication also added to frustration. I found being on the ward very stressful and upsetting as did my partner after having our baby at 35+5 weeks we really just needed some privacy to wrap our heads around it all. After 5 days I did get a room to myself which was great. I feel that if I had this from the start I would have managed to rest and I'm sure this would have helped my blood pressure reduce sooner.
- It was my second baby, straight forward delivery and breast feeding was going well so felt ready to go home.
- Just over two days - advised it was because they wanted to assess my breastfeeding. Other woman who had had caesareans and breastfeeding allowed home after 1 day. Felt like I was being penalised for breastfeeding and not trusted. Too long when in a room with 5 other women and babies- very stressful, staff too busy, baby dominoes when one cries.
- I requested to go home the next day when I was transferred to the ward from the recovery ward, and was discharged when my baby was ~30hours old.
- Ideally I would have liked 6 hour discharge but my son was born at 17.30 so my husband and I decided it was best to stay overnight and get discharged first thing in the morning. However due to the high workload and being low priority I wasn't discharged until 1600hrs. I felt it was a waste of my day especially as I have another child at home who was being looked after by relatives (this was day 3) and if they'd discharged me in the morning I would have been one less patient they needed to offer pain relief and meals to therefore reducing their work load slightly
- I struggled to feed baby and had quite a bit of blood loss/infection and needed the additional support

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

- I had high blood pressure and my baby had signs of jaundice. I felt they had to run too many tests on me before letting me leave the hospital for high blood pressure (I think an echo scan was too much). I also think the jaundice tests could be performed at the local GP office instead of wasting resources and keeping us both in hospital for this.
- Had to stay in as baby was in neonatal. Found the stay very traumatic as partner could not stay with me and I had to walk length of hospital multiple times to feed my baby so I was exhausted and had no chance to recover from a traumatic labour where the epidural had failed
- My son was taken to neonatal and I was placed in one of the wards. The distance between these wards was difficult to manage post surgery and being separated from my new born baby is not something I want to repeat. I think having these wards in closer proximity would be beneficial for mother, baby and staff.
- Both I and my daughter required a longer stay in hospital due to complications. We were given that time and did not feel we were rushed home.
- Straight forward birth and was able to relax better at home and have my partner with me 24/7 at home.
- Both my daughter and I required a longer stay in hospital and we were allowed that time.
- 3rd degree tear so theatre required for stitches however I kept getting pushed back and back so that by the time I was taken it was too late to discharge same day. Following day I was ready to go home at 9am but the discharge process took so long I didn't get to leave until after the evening meal was served.
- I was offered to go home the day after my section (which was at 7pm!) which was great but I wasn't ready. This wasn't a problem for the staff. I probably should have stayed another night to ensure that breastfeeding was properly established but everything turned out fine.
- I had major surgery and was expected to just get on with it but I wanted to be at home where my husband could care for me and help 24/7.
- Baby was struggling to feed and had low glucose. Conflicting advice from midwifes re feeding and formula top-up
- At no point was breast feeding support group mentioned which was very disappointing. I only found out about this when being discharged and support was amazing. Had I had this support sooner I don’t think our stay would have been so long
- I was in hospital 1 week prior to the birth, although it was daunting I was ready to go home 2 days after birth and felt I recovered better at home
- I wanted to leave in the morning but didn’t get out till past 4pm it was winter and dark
- This was my third c section baby I just wanted home. The hospital only provided me with jam and toast as I couldn’t eat the meals as I’m dairy free

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

due to allergy, they couldn’t provide alternative foods I was starving, breastfeeding and wanted home

- I gave birth on Monday morning, and was discharged on Wednesday evening, which felt right given that I had a c section. I was then readmitted on Friday morning due to high infection markers and abdominal pain, then my daughter was readmitted with me due to weight loss. I feel like this was an appropriate amount of time based on the circumstances.
- 29 hours post section seems quick, and I wasn't really given any choice when it came down to it, but medically there was no reason to stay and it didn't feel comfortable enough to request to stay longer
- Nowhere near long enough looking back, I should have waited and had more breast feeding support but couldn't cope with noise on the ward and lack of sleep.
- Midwives were unsure as to what was wrong and unsure how to handle my situation
- My son was in neonatal for 20 days, it would be good to have the facility to stay in hospital with him, especially to help establishing breastfeeding as travelling an hour each way daily was tiring as well as having to express during the night and introduce my son to a bottle when I couldn't be there
- Did not feel supported so was desperate to get out.
- Baby was in neonatal and was given use of the parentcraft room. This was key in establishing breastfeeding
- Discharged 26 hours after c section at my request. Didn’t feel pressured to leave earlier or later
- First child and would NOT have been ready to go home after 6 hours - need support. However, my son was left without clothes and blankets immediately after birth and delayed skin to skin due to concerns he may need suctioned. Meant he dropped his temperature and went on sepsis protocol despite no others signs and CRP <4. Not discharged for another 4 days, which was too long. Would have been happy to go home after 2.
- Felt too long to begin with mainly because it was so uncomfortably hot in the ward. Also the reasons for wanting me to stay in longer were not explained well initially. Upon a change of shift the new midwife that came on explained all reasons they wanted to keep me in and I was happy to stay.
- Baby was kept under observation so had to stay longer but was my first so got a bit of experience from the midwives about bathing feeding etc
- Baby had mucus and a colour change incident
- I wanted to stay on the ward until I knew how I was going to feed my child. I wanted to breastfeed but couldn't get my baby to attach and waited until my milk came through
- My son was jaundiced and required light therapy which is why I stayed for 5 days.
- I asked to leave the day after the birth and I was allowed.

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

- I shouldn’t have been in that position that I had to stay in.
- This was my second child and had to be in for tests re gestational diabetes. Otherwise I could have gone home.
- I was encouraged to go home by 4pm (birth at 6.30 am) but the baby had only breastfed once at 10 am then was too sleepy. Had to rush back to hospital at 7pm after 9 hours of baby not waking to breastfeed.
- 6 bedded ward meant I got no sleep for two nights
- Perfect length of time to get help/advice needed before discharge
- It was right for us for my daughter to get the care she required but we were made to feel unwelcome and an inconvenience to staff who clearly wanted us out.
- 3rd baby. All well but due to previous PPH doctors took blood from me to check iron levels
- I don’t know to be fair. I was happy to go home but nobody examined me to say I was ok to go home. When I asked, I was told if feeding is ok and I feel ok then it’s up to me. Baby got the sign off but my stitches etc were not checked, I could barely sit and at the time I had no idea what to expect to say if I was ok or not to go home.
- I was tired. Had not eaten. 3 hours was not long enough
- I felt well and was up and walking but was advised that I needed to stay in 2 days due to C Section. I believe I would have been a good candidate for a 24 hour discharge.
- Would have preferred shorter stay but medical complications meant this was necessary
- We could have left the next day, but I didn't follow up and ended up staying another night
- I was desperate to be discharged and honestly I pushed to go home. I’m pretty sure the midwives would’ve preferred I stayed another night but I really couldn’t face another night in hospital.
- I felt trapped that I was never getting out, all because I had high blood pressure but I knew it was because I just wanted to get home. As soon as I got home on the 4th night my blood pressure was back down to normal as I was back in my own surroundings.
- Second baby so keen to get home.
- The midwives respected the fact that it was my 3rd baby and that hospitals make me uncomfortable and discharged me within 3 hours of giving birth. I will always be grateful to them for respecting my wishes.
- It was my choice to leave but I should have stayed longer for more feeding support
- Didn't having feeding established however no support in hospital was just left as a first time mum. I think the support was shocking
- Ready for discharge at 1000 but paperwork not completed until 6pm - way too long to wait for that!! Bed blocked the whole time.

**Field summary for 19**

**19.) Looking back, do you feel that the length or your stay in hospital after the birth was...**

| Answer | Count | Percentage |
|---|---|---|

- Needed longer to establish breastfeeding and to get support for the first night of proper cluster feeding etc.
- I didn’t know what the criteria for being allowed home was, it just seemed endless.
- I needed time in hospital to establish breastfeeding as my baby was unable to feed without support. I would have liked to stay longer but to be honest the support for feeding wasn't there as the staff were overstretched and they wanted me out. There were plenty of beds just not enough midwives.
- We had to wait for blood results
- One night was long enough as staff took my baby to let me catch up on sleep.
- I didn’t want to stay long. I stayed for about 4 hours. I’m a medical professional, I think they trusted me to take care of myself.
- About right but once I’d decided to leave, I had to go or feel the need to stay out of fear, It took them forever to let me leave!
- I should've stayed another day to properly establish breast feeding as we ended up coming back 5 days later as baby had lost a lot of weight, but I was adamant we were doing well and staff were happy with his latch, and I wanted to get home.
- I gave birth at 5 in the morning and was home by the afternoon. Third birth so was happy to get home to my other two.
- I accept medically the length of my hospital stay but mentally/emotionally I did not want to be there at all
- Responding regards second child. Feeding was going very well and birth was straight forward so requested to go home and was allowed to as soon as possible.
- Needed support to establish breastfeeding
- We were not given access to a cold cot. Had we been given access to this, which I now know is available on the maternity ward we would have stayed longer with our boy before going home.
- I would have liked to go home the following morning but there were lots of people who had just had a section so the staff were more focused on them, which is great, I didn’t need to be seen to but I would have liked to just get home
- Post c section it took a while to get up and move and shower etc. I was also waiting to see the infant feeding midwife as I was finding feeding painful.
- It is very difficult to stay on the ward for that length of time. No privacy, cleaning staff (who were nice but opening your curtains as you are trying to get feeding established). Chairs not comfy to sit for feeding and it is too hot! I had to stay as they established if my baby had problems with his breathing. I appreciate everyone being cautious however it is not a comfortable environment to stay in.

| Field summary for 19 | | |
|---|---|---|
| **19.) Looking back, do you feel that the length or your stay in hospital after the birth was...** | | |
| **Answer** | **Count** | **Percentage** |

| Field summary for 20 | | |
|---|---|---|
| **20.) Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes (a) | 74 | 32.74% |
| No, as they were restricted to visiting hours (b) | 82 | 36.28% |
| No, as there was no accommodation for them in hospital (c) | 52 | 23.01% |
| No, they were not able to stay for another reason (d) | 12 | 5.31% |
| I did not have a partner or companion with me (e) | 0 | 0% |
| No answer | 6 | 2.65% |

| Field summary for 21 | | |
|---|---|---|
| **21.) During your stay in the hospital, did you feel that the environment was safe and secure, with entry appropriately restricted (e.g. by buzzer or staff badge) to those who needed access? If not, could you tell us why?** | | |
| **Answer** | **Count** | **Percentage** |
| Yes (a) | 182 | 80.53% |
| No (b) | 28 | 12.39% |
| No answer | 16 | 7.08% |
| Comments | 42 | 13.12% |

Comments for Question 21 (13.12% of respondents made a comment along with their answer)

- There was buzzer access but people could get in behind other people, and the reception desk was at the nurse's station, which was quite a distance from the door.
- The buzzer system was broken and therefore you had to stand and wait or phone and request someone to come to the door.

- However as staff may not be near to door there is potential for people to enter unsupervised even if they say they have reason.
- Although there was a buzzer on the ward anyone was buzzed in, you were never asked who you were there to see. At one point we were in a room with a couple who were playing dance music at full blast not really helpful with a newborn
- Anyone could let anyone else in/out of ward.
- Yes it was safe
- Fine during the day but partners at night would be so much more helpful especially when you have had a c/s and the staff are so busy
- Anyone could have walked in to any ward
- The ward door was left open due to lack of staff
- Although you had to buzz to get in no one checked who was coming in or asked who you were there to see
- Absolutely
- Yes and no - people needed to be buzzed into the ward but then they're free to wander. I hated needing to go to the bathroom as it meant leaving baby unattended with strangers coming and going
- 12 hours after c-section alone with baby and having the feeling I was asking too much from the nurses, even asking for help up for the toilet seems too much. Without student nurses the wards wouldn't be able to run
- Although often no one was around to answer the buzzer and people often waited for at least ten minutes to get in
- Number of people abusing visiting times. Very rough druggy type mums going in and out to smoke. Belongings did not feel secure
- Didn't know where baby was when taken away at times
- There are buzzer systems to the ward however due to staff shortages no-one is really checked or questioned before gaining access. Patients are free to come and go on the ward at any time of day
- There is a buzzer but anyone is buzzed in if say they are visiting
- Yes however, there is a complete mix in labour ward. I felt I couldn't leave my belongings.
- Summerfield ward people came and went as they pleased. Didn't really see a nurse/midwife the whole time. Rubislaw, Westburn and Labour Ward were amazing
- Open ward between 9-9 anyone could come and go
- I felt that although there was secure access people still seemed to get in to the ward with no questions asked.
- Yes the staff are very professional
- Wards safe yes. But there was a group of teens and barking dog hanging directly outside of main hospital doors in the evening. Receptionist would not move them on due to 'not being able to do anything'

- But I still wouldn’t leave any valuable belongings as I have heard stories of things going missing
- Observed people holding the door open for others in both postnatal ward and NNU with no questions asked
- Everyone who came into the room introduced themselves and their job position
- The wards and neonatal unit were all very secure but I feel a more visible security/reception desk may help put minds at ease. The current hatch/window was not always manned when I attended the building.
- Some people had multiple visitors at many times of the day and well past leaving time also using the toilets in the room
- I didn't like the free flow of visitors all day as there were lots of people coming and going in and out of the room constantly so felt uncomfortable even leaving baby alone to toilet/shower. This also made skin to skin and establishing breastfeeding harder as privacy is lost.
- I feel like for my circumstances the security was fine, however I'm not sure if the nurses verify the relationship to guests before allowing people in to the ward. I imagine if I wasn't expecting visitors and they were let in I may be unhappy. Also, visitors have the ability to buzz themselves out and theoretically they could be able to take a baby and leave.
- Not sure
- Although there was a buzzer into ward no one ever challenged anyone when entering as to determine who/what they were there for.
- However, I was re admitted a couple of days after the birth. My baby was still in NNU and I was put in a shared room with mums and babies. I feel this was insensitive and I should have been offered an alternative.
- People could get in quite easily on both wards Westburn and post birth. Westburn was a bit tighter though. Westburn was appalling environment
- In a room with another 8 mums and babies and all their visitors. When I didn’t have visitors I wasn’t feeling safe leaving my baby unattended to go to the toilet or shower as I felt anybody could have taken my baby during that time. I felt there was too many people coming and going for the staff to notice somebody leaving with him.
- Afraid to leave baby alone to use bathroom during night due to large wards. Large wards with partners present during the day also meant limited privacy.
- The doors had security features etc and staff were good at introducing themselves.
- Buzzer at the door which either wasn't answered for 20 minutes and when it was they just let anyone in
- There was a buzzer and secure door. I feel like it didn’t work properly though as someone visited me without permission the morning after I gave birth out with visiting hours who was not my birth partner. I had been through quite a traumatic birth, was still feeling the effects of medication used during the birth, struggling with breastfeeding etc. I felt vulnerable and unable to ask the person

to leave. The person should not have come at that time but I feel what's the point in having a secure system and visiting hours if they let anyone in at anytime.

- Entry was monitored but I walked out alone with my baby. No one saw us and nobody checked she was mine. I had been discharged by the night staff at 5am so the day staff wouldn't have to complete the paperwork but I didn't leave until after breakfast. Only the cleaner said goodbye.
- The wards are very busy with large amounts of visitors arriving all day and evening and although I agree that unrestricted visiting is a good idea I found too many people were at people's beds. Everyone is at a different stage of their recovery and if you have just had bad news/are worried about your baby or are trying to establish feeding it is difficult when a party atmosphere is going on across the room.

# Appendix MM

# The ANCHOR Centre Patient Survey: Example Report


**Teenage and Young Adult Focus Group Notes**
**5.45pm, 4 February 2019 at Maggie's Centre Aberdeen**

**Present**:
7 young people (6 former/current patients) in the 16-24 age range being supported by the Teenage Cancer Trust funded Clinical Nurse Specialists
2 TCT Clinical Nurse Specialists (Diane Wilson and Amanda Copland)
Louise Budge (presentation and facilitation), Anna Rist (notes)

The aim of the focus group was to get a sense of what the young people wanted from their environment of care, both more generally and specifically in the dedicated 16-24s lounge, a new space that will be provided in The ANCHOR Centre.

The following open questions were used to guide the discussion.

1. **Thinking about the environment where your care takes place just now, could you tell us...**

   **What is good about it?**
   No comments received.

   **What would you like to change?**
   Uncomfortable seating
   Seating in rows
   If there was more of a sense of space, it wouldn't feel like a factory – in, out
   TV always showing daytime programmes for old people
   Music is always the same, I associate it with coming in

2. **In The ANCHOR Centre, there will be a dedicated lounge for older teenagers and young adults (aged 16 – 24). What would you like us to**

**include in the lounge to make it a space you feel comfortable in? (e.g. furniture, decor, technology, activities...)**

Comfy seating – sofa, maybe with a footstool!
Recliner seating
Sky TV and DVDs or streaming like Netflix
Sockets and charging points
Speakers – ambient noise, natural sounds for relaxing
Adult colouring books
Board games like Uno, Dobble
Jukebox – it stands out and marks the space as ours
Mood lighting – lighting is important
No leaflet walls or information boards
Wall-sized photo prints – natural images?
No abstract wall art with big red blotches (looks like blood)
Room should have access for TYA only – how to control?
Table...? Maybe not, at least not central. Folding table might be ok.

3. **Of the things you have included in question 2, which would make the biggest difference to you?**

Seating – must have sofa
Wifi definitely
Chargers for different types of phones. Make chargers available too because you might leave yours at home and then your appointment takes longer than you think.

4. **What do you think the space should be called?**

Nothing with cancer in the name
Teenage lounge? (only one person present was still a teenager but the group still thought this name was ok, even when challenged that older users might not be comfortable with it)
'Young people' is not specific enough

# Appendix NN

# Lessons Learned Register

Health Facilities Scotland

NHS National Services Scotland

# Soft Landings: Lessons Learned Register

| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| Code: | Category: | Tab: | NHS Scotland Board Owner | PSCP Owner |
|---|---|---|---|---|
| **H&S** | Health & Safety | 1 | G. Davidson | M. Smith |
| **SUS** | Sustainability | 2 | R. Hobkirk | K. McGregor |
| **CB** | Community Benefits | 3 | J. Bremner | M. Smith |
| **COLL** | Collaborative Working | 4 | F. McDade | P. Moreland |
| **COMM** | Communications and Stakeholder Engagement | 5 | F. McDade | A. Bateman |
| **CONT** | Contract Processes and Procedures | 6 | J. Anderson | A. Bateman |
| **FIN** | Finance | 7 | J. Anderson | A. Bateman |
| **HAI** | Hai Scribe | 8 | G. Thomson | M. Smith |
| **INFO** | Information Management and Data Exchange [including BIM] | 9 | D. Morgan | M. Austin |
| **D&T Civil** | Design & Technical - Civil and Infrastructure | 10 | G Davidson | A. Bateman |
| **D&T Building** | Design & Technical - Building | 11 | G. Davidson | P. Moreland |
| **D&T M&E** | Design & Technical - M&E | 12 | C. Gray | A. Smith |
| **Construct** | Construction | 13 | G. Meechan | M. Smith |
| **Handover** | Handover | 14 | G. Davidson | A. Smith |
| **AFTERC** | Aftercare | 15 | [Insert Name] | [Insert Name] |
| **FM** | Soft and Hard FM | 16 | [Insert Name] | [Insert Name] |
| **OPS** | Operational Strategy including asset performance | 17 | [Insert Name] | [Insert Name] |
| **Asceptic** | Asceptic | 18 | C. Gray | A. Smith |
| **LL** | Project End Review: Lessons Learned | 19 | J. Bremner | A. Bateman |

It is vital, as part of the soft landings process that lessons learned from previous projects are identified [or wider knowledge], captured and ameliorated.

As part of the post occupancy evalualation process actual perfomance against that required in the brief should be assessed and lessons captured and fedback to inform future projects.

This document should be owned by the Project Director or Soft Landings Champion and reviewed and updated at each Soft Landings meeting.

Health Facilities Scotland

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# Soft Landings, Lessons Learned Register: Section 1.0 Health & Safety

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 1.1 | POE's NHSG | 09 November 2017 | Early communication with HSE Construction Division can help to establish a good working relationship and can help to avoid issues/adverse reports during construction. | G. Davidson | M. Smith | AECOM / B.Holmes/M Smith | Engagement/relationships established during Stage 3 Enabling Works. All relevant parties are engaged in this process to ensure compliance with HSE legislation, parties include CMDA, PD, PSCP, Designers, HSE and NHSG. Engagement to continue during Stage 4. | immediate | In Progress | End of Stage 4 |
| 1.2 | POE's NHSG | 09 November 2017 | The early appointment and regular engagement between the Board's CDM Advisor and the PSCP Principal Designer helps to ensure that the whole team meets their CDM obligations and that clear programme milestones are established for CDM related activities. | F.McDade | M. Smith | AECOM /B.Holmes/ C. Carden (NHSG) / C. Gray / P. O'Hare | Relationship has been established, ongoing engagement through the Client Progress Meeting/Core Group and add hoc meetings, e.g. design risk assessment workshops. CPP approved by the CDMA. | immediate | In Progress | End of Stage 4 |
| 1.3 | Develop. Day 29/08/17 | 24 October 2017 | Health & Safety should be a standing agenda item for all key project meetings to ensure that it Health & Safety is not compromised due to time and cost pressures. Regular monthly reports should be provided by the Board's CDMA and the PSCP PD. | F.McDade | P. Moreland -Pre-con<br>M. Smith - Construction | All | Protocol for meetings and reporting established through the PEP and have been implemented in Stages 2/3. | immediate | Complete | Yes |
| 1.4 | Develop. Day 29/08/17 | 24 October 2017 | A project specific site rules/constraints document should be prepared by the Board, with support from the CDMA/PD, at an early stage. This should be included as part of the Works Information for the Construction Stage. | G. Davidson | M. Smith | G.Meechan / C. Gray / A.Smith | Site rules document has been agreed and is included as part of the Stage 4 Works Information. This document was compiled with input from all relevent parties including NHSG Health and Safety and Logistics teams. | 27/07/2018 | Complete | Yes |
| 1.5 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Minimum level of Health & Safety Training | J. Bremner | M. Smith | J. Bremner/F. McDade/M. Smith | Site inductions required for all operatives and project team members visiting the site. Requirements for CSCS cards - training being progressed. | Mar-20 | In Progress | End of Stage 4 |
| 1.6 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | H&S Design & Technical - Design of Car Parks? Bollards/stops to prevent vehicles from reversing into path of pedestrians. | G. Davidson | A. Bateman | F. McDade/G. Davidson/C. Carden/A. Bateman | Detailed review of car park design and appropriate safety measures included. | Jan-20 | In Progress | |
| 1.7 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | H&S Documentation - Further understanding of specific requirements for CDM - Risk Register and Pre-Construction | C. Carden | M. Smith | L. Muir/C. Carden/B. Holmes | Design Hazard Risk Registers issued for final agreement. Pre - Construction information agreed with the NHSG CDMA, AECOM, and this links to the Construction Phase Plan which is also now agreed. | Jan-20 | In Progress | |
| 1.8 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | H&S Responsibilities - lack of clear undersdtanding of CDM Responsibilities regarding roles ie. Principal Designer etc. | F.McDade | M. Smith | F. McDade/M. Smith/L. Muir | Roles and responsibilities workshop to be arranged prior to the commencement of Stage 4. Roles and responsibilities are set out in the Stage 4 PEP. | Apr-20 | In Progress | |
| 1.9 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Lessons Learned from accidents (breached protocols) and evidenced management processes. | C. Gray & G Davisdon | M. Smith | G. Davidson/C. Gray/M. Smith | Lessons learned are recorded on an ongoing basis as part of the soft landings workstream. Action plan/mitigation agreed for each item recorded. | Ongoing | In Progress | End of Stage 4 |
| 1.10 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Site wide/operations rules standardised for all projects in advance. | C. Carden | M.Smith | C. Carden/G. Davidson/M. Smith | Generic NHSG Site wide rules established. Project specific matters are incorporated by individual project teams. | Jan-20 | Complete | Yes |

1.1 is shown as an example only

**Example Forums:**
Development Day
POE Workshop
Visit to similar project

Not Started
In Progress
Complete

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# Soft Landings, Lessons Learned Register: Section 2.0 Sustainability

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 2.1 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Are all aspects of BREEAM valid, better to concentrate on core areas. | Robert Hopkirk | Paul Moreland | F. McDade/R.Hobkirk/G. Thomson/P. Moreland | Achievable BREEAM Target set at the outset of the project. Progress towards confirming the necessary credits tracked at monthly Core Group. BREEAM Execellent confirmed at Design Stage for both Baird & ANCHOR (note: small number of credits still to be achieved for the ANCHOR target) | May-20 | In Progress | |
| 2.2 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Adopt a more effective sustainability matrix rather than rely on BREEAM | Robert Hopkirk | Paul Moreland | R.McDade/R. Hobkirk/P.Moreland | Further discussion required on a suitable approach. This would be for furture projects rather than Baird & ANCHOR. Note that pursuing BREEAM is a SCIM requirement. | May-20 | Not Started | |
| 2.3 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 2.4 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 2.5 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 2.6 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 2.7 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 2.8 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 2.9 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |

Not Started
In Progress
Complete

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# Soft Landings, Lessons Learned Register: Section 3.0 Community Benefits

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 3.1 | Develop. Day 29/08/17 | 24 October 2017 | Opportunities should be explored for sharing apprentice roles between NHSG Estates and Buildings and the PSCP, e.g maintenance engineers could be given practical experience of installation methods. This can enhance the development/motivation of the apprenticies and bring cost efficiencies. | J. Bremner | D. Rutherford | G.Mutch / D.Andrew / Pat O'Hare | Practicalities to be discussed with PSCP and PSCM's and prepare a work plan. | May-20 | In Progress | |
| 3.2 | QEUH Lessons learned | 13 November 2017 | A project specific community engagement officer (both Board and PSCP side) can help to raised the focus of community benefits and ensure that targets are met or exceeded where possible. | J. Bremner | D. Rutherford | A.Rist / D. Rutherford / P.O'Hare | Consider role for both Client and PSCP teams. | Mar-20 | In Progress | |
| 3.3 | QEUH Lessons learned | 13 November 2017 | The community benefits officers should engage early in the project to agree/implement a plan that maximises the employment and training opportunities within the local area. Progress against this plan should be closely monitored through regular community benefits meetings and reporting, e.g. to the Core Group. | J. Bremner | D. Rutherford | D. Rutheford / G.Mutch | Review and agree targets. Confirm if community benefit clause has been included in procurement. Ongoing and regular engagement with Community Benefit Officers throughout the project. | Ongoing | In Progress | |
| 3.4 | Develop. Day 29/08/17 | 24 October 2017 | Engagement/communication with the local community may be enhanced through a project newsletter, particularly during the construction phase. | A. Rist | D. Rutherford | Considerate Contractor Resource | Agree frequency and format of newsletter. Internal will be by NHSG with input from PSCP. PSCP to set process in place for monthly wider newsletter | Apr-20 | In Progress | |
| 3.5 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Opportunities for Apprenceships in PSC Services | J Anderson | D Rutherford | F. McDade/J. Anderson | Review opportunities | Apr-20 | In Progress | |
| 3.6 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Less meet the buyer events | G Thomson | J. Plesko | | Raised at LL workshop but requires further clarification through the Soft Landings Workstream. | | Not Started | |

Not Started
In Progress
Complete

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# Soft Landings, Lessons Learned Register: Section 4.0 Collaborative Working

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 4.1 | Develop. Day 29/08/17 | 24 October 2017 | Co-location of key members of the Project Team, including NHSG, PSCP and PSC resource, can support a collaborative working environment. Logistics, including IT requirements, need to be considered at the outset and "soft boundaries" need to be established to ensure that there is effective and open communication. | J. Bremner | A. Bateman | | NHSG / PSCP currently co-locate. Review feasibility of having design team members onsite to improve collaboration. Review access arrangements between teams to improve collaboration. Co-location of Subcontractors to be developed, eg NGB adhoc through pre-construction. In future IT requirements need consideration in costs to allow full co-location | | Complete | Yes |
| 4.2 | Develop. Day 29/08/17 | 24 October 2017 | It is important that representation at key project meetings is consistant and that those attending are empowered to take decisions. This helps to ensure that prompt decisions can be made allowing the project to progress in line with the accepted programme and can reduce the requirement for changes at a later date. | F.McDade | P. Moreland | | Focus on improving consistency with dedicated staff attending meetings to build relationships with a view of a more common understanding between all parties. Meeting attendees set out in the PEP. Agendas set in advance with required outputs agreed. | | Complete | Yes |
| 4.3 | Develop. Day 29/08/17 | 24 October 2017 | The early stakeholder engagement should extend to both patient and public involement to ensure that all views are considered. | A. Rist | P. Moreland | G. Thomson / L. Budge | Community / public open days have taken place. Consider and plan future events if deemed necessary. Patient/public representatives included in stakeholder groups and project meetings - e.g. the Project Board. | | Complete | Yes |
| 4.4 | Develop. Day 29/08/17 | 24 October 2017 | Establishing an open and collaborative workshing relationship help to identify and address project issues before they escalate. | J. Bremner | A. Bateman | All | Utilising NEC3 contract to ensure that everyone is working in a spirit of mutual trust and co-operation. Weekly "early warning meetings" to be established. Joint NEC3 workshop took place ensure that there is a common understanding around the application of the contract. | | Complete | Yes |
| 4.5 | Develop. Day 29/08/17 | 24 October 2017 | The approach to lessons learned is enhanced by visiting other similar projects and speaking to those involed, particularly the building users. This helps to identify the both the good and bad points. | G.Thomson | A. Bateman | | Record of all site visits attended and attendance to other NHS facilities. Lessons learned from previous projects used to inform design. Lessons learned workshops with key stakeholders to be scheduled. Lessons learned from visits to be recorded and shared for future projects. | | Complete | Yes |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 4.6 | Develop. Day 29/08/17 | 24 October 2017 | It is important that the lessons learned are captured throughout the project lifecycle and not only at the end. This will help to ensure that everyone's view is captured. This is particularly important for larger projects that extend over a number of years as people involved in the early stages will move on before the project reaches a conslusion. | G. Davidson | A.Smith | | Schedule more focussed lessons learned workshops / interviews with key stakeholders. (Refer to S.C.I.M. Guidance) Lessons learned established as a standing agenda item for Soft Landings workshops with the lessons learned document being updated at regular intervals. Lessons learned workshops to be established at key project stages, e.g. at the end of OBC, FBC, Construction and 6 months after occcupation (check SCIM). HFS Lessons Learned template has been utilised. | | Complete | Yes |
| 4.7 | Develop. Day 29/08/17 | 24 October 2017 | The roles and responsibilities of each team member should be clearly set out within a RACI document appended to the PEP. This should be kept up to date through the different stages of the project and where key team members change. | J. Bremner | A.Bateman | J. Anderson / J.Hackett | RACI matrix included in the PEP for each of the Project Stages. This should be kept up to date for any material changes mid stage. | | Complete | Yes |
| 4.8 | Develop. Day 29/08/18 | 24 October 2017 | The role of the Joint Cost Advisor needs to be clearly understood to ensure that all duties are covered and also that there is no unnecessay duplication. | J. Bremner | A.Bateman | J. Anderson<br>J. Hackett<br>J. Plesko | JCA role/duties are clearly set out in the JCA PSC Contract. The JCA gave a presentation on the role at the NEC3 training day at the beginning of Stage 3. A further workshop should be planned prior to the start of Stage 4, particularly as there are likely to be new team members. | 01/04/2020 | In Progress | |
| 4.9 | Develop. Day 29/08/17 | 24 October 2017 | A collaboration portal, such as Asite, should be set up from the outset with a protocol agreed for it's use. Training should be provided to all users and should be tailored to their role. | F. McDade | M. Smith | V. Lightbody | Update and agree software protocols for BIM and A-Site. Training needs to be identified and suitable training plan to be prepared. Ensure Estate Maintenance representatives have correct level of access. Asite protocols workshop to be arranged at the start of each stage to ensure that there is a common understanding of the access rights and the protocols. | 01/04/2020 | In Progress | |
| 4.10 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Avoid - Group think -beware copying other projects poor practices. Less 'because that is how it's always been done, doesn't necessarily make it right. | J. Bremner | A. Bateman | F McDade/G Thomson/G Davidson/C Gray | Promote a culture of knowledge sharing and lessons learned. This process is kept dynamic through the soft landings group. | | Complete | Yes |
| 4.11 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Think about the opportunity for lunchtime CPD events to share knowledge/teambuilding eg. Construction techniques, current topics within the construction industry. | J Bremner | A. Bateman | F McDade/G Thomson | Development workshops have taken place, e.g. joint workshop with Elective Care Team on the delivery of healthcare projects, incl NEC3 Core Clauses. | Ongoing | In Progress | |
| 4.12 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | More focus needs to be given to ongoing team building and team cohesion. Regular internal/social events to help with team building. | J Bremner | A Bateman | F McDade/G Thomson | Events held during Stages 2/3 - review requirements for a development event prior to Stage 4. | Ongoing | In Progress | |
| 4.13 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Regular Seniors Meeting which includes PSCP to allow early identification and resolution of emerging issue. | J Bremner | A Bateman | F McDade/J Anderson | PEP to set out arrangements for Stage 4. | Ongoing | In Progress | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 4.14 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | More transparency of early warnings raised through the supply chain -so the use of whole team to look for a whole resolution - collaborative. | F McDade | M. Smith | JCA/J Anderson | Stage 4 meeting schedule to include weekly EWN/CE meetings. Design team progress reports to include details of emerging EWNS. | Ongoing | In Progress | |
| 4.15 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Worthwhile invaluable lessons learned from visiting other projects/area. Use shadowing and site visits to learn lesson/gain understanding of issues. Valuable insight into potential pitfalls do's and don'ts. More sharing of Lessons Learned/knowledge Nationally (via HFS). Ensure Lessons Learned from Glasgow and Edinburgh are understood and addressed. | J Bremner | A Bateman | F McDade/G Thomson/J Anderson | Design assurance workshops ongoing that include addressing the lessons learned from other projects. Collaborative sharing of lessons learned across boards. Regular engagement with HFS and the new Centre of Excellence. | Ongoing | In Progress | |
| 4.16 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Need better co-ordination and progress with electronic record in order to plan efficiently. | | | | Needs clarification through the soft landings work stream. | | Not Started | |
| 4.17 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | From a Clinical Perspective would benefit from occassional group working with Contractor's. More apparent in early days now much less frequent. Ensure Clinical Leaders from each area are engaging with all their staff. | G Thomson | A Bateman | F McDade | Review residual Stage 4 design and ensure that clinical input is planned. | Ongoing | In Progress | |
| 4.18 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | The Mulit-agency involvement seems unique to the NHS - room for better understanding of rules and responsibilities. More collaborative design team meetings with specific Agenda. | F McDade | A Bateman | | PEP to clearly identify roles and responsibilities. Communication of this in a workshop setting prior to Stage 4. | 01/04/2020 | In Progress | |
| 4.19 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | More involvement with Fundraising discussions. | J Bremner | A Bateman | | Fundraising strategy/objectives to be communicated - e.g. via Core Group/Principals. | 01/03/2020 | In Progress | |
| 4.20 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Use 3D Modelling as early as possible in Project moving forward as saw advantages of part of the 1:50 process. | G Thomson | A Bateman | | Share lesson learned with other NHSG major projects. | Ongoing | In Progress | |
| 4.21 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Earlier involvement in the 1:50 process between Clinical teams and Tech Supervisors. This would lead to a better understanding of the Project requirements for all. | G Thomson | A Bateman | C Gray/G Davidson | Share lesson learned with other NHSG major projects. | Ongoing | In Progress | |
| 4.22 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Clearer definition of Boundaries and gap management eg UoA, IT/NHSG IT - TV's worth infor overlay - eHealth/Estates. | | | | Requires clarification via the Soft Landings work stream | | Not Started | |
| 4.23 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Soft Skills - too many voices - not a productive meeting. To be more proactive and less re-active. More collaboration less 'them and us'. | J Bremner | A Bateman | | Review behaviours - adopt principles of ISO 44001 | Ongoing | In Progress | |

Not Started
In Progress
Complete

Health Facilities Scotland

NHS National Services Scotland

## Soft Landings, Lessons Learned Register: Section 5.0 Communications and Stakeholder Engagement

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 5.1 | Develop. Day 29/08/17 | 24 October 2017 | Commissioning 3D fly through models of the new facilities can help with staff/patient familiarisation of the new facilities. | F.McDade | P. Moreland | P.Moreland / G. Thomson | Completed through PSCP | | Complete | Yes |
| 5.2 | Develop. Day 29/08/17 | 24 October 2017 | Commissioning 3D fly through models of the new facilities can help with fundraising activities. Built to bring the new buildings to life for both staff and public and to help visualise what the Project Team want to achieve. These should be considered for all Major Projects. Review use for construction phase. | F.McDade | P. Moreland | P.Moreland / G. Thomson | Completed through PSCP | | Complete | Yes |
| 5.3 | Develop. Day 29/08/17 | 24 October 2017 | Short term, two week, look ahead programmes help the team to focus on priorities and also act as a good communication tool during the construction period, e.g. can flag and allow discussion on when particularly noisy work will be taking place. | F. McDade | M. Smith | P. O'Hare/G. Meechan/G. Davidson/G. Thomson | Short term, look ahead, programmes were used for the Construction Phase of the Enabling Works. This requirement will continue into the main project. Short term look ahead programmes to be brought to key meetings for review and for wider communication. | Ongoing | In Progress | Yes |
| 5.4 | Develop. Day 29/08/17 | 24 October 2017 | Site wide co-ordination meetings should be arranged where there is more than one contractor on the site. This allows deliveries etc to be co-ordinated to minimise overall disruption. Regular dialogue involving NHSG, Project Team, Site Safety and PSCP to ensure safe movement of traffic and inform Logisitcs Team to ensure other Projects awareness. | G. Meechan | M. Smith | C. Gray / A.Smith / P. O'Hare / G. Davidson | NHSG to co-ordinate a site wide meeting (e.g. to co-ordinate Elective Care Work with Baird & ANCHOR) | 01/05/2020 | Complete | Yes |
| 5.5 | Develop. Day 29/08/17 | 24 October 2017 | Meetings need to state and keep to focus, not be side-tracked, to get decisions/goals. Finding away with PSCP to ensure accuracy. | F.McDade | P. Moreland | All | Clear agendas are required for all meetings, meetings to be chaired ensuring agenda items are efficiently reviewed. Avoid missed actions/repeated agenda points/exposed disagreements/conflicts in priorities between stakeholder issues Note of meeting and action tracker circulated thereafter with owner and action dates. Review meeting section within PEP and update as appropriate. | 01/04/2020 | In Progress | |
| 5.6 | Develop. Day 29/08/17 | 24 October 2017 | Design deliverable tracker increases likelihood of meeting programme. Trackers to be used to review progress within meetings. | F.McDade | A. Bateman | A. Bateman / A Smith / V. Lightbody | Design trackers have been utilised during Stage 2 & 3 design to ensure outputs are achieved. Trackers to be established for the design elements that will require to be delivered in Stage 4. | 01/02/2020 | In Progress | |
| 5.7 | Develop. Day 29/08/17 | 24 October 2017 | Clinical leads to be identified and their roles and responsibilities clearly defined. | J.Bremner | P. Moreland | F. McDade | Review and update PEP if required to identify clinical leads for both Baird and ANCHOR. PEP is reviewed at each Stage. | 01/02/2020 | In Progress | Yes |
| 5.8 | Develop. Day 29/08/17 | 24 October 2017 | Commissioning plan/programme established during stage 3 and monthly progress reports issued to the Soft Landings Group and Core Groups. Hulley & Kirkwood involved NHSG and PSCP workshop to develop Commissioning Plan and Programme. | C. Gray | A.Smith | G. Davidson / J. Bremner / A. Bateman / A. Smith | Fee brought forward from Stage 4 to enable early engagement. Stage 6 added to the Soft Landings framework to assist clinical migration. Detailed review of Stage 4 Technical Commissioning programme prior to acceptance of the Contract Programme. | 01/01/2020 | In Progress | |

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| 5.9 | Develop. Day 29/08/17 | 24 October 2017 | Commissioning Plan to set out the requirements for staff patient and visitor orientation, including the plan for communicating this. | N. Nesbitt (Staff) / C. Gray (Estates) | A.Smith | G. Thomson (B) L. Budge (A) | Ensure occupation strategy is sufficiently detailed to assist staff and patients during the opening period. Functional commissioning will developed as part of the Soft Landings work stream. | Stage 4 | In Progress | |
| 5.10 | Develop. Day 29/08/17 | 15 October 2018 | Building User Guide (BUG) to be prepared to assist with the migration into the new facilities. | N. Nesbitt (Staff) / C. Gray (Estates) | A.Smith | G. Thomson (B) L. Budge (A) | Review examples from elsewhere and agree the NHSG B&A preferred format. Start to draft the BUG early in Stage 4. Technical commissioning programme to include milestones for completing and communicating this guide. | 01/01/2019 | Not Started | |
| 5.11 | POE's NHSG | 09 November 2017 | Agree a process and timescale for responding to RFIs (all Stages). Monitor responses to ensure that they align with the agreed timescales. Emphasise the important of prompt RFI responses. | G. Meechan | M. Smith | G. Meechan/G. Thomson/M. Smith | Procedure set out in the PEP. Regular monitoring of replies required. Agree to update in advance of the fortnightly Client Progress Meetings. | Ongoing | In Progress | |
| 5.12 | Develop. Day 29/08/17 | 24 October 2017 | Timely alignment of the briefing documents and the design as changes are instructed under the contract. | F. McDade | M. Smith | F. McDade/G. Thomson/ | Ensure procedures are in place to capture changes in a timely manner allowing clinical teams sufficient time to review and respond in advance of next workshop and Contract procedures followed. Develop internal Change Control Process for Stage 4. | 01/04/2020 | In Progress | |
| 5.13 | Develop. Day 29/08/17 | 24 October 2017 | Brief to be clearly defined and signed off prior to PSCP appointment. | J. Bremner | P. Moreland | A Bateman / F.McDade | Brief to be defined within the Board Construction Requirements and associated Clinical Briefs. Note we have moved into the joint development of the brief/PSCP WI. Action would apply to future contracts. | | Complete | Yes |
| 5.14 | Develop. Day 29/08/17 | 24 October 2017 | Positive clinical involvement in the development and sign off of the brief. Ensure that meetings are recorded. Maintain consistent clinical representation throughout the project lifecycle (where possible). | G. Thomson | P. Moreland | L. Budge / V. Lightbody / P. Moreland | Schedule stakeholder engagement sessions well in advance (min 6 week notice) to assist clinical teams in scheduling their diaries to attend to ensure consistent team attendance. Promote an open forum environment ensuring valued input from all parties. Maintain consistent clinical representation throughout the project lifecycle (where possible). Agree sign off procedure and format for recording this. | Ongoing | In Progress | |
| 5.15 | Develop. Day 29/08/17 | 24 October 2017 | Early Dialogue required with FM / Logistics staff with key representatives being involved from the briefing stage. Maintain consistent representation throughout the project lifecycle (where possible). | G. Thomson | P. Moreland | G. Davidson / C. Gray | Also regular team / technical meetings with FM / Logistics to be scheduled. We have completed some lessons learned. | Ongoing | In Progress | |
| 5.16 | Security Workshop 17/01/18 | 31 January 2018 | Early Dialogue required with NHSG security representatives . Key that they are involved in work streams, including I.T. given the reliance of P.O.E. within security systems. Maintain consistent secrity representation throughout the project lifecycle (where possible). | P.Paton | A. Smith | C. Gray / D.Munro | Security to be invited to the I.T workstreams where and when relevant to security team. | | Complete | Yes |
| 5.17 | Fire Safety Workshop 17/01/18 | 29 January 2018 | NHSG Fire Team to be involved in the planning for the commissioning stages. Maintain consistent secrity representation throughout the project lifecycle (where possible). | C. Gray | A. Smith | G. Davidson / C. Gray / K.Lackie/ Fire Engineer/ HFS Fire Engineer / N. Nesbitt | Ensure Fire Safety is engaged during the commissioning and handover process. | Ongoing | In Progress | |
| 5.18 | Fire Safety Workshop 17/01/18 | 29 January 2018 | Ensure that the NHSG Fire Team is involved in the developing the fire strategy at the design/construction stages and is consulted in the approvals process for statutory signage and for the numbers and positioning of fire extinguishers. Maintain consistent secrity representation throughout the project lifecycle (where possible). | C. Gray | P. Moreland | K.Lackie / Fire Engineer / HFS Fire Engineer | Early and ongoing engagement with the NHSG Fire Officer during design and construction. Consult with the Fire Officer prior to acceptance of the fire strategy. ACC comments on Fire Strategy currently being responded to. | Ongoing | In Progress | |
| 5.19 | Develop. Day 29/08/17 | 24 October 2017 | Provide the opportunity for team building exercises throughout the project lifecycle. This will result in better soft skills/communication between all parties. | J. Bremner | A. Bateman | P. Moreland / F.McDade | Establish team building initiatives and prepare plan for the project. Team building/development day to be arranged for Stage 4. | 01/04/2020 | In Progress | |
| 5.19A | Develop. Day 29/08/17 | 24 October 2017 | Promote the early identification of any emerging project issues, using the Early Warning process where applicable. Issues resolution procedure, e.g. to deal with any behavioural issues, to be agreed and set out in the Project Execution Plan. Weekly Early Warning meetings to be retained during Stage 4. | F. McDade | A. Bateman | A. Bateman / F.McDade | NEC3 contract procedures allows for early identification of issues and resolution procedures (relating to the administration of the Contract). Consider setting out a issues resolution procedure in the PEP, e.g. as part of the Principals Meetings. Weekly early warning meetings to be established for Stage 4. | Ongoing | In Progress | |

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| 5.20 | Fire Safety Workshop 17/01/18 | 29 January 2018 | Ensure that minutes and action trackers are prepared as an output to project meetings. These should be issued within 5 working days of meetings to improve communication to to ensure that all stakeholders are clear on their actions and the timescales for concluding these. Same as item 5.5 | F. McDade | P.Moreland | | Ensure meetings agenda's are issued in advance along with relevant documentation to allow teams to review and digest prior to the meeting. PEP to set out the requirements for meetings and reporting. | Ongoing | Complete | Yes |
| 5.21 | Develop. Day 29/08/17 | 24 October 2017 | Team roles and responsibiliites should be clearly defined and communicated to the team via a PEP/RACI matrix. Consider communicating the roles and responsibilites as part of a launch meeting (and again at the start of each stage). | J. Bremner | A. Bateman | A. Bateman / P. Moreland / F. McDade | Regular circulation of the PEP/RACI matrix, highlighting any changes to roles and responsibilities. Launch meeting/workshops have taken place for stages 2 & 3. Stage 4 launch/development day to be confirmed. | Ongoing | In Progress | |
| 5.22 | Develop. Day 29/08/17 | 24 October 2017 | Ensure that there is an agreed process for welcoming/integrating new team members, e.g. update and reissue the PEP/contacts list and arrange 1:1 meetings. | J. Bremner | A. Bateman | A. Bateman / P. Moreland / F. McDade | PEP is a dynamic document that is kept up to date with any material changes as the project develops. Arrange 1:1 meetings where appropriate where ther e are changes to the project team. | Ongoing | In Progress | |
| 5.23 | Develop. Day 29/08/17 | 24 October 2017 | Early staff familiarisation - induction, ways of working. | N. Nesbitt | M. Smith | F. McDade/N. Nesbitt/M. Smith | Detailed requirements for familiarisation and training to be developed and implemented via the soft landings workstream. | Ongoing | In Progress | |
| 5.24 | Develop. Day 29/08/17 | 24 October 2017 | Ensure that the PSCP team have early and ongoing engagment with the statutory authorities, including Building Control and Planning. A record should be keep of these meetings and shared with the Core Group. | F.McDade | A. Bateman | F. McDade/A. Bateman/P. Moreland/PSCMs | Final planning conditions and Building Control Queries being addressed/closed out. | Ongoing | In Progress | |
| 5.25 | Develop. Day 29/08/17 | 24 October 2017 | PSCP should provide NHSG with a detailed information release schedule in advance of the start of each stage. This should tie in with the Contract Programme for each stage and be updated regularly to capture any slippage. A series of stakeholder workshops should be arranged to align with the information release schedule and this should also be available at the start of each stage. To ensure that there is relevant and consistant stakeholder involvement, NHSG should be consulted in the preparation of the meeting schedule. The objectives/outputs for each workshop should be clearly defined in advance. To happen earlier to be more collaborative. | F.McDade | P. Moreland | G. Thomson/F. McDade/P.Moreland/M. Smith | Complete review and agreement to Stage 3 design (below the line items). Agree design deliverables programme and approvals protocols for Stage 4. | Ongoing | In Progress | |
| 5.26 | Graeme Smith 28/03/18 | 10 April 2018 | High level communication is required right from the start with Principals confirmed by the PSCP/PSCs and NHSG. There should be a single point of contact (from both the PSCP & NHSG) for weekly (or more frequently as required) communicating of project issued/updates. A good recent example is where, previous contractor had a member of staff responsible for communicating each week with all members of the project teams. Have conversation regarding the Team Huddle with the possibility of changing format. | J.Bremner | P. O'Hare | All | Communication protocols to be finalised in the Stage 4 PEP | Ongoing | In Progress | |
| 5.27 | Stuart Smith 19/09/19 | 24 September 2019 | Programme the formal consultation with Building Control re fire strategy at an earlier stage. | F. McDade | A. Bateman | | Agreement of staged bulding warrant being finalised. Queries in relaiton to Fire to be closed out in consultation with NHSG (including Fire Officer). Ensure that early engagement with Statutory Authorities is identified in programmes for future projects. | Ongoing | In Progress | |
| 5.28 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | At early stages engage with a wide range of Clinical Team in the Planning of each department/rooms. Later in room planning go back to Clinical Staff specific to the design only to prevent conflicting ideas. Feedback to the project Team early in the process if individual departments have concerns over the design meeting their needs eg. ACRM, Cytology Lab in BoPD. Requirements of each department may not be communicated fully. Walking round each department can identify needs not already raised. This takes experience gained along the way by clinical team. | G. Thomson | A. Bateman | G. Thomson/A. Batement/Paul Moreland | Review user engagement/sign off protocols for future projects. Implement an internal change control process. | | Complete | |
| 5.29 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Ideas and information from visits to other NHS locations seemed valuable. This should be repeated on further NHSG projects. | G. Thomson | A. Bateman | | Benefits of visits to other facilities to be documented and communicated to other NHSG project teams where it should be captured in their lessons learned registers. | | Complete | |

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| 5.30 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | HFS/NDAP input at a much earlier stage of design. | G. Thomson | A. Bateman | | Benefits of early NDAP engagement to be emphasised to other NHSG project teams with details on the requirements shared. Need also to consider the impact of the new Centre of Excellence and the anticipated increase in the required level of design assurance (e.g. B&A experience is currently being shared with Elective Care). | Ongoing | In Progress | |
| 5.31 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Communication and stakeholder engagement - have been surprised by level of cynicism from some clinical staff. Some expectations have been low and now delays and costs fuelling negativity. | | | | Soft Landings workstream to seek clarification of what the lessons learned is. | Ongoing | In Progress | |
| 5.32 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | NHSG has poor data collection for clinical planning around new builds. | J. Bremner | A. Bateman | F. McDade/D. Morgan | Discuss through the Soft Landings workstream and enagement with estates. The Project Team is trying to address this through the interface with BIM outputs and the NHSG Asset Management requirement systems. | Ongoing | In Progress | |
| 5.33 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Good engagement with public/patients/staff - has benefited briefing and design. | J. Bremner | | G. Thomson | Share lessons learned/good practice with other NHSG project teams. | Ongoing | In Progress | |
| 5.34 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Stakeholders- Third Party requirements ie. Planning, roads, helipad. | G. Davidson | M. Smith | G. Thomson/F. McDade | Share lessons learned/good practice with other NHSG project teams. | Ongoing | In Progress | |
| 5.35 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Identify Support for IT & Equipment for product at onset. | K.Easton /G.Thomson | | | Share lessons learned/good practice with other NHSG project teams. | Ongoing | In Progress | |
| 5.36 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | 3D Visuals -Aided Design Feedback/Quick Decisions/Stakeholder Engagement/1:50 Process could have improved. Make 3D output more accessible to wider group and instruct these at an earlier stage | G. Thomson | | G. Thomson/F. McDade | Share lessons learned/good practice with other NHSG project teams. | Ongoing | In Progress | |
| 5.37 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | HFS Information source/knowledge, agreeing level of details at earliest opportunity, framework best practice. HFS | G. Thomson | | | Benefits of early NDAP engagement to be emphasised to other NHSG project teams with details on the requirements shared. Need also to consider the impact of the new Centre of Excellence and the anticipated increase in the required level of design assurance (e.g. B&A experience is currently being shared with Elective Care). | Ongoing | In Progress | |
| 5.38 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Early engagement with heat network 3rd party - reduce project risk, define plant requirement and interfaces. | C. Gray | A.Smith | | Plant requirements established | | Complete | |
| 5.39 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Good engagement with public/patients/staff - has benefited briefing and design. | G. Davidson | A. Smith | | Ensure that there is a good record of lessons learned and that this is shared with future projects. Soft Landings work stream to agree how this can best be recorded, e.g. lessons learned report highlighting key themes. | Ongoing | In Progress | |
| 5.40 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | NHS teams make sure they know what is going on across the Campus during construction activities to ensure safe movement and interrupted service. | G. Davidson | Mark Smith | F. McDade/G. Davidson/M. Smith | Site wide co-ordination meeting to be established that includes representatives of the | 01/04/2020 | In Progress | |
| 5.41 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Project Communication - Positive - Asite Notifications - Minutes of meetings and shared communication between parties. Ensure Agenda is followed to make minute taking easier. | F. McDade | M. Smith | | Requirements and protocols for Stage 4 meetings to be set out in the PEP and communicated at a pre stage 4 workshop. | 01/04/2020 | In Progress | |

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| 5.42 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Communication key factor during Enabling Works - ensure this continues through the life of the Project. | G. Davidson | M. Smith | G. Meechan/G. Davidson/M. Smith | Requirements for formal communication to be set out in the Stage 4 PEP. Regular site briefings, look ahead programmes, and on site "huddles" to be agreed. | 01/04/2020 | In Progress | |
| 5.43 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Ensure that Stakeholder Consultation is appropriately recorded and that it links to the developing design. | F. McDade | M. Smith | | Design approval protocol agreed. Designs signed off at key milestones. Residual design to be signed off in Stage 4 - protocol and programme milestones to be agreed. | 01/04/2020 | In Progress | |
| 5.44 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | HFS Information source/knowledge, agreeing level of details at earliest opportunity, framework best practice. | G. Thomson | A. Bateman | | Benefits of early NDAP engagement to be emphasised to other NHSG project teams with details on the requirements shared. Need also to consider the impact of the new Centre of Excellence and the anticipated increase in the required level of design assurance (e.g. B&A experience is currently being shared with Elective Care). | Ongoing | In Progress | |
| 5.45 | Lessons Learned Workshop 18/09/19 | 01 October 2019 | Explanation of AEDET, BIM, BCR, HAI, PEP etc. | F. McDade | | | PEP to provide a clear explanation of the requirements for delivering Healthcare projects. Workshop has taken place and further workshop to be arranged. | 01/03/2020 | In Progress | |

Not Started
In Progress
Complete

Health Facilities Scotland

NHS National Services Scotland

## Soft Landings, Lessons Learned Register: Section 6.0 Contract Processes and Procedures

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| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
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| | | | | NHS Scotland Board | PSCP | | | | | |
| 6.1 | Develop. Day 29/08/17 | 24 October 2017 | Process design reviews have been followed however early review could be improved. Packages could be reviewed collaboratively and more consistently – it's important to understand expectations from NHSG and PSCP side. | F. McDade | A. Bateman | A. Bateman / F. McDade | Protocols for design review and acceptance set out in the PEP and communicated at workshop at the beginning of each Stage. Protocals for Asite to be included in this. Protocols for the residual Stage 4 design to be finalised. | Mar-20 | In Progress | |
| 6.2 | Develop. Day 29/08/17 | 24 October 2017 | Asite (or other document management sysems) should allow the user to track back drawing revisions to track changes and understand where these were requested and implemented. | F. McDade | P. Moreland | V. Lightbody | A-Site has the capability of keeping drawing revisions and providing information of revision change. Ensure design teams are inputting this field to provide an accurate list of changes. New A-Site protocol should address this. Review and confirm. Further A-Site training needs to be identified and plan put in place for Stage 4. | Mar-20 | In Progress | |
| 6.3 | Develop. Day 29/08/17 | 24 October 2017 | Complete – site rules will change very little and this is positive as it shows that the site rules work well. NHSG champion to amend etc. at stage 4 as a live document. | Gary Meechan | Mark Smith | P. O'Hare / C. Gray / G. Davidson / A. Smith | Stage 4 site rules has been agreed - continue to keep under review to record any changes/lessons learned from other projects prior to including within the Stage 4 contract. | Mar-20 | In Progress | |
| 6.4 | N.H.S.G. Team Meeting | 18 May 2018 | It is important the the role and the contractual responsibilities of the NEC3 Supervisor are understood and that arrangements are in place for the identification and reporting on defects – still work to be carried out around BIM. NEC3 supervisors have been trained and this will continue for stage 4. An agreed process for defects to be established and Field 360 in use. | Colin Gray | Mark Smith | G. Meechan | Ensure that team members have NEC3 training. Finalise arrangements for recording/closing out defects.NEC3 workshop with the Stage 4 team just prior to the commencement of Stage 4. | Mar-20 | In Progress | |
| 6.5 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Keep to Contract procedures | Fiona McDade | Mark Smith | | Regular review of contract data, status of CE/EWNs etc. PM to report to Core Group and Commercial Meetings. | Ongoing | In Progress | |
| 6.6 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Project Manual to understand sequence of programme in Project | Fiona McDade | Mark Smith | | Arrange presentation of accepted programme to ensure that there is a common understanding. | Apr-20 | In Progress | |
| 6.7 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Better Time Management of Meetings | Fiona McDade | Mark Smith | | Clear agendas/action trackers/required outputs agreed in | Ongoing | In Progress | |
| 6.10 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Actively keep early warnings as compensation events up to date - good practice/Streamline process for reviewing Early Warnings. | Fiona McDade | Mark Smith | | Regular review of contract data, status of CE/EWNs etc. PM to report to Core Group and Commercial Meetings. | Ongoing | In Progress | |

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| 6.11 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Consistent attendance At Risk Reduction Meetings with other team members being invited to dicuss specific issues. Risk early identification of contractor and employer and make sure contract consistency. Reinstate weekly risk reduction meetings for Stage 4 (Close out EWN's quicker). | Fiona McDade | Mark Smith | | Requirement for weekly risk reduction meetings set out in the Stage 4 PEP and included within the meetings schedule. | Ongoing | In Progress | |
| 6.12 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | EWN process - use to identify cost pressure, major vs minor issues | Fiona McDade | Mark Smith | Joint Cost Advisor | Regular cost reports and identification of emerging issues. | Ongoing | In Progress | |
| 6.13 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Programme - Mutal Agreement - Mandatory including Stakeholders timescales. Use short term look ahead programmes to ensure that there is a focus on programme critical items (Core Group Agenda item). Programme milestone readiness to move to next key activities subject to formal risk assessment eg. readiness of design for billing. | Fiona McDade | Mark Smith | | Joint review/agreement of programme prior to acceptance (suite of programmes, incl design, commissioning) - Programme review a standing agenda item for Core Group Meetings - weekly look ahead programmes a contract requirements. PSCP to issue a monthly updated programme in line with the contract requirements. This should include a narrative including any programme risks and proposed mitigation. | Ongoing | In Progress | |
| 6.14 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Clarity that the design freeze milestone and an explicit decision by all relevant stakeholders to progress with market testing. | J. Bremner | A. Bateman | | Record lessons learned for future projects. | | Complete | |
| 6.15 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Less meetings/more concise use of time not revisiting past actions. Meetings to be streamlined and broken into smaller parts to make them efficient. PEP - Whats the purpose if do not stick to it - document control and meeting management Project better organised if all parties stuck to PEP. | J. Bremner | M. Smith | F. McDade | Stage 4 meetings, incl remit, attendees and indicative agenda set out in the PEP. Meeting schedule agreed from the outset. Meeting action trackers to be utilised. Clear outputs set for meeting. Chair to take control of meeting. Communication of the requiremets/PEP at a pre Stage 4 workshop. | Apr-20 | In Progress | |
| 6.16 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Capture information with a contracual implication with clear and unambigious language eg. Agreed file note. | | | | Clarification to be discussed through soft landings workstream. | | In Progress | |
| 6.17 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Importance of detailed Programming and sufficient time for individual taks. | J. Bremner | M. Smith | F. McDade | Joint input to agreement of the Stage 4 Suite of programmes. Include input from clinicial and technical representatives. Presentation of suite of Stage 4 programmes. | Apr-20 | In Progress | |
| 6.18 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | When agreeing derogations limitations of relaxation need to be defined. | J. Bremner | A. Bateman | F. McDade/C. Gray/G. Thomson | Refer design assurance process. Comprehensive records/reationale recorded for derogations. | Jan-20 | In Progress | |
| 6.19 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | 1:200 review limited to 3 cycles if not achieved programme stops. RIBA Stage 3 early HFS Stage 3. | G. Thomson | A. Bateman | F. McDade | Clarification to be discussed through soft landings workstream. | | In Progress | |
| 6.20 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | 1:50 review limited to 3 cycles if not achieved programme stops at RIBA Stage 3 early HFS Stage 3. 1:50 should be created in ADB; Sheet 1 - Healthcare Planner / 2. Architectual /3.MGP /4. Specialist equipment consultant. Design acceptance and review of packages. Clearer understanding of design team expectations eg. workshop to confirm followed up by series of workshops. | G. Thomson | A. Bateman | F. McDade | Review lessons learned in design process and ensure that these are captured/fed into other projects. Review the use of codebook rather than ADB for this project. | Mar-20 | In Progress | |
| 6.21 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Use a separate common set of tender enquiry documents. | J. Hackett | A. Bateman | | Review lessons learned in the market testing process and ensure that these are captured/fed into other projects. | Mar-20 | In Progress | |
| 6.22 | Lessons Learned Workshop 18/09/19 | 30 September 2019 | Billing - 3 sets - can this be more efficient early agreement of strategy. | J. Hackett | A. Bateman | | Review lessons learned in the market testing process and ensure that these are captured/fed into other projects. | Mar-20 | In Progress | |

Not Started
In Progress
Complete

Health Facilities Scotland

NHS National Services Scotland

# Soft Landings, Lessons Learned Register: Section 7.0 Finance

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| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 7.1 | Develop. Day 29/08/17 | 24 October 2017 | The Joint Cost Advisor role required to include the responsibility to demonstrate value for money, e.g. when assessment Compensation Events. | A. Johnston | S. McNally - Pre-con<br>J. Plesko - Const | A. Bateman / J. Bremner / J. Anderson / F. McDade | JCA reports provided to NHSG following the assessment of each CE. | | complete | Yes |
| 7.2 | Develop. Day 29/08/17 | 24 October 2017 | There must be transparency of cost planning at each stage. The JCA must consult with both NHSG and the PSCP prior to finalising cost plans and share/discuss the cost plan back up. | A. Johnston | S. McNally - Pre-con<br>J. Plesko - Const | A. Bateman / J. Bremner / J. Anderson / F. McDade | Collaborative development of Cost Planning at each Stage. Transparacy between JCA and PSCP and regular and detailed updates to NHSG. | | Complete | Yes |
| 7.3 | Develop. Day 29/08/17 | 24 October 2017 | There should be early establishment of an equipment task group to develop installed equipment specs, and / or assesment of equipment suitable for transfer. This will inform the OBC/FBC costs and will help to ensure that the PSCP has sufficient provision for installation. | J. Bremner | A. Smith | J. Bremner / P. Moreland/J Anderson | Group 1&2 equipment identified in component schedules. Manufacturer information being progressed during Stage 3/4 with the appointment of an NHSG Commissioning / Procurement manager. | Ongoing | in progress | |
| 7.4 | Develop. Day 29/08/17 | 24 October 2017 | The programme should identify milestones for regular cost checks and for Value Engineering workshops at each stage. This will help to ensure that any value engineering opportunites are identified and implemented early in the design process, reducing the risk of abortive costs. | Alistair Johnston | A. Bateman | P. Moreland / C. Gray / A. Smith / S. McNally | VE/Innovation exercises carried out. Actions following the VE meeting on 9 January 2020 to to closed out. | Jan-20 | in progress | |
| 7.5 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Costing of Defects- Identify - Cost - Record | Alistair Johnston | J Plesko | | This will follow the contract requirements in Stage 4. | | complete | Yes |
| 7.6 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Better Management of risk use during development of design. Risk methology is good practice, but consider also re-introduction optimism bias. Greater design risk allowances at OBC to recognise RIBA Stage 2 Design. | J Anderson | A Bateman | F McDade/A Johnston | Review lessons learned and share with future projects. Final review of risk costing before conclusion of the Stage 4 Contract. | Mar-20 | in progress | |
| 7.7 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Are we doing this right way round. Scottish Government give money we plan a building -budget. Reverse this- Plan and design building - go to tender - Scottish Gov gives money. | | | | Requires clarification on wording via Soft Landings Group | Feb-20 | in progress | |
| 7.8 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Make sure the emerging cost plan is updated regularly to reflect the evolving design and that provision is made for emerging risks | J Anderson | A Bateman | A Johnston/P Moreland/F McDade | Review lessons learned and share with future projects. | Mar-20 | In progress | |
| 7.9 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Regular cost reporting during Stage 4. Ensure cost (revenue) implication of decisions are identified and recorded. | J Hackett | A Bateman | J Anderson/F McDade | Establish format for cost reporting and requriements for project meetings. NEC3 process to be followed in respect of CE s. Agree use of Proposed Project Manager's Instructions to obtain cost certainty before committing, where appropriate. Ensure that all parties have an awareness and understanding of the NHSG Governance requirements. | Mar-20 | in progress | |

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| Not Started |
| In Progress |
| Complete |

Health Facilities Scotland

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# Soft Landings, Lessons Learned Register: Section 8.0 HAI Scribe

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|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 8.1 | Develop. Day 29/08/17 | 24 October 2017 | Hai Scribe - All valves required for maintenance out side clinical rooms | C. Gray | A.Smith | A.Smith / C. Gray | Design team to prepare an access and maintenance strategy / report for NHSG review. Commissionability / Maintainabilty workshops to be scheduled during Stage 3 with NHSG, PSCP and Specialist Commissioning Manager in attendance. | | complete | Yes |
| 8.2 | Develop. Day 29/08/17 | 24 October 2017 | Importance of HAI scribe in creating a safe environment during construction and readiness for operation. | C. Gray | M. Smith | G. Davidson / P. O'Hare | SHFN-30 HAI-Scribe questions set and checklists will be utilised through stages 1-4 as defined in the SHFN. Ensure implementation of action plan. Prepare a HAI Risk matrix and agree a mitigation strategy. | | in progress | |
| 8.3 | HAI Workshop 010218 | 13 March 2018 | Careful consideration must be taken before specifying carpet for use within Parent Accommodation. H.A.I. risks will need to be assessed together with appropriate cleaning requirements e.g. must to able to withstand Hypo chloride cleaning products. | G. Davidson | V. Lightbody | S. Bradley / G. Thomson / L. Budge | Floor finishes agreed through a collaborative process involving all relevant stakeholders. | | complete | Yes |
| 8.4 | HAI Workshop 010218 | 13 March 2018 | In previous projects, some HAI risks have been highlighted relating to cabling at desks/equipment, e.g. cabling under/around the desk at nurses stations in ECC. This risk should be managed through the use of an appropriate cable management system/furniture design. | C. Gray | P. Moreland | A. Smith / S. Bradley / V. Lightbody | Cable management systems agreed in principle through the design process. Final product to be progressed/agreed in Stage 4. | | in progress | |
| 8.5 | HAI Workshop 010218 | 13 March 2018 | Drinking water dispensers need to comply with the regulations of SUP05. | C. Gray | A.Smith | A. Smith | Review of SUP05 to be carried out by design team and location of water dispensers agreed ensuring that these are positioned effectively with regards to water turnover. Make sure that this requirement is clear in the BCR for future facilities. | | in progress | |
| 8.6 | Portering Workshop 250118 | 13 March 2018 | The design should ensure that clean and dirty goods are segregated where required. | G. Thomson / L. Budge | V. Lightbody | M Austin / G. Thomson / L. Budge / G. Davidson | Design agreed with relevant clinical input. Share lessons learned with other projects. | | complete | Yes |
| 8.7 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | HAI-Scribe - Need to have experienced knowledge -IPCT people involved to avoid the unneccessary expense and inconvenience caused by demolition risk/Involve IPCT in any decision making in design, layout, fabric as each issue arises relating to ealth Care Environment. | G Thomson | M Smith | | Early agreement on dates for HAI meetings to ensure that the required parties are able to attend. | | In Progress | |
| 8.8 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Make use of HAI web browser (with appropriate training) . HAI-Scribe not a one off meeting but a process. Clarity on lead person and responsibility for lead/ follow up on all actions. | G Thomson | M Smith | C Gray | Confirm HAI lead. Review HFS web based system. HAI included as a standing agenda item on key project meetings. | | in progress | |
| 8.9 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Take into account infection control measures for neighbouring buildings ie. Window closure. Need mechanical ventilation in all areas where windows might have to be closed. | C Gray | M Smith | G Meechan/G Davidson | Develop a HAI risk matrix with clear owners and mitigation. Link this to business continuity planning. | | in progress | |
| 8.10 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Ensure infection Control queries go to the highlest level at all times. | G Thomson | M Smith | | Regular engagement with IPCT - protocol to be agreed for recording issues raised and the agreed action. | | in progress | |
| 8.11 | Lessons Learned Workshop 18/09/19 | 26 September 2019 | Ensure Lessons Learned from other Projects are shared via HFS | G Thomson | M Smith | | Close engagement with HFS, including the new Centre of Excellence. | | in progress | |

Not Started
In Progress
Complete

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## Soft Landings, Lessons Learned Register: Section 9.0 Information Management & Data Exchange [Including BIM]

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|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 9.1 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Find a way the BIM Output can interface with the NHSG FM systems at the end of the Project/BIM/Field 360 continue to develop ways of improving the way these are applied to projects. | D Morgan | A Bateman | F McDade/M Austin | Details of the NHSG FM database requirements have been issued to the PSCP. Further engagement required to confirm the format of BIM outputs and their suitability for interfacing directly with NHSG asset management databases. Share lessons learned with other projects. | | In Progress | |
| 9.2 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Allow sufficient time for dealing with size of model including all MEP systems and FFE. | F McDade | A Bateman | D Morgan | Model developed and co-ordinated during Stages 2/3 - seek advice from AECOM (HFS BIM Advisors) on approach/requirements for Stage 4 (workshop arranged for 15/01) | Mar-20 | In Progress | |
| 9.3 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Look to make better use of ASITE for holding Project information such as Minutes, Reports (Asite Protocol) | F McDade | A Bateman | G Thomson/M Smith | Asite protocols for Stage 4 to be finalised and communicated within the PEP. | Mar-20 | In Progress | |
| 9.4 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Realistic Agenda Setting, stick to time, prompt distribution of meeting papers and follow up actions. | F McDade | M Smith | | Meeting requirements including remit, attendees, indicative agenda and outputs to be confirmed in Stage 4 PEP. Outputs to align with the agreed Stage 4 programme. | Mar-20 | In Progress | |
| 9.5 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Better sequence of meetings to ensure minutes can be processed in a timely manner. | F McDade | M Smith | | Meeting requirements including remit, attendees, indicative agenda and outputs to be confirmed in Stage 4 PEP. Outputs to align with the agreed Stage 4 programme. Minutes and action trackers to be issued in line with the requirements set out in the PEP. | Mar-20 | In Progress | |
| 9.6 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Information and Management Data exchange. Would like to be further on with UIT Systems relating to electronic check-in and clinic info -need to reassurance systems talk to each other. | G Thomson | A Smith | K Easton | Review current status - identify any further actions. | Mar-20 | In Progress | |
| 9.7 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | 1:50 Masterclass Buchan Associates, NORR, NHSG & GC | G Thomson | A Bateman | | Review requirement/timing/joining up with other project teams. This would inform lessons learned for other projects. | | Not Started | |
| 9.8 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Improving RDS to include: patient clinical risk and business continuity categories. | G Thomson | A Bateman | | Review requirement/timing/joining up with other project teams. This would inform lessons learned for other projects. | | Not Started | |

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| 9.9 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Put in place a process to respond to RFI's in a timely fashion sometimes we take too long to get back with a resonse. | F McDade | M Smith | G Thomson/C Gray/L Budge/G Davidson | Stages 2/3 PEP set out the timescales for responding to RFIs. This will follow through to Stage 4. Consider a regular NHSG RFI meeting to ensure that the RFIS are being responded to within the required timescale. | | In Progress | |
| 9.10 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Consistent use of PEP | F McDade | M Smith | | PEP is a dynamic document that will require to be updated during Stage 4 for any material changes. PEP to be communicated to to Project Team via a pre stage 4 workshop. | | In Progress | |
| 9.11 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Use of meeting trackers very positive worth the effort to keep all live actions on the agenda to be closed out. | F McDade | M Smith | | Continue use of meeting trackes for key project meetings. | | Complete | |
| 9.12 | Lessons Learned Workshop 18/09/19 | 27 September 2019 | Regular Soft Landing Meeting and a clear action plan/Use HFS Soft Landings Guidance and templates, training sessions as required to ensure that there is a common understanding.. | Graham Davidson | Andrew Smith | F McDade | Soft Landings champion has been invited to the NHSG Elective Care soft landings workshop/training on 15/01 where the use of the HFS guidance & templates will be explained. Monthly Soft Landings meetings will be established as part of the Stage 4 meeting schedule. | | In Progress | |

Not Started
In Progress
Complete

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## Soft Landings, Lessons Learned Register: Section 10.0 Design & Technical - Civil & Infrastructure

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|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 10.1 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Guidance/education on industry standards. | Graham Davidson | Mark Smith | F McDade | Knowledge sharing and lessons learned. Personal development where appropriate. Engage with HFS experts. | Ongoing | in progress | |
| 10.2 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Make sure that the impact of levels (gradients) are fully understood and designed to ensure the ease of function. | Graham Davidson | A Bateman | Mott MacDonald | MML has advised and design agreed. | | Complete | |
| 10.3 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Site layout – allow more space around site to enable better layout of parking, logistics, utilities, earthworks. | Graham Davidson | A Bateman | Mott MacDonald | MML has advised and design agreed. | | Complete | |
| 10.4 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Enabling works – good but should be set out in programme and scope in advance. | J Bremner | A Bateman | J Anderson/F McDade | Review for future projects, however, need to recognise the governance around committing to enabling works. | | Not Started | |
| 10.5 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Development of standard site risks known from previous jobs. | Graham Davidson | Mark Smith | | Refer HFS risk template. Consider a generic NHSG risk register to be used as a starting point for future capital projects. Normal process is to refer to previous risk registers to ensure that all relevant risks are captured and lessons learned shared. | | in progress | |
| 10.6 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 10.7 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 10.8 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 10.9 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |

Not Started
In Progress
Complete

Health Facilities Scotland

NHS National Services Scotland

# Soft Landings, Lessons Learned Register: Section 11.0 Design & Technical - Building

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|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 11.1 | Security Workshop | 17 January 2018 | The door access system will require to be open protocol and be compatible with existing security systems on the Foresterhill site. | C. Gray | A. Smith | A. Smith / C. Gray | BCR details the requirement for system compatability. Stage 3 design captures requirements. | | In progress | |
| 11.2 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | On previous projects, there has been some issues with overheating in rooms. These rooms were in the middle of the building and had no opening windows. MEP consultant to ensure that the design for these areas addresses these potential issues, including identifying the equipment that will be used in these rooms. This is important to prevent the need for retrofitting expensive cooling systems after the building/s is handed over. | C. Gray | A. Smith | A.Smith / C. Gray | Stage 3 detailed design will capture these rooms via the overheating assessment, cooling may be necessary to achieve the performance criteria set out in the BCR's.<br>Carry out full overheating anaylsis and make allowance for cooling | | Complete | Yes |
| 11.3 | Develop. Day 29/08/17 | 24 October 2017 | A strategy for early and ongoing engagement with HFS should be established prior to Initial Agreement Stage. This will help to ensure that the design complies with NHS Technical Guidance, with best practice for healthcare buildings and that it aligns with the design statement for the project. This regular engagement and sharing of information will reduce the risk of delays due to an NDAP OBC/FBC stage report being issued with an un supported status. | F. McDade | P. Moreland | C. Gray / J. Bremner / A. Bateman / A Smith | Full engagement has been ongoing with a supported OBC in place. Detailed engagement has continued during Stage 3 and the Stage 3 AEDET has been submitted. NHSG awaits the HFS NDAP report. | Jan-20 | In progress | |
| 11.4 | Develop. Day 29/08/17 | 24 October 2017 | Shared staff rooms should be provided to promote co-operation and support between services. | G. Thomson (B) L. Budge (A) | V. Lightbody | G. Thomson / L. Budge | Staff room spaces have been reviewed and confirmed through the agreed 1:200s. | | Complete | yes |
| 11.5 | Domestic Workshop 19/12/17. | 15 January 2018 | Accessibility needs to be carefully considered/assessed when developing the design for atriums, e.g. safe access for cleaning. The Principal Designer and the Boards CDMA will require to participate in design/accessibility workshops to ensure that these areas can be safely maintained. | G. Davidson | V. Lightbody | V. Lightbody / G. Thomson / L. Budge/ G Davidson/C Gray / P. Moreland | There has been detailed review and comment on the access and maintenance strategies. This includes input from the NHSG CDMA (AECOM). Final comments currently being incorporated. | Jan-20 | In progress | |
| 11.6 | Domestic Workshop 19/12/17. | 15 January 2018 | There has previously been some issue in relation to cleaning of sluicemasters, e.g. it is difficult to reach debris that falls down the sides of the machines. This risk can be mitigated by boxing in around these machines and this should be considered in future designs. | G. Davidson | P. Moreland | V. Lightbody / G. Thomson / L. Budge/ G Davidson/C Gray | This has been addressed through the RIBA Stage 4 design. Share lessons learned with other projects. | | In progress | |
| 11.7 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | On a previous project, doors were fully encapsulated with door protection and this presented difficulties when attempting to carry out maintenance work. This issue should be avoided in future designs for door protection. | G. Davidson | P. Moreland | V. Lightbody / G. Thomson / L. Budge/ G Davidson/C Gray | Requirements progressed through a number os Stage 3 workshops. | | Complete | Yes |
| 11.8 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | To assist with future maintenance requirements, paint finishes should be consisent with other NHSG facilities on the Foresterhill Campus, e.g. Crown Acrylic Eggshell. | G Davidson | P. Moreland | | Finishes agreed - share lessons learned with other projects. | | Complete | Yes |
| 11.9 | Portering Workshop 250118 | 13 March 2018 | Corridoor door design and positiiong to be reviewed with portering to allow ease of movement / ensure security | G. Davidson | V. Lightbody | V. Lightbody / G. Thomson / L. Budge | Engagement has taken place with portering as part of the design review process. | | Complete | |
| 11.10 | Portering Workshop 250118 | 13 March 2018 | Delivery vehicle access on a previous project was restricted to one vehicle only, this led to delivery vehicles queuing up on the access road. Logistics, FM and building uses to be included in the development of B&A and future designs to reduce the risk of this reocurring. | G. Thomson | V. Lightbody | V. Lightbody / G. Thomson / L. Budge / G. Davidson | Logistics plan/site rules in place - due to the delay to commencement of construction - workshop to be arranged to review this to ensure that there remains a common understanding. | Mar-20 | Complete | Yes |
| 11.11 | POE's NHSG | 09 November 2017 | The lack of ecological surveys at the development stage of a previous project created programme delays. In order to mitigte this risk on future B&A and future projects, the requirement for an ecological survey to be identified early. Recommendations from ecological surveys to be implemented in line with the programme requirements, taking due consideration of BREEAM, Planning and seasonal requirements. | F. McDade | P. Moreland | P. O'Hare / P. Moreland | Ensure an ecological strategy is put in place at an early stage to prevent any delays to the programme | | Complete | Yes |
| 11.12 | Develop. Day 29/08/17 | 24 October 2017 | Delivery teams on previous NHS projects, have benefited from the construction of mock rooms during the design stage. These can be beneficial to inform the design, serve as a quality benchmark, and to assist with user familiarisation. | G. Thomson | A Bateman | G. Thomson / G. Davidson | Feasibility of producing a mock room/s has been considered. Plan at present is to progress mock ups of certain elements. Details to be agreed early in Stage 4. | | In progress | |

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| 11.13 | Develop. Day 29/08/17 | 24 October 2017 | Where specialist input would be benefical during the design stage, e.g. for the Aseptic Suite Design, an early appointment should be considered alongside an agreed scope. | C. Gray | A. Smith | MEP Consultant / NGB / A.Smith / C. Gray | Envair appointed for Aseptic and ACRM. Specialist sub contracor input ongoing to some design packages. | | Complete | Yes |
| 11.14 | Kate Livock 15/02/18 | 10 April 2018 | Issues with changing facilities on other projects, e.g. insufficient provision of lockers, has highlighted the importance of getting this right. An early review of user requirements should take place. This should include a review of existing changing facilities and consideration of user feedback. | G.Thomson / L. Budges | V. Lightbody | L.Budge, S. Bradley, C.Lees | Reviewed as part of the 1:200 development. | | Complete | Yes |
| 11.15 | Develop. Day 29/08/17 | 24 October 2017 | Following occupation of previous projects, users have complained that they have experienced draughts from windows and that the rooms were cold. Future design teams should be aware of this and make sure that this issue is addressed in their design. | G. Davidson | P. Moreland | V. Lightbody / G. Thomson / L. Budge | Window system selection has taken this into account.<br>Quality checks in construction to ensure no damage to seals on completion<br>Maintainance of seal to be considered. | | Complete | |
| 11.16 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Ensure plant roof enclosures are defined in the BCR. | G Davidson | P Moreland | | Share lessons learned for outher projects | | Complete | |
| 11.17 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Establish design principles at an early stage to avoid abortive work e.g. around flooring as part of NHS WI. | J Bremner | A Bateman | F McDade/G Thomson | Review lessons learned - consider Key Design Decision Tracker for future projects + design principles mark ups. Collaborative workshops to be led by the PSCP/PSCM at an early stage | | In progress | |
| 11.18 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Mock room must include as essential in programme and agree optimal time to do it. | J Bremner | A Bateman | G Thomson | As noted above the requirement for a mock room/s is being reviewed. | | In progress | |
| 11.19 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | NHS – start of 1:50 process – set up multi-disciplinary meetings (Inc. design team) to review drawings. Include infection control, domestics etc. | G Thomson | A Bateman | Paul Moreland | Discuss and capture lessons learned for other projects. | | In progress | |
| 11.20 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Schedule of accommodation should extend to external requirements e.g. bin stores from the outset. | G Thomson | A Bateman | | Share lessons learned for outher projects | | In progress | |
| 11.21 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Hold design workshops re doors, flooring, windows, sanitary ware, proximity control, door/wall protection, balustrades, ironmongery, signage etc. | J Bremner | A Bateman | F McDade/G Thomson | Review lessons learned - consider Key Design Decision Tracker for future projects + design principles mark ups. Collaborative workshops to be led by the PSCP/PSCM at an early stage | | In progress | |
| 11.22 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Useful to have received informed knowledge regarding serious issues arising in other NHS Scotland projects at the earliest opportunity. | J Bremner | A Bateman | F McDade/G Thomson | Ensure that there is regular and ongoing engagement with HFS and other Boards. Promote a culture of knowledge sharing and lessons learned. | | Complete | |

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| 11.23 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | 1:50 batching – room type, department variation, detailed pack. | | | | Soft landings work stream to look to combine lessons learned re 1:50 process. | | In progress | |
| 11.24 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Realistic 1:50 programme. | F. McDade | A Bateman | G Thomson | Review and reflect on the issues encountered through the 1:50 process and identify lessons learned for future projects, including timescales. | | In progress | |
| 11.25 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Programme – freeze of 1:200 layouts and 1:50 room layouts at appropriate stage. | F. McDade | A Bateman | G Thomson | Design freeze milestones identified in the programme. Communicate the criticality of these dates to ensure that there is a common understanding. Ensure that the NEC3 EWN process is used appropriately. | | Complete | |
| 11.26 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Drainage – consider symphonic drains to reduce RWP's and simplify substructure drainage. | G Davidson | A Bateman | | Addressed through the design process. | | Complete | |
| 11.27 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Building shape and GA to be better aligned with senicability. | | | | Requires clarification - to be followed up via the Soft Landings workstream | | In progress | |
| 11.28 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | More trust in design team decisions. | | | | Requires clarification - to be followed up via the Soft Landings workstream | | In progress | |
| 11.29 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Design team 'split' for Baird/ANCHOR and 1:200/1:50 is not ideal – one design team to do it all as much as possible – increased knowledge consistency. | J Bremner | A Bateman | | Consider and record lessons learned and identify how a different approach may have brought benefits. | | In progress | |
| 11.30 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | If you choose ADB or codebook etc. make sure that you agree at the outset access arrangements and how it will be maintained/updated over the life of the project. | J Bremner | A Bateman | G Thomson | Noted for future lesson learned | | Complete | |
| 11.31 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Acoustic – need objective BCR and not subjective. | | | | Requires clarification - to be followed up via the Soft Landings workstream | | In progress | |
| 11.32 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Site master planning required like Ulster Hospital to use sites fit for future connectivity. | | | | Requires clarification - to be followed up via the Soft Landings workstream | | In progress | |

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| 11.33 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Agree with the PSCP at the outset the process for dealing with 1:200's and particularly 1:50 drawings to ensure that rooms that prove complicated are dealt with early by a combined team including architect design manager and clinical team. | G Thomson | A Bateman | F McDade/P Moreland | Review/reflect on the design process and capture lessons learned | | In progress | |
| 11.34 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Give interior designers some ideas for themes before the design takes place. | G Thomson | A Bateman | | PSCP/PSCM to lead on initial workshops to clarify the brief. | | Complete | |
| 11.35 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Atrium/fire – at a point, the difficulties may outweigh the benefit. | | | | Requires clarification - to be followed up via the Soft Landings workstream | | In progress | |
| 11.36 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Vibration – need objection BCR and not subjective – not 'zero', especially if more energy than SHTM. | | | | Requires clarification - to be followed up via the Soft Landings workstream | | In progress | |
| 11.37 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Question the requirement of anything that will be bespoke. | J Bremner | A Bateman | | Where possible, bespoke items will be avoided, however, in certain cases this may not be possible. Where there are bespoke items there will require to be a clear brief and a collaborative approach taken to developing the agreed solution. | | Complete | |
| 11.38 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Better way of managing complex room IT rooms - multiple meetings with multiple people. Could plan for room being developed to address specific things at specific meetings with only the relevant people. | | | | Review alongside other 1:50 lessons learned | | In progress | |
| 11.39 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Understanding that NHS buildings are unique and complex and not always straightforward. | J Bremner | A Bateman | | Ensure that the team appointed (PSC, PSCP and PSCM) have significant experience in the delivery of healthcare projects. | | Complete | |
| 11.40 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Clarify circulation and clinical area calculations early in process and continue to check them. | J Bremner | A Bateman | F McDade/P Moreland/ A Johnston | Regular reviews and cost checks. Close engagement on the 1:200s to ensure that the design is as efficient as possible. | | Complete | |
| 11.41 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Make sure the internal NHS resources work 'together' to make sure SHTM compliance, technical workability and clinical appropriateness is achieved. | J Bremner | A Bateman | C Gray | Review the approach to identifying and agreeing the list of applicable guidance and the agreement of any derogations. Regular engagement with HFS experts/centre of excellence. Robust review and recording of any derogations. Design assurance process underway. | | In progress | |

Not Started
In Progress
Complete

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# Soft Landings, Lessons Learned Register: Section 12.0 Design & Technical - M&E

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|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 12.1 | Develop. Day 29/08/17 | 24 October 2017 | Issues on a previous project have highlighted the need for a clear brief on the peope and equipment (incl sizes of beds trolleys etc) that will require to transferred in the lifts. Lift traffic analysis to be prepared to confirm the lift provision. | C. Gray | A. Smith | C. Gray / A. Smith | Review of lift sizes and traffic analysis has informed the design in order to ensure issues encountered at ECC are not carried into the B&A design (size of equipment / trolleys etc) | | Complete | Yes |
| 12.2 | Develop. Day 29/08/17 | 24 October 2017 | An issue was identified on a previous project where drainage pipes were shown going through a high voltage switch room. This should be avoided and the Contractor/PSCP should ensure that there is good co-ordination of information prior to issuing to NHSG. | C. Gray | A.Smith | A.Smith / C. Gray | Design to avoid where practical. Where this is not possible appropriate mitigation agreed. | | Complete | |
| 12.3 | Develop. Day 29/08/17 | 24 October 2017 | Following occupation of previous projects, users have complained that the drainage is noisy, e.g. they are kept awake at night by people flushing toilets. Future design teams should be aware of this and make sure that this issue is addressed in their design. | C. Gray | A.Smith | A.Smith / C. Gray | Design to avoid where practical. Where this is not possible, appropriate mitigation measures to be agreed. Acoustic specification/requirements to be agreed. | | Complete | |
| 12.4 | Develop. Day 29/08/17 | 24 October 2017 | The deisgn of ventilation louvres on previous projects has left NHSG with accessiblity issues for carrying out cleaning and maintenance. This needs to be addressed on future projects. Access and maintenance strategy workshops to be held to consider the developing design. Principal Designer and CDMA to participate in these workshops and in review of the design.D12 | C. Gray | A.Smith | P. Moreland / G. Davidson | Design to avoid where practicable. Where not possible access provided internally<br>Where not possible NHSG / PSCP to agree on appropriate mitigation measures to minimise risk. | | Complete | |
| 12.5 | Develop. Day 29/08/17 | 24 October 2017 | On a previous projects, electrical distribution boards were located in service risers beside domestic water services. This should be avoided/not acceptable. | C. Gray | A.Smith | | Design to ensure separation. | | Complete | Yes |
| 12.6 | Develop. Day 29/08/17 | 24 October 2017 | On previous projects, NHSG experienced issues with the accessibility of electrical distribution boards. In some cases these had to be reached by ladder. This needs to be addressed on future projects. Access and maintenance stratey workshops to be held to consider the developing design. Principal Designer and CDMA to participate in these workshops and in review of the design. | C. Gray | A.Smith | P. Moreland / G. Davidson | Design must ensure safe access Maintainance workshops and review in commissionability workshops. Final comments being incorporated to access and maintenance strategy. | | In Progress | |
| 12.7 | Develop. Day 29/08/17 | 24 October 2017 | Historically within NHSG and NHS Boards generally, there has been an issue with availability and accessibility of existing estates data. With the introduction of BIM, it is important that the outputs at the end of a project are in useable format for the Board to include within their FM systems. This will go some way towards improving the issue. | F. McDade | V. Lightbody | D. Morgan | Complete and agree BEP for format of data exchange. Discussions ongoing with Graham Construction maximise the opportunity for a direct interface with the BIM info and the NHSG Asset Management databases. | | Complete | Yes |
| 12.8 | Develop. Day 29/08/17 | 24 October 2017 | All survey information should be provide to NHSG in an agreed format and stored by NHSG in a accessable manor. | C. Gray / D. Morgan | M. Smith | | Full review of existing information and identification of missing information. Full site GPRS survey carried out. Site investigation to establish / trace unidentified services. Agree schedule of trial digs required during Stage 3 to complete external services design.<br>All surveys to be provided on completion in H&S file in agreed format<br>NHSG to agree storage method and access. Asite back up to be provided on completion of the project. | | In Progress | |

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| 12.9 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | The wiring strategy should allow for future flexibility. It has been highlighted that the "plug and play" nature of wiring can make later additions exxpensive and this needs to be considered in the design and the limitations clearly understood by NHSG. | C. Gray | A. Smith | A.Smith / C. Gray | Reviewed during Stage 3 and Works Information agreed | | Complete | Yes |
| 12.10 | Develop. Day 29/08/17 | 24 October 2017 | The requirement for any analogue phone lines , e.g. to support systems and emergency lines, must be clearly identified from the outset. In particular, it is important that the responsibility for applying for these is set out in the Works Information. If this is not addressed there is a risk of delays to completion/handover. | C. Gray | A.Smith | A.Smith / C. Gray | Identify extent of analogue phone lines required to support systems and emergency lines. Discuss and agree responsibility for applying if external to NHSG.<br>All systems go back to NHSG systems. Not PSCP responsibility | | Complete | |
| 12.11 | Security Workshop 17/01/18 | 31 January 2018 | Door access contol systems should be compatible with systems site wide (open protocol) and this must be clearly set out in the BCR. Collaborative workshops should be established early in the design development in order to agree the security strategy allowing this to inform the Works Information for the technical design. | C. Gray | A. Smith | A. Smith / C. Gray | BCR details the requirement for system compatability. Design has been developed during Stage 3 and WI agreed - NHSG security team input as appropriate. | | Complete | |
| 12.12 | Security Workshop 17/01/18 | 31 January 2018 | On a previous project/s, door release buttons hae been located immediately adjacent to fire alarm break glass buttons and this has resulted in fire alarms being activiated by mistake. Location to agreed during the 1:50 process and bearing this in mind. | C. Gray | A. Smith | A. Smith / C. Gray | Design team to consider door arrangements and door release / fire alarm break glass positions during stage 3 design and 1:50 detailing process. Works Information in place | | Complete | |
| 12.13 | Domestic Workshop 19/12/17. | 15 January 2018 | In order to ensure that there are sufficent sockets within corridor areas for cleaning equioment, it is important that this requirement is clear in the Works Information, e.g. through corridor RDS. | C. Gray | S. Bradley | Thomson / L. Budge/ G | Agreement has been reached for the purpose of the TP - agree spacing of sockets. | | Complete | |
| 12.14 | I.T Workshop 260118 | 13 March 2018 | Node rooms were a major problem in relation to Door Access, CCTV, etc, these should have been operational before handover of the building. In turn this meant that Node rooms had to be fully completed before installation of network kit could commence. Dust was an issue – Floors were not complete – Contractors were still using rooms for storage. Things got so bad that the contractor had to bring in a specialist cleaning contractor as dust had got into all the outlets and the network kit. On completion of works doors must be secured/locked on IT Node rooms and consider introducing a Permit to Work system. | C. Gray | A.Smith | Gray / K. Easton / D. Mur | Review strategy and agree handover protocol for Node rooms during the development of the commissioning and handover strategy (Stage 3/4). Consideration to be given to requirement to have NHSG network active to allow door access etc to operate. Review and agree security arrangements / permit to work / early I.T access.<br>Programme to clearly indicate access. | | In Progress | |
| 12.15 | I.T Workshop 260118 | 13 March 2018 | Previous projects have benefited from NHSG IT input to the IT design. IT should take the lead in preparing a project specific IT section for the BCR and should participate in the development, review and sign off of the design. | C. Gray | A.Smith | Gray / K. Easton / D. Mur | I.T involved during detailed design (Stage 3) - IT represented at the MEP meetings | | Complete | Yes |
| 12.16 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Consider adjacencies of clinical space to plant space e.g. location of plant to theatres and specialist areas. | G Thomson | A Bateman | C Gray/ A Smith | Agreed through the 1:200 process | | Complete | Yes |
| 12.17 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Early engagement with authorizing engineer's – MGPS, ventilation, medical gases piping system. | C. Gray | A.Smith | | Design assurance process ongoing | | In Progress | |
| 12.18 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | 1:50 programme - final MEP design. | G Thomson | A Bateman | C Gray/ A Smith | 1:50 overlays transferred to a Stage 4 Activity | | In Progress | |
| 12.19 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | 1:50 drawings need structure included at earlier stage, avoid duplication of effort and 10+ versions of drawings. | G Thomson | A Bateman | | Review in relation to structural co-ordination is ongoing - small number of rooms to be agreed | | In Progress | |
| 12.20 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Peer checks on Bell's and base information to ensure no errors against SHTM/HTM's. | C. Gray | A.Smith | | Design assurance process ongoing | | In Progress | |
| 12.21 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Closer working with HFS when briefing and designing critical systems, theatres and ITC. Workshops over and above NDAP reviews. | C Gray | A.Smith | | Programme of HFS engagement/workshops to be agreed at the outset. This will include tying in with the new centre of excellence. | | In Progress | |
| 12.23 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Availability of existing records – max demand and grading surveys – reduce project risk early in stage 3. | C Gray | A Smith | | Close co-ordination with estates at the ouset to confirm available information, identify any gaps and instruct additional surveys as required. | | Complete | Yes |

Not Started
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Complete

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## Soft Landings, Lessons Learned Register: Section 13.0 Construction

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|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 13.1 | POE's NHSG | 09 November 2017 | Quality of work not in compliance with brief and adequate supervision during construction phase. | G. Davidson / C. Gray | M. Smith | P. O'Hare / A. Smith | Ensure that the construction phase is well supervised both from a PSCP and NHSG supervisor perspective to ensure compliance with brief and in terms of quality and programme Ensure Robust QA procedures/ Plan. Quality plan is agreed. | | In progress | |
| 13.2 | Develop. Day 29/08/17 | 24 October 2017 | Commissioning programme/strategy - M&E, estates NHS & GC - Manage expectations allow time to commission. Compression of commissioning time leading to errors, should be avoided. | C. Gray | A.Smith | A.Smith / C. Gray | Early development of the commissioning programme. Instruction issued for early input from Hulley & Kirkwood (GC Commissioning Manager). Detailed review of commissioning programme prior to acceptance of Stage 4 programme. | | In progress | |
| 13.3 | Develop. Day 29/08/17 | 24 October 2017 | Testing of I.T systems before live use to ensure commissioning programme can be met. | C. Gray | A.Smith | A.Smith / C. Gray / K. Easton | Further review of NHSG I.T. commissioning programme and requirements. Early engagement with NHSG I.T. to develop testing and commissioning of I.T system into the commissioning strategy. Develop through I.T workstream meetings. | | In progress | |
| 13.4 | Develop. Day 29/08/17 | 24 October 2017 | Out of hours contact list to be available to all appropriate officers to ensure issues dealt with efficently | G. Davidson | M. Smith | P. O'Hare / G. Davidson | To be prepared and issued in advance of survey / demolition and construction commencing. Include in PEP/Site Rules | | In progress | |
| 13.5 | Develop. Day 29/08/17 | 24 October 2017 | Stop work protocol required to ensure no safety breaches and minimal disruption to programme and service. | G. Davidson | M. Smith | P. O'Hare / G. Davidson | To be prepared and issued in advance survey / demolition and construction commencing. Include in site rules/PEP | | In progress | |
| 13.6 | Develop. Day 29/08/17 | 24 October 2017 | Parking/access on site to be controlled to ensure no service disruption | G. Davidson | M. Smith | P. O'Hare / G. Davidson | GRAHAM site compound and site restrictions to align with NHSG site constraints and car parking policy. | | In progress | |
| 13.7 | Develop. Day 29/08/17 | 24 October 2017 | Early asbestos survey strategy required to ensure management of risk to health and programme / costs | G. Davidson | M. Smith | P. O'Hare / G. Davidson | Surveys completed where possible. Existing asbestos survey information shared with the PSCP. Further surveys required to AMH when building has been developed. | | In progress | |
| 13.8 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | On previous projects there has been some issues with doors seals being poorly fitted with can be a future fire risk/maintenance issue. It is important the that there is close quality control from both the PSCP and the NEC3 Supervisor. | G. Davidson | M. Smith | P. O'Hare / G. Davidson | Ensure that the construction phase is well supervised both from a PSCP and NHSG supervisor perspective to ensure compliance with brief and in terms of quality and programme Ensure Robust QA procedures/ Plan. | | In progress | |
| 13.9 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | On a previous project, NHSG has experienced issues with floor screed breaking up/bubbling. This should be raised with the PSCP/future PSCPs to ensure this risk is addresses both through the design and the quality control during construction. | G. Davidson | M. Smith | P. O'Hare / G. Davidson | Ensure that the construction phase is well supervised both from a PSCP and NHSG supervisor perspective to ensure compliance with brief and in terms of quality and programme Ensure Robust QA procedures/ Plan. | | In progress | |

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| 13.10 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | On a previous project, NHSG experienced drainage issues as a result of poor/incomplete workmanship in external manhole chambers. This should be avoided on future projects by ensuring that there is an agreed quality management system in place and that this implemented during construction. | G. Davidson | M. Smith | P. O'Hare / G. Davidson | Ensure that the construction phase is well supervised both from a PSCP and NHSG supervisor perspective to ensure compliance with brief and in terms of quality and programme Ensure Robust QA procedures/ Plan. | | In progress | |
| 13.11 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Continue to undertake sectional completion of works in 'bite size' chunks which makes things more manageable. | J. Bremner | A. Bateman | F McDade/ J Anderson | Sections agreed and included in Stage 4 Contract | | Complete | |
| 13.12 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Apply a 12 month post completion landscape contract is in place in order to avoid grounds becoming unsightly and until a permanent solution is agreed. | G. Davidson/J. Anderson | | | Refer agreed Stage 4 WI | | Complete | |
| 13.13 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Undertake regular weekly meetings with PSCP, technical supervisors, HFS/logistics to discuss forthcoming works which are to take place. | G. Meechan | M. Smith | G Davidson/C Gray/F MCDade/G Thomson | Refer Stage 4 PEP for details. This will include a review of the short term look ahead programme. | | In progress | |
| 13.14 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Management at the helipad/good controls during construction works. | G.Davidson | M. Smith | G. Meechan/G Thomson/F McDade | Refer site rules | | Complete | |
| 13.15 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Reacted to issues quickly, good communication between parties on high risk matters e.g. road closure. | G.Davidson | M. Smith | G. Meechan/G Thomson/F McDade | Refer site rules and PEP for communication plan for Stage 4. | | In progress | |
| 13.16 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | | | | | | | | |

Not Started
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Complete

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## Soft Landings, Lessons Learned Register: Section 14.0 Handover

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 14.1 | Develop. Day 29/08/17 | 24 October 2017 | Defect rectification strategy required to ensure timely and effective closure of defects. | G. Davidson / C. Gray | M. Smith | P. O'Hare / A.Smith / C. Gray / G. Davidson / A. Bateman / J. Bremner / P. Moreland | Defect rectification strategy prepared in line with NEC3. Access and associated remedial timescales to be agreed with PSCP / NHSG at an early stage in the project. | | In Progress | |
| 14.2 | Security Workshop 17/01/18 | 31 January 2018 | Problems encountered with Door Locks (transom locks) Magnetic door locks, eventually these were resolved but during the delay period security was compromised. | C. Gray | M. Smith | A. Smith / C.Gray / P. O'Hare | Robust testing and inspection process during design and installation to mitigate risk. | | In Progress | |
| 14.3 | Security Workshop 17/01/18 | 31 January 2018 | Contractors undertaking post handover works on security alarmed doors resulted in alarms being inadvertently set off, e.g. work on doors at a later stage resulted in the alarm contacts being misaligned and subsequently the alarm would be triggered. | C. Gray | M. Smith | A. Smith / C.Gray / P. O'Hare | Agree defect procedures / access arangements, with relevant teams ie. FM, Security, I.T etc in advance of handover stage. | | In Progress | |
| 14.4 | QEUH Lessons learned | 13 November 2017 | NEC supervisor was a relative small team and only able to provide sample quality control checks. | G. Davidson / C. Gray | M. Smith | G.Davidson / C.Gray | Review the role and agree the extent of quality control checks carried out. Also review the role of the Clerk of Works to be appointed during construction phase. Testing and inspection requirements - milestones in Stage 4 programme. | | In Progress | Yes |
| 14.5 | Estates Maintenance Workshop 30/11/17 | 30 November 2017 | Insuffcient training in relation to plant/equipment within a complex buildings | G. Davidson / C. Gray | A. Smith | M.Smith / C. Gray / G. Davidson / P. O'Hare | Early preparation of a technical training schedule essential in conjunction with Estates Maintenance. Content to be agreed in detail. Consider video recording of training to aid with future recap / inductions. Testing and commissioning programme indicate, and plan to detail. | | In Progress | |
| 14.6 | Domestic Workshop 19/12/17. | 15 January 2018 | A structured approach should be taken in relation to the domestic team cleaning requirements pre – occupation. All scheduled works must be completed before asking domestic teams to carry out any cleaning, | N. Nesbitt | M. Smith | P. O'Hare / G.Davidson & Domestic Manager | Ensure completion and handover programme accurately reflects the dates for departmental final clean. Ensure close liaison with Domestic Manager during completion of works. | | In Progress | |
| 14.7 | Develop. Day 29/08/17 | 24 October 2017 | Continually develop O&M from start, check client requirement/format. Ensure Draft manuals are issued timeously in advance of handover to ensure smooth operation of buildings from commencement. | C. Gray | A.Smith | M.Smith / C. Gray / G. Davidson | Format of O&Ms agreed during Stage 3 Enabling Works. This will form the basis of the Stage 4 O&Ms. Agree frequency of O&M manual reviews during the project. Agree milestone for final issue of O&M's in advance of practical completion. Agree training requirements on O&M manual prior to final issue. | | In Progress | |
| 14.8 | Develop. Day 29/08/17 | 24 October 2017 | Ensure drawing and technical information provided in H&S File and O&M manual are a true reflection final build to ensure effective maintainance from handover | G. Davidson / C. Gray | A.Smith | A.Smith / C. Gray | Red line as-builts to be retained and marked-up onsite on a Monthly basis during the construction phase. Drawings to be reviewed in conjunction with O&M manual review. Use of multi vista to be confirmed. | | In Progress | |
| 14.9 | Graeme Smith 28/03/18 | 10 April 2018 | Ensure suffcicent Functional Commissioning resources, and appoint suitably qualified person with full understanding of the project and healthcare system. In previous projects there were a complex set of patient moves (in beds). A set of high level information needed to be relayed to staff so that they were aware of what was required of them. Each Ward/Dept had to be fully resourced with a person who was responsible for ensuring that staff were fully briefed with the requirements of the moves. | N. Nesbitt | n/a | J. Bremner / G. Thomson | Functional commissioning manager in place. | | In Progress | |
| 14.10 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Ensure comprehensive digital files and maintain for project files – a digital twin end is a BIM model of the whole campus which holds digital information for building and colour coded. Digital records = drawings, specification, COBif data, maintenance, assets, commissioning. | C. Gray/G. Davidson | A.Bateman | F. McDade / D. Morgan | BIM Standard Agenda item for Technical Meetings | | In Progress | |

Not Started

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## Soft Landings, Lessons Learned Register: Section 15.0 Aftercare

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|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 15.1 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Identify aftercare requirements at an early stage, include HLIP if possible. | J Bremner | A. Smith | J Anderson/Estates | Finalise Aftercare requirements | | In Progress | |
| 15.2 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 15.3 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 15.4 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 15.5 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 15.6 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 15.7 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 15.8 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 15.9 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |

Not Started
In Progress
Complete

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## Soft Landings, Lessons Learned Register: Section 16.0 Facilities Management: Hard & Soft FM

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
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| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
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| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 16.1 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Involve current NHSG 3rd party contractors and maintenance earlier. | G. Davidson / L. Budge | [Insert Name] | C Gray/Estates | Collaborative approach with Estates | | In Progress | |
| 16.2 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 16.3 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 16.4 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 16.5 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 16.6 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 16.7 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 16.8 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 16.9 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |

Not Started
In Progress
Complete

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## Soft Landings, Lessons Learned Register: Section 17.0 Operational Strategy including asset performance

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| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 17.1 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.2 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.3 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.4 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.5 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.6 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.7 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.8 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |
| 17.9 | | | | [Insert Name] | [Insert Name] | | | | Not Started | |

Not Started
In Progress
Complete

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## Soft Landings, Lessons Learned Register: Section 18.0 Aseptic

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| | |
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| NHS Scotland Board | NHS Grampian |
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| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 18.0 | Aseptic Workshop 310118 | 19 March 2018 | Co-ordinated design, and effctive construction quality control required to cleanroom areas to prevent abortive works and programme delays. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Ensure that the construction phase is well supervised both from a PSCP and NHSG supervisor perspective to ensure compliance with brief and in terms of quality and programme Ensure Robust QA procedures / Plan. Inclusing URS, and DQI process. | | In progress | |
| 18.1 | Aseptic Workshop 310118 | 19 March 2018 | Issues with equipment delivery and offloading / positioning with regards to contamination. Ie. Isolators wheeled over carpark, impossible to clean wheels. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Ensure that the construction phase is well supervised both from a PSCP and NHSG supervisor perspective to ensure compliance with brief and in terms of quality and programme Ensure Robust QA procedures / Plan. Inclusing URS, and DQI process. | | In progress | |
| 18.2 | Aseptic Workshop 310118 | 19 March 2018 | Air changes were specified but these need to be minimum and should achieve more than this. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Ensure that the construction phase is well supervised both from a PSCP and NHSG supervisor perspective to ensure compliance with brief and in terms of quality and programme Ensure Robust QA procedures / Plan. Inclusing URS, and DQI process. | | In progress | |
| 18.3 | Aseptic Workshop 310118 | 19 March 2018 | Backflow from sinks, ie, drainage backing up from other areas. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lesson addressed in design | | Complete | |
| 18.4 | Aseptic Workshop 310118 | 19 March 2018 | Consider design so no flat roof/water/gardens above aseptic spaces. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Where not possible to mitigate provide robust roofing system. | | Complete | |
| 18.5 | Aseptic Workshop 310118 | 19 March 2018 | Separation of clothing in change area is a problem, risk of contamination. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lesson addressed in design | | Complete | |
| 18.6 | Aseptic Workshop 310118 | 19 March 2018 | Should have uniform temperature across whole suite - interim suite has a different temperature in each room (extremes of temperature) | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lesson addressed in design | | Complete | |
| 18.7 | Aseptic Workshop 310118 | 19 March 2018 | Mandatory estates testing - has to be simple as possible limiting access and considered within the design. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lesson addressed in design | | Complete | |
| 18.8 | Aseptic Workshop 310118 | 19 March 2018 | Controlled access required to cleanroom areas utilising system to log and control access to provide security and prevent contamination | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lesson addressed in design | | Complete | |
| 18.9 | Aseptic Workshop 310118 | 19 March 2018 | Aseptic Suite - Backdraught from Estates impacts on suites pressure regime. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lessons addressed in design | | Complete | |
| 18.10 | Aseptic Workshop 310118 | 19 March 2018 | Aseptic Suite - Outer support room too small in the interim suite, have to maximise storage to make the space work. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lesson to be addressed in design | | Complete | Yes |
| 18.11 | Aseptic Workshop 310118 | 19 March 2018 | Sockets must be out with 1m of alcohol spraying areas to prevent ??? | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Lesson addressed in design | | Complete | |
| 18.12 | Aseptic Workshop 310118 | 19 March 2018 | Aseptic Suite - Jan 2018 - still not fully commissioned and settled eg. Room layout, changes in procedures etc. Other projects have experienced 1-2 years before fully settled. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Early development of the commissioning programme. Construction programme at Stage 2 to incorporate outline commissioning programme. Detailed commissioning programme and commissioning strategy to be developed during Stage 3 with PSCP / NHSG & Specialist Commissioning Manager. | | In progress | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 18.13 | Aseptic Workshop 310118 | 19 March 2018 | Standard operating procedure (SOP) for emergency access must be in place | B. Wilkie | | G Thomson / Estates / Fire Officer | To be developed prior to occupation. | | In progress | |
| 18.14 | Aseptic Workshop 310118 | 19 March 2018 | Regular progress meetings required throughout project stages to ensure ongoing coordination and communication. | C. Gray | A. Smith | B. Wilkie / Specialist contractor / M. Smith | Agree meetings , agendas , membership and project stages Agreement required on post occupation - Set out in Stage 4 PEP | | Complete | |
| 18.15 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Early engagement with LAB specialist – aseptic and ACRM – to develop design has been vital. | J Bremner | A Bateman | J Anderson/ F McDade/A Johnston | Early appointment of Envair | | Complete | |
| 18.16 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Understand gause field effects on surrounding services and the effect of services on gause field. | C Gray | A Smith | L Budge | Addressed through Stage 3 design | | Complete | |
| 18.17 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Sharing of full scope of aseptic contractors and demarcation schedule. | C Gray | A Smith | M Smith/L Budge | Collaboration with specialist during Stage 4 | | In progress | |
| 18.19 | Lessons Learned Workshop 18/09/19 | 24 September 2019 | Never design anything over a theatre – specialist ventilation. | J. Bremner | A. Bateman | | Refer agreed Stage 4 WI/design | | Complete | |

Not Started
In progress
Complete

Health Facilities Scotland

NHS National Services Scotland

## Soft Landings, Lessons Learned Register: Section 19.0 Resources (people)

Return to Cover Page

| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 19.0 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Develop more formal learning about project and stages for new staff – also consider mentioning for new officers. | G. Thomson/J. Anderson | | F McDade | Development/training workshops to share knowledge and lessons learned | | In progress | |
| 19.1 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Clear job manual – roles and responsibilities when new in post. | G. Thomson/J. Anderson | | | Manual to be progressed | | Not Started | |
| 19.2 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Ensure adequate NHS resource in place to completely review all designs/drawings. | G. Thomson/J. Anderson | | J Bremner | Resources are a standing agenda item for Core Group meetings and are regularly agreed. | | In progress | |
| 19.3 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | NHS need e-Health input at start of RDS/1:50 process and ongoing. | G Thomson | | K Easton | 1:50 exercise being brought to a conclusion | | In progress | |
| 19.4 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Identify a designated person from the PSCP team who is responsible for discussing and reviewing building related matters with the NHSG building tech team – similar as to what takes place for MEP. | G. Davidson | A Bateman | M Smith | Refer GC Stage 4 Quality Plan and Team details - to be confirmed when site start is agreed. | | In progress | |
| 19.5 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | NHS – future projects consider funding specialist clinical/non-clinical input e.g. infection control, facilities soft FM. | G Thomson | | | Share lessons learned with other project teams | | In progress | |
| 19.6 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Identification of roles and responsibilities of Project Nurse stand alone posts for stage 4 (including handover) | G. Thomson | | | Refer Stage 4 PEP for roles and responsibilities | | In progress | |

Not Started
In progress
Complete

Health Facilities Scotland

NHS National Services Scotland

## Soft Landings, Lessons Learned Register: Section 20.0 Equipment

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| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 20.0 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Clearer IT kit guidance with codes for room types to be used from the outset. | D Munro/Kelly Easton | A Smith | C Gray | Progress through the 1:50 (RDS) and MEP workstreams | | In progress | |
| 20.1 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Equipment design impact matrix to be created at RIBA stage 3. Early HFS stage 3 developed by a specialist equipment consultant (servicing needs, floor loading). | C. Gray | A Smith/P Moreland | J Anderson | Equipment workstream established at an early date. RDS/components schedule produced from codebook. Input from specialists at HFS | | In progress | |
| 20.2 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Early definition of data sets from in-use profiles for input to IES model, use TMS4 to inform energy targets. | C Gray | A Smith | F McDade | Information input from RDS/environmental matrix. Energy model prepared. Comparison model to be prepared by IES - scope being finalised with HFS. | | In progress | |
| 20.3 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Easier way to extract IT components for costing at stage 2. | C Gray | A Smith | K Easton | Review outputs from Codebook | | In progress | |
| 20.4 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Don't trust adverts when looking at products and ensure that you receive demonstrations. | N. Nesbitt/S. Riddoch | A Smith/M Smith | | Agree what demonstrations are required and agree timescales to ensure that the appropriate representatives can be available. | | In progress | |
| 20.5 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Involve HFS as early as possible for equipment suppliers. | N. Nesbitt/S. Riddoch | | | HFS has been engaged with the process from an early stage. | | In progress | |
| 20.6 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Group specification – positive that significant amount agreed however, negative is that at target price and some still not agreed. | G.Thomson/N. Nesbitt/S.Riddoch | | | Substantially agreed and being progressed towards final agreement prior to Stage 4 Contract | Feb-20 | In progress | |

Not Started
In progress
Complete

Health Facilities Scotland

NHS National Services Scotland

## Soft Landings, Lessons Learned Register: Section 21.0 Briefing

Return to Cover Page

| | |
|---|---|
| NHS Scotland Board | NHS Grampian |
| Project Name | Major Acute Services - Baird & ANCHOR |
| Register Owner | Graham Davidson - NHSG Soft Landings Champion |
| Version | 16 |
| Date Last Updated | 20/11/2018 |
| Document Reference Number | [Insert Document Reference Number] |

| ID Reference | Forum Raised | Date Added | Description | Principal Owner | | Input | Action | Time Scale | Status of Action | Closeout |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Scotland Board | PSCP | | | | | |
| 21.0 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Establishing/agreeing where B status is acceptable and level of comments from the outset. | G Thomson | A Batemam | F McDade/J Bremner | Requirements clarified. There should be no new comments introduced between Status B & A. | | Complete | |
| 21.1 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Complicated rooms should have more developed brief early in the process as part of the RDS process. | G Thomson | A Batemam | | Share lessons learned with other projects | | complete | |
| 21.2 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Stakeholders – NHS requirements to be better defined in BCR's or at an earliest stage possible. | G Thomson | | F McDade/J Bremner | Share lessons learned with other projects | | Complete | |
| 21.3 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Holistic view to security requirements reflected in design, commissioning and operational policy. | G. Davidson/G. Thomson | | | Refer Stage 4 WI - this has been informed by security workshops | | Complete | |
| 21.4 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Patient dignity – increased number of toilets from 2 to 5 – adjoining hatch. | G Thomson | | | Share lessons learned with other projects | | Complete | |
| 21.5 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Consistency in PICT advice within NHSG e.g. water dispensers, humidification, isolation etc. | G Thomson | | | Share lessons learned with other projects - look at standardisation across the NHSG estate | | in progress | |
| 21.6 | Lessons Learned Workshop 18/09/19 | 25 September 2019 | Discussion around more generic design e.g. corridors, waiting areas – although not specific to one department it gains a greater understanding of how the hospital will work/flow. | G Thomson | | | Review and share lessons learned | | in progress | |

Not Started
In progress
Complete

# Appendix OO

# Project Monitoring Plan

# Programme Monitoring Form:

| Project Title: | NHS Grampian - Baird & ANCHOR Project | | | |
|---|---|---|---|---|
| | **IA** | **OBC** | **FBC** | **Actual** |
| **Project Milestones:** (taken from Project Plan in Management Case) | | | | |
| IA Approval | June 2015 | September 2015 | September 2015 | September 2015 |
| OBC Approval | April 2016 | March 2018 | March 2018 | March 2018 |
| FBC Approval | December 2017 | April 2019 | February 2020 | |
| Construction Commencement: | May 2018 | April 2019 | May 2020 | |
| Completion ANCHOR | April 2020 | April 2021 | May 2022 | |
| Completion Baird | December 2020 | October 2021 | November 2022 | |
| Demolition AMH | | January 2022 | May 2023 | |
| Contract Completion | December 2020 | January 2022 | May 2023 | |
| **Procurement Timetable:** (taken from Commercial Case) | | | | |
| Prepare final tender/target price | June 2017 | January 2019 | (DRAFT) November 2019 | |
| | | | | |

**Reasons for Programme Delay:**

**IA to OBC**

During the intervening period the delivery model was changed from a revenue funded to a capital funded project. This change required a delivery partner (PSCP)

to be recruited using the mini competition for the FS2 capital procurement process. Following the PSCP appointment in November 2016 an affordable Royal Institute of British Architects (RIBA) Stage 2 design that met the clinical and non-clinical brief had to be developed for both facilities.

This process identified a number of areas of complexity in the required building designs, which needed mitigation resulting from the complex adjacencies required to meet the clinical and non-clinical briefs and a number of ground conditions issues that required detailed assessment and management. This resulted in a period of cost reconciliation and redesign which resulted in programme delay.

**OBC to FBC**

During Stage 3 and consistent with previous projects, to de-risk the construction phase of the Project and to help mitigate programme delay, a 6 month programme of Enabling Works, prior to FBC approval, were delivered by the PSCP, as a Compensation Event. This six month programme of works was completed in July 2019 and included e.g. demolitions, water attenuation, road realignment and a series of service diversion works.

During development of the FBC, the complexity associated with developing and agreeing a Target Price has led to further programme delay of circa 16 months.

# Capital / Equivalent Investment Cost Monitoring Form:

| Project Title: | Baird Family Hospital and the ANCHOR Centre | | | Baird Family Hospital | | | ANCHOR Centre | | |
|---|---|---|---|---|---|---|---|---|---|
| Floor Area (GIA): | 31,472 | | | 25,983 | | | 5,489 | | |
| | OBC | FBC | Actual | OBC | FBC | Actual | OBC | FBC | Actual |
| | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| Construction / Investment Cost: | 139,967 | 198,646 | 0 | 110,613 | 159,937 | | 29,354 | 38,709 | |
| Quantified Construction Risk: | 6,748 | 7,977 | 0 | 5,335 | 6,309 | | 1,413 | 1,668 | |
| Total Construction Costs: | **146,715** | **206,623** | **0** | **115,948** | **166,246** | **0** | **30,767** | **40,377** | **0** |
| Site acquisition: | 0 | 0 | 0 | | 0 | | | | |
| Enabling works not included in cost plan: | 13,464 | 13,347 | 0 | 8,702 | 8,702 | | 4,762 | 4,645 | 0 |
| Total Other Construction Related Costs: | **13,464** | **13,347** | **0** | **8,702** | **8,702** | **0** | **4,762** | **4,645** | **0** |
| **Furniture not included in Cost Plan** | | | | | | | | | |
| IM&T | 2,406 | 2,009 | 0 | 1,896 | 1,440 | | 510 | 569 | |
| Medical Equipment | 11,464 | 9,453 | 0 | 11,122 | 9,078 | | 342 | 374 | |
| Non-medical Equipment | 3,131 | 2,695 | 0 | 2,627 | 2,182 | | 504 | 513 | |
| Total Furniture & Equipment Costs: | **17,000** | **14,157** | **0** | **15,644** | **12,701** | **0** | **1,356** | **1,456** | **0** |
| **Other Development Costs:** | | | | | | | | | |
| Commissioning Costs | 210 | 210 | 168 | 168 | 168 | 168 | 42 | 42 | |
| Project Development (Project Team and Advisor Fees) | 6,748 | 7,977 | 6,442 | 5,398 | 6,442 | 6,442 | 1,350 | 1,535 | |
| | | | | | | | | | |
| TotalDevelopment Costs | **6,958** | **8,187** | **6,610** | **5,566** | **6,610** | **6,610** | **1,392** | **1,577** | **0** |
| Total Estimated / Actual Cost: | **184,137** | **242,314** | **6,610** | **145,860** | **194,259** | **6,610** | **38,277** | **48,055** | **0** |

# Operational Revenue Cost Monitoring Form:

| Project Title: | Baird Family Hospital and the ANCHOR Centre | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Floor Area (GIA): | | | | 31,472 | | | | 25,983 | | | | 5,489 |
| | Existing | OBC | FBC | Actual | Existing | OBC | FBC | Actual | Existing | OBC | FBC | Actual |
| | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| **Clinical Services staff costs:** | | | | | | | | | | | | |
| *100% Single Rooms (Nursing and Midwifery)* | 0 | 407 | 430 | 0 | | 407 | 430 | | | 0 | 0 | |
| *Additional Emergency Theatre Sessions* | 0 | 114 | 120 | 0 | | 114 | 120 | | | 0 | 0 | |
| *Provision of anaethetics - ACRM* | 0 | 27 | 28 | 0 | | 27 | 28 | | | 0 | 0 | |
| *Transitional Care* | 0 | 236 | 261 | 0 | | 236 | 261 | | | 0 | 0 | |
| *Aseptic Pharmacy Resilience* | 0 | 135 | 138 | 0 | | 0 | 0 | | | 135 | 138 | |
| *Pharmacy Dual Site* | 0 | 29 | 30 | 0 | | 0 | 0 | | | 29 | 30 | |
| *Other Staff Costs* | 37,767 | 37,767 | 37,767 | 0 | 25,934 | 25,934 | 25,934 | | 11,833 | 11,833 | 11,833 | |
| **Non-Clinical Services staff costs:** | | | | | | | | | | | | |
| *Equipment - Maintenance and Equipment* | n/a | n/a | n/a | n/a | n/a | 340 | | | n/a | 85 | | |
| **Building occupancy / running costs:** | | | | | | | | | | | | |
| Rates | 0 | 1,700 | 1,695 | 0 | | 1,397 | 1,392 | | | 303 | 303 | |
| Water Rates | 0 | 82 | 79 | 0 | | 68 | 65 | | | 14 | 14 | |
| Electricity | 0 | 530 | 475 | 0 | | 438 | 392 | | | 92 | 83 | |
| Heating | 0 | 414 | 612 | 0 | | 342 | 505 | | | 72 | 107 | |
| Domestics | 0 | 2,326 | 2,364 | 0 | | 2,127 | 2,161 | | | 199 | 203 | |
| Property Maintenance | 0 | 1,170 | 1,333 | 0 | | 966 | 1,106 | | | 204 | 227 | |
| Income contribution / costs: | 0 | -165 | 157 | 0 | 0 | -144 | 157 | | 0 | -21 | 0 | |
| **Other recurring costs:** | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Depreciation | 0 | 4,289 | 5,254 | 0 | 0 | 3,505 | 4,276 | 0 | 0 | 784 | 978 | 0 |
| **Total Estimated / Actual Cost:** | **0** | **10,346** | **11,969** | **0** | **25,934** | **35,757** | **36,827** | **0** | **11,833** | **13,729** | **13,916** | **0** |

# Appendix PP

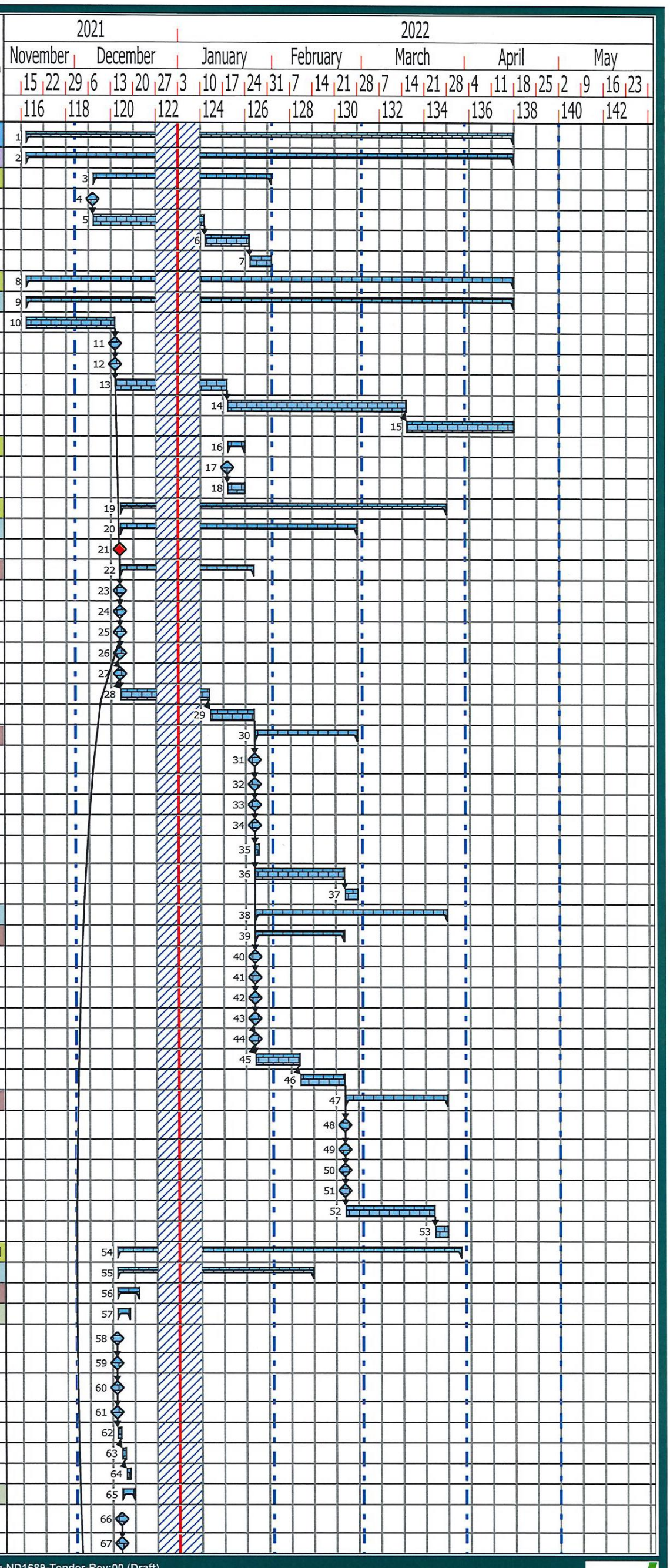
# Technical Commissioning Plans

# Baird & Anchor

## ANCHOR Commissioning Programme

Issue date: 29/10/2019
Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 1 | **Anchor M&E Draft Commissioning** | **16 Nov 21** | **15 Apr 22** | **19w 4d** |
| 2 | **Mechanical and Public Health Commissioning** | **16 Nov 21** | **15 Apr 22** | **19w 4d** |
| 3 | **Above Ground Drainge System** | **07 Dec 21** | **31 Jan 22** | **6w** |
| 4 | AGD installation complete | 07 Dec 21 * | 07 Dec 21 | |
| 5 | Pressure Test soil & vent stacks | 07 Dec 21 | 10 Jan 22 | 3w |
| 6 | Flow Test Stacks | 11 Jan 22 | 24 Jan 22 | 2w |
| 7 | Flood Test Stacks | 25 Jan 22 | 31 Jan 22 | 1w |
| 8 | **BMS** | **16 Nov 21** | **15 Apr 22** | **19w 4d** |
| 9 | **Main Control Panel** | **16 Nov 21** | **15 Apr 22** | **19w 4d** |
| 10 | Dead test panel | 16 Nov 21 * | 13 Dec 21 | 4w |
| 11 | Power available | 14 Dec 21 | 14 Dec 21 | |
| 12 | Energise Panel | 14 Dec 21 | 14 Dec 21 | |
| 13 | Functional check of panel including links to other systems | 14 Dec 21 | 17 Jan 22 | 3w |
| 14 | MCC dynamic point to point testing | 18 Jan 22 | 14 Mar 22 | 8w |
| 15 | Functionality testing | 15 Mar 22 | 15 Apr 22 | 4w 4d |
| 16 | **Fire Engineering Systems** | **18 Jan 22** | **21 Jan 22** | **4d** |
| 17 | Gas Suppression Complete | 18 Jan 22 * | 18 Jan 22 | |
| 18 | Test & Witness | 18 Jan 22 | 21 Jan 22 | 4d |
| 19 | **Heating & Cooling Systems** | **14 Dec 21** | **25 Mar 22** | **12w 3d** |
| 20 | **HeatingSystem** | **14 Dec 21** | **25 Feb 22** | **8w 3d** |
| 21 | Heat source complete by VITAL/NHSG | 15 Dec 21 * | 15 Dec 21 | |
| 22 | **Water Treatment & Chemical Cleaning** | **14 Dec 21** | **25 Jan 22** | **4w** |
| 23 | System installation complete (static completion) | 14 Dec 21 | 14 Dec 21 | |
| 24 | All pipework completed & pressure tested | 14 Dec 21 | 14 Dec 21 | |
| 25 | Power Available | 14 Dec 21 | 14 Dec 21 | |
| 26 | Energise & Set pumps to work | 14 Dec 21 | 14 Dec 21 | |
| 27 | Isolate terminal unit plant items | 14 Dec 21 | 14 Dec 21 | |
| 28 | static flush | 15 Dec 21 | 11 Jan 22 | 2w |
| 29 | Dynamic flush, chemical clean, Back Flush & dose | 12 Jan 22 | 25 Jan 22 | 2w |
| 30 | **Heating System** | **25 Jan 22** | **25 Feb 22** | **4w 3d** |
| 31 | Heating System Installation & Water Treatment Complete (static completion) | 25 Jan 22 | 25 Jan 22 | |
| 32 | Power Available | 26 Jan 22 | 26 Jan 22 | |
| 33 | Run Pumps | 25 Jan 22 | 25 Jan 22 | |
| 34 | Pressurisation Unit Commissionied & available | 25 Jan 22 | 25 Jan 22 | |
| 35 | Set pumps to work to maintain existing measured differenial pressure | 26 Jan 22 | 26 Jan 22 | 1d |
| 36 | Balance of Heating System | 26 Jan 22 | 22 Feb 22 | 4w |
| 37 | Load Test | 23 Feb 22 | 25 Feb 22 | 3d |
| 38 | **CoolingSystems** | **25 Jan 22** | **25 Mar 22** | **8w 3d** |
| 39 | **Water Treatment & Chemical Cleaning** | **25 Jan 22** | **22 Feb 22** | **4w** |
| 40 | System installation complete (static completion) | 25 Jan 22 | 25 Jan 22 | |
| 41 | All new pipework completed & pressure tested | 25 Jan 22 | 25 Jan 22 | |
| 42 | Power Available | 25 Jan 22 | 25 Jan 22 | |
| 43 | Energise & Set pumps to work | 25 Jan 22 | 25 Jan 22 | |
| 44 | Isolate terminal unit plant items | 25 Jan 22 | 25 Jan 22 | |
| 45 | static flush | 26 Jan 22 | 08 Feb 22 | 2w |
| 46 | Dynamic flush, chemical clean, Back Flush & dose | 09 Feb 22 | 22 Feb 22 | 2w |
| 47 | **Cooling System** | **22 Feb 22** | **25 Mar 22** | **4w 3d** |
| 48 | Cooling System Installation & Water Treatment Complete (static completion) | 22 Feb 22 | 22 Feb 22 | |
| 49 | Power Available | 22 Feb 22 | 22 Feb 22 | |
| 50 | Run Pumps | 22 Feb 22 | 22 Feb 22 | |
| 51 | Pressurisation Unit Commissionied & available | 22 Feb 22 | 22 Feb 22 | |
| 52 | Balance of Cooling System | 23 Feb 22 | 22 Mar 22 | 4w |
| 53 | Load Test | 23 Mar 22 | 25 Mar 22 | 3d |
| 54 | **Ventilation Systems** | **13 Dec 21** | **30 Mar 22** | **13w 2d** |
| 55 | **Ventilation - Main Supply & Extract Systems AHU's** | **13 Dec 21** | **11 Feb 22** | **6w 4d** |
| 56 | **Lwr Grd Floor Ventilation Systems** | **13 Dec 21** | **20 Dec 21** | **1w** |
| 57 | **AHU 2 - Aseptic (Lower Ground)** | **13 Dec 21** | **16 Dec 21** | **3d** |
| 58 | Ventilation system installation complete (static completion) | 13 Dec 21 * | 13 Dec 21 | |
| 59 | Ductwork air leakage test complete | 13 Dec 21 | 13 Dec 21 | |
| 60 | Building to be Clean & Dust Free to allow Commissioning | 13 Dec 21 | 13 Dec 21 | |
| 61 | ductwork clean complete | 13 Dec 21 | 13 Dec 21 | |
| 62 | Run & test AHUs | 14 Dec 21 | 14 Dec 21 | 1d |
| 63 | Primary Balance of ventilation system | 15 Dec 21 | 15 Dec 21 | 1d |
| 64 | Secondary Balance of ventilation system | 16 Dec 21 | 16 Dec 21 | 1d |
| 65 | **AHU 3 - Parmacy (Lower Ground)** | **14 Dec 21** | **17 Dec 21** | **3d** |
| 66 | Ventilation system installation complete (static completion) | 14 Dec 21 * | 14 Dec 21 | |
| 67 | Ductwork air leakage test complete | 14 Dec 21 | 14 Dec 21 | |




Drawn by: Graeme Swain
Approved by:

Revision No:
Revision Date: 29/10/2019

Dwg No: Eng-ND1689-Tender-Rev:00 (Draft)
Notes:

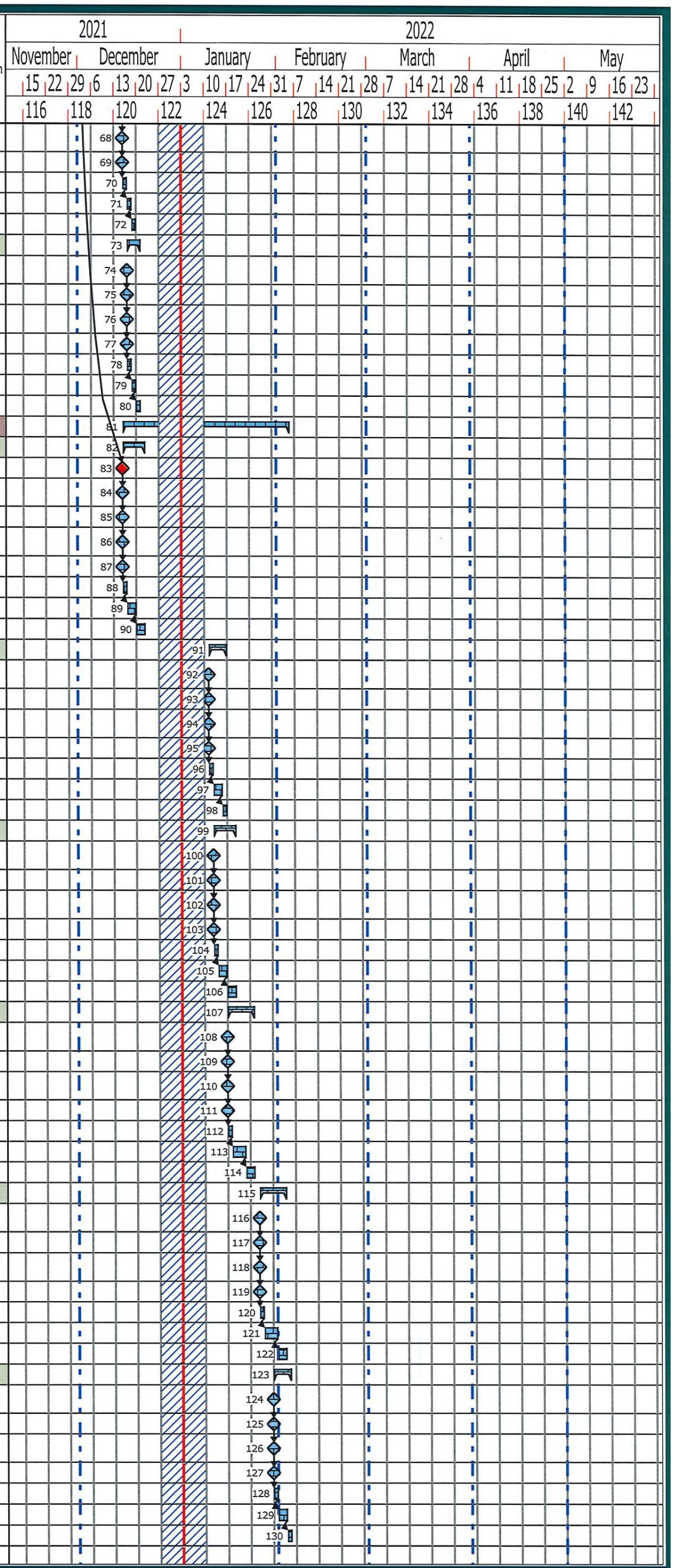
GRAHAM

# ANCHOR Commissioning Programme

Issue date: 29/10/2019

Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 68 | Building to be Clean & Dust Free to allow Commissioning | 14 Dec 21 | 14 Dec 21 | |
| 69 | ductwork clean complete | 14 Dec 21 | 14 Dec 21 | |
| 70 | Run & test AHUs | 15 Dec 21 | 15 Dec 21 | 1d |
| 71 | Primary Balance of ventilation system | 16 Dec 21 | 16 Dec 21 | 1d |
| 72 | Secondary Balance of ventilation system | 17 Dec 21 | 17 Dec 21 | 1d |
| **73** | **AHU 1 - FM (Lower Ground)** | **15 Dec 21** | **20 Dec 21** | **3d** |
| 74 | Ventilation system installation complete (static completion) | 15 Dec 21 * | 15 Dec 21 | |
| 75 | Ductwork air leakage test complete | 15 Dec 21 | 15 Dec 21 | |
| 76 | Building to be Clean & Dust Free to allow Commissioning | 15 Dec 21 | 15 Dec 21 | |
| 77 | ductwork clean complete | 15 Dec 21 | 15 Dec 21 | |
| 78 | Run & test AHUs | 16 Dec 21 | 16 Dec 21 | 1d |
| 79 | Primary Balance of ventilation system | 17 Dec 21 | 17 Dec 21 | 1d |
| 80 | Secondary Balance of ventilation system | 20 Dec 21 | 20 Dec 21 | 1d |
| **81** | **Ground Floor Ventilation Systems** | **14 Dec 21** | **03 Feb 22** | **5w 2d** |
| **82** | **AHU 5 - Admin (2nd Floor)** | **14 Dec 21** | **21 Dec 21** | **1w** |
| 83 | Power Available | 15 Dec 21 | 15 Dec 21 | |
| 84 | Ventilation system installation complete (static completion) | 14 Dec 21 | 14 Dec 21 | |
| 85 | Ductwork air leakage test complete | 14 Dec 21 | 14 Dec 21 | |
| 86 | Building to be Clean & Dust Free to allow Commissioning | 14 Dec 21 | 14 Dec 21 | |
| 87 | ductwork clean complete | 14 Dec 21 | 14 Dec 21 | |
| 88 | Run & test AHUs | 15 Dec 21 | 15 Dec 21 | 1d |
| 89 | Primary Balance of ventilation system | 16 Dec 21 | 17 Dec 21 | 2d |
| 90 | Secondary Balance of ventilation system | 20 Dec 21 | 21 Dec 21 | 2d |
| **91** | **AHU 6 - Entrance (2nd Floor)** | **10 Jan 22** | **14 Jan 22** | **4d** |
| 92 | Ventilation system installation complete (static completion) | 10 Jan 22 * | 10 Jan 22 | |
| 93 | Ductwork air leakage test complete | 10 Jan 22 | 10 Jan 22 | |
| 94 | Building to be Clean & Dust Free to allow Commissioning | 10 Jan 22 | 10 Jan 22 | |
| 95 | ductwork clean complete | 10 Jan 22 | 10 Jan 22 | |
| 96 | Run & test AHUs | 11 Jan 22 | 11 Jan 22 | 1d |
| 97 | Primary Balance of ventilation system | 12 Jan 22 | 13 Jan 22 | 2d |
| 98 | Secondary Balance of ventilation system | 14 Jan 22 | 14 Jan 22 | 1d |
| **99** | **AHU 4 - Teaching (2nd Floor)** | **11 Jan 22** | **18 Jan 22** | **1w** |
| 100 | Ventilation system installation complete (static completion) | 11 Jan 22 * | 11 Jan 22 | |
| 101 | Ductwork air leakage test complete | 11 Jan 22 | 11 Jan 22 | |
| 102 | Building to be Clean & Dust Free to allow Commissioning | 11 Jan 22 | 11 Jan 22 | |
| 103 | ductwork clean complete | 11 Jan 22 | 11 Jan 22 | |
| 104 | Run & test AHUs | 12 Jan 22 | 12 Jan 22 | 1d |
| 105 | Primary Balance of ventilation system | 13 Jan 22 | 14 Jan 22 | 2d |
| 106 | Secondary Balance of ventilation system | 17 Jan 22 | 18 Jan 22 | 2d |
| **107** | **AHU 7 - Consulting (2nd Floor)** | **14 Jan 22** | **24 Jan 22** | **1w 1d** |
| 108 | Ventilation system installation complete (static completion) | 14 Jan 22 * | 14 Jan 22 | |
| 109 | Ductwork air leakage test complete | 14 Jan 22 | 14 Jan 22 | |
| 110 | Building to be Clean & Dust Free to allow Commissioning | 14 Jan 22 | 14 Jan 22 | |
| 111 | ductwork clean complete | 14 Jan 22 | 14 Jan 22 | |
| 112 | Run & test AHUs | 17 Jan 22 | 17 Jan 22 | 1d |
| 113 | Primary Balance of ventilation system | 18 Jan 22 | 20 Jan 22 | 3d |
| 114 | Secondary Balance of ventilation system | 21 Jan 22 | 24 Jan 22 | 2d |
| **115** | **AHU 9 - Research (2nd Floor)** | **25 Jan 22** | **02 Feb 22** | **1w 1d** |
| 116 | Ventilation system installation complete (static completion) | 25 Jan 22 * | 25 Jan 22 | |
| 117 | Ductwork air leakage test complete | 25 Jan 22 | 25 Jan 22 | |
| 118 | Building to be Clean & Dust Free to allow Commissioning | 25 Jan 22 | 25 Jan 22 | |
| 119 | ductwork clean complete | 25 Jan 22 | 25 Jan 22 | |
| 120 | Run & test AHUs | 26 Jan 22 | 26 Jan 22 | 1d |
| 121 | Primary Balance of ventilation system | 27 Jan 22 | 31 Jan 22 | 3d |
| 122 | Secondary Balance of ventilation system | 01 Feb 22 | 02 Feb 22 | 2d |
| **123** | **AHU 10 - Staff Support (2nd Floor)** | **28 Jan 22** | **03 Feb 22** | **4d** |
| 124 | Ventilation system installation complete (static completion) | 28 Jan 22 * | 28 Jan 22 | |
| 125 | Ductwork air leakage test complete | 28 Jan 22 | 28 Jan 22 | |
| 126 | Building to be Clean & Dust Free to allow Commissioning | 28 Jan 22 | 28 Jan 22 | |
| 127 | ductwork clean complete | 28 Jan 22 | 28 Jan 22 | |
| 128 | Run & test AHUs | 31 Jan 22 | 31 Jan 22 | 1d |
| 129 | Primary Balance of ventilation system | 01 Feb 22 | 02 Feb 22 | 2d |
| 130 | Secondary Balance of ventilation system | 03 Feb 22 | 03 Feb 22 | 1d |




Drawn by: Graeme Swain

Approved by:

Revision No:

Revision Date: 29/10/2019

Dwg No: Eng-ND1689-Tender-Rev:00 (Draft)

Notes:

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# Baird & Anchor

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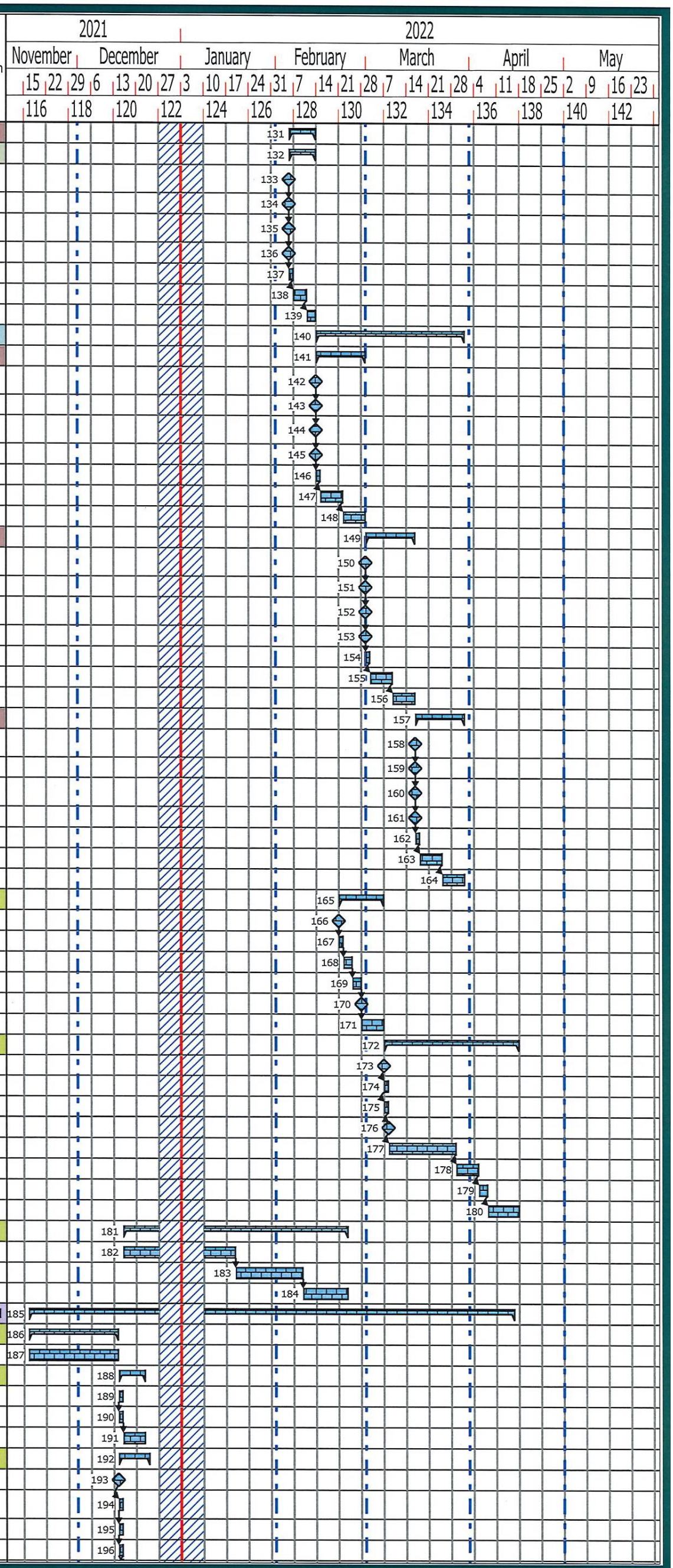
## ANCHOR Commissioning Programme

Issue date: 29/10/2019

Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 131 | 1st Floor Ventilation Systems | 03 Feb 22 | 11 Feb 22 | 1w 1d |
| 132 | AHU 8 - Treatment (2nd Floor) | 03 Feb 22 | 11 Feb 22 | 1w 1d |
| 133 | Ventilation system installation complete (static completion) | 03 Feb 22 * | 03 Feb 22 | |
| 134 | Ductwork air leakage test complete | 03 Feb 22 | 03 Feb 22 | |
| 135 | Building to be Clean & Dust Free to allow Commissioning | 03 Feb 22 | 03 Feb 22 | |
| 136 | ductwork clean complete | 03 Feb 22 | 03 Feb 22 | |
| 137 | Run & test AHUs | 04 Feb 22 | 04 Feb 22 | 1d |
| 138 | Primary Balance of ventilation system | 07 Feb 22 | 09 Feb 22 | 3d |
| 139 | Secondary Balance of ventilation system | 10 Feb 22 | 11 Feb 22 | 2d |
| 140 | Ventilation - Extract Systems | 11 Feb 22 | 30 Mar 22 | 6w 3d |
| 141 | EF Pentamidine (2nd Floor) | 11 Feb 22 | 28 Feb 22 | 2w 1d |
| 142 | Ventilation system installation complete (static completion) | 11 Feb 22 * | 11 Feb 22 | |
| 143 | Ductwork air leakage test complete | 11 Feb 22 | 11 Feb 22 | |
| 144 | Building to be Clean & Dust Free to allow Commissioning | 11 Feb 22 | 11 Feb 22 | |
| 145 | ductwork clean complete | 11 Feb 22 | 11 Feb 22 | |
| 146 | Run & test Fans | 14 Feb 22 | 14 Feb 22 | 1d |
| 147 | Primary Balance of ventilation system | 15 Feb 22 | 21 Feb 22 | 1w |
| 148 | Secondary Balance of ventilation system | 22 Feb 22 | 28 Feb 22 | 1w |
| 149 | EF 01- Dirty Extract (2nd Floor) | 28 Feb 22 | 15 Mar 22 | 2w 1d |
| 150 | Ventilation system installation complete (static completion) | 28 Feb 22 * | 28 Feb 22 | |
| 151 | Ductwork air leakage test complete | 28 Feb 22 | 28 Feb 22 | |
| 152 | Building to be Clean & Dust Free to allow Commissioning | 28 Feb 22 | 28 Feb 22 | |
| 153 | ductwork clean complete | 28 Feb 22 | 28 Feb 22 | |
| 154 | Run & test Fans | 01 Mar 22 | 01 Mar 22 | 1d |
| 155 | Primary Balance of ventilation system | 02 Mar 22 | 08 Mar 22 | 1w |
| 156 | Secondary Balance of ventilation system | 09 Mar 22 | 15 Mar 22 | 1w |
| 157 | EF 03 - Regen Kitchen Extract (2nd Floor) | 15 Mar 22 | 30 Mar 22 | 2w 1d |
| 158 | Ventilation system installation complete (static completion) | 15 Mar 22 * | 15 Mar 22 | |
| 159 | Ductwork air leakage test complete | 15 Mar 22 | 15 Mar 22 | |
| 160 | Building to be Clean & Dust Free to allow Commissioning | 15 Mar 22 | 15 Mar 22 | |
| 161 | ductwork clean complete | 15 Mar 22 | 15 Mar 22 | |
| 162 | Run & test AHUs | 16 Mar 22 | 16 Mar 22 | 1d |
| 163 | Primary Balance of ventilation system | 17 Mar 22 | 23 Mar 22 | 1w |
| 164 | Secondary Balance of ventilation system | 24 Mar 22 | 30 Mar 22 | 1w |
| 165 | Water Storage Tanks | 21 Feb 22 | 04 Mar 22 | 2w |
| 166 | Visual Inspection & Pre-commisioning checklist | 21 Feb 22 * | 21 Feb 22 | |
| 167 | Tank Sterile Clean | 21 Feb 22 | 21 Feb 22 | 1d |
| 168 | Tank Soak Test | 22 Feb 22 | 23 Feb 22 | 2d |
| 169 | Tank Disinfection | 24 Feb 22 | 25 Feb 22 | 2d |
| 170 | Tanks Available | 28 Feb 22 | 28 Feb 22 | |
| 171 | Analysis samples | 28 Feb 22 | 04 Mar 22 | 1w |
| 172 | DHCWS Systems | 04 Mar 22 | 15 Apr 22 | 6w |
| 173 | Static Completion | 04 Mar 22 * | 04 Mar 22 | |
| 174 | Commission Cold Water Booster Set | 07 Mar 22 | 07 Mar 22 | 1d |
| 175 | Set BCWS System PRV's | 07 Mar 22 | 07 Mar 22 | 1d |
| 176 | Heat Available | 08 Mar 22 | 08 Mar 22 | |
| 177 | Hot Water Balance | 08 Mar 22 | 28 Mar 22 | 3w |
| 178 | TMV, hot water return & cold water temp checks | 29 Mar 22 | 04 Apr 22 | 1w |
| 179 | Chlorination of all systems, Take samples and issue to Lab | 05 Apr 22 | 06 Apr 22 | 2d |
| 180 | Chlorination Labatory test results | 07 Apr 22 | 15 Apr 22 | 1w 2d |
| 181 | Medical Gases | 15 Dec 21 | 22 Feb 22 | 8w |
| 182 | Medical Gases Pressure Test | 15 Dec 21 * | 18 Jan 22 | 3w |
| 183 | Medical Gas Area Valve service unit valve zoning test | 19 Jan 22 | 08 Feb 22 | 3w |
| 184 | Local Medical Gas Alarm Panel Commissioning Test | 09 Feb 22 | 22 Feb 22 | 2w |
| 185 | Electrical Commissioning | 16 Nov 21 | 14 Apr 22 | 19w 3d |
| 186 | Electrical Dead Testing | 16 Nov 21 | 13 Dec 21 | 4w |
| 187 | Electrical Dead Testing | 16 Nov 21 * | 13 Dec 21 | 4w |
| 188 | Lightning Protection | 14 Dec 21 | 21 Dec 21 | 1w 1d |
| 189 | Pre-Commissioning Checklist | 14 Dec 21 * | 14 Dec 21 | 1d |
| 190 | Visual Inspection | 14 Dec 21 | 14 Dec 21 | 1d |
| 191 | Testing of Individual Electrodes | 15 Dec 21 | 21 Dec 21 | 1w |
| 192 | Main /LV Panels | 14 Dec 21 | 22 Dec 21 | 1w 2d |
| 193 | Main Switchroom Install Complete / Secure | 14 Dec 21 * | 14 Dec 21 | |
| 194 | Visual inspection of panel for mechanical and electrical soundness | 14 Dec 21 | 14 Dec 21 | 1d |
| 195 | LV Protection Settings adjusted to suit design | 14 Dec 21 | 14 Dec 21 | 1d |
| 196 | Dead test panel (by manufacturer) | 14 Dec 21 | 14 Dec 21 | 1d |




Drawn by: Graeme Swain

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Notes:

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# Baird & Anchor

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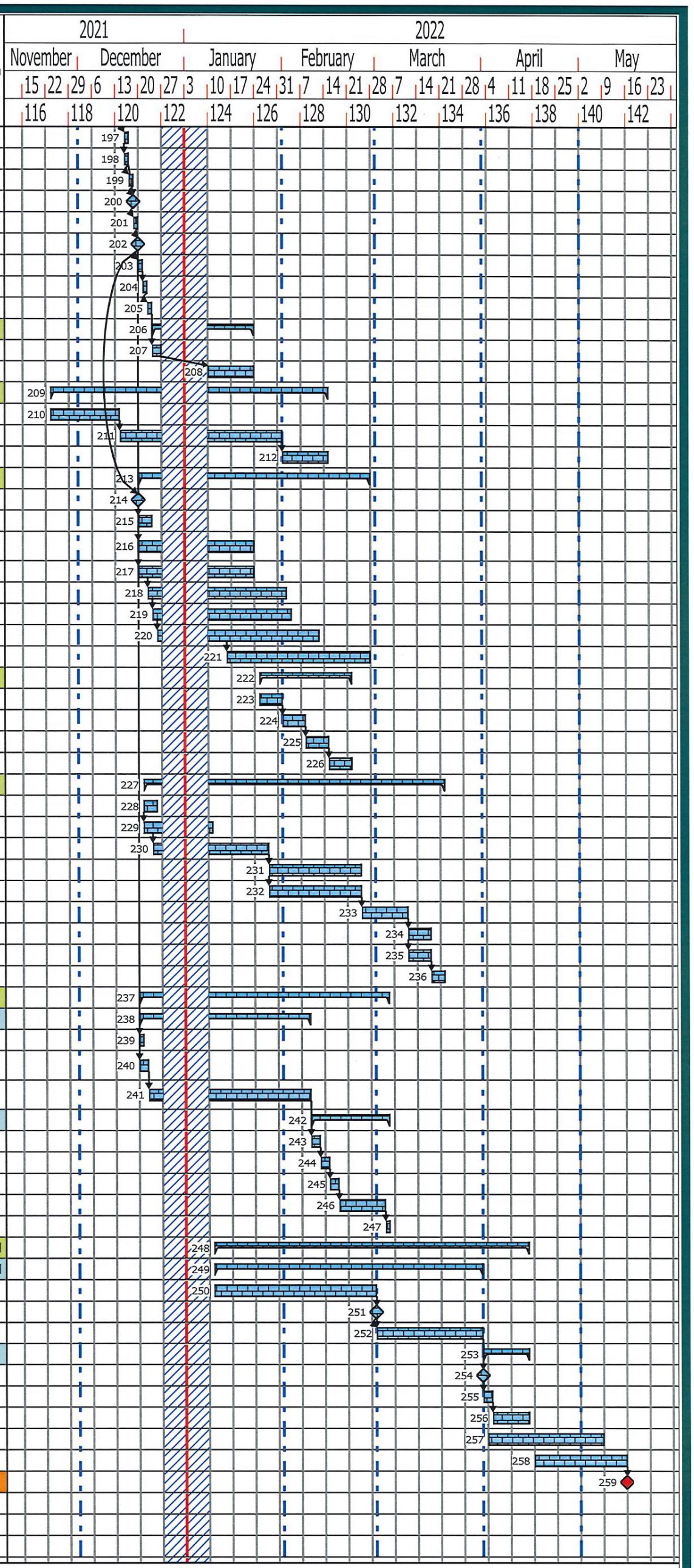
## ANCHOR Commissioning Programme

Issue date: 29/10/2019

Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 197 | Dead test panel incoming cables | 15 Dec 21 | 15 Dec 21 | 1d |
| 198 | Dead test panel outgoing cables | 15 Dec 21 | 15 Dec 21 | 1d |
| 199 | Test earthing network connections | 16 Dec 21 | 16 Dec 21 | 1d |
| 200 | Power available from transformer | 17 Dec 21 | 17 Dec 21 | |
| 201 | Energise panel | 17 Dec 21 | 17 Dec 21 | 1d |
| 202 | Power available | 20 Dec 21 | 20 Dec 21 | |
| 203 | lightning / surge protection devices activated | 20 Dec 21 | 20 Dec 21 | 1d |
| 204 | Functional Check of Panel Including Links to BMS | 21 Dec 21 | 21 Dec 21 | 1d |
| 205 | energise outgoing sub mains cables | 22 Dec 21 | 22 Dec 21 | 1d |
| **206** | **LV Sub-Main Distribution** | **23 Dec 21** | **21 Jan 22** | **2w 2d** |
| 207 | Test / energise main LV outgoing sub-mains | 23 Dec 21 | 24 Dec 21 | 2d |
| 208 | Test / energise rising busbar, feed cable, tap offs & DBs | 10 Jan 22 | 21 Jan 22 | 2w |
| **209** | **Nurse Call/Bedhead Commissioning** | **23 Nov 21** | **14 Feb 22** | **10w** |
| 210 | Nurse Call/Bedheads Dead Testing | 23 Nov 21 * | 13 Dec 21 | 3w |
| 211 | Nurse Call/Bedheads Live Testing | 14 Dec 21 | 31 Jan 22 | 5w |
| 212 | Nurse Call/Bedheads Cause & Effect | 01 Feb 22 | 14 Feb 22 | 2w |
| **213** | **Distribution boards** | **20 Dec 21** | **25 Feb 22** | **8w** |
| 214 | Power available | 20 Dec 21 | 20 Dec 21 | |
| 215 | Pre-commissioning checklist | 20 Dec 21 | 22 Dec 21 | 3d |
| 216 | Visual inspection of distribution board for mechanical and electrical soundness | 20 Dec 21 | 21 Jan 22 | 3w |
| 217 | Check protection device ratings and types against design | 20 Dec 21 | 21 Jan 22 | 3w |
| 218 | Energise distribution board | 22 Dec 21 | 01 Feb 22 | 4w |
| 219 | Energise outgoing sub-circuits | 23 Dec 21 | 02 Feb 22 | 4w |
| 220 | Dead test outgoing final circuits | 24 Dec 21 | 10 Feb 22 | 5w |
| 221 | Live testing of outgoing final circuits | 14 Jan 22 | 25 Feb 22 | 6w 1d |
| **222** | **Generator/UPS Commissioning** | **25 Jan 22** | **21 Feb 22** | **4w** |
| 223 | Generator Test & Commissioning | 25 Jan 22 * | 31 Jan 22 | 1w |
| 224 | Automatic Testing & Commissioning | 01 Feb 22 | 07 Feb 22 | 1w |
| 225 | Genertor run tests on load bank | 08 Feb 22 | 14 Feb 22 | 1w |
| 226 | Genrerator Change over tests | 15 Feb 22 | 21 Feb 22 | 1w |
| **227** | **Fire Detection & Alarm Systems** | **21 Dec 21** | **21 Mar 22** | **11w** |
| 228 | Pre-commissioning checklist | 21 Dec 21 * | 23 Dec 21 | 3d |
| 229 | Testing of cable loop installations | 21 Dec 21 | 10 Jan 22 | 1w |
| 230 | Device setting | 23 Dec 21 | 26 Jan 22 | 3w |
| 231 | Device testing | 27 Jan 22 | 23 Feb 22 | 4w |
| 232 | Commission Fire Alarm Panels | 27 Jan 22 | 23 Feb 22 | 4w |
| 233 | Verify Interfaces | 24 Feb 22 | 09 Mar 22 | 2w |
| 234 | Sounder Audibility Testing | 10 Mar 22 | 16 Mar 22 | 1w |
| 235 | Prove Links to Site Wide Systems | 10 Mar 22 | 16 Mar 22 | 1w |
| 236 | FA Cause & Effect Test | 17 Mar 22 | 21 Mar 22 | 3d |
| **237** | **Security Systems** | **20 Dec 21** | **03 Mar 22** | **8w 4d** |
| **238** | **CCTV / Access Control Systems** | **20 Dec 21** | **08 Feb 22** | **5w 2d** |
| 239 | Pre-commissioning checklist | 20 Dec 21 * | 20 Dec 21 | 1d |
| 240 | Energise Power Supplies to Camera / Access Control Positions | 20 Dec 21 | 21 Dec 21 | 2d |
| 241 | Commission and Function Test Individual Cameras / Access Control Points | 22 Dec 21 | 08 Feb 22 | 5w |
| **242** | **Intruder Alarm Systems** | **09 Feb 22** | **03 Mar 22** | **3w 2d** |
| 243 | Testing of Cable Installation | 09 Feb 22 | 10 Feb 22 | 2d |
| 244 | Device Setting | 11 Feb 22 | 14 Feb 22 | 2d |
| 245 | Commission Security Alarm Panel | 15 Feb 22 | 16 Feb 22 | 2d |
| 246 | Test and Prove Network Cabling | 17 Feb 22 | 02 Mar 22 | 2w |
| 247 | Initial Intruder Alarm Cause and Effect Test | 03 Mar 22 | 03 Mar 22 | 1d |
| **248** | **Lighting** | **11 Jan 22** | **14 Apr 22** | **13w 3d** |
| **249** | **Lighting and Emergency Lighting** | **11 Jan 22** | **31 Mar 22** | **11w 3d** |
| 250 | Live Testing & Commissioning Lighting Contols System | 11 Jan 22 * | 28 Feb 22 | 7w |
| 251 | Emergency Lighting Test | 01 Mar 22 | 01 Mar 22 | |
| 252 | Emergency Lux Level Test | 01 Mar 22 | 31 Mar 22 | 4w 3d |
| **253** | **External Lighting** | **01 Apr 22** | **14 Apr 22** | **2w** |
| 254 | Power Availabe | 01 Apr 22 * | 01 Apr 22 | |
| 255 | External Cabling Dead Test Lighting | 01 Apr 22 | 04 Apr 22 | 2d |
| 256 | Live Test Lighting | 05 Apr 22 | 14 Apr 22 | 1w 3d |
| 257 | Environmental Proving | 04 Apr 22 | 06 May 22 | 5w |
| 258 | NHSG Verification | 18 Apr 22 * | 13 May 22 | 4w |
| 259 | Contract Completion | 16/05/2022 | 16/05/2022 | |




03 NGB Systems

Key Dates

037 M&E Testing & Commissioning

Drawn by: Graeme Swain

Approved by:

Revision No:

Revision Date: 29/10/2019

Dwg No: Eng-ND1689-Tender-Rev:00 (Draft)

Notes:

GRAHAM

# Baird & Anchor

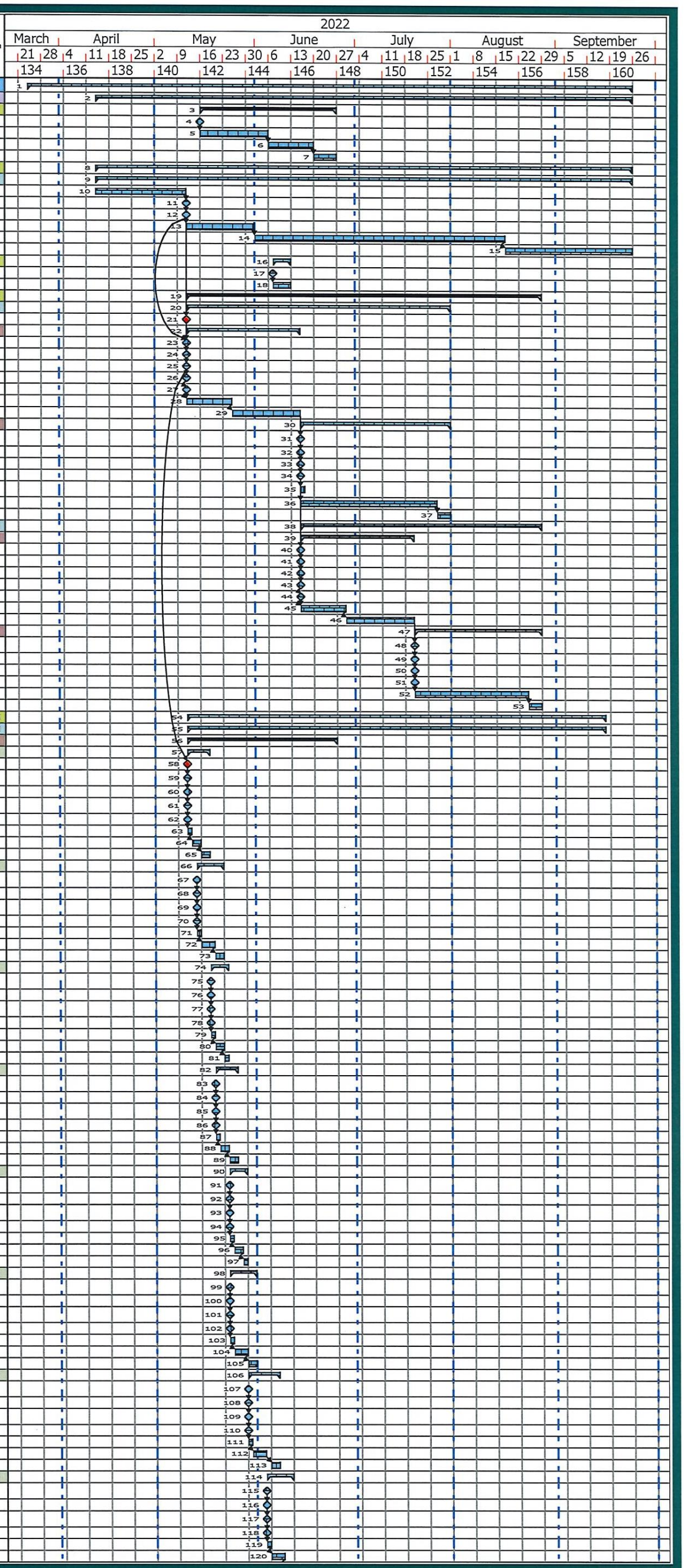


## BAIRD Commissioning Programme

Issue date: 29/10/2019

Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 1 | **Baird M&E Draft Commissioning** | 23 Mar 22 | 23 Sep 22 | 26w 3d |
| 2 | **Mechanical and Public Health Commissioning** | 13 Apr 22 | 23 Sep 22 | 23w 3d |
| 3 | **Above Ground Drainge System** | 16 May 22 | 24 Jun 22 | 6w |
| 4 | AGD installation complete | 16 May 22 * | 16 May 22 | |
| 5 | Pressure Test soil & vent stacks | 16 May 22 | 03 Jun 22 | 3w |
| 6 | Flow Test Stacks | 06 Jun 22 | 17 Jun 22 | 2w |
| 7 | Flood Test Stacks | 20 Jun 22 | 24 Jun 22 | 1w |
| 8 | **BMS** | 13 Apr 22 | 23 Sep 22 | 23w 3d |
| 9 | **Main Control Panel** | 13 Apr 22 | 23 Sep 22 | 23w 3d |
| 10 | Dead test panel | 13 Apr 22 * | 10 May 22 | 4w |
| 11 | Power available | 11 May 22 | 11 May 22 | |
| 12 | Energise Panel | 11 May 22 | 11 May 22 | |
| 13 | Functional check of panel including links to other systems | 11 May 22 | 31 May 22 | 3w |
| 14 | MCC dynamic point to point testing | 01 Jun 22 | 16 Aug 22 | 11w |
| 15 | Functionality testing | 17 Aug 22 | 23 Sep 22 | 5w 3d |
| 16 | **Fire Engineering Systems** | 07 Jun 22 | 10 Jun 22 | 4d |
| 17 | Dry Riser & Gas Suppression Complete | 07 Jun 22 * | 07 Jun 22 | |
| 18 | Test Dry Riser Test & Witness | 07 Jun 22 | 10 Jun 22 | 4d |
| 19 | **Heating & Cooling Systems** | 10 May 22 | 26 Aug 22 | 15w 3d |
| 20 | **HeatingSystem** | 10 May 22 | 29 Jul 22 | 11w 3d |
| 21 | Heat source complete by VITAL/NHSG | 11 May 22 * | 11 May 22 | |
| 22 | **Water Treatment & Chemical Cleaning** | 10 May 22 | 14 Jun 22 | 5w |
| 23 | System installation complete (static completion) | 10 May 22 | 10 May 22 | |
| 24 | All pipework completed & pressure tested | 10 May 22 | 10 May 22 | |
| 25 | Power Available | 10 May 22 | 10 May 22 | |
| 26 | Energise & Set pumps to work | 10 May 22 | 10 May 22 | |
| 27 | Isolate terminal unit plant items | 10 May 22 | 10 May 22 | |
| 28 | static flush | 11 May 22 | 24 May 22 | 2w |
| 29 | Dynamic flush, chemical clean, Back Flush & dose | 25 May 22 | 14 Jun 22 | 3w |
| 30 | **Heating System** | 14 Jun 22 | 29 Jul 22 | 6w 3d |
| 31 | Heating System Installation & Water Treatment Complete (static completion) | 14 Jun 22 | 14 Jun 22 | |
| 32 | Power Available | 15 Jun 22 | 15 Jun 22 | |
| 33 | Run Pumps | 14 Jun 22 | 14 Jun 22 | |
| 34 | Pressurisation Unit Commissionied & available | 14 Jun 22 | 14 Jun 22 | |
| 35 | Set pumps to work to maintain existing measured differenial pressure | 15 Jun 22 | 15 Jun 22 | 1d |
| 36 | Balance of Heating System | 15 Jun 22 | 26 Jul 22 | 6w |
| 37 | Load Test | 27 Jul 22 | 29 Jul 22 | 3d |
| 38 | **CoolingSystems** | 14 Jun 22 | 26 Aug 22 | 10w 3d |
| 39 | **Water Treatment & Chemical Cleaning** | 14 Jun 22 | 19 Jul 22 | 5w |
| 40 | System installation complete (static completion) | 14 Jun 22 | 14 Jun 22 | |
| 41 | All new pipework completed & pressure tested | 14 Jun 22 | 14 Jun 22 | |
| 42 | Power Available | 14 Jun 22 | 14 Jun 22 | |
| 43 | Energise & Set pumps to work | 14 Jun 22 | 14 Jun 22 | |
| 44 | Isolate terminal unit plant items | 14 Jun 22 | 14 Jun 22 | |
| 45 | static flush | 15 Jun 22 | 28 Jun 22 | 2w |
| 46 | Dynamic flush, chemical clean, Back Flush & dose | 29 Jun 22 | 19 Jul 22 | 3w |
| 47 | **Cooling System** | 19 Jul 22 | 26 Aug 22 | 5w 3d |
| 48 | Cooling System Installation & Water Treatment Complete (static completion) | 19 Jul 22 | 19 Jul 22 | |
| 49 | Power Available | 19 Jul 22 | 19 Jul 22 | |
| 50 | Run Pumps | 19 Jul 22 | 19 Jul 22 | |
| 51 | Pressurisation Unit Commissionied & available | 19 Jul 22 | 19 Jul 22 | |
| 52 | Balance of Cooling System | 20 Jul 22 | 23 Aug 22 | 5w |
| 53 | Load Test | 24 Aug 22 | 26 Aug 22 | 3d |
| 54 | **Ventilation Systems** | 10 May 22 | 15 Sep 22 | 18w 2d |
| 55 | **Ventilation - Main Supply & Extract Systems AHU's** | 10 May 22 | 15 Sep 22 | 18w 2d |
| 56 | **Ground Floor Ventilation Systems** | 10 May 22 | 24 Jun 22 | 6w 3d |
| 57 | **AHU 17 - CMU/Triage (Lower Grd)** | 10 May 22 | 17 May 22 | 1w |
| 58 | Power Available | 11 May 22 | 11 May 22 | |
| 59 | Ventilation system installation complete (static completion) | 10 May 22 | 10 May 22 | |
| 60 | Ductwork air leakage test complete | 10 May 22 | 10 May 22 | |
| 61 | Building to be Clean & Dust Free to allow Commissioning | 10 May 22 | 10 May 22 | |
| 62 | ductwork clean complete | 10 May 22 | 10 May 22 | |
| 63 | Run & test AHUs | 11 May 22 | 11 May 22 | 1d |
| 64 | Primary Balance of ventilation system | 12 May 22 | 13 May 22 | 2d |
| 65 | Secondary Balance of ventilation system | 16 May 22 | 17 May 22 | 2d |
| 66 | **AHU 15 - Entrance (Lower Grd)** | 12 May 22 | 20 May 22 | 1w 1d |
| 67 | Ventilation system installation complete (static completion) | 12 May 22 * | 12 May 22 | |
| 68 | Ductwork air leakage test complete | 12 May 22 | 12 May 22 | |
| 69 | Building to be Clean & Dust Free to allow Commissioning | 12 May 22 | 12 May 22 | |
| 70 | ductwork clean complete | 12 May 22 | 12 May 22 | |
| 71 | Run & test AHUs | 13 May 22 | 13 May 22 | 1d |
| 72 | Primary Balance of ventilation system | 16 May 22 | 18 May 22 | 3d |
| 73 | Secondary Balance of ventilation system | 19 May 22 | 20 May 22 | 2d |
| 74 | **AHU 16 - Cafe (Lower Grd)** | 17 May 22 | 23 May 22 | 4d |
| 75 | Ventilation system installation complete (static completion) | 17 May 22 * | 17 May 22 | |
| 76 | Ductwork air leakage test complete | 17 May 22 | 17 May 22 | |
| 77 | Building to be Clean & Dust Free to allow Commissioning | 17 May 22 | 17 May 22 | |
| 78 | ductwork clean complete | 17 May 22 | 17 May 22 | |
| 79 | Run & test AHUs | 18 May 22 | 18 May 22 | 1d |
| 80 | Primary Balance of ventilation system | 19 May 22 | 20 May 22 | 2d |
| 81 | Secondary Balance of ventilation system | 23 May 22 | 23 May 22 | 1d |
| 82 | **AHU 13 - EPAU & Maternity OPD** | 18 May 22 | 25 May 22 | 1w |
| 83 | Ventilation system installation complete (static completion) | 18 May 22 * | 18 May 22 | |
| 84 | Ductwork air leakage test complete | 18 May 22 | 18 May 22 | |
| 85 | Building to be Clean & Dust Free to allow Commissioning | 18 May 22 | 18 May 22 | |
| 86 | ductwork clean complete | 18 May 22 | 18 May 22 | |
| 87 | Run & test AHUs | 19 May 22 | 19 May 22 | 1d |
| 88 | Primary Balance of ventilation system | 20 May 22 | 23 May 22 | 2d |
| 89 | Secondary Balance of ventilation system | 24 May 22 | 25 May 22 | 2d |
| 90 | **AHU 11 - Ultrasound (Lower Grd)** | 23 May 22 | 27 May 22 | 4d |
| 91 | Ventilation system installation complete (static completion) | 23 May 22 * | 23 May 22 | |
| 92 | Ductwork air leakage test complete | 23 May 22 | 23 May 22 | |
| 93 | Building to be Clean & Dust Free to allow Commissioning | 23 May 22 | 23 May 22 | |
| 94 | ductwork clean complete | 23 May 22 | 23 May 22 | |
| 95 | Run & test AHUs | 24 May 22 | 24 May 22 | 1d |
| 96 | Primary Balance of ventilation system | 25 May 22 | 26 May 22 | 2d |
| 97 | Secondary Balance of ventilation system | 27 May 22 | 27 May 22 | 1d |
| 98 | **AHU 12 - GYNAE (Lower Grd)** | 23 May 22 | 31 May 22 | 1w 1d |
| 99 | Ventilation system installation complete (static completion) | 23 May 22 * | 23 May 22 | |
| 100 | Ductwork air leakage test complete | 23 May 22 | 23 May 22 | |
| 101 | Building to be Clean & Dust Free to allow Commissioning | 23 May 22 | 23 May 22 | |
| 102 | ductwork clean complete | 23 May 22 | 23 May 22 | |
| 103 | Run & test AHUs | 24 May 22 | 24 May 22 | 1d |
| 104 | Primary Balance of ventilation system | 25 May 22 | 27 May 22 | 3d |
| 105 | Secondary Balance of ventilation system | 30 May 22 | 31 May 22 | 2d |
| 106 | **AHU 9 - Breast (Lower Grd)** | 27 May 22 | 07 Jun 22 | 1w 2d |
| 107 | Ventilation system installation complete (static completion) | 27 May 22 * | 27 May 22 | |
| 108 | Ductwork air leakage test complete | 27 May 22 | 27 May 22 | |
| 109 | Building to be Clean & Dust Free to allow Commissioning | 27 May 22 | 27 May 22 | |
| 110 | ductwork clean complete | 27 May 22 | 27 May 22 | |
| 111 | Run & test AHUs | 30 May 22 | 30 May 22 | 1d |
| 112 | Primary Balance of ventilation system | 31 May 22 | 02 Jun 22 | 3d |
| 113 | Secondary Balance of ventilation system | 06 Jun 22 | 07 Jun 22 | 2d |
| 114 | **AHU 3 - Laboratory (Lower Grd)** | 02 Jun 22 | 10 Jun 22 | 1w 1d |
| 115 | Ventilation system installation complete (static completion) | 02 Jun 22 * | 02 Jun 22 | |
| 116 | Ductwork air leakage test complete | 02 Jun 22 | 02 Jun 22 | |
| 117 | Building to be Clean & Dust Free to allow Commissioning | 02 Jun 22 | 02 Jun 22 | |
| 118 | ductwork clean complete | 02 Jun 22 | 02 Jun 22 | |
| 119 | Run & test AHUs | 03 Jun 22 | 03 Jun 22 | 1d |
| 120 | Primary Balance of ventilation system | 06 Jun 22 | 08 Jun 22 | 3d |




Drawn by: Graeme Swain
Approved by:

Revision No:
Revision Date: 29/10/2019

Dwg No: Eng-ND1689-Tender-Rev:00 (Draft)
Notes:

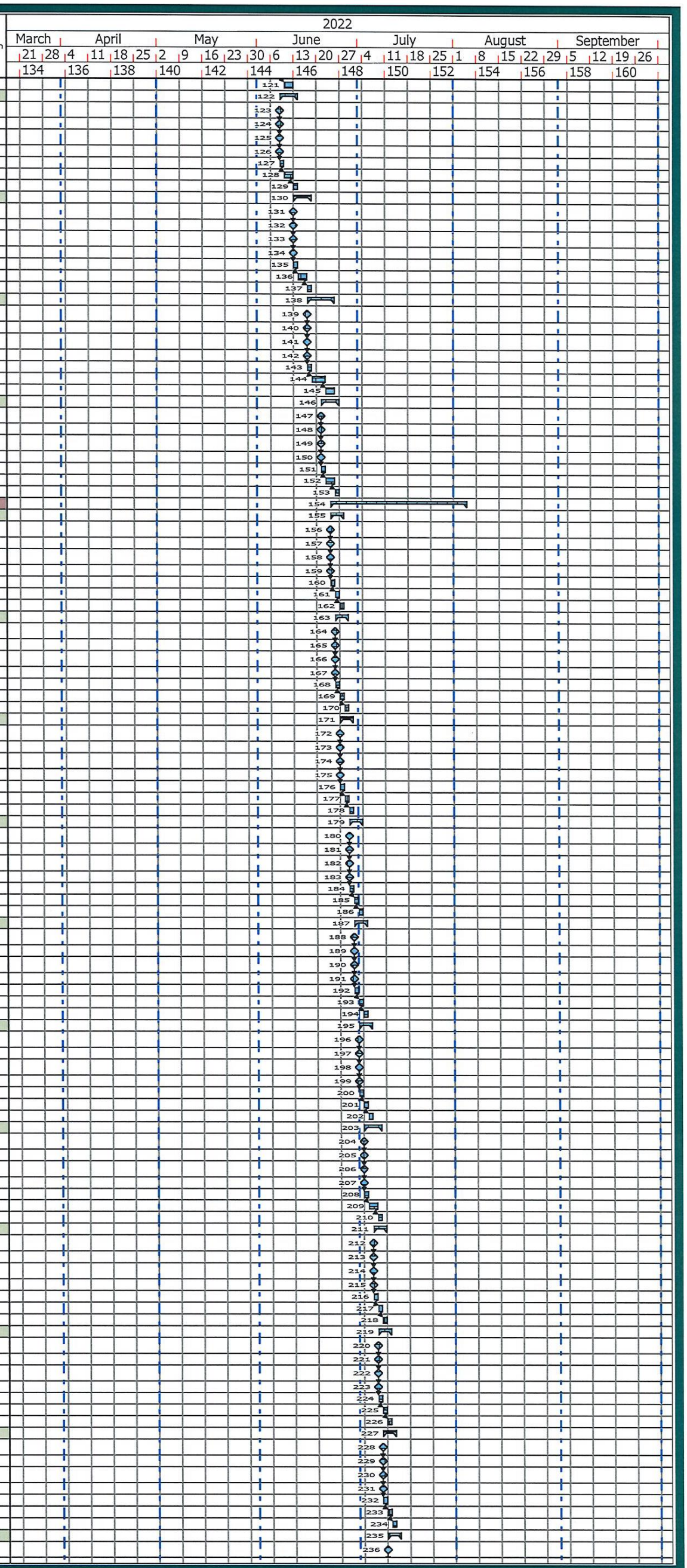
# Baird & Anchor

## BAIRD Commissioning Programme

Issue date: 29/10/2019

Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 121 | Secondary Balance of ventilation system | 09 Jun 22 | 10 Jun 22 | 2d |
| 122 | **AHU 8 - Reproductive (Lower Grd)** | **07 Jun 22** | **13 Jun 22** | **4d** |
| 123 | Ventilation system installation complete (static completion) | 07 Jun 22 * | 07 Jun 22 | |
| 124 | Ductwork air leakage test complete | 07 Jun 22 | 07 Jun 22 | |
| 125 | Building to be Clean & Dust Free to allow Commissioning | 07 Jun 22 | 07 Jun 22 | |
| 126 | ductwork clean complete | 07 Jun 22 | 07 Jun 22 | |
| 127 | Run & test AHUs | 08 Jun 22 | 08 Jun 22 | 1d |
| 128 | Primary Balance of ventilation system | 09 Jun 22 | 10 Jun 22 | 2d |
| 129 | Secondary Balance of ventilation system | 13 Jun 22 | 13 Jun 22 | 1d |
| 130 | **AHU 3 - FM (Lower Grd)** | **10 Jun 22** | **16 Jun 22** | **4d** |
| 131 | Ventilation system installation complete (static completion) | 10 Jun 22 * | 10 Jun 22 | |
| 132 | Ductwork air leakage test complete | 10 Jun 22 | 10 Jun 22 | |
| 133 | Building to be Clean & Dust Free to allow Commissioning | 10 Jun 22 | 10 Jun 22 | |
| 134 | ductwork clean complete | 10 Jun 22 | 10 Jun 22 | |
| 135 | Run & test AHUs | 13 Jun 22 | 13 Jun 22 | 1d |
| 136 | Primary Balance of ventilation system | 14 Jun 22 | 15 Jun 22 | 2d |
| 137 | Secondary Balance of ventilation system | 16 Jun 22 | 16 Jun 22 | 1d |
| 138 | **AHU 4 - MRI (Lower Grd)** | **15 Jun 22** | **23 Jun 22** | **1w 1d** |
| 139 | Ventilation system installation complete (static completion) | 15 Jun 22 * | 15 Jun 22 | |
| 140 | Ductwork air leakage test complete | 15 Jun 22 | 15 Jun 22 | |
| 141 | Building to be Clean & Dust Free to allow Commissioning | 15 Jun 22 | 15 Jun 22 | |
| 142 | ductwork clean complete | 15 Jun 22 | 15 Jun 22 | |
| 143 | Run & test AHUs | 16 Jun 22 | 16 Jun 22 | 1d |
| 144 | Primary Balance of ventilation system | 17 Jun 22 | 21 Jun 22 | 3d |
| 145 | Secondary Balance of ventilation system | 22 Jun 22 | 23 Jun 22 | 2d |
| 146 | **AHU 6 - Change (Lower Grd)** | **20 Jun 22** | **24 Jun 22** | **4d** |
| 147 | Ventilation system installation complete (static completion) | 20 Jun 22 * | 20 Jun 22 | |
| 148 | Ductwork air leakage test complete | 20 Jun 22 | 20 Jun 22 | |
| 149 | Building to be Clean & Dust Free to allow Commissioning | 20 Jun 22 | 20 Jun 22 | |
| 150 | ductwork clean complete | 20 Jun 22 | 20 Jun 22 | |
| 151 | Run & test AHUs | 21 Jun 22 | 21 Jun 22 | 1d |
| 152 | Primary Balance of ventilation system | 22 Jun 22 | 23 Jun 22 | 2d |
| 153 | Secondary Balance of ventilation system | 24 Jun 22 | 24 Jun 22 | 1d |
| 154 | **1st Floor Ventilation Systems** | **22 Jun 22** | **03 Aug 22** | **6w** |
| 155 | **AHU 19 - Theatre 1 (3rd Floor)** | **22 Jun 22** | **27 Jun 22** | **3d** |
| 156 | Ventilation system installation complete (static completion) | 22 Jun 22 * | 22 Jun 22 | |
| 157 | Ductwork air leakage test complete | 22 Jun 22 | 22 Jun 22 | |
| 158 | Building to be Clean & Dust Free to allow Commissioning | 22 Jun 22 | 22 Jun 22 | |
| 159 | ductwork clean complete | 22 Jun 22 | 22 Jun 22 | |
| 160 | Run & test AHUs | 23 Jun 22 | 23 Jun 22 | 1d |
| 161 | Primary Balance of ventilation system | 24 Jun 22 | 24 Jun 22 | 1d |
| 162 | Secondary Balance of ventilation system | 27 Jun 22 | 27 Jun 22 | 1d |
| 163 | **AHU 20 - Theatre 2 (3rd Floor)** | **23 Jun 22** | **28 Jun 22** | **3d** |
| 164 | Ventilation system installation complete (static completion) | 23 Jun 22 * | 23 Jun 22 | |
| 165 | Ductwork air leakage test complete | 23 Jun 22 | 23 Jun 22 | |
| 166 | Building to be Clean & Dust Free to allow Commissioning | 23 Jun 22 | 23 Jun 22 | |
| 167 | ductwork clean complete | 23 Jun 22 | 23 Jun 22 | |
| 168 | Run & test AHUs | 24 Jun 22 | 24 Jun 22 | 1d |
| 169 | Primary Balance of ventilation system | 27 Jun 22 | 27 Jun 22 | 1d |
| 170 | Secondary Balance of ventilation system | 28 Jun 22 | 28 Jun 22 | 1d |
| 171 | **AHU 21 - Theatre 3 (3rd Floor)** | **24 Jun 22** | **29 Jun 22** | **3d** |
| 172 | Ventilation system installation complete (static completion) | 24 Jun 22 * | 24 Jun 22 | |
| 173 | Ductwork air leakage test complete | 24 Jun 22 | 24 Jun 22 | |
| 174 | Building to be Clean & Dust Free to allow Commissioning | 24 Jun 22 | 24 Jun 22 | |
| 175 | ductwork clean complete | 24 Jun 22 | 24 Jun 22 | |
| 176 | Run & test AHUs | 27 Jun 22 | 27 Jun 22 | 1d |
| 177 | Primary Balance of ventilation system | 28 Jun 22 | 28 Jun 22 | 1d |
| 178 | Secondary Balance of ventilation system | 29 Jun 22 | 29 Jun 22 | 1d |
| 179 | **AHU 23 - Theatre 4 (3rd Floor)** | **28 Jun 22** | **01 Jul 22** | **3d** |
| 180 | Ventilation system installation complete (static completion) | 28 Jun 22 * | 28 Jun 22 | |
| 181 | Ductwork air leakage test complete | 28 Jun 22 | 28 Jun 22 | |
| 182 | Building to be Clean & Dust Free to allow Commissioning | 28 Jun 22 | 28 Jun 22 | |
| 183 | ductwork clean complete | 28 Jun 22 | 28 Jun 22 | |
| 184 | Run & test AHUs | 29 Jun 22 | 29 Jun 22 | 1d |
| 185 | Primary Balance of ventilation system | 30 Jun 22 | 30 Jun 22 | 1d |
| 186 | Secondary Balance of ventilation system | 01 Jul 22 | 01 Jul 22 | 1d |
| 187 | **AHU 24 - Theatre 5 (3rd Floor)** | **29 Jun 22** | **04 Jul 22** | **3d** |
| 188 | Ventilation system installation complete (static completion) | 29 Jun 22 * | 29 Jun 22 | |
| 189 | Ductwork air leakage test complete | 29 Jun 22 | 29 Jun 22 | |
| 190 | Building to be Clean & Dust Free to allow Commissioning | 29 Jun 22 | 29 Jun 22 | |
| 191 | ductwork clean complete | 29 Jun 22 | 29 Jun 22 | |
| 192 | Run & test AHUs | 30 Jun 22 | 30 Jun 22 | 1d |
| 193 | Primary Balance of ventilation system | 01 Jul 22 | 01 Jul 22 | 1d |
| 194 | Secondary Balance of ventilation system | 04 Jul 22 | 04 Jul 22 | 1d |
| 195 | **AHU 25 - Theatre 6 (3rd Floor)** | **30 Jun 22** | **05 Jul 22** | **3d** |
| 196 | Ventilation system installation complete (static completion) | 30 Jun 22 * | 30 Jun 22 | |
| 197 | Ductwork air leakage test complete | 30 Jun 22 | 30 Jun 22 | |
| 198 | Building to be Clean & Dust Free to allow Commissioning | 30 Jun 22 | 30 Jun 22 | |
| 199 | ductwork clean complete | 30 Jun 22 | 30 Jun 22 | |
| 200 | Run & test AHUs | 01 Jul 22 | 01 Jul 22 | 1d |
| 201 | Primary Balance of ventilation system | 04 Jul 22 | 04 Jul 22 | 1d |
| 202 | Secondary Balance of ventilation system | 05 Jul 22 | 05 Jul 22 | 1d |
| 203 | **AHU 32 - Day Patients (Roof)** | **01 Jul 22** | **07 Jul 22** | **4d** |
| 204 | Ventilation system installation complete (static completion) | 01 Jul 22 * | 01 Jul 22 | |
| 205 | Ductwork air leakage test complete | 01 Jul 22 | 01 Jul 22 | |
| 206 | Building to be Clean & Dust Free to allow Commissioning | 01 Jul 22 | 01 Jul 22 | |
| 207 | ductwork clean complete | 01 Jul 22 | 01 Jul 22 | |
| 208 | Run & test AHUs | 04 Jul 22 | 04 Jul 22 | 1d |
| 209 | Primary Balance of ventilation system | 05 Jul 22 | 06 Jul 22 | 2d |
| 210 | Secondary Balance of ventilation system | 07 Jul 22 | 07 Jul 22 | 1d |
| 211 | **AHU 29 - Recovery (3rd Floor)** | **05 Jul 22** | **08 Jul 22** | **3d** |
| 212 | Ventilation system installation complete (static completion) | 05 Jul 22 * | 05 Jul 22 | |
| 213 | Ductwork air leakage test complete | 05 Jul 22 | 05 Jul 22 | |
| 214 | Building to be Clean & Dust Free to allow Commissioning | 05 Jul 22 | 05 Jul 22 | |
| 215 | ductwork clean complete | 05 Jul 22 | 05 Jul 22 | |
| 216 | Run & test AHUs | 06 Jul 22 | 06 Jul 22 | 1d |
| 217 | Primary Balance of ventilation system | 07 Jul 22 | 07 Jul 22 | 1d |
| 218 | Secondary Balance of ventilation system | 08 Jul 22 | 08 Jul 22 | 1d |
| 219 | **AHU 26 - Corridor (3rd Floor)** | **06 Jul 22** | **11 Jul 22** | **3d** |
| 220 | Ventilation system installation complete (static completion) | 06 Jul 22 * | 06 Jul 22 | |
| 221 | Ductwork air leakage test complete | 06 Jul 22 | 06 Jul 22 | |
| 222 | Building to be Clean & Dust Free to allow Commissioning | 06 Jul 22 | 06 Jul 22 | |
| 223 | ductwork clean complete | 06 Jul 22 | 06 Jul 22 | |
| 224 | Run & test AHUs | 07 Jul 22 | 07 Jul 22 | 1d |
| 225 | Primary Balance of ventilation system | 08 Jul 22 | 08 Jul 22 | 1d |
| 226 | Secondary Balance of ventilation system | 11 Jul 22 | 11 Jul 22 | 1d |
| 227 | **AHU 22 - Corridor (3rd Floor)** | **07 Jul 22** | **12 Jul 22** | **3d** |
| 228 | Ventilation system installation complete (static completion) | 07 Jul 22 * | 07 Jul 22 | |
| 229 | Ductwork air leakage test complete | 07 Jul 22 | 07 Jul 22 | |
| 230 | Building to be Clean & Dust Free to allow Commissioning | 07 Jul 22 | 07 Jul 22 | |
| 231 | ductwork clean complete | 07 Jul 22 | 07 Jul 22 | |
| 232 | Run & test AHUs | 08 Jul 22 | 08 Jul 22 | 1d |
| 233 | Primary Balance of ventilation system | 11 Jul 22 | 11 Jul 22 | 1d |
| 234 | Secondary Balance of ventilation system | 12 Jul 22 | 12 Jul 22 | 1d |
| 235 | **AHU 31 - Induction (3rd Floor)** | **08 Jul 22** | **13 Jul 22** | **3d** |
| 236 | Ventilation system installation complete (static completion) | 08 Jul 22 * | 08 Jul 22 | |




Drawn by: Graeme Swain
Approved by:

Revision No:
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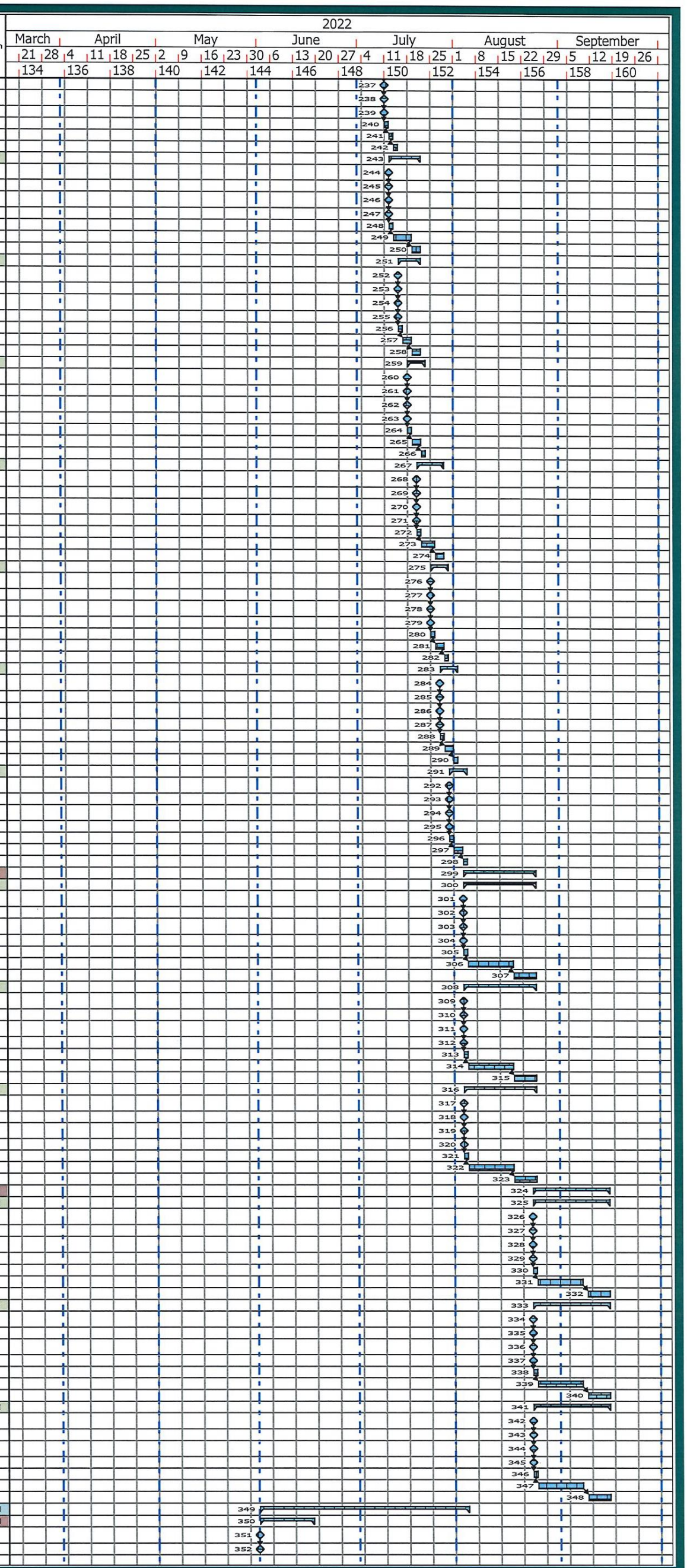
Dwg No: Eng-ND1689-Tender-Rev:00 (Draft)
Notes:

# BAIRD Commissioning Programme

Issue date: 29/10/2019

Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 237 | Ductwork air leakage test complete | 08 Jul 22 | 08 Jul 22 | |
| 238 | Building to be Clean & Dust Free to allow Commissioning | 08 Jul 22 | 08 Jul 22 | |
| 239 | ductwork clean complete | 08 Jul 22 | 08 Jul 22 | |
| 240 | Run & test AHUs | 11 Jul 22 | 11 Jul 22 | 1d |
| 241 | Primary Balance of ventilation system | 12 Jul 22 | 12 Jul 22 | 1d |
| 242 | Secondary Balance of ventilation system | 13 Jul 22 | 13 Jul 22 | 1d |
| 243 | **AHU 14 - Birthing (Lower Grd)** | **11 Jul 22** | **20 Jul 22** | **1w 2d** |
| 244 | Ventilation system installation complete (static completion) | 11 Jul 22 * | 11 Jul 22 | |
| 245 | Ductwork air leakage test complete | 11 Jul 22 | 11 Jul 22 | |
| 246 | Building to be Clean & Dust Free to allow Commissioning | 11 Jul 22 | 11 Jul 22 | |
| 247 | ductwork clean complete | 11 Jul 22 | 11 Jul 22 | |
| 248 | Run & test AHUs | 12 Jul 22 | 12 Jul 22 | 1d |
| 249 | Primary Balance of ventilation system | 13 Jul 22 | 18 Jul 22 | 4d |
| 250 | Secondary Balance of ventilation system | 19 Jul 22 | 20 Jul 22 | 2d |
| 251 | **AHU 1 - Transitional (Lower Grd)** | **13 Jul 22** | **20 Jul 22** | **1w** |
| 252 | Ventilation system installation complete (static completion) | 13 Jul 22 * | 13 Jul 22 | |
| 253 | Ductwork air leakage test complete | 13 Jul 22 | 13 Jul 22 | |
| 254 | Building to be Clean & Dust Free to allow Commissioning | 13 Jul 22 | 13 Jul 22 | |
| 255 | ductwork clean complete | 13 Jul 22 | 13 Jul 22 | |
| 256 | Run & test AHUs | 14 Jul 22 | 14 Jul 22 | 1d |
| 257 | Primary Balance of ventilation system | 15 Jul 22 | 18 Jul 22 | 2d |
| 258 | Secondary Balance of ventilation system | 19 Jul 22 | 20 Jul 22 | 2d |
| 259 | **AHU 2 - Theatre Support (Lower Grd)** | **15 Jul 22** | **21 Jul 22** | **4d** |
| 260 | Ventilation system installation complete (static completion) | 15 Jul 22 * | 15 Jul 22 | |
| 261 | Ductwork air leakage test complete | 15 Jul 22 | 15 Jul 22 | |
| 262 | Building to be Clean & Dust Free to allow Commissioning | 15 Jul 22 | 15 Jul 22 | |
| 263 | ductwork clean complete | 15 Jul 22 | 15 Jul 22 | |
| 264 | Run & test AHUs | 18 Jul 22 | 18 Jul 22 | 1d |
| 265 | Primary Balance of ventilation system | 19 Jul 22 | 20 Jul 22 | 2d |
| 266 | Secondary Balance of ventilation system | 21 Jul 22 | 21 Jul 22 | 1d |
| 267 | **AHU 5 - Neonatal Special (Lower Grd)** | **19 Jul 22** | **27 Jul 22** | **1w 1d** |
| 268 | Ventilation system installation complete (static completion) | 19 Jul 22 * | 19 Jul 22 | |
| 269 | Ductwork air leakage test complete | 19 Jul 22 | 19 Jul 22 | |
| 270 | Building to be Clean & Dust Free to allow Commissioning | 19 Jul 22 | 19 Jul 22 | |
| 271 | ductwork clean complete | 19 Jul 22 | 19 Jul 22 | |
| 272 | Run & test AHUs | 20 Jul 22 | 20 Jul 22 | 1d |
| 273 | Primary Balance of ventilation system | 21 Jul 22 | 25 Jul 22 | 3d |
| 274 | Secondary Balance of ventilation system | 26 Jul 22 | 27 Jul 22 | 2d |
| 275 | **AHU 10 - Intensive (Lower Grd)** | **22 Jul 22** | **28 Jul 22** | **4d** |
| 276 | Ventilation system installation complete (static completion) | 22 Jul 22 * | 22 Jul 22 | |
| 277 | Ductwork air leakage test complete | 22 Jul 22 | 22 Jul 22 | |
| 278 | Building to be Clean & Dust Free to allow Commissioning | 22 Jul 22 | 22 Jul 22 | |
| 279 | ductwork clean complete | 22 Jul 22 | 22 Jul 22 | |
| 280 | Run & test AHUs | 25 Jul 22 | 25 Jul 22 | 1d |
| 281 | Primary Balance of ventilation system | 26 Jul 22 | 27 Jul 22 | 2d |
| 282 | Secondary Balance of ventilation system | 28 Jul 22 | 28 Jul 22 | 1d |
| 283 | **AHU 32 - Maternity Ward 1 (Roof)** | **26 Jul 22** | **01 Aug 22** | **4d** |
| 284 | Ventilation system installation complete (static completion) | 26 Jul 22 * | 26 Jul 22 | |
| 285 | Ductwork air leakage test complete | 26 Jul 22 | 26 Jul 22 | |
| 286 | Building to be Clean & Dust Free to allow Commissioning | 26 Jul 22 | 26 Jul 22 | |
| 287 | ductwork clean complete | 26 Jul 22 | 26 Jul 22 | |
| 288 | Run & test AHUs | 27 Jul 22 | 27 Jul 22 | 1d |
| 289 | Primary Balance of ventilation system | 28 Jul 22 | 29 Jul 22 | 2d |
| 290 | Secondary Balance of ventilation system | 01 Aug 22 | 01 Aug 22 | 1d |
| 291 | **AHU 28 - Maternity Ward 2 (Roof)** | **28 Jul 22** | **03 Aug 22** | **4d** |
| 292 | Ventilation system installation complete (static completion) | 28 Jul 22 * | 28 Jul 22 | |
| 293 | Ductwork air leakage test complete | 28 Jul 22 | 28 Jul 22 | |
| 294 | Building to be Clean & Dust Free to allow Commissioning | 28 Jul 22 | 28 Jul 22 | |
| 295 | ductwork clean complete | 28 Jul 22 | 28 Jul 22 | |
| 296 | Run & test AHUs | 29 Jul 22 | 29 Jul 22 | 1d |
| 297 | Primary Balance of ventilation system | 01 Aug 22 | 02 Aug 22 | 2d |
| 298 | Secondary Balance of ventilation system | 03 Aug 22 | 03 Aug 22 | 1d |
| 299 | **2nd Floor Ventilation Systems** | **02 Aug 22** | **24 Aug 22** | **3w 1d** |
| 300 | **AHU 25 - Corridor (3rd Floor)** | **02 Aug 22** | **24 Aug 22** | **3w 1d** |
| 301 | Ventilation system installation complete (static completion) | 02 Aug 22 * | 02 Aug 22 | |
| 302 | Ductwork air leakage test complete | 02 Aug 22 | 02 Aug 22 | |
| 303 | Building to be Clean & Dust Free to allow Commissioning | 03 Aug 22 | 03 Aug 22 | |
| 304 | ductwork clean complete | 02 Aug 22 | 02 Aug 22 | |
| 305 | Run & test AHUs | 03 Aug 22 | 03 Aug 22 | 1d |
| 306 | Primary Balance of ventilation system | 04 Aug 22 | 17 Aug 22 | 2w |
| 307 | Secondary Balance of ventilation system | 18 Aug 22 | 24 Aug 22 | 1w |
| 308 | **AHU 18 - GYNAE/Breast 1 (3rd Floor)** | **02 Aug 22** | **24 Aug 22** | **3w 1d** |
| 309 | Ventilation system installation complete (static completion) | 02 Aug 22 * | 02 Aug 22 | |
| 310 | Ductwork air leakage test complete | 02 Aug 22 | 02 Aug 22 | |
| 311 | Building to be Clean & Dust Free to allow Commissioning | 03 Aug 22 | 03 Aug 22 | |
| 312 | ductwork clean complete | 02 Aug 22 | 02 Aug 22 | |
| 313 | Run & test AHUs | 03 Aug 22 | 03 Aug 22 | 1d |
| 314 | Primary Balance of ventilation system | 04 Aug 22 | 17 Aug 22 | 2w |
| 315 | Secondary Balance of ventilation system | 18 Aug 22 | 24 Aug 22 | 1w |
| 316 | **AHU 35 - GYNAE/Breast 2 (3rd Floor)** | **02 Aug 22** | **24 Aug 22** | **3w 1d** |
| 317 | Ventilation system installation complete (static completion) | 02 Aug 22 * | 02 Aug 22 | |
| 318 | Ductwork air leakage test complete | 02 Aug 22 | 02 Aug 22 | |
| 319 | Building to be Clean & Dust Free to allow Commissioning | 03 Aug 22 | 03 Aug 22 | |
| 320 | ductwork clean complete | 02 Aug 22 | 02 Aug 22 | |
| 321 | Run & test AHUs | 03 Aug 22 | 03 Aug 22 | 1d |
| 322 | Primary Balance of ventilation system | 04 Aug 22 | 17 Aug 22 | 2w |
| 323 | Secondary Balance of ventilation system | 18 Aug 22 | 24 Aug 22 | 1w |
| 324 | **3rd Floor Ventilation Systems** | **23 Aug 22** | **15 Sep 22** | **3w 2d** |
| 325 | **AHU 30 - Research & Education (3rd Floor)** | **23 Aug 22** | **15 Sep 22** | **3w 2d** |
| 326 | Ventilation system installation complete (static completion) | 23 Aug 22 * | 23 Aug 22 | |
| 327 | Ductwork air leakage test complete | 23 Aug 22 | 23 Aug 22 | |
| 328 | Building to be Clean & Dust Free to allow Commissioning | 24 Aug 22 | 24 Aug 22 | |
| 329 | ductwork clean complete | 23 Aug 22 | 23 Aug 22 | |
| 330 | Run & test AHUs | 24 Aug 22 | 24 Aug 22 | 1d |
| 331 | Primary Balance of ventilation system | 25 Aug 22 | 07 Sep 22 | 2w |
| 332 | Secondary Balance of ventilation system | 09 Sep 22 | 15 Sep 22 | 1w |
| 333 | **AHU 27 - Hotel (Roof)** | **23 Aug 22** | **15 Sep 22** | **3w 2d** |
| 334 | Ventilation system installation complete (static completion) | 23 Aug 22 * | 23 Aug 22 | |
| 335 | Ductwork air leakage test complete | 23 Aug 22 | 23 Aug 22 | |
| 336 | Building to be Clean & Dust Free to allow Commissioning | 24 Aug 22 | 24 Aug 22 | |
| 337 | ductwork clean complete | 23 Aug 22 | 23 Aug 22 | |
| 338 | Run & test AHUs | 24 Aug 22 | 24 Aug 22 | 1d |
| 339 | Primary Balance of ventilation system | 25 Aug 22 | 07 Sep 22 | 2w |
| 340 | Secondary Balance of ventilation system | 09 Sep 22 | 15 Sep 22 | 1w |
| 341 | **AHU 34 - Admin (Roof)** | **23 Aug 22** | **15 Sep 22** | **3w 2d** |
| 342 | Ventilation system installation complete (static completion) | 23 Aug 22 * | 23 Aug 22 | |
| 343 | Ductwork air leakage test complete | 23 Aug 22 | 23 Aug 22 | |
| 344 | Building to be Clean & Dust Free to allow Commissioning | 24 Aug 22 | 24 Aug 22 | |
| 345 | ductwork clean complete | 23 Aug 22 | 23 Aug 22 | |
| 346 | Run & test AHUs | 24 Aug 22 | 24 Aug 22 | 1d |
| 347 | Primary Balance of ventilation system | 25 Aug 22 | 07 Sep 22 | 2w |
| 348 | Secondary Balance of ventilation system | 09 Sep 22 | 15 Sep 22 | 1w |
| 349 | **Ventilation - Extract Systems** | **31 May 22** | **03 Aug 22** | **9w 1d** |
| 350 | **EF 04 (East) - Toilets (Roof)** | **31 May 22** | **16 Jun 22** | **2w 2d** |
| 351 | Ventilation system installation complete (static completion) | 31 May 22 * | 31 May 22 | |
| 352 | Ductwork air leakage test complete | 31 May 22 | 31 May 22 | |




Drawn by: Graeme Swain

Approved by:

Revision No:

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Dwg No: Eng-ND1689-Tender-Rev:00 (Draft)

Notes:

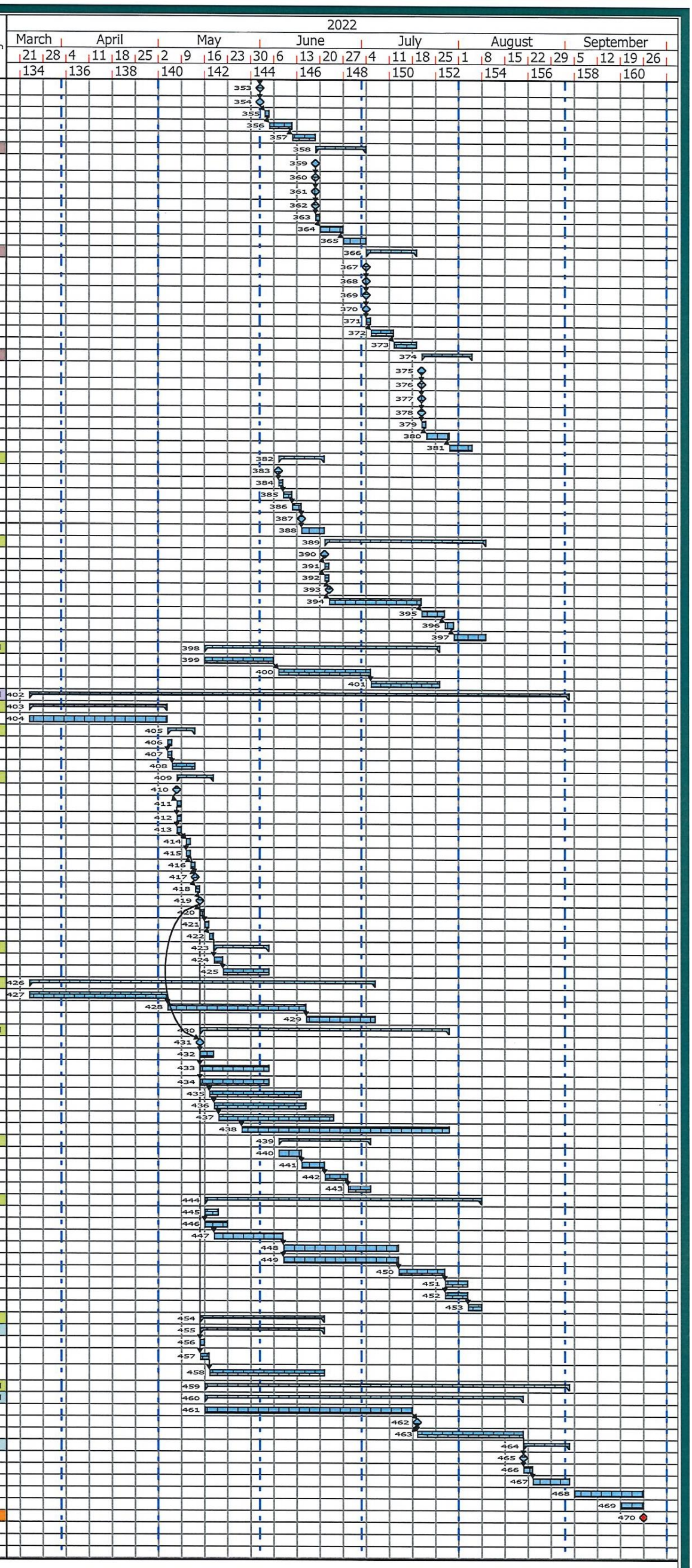
# Baird & Anchor

## BAIRD Commissioning Programme

Issue date: 29/10/2019

Filter Applied: None

| Line | Name | Start | Finish | Duration |
|---|---|---|---|---|
| 353 | Building to be Clean & Dust Free to allow Commissioning | 31 May 22 | 31 May 22 | |
| 354 | ductwork clean complete | 31 May 22 | 31 May 22 | |
| 355 | Run & test Fans | 02 Jun 22 | 02 Jun 22 | 1d |
| 356 | Primary Balance of ventilation system | 03 Jun 22 | 09 Jun 22 | 1w |
| 357 | Secondary Balance of ventilation system | 10 Jun 22 | 16 Jun 22 | 1w |
| 358 | **EF 03 (West) - Toilets (Roof)** | **16 Jun 22** | **01 Jul 22** | **2w 1d** |
| 359 | Ventilation system installation complete (static completion) | 16 Jun 22 * | 16 Jun 22 | |
| 360 | Ductwork air leakage test complete | 16 Jun 22 | 16 Jun 22 | |
| 361 | Building to be Clean & Dust Free to allow Commissioning | 16 Jun 22 | 16 Jun 22 | |
| 362 | ductwork clean complete | 16 Jun 22 | 16 Jun 22 | |
| 363 | Run & test Fans | 17 Jun 22 | 17 Jun 22 | 1d |
| 364 | Primary Balance of ventilation system | 20 Jun 22 | 24 Jun 22 | 1w |
| 365 | Secondary Balance of ventilation system | 27 Jun 22 | 01 Jul 22 | 1w |
| 366 | **EF 05-12 (Roof)** | **01 Jul 22** | **18 Jul 22** | **2w 1d** |
| 367 | Ventilation system installation complete (static completion) | 01 Jul 22 * | 01 Jul 22 | |
| 368 | Ductwork air leakage test complete | 01 Jul 22 | 01 Jul 22 | |
| 369 | Building to be Clean & Dust Free to allow Commissioning | 01 Jul 22 | 01 Jul 22 | |
| 370 | ductwork clean complete | 01 Jul 22 | 01 Jul 22 | |
| 371 | Run & test Fans | 04 Jul 22 | 04 Jul 22 | 1d |
| 372 | Primary Balance of ventilation system | 05 Jul 22 | 11 Jul 22 | 1w |
| 373 | Secondary Balance of ventilation system | 12 Jul 22 | 18 Jul 22 | 1w |
| 374 | **AHU 36- Entrance Extract (Roof)** | **19 Jul 22** | **03 Aug 22** | **2w 1d** |
| 375 | Ventilation system installation complete (static completion) | 19 Jul 22 * | 19 Jul 22 | |
| 376 | Ductwork air leakage test complete | 19 Jul 22 | 19 Jul 22 | |
| 377 | Building to be Clean & Dust Free to allow Commissioning | 19 Jul 22 | 19 Jul 22 | |
| 378 | ductwork clean complete | 19 Jul 22 | 19 Jul 22 | |
| 379 | Run & test AHUs | 20 Jul 22 | 20 Jul 22 | 1d |
| 380 | Primary Balance of ventilation system | 21 Jul 22 | 27 Jul 22 | 1w |
| 381 | Secondary Balance of ventilation system | 28 Jul 22 | 03 Aug 22 | 1w |
| 382 | **Water Storage Tanks** | **07 Jun 22** | **20 Jun 22** | **2w** |
| 383 | Visual Inspection & Pre-commisioning checklist | 07 Jun 22 * | 07 Jun 22 | |
| 384 | Tank Sterile Clean | 07 Jun 22 | 07 Jun 22 | 1d |
| 385 | Tank Soak Test | 08 Jun 22 | 09 Jun 22 | 2d |
| 386 | Tank Disinfection | 10 Jun 22 | 13 Jun 22 | 2d |
| 387 | Tanks Available | 14 Jun 22 | 14 Jun 22 | |
| 388 | Analysis samples | 14 Jun 22 | 20 Jun 22 | 1w |
| 389 | **DH/CWS Systems** | **20 Jun 22** | **08 Aug 22** | **7w** |
| 390 | Static Completion | 20 Jun 22 * | 20 Jun 22 | |
| 391 | Commission Cold Water Booster Set | 21 Jun 22 | 21 Jun 22 | 1d |
| 392 | Set BCWS System PRV's | 21 Jun 22 | 21 Jun 22 | 1d |
| 393 | Heat Available | 22 Jun 22 | 22 Jun 22 | |
| 394 | Hot Water Balance | 22 Jun 22 | 19 Jul 22 | 4w |
| 395 | TMV, hot water return & cold water temp checks | 20 Jul 22 | 26 Jul 22 | 1w |
| 396 | Chlorination of all systems, Take samples and issue to Lab | 27 Jul 22 | 28 Jul 22 | 2d |
| 397 | Chlorination Labatory test results | 29 Jul 22 | 08 Aug 22 | 1w 2d |
| 398 | **Medical Gases** | **16 May 22** | **25 Jul 22** | **10w 1d** |
| 399 | Medical Gases Pressure Test | 16 May 22 * | 03 Jun 22 | 3w |
| 400 | Medical Gas Area Valve service unit valve zoning test | 07 Jun 22 | 04 Jul 22 | 4w |
| 401 | Local Medical Gas Alarm Panel Commissioning Test | 05 Jul 22 | 25 Jul 22 | 3w |
| 402 | **Electrical Commissioning** | **23 Mar 22** | **01 Sep 22** | **23w 2d** |
| 403 | **Electrical Dead Testing** | **23 Mar 22** | **03 May 22** | **6w** |
| 404 | Electrical Dead Testing | 23 Mar 22 * | 03 May 22 | 6w |
| 405 | **Lightning Protection** | **04 May 22** | **11 May 22** | **1w 1d** |
| 406 | Pre-Commissioning Checklist | 04 May 22 * | 04 May 22 | 1d |
| 407 | Visual Inspection | 04 May 22 | 04 May 22 | 1d |
| 408 | Testing of Individual Electrodes | 05 May 22 | 11 May 22 | 1w |
| 409 | **Main /LV Panels** | **06 May 22** | **17 May 22** | **1w 3d** |
| 410 | Main Switchroom Install Complete / Secure | 06 May 22 * | 06 May 22 | |
| 411 | Visual inspection of panel for mechanical and electrical soundness | 06 May 22 | 06 May 22 | 1d |
| 412 | LV Protection Settings adjusted to suit design | 06 May 22 | 06 May 22 | 1d |
| 413 | Dead test panel (by manufacturer) | 06 May 22 | 06 May 22 | 1d |
| 414 | Dead test panel incoming cables | 10 May 22 | 10 May 22 | 1d |
| 415 | Dead test panel outgoing cables | 10 May 22 | 10 May 22 | 1d |
| 416 | Test earthing network connections | 11 May 22 | 11 May 22 | 1d |
| 417 | Power available from transformer | 12 May 22 | 12 May 22 | |
| 418 | Energise panel | 12 May 22 | 12 May 22 | 1d |
| 419 | Power available | 13 May 22 | 13 May 22 | |
| 420 | lightning / surge protection devices activated | 13 May 22 | 13 May 22 | 1d |
| 421 | Functional Check of Panel Including Links to BMS | 16 May 22 | 16 May 22 | 1d |
| 422 | energise outgoing sub mains cables | 17 May 22 | 17 May 22 | 1d |
| 423 | **LV Sub-Main Distribution** | **18 May 22** | **02 Jun 22** | **2w 2d** |
| 424 | Test / energise main LV outgoing sub-mains | 18 May 22 | 19 May 22 | 2d |
| 425 | Test / energise rising busbar, feed cable, tap offs & DBs | 20 May 22 | 02 Jun 22 | 2w |
| 426 | **Nurse Call/Bedhead Commissioning** | **23 Mar 22** | **05 Jul 22** | **15w** |
| 427 | Nurse Call/Bedheads Dead Testing | 23 Mar 22 * | 03 May 22 | 6w |
| 428 | Nurse Call/Bedheads Live Testing | 04 May 22 | 14 Jun 22 | 6w |
| 429 | Nurse Call/Bedheads Cause & Effect | 15 Jun 22 | 05 Jul 22 | 3w |
| 430 | **Distribution boards** | **13 May 22** | **27 Jul 22** | **10w 4d** |
| 431 | Power available | 13 May 22 | 13 May 22 | |
| 432 | Pre-commissioning checklist | 13 May 22 | 17 May 22 | 3d |
| 433 | Visual inspection of distribution board for mechanical and electrical soundness | 13 May 22 | 02 Jun 22 | 3w |
| 434 | Check protection device ratings and types against design | 13 May 22 | 02 Jun 22 | 3w |
| 435 | Energise distribution board | 17 May 22 | 13 Jun 22 | 4w |
| 436 | Energise outgoing sub-circuits | 18 May 22 | 14 Jun 22 | 4w |
| 437 | Dead test outgoing final circuits | 19 May 22 | 22 Jun 22 | 5w |
| 438 | Live testing of outgoing final circuits | 26 May 22 | 27 Jul 22 | 9w |
| 439 | **Generator/UPS Commissioning** | **07 Jun 22** | **04 Jul 22** | **4w** |
| 440 | Generator Test & Commissioning | 07 Jun 22 * | 13 Jun 22 | 1w |
| 441 | Automatic Testing & Commissioning | 14 Jun 22 | 20 Jun 22 | 1w |
| 442 | Genertor run tests on load bank | 21 Jun 22 | 27 Jun 22 | 1w |
| 443 | Genrerator Change over tests | 28 Jun 22 | 04 Jul 22 | 1w |
| 444 | **Fire Detection & Alarm Systems** | **16 May 22** | **05 Aug 22** | **12w** |
| 445 | Pre-commissioning checklist | 16 May 22 * | 18 May 22 | 3d |
| 446 | Testing of cable loop installations | 16 May 22 | 20 May 22 | 1w |
| 447 | Device setting | 18 May 22 | 07 Jun 22 | 3w |
| 448 | Device testing | 08 Jun 22 | 12 Jul 22 | 5w |
| 449 | Commission Fire Alarm Panels | 08 Jun 22 | 12 Jul 22 | 5w |
| 450 | Verify Interfaces | 13 Jul 22 | 26 Jul 22 | 2w |
| 451 | Sounder Audibility Testing | 27 Jul 22 | 02 Aug 22 | 1w |
| 452 | Prove Links to Site Wide Systems | 27 Jul 22 | 02 Aug 22 | 1w |
| 453 | FA Cause & Effect Test | 03 Aug 22 | 05 Aug 22 | 3d |
| 454 | **Security Systems** | **13 May 22** | **20 Jun 22** | **5w 2d** |
| 455 | **CCTV / Access Control Systems** | **13 May 22** | **20 Jun 22** | **5w 2d** |
| 456 | Pre-commissioning checklist | 13 May 22 * | 13 May 22 | 1d |
| 457 | Energise Power Supplies to Camera / Access Control Positions | 13 May 22 | 16 May 22 | 2d |
| 458 | Commission and Function Test Individual Cameras / Access Control Points | 17 May 22 | 20 Jun 22 | 5w |
| 459 | **Lighting** | **16 May 22** | **01 Sep 22** | **15w 4d** |
| 460 | **Lighting and Emergency Lighting** | **16 May 22** | **18 Aug 22** | **13w 4d** |
| 461 | Live Testing & Commissioning Lighting Contols System | 16 May 22 * | 15 Jul 22 | 9w |
| 462 | Emergency Lighting Test | 19 Jul 22 | 19 Jul 22 | |
| 463 | Emergency Lux Level Test | 19 Jul 22 | 18 Aug 22 | 4w 3d |
| 464 | **External Lighting** | **19 Aug 22** | **01 Sep 22** | **2w** |
| 465 | Power Availabe | 19 Aug 22 * | 19 Aug 22 | |
| 466 | External Cabling Dead Test Lighting | 19 Aug 22 | 22 Aug 22 | 2d |
| 467 | Live Test Lighting | 23 Aug 22 | 01 Sep 22 | 1w 3d |
| 468 | Environmental Proving | 05 Sep 22 | 23 Sep 22 | 3w |
| 469 | Black Start Commissioning | 19 Sep 22 * | 23 Sep 22 | 1w |
| 470 | Baird Completion | 26/09/2022 | 26/09/2022 | |




03 NGB Systems

Key Dates

037 M&E Testing & Commissioning

Drawn by: Graeme Swain

Approved by:

Revision No:

Revision Date: 29/10/2019

Dwg No: Eng-ND1689-Tender-Rev:00 (Draft)

Notes:

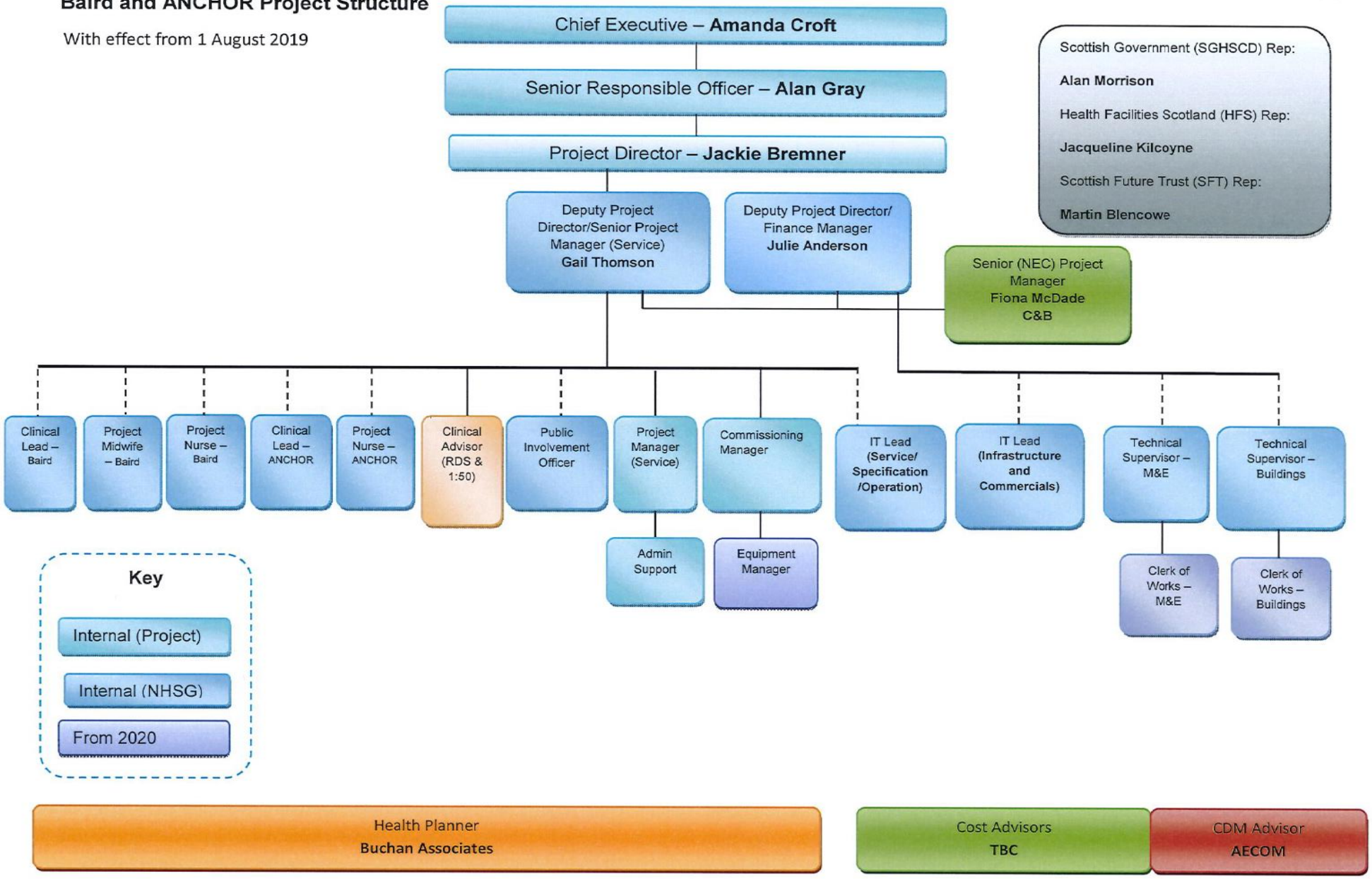
# Appendix QQ

# The Baird and ANCHOR Project Structure

**APPENDIX QQ**

## Baird and ANCHOR Project Structure

With effect from 1 August 2019



# The Baird Family Hospital and ANCHOR Centre Project

## Abbreviations

| | |
|---|---|
| ACC | Aberdeen City Council |
| ACRM | Aberdeen Centre for Reproductive Medicine |
| ADB | Activity Database |
| A+DS | Architecture and Design Scotland |
| AEDET | Achieving Excellence Design Evaluation Toolkit |
| AME | Annual Managed Expenditure |
| AMG | Asset Management Group |
| AMH | Aberdeen Maternity Hospital |
| ANCHOR | Aberdeen and North Centre for Haematology, Oncology and Radiotherapy |
| ARI | Aberdeen Royal Infirmary |
| BCIS | Building Cost Information Services |
| BCR | Board Construction Requirements |
| BEMS | Building Energy Management System |
| BIM | Building Information Modelling |
| BREEAM | Building Research Establishment Environmental Assessment Method |
| BSC | Breast Screening Centre |
| BSRIA | Building Services Research and Information Association |
| CA | Cost Advisor |
| CAA | Civil Aviation Authority |
| CDM | Construction Design Management |
| CE | Compensation Event |
| CHP | Combined Heat and Power |
| CIBSE | Chartered Institution of Building Services Engineers |
| CIG | Capital Investment Group |
| CIMA | Chartered Institute of Management Accountants |
| CIPD | Chartered Institute of Personnel and Development |
| CIPFA | Chartered Institute of Public Finance and Accountancy |
| CLO | Central Legal Office |

| | |
|---|---|
| CMU | Community Maternity Unit |
| CVF | Commissioning and Validation Folders |
| CWT | Cancer Waiting Time |
| DBFM | Design, Build, Finance and Maintain |
| DCE | Detect Cancer Early |
| DDA | Disability Discrimination Act |
| DGH | Dr Gray's Hospital |
| DIA | Drainage Impact Assessment |
| EAC | Equivalent Annual Costs |
| EIR | Employer Information Requirements |
| EOPD | Eye Out-Patient Department |
| EPC | Energy Performance Certificate |
| ESA | European System of Accounts |
| EWI | Employer's Works Information |
| FBC | Full Business Case |
| FHC | Foresterhill Health Centre |
| FM | Facilities Management |
| FS2 | Frameworks Scotland 2 |
| GEM | Generic Economic Model |
| GIFA | Gross Internal Floor Area |
| GP | General Practitioner |
| H&K | Hulley and Kirkwood |
| HAI | Healthcare Associated Infection |
| HBN | Health Building Note |
| HFN | Health Facilities Note |
| HFS | Health Facilities Scotland |
| HLIP | High Level Information Pack |
| HM | Her Majesty |
| HMRC | Her Majesty's Revenue and Customs |
| HPS | Health Protection Scotland |
| HR | Human Resources |
| HTM | Health Technical Memorandum |

| | |
|---|---|
| IA | Initial Agreement |
| ICAS | Institute of Chartered Accountants for Scotland |
| ISD | Information Services Division |
| ITU | Intensive Therapy Unit |
| JCA | Joint Cost Advisor |
| Keep MUM | Keep the Maternity Unit for Moray |
| LDP | Local Delivery Plan |
| M&E | Mechanical and Electrical |
| MEP | Mechanical, Electrical and Plumbing |
| MRI | Magnetic Resonance Imaging |
| NCA | North Cancer Alliance |
| NDAP | NHSScotland Design Assessment Process |
| NEC3 | New Engineering Contract 3 |
| NHSG | NHS Grampian |
| NHSS | NHSScotland |
| NNU | Neonatal Unit |
| NoS | North of Scotland |
| NPC | Net Present Cost |
| NPD | Non Profit Distributing |
| O&M | Operation and Maintenance |
| OBC | Outline Business Case |
| OGC | Office of Government Commerce |
| OJEU | Official Journal of the European Union |
| PBA | Project Bank Account |
| PD | Project Director |
| PEP | Project Execution Plan |
| PiP | Planning in Principle |
| PPE | Post Project Evaluation |
| PRP | Project Review Professional |
| PSC | Professional Services Contract |
| PSCM | Principal Supply Chain Members |
| PSCP | Principal Supply Chain Partner |

| | |
|---|---|
| PV | Photovoltaic Panel |
| RACH | Royal Aberdeen Children's Hospital |
| RAG | Red, Amber, Green |
| RDS | Room Data Sheets |
| RGU | Robert Gordon University |
| RIBA | Royal Institute of British Architects |
| RICS | Royal Institution of Chartered Surveyors |
| RTT | Referral To Treatment |
| SANDS | Stillbirth and Neonatal Death Society |
| SCIM | Scottish Capital Investment Manual |
| SFT | Scottish Futures Trust |
| SG | Scottish Government |
| SGHSCD | Scottish Government Health and Social Care Directorate |
| SHC | Scottish Health Council |
| SHPN | Scottish Health Planning Note |
| SHTM | Scottish Health Technical Memorandum |
| SLA | Service Level Agreement |
| SME | Small and Medium-sized Enterprises |
| SoA | Schedule of Accommodation |
| SOCNE | Statement of Comprehensive Net Expenditure |
| SPM | Senior Project Manager |
| SRO | Senior Responsible Officer |
| TCT | Teenage Cancer Trust |
| TUPE | Transfer of Undertakings (Protection of Employment) Regulations |
| UoA | University of Aberdeen |
| VAT | Value Added Tax |
| VIE | Vacuum Insulated Evaporator |
| WI | Works Information |
| WTE | Whole Time Equivalent |