The Elective Care Project

NHS Grampian

Outline Business Case

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July 2019

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Appendix A

Initial Agreement Approval Letter

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

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Amanda Croft
Acting Chief Executive
NHS Grampian
Summerfield House
2 Eday Road
Aberdeen
AB15 6RE

26 September 2018

Dear Amanda

NHS Grampian – Elective Centre – Initial Agreement (IA)

The above Initial Agreement, along with three other Elective Centre Initial Agreements, was considered by the Health and Social Care Directorates' Capital Investment Group (CIG) at its meeting of 25 September 2018. Following group discussion, it was clear that there are a number of issues which cut across all of these projects, as well as those for NHS Highland and the Phase 1 Expansion of the Golden Jubilee. Rather than address these issues through individual business cases, the Chair of the CIG will highlight these to the Elective Centre Programme Board so that they are addressed at a national level in order to support all projects as they develop their Business Cases.

Recognising that the Cabinet Secretary wants to increase the pace of work required to deliver these centres, the CIG is content for this national work to run in parallel with the development of the Outline Business Case and the CIG recommend approval of your Initial Agreement. I am pleased to inform you that I have accepted that recommendation and now invite you to submit an Outline Business Case.

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

I would ask that if any publicity is planned regarding the approval of the business case that NHS Grampian liaise with SG Communications colleagues regarding handling. If you have any questions in relation to this letter, please contact alan.morrison@gov.scot.

Yours sincerely

Paul Gray

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Appendix B

Communication & Involvement Framework

Appendix B

NHS GRAMPIAN

THE ELECTIVE CARE PROGRAMME

Communication and Engagement Framework

1. Introduction

This Framework aims to provide an agreed and transparent approach to informing patients, public and other stakeholders, and involving them in the Elective Care Programme. The Framework gives an overview of the project, and more detail is available from the Programme Team if required.

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

2. Programme Aims

There are two main aims to the project.

The first of these is to develop a transformational strategy for Elective Care in Grampian for the future, and bring about significant redesign in relation to the optimised provision of elective services.

The strategy will highlight implications for future elective service demand based on activity and demand trends and projections, and potential consequences of achieving degrees of optimisation in service performance and delivery. This will be underpinned by collaborative and partnership working with fellow Boards, with an agreed target operating model across the North of Scotland.

This planning work is underway with colleagues from Highland, Tayside and Island Boards. It will ensure optimised and efficient use of available resource across clinical pathways and across the whole system, delivering on the following key items:

- Regional context

- National Clinical Strategy implementation
- Grampian Clinical Strategy
- Lever for comprehensive change
- Driving out “hidden” capacity

The second aim is to prioritise service options for investment within the context of an overarching strategy for elective care. This will ensure that funding is directed to where it will have maximum benefit in both service delivery and improve patient outcomes and experience.

3. Project Background

The Scottish Government is providing a £200m capital investment programme in Scotland to enhance Elective Care capacity to meet the needs of the growing and changing population over the next 10 plus years. The increasingly elderly population will require more and better access to diagnostic and treatment services and facilities, to meet the aims of the National Clinical Strategy and the Grampian Clinical Strategy.

NHS Grampian is one of five Health Boards to benefit from a share of this funding, accessible via bidding through the Scottish Capital Investment Manual (SCIM) business planning process for the period 2017 – 2021. NHS Grampian has embarked on a transformation programme for Elective Care to ensure that its indicative capital investment can be applied to provide maximum benefit for the population of the North East and North of Scotland.

The approach to Elective Care planning was discussed at the NHS Grampian Board Seminar in May 2016. The Seminar was attended by more than 60 clinicians, managers and Board members. It was agreed that a comprehensive approach to the transformation of Elective Care was necessary. This would include a review of need associated with the changing population, and a review of service delivery in Primary Care and Acute Care.

This approach will drive the maximum benefit that can be obtained from existing capacity and resources and ensure that the new capital investment can be applied effectively. The products of this approach would be a comprehensive elective care redesign programme and a specification for new diagnostic and treatment facilities within the Elective Care Centre.

To ensure that the funding is directed to where it will achieve optimum benefit, a Strategic Assessment of Elective Care in Grampian was undertaken to shape the scope of the project over a period of 12 – 18 months. This information has been

utilised to support the two key strands of the programme, namely to inform and drive the development of a Grampian Elective Care Strategy, in a regional context, and the Initial Agreement and Outline Business Case (OBC) for a share of the £200m. A requirement is that the capital is applied by May 2021 to support efficiency and additionality in future Elective Care provision.
The understanding of local priorities, opportunities and challenges which has been developed through this engagement process has been used to shape the Initial Agreement which received approval in 2018. It has then been further developed for the current Outline Business Case, which in turn sets out the areas for capital development in Grampian, underpinning the developing Elective Care Strategy for the next three years and beyond to 2035..

4. Project Management Arrangements/Structure

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

5. Past Communication and Involvement Activity

Involving staff, patients and the public is intrinsic to NHS Grampian's approach to strategic planning and service delivery. Work to involve stakeholders in the current project has been undertaken since the early stages of project planning and has been a feature of engagement adopted by the Programme Team from the start. This is also evident in the close working with the Public Involvement team to ensure appropriate stakeholder involvement. The four broad groups of stakeholders that the Programme Team have engaged with since December 2016 include:

- NHS Grampian staff
- Patients and the public
- Third Sector organisations (charities and patient support networks)
- Regional and national planning and regulatory bodies and clinical networks

More details on project Stakeholder Involvement to date can be found in Appendices D & E.

6. What Are We Consulting On?

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

- Services will not be stopping/closing
- Why service delivery is changing
- Where services are moving to and when

- What will be different and how
- What patients and the public can and cannot influence

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

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

- Helping to ensure the environment of care meets the needs of the population, for example influencing the design of the new buildings including patient access, waiting areas, internal and external environment, and signage.
- Redesign of clinical services and patient pathways of care, for example one stop clinics, functional disorder pathway, and community hubs.
- Provision of care closer to home and increased use of technology
- Redesign of patient pathways of care for example functional disorder.
- Stakeholder Analysis for the Community Hubs

7. Who Will Be Informed and Involved?

To help identify stakeholders with a concern or an interest in the project, a Stakeholder Analysis Exercise was carried out by the Programme Team on behalf of the Programme Board in April 2017, further reviewed in December 2017 and a further revision made in March 2019 (See Appendix C). This process involved gathering a list of stakeholders and then prioritising them into categories in terms of their interest and influence. This exercise will allow Programme Team resources to be directed appropriately, in relation to those who need to be kept informed and others who need to be supported to be fully involved.

As people's interest and influence in the project changes over the life of the project, the original Stakeholder Analysis will be reviewed regularly. This will be used to develop the ongoing communication and involvement action plans.

A Benefits Realisation Plan (Appendix H) will be an important part of planning for the project and will lead to specific pieces of clinical service redesign work which will benefit from having public and patient involvement. The details of the service redesign agenda will be worked on by the Programme Team, and this work will benefit from establishing a current patient experience baseline and, subsequently, agreed improvement targets through consultation. Further detailed in the Service Redesign Plan (Appendix P).

The Programme Team will also work with existing structures and networks such as the Public Involvement Network and in particular established Third Sector groups associated with the Elective Care services.

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

As detailed in Section 5 and Appendix D & E, NHS Grampian staff, public representatives and Third Sector representatives have been involved from the early stages of the project.

A common sense approach to the communication and involvement process is to dovetail activities with the stages of the business planning cycle of the project. This will allow the involvement process, including decisions about who to involve and how to involve them, to be agreed in a timely manner.

The Business Planning Cycle Stages are:

- Initial Agreement
- Outline Business Case
- Detailed Design of Facilities
- Full Business Case
- Financial Close
- Construction
- Commissioning of Facilities

These stages will progress in tandem with service redesign.

The new facilities will facilitate appropriate clinical service redesign to ensure we continue to provide high quality care in the most effective way to meet patient needs. A redesign structure has been developed by the Programme Team, including patient representation.

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

- Newspaper features
- The NHS Grampian website and intranet
- Noticeboards
- Newsletters
- Awareness sessions
- Social media presence utilising NHS Grampian 'Elective Care' Facebook and Twitter accounts managed according to agreed Social Media Guidelines and strategy

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

- Representatives on Programme Board and Programme Groups

- Public representation at workshops involved with service redesign
- Patient interviews
- Patient surveys to establish a baseline for the Benefit Realisation Plans for both buildings

Although the initial stages of consultation have been quite focussed, in terms of who has been involved, the next stage of the process will include raising wider public awareness of the proposals. Subsequent action plans will detail this involvement.

9. Following National Guidance

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

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

Extracts from this guidance include:

- *NHS Boards are required to involve people in designing, developing and delivering health care services they provide for them.*
- *Where the Board is considering consulting the public about service development and change, it is responsible for*
    - *informing potentially affected people, staff and communities for their proposal and the timetable for:*
        - *involving them in the development and appraisal of options.*
        - *involving them in a (proportionate) consultation on the agreed options.*
        - *reaching a decision.*
    - *providing evidence on the impact of this public involvement on the final agreed service development or change.*
- *The public involvement process should be applied in a realistic, manageable and proportionate way to any service development or change*
- *Boards should (...) keep the Scottish Health Council informed about proposed service changes so that it can provide Boards with advice and, if necessary, support in involving potentially affected people in the process.*

The Programme Team has met with the Scottish Health Council in relation to the Major Service Change assessment. The Scottish Health Council local office representatives have communicated their agreement in principle, with the information available at this stage, that the project does not meet the threshold for Major Service Change as set out in *Guidance on Identifying Major Health Service Change* (Scottish Health Council, 2010).

The Scottish Health Council have also attended as observes at the clinical workshops and carried out an evaluation of the engagement process (Appendix 6). They are regularly updated on the progress, by being a member of the Communications and Engagement project group.

A Health Inequalities Impact Assessment has been carried out by the project for the Outline Business Case.

Public involvement in the project will build on NHS Grampian's commitment to follow national guidance and an established culture of communication with the people it serves, evidenced in its core organisational values of 'Caring, Listening and Improving'. The National Standards for Community Engagement will be followed to ensure good practice in day-to-day aspects of the project (see Appendix 7).

10. Progress Evaluation

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

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

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

11. Post-Programme Evaluation and Benefits Realisation Plan

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

A comprehensive Benefits Realisation Plan is included as part of the Outline Business Case for the project (Appendix H), building on the initial work outlined in the Initial Agreement. This plan identifies the potential benefits of the project, how they will be measured and how they are evaluated.

Appendix C
Stakeholder Analysis

STAKEHOLDER ANALYSIS

Elective Care Programme

To achieve optimal, sustainable outcomes and from any project, it is important to work with stakeholders from an early stage. Early stakeholder analysis helps us to understand who are our stakeholders and how best to interact and communicate with them. They can aid in shaping our ideas and creating a joint vision; they are more likely to be committed to the project and its sustainability; and they can even be involved practically, often sharing resource and communication channels.

The following stakeholder analysis was undertaken for the Elective Care Programme in April 2017, reviewed December 2017 and further revised March 2019

MANAGE / PARTNER

High power, interested people:
Manage closely- these are the people who should be fully engaged and fully satisfied with information

Elective Care Capital Project	**Elective Care Redesign Programme**
National Programme Board	NHSG Members
NHSGrampian Board Members	
Clinical Teams involved in the Programme	22 Clinical Teams involved in the Programme
North Region Health Care Collaborative (NRHCC)	North Region Health Care Collaboartive (NRHCC)
Senior Leadership Team (which includes the three Chief Officers)	Senior Leadership (which includes the three Chief Officers)
Grampian Area Partnership Forum	Grampian Area Partnership Forum
Senior Operational Managers from Acute and Primary Care	Senior Operational Managers from Acute and Primary Care
Medical, Nursing, AHP and other Clinical Leaders in the Community and Acute Sectors	Medical, Nursing, AHP and other Clinical Leaders in the Community and Acute Sectors
Advisory Committee Structure	Advisory Committee Structure

Acute Senior Leadership Team	Acute Senior Leadership Team
General Practitioners Aberdeen City	General Practitioners Aberdeen City
General Practitioners Aberdeenshire	General Practitioners Aberdeenshire
General Practitioners Moray	General Practitioners Moray
Patients and relatives/carers	Patients and relatives/carers
Hospital Pharmacy	

SATISFY / INVOLVE

High power, less interested people:
Keep satisfied - these people should be satisfied with information, but not so much that they become bored with the message.

Elective Care Capital Project	**Elective Care Redesign Programme**
Scottish Government	
Local Elected Members	Local Elected Members
Scottish Central Investment Group	
Asset Management Group	
Elective Programme Regional Group	
Elective Programme National Group	
Local Authorities	
Health and Social Care Partnerships Aberdeen City Integrated Joint Board Aberdeenshire Integrated Joint Board Moray Integrated Joint Board	Health and Social Care Partnerships Aberdeen City Integrated Joint Board Aberdeenshire Integrated Joint Board Moray Integrated Joint Board

CONSULT / INVOLVE

Low power, interested people:
Keep informed - people should be kept adequately informed, with sufficient engagement to ensure that no major issues are arising. These people can often be very helpful with the detail of the project.

Elective Care Capital Project	Elective Care Redesign Programme
Scottish Ambulance Service	Scottish Ambulance Service
Regional Partner Boards -NHS Highland, NHS Tayside, NHS Orkney, NHS Shetland, NHS Western Isles	Regional Partner Boards – NHS Highland, NHS Tayside, NHS Orkney, NHS Shetland, NHS Western Isles
Patient Participation Groups	Patient Participation Groups
Third Sector Organisations	Third Sector Organisations
Scottish Health	Scottish Health Council
Community Councils	Community Councils
Care Homes – Management and staff	Care Homes – Management and Staff
Transport Service	Transport Service
	Scottish Access Collaborative

INFORM / MONITOR

Low power, less interested people:
Monitor. These people should be monitored for further interest, but not bored with excessive communication.

Elective Care Capital Project	Elective Care Redesign Programme
Care Home residents	Care Home Residents
Community Planning Partnerships	Community Planning Partnerships
Clinical and non-clinical staff indirectly	Clinical and non-clinical staff indirectly

affected by the programme	affected by the pogramme
Other (non-partner) Boards	Other (non-partner) Boards
Robert Gordon University, University of Aberdeen	Robert Gordon University, University of Aberdeen
Business Community ? definition	Business Community
Private Providers – Albyn Hospital, Aberdeen Clinic	Private Providers – Albyn Hospital, Aberdeen Clinic
Media	Media
General Public / Visitors	General Public/Visitors

Appendix D

Communication and Involvement - Action Plan

Appendix D

Elective Care

Communication and Engagement Action Plan

Date: 10th July 2019

Version DRAFT 3

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Purpose: To support the development of, and record the activities undertaken by the communication and engagement group of the Elective Care project

In line with NHS CEL (Chief Executive Letter) 4 (2010) "*Informing, Engaging And Consulting People In Developing Health And Community Care Services*", we understand the communication and engagement is an important part of this project, and the decisions made within this project. Communication is not important to raise awareness of this project, but also to:

- Encourage confidence in and excitement for the project, which strengthens the decision-making process in a positive way.
- Ensure that feedback is gathered and used appropriately so that the outcome suits the needs of service users and the staff which will be using the service/building/facilities
- Identify the stakeholders, keep them involved in the project, updated throughout the project and that their expectations are managed appropriately.

Key points to remember:

- Stakeholders group are not the same or do they remain the same during a project. They can change, their interest in or opinion of the project may change and groups may interact over time.
- Communication is more than just clear information. You should also be prepared for responding to stakeholders and adjusting information to stakeholder's needs/requirements.
- Stakeholder management is an important process, which should be continuous throughout your project.
- Stakeholders can make up a range of internal and external groups. Some may have roles in the governance and/or review of NHS Grampian operations.

It is important to understand that communication and engagement is key for the running of this project, but also can have an impact on the wider NHS. Poor communication and engagement comes with risks. The risks identified in this project is on page 3.

The following communication and engagement plan details the actions at each stage. This is a live document and will be the responsibility of the **Communication & Engagement group** to update as required.

Communication and Engagement Group

The full remit of the group is outlined in the terms of reference, but the Elective Care Project Communications and Engagement Group will:

- Ensure appropriate communication is shared with staff, patients and partner agencies
- Effectively utilise the available communications resources

- Ensure a consistent approach to communication
- Regularly monitor the effectiveness of the current communications strategy and develop new approaches when indicated

Membership:

Manju Patel, Project Director

Duff Bruce, Clinical Lead

Louise McKessock, Clinical Redesign Manager

Fidelma Hurst, Imaging Project Manager

Elaine Slattery, Project Nurse

Kelly Easton, e-Health Programme Manager

Louise Ballantyne, Public Involvement Manger

Christopher Third, Local Officer, Scottish Health Council

Emma Berry, Public Involvement Officer

Liz Howarth, Public Involvement Officer

Joan Duncan, Public Representative

Risks of Poor Engagement

A risk assessment should be carried out before engagement projects begin, to identify areas which could jeopardise success through a lack of meaningful engagement with the relevant stakeholders. Poor communication and engagement can result in many problems for a project. Examples of these problems are:

- Project delays or revisions due to poor engagement being carried out or poor timing of engagement with stakeholders
- Identifying the wrong stakeholders for your project can mean that feedback isn't appropriate, which will result in a weaker decision making process – open to criticism
- Not valuing your stakeholder input and their needs could result in them not supporting the project at later stages.

Poor engagement in a project can also have an impact on the wider organization and result in a potential risk to the reputation of NHS Grampian.

Any additional project-specific risks involved with communication and engagement activities can be listed below.

Project Engagement Risks

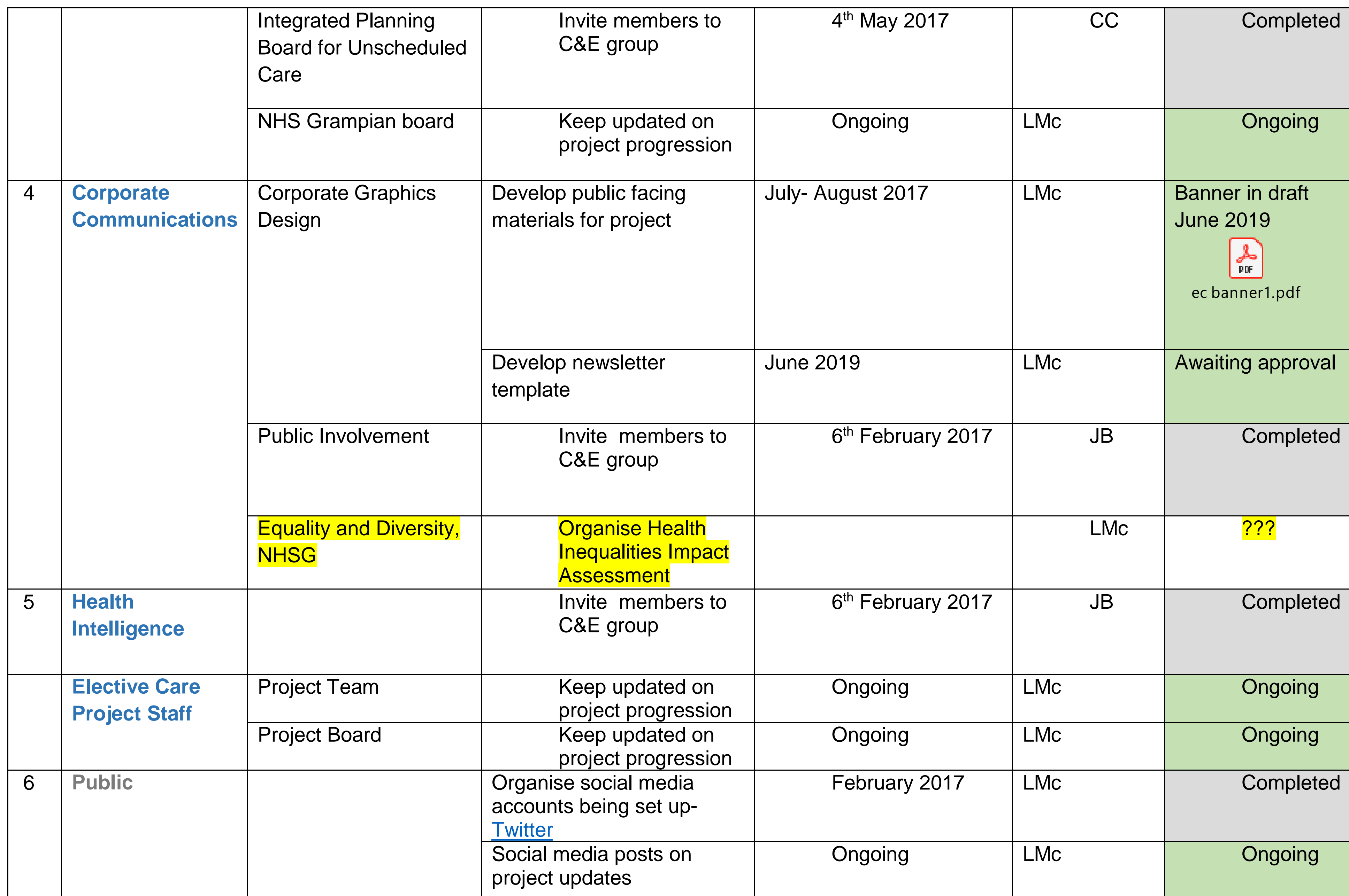
Risk	Impact on project	Impact on NHSG	How is this risk mitigated?
Not collecting a wide enough range of stakeholder views	Views gathered may not be fully representative	Resources may be spent to change services later. Some stakeholders feel their views may not be listened to.	Ensure engagement is far reaching and enough views are gathered from stakeholders.
Engaging too late in the process	Services are not designed around the needs of stakeholders	Services not fit for purpose – time and money spent amending this	Ensure engagement is done in a timely manner, with clear information on what engagement can influence.
Not engaging/informing the appropriate stakeholders	The stakeholders which need to know are left out of the loop – risk of stakeholders feeling uninformed/uninvolved	Potential risk of reputational harm and/or damage to working relationships	Ensure communication is clear and far reaching so all stakeholders are well informed.
People may think services are being closed or reduced	Could result in negative publicity and cause barriers for effective engagement	Reputational harm and cause panic of staff/service users unnecessarily.	Ensure communication and key messages are clear and consistent

Sample Communication and Engagement Action Plan V2

Internal stakeholders/ External stakeholders

Stage 1: Plan/Inform						
	Broad stakeholder group	**Specific group(s)/areas**	**Methods**	**Timescale**	**Lead**	**Status**
1	**Service Users**	Patients	Identify sources of existing feedback	Feb-March 2017	PIO	Completed
			Community corner for information	July 2019	LMc	Stand booked for the w/c 12 August
		Carers/Families	Identify sources of existing feedback	Feb-March 2017	PIO	Completed
			Community corner for information	July 2019	LMc	Stand booked for the w/c 12 August
2	**Staff**		Intranet site for information	December 2017	LMc	Ongoing last updated Jan 2019

			Global emails	December 2017	LMc	Ongoing when updates required
			Hardcopy flyers	December 2017	LMc	Ongoing when updates required
			NHS Upfront	May 2019	LMc	Completed
			Community corner for information	July 2019	LMc	Stand booked for the w/c 12 August
			Newsletter	July 2019	LMc	1st issue in draft
3	**Internal Assurance seekers**	Acute Sector Leadership Team	Attend, discuss project and invitation to be reps	8th March 2017	LMc	Completed
		Engagement and Participation Committee	Keep updated on project progression	Ongoing	PIO	Ongoing
		Asset Management Group	Keep updated on project progression	Ongoing	LMc	Ongoing
		Surgical Transformation Board	Invite members to C&E group	4th May 2017	CC	Completed



		Integrated Planning Board for Unscheduled Care	Invite members to C&E group	4th May 2017	CC	Completed
		NHS Grampian board	Keep updated on project progression	Ongoing	LMc	Ongoing
4	**Corporate Communications**	Corporate Graphics Design	Develop public facing materials for project	July- August 2017	LMc	Banner in draft June 2019 ec banner1.pdf
			Develop newsletter template	June 2019	LMc	Awaiting approval
		Public Involvement	Invite members to C&E group	6th February 2017	JB	Completed
		Equality and Diversity, NHSG	Organise Health Inequalities Impact Assessment		LMc	???
5	**Health Intelligence**		Invite members to C&E group	6th February 2017	JB	Completed
	Elective Care Project Staff	Project Team	Keep updated on project progression	Ongoing	LMc	Ongoing
		Project Board	Keep updated on project progression	Ongoing	LMc	Ongoing
6	**Public**		Organise social media accounts being set up- Twitter	February 2017	LMc	Completed
			Social media posts on project updates	Ongoing	LMc	Ongoing

			NHS news article	March 2019	LMc	Completed
			Community corner for information	July 2019	LMc	Stand booked for the w/c 12 August
			Newsletter	July 2019	LMc	1st issue in draft
			NHS Grampian website – project page	Ongoing	LMc	Last updated April 2019 – ongoing updates to be added
7	**Scottish Health Council**		Meeting to discuss project	28th February 2017	JB,PIO	Completed
			Invite members to C&E group	11th April 2017	JB	Completed
			Liaise regarding major service change	November 2017	LMc	Completed
8	**GPs**		Agreed communication strategy	January 2018	LMc, NS	Completed
9	**Scottish Government**		Communication and Involvement framework	Updated May 2019 for OBC	PIO	Awaiting approval from Project Team
			Communication and Involvement summary	Updated May 2019 for OBC	PIO	Awaiting approval from Project Team

			Communication & Engagement plan	Updated May 2019 for OBC	PIO	Awaiting approval from Project Team
			Stakeholder analysis	Updated May 2019 for OBC	PIO	Awaiting approval from Project Team
10	**External Assurance seekers**	Grampian Pain Support Committee	Attend, discuss project and invitation to be reps	3rd March 2017	LMc	Completed
		North East Sensory Services Committee	Attend, discuss project and invitation to be reps	8th March 2017	LMc	Completed
		Grampian Aberdeen Partnership Forum	Keep updated on project progression	Ongoing	LMc	Ongoing
11	**Aberdeen City Health and Social Care Partnership (HSCP)**		Seek guidance on early PI strategies from previous work	10th February	LMc	Completed
			Keep updated on project progression	Ongoing	LMc	Ongoing
12	**Aberdeenshire HSCP**		Keep updated on project progression	Ongoing	LMc	Ongoing

13	**Aberdeen IJB**		Invite members to C&E group	6th February 2017	JB	Completed
14	**Moray HSCP**		Keep updated on project progression	Ongoing	LM	Ongoing
15	**Third sector Interfaces**	MorayTSI				
		ACVO (City)				
		AVA (Shire)				
16	**National Programme group?**					
17	**Elected Members?**					

Stage 2: Engage

*The C&E group is committed to ensuring stakeholder views are included in this project. To date, engagement has been limited as group are awaiting information from national project team on what decisions can be influenced. Engagement will be of high importance moving forward.

	Broad stakeholder group	Specific group(s)	Methods	Timescale	Lead	Status

1	**Service users (patients and carers)**		80 Workshops – 22 specialities to have patient reps	March-Dec 2017	Buchan Associates	Completed – 19 specialities had patient reps
			Debriefing workshop for reps who attended workshops	August 2017	PIO	Completed
			ICU Patient Feedback session	November 2017	LMc	Completed
			Organise public and patient reps group for project engagement	May 2019	ES	Underway
2	**Staff**		80 Workshops – 22 specialities to be included	March-Dec 2017	Buchan Associates	Completed (400 staff attended)
			Upfront – invitation to become involved in project	May 2019	HS	Completed
6	**Public**		NHS News – invitation to become involved in project	March 2019	PIO	Completed
			Organise public and patient reps group for project engagement	May 2019	ES	Underway
			Planning of Application Notice – Public Information session	August 2019	LMc	Event planning underway

Stage 3: Consult						
	Broad stakeholder group	**Specific group(s)**	**Methods**	**Timescale**	**Lead**	**Status**
1.						
2.						
3.						

4.						
5.						
6.						
Stage 4: Feeding back						
	Broad stakeholder group	**Specific group(s)**	**Methods**	**Timescale**	**Lead**	**Status**
1.						
2.						
3.						

4.						
5.						
6.						

Note: The Project Team are not included in the matrix above as it is that group's responsibility to execute it. However, the Plan recognises lines of communication that critically need to operate within the components of this group.

Engagement Evaluation

The engagement in the project should be evaluated, to determine the success and learning from each activity. This will allow the project team and steering group to determine if further engagement activities are required to achieve the goal, or if the activity has been successful in achieving appropriate views. This can then be used in the overall evaluation of engagement in your project/service in line with other tools you may have.

The following Engagement Evaluation details the aim of public involvement and each activity undertaken to gather views of relevant stakeholders. Stakeholder target groups can include (but is not limited to) service users, public and staff.

This is a live document and will be the responsibility of **Communication & Engagement group** to update as required.

Aim/Goal:						
	Target Group	Activity undertaken	Number of views gathered	Successes of activity	Learning from activity	How have these views impacted the service/project

Aim/Goal:						
	Target Group	Activity undertaken	Number of views gathered	Successes of activity	Learning from activity	How have these views impacted the service/project

Appendix E

Summary of Communication & Engagement to June 2019

APPENDIX E

NHS Grampian

The Elective Care Programme

Communication and Engagement Activity

Summary Report April 2019

1) Introduction

This report summarises the communication and involvement activity relating to The Elective Care Programme which took place between November 2016 and May 2019. There has been significant stakeholder involvement and engagement carried out to date around the development of elective care diagnostic and treatment facilities in Grampian.

Communication and involvement activities are carried out by all members of the Programme Team, supported by a Public Involvement Officer within the Public Involvement Team.

A Stakeholder Analysis exercise was carried out by the Programme Team in April 2017, reviewed in December 2017, and further revised in February 2019. This document, along with the Communication and Engagement Action Plan, has guided the project's communication and engagement activities in early project stage.

The Project Communication and Involvement Framework has been developed as part of the Initial Agreement business case. This has been updated for the Outline Business Case in 2019 to reflect any changes since the initial documents were written. There will continue to be communication and engagement action plans developed throughout the lifespan of the project to guide the ongoing work.

An Elective Care newsletter will be distributed in July/August 2019 to stakeholders including staff, Third Sector partners, patient groups and members of the public. This newsletter aims to provide information and raise awareness of the Elective Care Project. This newsletter will be released either monthly or quarterly (as required) to provide ongoing updates to stakeholders. Paper copes of the newsletter will be made available at all project events. Electronic versions will be available on the NHS Grampian intranet for our staff and distributed via our global email networks.

2) Staff engagement and information

Programme leads met with clinical teams from the involved specialties between November 2016 and January 2017 to provide initial information about the programme and planned communication and engagement during 2017. Programme leads also provided information to the NHS Grampian Advisory Committee structure at the same time.

A series of more than 80 workshops focussing on the strategic review of existing capacity as well as system-wide opportunities for future transformation was led by Buchan Associates, external healthcare planners between March and December 2017. Over 400 staff from 22 specialties attended the workshops.

Staff evaluation of the workshops was carried out between October and November 2017.

A Communication and Engagement Group for the programme, with participation from NHS Grampian and Aberdeenshire Integrated Joint Board, was established in February 2017. This group was originally dedicated to the Elective Care Programme but the membership was extended in May 2017 to include representation from the Integrated Board for Unscheduled Care and the Surgical Transformation Board to progress an overarching 'Healthfit' communication and engagement strategy

A staff briefing flyer was produced and distributed in January 2018. This flyer was distributed in hard copy and electronically to ensure equitable cascading of information to all staff groups. Staff drop-in sessions will be carried out through 2019, to provide project updates and answer any questions.

Project information has been made available electronically through the NHS Grampian website, staff intranet and social media channels.

An article on the Elective Care Centre was published in May 2019 of NHS Grampian Upfront magazine, a publication aimed at NHS staff.

3) Patient and Public communication and engagement

Public representatives were recruited from the existing NHS Grampian Public Involvement Network, or identified and invited by the participating services, to provide a patient voice at the strategic review workshops. 19 out of 22 specialties had patient representation in workshops between March and December 2017. On rare occasions it was not possible to assign a patient representative to a specialty, or a representative became unable to participate at short notice and could not be replaced.

Evaluation of workshops by public representatives carried out by the Scottish Health Council in July and August 2017 was very positive.

A dedicated debriefing workshop was organised for public representatives in August 2017 when the majority of workshops had finished to capture any further comments and also to thank them for their participation. The Scottish Health Council also attended for quality assurance.

A further dedicated one to one feedback session was organised for an Intensive Care Unit patient in November 2017 in view of the sensitive nature of this particular speciality.

A short video clip with public representatives talking about their participation in the workshops has been developed with the local Scottish Health Council Team. The video clip has been shared on social media and other NHS Grampian online platforms to raise the profile of the programme and encourage members of the public to get involved.

An article regarding the new Elective Care Centre was published in the NHS News Spring/Summer 2019 edition. This is a local, public-facing publication which distributes 10,000 paper copies and is shared electronically and online twice a year. Through this article, public representatives were invited to join the project. The project has also invited public representatives through NHS Grampian's Upfront magazine and Facebook page. Each speciality moving into the new Elective Care Centre has been asked to nominate a patient/public representative. This pool of representatives will be key to the project as it continues.

Looking forward, the team have undergone twitter training, and plan to provide regular updates through social media accounts designated for the project.

The project believe having public and patient representation has been an important part of this project to date. Ensuring appropriate communication and engagement with these stakeholders will continue to be a priority for the future of this project.

4) Third Sector involvement

The Programme Team attended the Grampian Pain Support Committee and the North East Sensory Services Committee meetings in March 2017 to discuss project and recruit representatives to attend strategic review workshops.

A programme of Third Sector engagement will be carried out and developed throughout the project as we recognise they are a key stakeholder.

5) Communication and engagement approach

In May 2017, the Communication and Engagement Group membership was extended beyond Elective Care Programme to include representation from the Surgical Transformation Board and the Integrated Planning Board for Unscheduled Care. It was agreed that the three programme boards would pursue an overarching high-level communication and engagement strategy under 'Healthfit' to avoid duplication or conflicting messages to staff and the public. Programme-specific communication and engagement activities also continue to be developed at programme level for each Board.

A staff-orientated Healthfit newsletter covering news from all three programme boards has been published from July 2017 onwards.

Key public messages for all three programme boards were approved for use in September 2017.

The three programme boards and members of the Public Involvement Network were consulted regarding the development of branding for the Healthfit approach in September 2017. Branding has been selected based on the consultation findings.

Since 2017, the Elective Care Programme has moved away from Healthfit branding due to the national programme endorsing a "national branding" approach, further update awaited. The Elective Care Programme still continues to have regular communication with the Surgical Transformation Board and the Integrated Planning Board for Unscheduled Care.

6) Regional approach

A regional approach and agreed actions will be developed and confirmed linked to the progression of the Project and related Projects in Boards across the North of Scotland. It will also be linked to communication and engagement activities associated with a regional delivery plan – 'Delivering Health and Social Care to the North of Scotland 2018-2021'.

7) Health and Social Care Partnerships (HSCP)

We continue to work with HSCP and the Integrated Joint Boards (IJBs) moving forward with this project to ensure they are suitably informed and involved. Monthly meetings were held throughout 2017-2019 with the IJB to ensure good communication about the project. Representation from the three HSCP sit on the project board. The project team continue to work closely with the GPs who are involved in various strands of redesign work within the programme.

8) Scottish Health Council

The Project Team met with the Scottish Health Council in February 2017 to discuss the project and get early guidance on the most appropriate public involvement model.

Scottish Health Council has been a member of to the monthly Elective Care Community and Engagement Group since May 2017.

In November 2017, confirmation in writing was received from the Scottish Health Council stating that based on the information currently available, the Elective Care Programme was unlikely to meet the criteria for Major Service Change.

In February 2019, a further meeting was held with the Scottish Health Council. The Elective Care team agreed to submit a Major Change form for both parts of the Elective Care Programme. We will continue to work closely with the Scottish Health Council moving forward.

9) Other

We have worked closely with our corporate communication colleagues and will continue to for the remainder of the project. We have worked with the Equality and Diversity manager to carry out the Inequality Health Impact Assessment. We are working with Corporate Graphics and Public Involvement to have clear and consistent messages for stakeholders.

10) Conclusion

A significant amount of communication and engagement activity regarding the Elective Care Programme has been carried out since November 2016.

Consequently, a substantial amount of valuable feedback and input has been obtained to inform the plans for enhanced diagnostic and treatment facilities, and a programme of transformational service redesign. We plan to continue engaging and consulting with stakeholders as the project moves forward.

Public Involvement Team
July 2019

Appendix F

NHS Scotland National Design Assessment Report (NDAP)

NHSG Elective Care

Response to OBC Stage NDAP Report

E = Essential (prior to planning submission)
A = Advisory

Item	Cat	Description	Draft Response	
1	E	Prior to commencing FBC stage the Board complete their key elements of their brief, including HAI SCRIBE stage review and action list.		HAI Stage 1 is co now taken place, M&E design has b A HAI Risk Matrix mitigation for the
2	E	Clear benchmarks for Energy Target to be agreed and updated in the NHSG Design Statement.		Energy Targets w 25.11.19. These a 170 – 180 kWh/ m statement (4.2) ha
Site Layout and Response				
1.2	E	We understand the rationale of providing the main entrance at the First Floor (Level 3) as it means the patient journey from the Lady Helen Parking Centre (multi-storey car park) can be achieved with minimal change in level, and allows for a generous entrance plaza with patient drop off adjacent. However, this will mean the main bus drop off as existing arrives at the storey below - Ground Floor (Level 2). As a result, patients and visitors using public transportation will need to use the external stairs to reach the main entrance or take a more circuitous route up to the entrance if their mobility is impaired. It is important therefore that the landscape design and wayfinding signage help to indicate the route to the main entrance from this lower level to avoid unnecessary stress and anxiety for patients and visitors as per *DS 1.3*. We also agree with Aberdeen City Council’s comment in their pre-		We can advise tha particular the exte developed from th stair have been re route to the main introduced to softe in level. Further a the stair to flare th to external routes internal route via t for patients/visitor

Appendix G

Benefits Register

<table>
<tr><th colspan="6">NHS Grampian Elective Care Benefits Register</th></tr>
<tr><th colspan="5">1. Identification</th><th>2. Prioritisation (RAG)</th></tr>
<tr><th>Ref No.</th><th>Benefit</th><th>Assessment</th><th>As measured by:</th><th>Baseline Value</th><th>Target Value</th><th>Relative Importance</th></tr>
<tr><td>1</td><td>Supports reduced lengths of stay for specialties directly involved</td><td>Quantitative</td><td>Analysis of current length of stay and in future with enhanced ambulatory care services</td><td>Average Elective length of stay: only acute episodes with a length of stay greater than zero included
<table><tr><th colspan="3">Average Elective Length of Stay (LOS) days:
April 2016 – March 2017</th></tr><tr><th>Specialty</th><th>Grampian</th><th>Scotland</th></tr><tr><td>Ear, Nose & Throat (ENT)</td><td>1.8</td><td>1.7</td></tr><tr><td>General Surgery</td><td>3.5</td><td>3.4</td></tr><tr><td>Oral and Maxillofacial Surgery (OMFS)</td><td>1.5</td><td>1.4</td></tr><tr><td colspan="3">Data Source: NSS Discovery</td></tr></table></td><td>“Upper quartile” in Scottish context
<table><tr><th>Specialty</th><th>Target</th></tr><tr><td>ENT</td><td>1.1</td></tr><tr><td>General Surgery</td><td>2.0</td></tr><tr><td>OMFS</td><td>1.1</td></tr></table></td><td>5</td></tr>
<tr><td>2</td><td>Supports more patients having treatment as day cases</td><td>Quantitative</td><td>Health Intelligence analysis</td><td>British Association of Day Surgery(BADS) including outpatient procedures:- % BADS achieved
<table><tr><th colspan="3">Average Elective Length of Stay (LOS) days:
April 2016 – March 2017</th></tr><tr><th>Specialty</th><th>Grampian</th><th>Scotland</th></tr></table></td><td>“Upper quartile” in Scottish context
<table><tr><th>Specialty</th><th>Target</th></tr><tr><td>ENT</td><td>94.1%</td></tr><tr><td>Gen</td><td>85.6%</td></tr></table></td><td>5</td></tr>
</table>

<table>
<tr>
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<table>
<tr><td>Ear, Nose & Throat (ENT)</td><td>88.1%</td><td>94%</td></tr>
<tr><td>General Surgery</td><td>53.2%</td><td>63.1%</td></tr>
<tr><td>Oral and Maxillofacial Surgery (OMFS)</td><td>70.2%</td><td>82.1%</td></tr>
<tr><td colspan="3">Data Source: NSS Discovery</td></tr>
</table>
</td>
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<table>
<tr><td>Surg</td><td></td></tr>
<tr><td>OMFS</td><td>83.3%</td></tr>
</table>
</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Moderates demand for OP appointments for specialties directly involved in proposal</td>
<td>Quantitative</td>
<td>New Outpatient Attendance rates</td>
<td>
Grampian new O/P appointments per 1000 population
<table>
<tr><td colspan="3">New Outpatient Age Standardised Attendance Rates per 1000 pop: April 2016 – March 2017</td></tr>
<tr><td>Specialty</td><td>Grampian</td><td>Scotland</td></tr>
<tr><td>Respiratory</td><td>4.08*</td><td>8.82</td></tr>
<tr><td>Dermatology</td><td>12.75</td><td>26.31</td></tr>
<tr><td>Urology</td><td>6.03*</td><td>13.03</td></tr>
<tr><td colspan="3">Data Source: NSS Discovery Level 2 New Outpatient Referral rates Residence</td></tr>
</table>
</td>
<td>
<table>
<tr><td colspan="2">Target Scotland “upper quartile”</td></tr>
<tr><td>Respiratory</td><td>4.78*</td></tr>
<tr><td>Dermatology</td><td>18.9</td></tr>
<tr><td>Urology</td><td>10.21*</td></tr>
</table>
</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Supports the conversion of unscheduled patients to elective pathways</td>
<td>Quantitative</td>
<td>Shift of activity from IP to DC, from DC to OPLA</td>
<td>Will be populated at FBC when redesign assumptions progressed
Impact of “rapid access” professional judgement-local audit? What % now admitted that could go to rapid access clinic</td>
<td>Target TBC at FBC</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Supports optimised performance against</td>
<td>Quantitative</td>
<td>Access performance</td>
<td>Inpatient/Daycase Waiting Times:</td>
<td></td>
<td>5</td>
</tr>
</table>

	waiting times targets		metrics, e.g. 12wk NOP and TTG	**(NB Discovery does not separate out day case)** (see nested tables below)	*Target Inpatient – Treatment Time Guarantee 100% in 12 weeks*	

Completed Inpatient/Day Case

Waits Over 12 weeks:

April 2016 – March 2017

Specialty	**Grampian**	**Scotland**
Ear, Nose & Throat (ENT)	13.8%	13.1%
General Surgery	18.4%	13.3%
Oral and Maxillofacial Surgery (OMFS)	No Scotland values for OMFS	

Data Source: NSS Discovery

NB National General Surgery figures include more specialties that Grampian are including (ie Breast Surgery)

Completed Day Case at ARI (exc DGH & RACH) – excluding scopes

Waits Over 12 weeks:

April 2016 – March 2017

Specialty	**ARI only**
Ear, Nose & Throat (ENT)	15.60%
General Surgery	25.90%
Oral and Maxillofacial Surgery (OMFS)	36.40%

Data Source: NHS Grampian, Health Intelligence

Local Data

Completed Day Case at ARI (exc DGH & RACH) - Scopes Waits Over 6 weeks: April 2016 – March 2017	
Specialty	**ARI only**
Gastroenterology & General Surgery	19.80%
Data Source: NHS Grampian, Health Intelligence Local Data	

Outpatient Waiting Times:

Complete OP waits over 12 weeks (exc DGH & RACH) April 2016 – March 2017		
Specialty	**ARI/Grampian**	**Scotland**
Ear, Nose & Throat (ENT)	8%/17.9%	21.8%
General Surgery	22%/25.1%	15.5%
Oral and Maxillofacial Surgery (OMFS)	No Scotland values for OMFS ***local data 27%/18.9%**	

Target - Outpatients – 95% seen in weeks

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<tr>
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<table>
<tr><td>Respiratory</td><td>31%/34.6%</td><td>24.2%</td></tr>
<tr><td>Dermatology</td><td>39%/39.0%</td><td>22.2%</td></tr>
<tr><td>Urology</td><td>36%38.3%</td><td>17.9%</td></tr>
<tr><td colspan="3">Data Source: NSS Discovery Grampian & Scotland where available

NB National General Surgery figures include more specialties that Grampian are including (ie Breast Surgery)</td></tr>
</table>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>Supports ‘One-Stop’ approach with minimised requirement to attend hospital appointments</td>
<td>Quantitative & Qualitative</td>
<td>HI data re NSOPs,

clinic outcomes

Patient survey</td>
<td>Outpatient Return to New Ratio:
<table>
<tr><th colspan="3">Outpatient Return to New Ratio: April 2016 – March 2017</th></tr>
<tr><th>Specialty</th><th>Grampian</th><th>Scotland</th></tr>
<tr><td>Respiratory</td><td>2.43</td><td>2.3</td></tr>
<tr><td>Dermatology</td><td>1.4</td><td>2.33</td></tr>
<tr><td>Urology</td><td>2.19</td><td>1.78</td></tr>
<tr><td colspan="3">Data Source: NSS Discovery Level 2 NewandReturnOutpatientsTreatment and Level 1 overview treatment</td></tr>
</table>
</td>
<td>
<table>
<tr><th colspan="2">Target Scotland/Peer “upper quartile”</th></tr>
<tr><td>Respiratory</td><td>2.25</td></tr>
<tr><td>Dermatology</td><td>1.03</td></tr>
<tr><td>Urology</td><td>1.23</td></tr>
</table>
Patients report that they prefer the “one stop” model. Reduced travel, costs and disruption for patients and carers.
</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Supports improved access to key diagnostic</td>
<td>Quantitative</td>
<td>DMMI performance</td>
<td>Radiology</td>
<td>Discovery – NHS</td>
<td>5</td>
</tr>
</table>

	tests, where specialties are directly involved in proposal			**Radiology % Waiting more than 6 weeks at 31 March 2017** **Specialty** / **Grampian** **CT** — **3%** **MRI** — **16%** **Data Source: NSS Discovery, Level 1 Diagnostic Waiting Times** **Radiology % Waiting more than 4 weeks at 31 March 2017** **Specialty** / **Grampian** **CT** — **21.3%** **MRI** — **35%** **Data Source: NSS Discovery, Level 1 Diagnostic Waiting Times** **Radiology % Waiting more than 6 weeks at 28 February 2019**	*Boards working to local targets of 4 weeks.* *Aim is for zero waiting more than 6 weeks.*	

Specialty	Grampian
CT	9.5%
MRI	39.7%
Data Source: NSS Discovery, Level 1 Diagnostic Waiting Times	

Grampian MRI Waiting List – January 2019

Patients still waiting – at Month End – January 2019 – MRI
NHS Grampian (including Elgin)

This is the number of patients waiting, but not yet reported/verified, listed by period (days) since the date of receipt of referral for the test, as at the last day of the month

0-7 days	8-14 days	15-21 days	22-28 days	29-35 days	36-42 days	43-49 days	50-56 days	57-63 days	64-70 days	71-77 Days	78-84 Days	85-91 days	92 days and over
444	385	252	282	85	76	231	229	257	200	208	166	172	200
												Total	3187

52%

Grampian CT Waiting List January 2019

Target to be confirmed at FBC

Patients still waiting - at Month End - January 2019 CT
NHS Grampian (including Elgin)

This is the number of patients waiting, but not yet reported/verified, listed by period (days) since the date of receipt of referral for the test, as at the last day of the month

	0-7 days	8-14 days	15-21days	22-28 days	29-35 days	36-42 days	43-49 days	50-56 days	57-63 days	64-70 days	71-77 days	78-84 days	85-91 days	92 days and over
CT	405	235	134	132	38	43	110	68	31	11	6	4	6	43
													Total	1266

50%

Specialty Diagnostics

Speciality Diagnostics % Waiting more than 6 weeks at 31st March 2017	
Specialty	**Grampian**
Urology - cystoscopy	**24.5%**
Upper Endoscopy	**11.3%**
Lower Endoscopy	**14.8%**
Colonoscopy	**19.1%**
Data Source:	

8	Improved integration and communication between primary and secondary care services	Quantitative & qualitative	Referral numbers and conversion rates, Grampian Guideline	Local dataset based on removal reasons off waiting lists. Nothing available at National level to compare and set target		*3*

			Usage.	**% Referrals removed from waiting list with reason "GP-Inappropriate Referral" in FY 2018/19** **Specialty** / **ARI** Ear, Nose & Throat (ENT): 1.2% General Surgery: 9.7% Oral and Maxillofacial Surgery (OMFS): 1.2% Respiratory: 0.1% Dermatology: 6.0% Urology: 2.1% **Data Source: NHS Grampian Health Intellegence local data**	*Target to be confirmed at FBC*	
9	Patients are cared for in environs which maintain privacy and dignity	Qualitative	The proportion of patients who report that their dignity and privacy was maintained at all times	*TBC by survey 2020*	*2022 - 95% satisfaction levels*	*5*

10	Good teaching and learning environment created to support the existing culture of learning, creating competent practitioners delivering optimal care, with positive benefits for recruitment and retention of high quality people.	Qualitative	Undergraduate and post graduate students report a good learning experience. iMatter	*University of Aberdeen and Robert Gordon student surveys (source:UoA and RGU annual student surveys)*	*GMC trainee survey – reduction in "red flags"* *High level of satisfaction with teaching facilities*	*3*
11	Physical estate is improved, including the functional suitability and the quality of the estate	Quantitative	Proportion of estate categorised as either A or B for physical condition appraisal facet. Functional suitability facet Quality facet	*Baseline will be completed at FBC*	*Excellent* *100% A-B* *Excellent 100% A-B*	*5*
12	Reduces the age of the healthcare estate	Quantitative	Proportion of estate (related	*Baseline will be completed at FBC*	*100%*	*3*

			to services included in the Elective Care new build) less than 50 years old			
13	Appropriate spaces to deliver care safely	Qualitative	Facility provides spaces which are clinically safe and appropriate for modern day healthcare	*Accommodation currently not compliant with SHBN/HBN*	*All accommodation in new build elements of this development SHBN/SHTM compliant*	*3*
14	Improved recruitment and retention to all professions creating a sustainable workforce	Quantitative	Divisional workforce turnover rate	*2016/2017 Turnover Rates:* *Medical Division – 10.5* *Surgical Division – 10.3* *Support Service Division – 9.5* *Current NHS Grampian annual turnover 31st March 2019 10.5* *(source: NHSG Human Resources)*	*50% reduction by 2025*	*4*
15	Improves design quality in support of increased quality of care and value for money	Quantitative	AEDET Score	*Between 1.2 and 1.8* *Ref: AEDET*	*Target Scores between 4.0-4.7*	*5*
16	Reduces carbon emissions and energy consumption	Quantitative	Percentage reduction on CO_2		*2022 operational energy target for new build elements of the Elective*	*3*

			emissions and energy consumption for Foresterhill Health Campus		*care Centre* *TOTAL:230kWh/m²* *Thermal:120kWh/m²* *Electrical: 110kWh/m²*	
17	*The Community Benefits to be achieved during the construction phase will be included in the Benefits Register at Full Business Case stage once agreed with the PSCP*					*2*

Appendix H
Benefits Realisation Plan

Identification		***Realisation***					
Ref. No.	***Main Benefit***	***Who Benefits?***	***Who is Responsible?***	***Investment Objective***	***Dependencies***	***Support Needed***	***Date of Realisation***
1	Facility supports improved performance and reduced length of stay for specialties directly involved.	*Patients and staff*	*Project Team and Speciality Redesign Teams*	*Effective Quality of Care* *Value and Sustainability*	*Agreement to service model and clinical brief.* *Service planning and redesign of services to delivery care differently.* *Development of operational policies.*	*Support for each specialty to realise their Target Operating Model and implement optimised pathways and ways to redesign in advance of 2021.*	*Potential for benefits to be realised in part pre-2021 and new facility*
2	Facility supports more patients having treatment/surgery as daycases. Improved performance against agreed TOM – BADs rates reached and day	*Patients*	*Project Team and Speciality Redesign Teams*	Effective Quality of Care Value and sustainability	*Agreement to service model and clinical brief.* *Communication and education with patients about service provision and support provided.* *Development of operational policies.*	*Development of operational policies and communication with staff and patients.* *Pre-assessment service support to provide appropriately responsive service.*	*2021* *Potential for benefits to be realised in part pre new facility*

	case rates improved						
3	Moderates demand for OP appointments for specialties directly involved in proposal	*Patients*	*Operational Team*	*Person Centred Care* Effective Quality of Care Value and sustainability	*Optimal utilisation of Grampian Guidance. Service redesign is enabled by use of, and access to, technology. Education of staff and patients.*	*All services supported to adopt Modern Outpatient strategic approach and implement processes as e.g. patient triggered review and minimise multiple attendances.*	*2020 initially, full benefit from 2021*
4	Supports the conversion of unscheduled patients to elective pathways	*Patients*	*Operational Team*	*Person Centred Care*	*Agreement to new service model with increased ambulatory care provision.* *Staff training to provide enhanced ambulatory services.*	*Operational team to review current staffing model and pursue redesign plans to support new service model.*	*2020 initially, full benefit from 2021*
5	Supports optimised performance against waiting time targets		*Operational Team*	*Person Centred Care* Effective Quality of Care	*Improve service performance and efficiency by optimising service redesign.* *Improve future service*	*Operational team to review current staffing model and pursue redesign plans to support new service*	*2021*

				Value and sustainability	*capacity by improving asset base*	*model.*	
6	Facility supports 'One Stop' approach with minimised requirement to attend return appointments	*Patients*	*Project Team and Specialty Redesign Teams*	*Person Centred Care* Effective Quality of Care Value and sustainability	*Agreement to new service model with increased ambulatory care provision.* *Staff training to provide enhanced ambulatory services.* *Equipment funding to deliver more ambulatory care.*	*Operational team to review current staffing model and pursue redesign plans to support new service model.* *Identification of funding to provide equipment to support ambulatory care.*	*2021*
7	Facility supports improved access to key diagnostic tests where specialties are directly involved in the proposal	*Patients*	*Unit Operational Team*	*Person Centred Care*	*Agreement to service model with increased access to diagnostic provision.*	*Operational team to review current staffing model and pursue redesign plans to support new service model.*	*2021*
8	Improved integration and communication	*Staff and patients*	*Project Team*	*Effective Quality of Care*	*Dependant on infrastructure being in place e.g*	*Support from NHS G Board, Integrated Joint Boards.*	*2019 initially, full benefit from*

	between primary and secondary care services			*Person Centred Care*	*IT. Governance of information exchange. Workforce planning- new novel roles.*	*Workforce/HR. Development of Community Diagnostic and Treatment Hubs will facilitate integration.*	*2021*
9	Patients are cared for in an environment which maintains privacy and dignity	*Patients*	*Project Team*	*Person Centred Care*	*Dependent on services developing and implementing operational policies to facilitate privacy and dignity*	*Operational policies in place*	*2021*
10	Good teaching and learning environment, creating competent practitioners delivering optimal care, with positive benefits for recruitment and retention of high		*Project Team*	*Value and Sustainability Person Centred Care*	*Continued good working with clinical staff and university colleagues*	*Support of UoA and RGU to develop learning opportunities for under and postgraduate teaching*	*2021*

	quality people						
11	Physical estate is improved, including the functional suitability, safety and the quality of the estate	*Patients Staff Organisation*	*Project Team*	*Person Centred Care*	*Dependent on clear Works Information (technical brief)*	*Work with healthcare planners, HFS and technical team to ensure clear technical specification*	*2021*
12	Reduces the age of the healthcare estate	*Organisation*	*Asset Management Group (AMG)*	*Person Centred Care*	*Dependent on decommissioning vacated spaces*	*Work with AMG to ensure vacated spaces are decommissioned or used appropriately*	*2021*
13	Appropriate spaces to deliver care safely	*Patients Staff Organisation*	*Project Team*	*Person Centred Care*	*Dependent on clear Works Information (technical brief), compliance with relevant SHBN/HBN*	*Work with healthcare planners, HFS and technical team to ensure clear technical specification*	*2021*
14	Improved recruitment to all professions, creating a sustainable workforce	*Staff Organisation*	*Unit Operational Team*	*Value and Sustainability*	*Dependent on the availability of suitably qualified personnel*	*Promote The Elective Care Centre nationally to raise awareness about the new facility*	*2021*

15	Improves design quality in support of increased quality of care and value for money	*Patients* *Staff* *Organisation*	*Project Team*	*Value and Sustainability*	*Regular review to ensure design is compliant with clinical/technical briefs as well as Design Statement*	*Evaluate design quality using SFT independent design review, NDAP, AEDET etc*	*2021*
16	Reduces carbon emissions and energy consumption	*Organisation*	*Project Team*	*Value and Sustainability*	*Dependent on sustainable design and design specification*	*Technical specification developed with technical advisors, HFS etc*	*2021*
17	Include community benefits to be achieved, to be developed in full for Full Business Case	*Community partners*	*Project Team and PSCP*	*Value and Sustainability*	*Work with PSCP to agree benefits to be achieved*	*PSCP and Project Team to agree benefits and how these will be achieved*	*2021*

Appendix I

Risk Register

Framework Scotland Generic Risk Register

RISK REGISTER

Project Title:	NHSG MAS, Elective Care	Risk Champion: Jackie Bremner			
Date Register First Created:	07/12/2019	Date Updated:	10/06/2019	Revision Number:	5
Updated by:	Core Group	Current Stage:	2		

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

Ref No:	Stage	Risk Catergory	Risk Description	Prior to Mitigation: Probability (1-5)	Prior to Mitigation: Impact (1-5)	Prior to Mitigation: Risk Rating (1-25)	Action Plan Completed?	Time / Cost Impact	Mitigation	Post Mitigation: Probability (1-5)	Post Mitigation: Impact (1-5)	Post Mitigation: Risk Rating (1-25)	Time / Cost Impact	Agreed PSCP Provision	Agreed Board Provision	Agreed PSCP Time	Agreed Board Time	Risk Owner	Risk Manager (If not Risk Owner)	Action Date	Days to Action Date	Closed Out	Comments
1	2	Brief	Inadequate or unclear project brief leads to poor facilities for elective care centre and Elgin MRI.	3	4	12			Engage healthcare planner and clinical teams in a process to confirm future patient pathways and to make robust assumptions	2	4	8		£0.00	£0.00	0	0	NHSG	LM		-43654		
2	2	Brief	PSCP and design team responsibilities not well defined leading to poor project delivery.	4	3	12			Establish clear remit and responsibilities in contract at the outset of the project including	2	3	6		£0.00	£0.00	0	0	NHSG	FM		-43654		
3	2	Brief	Advisors responsibilities not well defined leading poor project delivery	4	3	12			Establish clear remit and responsibilities in contract at the outset of	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
4	2	Programme	Unrealistic programme leads to unachievable deadlines and poor cost management	4	4	16			Comprehensive programme developed and now being reviewed and agreed by all parties including elective care national programme	3	4	12		£0.00	£0.00	0	0	NHSG	FM		-43654		Programme review meeting arranged for 23 April . Separate meeting arranged to review/agree approach to work in Phase 1 - level 4 -
5	2	Design	Emerging design is not consistent with the brief	3	4	12			Experienced team review emerging design regularly in dialogue with the PSCP and NHSG. Design sign off milestones included in	2	4	8		£0.00	£0.00	0	0	NHSG	GK		-43654		
6	2	Design	Inadequate site investigation compromises design and cost.	4	5	20			Agree and implement survey programme with the PSCP and their design team at an early	4	3	12		£0.00	£0.00	0	0	NHSG	GK		-43654		GI Start on site 6/05 with report 19/07 - report will therefore not be available for the OBC Cost Plan - GC to arrange for any initial results to be fed back to AECOM.
7	3	Statutory	Planning is not obtained or conditions are onerous impacting on both cost and programme.	4	4	16			Enter into early dialogue with the planning department. The proposed development site is in line with Forester hill	3	4	12		£0.00	£0.00	0	0	NHSG	JB		-43654		NHSG currently in dialogue with the planners re the approach and to confirm the planning officer for the project (24 April). Pre Planning Application submitted on 7th June
8	2	Finance /Procurement	Briefing of Community Hubs is not undertaken in a timely manner	4	3	12			Programme of activities to prepare requirements underway Brief will be issued to the PSCP in Stage 3.	2	3	6		£0.00	£0.00	0	0	NHSG	LM		-43654		Community Hubs will be a PSCP Stage 3 activity and the Stage 2 Activity Schedule/Programme excludes this activity. JB confirmed that these works will be carried out under a separate distinct business case (10.06.19)
9	2	Project	Multiple site location leads to complexities for design and delivery.	3	3	9			Early planning with PSCP and key stakeholders on delivery plan and clear transfer of	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
10	2	Design	Preferred site cannot accommodate the brief.	3	4	12			Initial feasibility study completed, report being assessed and further developed by PSCP and	2	4	8		£0.00	£0.00	0	0	NHSG	GK		-43654	Y	Closed: 1:500 progressed and can be accomodated in location.
11	2	Design	Ineffective design co-ordination results in poor design and cost.	4	4	16			PSCP to ensure close collaborative working between design team members and NHSG and use technologies such as BIM to improve coordination. (BIM Level 2 is mandatory for this	2	4	8		£0.00	£0.00	0	0	PSCP	GK		-43654		
12	2	Design	Schedules of accommodation are inadequate.	4	3	12			Schedules developed in line with SHBN's and in collaboration with health care planner and clinical	2	3	6		£0.00	£0.00	0	0	NHSG	LM		-43654		SOA currently being refined and should be issued to the PSCP w/c 8April - FM areas agreed and issued previously. SOA currently being refined within same GIFA and in line with
13	2	Finance /Procurement	Early costing assumptions are wrong requiring changes to brief.	4	4	16			Use of robust benchmark data to be further developed by PSCP, design team and Joint Cost Advisor. Consider further project scope modification.	3	4	12		£0.00	£0.00	0	0	NHSG	RR / JA		-43654		VE meeting arrenaged for 11.06.19. DRAFT Cost Plan circulated 7th June and currently being refined.

14	3	Design	BREEAM target credits are not achieved. e.g. renewables required.	4	3	12			Early identification of BREEAM target score and in dialogue with HFS and NHSG. Target Score agreed in line with BREEAM 2018.	3	3	9		£0.00	£0.00	0	0	PSCP	GK		-43654		BREEAM Meeting held on 4 April has established a Target Score of 45% with some possible additional scores to be confirmed.
15	2	Brief	May fail to define appropriately the Clinical / Non Clinical WI leading to changes.	5	3	15			Creation of comprehensive WI during Stage 2, 3 and 4. Incorporate lessons learned from other projects. PSCP WI signed off by NHSG through NEC3 Design Acceptance. Clinical Output Specifications (parts 3 & 4) and the Schedule of Accommodation has been provided to the	3	3	9		£0.00	£0.00	0	0	NHSG	FM		-43654		Applicable Guidance nearing agreement following meeting on 3.06.19
16	2	Design	May fail to maintain a consistent interpretation of statutory and SHTM compliance.	4	4	16			Applicable standards to be agreed. derogations agreed where applicable and regular reviews maintained throughout project life for each building.	3	4	12		£0.00	£0.00	0	0	PSCP	GK		-43654		Proposed list of applicable guidance to be provided by GC for NHSG agreement. Schedule of derogations to be established and kept up to date/signed off as the design develops (agreed schedule of derogations will be a key OBC Stage NDAP deliverable)
17	2	Design	Designs may fail to identify and address Site constraints, (Blue light, FM, Fire Access Routes, electrical infrastructure etc.).	4	4	16			Stakeholder meetings with NHSG FM, Estates etc. to agree and develop constraints and SAS Designs issued to all for review and comment. Logistic proposals to be refined as design progresses.	2	4	8		£0.00	£0.00	0	0	PSCP	GK / LM		-43654		1:500 reviewed with stakeholders and developed within footprint of the site. Logistics meetings have been ongoing to establish the design for travel to/from the building and construction methodology.
18	2 & 3	Design	Failure to agree derogations	4	4	16			Derogations to be developed collaboratively with PSCP, HFS and NHSG and regular reviews maintained throughout project life for both buildings.	2	4	8		£0.00	£0.00	0	0	PSCP	GK		-43654		Derogations schedule will be a standing agenda item for Client Progress and MEP meetings.
19	2 & 3	Design	Failure to meet carbon reduction targets	4	2	8			NHSG to confirm carbon target, PSCP to engage design team & NHSG as part of the MEP workshops and development of Stage 3 & 4 works information to	3	4	12		£0.00	£0.00	0	0	PSCP	GK		-43654		Refer targets in the design statement unchanged - methodology for evaluation to be updated.
20	2	Design	Facility design compromises logistics movement on site impacting on service delivery.	4	3	12			Early assessment of logistic, traffic and pedestrian movements in light of the emerging design. Regular engagment to take place with the NHSG logistics	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
21			Introduction of top floor to scope resulting in offices to be relocated. (Phase 1 (yellow zone)) impacts on project.	3	3	9			Early discussion with senior NHSG officers for identify a solution and a	3	3	9		£0.00	£0.00	0	0	NHSG	JB		-43654	Y	
22			Relocation of WDC to the Baird in mid 2022 compromises the EC delivery programme which is due to be completed by the end of 2021.	5	4	20			Agree that this floor is finished after the 2021 completion date or we find another temporary home for gynaecology staff to all refurbishment is the current programme timescale. Proposal to be agreed with the National Programme Board prior to the submission of the OBC. Amendments to area to be completed prior to commencement of St4	2	4	8		£0.00	£0.00	0	0	NHSG	JB		-43654		Agreed relocation to East End of ARI and AECOM reviewing scope for budget cost
23	3	Project	Relocation of the day surgery function to the ECC before commissioning of the Baird will result in double running of theatres with workforce implications.	4	3	12			Operational and workforce solution will need to be agreed so that smooth operation is	4	3	12		£0.00	£0.00	0	0	NHSG	JB		-43654		Operational Management team for short team theatres and Elective/B&A Project Teams in discussion to agree deployment
24	3	Construction	Operation of adjacent occupied buildings is compromised during the construction phase (e.g. Eye clinic on level 3)	4	4	16			Detailed planning of construction methodology to maintain service during construction and adequately manage all	5	4	20		£0.00	£0.00	0	0	NHSG	GK		-43654		Stage 1 HAI has taken place and FM is preparing the notes/action plan

25	2		There is a risk that internal and external stakeholders feel disengaged, are not involved in shaping the project and are not kept up to date with progress.	3	3	9			A Project Communications and Involvement Framework is in place and reviewed regularly. Project Team meet regularly with third sector and patient group partners. Internet, intranet and social media accounts are in place. Regular internal staff awareness sessions organised. Regular engagement with other Health Boards in North of Scotland. NHSG Partnership and HR personnel involved in project to aid communication.	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
26	2	Project	There is a risk that the lack of a clear NHSG Service Redesign Strategy and Implementation Plan will result in appropriate clinical service modelling not being achieved thereby not maximising the benefits of the	4	4	16			Creation of a Redesign Agenda and Implementation Plan coupled with a governance structure to	3	4	12		£0.00	£0.00	0	0	NHSG	LM		-43654		
27	2	Design	There is a risk that the facility design and/or service model do not meet with approval from users (e.g. patients, carers, staff) resulting in complaints/grievances/ poor publicity/loss of reputation).	4	3	12			Early and continuous engagement with users will be a key role for the Project Team, facilitated through Project Groups and various other communication channels.	3	3	9		£0.00	£0.00	0	0	NHSG	LM		-43654		Substantial user engagement in developing design. Sign off process to be utilised to capture approval/acceptance.
28	2	Programme	There is a risk that service redesign will involve changes to staffing arrangements, with the potential for staff dissatisfaction/formal action. This could potentially lead to programme delay if staff do not feel involved in the planning for the new	3	3	9			Will identify any organisational change required to align with the redesign.	2	3	6		£0.00	£0.00	0	0	NHSG	LM		-43654		Redsign programme to be included within OBC
29	3	Project	Clinical modelling assumptions are not realised.	4	3	12			Early and detailed involvement of clinical staff, health intelligence and other relevant parties in the planning process, with repeated review at	3	3	9		£0.00	£0.00	0	0	NHSG	LM		-43654		
30	3	Project	There is a risk that future changes to medical technology/clinical care are unable to be fully anticipated and could change the service model from that which is planned. There is the associated risk that accommodation provided will then not be fit for purpose.	3	3	9			Regularly review with clinical staff of technology advances that have an impact on demand or working practices.	3	3	9		£0.00	£0.00	0	0	NHSG	DB		-43654		
31	4	Project	There is a risk that we are unable to recruit and retain clinical staff within specialist services, reducing our ability to achieve some of the benefits outlined in the benefits registers.	4	4	16			Early resource planning and engagement with relevant stakeholders. Proposal to develop key worker staff housing on site which will hopefully increase recruitment to NHSG, as well as the attraction of working in modern-day healthcare	3	4	12		£0.00	£0.00	0	0	NHSG	LM		-43654		
32	4	Project	There is a risk that the service/project will fail to prepare and train staff to deliver redesigned services.	4	3	12			Early planning and engagement with Operational Management Teams and with relevant stakeholders led by the Redesign Groups.	2	3	6		£0.00	£0.00	0	0	NHSG	LM		-43654		Re-design and training programme to be included within the OBC
33	2 & 3	Design	There is a risk that FM services are not redesigned appropriately to function effectively in the new buildings.	3	3	9			Detailed non-clinical briefs are to be developed, which will outline the high level redesign required. NHSG FM is involved in the design development process and invited to design meetings as	2	3	6		£0.00	£0.00	0	0	NHSG	LM		-43654		
34	4	Programme	Familiarisation with new equipment and installations may delay handover and occupation.	3	2	6			Soft landings plan being developed to provide training and aftercare with respect to PSCP	2	2	4		£0.00	£0.00	0	0	NHSG	LM		-43654		
35	4	Construction	Archaeological discovery causes programme delay	1	4	4			Early site survey work	1	4	4		£0.00	£0.00	0	0	NHSG	GK		-43654		
36	4	Construction	Ground water is more of a problem that anticipated.	4	4	16			Early assessment of ground water conditions.	3	4	12		£0.00	£0.00	0	0	NHSG	GK		-43654		Included within scope of GI survey

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Framework Scotland Generic Risk Register

37	4	Construction	Asbestos and other hazardous materials are identified	4	4	16			Asbestos risk registers shared with PSCP to inform early survey work.	4	4	16		£0.00	£0.00	0	0	NHSG	GK		-43654		Confirm Asbestos management registers have been issued - R&D surveys to be carried out prior to/at the start of Stage 4 - review the post mitigation score
38	3 & 4	Construction	Knotweed infestation has been identified on the Campus and has been managed but new outbreak could occur.	4	3	12			Annual assessment during growing season to identify any spores. Early ecological assessment. Any early identification of roots are treated immediately..	2	3	6		£0.00	£0.00	0	0	NHSG	TS		-43654		
39	2	Design	Tree preservation orders result in redesign or delay programme.	3	3	9			Early establishment of any trees on the proposed site which are subject to a TPO	2	3	6		£0.00	£0.00	0	0	NHSG	GK		-43654		
40	2	Design	Ecological issues (e.g. presence of endangered species) delays programme	3	3	9			Early ecological survey to be commissioned	3	3	9		£0.00	£0.00	0	0	NHSG	GK		-43654		Survey w/c 10th June with report to follow
41	4	Construction	The level of build quality delivered by PSCP does not match brief.	4	4	16			Robust monitoring by Graham Construction Site Supervisor and NEC3 Supervisor team. PSCP has a full quality management system in place	2	4	8		£0.00	£0.00	0	0	PSCP	GK		-43654		
42	4	Construction	Damage or interference to or failure of site services during construction resulting in disruption to clinical service.	4	4	16			PSCP to review of existing information provided by NHSG. Develop and implement detailed survey works programme that will inform design. Risk/method statements to be provided for before works undertaken (required by NHSG at least three weeks in advance). Procedures for working with services detailed\agreed within WI.	3	4	12		£0.00	£0.00	0	0	PSCP	GK		-43654		
43	4	Construction	HAI controls (e.g. noise, dust) inadequate.	4	4	16			Complete HAI Scribe assessments at key stages and agree and implement action plans with PSCP	3	4	12		£0.00	£0.00	0	0	PSCP	GK		-43654		Stage 1 HAI has been carried out - action plan to be agreed and implemented.
44	4	Construction	Construction traffic impedes live operations on site.	3	3	9			Construction Traffic Management Plan to be developed by PSCP and agreed with NHSG	3	3	9		£0.00	£0.00	0	0	PSCP	GK		-43654		
45			Vibration during construction works affecting clinical services	4	4	16			Construction techniques and surveillance to be developed in line with SHTM 08-01 Detailed assessment to be undertaken of the Cataract Procedure Room. Where necessary, services may have to be relocated during particular construction activities.	4	4	16		£0.00	£0.00	0	0	PSCP	GK		-43654		Closed 23 April 2019 - Duplication
46	4	Construction	Noise and acoustic levels exceeds agreed limits during construction	4	3	12			Construction techniques and surveillance to be developed with respect of SHTM 08-01. Where necessary, services may have to be relocated during particular construction activities.	3	3	9		£0.00	£0.00	0	0	PSCP	GK		-43654		
47	4	Construction	Remodelling/refurbishing the existing layout will involve working in a live hospital environment impacting on service continuity.	4	4	16			HAI scribe to be completed and Construction Phase Plan to be developed for interfacing works detailing how live areas protected to ensure continuity of services Experienced Team has been selected who will build on lessons learned from other similar	3	4	12		£0.00	£0.00	0	0	PSCP	GK		-43654		

48	4	Construction	Failure to plan and coordinate functional commissioning activities to ensure a smooth transition to an operational facility leading to service disruption and risk to patient safety.	4	3	12			Functional commissioning resource to be identified during 2019 to create and implement a safe, smooth and coordinated functional commissioning plan. Soft Landings group established.	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
49	3	Finance /Procurement	Affordability of scheme within the notional funding identified is not achievable	3	3	9			On-going monitoring and monthly reporting to Project Board. Joint Cost Advisor regularly reviews the cost plan with the PSCP.	3	3	9		£0.00	£0.00	0	0	NHSG	JA		-43654		
50	3	Finance /Procurement	Project does not demonstrate VFM.	4	4	[illegible]			Regular review of project against VFM and affordability criteria. Benchmarking exercise to be carried out to prove vfm.	3	4	12		£0.00	£0.00	0	0	NHSG	JA/RR		-43654		
51	3	Finance /Procurement	Recurring building running costs are unaffordable.	4	3	12			Periodic review of anticipated running costs and appropriate incorporation into NHS Grampian Financial Plan	3	3	9		£0.00	£0.00	0	0	NHSG	JA		-43654		
52	3	Finance /Procurement	Group 2, 3, 4 equipment costs unaffordable.	4	3	12			Development of equipment schedule in conjunction with HFS inline with RDS and early identification of likely transfer of equipment.	4	3	12		£0.00	£0.00	0	0	NHSG	JA / LM		-43654		
53	3	Finance /Procurement	VAT treatment assumptions could change.	3	3	9			Regular review of VAT assumptions and update of cost plans as appropriate.	3	3	9		£0.00	£0.00	0	0	NHSG	JA		-43654		
54	All	Finance /Procurement	Financial standing of the PSCP is threatened.	3	5	[illegible]			Financial standing of the PSCP confirmed through the HFS PSCP procurement process. PSCP to provide NHSG with a Parent Company Guarantee. NHSG and the Joint Cost Advisor will work with PSCP to ensure that supply chain risks are managed during the development and application of the procurement strategy.	2	5	10		£0.00	£0.00	0	0	NHSG	GK		-43654		
55	All	Finance /Procurement	Suppliers/supply chain may suffer insolvency during the project.	3	4	12			Vetting of supply chain prior to appointment.	2	4	8		£0.00	£0.00	0	0	PSCP	SC		-43654		
56	2 & 3	Brief	Employers Works Information may not be adequate or accurate leading to additional costs and quality issues.	4	3	12			PM to review WI package produced in conjunction with NHSG, PSCP, Design Team.	3	3	9		£0.00	£0.00	0	0	NHSG	FM		-43654		Stage 2 WI has been prepared for including in the Stage 2 Contract - WI will be developed with the PSCP during Stages 3 & 4.
57	2 & 3	Brief	PSCP Works Information may not be adequate or accurate leading to additional costs and quality issues.	4	3	12			PSCP to review WI package produced in conjunction with NHSG and Design Team.	3	3	9		£0.00	£0.00	0	0	PSCP	GK		-43654		
58	4	Construction	Handover is delayed due to construction or technical commissioning issues.	4	3	12			Early and effective planning and coordination with the PSCP & Technical commissioning manager and Supervisor. Soft Landings Group Established	3	3	9		£0.00	£0.00	0	0	PSCP	GT		-43654		
59	All	Programme	Inappropriate and insufficient resources to deliver the project and associated work - e.g. business case	3	3	9			Regular review of resource requirement including the commissioning of external resources as required.	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
60	2	Design	Site abnormals reduce the viability of development sites.	4	4	[illegible]			Topographic surveys to carried out. Site investigations to be undertaken by PSCP (e.g. drainage, levels & CCTV).	3	4	12		£0.00	£0.00	0	0	NHSG	GT		-43654		Review survey programme and identify any gaps - consider timescales in relation to OBC cost reporting.
61	3	Finance /Procurement	PSCP fail to manage supply chain lead time.	3	3	9			Work in partnership with the PSCP and Joint Cost Advisor to ensure procurement strategy considers the management of lead in time issues ahead of target price being	2	3	6		£0.00	£0.00	0	0	PSCP	SC		-43654		Draft Procurement Strategy issued by GK on 7.06.19. Document to be reviewed by JH and SC for issue to the Project Board on 14th June.

62	All	Project	PSCP fail to meet NEC contract obligations.	3	3	9			PSCP commercial team to brief full PSCP team on requirements and provide training where required. Asite CAT system utilised to administer contract	2	3	6		£0.00	£0.00	0	0	PSCP	CM		-43654		
63	3	Finance /Procurement	Sub Contractor Collateral Warranties fail to be obtained.	4	3	12			Agreed list to be identified and continual review and progress monitoring	3	3	9		£0.00	£0.00	0	0	NHSG	CM		-43654		
64	3	Design	Specialist equipment design requirements change / not advised timeously e.g. MRI & CT	4	3	12			NHSG to identify possible suppliers of equipment PSCP to meet with supplier and users, and collate worst-case requirements. Design to be based on worst case and to allow optimum flexibility for	3	3	9		£0.00	£0.00	0	0	NHSG	JB		-43654		
65	4	Project	NHS Directly employed subcontractors do not adhere to programme	3	3	9			Regular programme updates & review. Good package management	3	3	9		£0.00	£0.00	0	0	NHSG	JB		-43654		MRI and CT installation
66	2 & 3	Project	External agencies cause delays, i.e. NDAP/HFS/NECPB	5	3	15			Early and regular engagement with these stakeholder agencies	3	3	9		£0.00	£0.00	0	0	NHSG	JB		-43654		
67	2 & 3	Project	Legislative changes that affect the scope, specification and/or the cost of the project. (excl. fire)	3	3	9			Regular monitoring and review.	3	3	9		£0.00	£0.00	0	0	NHSG	JB		-43654		
68		~~Duplication with 7~~	Costs of discharging onerous conditions of Planning Consent may be greater than allowance provided for e.g. extent of works / green space	3	3	9			Regular engagement with planners Identification of possible planning risk costs in cost plan	3	3	9		~~£0.00~~	~~£0.00~~	0	0	NHSG	JB		~~-43654~~	¥	Closed - duplication with risk nr 7
69	3 & 4	Statutory	May fail to comply with Environmental Regulations	3	3	9			Environmental plan to be developed for both Planning and construction	3	3	9		£0.00	£0.00	0	0	PSCP	GK		-43654		
70	4	Construction	Poor definition of NHSG site restrictions impacts on construction cost and programme.	3	3	9			Early engagement with NHSG and PSCP to develop and inform Construction Phase Plan. Project sepcific site rules document provided by NHSG	3	3	9		£0.00	£0.00	0	0	NHSG	GK		-43654		Site rules document to be progressed. Construction works may impact on site logistics, particulalry in relation to ambulance arrivals adjacent to the phase 1 ambulance entrance and buses and multi storey car park arrivals at the main entrance.
71	2 & 3	Programme	Failure to achieve design sign-offs required to meet programme.	4	3	12			Requirements for NHSG sign off at key stages of the design process are clearly identified in the PSCP programme. Timescales for review and sign off have been agreed	3	3	9		£0.00	£0.00	0	0	NHSG	GK		-43654		
~~72~~			The OBC design is not developed to typical level of detail, leading to a degree of OBC cost plan uncertainty.	4	4	16			Prior to submission of OBC jointly agree suitable risk provision.	4	3	12		~~£0.00~~	~~£0.00~~	0	0	NHSG	RR / JA		~~-43654~~	¥	As OBC has been moved to the August CIG meeting. The NDAP requirements for OBC Stage should be able to be met. Risk closed
73	2 & 3	Design	Delay to survey information being concluded affecting design	4	4	16			Survey works plan and procurement schedule is being developed and prioritised inline with design programme. Working restrictions to be reviewed by PSCP and NHSG and incorporated into survey	4	4	16		£0.00	£0.00	0	0	NHSG	GK		-43654		
74	2	Design	Existing services plant beyond serviceable working life affecting performance of new install	5	4	20			Carry out surveys to enable design to highlight concerns. Design will be developed to take account of these issues and reduce the reliance on the existing services	4	4	16		£0.00	£0.00	0	0	NHSG	GK		-43654		Serious of works instructed in order to establish the scope of issues and develop a design solution
75	2	Design	Existing services infrastructure doesn't have capacity required for project	5	4	20			Carry out surveys to enable design to highlight concerns. Design will be developed to take account of the capacity requirements.	4	4	16		£0.00	£0.00	0	0	NHSG	GK		-43654		
76	4	Construction	Incomplete fire-stopping / compartmentation discovered during down takings	4	3	12			Carry out surveys to enable design to highlight concerns. Scope of work to address any gaps that impact on the Elective Care project	4	3	12		£0.00	£0.00	0	0	NHSG	GK		-43654		
77	All	Finance /Procurement	Project Team understanding of Project Bank Account process affecting timing of payments	4	2	8			Project team to agree stage process for implementation. Lessons learned from Baird & ANCHOR will assist the team.	3	2	6		£0.00	£0.00	0	0	NHSG / PSCP	JA / SC / RR		-43654		

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78	4	Construction	Dust/soot build up within existing ductwork impacting operations when disturbed during works.	3	3	9			Cleaning of existing ductwork prior to works starting.PSCP team will be undertaking a ventilation survey.	3	3	9		£0.00	£0.00	0	0	NHSG	GK		-43654		Ongoing investigation into Level 3 issue which recently occurred. Assumed soot contamination from historic fire on Level 4.
79	All	Project	NHSG fail to meet contractual obligations, impacting on project costs and programme	3	3	9			AECOM / C&B / NHSG to review requirements and provide training where required. Asite CAT system utilised to administer	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		NHSG and Currie & Brown team are NEC3 Accredited.
80	2 & 3	design	Delay to confirming Group 1/ 2 equipment requirements may impact on M&E design progress.	4	3	12			NHSG to work with HFS and stakeholders to develop equipment descriptions for group 1 / 2 equipment.	3	3	9		£0.00	£0.00	0	0	NHSG	JB		-43654		Equipment - 2 stage procurement process being developed.
81	2 & 3	Design	Compatibility between new & existing fire alarms, nursecall etc impacting on design / operations.	4	3	12			Early identification of operational service strategies that require to be centre wide and those that can be standalone. (New Build and Existing)	3	3	9		£0.00	£0.00	0	0	NHSG	GK		-43654		
82	2	Design	Poor condition of existing structure/fabric impacting on project scope.	4	4	16			Survey works to be undertaken to identify issues. Clear agreement any back log maintenance to be	3	4	12		£0.00	£0.00	0	0	NHSG	GK		-43654		
83	3	Finance /Procurement	Impact of market conditions on project cost.	4	5	20			Monitor	4	5	20						NHSG	JA				HFS review ongoing into market conditions. Information may become available.
84		Duplication	Construction works may impact on site logistics, particulairy in relation to ambulance arrivals adjacent to the phase 1 ambulance entrance and buses and multi storey car park arrivals at the main entrance.	4	4	16			Devlop a site logistics plan during the construction phase	4	4	16		~~£0.00~~	~~£0.00~~	0	0	PSCP	GK		-43654	¥	
85	2	Project	NHSG fail to find an affordable solution for the MRI on the Elgin Site.	4	4	16			Options review and feasibility study to be carried out early in Stage 2 to inform affordability.	4	3	12		£0.00	£0.00	0	0	NHSG	JB		-43654		
86	3	Programme	Can't complete the refurbishment of Dermatology within the project timescales.	4	3	12			NHSG will prepare a proposal for dialogue with the National Programme Board in the first instance and then	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
87	2 & 3	Programme	Failure to secure approval of Business Cases	3	5	15			Regular engagement with appropriate groups and SCIM Business Cases.	2	5	10		£0.00	£0.00	0	0	NHSG	JB		-43654		
88	2 & 3	Project	Cost of redesign services is unaffordable (revenue costs)	3	3	9			NHSG are pursuing a redesign project which should deliver efficient service models.	2	3	6		£0.00	£0.00	0	0	NHSG	JB		-43654		
89	3	Project	Failure to agree a Target Price	4	5	20			Regular cost checks and agreed procurement strategy to ensure that there is appropriate market engagement.	2	5	10		£0.00	£0.00	0	0	PSCP/ NHSG	GK/ JB		-43654		
90	2	Design	Delay in establishing the method of heating the building has both cost and programme implications (district heating and steam options)	4	4	16			NHSG has instructed feasibility studies to be undertaken to inform decision making process. Reasonable assumptions can be made within the cost plan in lieu of finalised	4	4	16		£0.00	£0.00	0	0	NHSG	JB		-43654		
						0						0		£0.00	£0.00	0	0				-43654		
						0						0		£0.00	£0.00	0	0				-43654		
						0						0		£0.00	£0.00	0	0				-43654		
						0						0		£0.00	£0.00	0	0				-43654		
						0						0		£0.00	£0.00	0	0				-43654		
						0						0		£0.00	£0.00	0	0				-43654		

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Appendix J
Summarised Capital Cost

	Site Feasibility Option A - new road access arrangements + 2 MRI @ ARI	Site Feasibility Option A new road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Site Feasibility Option B – retain existing road access arrangements + 2 MRI @ ARI	Site Feasibility Option B - retain existing road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Free standing building on ARI Site + 2 MRI @ ARI (2/3 storey)	Free standing building on ARI Site + 1 MRI @ ARI + 1 MRI @ DGH (2/3 storey)	Do nothing – Backlog Maintenance only in Existing Accommodation
	Option 1a	**Option 1b**	**Option 2a**	**Option 2b**	**Option 3a**	**Option 3b**	**Option 4**
Opportunity Cost	221,121	221,121	221,121	221,121	221,121	221,121	
Initial Capital Costs							
Construction Cost							
Total ARI Site Work	20,065,218	20,226,032	20,065,218	18,345,428	20,065,243	18,691,078	1,386,383
Add cost convert refurb to 100% new build					1,794,176	1,794,176	
Less Site abnormals	2,208,919	2,208,919	2,208,919	2,208,919	300,000	300,000	
2nd MRI - on ARI site	-132,921		-132,921		-132,921		

	Site Feasibility Option A - new road access arrangements + 2 MRI @ ARI	Site Feasibility Option A new road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Site Feasibility Option B – retain existing road access arrangements + 2 MRI @ ARI	Site Feasibility Option B - retain existing road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Free standing building on ARI Site + 2 MRI @ ARI (2/3 storey)	Free standing building on ARI Site + 1 MRI @ ARI + 1 MRI @ DGH (2/3 storey)	Do nothing – Backlog Maintenance only in Existing Accommodation
Dermatology Refurb cost - location : elsewhere in ARI	574,500		574,500	574,500	574,500	574,500	
MRI Assume Dr Grays - off site		1,219,680		1,374,165		1,374,165	
Site Specific Costs							
New road access arrangements	345,650	345,650	345,650	345,650			
Saving if existing road access arrangements	-345,625		-345,625				
Prelims, Fees, On-Costs							
Design Team Fees St 2-4 - ARI	1,572,378	1,773,849	1,572,378	1,572,378	1,572,378	1,572,378	82,061
Design Team Fees St 2-4 - DGI	131,031		131,031	131,031	131,031	131,031	

	Site Feasibility Option A - new road access arrangements + 2 MRI @ ARI	Site Feasibility Option A new road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Site Feasibility Option B – retain existing road access arrangements + 2 MRI @ ARI	Site Feasibility Option B - retain existing road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Free standing building on ARI Site + 2 MRI @ ARI (2/3 storey)	Free standing building on ARI Site + 1 MRI @ ARI + 1 MRI @ DGH (2/3 storey)	Do nothing – Backlog Maintenance only in Existing Accommodation
Prelims - ARI	2,103,947	2,143,034	2,103,947	1,974,148	2,093,109	1,963,310	140,000
Prelims - DGI				0	0	0	
Prelims – EO							
Risk – Quantifiable							
Risk – Non Quantifiable (optimism bias)	5,655,930	3,488,200	5,655,930	5,656,455	5,275,580	5,276,071	289,810
Equipment	6,892,000	6,892,000	6,892,000	6,892,000	6,892,000	6,892,000	160,844
Client Costs	1,469,000	1,469,000	1,469,000	1,469,000	1,469,000	1,469,000	96,507
Project Development	2,810,000	2,750,000	2,810,000	2,810,000	2,810,000	2,810,000	1,006,000
Commissioning Costs							
Transitional Period Costs	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cost of Embedded Accommodation	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CAPEX to GEM Model	**43,571,148**	**42,737,484**	**43,571,148**	**43,574,794**	**43,065,216**	**43,068,829**	**3,161,605**

Appendix K

Benefit Criteria and Scoring of the Options – Results

Appendix K

NHS Grampian

Elective Care Project

Outline Business Case – Site Option Appraisal Workshops

1. Workshops

The following workshops were held to:

(i) Confirm the site options to be appraised,

(ii) Identify and appraise the Non Monetary Benefits for each site options and

(iii) Identify and appraise the Non Monetary Risk for each site options.

Workshop 1 - Thursday 14 March 2019, Committee Room, Foresterhill House, Aberdeen

Participants: Jackie Bremner - Project Director, Louise McKessock- Clinical Re-Design Manager, Duff Bruce - Clinical Lead, Julie Anderson - Finance Manager, Heather Stuart - Public Involvement Officer, Joan Duncan - Patient Rep, Sue Kinsey - Patient Rep, Jennifer Christie, Project Admin Secretary (minutes)

Workshop 2 - Thursday 11 April 2019, Committee Room, Foresterhill House, Aberdeen

Participants: Jackie Bremner - Project Director, Louise McKessock- Clinical Re-Design Manager, Julie Anderson - Finance Manager, Heather Stuart - Public Involvement Officer, Joan Duncan - Patient Rep, Sue Kinsey - Patient Rep, Kelly Easton – Programme Manager – e-Health

Workshop 3 – Friday 17 May 2019, Committee Room, Foresterhill House, Aberdeen

Participants: Louise McKessock- Clinical Re-Design Manager, Julie Anderson - Finance Manager, Joan Duncan - Patient Rep

2. Background

During the Outline Business Case (OBC) stage, the Project needs to undertake a site option appraisal considering the risk, benefits and costs of each physical option

that can deliver the preferred service solution. The objective of this exercise is to demonstrate that the preferred option being pursued represents value for money.

Part of this site option appraisal includes the appraisal of non-monetary risks and benefits. The Project Team will complete an initial appraisal and this will be reported to the Project Board for consideration.

During the first stage (Initial Agreement) of this Project the preferred service solution was identified see table 1 below.

Table 1: Preferred Service Solution

Components
Modern and fit for purpose outpatient and ambulatory care facilities, supporting a 'one-stop' model of outpatient provision: Urology, Respiratory and Dermatology
Investment in CT and MRI facilities
Co-location of both the facilities for day surgery and endoscopy in a single new bespoke facility
The development of the concept of Community Diagnostic & Treatment Hubs

Table 2 sets out the Investment Objectives for this Project.

Table 2: Investment Objectives

EC - IA - Investment Objectives	
Improve future service capacity by improving supporting asset base.	1
Improve service performance and efficiency by optimising service redesign.	2
Service redesign is enabled by use of, and access to, technology.	3
Meet user requirements for service by being more person-centred.	4
Improved services and sustainable workforce and equity of local access to treatment as far as possible and regionally where required, with harmonised access agreements across NoS Boards.	5
Improved facilities in place to support modern outpatient care and optimised inpatient/day case activity.	6

Community Diagnostic & Treatment Hubs do not form part of this site option appraisal as further work will be undertaken this year to develop the requirement.

3. Options for Site Option Appraisal

Table 3 & 4 sets out the options that will be considered for the Site Option Appraisal.

Workshop one identified the following additional long list items and reason for discounting them from the evaluation:

Table 3: Additional Long List Options

Long List			
No	**Area**	**Site Option**	**Reason**
LL1	Dispersed Model	Dispersed model over multiple sites within Grampian	Will not deliver the proposal's investment objectives - Improve service performance and efficiency by optimising service redesign/workforce.
LL2		Dispersed model over multiple sites within FHC	Will not deliver the proposal's investment objectives - Improve service performance and efficiency by optimising service redesign/workforce.
LL3	100% refurbishment	100% refurbishment of existing departments within scope of Elective Care project	Will not deliver the proposal's investment objectives - Improved facilities in place to support modern outpatient care and optimised inpatient/day case activity.
LL4		100% Refurbishment of existing areas of FHC to meet SOA requirements	Do not fit with the Board's own strategic objectives and plans - vacant space not available
LL5	Alternative Sites	Provision additional of all new elective care facilities at alternative sites: Dr Grays	Do not fit with the Board's own strategic objectives and plans - Does not represent a major

			population centre
LL6		Provision additional of all new elective care facilities at alternative sites: West Aberdeenshire	Do not fit with the Board's own strategic objectives and plans - not adjacent to existing acute infrastructure
LL7		Provision additional of all new elective care facilities at alternative sites: Woodend	Do not fit with the Board's own strategic objectives and plans - not consistent with Woodend Blueprint for Community Facilities

The following short list options were identified and agreed at workshop 1.

Table 4: Site Option Appraisal Options

No	**Site Option**
Option 1a	Site Feasibility Option A - new road access arrangements + 2 MRI @ FHC
Option 1b	Site Feasibility Option A new road access arrangements + 1 MRI @ FHC + 1 MRI @ DGH
Option 2a	Site Feasibility Option B – retain existing road access arrangements + 2 MRI @ FHC
Option 2b	Site Feasibility Option B - retain existing road access arrangements + 1 MRI @ FHC + 1 MRI @ DGH
Option 3a	Free standing building on FHC Site + 2 MRI @ FHC (2/3 storey)
Option 3b	Free standing building on FHC Site + 1 MRI @ FHC + 1 MRI @ DGH (2/3 storey)
Option 4	Do nothing – Backlog Maintenance only in Existing Accommodation

***FHC – Foresterhill Health Campus**

A site feasibility study was completed in December 2018 and considered the possibility of developing a site adjacent and to the north side of phase 1. This is reflected in options 1a, 1b, 2a & 2b. (Relevant block drawings will be available when undertaking the option appraisal).

The preferred service solution proposes 2 new MRIs and each option below includes a variation between (i) 2 being in the new Elective Care Centre at FHC and (ii) 1 at FHC and 1 at Dr Gray's Hospital (DGH). Detailed work on the locations of the MRIs has been concluded and will be covered at the workshop.

Site option appraisal must consider the do nothing option which is to maintain the existing service facilities.
These options are further developed in Appendix A.

4. Non Monetary Benefits

Benefits are related to the project's stated investment objectives and should be defined as far as possible in service or output oriented terms; they should also be consistent with the benefits identified in the benefits register.

A set of proposed benefits were reviewed at workshop 1 and a review of their wording was completed. This was to better align with the service benefits identified during the Initial Agreement stage.

Workshop 1 considered the relative weighting to be used for this site option appraisal these are set out in table 4 below.

Table 4: Proposed Benefits for Option Appraisal

Benefits	Revised Benefits following Workshop 2	Weighting
Increase service capacity to address growth in patient numbers and waiting time	Improved asset base to support service capacity (access to diagnosis and treatment) and optimise resource	16

targets by improving supporting asset base.	utilisation.	
Support optimising service redesign	Promotes service redesign which optimises planning, person centred care and improved patient flow	14
Maximum separation of elective and unscheduled patient flows	Maximum separation of elective and unscheduled patient flows	12
Community inclusion and proximity to local services	Improved access to diagnosis and treatment with reference to community inclusion and proximity to local services	8
Compatible with Foresterhill Master Plan/Development Framework	Compatible with Foresterhill Master Plan/Development Framework	8
Effective and Safe Service Delivery with optimal adjacencies	Effective and Safe Service Delivery with optimal adjacencies and improved patient flows	12
Flexibility/Future Proofing	Flexibility/Future Proofing	9
Physical access to the building by public transport/by car including parking spaces/accessibility	Physical access to the building by public transport/by car including parking spaces/accessibility and good connectivity with optimal natural surroundings	12
Promote sustainable workforce to deliver care as locally, and within NoS, as far as possible	Promote sustainable service and workforce to deliver care as locally, and within NoS, as far as possible	9
Total		**100**

Each benefit was scored for each option at Workshop 2. The following is the scoring criteria were used and the output of the scoring form appendix B.

Table 5: Scoring Criteria

Agreed Scoring Criteria	Score
Fully delivers benefit, could hardly be better, perfection	5
Excellent contribution to achieving benefit, almost perfect	4
Very good contribution to achieving benefit	3

Good contribution to achieving benefit	2
Minor contribution to achieving benefit	1
No impact on delivering benefit	0

As part of the workshop for each of the Benefits workshop 2 identified the attributes of the minimum and maximum score for each (appendix C).

5. Risks

The risks for the site option appraisal are set out in table 6 below

In relation to non-financial risks only, (financial risks being included in the economic appraisal costs), a risk appraisal of each option shall be undertaken, identify all main organisational, service, project and external risks associated with each option.

Table 6: Proposed Risks for Site Option Appraisal

EC - OBC - Risks for Option Appraisal
Proposal will not receive approval - inconsistent with policy and plans
Facilities substantially fails to meet stakeholders expectations in terms of
Sites inhibits future development
Solution does not provide adequate flexibility to meet future demand
Patient safety is compromised by access to service
Not deliverable within funding envelope
Accessibility for Urgent Access is Compromised
Operational problems - road layout, car park management, buses etc
Impacts on Workforce Sustainability
Optimal Locality not Achieved e.g. community provision and closest to home
Interdependencies with other Projects on Foresterhill Campus

For each risk Workshop 3 appraised the impact and likelihood of each risk occurring. Table 7 below sets out the scoring matrix for this exercise and the output of the process forms appendix D.

Table 7: Risk Scoring Matrix

LIKELIHOOD	SEVERITY / IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
	Score 1	**Score2**	**Score 3**	**Score 4**	**Score5**
Almost Certain	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**	**VERY HIGH**
Score 5	**5**	**10**	**15**	**20**	**25**
Likely	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**
Score 4	**4**	**8**	**12**	**16**	**20**
Possible	**LOW**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**
Score 3	**3**	**6**	**9**	**12**	**15**
Unlikely	**LOW**	**MEDIUM**	**MEDIUM**	**MEDIUM**	**HIGH**
Score 2	**2**	**4**	**6**	**8**	**10**
Rare	**LOW**	**LOW**	**LOW**	**MEDIUM**	**MEDIUM**
Score 1	**1**	**2**	**3**	**4**	**5**

Appendix A

Options Details

Scope of Option	Option 1a	Option 1b	Option 2a	Option 2b	Option 3a	Option 3b	Option 4
	Site Feasibility Option A - new road access arrangements + 2 MRI @ FHC	**Site Feasibility Option A new road access arrangements + 1 MRI @ FHC + 1 MRI @ DGH**	**Site Feasibility Option B – retain existing road access arrangements + 2 MRI @ FHC**	**Site Feasibility Option B - retain existing road access arrangements + 1 MRI @ FHC + 1 MRI @ DGH**	**Free standing building on FHC Site + 2 MRI @ FHC (2/3 storey)**	**Free standing building on FHC Site + 1 MRI @ FHC + 1 MRI @ DGH (2/3 storey)**	**Do nothing – Backlog Maintenance only in Existing Accommodation**
Description	Option 1a (A); a new 4-5 storey building on the grassed bank north of the Phase 1, FHC building and reconfigured accommodation within Phase 1 (Level 4 and possibly Level 5). Option 1a will create new ambulance drop-off arrangements and service access to the east of the site. The existing ambulance drop-off and servicing route to the north of Phase 1 will be removed to allow	Option 1b (A); a new 4-5 storey building on the grassed bank north of the Phase 1, FHC building and reconfigured accommodation within Phase 1 (Level 4 and possibly Level 5). Option 1b will create a new ambulance drop-off arrangements and service access to the east of the site. The existing ambulance drop-off and servicing route to the	Option 2a (B); a new 4-5 storey building on the grassed bank north of the Phase 1, FHC building and reconfigured accommodation within Phase 1 (Level 4 and possibly Level 5). Option 2a will retain the existing ambulance drop-off arrangements and building servicing route which runs parallel, immediately to the north, of the	Option 2a (B); a new 4-5 storey building on the grassed bank north of the Phase 1, FHC building and reconfigured accommodation within Phase 1 (Level 4 and possibly Level 5). Option 2a will retain the existing ambulance drop-off arrangements and building servicing route which runs parallel, immediately to the north, of the	Option 3a; a new 2-3 storey building on a freestanding site with the Foresterhill Campus. Option 3 will develop appropriate transport and servicing routes.	Option 3a; a new 2-3 storey building on a freestanding site with the Foresterhill Campus. Option 3 will develop appropriate transport and servicing routes.	Existing service provision arrangements with no capital investment other than backlog maintenance to support service development.

	the new 4-5 storey building to link in to the Phase 1 building at all levels (ramped where necessary). New lifts will be provided within the new-build block with further access afforded to the existing lifts within Phase 1 (providing access to the main hospital concourse (Level 2) and 'street' (Level 1).	north of Phase 1 will be removed to allow the new 4-5 storey building to link in to the Phase 1 building at all levels (ramped where necessary). New lifts will be provided within the new-build block with further access afforded to the existing lifts within Phase 1 (providing access to the main hospital concourse (Level 2) and 'street' (Level 1).	Phase 1 building, Direct links will be provided at high level spanning over the retained road. New lifts will be provided within the new-build block and the upper level links will provide access to the existing lifts within Phase 1 (providing access to the main hospital concourse (Level 2) and 'street' (Level 1).	Phase 1 building, Direct links will be provided at high level spanning over the retained road. New lifts will be provided within the new-build block and the upper level links will provide access to the existing lifts within Phase 1 (providing access to the main hospital concourse (Level 2) and 'street' (Level 1).			
	Additional MRI capacity will be developed at FHC	Additional MRI capacity will be developed over 2 sites one at FHC and a second at DGH	Additional MRI capacity will be developed at FHC	Additional MRI capacity will be developed over 2 sites one at FHC and a second at DGH	Additional MRI capacity will be developed at FHC	Additional MRI capacity will be developed over 2 sites one at FHC and a second at DGH	

Service arrangements:	Modern and fit for purpose outpatient and ambulatory care facilities, supporting a 'one-stop' model of outpatient provision for three clinical specialties who have best demonstrated the scope and vision to transform elective care. These are: Urology, Respiratory and Dermatology	Modern and fit for purpose outpatient and ambulatory care facilities, supporting a 'one-stop' model of outpatient provision for three clinical specialties who have best demonstrated the scope and vision to transform elective care. These are: Urology, Respiratory and Dermatology	Modern and fit for purpose outpatient and ambulatory care facilities, supporting a 'one-stop' model of outpatient provision for three clinical specialties who have best demonstrated the scope and vision to transform elective care. These are: Urology, Respiratory and Dermatology	Modern and fit for purpose outpatient and ambulatory care facilities, supporting a 'one-stop' model of outpatient provision for three clinical specialties who have best demonstrated the scope and vision to transform elective care. These are: Urology, Respiratory and Dermatology	Modern and fit for purpose outpatient and ambulatory care facilities, supporting a 'one-stop' model of outpatient provision for three clinical specialties who have best demonstrated the scope and vision to transform elective care. These are: Urology, Respiratory and Dermatology	Modern and fit for purpose outpatient and ambulatory care facilities, supporting a 'one-stop' model of outpatient provision for three clinical specialties who have best demonstrated the scope and vision to transform elective care. These are: Urology, Respiratory and Dermatology	Existing service arrangements
	The development of the concept of Community Diagnostic & Treatment Hubs. This element will require significant joint-working between Primary and Secondary Care in terms of scope and remit, and would be developed fully for Full Business Case (FBC) stage	The development of the concept of Community Diagnostic & Treatment Hubs. This element will require significant joint-working between Primary and Secondary Care in terms of scope and remit, and would be developed fully for Full Business Case (FBC)	The development of the concept of Community Diagnostic & Treatment Hubs. This element will require significant joint-working between Primary and Secondary Care in terms of scope and remit, and would be developed fully for Full Business Case (FBC)	The development of the concept of Community Diagnostic & Treatment Hubs. This element will require significant joint-working between Primary and Secondary Care in terms of scope and remit, and would be developed fully for Full Business Case (FBC)	The development of the concept of Community Diagnostic & Treatment Hubs. This element will require significant joint-working between Primary and Secondary Care in terms of scope and remit, and would be developed fully for Full Business Case (FBC)	The development of the concept of Community Diagnostic & Treatment Hubs. This element will require significant joint-working between Primary and Secondary Care in terms of scope and remit, and would be developed fully for Full Business Case (FBC)	Limited moderation of the gap between service demand and capacity, inefficient and fragmented physical dispersal of services.

		stage	stage	stage	stage	stage	
	The creation of bespoke day case surgery facilities, with three dedicated theatres, to support highly efficient day surgery provision in Grampian. This will benefit multiple specialties including, but not limited to: General Surgery, Urology, ENT	The creation of bespoke day case surgery facilities, with three dedicated theatres, to support highly efficient day surgery provision in Grampian. This will benefit multiple specialties including, but not limited to: General Surgery, Urology, ENT	The creation of bespoke day case surgery facilities, with three dedicated theatres, to support highly efficient day surgery provision in Grampian. This will benefit multiple specialties including, but not limited to: General Surgery, Urology, ENT	The creation of bespoke day case surgery facilities, with three dedicated theatres, to support highly efficient day surgery provision in Grampian. This will benefit multiple specialties including, but not limited to: General Surgery, Urology, ENT	The creation of bespoke day case surgery facilities, with three dedicated theatres, to support highly efficient day surgery provision in Grampian. This will benefit multiple specialties including, but not limited to: General Surgery, Urology, ENT	The creation of bespoke day case surgery facilities, with three dedicated theatres, to support highly efficient day surgery provision in Grampian. This will benefit multiple specialties including, but not limited to: General Surgery, Urology, ENT	
	Adjoined to the day case surgery units to optimise the shFHCng of resources will be a bespoke facilities for Endoscopy, to increase service capacity, reduce service fragmentation and	Adjoined to the day case surgery units to optimise the shFHCng of resources will be a bespoke facilities for Endoscopy, to increase service capacity, reduce	Adjoined to the day case surgery units to optimise the shFHCng of resources will be a bespoke facilities for Endoscopy, to increase service capacity, reduce	Adjoined to the day case surgery units to optimise the shFHCng of resources will be a bespoke facilities for Endoscopy, to increase service capacity, reduce	Adjoined to the day case surgery units to optimise the shFHCng of resources will be a bespoke facilities for Endoscopy, to increase service capacity, reduce	Adjoined to the day case surgery units to optimise the shFHCng of resources will be a bespoke facilities for Endoscopy, to increase service capacity, reduce	

	drive up productivity and patient experience.	service fragmentation and drive up productivity and patient experience	service fragmentation and drive up productivity and patient experience	service fragmentation and drive up productivity and patient experience	service fragmentation and drive up productivity and patient experience	service fragmentation and drive up productivity and patient experience	
	Investment in CT and MRI facilities which will be appropriately phased in order to future-proof against the forecast of increasing demand for specialist imaging over the next 10 years. These would be located in FHC to match a single visit diagnosis and treatment aspiration	Investment in CT and MRI facilities which will be appropriately phased in order to future-proof against the forecast of increasing demand for specialist imaging over the next 10 years. The MRIs will be located one at FHC and one at DGH to match demand in community localities.	Investment in CT and MRI facilities which will be appropriately phased in order to future-proof against the forecast of increasing demand for specialist imaging over the next 10 years. These would be located in FHC to match a single visit diagnosis and treatment aspiration	Investment in CT and MRI facilities which will be appropriately phased in order to future-proof against the forecast of increasing demand for specialist imaging over the next 10 years. The MRIs will be located one at FHC and one at DGH to match demand in community localities.	Investment in CT and MRI facilities which will be appropriately phased in order to future-proof against the forecast of increasing demand for specialist imaging over the next 10 years. These would be located in FHC to match a single visit diagnosis and treatment aspiration	Investment in CT and MRI facilities which will be appropriately phased in order to future-proof against the forecast of increasing demand for specialist imaging over the next 10 years. The MRIs will be located one at FHC and one at DGH to match demand in community localities.	

Appendix B

Non-Financial Benefit Scoring

CRITERIA	Weight	Option 1a	Option 1b	Option 2a	Option 2b	Option 3a	Option 3b	Option 4
		Site Feasibility Option A - new road access arrangements + 2 MRI @ ARI	Site Feasibility Option A new road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Site Feasibility Option B – retain existing road access arrangements + 2 MRI @ ARI	Site Feasibility Option B - retain existing road access arrangements + 1 MRI @ ARI + 1 MRI @ DGH	Free standing building on ARI Site + 2 MRI @ ARI (2/3 storey)	Free standing building on ARI Site + 1 MRI @ ARI + 1 MRI @ DGH (2/3 storey)	Do nothing – Backlog Maintenance only in Existing Accommodation
Improved asset base to support service capacity (access to diagnosis and treatment) and optimise resource utilisation.	16	4	4	4	4	3	3	0
Promotes service redesign which optimises planning, person centred care and improved patient flow	14	5	5	5	5	5	5	1
Maximum separation of elective and unscheduled patient flows	12	4	4	4	4	5	5	0

CRITERIA	Weight	Option 1a	Option 1b	Option 2a	Option 2b	Option 3a	Option 3b	Option 4
Improved access to diagnosis and treatment with reference to community inclusion and proximity to local services	8	3	4	3	4	3	4	0
Compatible with Foresterhill Master Plan/Development Framework	8	5	5	5	5	1	1	0
Effective and Safe Service Delivery with optimal adjacencies and improved patient flows	12	4	4	3	3	3	3	1
Flexibility/Future Proofing	9	3	3	3	3	3	3	0
Physical access to the building by public transport/by car including parking spaces/accessibility and good connectivity with optimal natural surroundings	12	4	4	2	2	2	2	0
Promote sustainable service and workforce to deliver care as locally, and within NoS, as far as possible	9	4	4	4	4	4	4	0
TOTALS	100.0	36.0	37.0	33.0	34.0	29.0	30.0	2.0
Weighted TOTALS		405.0	413.0	369.0	377.0	333.0	341.0	26.0

Appendix C

Scoring – Ranges

Benefit Criteria	**Maximum Score 5**	**Minimum Score 0**
Improved asset base to support service capacity (access to diagnosis and treatment) and optimise resource utilisation.	Deal with all ambulatory care services	No change
Promotes service redesign which optimises planning, person centred care and improved patient flow	Provides asset which support service in facilities to optimise their service redesign	Provides no asset change to support service redesign
Maximum separation of elective and unscheduled patient flows	Complete separation/physical barrier of activity	No change to current activity flow
Improved access to diagnosis and treatment with reference to community inclusion and proximity to local services	Disperse model delivering all services locally	No change to current location of service delivery
Compatible with Foresterhill Master Plan/Development Framework	Complete consistency	Significantly inconsistent
Effective and Safe Service Delivery with optimal adjacencies and improved patient flows	Internal adjacencies achieved with excellent adjacencies to supporting clinical services	Poor internal and external clinical adjacencies with patient care compromised
Flexibility/Future Proofing	Many opportunities to develop and expand services with optimal adjacencies to other future developments	No opportunity to modify service delivery
Physical access to the building by public transport/by car including parking spaces/accessibility and good connectivity with optimal natural surroundings	Close access to adequate public transport and car parking. Attractive natural and built environment	Very poor connectivity and no development of natural surrounds
Promote sustainable service and workforce to deliver care as locally, and within NoS, as far as possible	Attractive modern facility for staff	Poor and out of date work environment

Appendix D

Risk Scores

	Option 1a			Option 1b			Option 2a			Option 2b			Option 3a			Option 3b			Option 4		
	Impact	Likelihood	Risk Score	Impact	Likelihood	Risk Score	Impact	Likelihood	Risk Score	Impact	Likelihood	Risk Score	Impact	Likelihood	Risk Score	Impact	Likelihood	Risk Score	Impact	Likelihood	Risk Score
Proposal will not receive approval - inconsistent with policy and plans	5	2	10	5	3	15	5	2	10	5	3	15	5	3	15	5	3	15	5	4	20
Facilities substantially fails to meet stakeholders expectations in terms of benefits	4	2	8	3	2	6	4	2	8	3	2	6	4	2	8	3	2	6	4	5	20
Sites inhibits future development	3	1	3	3	1	3	3	1	3	3	1	3	4	3	12	4	3	12	3	4	12
Solution does not provide adequate flexibility to meet future demand	4	2	8	4	2	8	4	2	8	4	2	8	4	2	8	4	2	8	5	5	25
Patient safety is compromised by access to service	5	1	5	5	1	5	5	1	5	5	1	5	5	3	15	5	3	15	5	3	15
Not deliverable within funding envelope	3	3	9	3	3	9	3	3	9	3	3	9	3	2	6	3	2	6	3	3	9
Accessibility for Urgent Access is Compromised	5	2	10	5	2	10	5	2	10	5	2	10	5	2	10	5	2	10	5	2	10
Operational problems - road layout, car park	4	3	12	4	3	12	4	4	16	4	4	16	4	3	12	4	3	12	3	3	9

	Option 1a				Option 1b				Option 2a				Option 2b				Option 3a				Option 3b				Option 4		
	Impact	**Likelihood**	**Risk Score**		**Impact**	**Likelihood**	**Risk Score**		**Impact**	**Likelihood**	**Risk Score**		**Impact**	**Likelihood**	**Risk Score**		**Impact**	**Likelihood**	**Risk Score**		**Impact**	**Likelihood**	**Risk Score**		**Impact**	**Likelihood**	**Risk Score**
management, buses etc																											
Impacts on Workforce Sustainability	3	3	9		3	3	9		3	3	9		3	3	9		4	3	12		3	3	9		2	2	4
Optimal Locality not Achieved e.g. community provision and closest to home	3	4	12		2	4	8		3	4	12		2	4	8		3	4	12		2	4	8		4	4	16
Interdependencies with other Projects on Foresterhill Campus	4	4	16		4	4	16		4	4	16		4	4	16		4	3	12		4	4	16		3	3	9
Total			**102**				**101**				**106**				**105**				**122**				**117**				**149**

Appendix L

Elective Care – Predicted Day Case Activity to 2035

NHS Grampian

Elective Care Project - Day Case Theatre Activity Projections

Year	Specialty	Demand/Activity: Day case - current rate	Over Night Stay	Total	Day cases when achieve BADS	Additional day cases from achieving BADS	Av. LOS for BADS that stayed overnight in 2016	Bed days saved from achieving BADS
2016	Ear, Nose & Throat (ENT)	731	590	1321	1007	276	1.5	414
	General Surgery (excl Vascular, Maxillofacial)	1000	1514	2514	1531	531	2.2	1168
	Oral and Maxillofacial Surgery	425	455	880	585	160	2	320
	Total	2156	2559	4715	3123	967		1902
2022	Ear, Nose & Throat (ENT)	765	617	1382	1053	289	1.5	433
	General Surgery (excl Vascular, Maxillofacial)	1046	1584	2629	1601	555	2.2	1222
	Oral and Maxillofacial Surgery	445	476	920	612	167	2	335
	Total	2255	2677	4932	3266	1011		1990
2027	Ear, Nose & Throat (ENT)	794	641	1434	1093	300	1.5	449
	General Surgery (excl Vascular, Maxillofacial)	1086	1644	2729	1662	577	2.2	1268
	Oral and Maxillofacial Surgery	461	494	955	635	174	2	347
	Total	2341	2778	5119	3391	1050		2065
2035	Ear, Nose & Throat (ENT)	832	672	1504	1147	314	1.5	471
	General Surgery (excl Vascular, Maxillofacial)	1139	1724	2863	1744	605	2.2	1330
	Oral and Maxillofacial Surgery	484	518	1002	666	182	2	364
	Total	2455	2914	5370	3557	1101		2166

Year	Specialty	Theatre Requirement – Current Day Case Rate: patients/session	sessions	sessions @ 90%	Theatres required 500 sessions/theatre/yr	Future Day Case Rate: patients/session	sessions	sessions @ 90%	Theatres required 500 sessions/theatre/yr
2016	Ear, Nose & Throat (ENT)	3	244	271	0.542	3	336	374	0.748
	General Surgery (excl Vascular, Maxillofacial)	2.2	455	506	1.012	2.2	696	774	1.548
	Oral and Maxillofacial Surgery	3.5	121	135	0.27	3.5	168	187	0.374
	Total				1.824				2.67
2022	Ear, Nose & Throat (ENT)	3	255	284	0.568	3	352	392	0.784
	General Surgery (excl Vascular, Maxillofacial)	2.2	475	529	1.058	2.2	728	809	1.618
	Oral and Maxillofacial Surgery	3.5	127	142	0.284	3.5	175	195	0.39
	Total				1.91				2.792
2027	Ear, Nose & Throat (ENT)	3	265	294	0.588	3	365	406	0.812
	General Surgery (excl Vascular, Maxillofacial)	2.2	494	549	1.098	2.2	756	840	1.68
	Oral and Maxillofacial Surgery	3.5	132	147	0.294	3.5	182	203	0.406
	Total				1.98				2.898
2035	Ear, Nose & Throat (ENT)	3	277	309	0.618	3	383	426	0.852
	General Surgery (excl Vascular, Maxillofacial)	2.2	518	576	1.152	2.2	793	882	1.764
	Oral and Maxillofacial Surgery	3.5	138	154	0.308	3.5	191	213	0.426
	Total				2.078				3.042

Year	Specialty	Theatre Requirement – Future Day Case Rate - IMPROVED CASES PER SESSION- Approx best in District General Hospitals as from: patients/session	sessions	sessions @ 90%	Theatres required 500 sessions/theatre/yr
2016	Ear, Nose & Throat (ENT)	3.5	287.71	320	0.64
	General Surgery (excl Vascular, Maxillofacial)	3	510.33	567	1.13
	Oral and Maxillofacial Surgery	4	146.25	163	0.33
	Total				2.10
2022	Ear, Nose & Throat (ENT)	3.5	300.93	334	0.67
	General Surgery (excl Vascular, Maxillofacial)	3	533.78	593	1.19
	Oral and Maxillofacial Surgery	4	152.97	170	0.34
	Total		987.68	1097	2.19
2027	Ear, Nose & Throat (ENT)	3.5	312.38	347	0.69
	General Surgery (excl Vascular, Maxillofacial)	3	554.08	616	1.23
	Oral and Maxillofacial Surgery	4	158.79	176	0.35
	Total		1025.24	1139	2.28
2035	Ear, Nose & Throat (ENT)	3.5	327.66	364	0.73
	General Surgery (excl Vascular, Maxillofacial)	3	581.19	646	1.29
	Oral and Maxillofacial Surgery	4	166.56	185	0.37
	Total		1075.41	1195	2.39

Population projection based on whole Grampian adult population (>=16 yo) rather than on age classes (NRS 2014 projection)
data from R:\HI Dept\Information Management\Elective Care Programme\ECP OBC work\OBC July 2019 work\Theatres re-check July 2019\recheck base PMS data.xlsx

Appendix M
Optimism Bias Templates

OPTION 1a & 2a - Elective Care

APPENDIX M

Optimism Bias - Upper Bound Calculation for Build — After Mitigation

		After Mitigation
Lowest % Upper Bound	12.5%	
Mid %	40%	
Upper %	80%	
Actual % Upper Bound for this project	47.5%	16.8%

Build complexity

Choose 1 category

		X		
Length of Build	< 2 years		0.50% 0	
	2 to 4 years	x	2.00%	2.00%
	Over 4 years		5.00% 0	

Choose 1 category

Number of phases	1 or 2 Phases	x	0.50%	0.50%
	3 or 4 Phases		2.00% 0	
	More than 4 Phases		5.00% 0	

Choose 1 Category

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

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

Location

Choose 1 Category

New site - Green field	New build		3% 0	
New site - Brown Field	New Build		8% 0	
Existing site	New Build		5% 0	
	or			
Existing site	Less than 15% refurb		6% 0	
Existing site	15% - 50% refurb	x	10%	10.00%
Existing site	Over 50% refurb		16% 0	

Total: 14.50%

Scope of scheme

Choose 1 category

		X		
Facilities Management	Hard FM only or no FM	x	0.00%	0.00%
	Hard and soft FM		2.00%	0

Choose 1 category

Equipment	Group 1 & 2 only		0.50% 0	
	major Medical equipment		1.50% 0	
	All equipment included	x	5.00%	5.00%

Choose 1 category

IT	No IT implications		0.00% 0	
	Infrastructure		1.50% 0	
	Infrastructure & systems	x	5.00%	5.00%

Choose more than 1 category if applicable

External Stakeholders	1 or 2 local NHS organisations	x	1.00%	1.00%
	3 or more NHS organisations		4.00% 0	
	Universities/Private/Voluntary sector/Local government		8.00% 0	

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

Choose 1 category

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

Gateway

Choose 1 category

RPA Score	Low		0% 0	
	Medium	x	2%	2.00%
	High		5% 0	

Total: 33.00%

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OPTION 1a & 2a - Elective Care

Contributory Factor to Upper Bound	% Factor Contributes	Mitigation factor	Overall %age Mitigation	% Factor Contributes after mitigation		Explanation for rate of mitigation
Progress with Planning Approval	4	0.40	1.60	2.40	SOC OBC FBC	Likely planning required
Other Regulatory	4	0.30	1.20	2.80	SOC OBC FBC	Local Authority, building warrant, public transport and car parking. Other issues unknown
Depth of surveying of site/ground information	3	0.40	1.20	1.80	SOC OBC FBC	Limited known site and other development
Detail of design	4	0.20	0.80	3.20	SOC OBC FBC	No design done to date. Accommodation schedule to be agreed.
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	0.50	1.50	1.50	SOC OBC FBC	Standard Hospital design.
Design complexity	4	0.20	0.80	3.20	SOC OBC FBC	Backlog maintenance only limited design ops and constraints of existing site and design
Likely variations from Standard Contract	2	0.80	1.60	0.40	SOC OBC FBC	Framework 2 - largely standard contract
Design Team capabilities	3	0.80	2.40	0.60	SOC OBC FBC	Experienced design team. Architect well known to NHSG. M&E team will need to understand the brief well.
Contractors' capabilities (excluding design team covered above)	2	0.80	1.60	0.40	SOC OBC FBC	Appointed experienced contractors.
Contractor Involvement	2	0.40	0.80	1.20	SOC OBC FBC	Contractors appointed.
Client capability and capacity (NB do not double count with design team capabilities)	6	0.80	4.80	1.20	SOC OBC FBC	Project Team in place but required to evolve from strategy to delivery
Robustness of Output Specification	25	0.80	20.00	5.00	SOC OBC FBC	Part of existing program but detailed design work
Involvement of Stakeholders, including Public and Patient Involvement	5	0.70	3.50	1.50	SOC OBC FBC	Participation by public representatives and needs for DDA compliance
Agreement to output specification by stakeholders	5	0.40	2.00	3.00	SOC OBC FBC	Developing output spec in place.
New service or traditional	3	0.70	2.10	0.90	SOC OBC FBC	Traditional range of services with some redesign
Local community consent	3	0.30	0.90	2.10	SOC OBC FBC	Community engagement planned
Stable policy environment	20	0.80	16.00	4.00	SOC OBC FBC	Consistent with NHSG 2020 vision
Likely competition in the market for the project	2	0.90	1.80	0.20	SOC OBC FBC	Robust market returns anticipated
TOTAL	100	10.2	64.60	35.40		

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

APPENDIX M

OPTION 2b - Elective Care

Optimism Bias - Upper Bound Calculation for Build

		After Mitigation
Lowest % Upper Bound	12.5%	
Mid %	40%	
Upper %	80%	
Actual % Upper Bound for this project	47.5%	16.8%

Build complexity

Choose 1 category

		X			
Length of Build	< 2 years		0.50%	0	
	2 to 4 years	x	2.00%		2.00%
	Over 4 years		5.00%	0	

Choose 1 category

Number of phases	1 or 2 Phases	x	0.50%		0.50%
	3 or 4 Phases		2.00%	0	
	More than 4 Phases		5.00%	0	

Choose 1 Category

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

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

Location

Choose 1 Category

New site - Green field	New build		3%	0	
New site - Brown Field	New Build		8%	0	
Existing site	New Build		5%	0	
	or				
Existing site	Less than 15% refurb		6%	0	
Existing site	15% - 50% refurb	x	10%		10.00%
Existing site	Over 50% refurb		16%	0	

14.50%

Scope of scheme

Choose 1 category

		X			
Facilities Management	Hard FM only or no FM	x	0.00%		0.00%
	Hard and soft FM		2.00%	0	

Choose 1 category

Equipment	Group 1 & 2 only		0.50%	0	
	major Medical equipment		1.50%	0	
	All equipment included	x	5.00%		5.00%

Choose 1 category

IT	No IT implications		0.00%	0	
	Infrastructure		1.50%	0	
	Infrastructure & systems	x	5.00%		5.00%

Choose more than 1 category if applicable

External Stakeholders	1 or 2 local NHS organisations	x	1.00%		1.00%
	3 or more NHS organisations		4.00%	0	
	Universities/Private/Voluntary sector/Local government		8.00%	0	

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

Choose 1 category

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

Gateway

Choose 1 category

RPA Score	Low		0%	0	
	Medium	x	2%		2.00%
	High		5%	0	

33.00%

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Scheme name: Option 2b Elective Care

Contributory Factor to Upper Bound	% Factor Contributes	Mitigation factor	Overall %age Mitigation	% Factor Contributes after mitigation		Explanation for rate of mitigation
Progress with Planning Approval	4	0.40	1.60	2.40	SOC OBC FBC	Likely planning required
Other Regulatory	4	0.30	1.20	2.80	SOC OBC FBC	Local Authority, building warrant, public transport and car parking. Other issues unknown
Depth of surveying of site/ground information	3	0.40	1.20	1.80	SOC OBC FBC	Limited known site and other development
Detail of design	4	0.20	0.80	3.20	SOC OBC FBC	No design done to date. Accommodation schedule to be agreed.
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	0.50	1.50	1.50	SOC OBC FBC	Standard Hospital design.
Design complexity	4	0.20	0.80	3.20	SOC OBC FBC	Backlog maintenance only limited design ops and constraints of existing site and design
Likely variations from Standard Contract	2	0.80	1.60	0.40	SOC OBC FBC	Framework 2 - largely standard contract
Design Team capabilities	3	0.80	2.40	0.60	SOC OBC FBC	Experienced design team. Architect well known to NHSG. M&E team will need to understand the brief well.
Contractors' capabilities (excluding design team covered above)	2	0.80	1.60	0.40	SOC OBC FBC	Appointed experienced contractors.
Contractor Involvement	2	0.40	0.80	1.20	SOC OBC FBC	Contractors appointed.
Client capability and capacity (NB do not double count with design team capabilities)	6	0.80	4.80	1.20	SOC OBC FBC	Project Team in place but required to evolve from strategy to delivery
Robustness of Output Specification	25	0.80	20.00	5.00	SOC OBC FBC	Part of existing program but detailed design work
Involvement of Stakeholders, including Public and Patient Involvement	5	0.70	3.50	1.50	SOC OBC FBC	Participation by public representatives and needs for DDA compliance
Agreement to output specification by stakeholders	5	0.40	2.00	3.00	SOC OBC FBC	Developing output spec in place.
New service or traditional	3	0.70	2.10	0.90	SOC OBC FBC	Traditional range of services with some redesign
Local community consent	3	0.30	0.90	2.10	SOC OBC FBC	Community engagement planned
Stable policy environment	20	0.80	16.00	4.00	SOC OBC FBC	Consistent with NHSG 2020 vision
Likely competition in the market for the project	2	0.90	1.80	0.20	SOC OBC FBC	Robust market returns anticipated
TOTAL	100	10.2	64.60	35.40		

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

APPENDIX M

OPTION 3a - Elective Care

Optimism Bias - Upper Bound Calculation for Build

		After Mitigation
Lowest % Upper Bound	12.5%	
Mid %	40%	
Upper %	80%	
Actual % Upper Bound for this project	45.5%	15.7%

Build complexity

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

Choose 1 category					
Number of phases	1 or 2 Phases	x	0.50%		0.50%
	3 or 4 Phases		2.00%	0	
	More than 4 Phases		5.00%	0	

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

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

Location

Choose 1 Category					
New site - Green field	New build		3%	0	
New site - Brown Field	New Build	x	8%		8.00%
Existing site	New Build		5%	0	
	or				
Existing site	Less than 15% refurb		6%	0	
Existing site	15% - 50% refurb		10%	0	
Existing site	Over 50% refurb		16%	0	
					12.50%

Scope of scheme

Choose 1 category		X			
Facilities Management	Hard FM only or no FM	x	0.00%		0.00%
	Hard and soft FM		2.00%	0	

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

Choose 1 category					
IT	No IT implications		0.00%	0	
	Infrastructure		1.50%	0	
	Infrastructure & systems	x	5.00%		5.00%

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

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

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

Gateway

Choose 1 category					
RPA Score	Low		0%	0	
	Medium	x	2%		2.00%
	High		5%	0	
					33.00%

Scheme name: Option 3a Elective Care

Contributory Factor to Upper Bound	% Factor Contributes	Mitigation factor	Overall %age Mitigation	% Factor Contributes after mitigation		Explanation for rate of mitigation
Progress with Planning Approval	4	0.20	0.80	3.20	SOC OBC FBC	Likely planning required but inconsistent with FHC Master Plan
Other Regulatory	4	0.30	1.20	2.80	SOC OBC FBC	Local Authority, building warrant, public transport and car parking. Other issues unknown
Depth of surveying of site/ground information	3	0.40	1.20	1.80	SOC OBC FBC	Limited known site and other development
Detail of design	4	0.20	0.80	3.20	SOC OBC FBC	No design done to date. Accommodation schedule to be agreed.
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	0.50	1.50	1.50	SOC OBC FBC	Standard Hospital design.
Design complexity	4	0.60	2.40	1.60	SOC OBC FBC	Potential for optimimal design no ite constraints
Likely variations from Standard Contract	2	0.80	1.60	0.40	SOC OBC FBC	Framework 2 - largely standard contract
Design Team capabilities	3	0.80	2.40	0.60	SOC OBC FBC	Experienced design team. Architect well known to NHSG. M&E team will need to understand the brief well.
Contractors' capabilities (excluding design team covered above)	2	0.80	1.60	0.40	SOC OBC FBC	Appointed experienced contractors.
Contractor Involvement	2	0.40	0.80	1.20	SOC OBC FBC	Contractors appointed.
Client capability and capacity (NB do not double count with design team capabilities)	6	0.80	4.80	1.20	SOC OBC FBC	Project Team in place but required to evolve from strategy to delivery
Robustness of Output Specification	25	0.80	20.00	5.00	SOC OBC FBC	Part of existing program but detailed design work
Involvement of Stakeholders, including Public and Patient Involvement	5	0.70	3.50	1.50	SOC OBC FBC	Participation by public representatives and needs for DDA compliance
Agreement to output specification by stakeholders	5	0.40	2.00	3.00	SOC OBC FBC	Developing output spec in place.
New service or traditional	3	0.70	2.10	0.90	SOC OBC FBC	Traditional range of services with some redesign
Local community consent	3	0.30	0.90	2.10	SOC OBC FBC	Community engagement planned
Stable policy environment	20	0.80	16.00	4.00	SOC OBC FBC	Consistent with NHSG 2020 vision
Likely competition in the market for the project	2	0.90	1.80	0.20	SOC OBC FBC	Robust market returns anticipated
TOTAL	100	10.4	65.40	34.60		

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

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APPENDIX M

OPTION 3b - Elective Care

Optimism Bias - Upper Bound Calculation for Build

		After Mitigation
Lowest % Upper Bound	12.5%	
Mid %	40%	
Upper %	80%	
Actual % Upper Bound for this project	45.5%	15.7%

Build complexity

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

Choose 1 category					
Number of phases	1 or 2 Phases	x	0.50%		0.50%
	3 or 4 Phases		2.00%	0	
	More than 4 Phases		5.00%	0	

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

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

Location

Choose 1 Category					
New site - Green field	New build		3%	0	
New site - Brown Field	New Build	x	8%		8.00%
Existing site	New Build		5%	0	
	or				
Existing site	Less than 15% refurb		6%	0	
Existing site	15% - 50% refurb		10%	0	
Existing site	Over 50% refurb		16%	0	

12.50%

Scope of scheme

Choose 1 category		X			
Facilities Management	Hard FM only or no FM	x	0.00%		0.00%
	Hard and soft FM		2.00%	0	

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

Choose 1 category					
IT	No IT implications		0.00%	0	
	Infrastructure		1.50%	0	
	Infrastructure & systems	x	5.00%		5.00%

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

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

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

Gateway

Choose 1 category					
RPA Score	Low		0%	0	
	Medium	x	2%		2.00%
	High		5%	0	

33.00%

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Scheme name: Option 3b Elective Care

Contributory Factor to Upper Bound	% Factor Contributes	Mitigation factor	Overall %age Mitigation	% Factor Contributes after mitigation		Explanation for rate of mitigation
Progress with Planning Approval	4	0.20	0.80	3.20	SOC OBC FBC	Likely planning required but inconsistent with FHC Master Plan
Other Regulatory	4	0.30	1.20	2.80	SOC OBC FBC	Local Authority, building warrant, public transport and car parking. Other issues unknown
Depth of surveying of site/ground information	3	0.40	1.20	1.80	SOC OBC FBC	Limited known site and other development
Detail of design	4	0.20	0.80	3.20	SOC OBC FBC	No design done to date. Accommodation schedule to be agreed.
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	0.50	1.50	1.50	SOC OBC FBC	Standard Hospital design.
Design complexity	4	0.60	2.40	1.60	SOC OBC FBC	Potential for optimimal design no ite constraints
Likely variations from Standard Contract	2	0.80	1.60	0.40	SOC OBC FBC	Framework 2 - largely standard contract
Design Team capabilities	3	0.80	2.40	0.60	SOC OBC FBC	Experienced design team. Architect well known to NHSG. M&E team will need to understand the brief well.
Contractors' capabilities (excluding design team covered above)	2	0.80	1.60	0.40	SOC OBC FBC	Appointed experienced contractors.
Contractor Involvement	2	0.40	0.80	1.20	SOC OBC FBC	Contractors appointed.
Client capability and capacity (NB do not double count with design team capabilities)	6	0.80	4.80	1.20	SOC OBC FBC	Project Team in place but required to evolve from strategy to delivery
Robustness of Output Specification	25	0.80	20.00	5.00	SOC OBC FBC	Part of existing program but detailed design work
Involvement of Stakeholders, including Public and Patient Involvement	5	0.70	3.50	1.50	SOC OBC FBC	Participation by public representatives and needs for DDA compliance
Agreement to output specification by stakeholders	5	0.40	2.00	3.00	SOC OBC FBC	Developing output spec in place.
New service or traditional	3	0.70	2.10	0.90	SOC OBC FBC	Traditional range of services with some redesign
Local community consent	3	0.30	0.90	2.10	SOC OBC FBC	Community engagement planned
Stable policy environment	20	0.80	16.00	4.00	SOC OBC FBC	Consistent with NHSG 2020 vision
Likely competition in the market for the project	2	0.90	1.80	0.20	SOC OBC FBC	Robust market returns anticipated
TOTAL	100	10.4	65.40	34.60		

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

Elective Care - Option 4

APPENDIX M

Optimism Bias - Upper Bound Calculation for Build | After Mitigation

		After Mitigation
Lowest % Upper Bound	12.5%	
Mid %	40%	
Upper %	80%	
Actual % Upper Bound for this project	42.0%	16.4%

Build complexity

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

Choose 1 category					
Number of phases	1 or 2 Phases		0.50%	0	
	3 or 4 Phases		2.00%	0	
	More than 4 Phases	x	5.00%		5.00%

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

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

Location

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

22.00%

Scope of scheme

Choose 1 category		X			
Facilities Management	Hard FM only or no FM		0.00%	0	
	Hard and soft FM	x	2.00%		2.00%

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

Choose 1 category					
IT	No IT implications	X	0.00%		0.00%
	Infrastructure		1.50%	0	
	Infrastructure & systems		5.00%	0	

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

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

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

Gateway

Choose 1 category					
RPA Score	Low	X	0%		0.00%
	Medium		2%	0	
	High		5%	0	

20.00%

Scheme name: Elective Care - Option 4

Contributory Factor to Upper Bound	% Factor Contributes	Mitigation factor	Overall %age Mitigation	% Factor Contributes after mitigation		Explanation for rate of mitigation
Progress with Planning Approval	4	1.00	4.00	0.00	SOC OBC FBC	No planning required
Other Regulatory	4	0.50	2.00	2.00	SOC OBC FBC	Local Authority, building warrant, public transport and car parking. Other issues unknown
Depth of surveying of site/ground information	3	1.00	3.00	0.00	SOC OBC FBC	Known site and other development
Detail of design	4.	0.10	0.40	3.60	SOC OBC FBC	No design done to date. Accommodation schedule agreed.
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	0.80	2.40	0.60	SOC OBC FBC	Standard Hospital design.
Design complexity	4	0.80	3.20	0.80	SOC OBC FBC	Backlog maintenance only limited design ops and constraints of existing site and design
Likely variations from Standard Contract	2	1.00	2.00	0.00	SOC OBC FBC	Standard Form Contract Used
Design Team capabilities	3	0.80	2.40	0.60	SOC OBC FBC	Experienced design team. Architect well known to NHSG. M&E team will need to understand the brief well.
Contractors' capabilities (excluding design team covered above)	2	0.80	1.60	0.40	SOC OBC FBC	Experienced contractors expected to undertake appointment
Contractor Involvement	2	0.80	1.60	0.40	SOC OBC FBC	Likley existing BLM Contractors .
Client capability and capacity (NB do not double count with design team capabilities)	6	0.60	3.60	2.40	SOC OBC FBC	Capability in place, but capacity to be agreed. Current team stretched.
Robustness of Output Specification	25	0.70	17.50	7.50	SOC OBC FBC	Part of existing program but detailed design work
Involvement of Stakeholders, including Public and Patient Involvement	5	0.60	3.00	2.00	SOC OBC FBC	Participation by public representatives and needs for DDA compliance
Agreement to output specification by stakeholders	5	0.80	4.00	1.00	SOC OBC FBC	Fairly well developed output spec in place.
New service or traditional	3	1.00	3.00	0.00	SOC OBC FBC	Traditional range of services.
Local community consent	3	0.90	2.70	0.30	SOC OBC FBC	Not required refer of existing building
Stable policy environment	20	0.80	16.00	4.00	SOC OBC FBC	Inconsistent with NHSG 2020 vision
Likely competition in the market for the project	2	0.70	1.40	0.60	SOC OBC FBC	Likely to be delivered as part of exisiting backlog maintenance program
TOTAL	100	13.7	73.80	26.20		

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

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Appendix N

Costed Risk Register

Ref No:	Risk & Opportunity Description	Risk Owner	Rating Post Mit	Agreed PSCP Provision	Agreed Trust Provision
1	Inadequate or unclear project brief leads to poor facilities for elective care centre and Elgin MRI.	NHSG	8		
2	PSCP and design team responsibilities not well defined leading to poor project delivery.	NHSG	6		
3	Advisors responsibilities not well defined leading poor project delivery	NHSG	6		
4	Unrealistic programme leads to unachievable deadlines and poor cost management	NHSG	12		£45,000
5	Emerging design is not consistent with the brief	NHSG	8		£6,000
6	Inadequate site investigation compromises design and cost.	NHSG	12		£39,200
7	Planning is not obtained or conditions are onerous impacting on both cost and programme.	NHSG	12		£50,000
8	Briefing of Community Hubs is not undertaken in a timely manner	NHSG	6		£7,200
9	Multiple site location leads to complexities for design and delivery.	NHSG	6		£12,000
10	Preferred site cannot accommodate the brief.	CLOSED	8		
11	Ineffective design co-ordination results in poor design and cost.	PSCP	8	£74,114	
12	Schedules of accommodation are inadequate.	NHSG	6		
13	Early costing assumptions are wrong requiring changes to brief.	NHSG	12		£37,000
14	BREEAM target credits are not achieved. e.g. renewables required.	PSCP	9	£150,000	
15	May fail to define appropriately the Clinical / Non Clinical WI leading to changes.	NHSG	9		£15,000

Ref No:	Risk & Opportunity Description	Risk Owner	Rating Post Mit	Agreed PSCP Provision	Agreed Trust Provision
16	May fail to maintain a consistent interpretation of statutory and SHTM compliance.	PSCP	12	£187,500	
17	Designs may fail to identify and address Site constraints, (Blue light, FM, Fire Access Routes, electrical infrastructure etc.).	PSCP	8	£67,200	
18	Failure to agree derogations	PSCP	8	£73,000	
19	Failure to meet carbon reduction targets	PSCP	12	£240,000	
20	Facility design compromises logistics movement on site impacting on service delivery.	NHSG	6		£45,000
21	Introduction of top floor to scope resulting in offices to be relocated. (Phase 1 (yellow zone)) impacts on project.	CLOSED			
22	Relocation of WDC to the Baird in mid 2022 compromises the EC delivery programme which is due to be completed by the end of 2021.	NHSG	8		
23	Relocation of the day surgery function to the ECC before commissioning of the Baird will result in double running of theatres with workforce implications.	NHSG	12		
24	Operation of adjacent occupied buildings is compromised during the construction phase (e.g. Eye clinic on level 3)	NHSG	20		£28,800
25	There is a risk that Internal and external stakeholders feel disengaged, are not involved in shaping the project and are not kept up to date with progress.	NHSG	6		
26	There is a risk that the lack of a clear NHSG Service Redesign Strategy and Implementation Plan will result in appropriate clinical service modelling not being achieved thereby not maximising the benefits of the	NHSG	12		

Ref No:	Risk & Opportunity Description	Risk Owner	Rating Post Mit	Agreed PSCP Provision	Agreed Trust Provision
	facilities.				
27	There is a risk that the facility design and/or service model do not meet with approval from users (e.g. patients, carers, staff) resulting in complaints/grievances/ poor publicity/loss of reputation).	NHSG	9		£54,000
28	There is a risk that service redesign will involve changes to staffing arrangements, with the potential for staff dissatisfaction/formal action. This could potentially lead to programme delay if staff do not feel involved in the planning for the new facilities.	NHSG	6		£45,000
29	Clinical modelling assumptions are not realised.	NHSG	9		
30	There is a risk that future changes to medical technology/clinical care are unable to be fully anticipated and could change the service model from that which is planned. There is the associated risk that accommodation provided will then not be fit for purpose.	NHSG	9		£30,000
31	There is a risk that we are unable to recruit and retain clinical staff within specialist services, reducing our ability to achieve some of the benefits outlined in the benefits registers.	NHSG	12		
32	There is a risk that the service/project will fail to prepare and train staff to deliver redesigned services.	NHSG	6		
33	There is a risk that FM services are not redesigned appropriately to function effectively in the new buildings.	NHSG	6		
34	Familiarisation with new equipment and installations may delay handover and occupation.	NHSG	4		£19,200
35	Archaeological discovery	NHSG	4		£28,800

Ref No:	Risk & Opportunity Description	Risk Owner	Rating Post Mit	Agreed PSCP Provision	Agreed Trust Provision
	causes programme delay.				
36	Ground water is more of a problem that anticipated.	NHSG	12		
37	Asbestos and other hazardous materials are identified	NHSG	16		£73,800
38	Knotweed infestation has been identified on the Campus and has been managed but new outbreak could occur.	NHSG	6		£30,000
39	Tree preservation orders result in redesign or delay programme.	NHSG	6		£5,000
40	Ecological issues (e.g. presence of endangered species) delays programme.	NHSG	9		£28,800
41	The level of build quality delivered by PSCP does not match brief.	PSCP	8	£14,400	
42	Damage or interference to or failure of site services during construction resulting in disruption to clinical service.	PSCP	12	£48,000	
43	HAI controls (e.g. noise, dust) inadequate.	PSCP	12	£75,000	
44	Construction traffic impedes live operations on site.	PSCP	9	£37,500	
45	Vibration during construction works affecting clinical services	PSCP	16	£38,400	
46	Noise and acoustic levels exceeds agreed limits during construction	PSCP	9	£38,400	
47	Remodelling/refurbishing the existing layout will involve working in a live hospital environment impacting on service continuity.	PSCP	12	£16,000	
48	Failure to plan and coordinate functional commissioning activities to ensure a smooth transition to an operational facility leading to service disruption and risk to patient safety.	NHSG	6		£12,000

Ref No:	Risk & Opportunity Description	Risk Owner	Rating Post Mit	Agreed PSCP Provision	Agreed Trust Provision
49	Affordability of scheme within the notional funding identified is not achievable	NHSG	9		£54,000
50	Project does not demonstrate VFM.	NHSG	12		
51	Recurring building running costs are unaffordable.	NHSG	9		
52	Group 2, 3, 4 equipment costs unaffordable.	NHSG	12		£40,000
53	VAT treatment assumptions could change.	NHSG	9		£7,200
54	Financial standing of the PSCP is threatened.	NHSG	10		
55	Suppliers/supply chain may suffer insolvency during the project.	PSCP	8	£225,000	
56	Employers Works Information may not be adequate or accurate leading to additional costs and quality issues.	NHSG	9		£29,400
57	PSCP Works Information may not be adequate or accurate leading to additional costs and quality issues.	PSCP	9	£20,000	
58	Handover is delayed due to construction or technical commissioning issues.	PSCP	9	£28,800	
59	Inappropriate and insufficient resources to deliver the project and associated work - e.g. business case	NHSG	6		£10,000
60	Site abnormals reduce the viability of development sites.	NHSG	12		£75,000
61	PSCP fail to manage supply chain lead time.	PSCP	6	£10,000	
62	PSCP fail to meet NEC contract obligations.	PSCP	6	£10,000	
63	Sub Contractor Collateral Warranties fail to be obtained.	NHSG	9		£0

Ref No:	Risk & Opportunity Description	Risk Owner	Rating Post Mit	Agreed PSCP Provision	Agreed Trust Provision
64	Specialist equipment design requirements change / not advised timeously e.g. MRI & CT	NHSG	9		£28,800
65	NHS Directly employed subcontractors do not adhere to programme	NHSG	9		£14,400
66	External agencies cause delays, i.e. NDAP/HFS/NECPB	NHSG	9		£54,000
67	Legislative changes that affect the scope, specification and/or the cost of the project. (excl. fire)	NHSG	9		£75,000
68	Costs of discharging onerous conditions of Planning Consent may be greater than allowance provided for e.g. extent of works / green space	NHSG	9		
69	May fail to comply with Environmental Regulations	PSCP	9	£18,750	
70	Poor definition of NHSG site restrictions impacts on construction cost and programme.	NHSG	9		£30,000
71	Failure to achieve design sign-offs required to meet programme.	NHSG	9		£108,000
72	The OBC design is not developed to typical level of detail, leading to a degree of OBC cost plan uncertainty.	CLOSED	12		
73	Delay to survey information being concluded affecting design	NHSG	16		£45,000
74	Existing services plant beyond serviceable working life affecting performance of new install	NHSG	16		£75,000
75	Existing services infrastructure doesn't have capacity required for project	NHSG	16		£300,000
76	Incomplete fire-stopping / compartmentation discovered during down takings	NHSG	12		£25,000
77	Project Team understanding of Project Bank Account process affecting timing of payments	NHSG / PSCP	6		£0
78	Dust/soot build up within existing ductwork impacting operations when disturbed	NHSG	9		£5,000

Ref No:	Risk & Opportunity Description	Risk Owner	Rating Post Mit	Agreed PSCP Provision	Agreed Trust Provision
	during works.				
79	NHSG fail to meet contractual obligations, impacting on project costs and programme	NHSG	6		£12,500
80	Delay to confirming Group 1/ 2 equipment requirements may impact on M&E design progress.	NHSG	9		£27,000
81	Compatibility between new & existing fire alarms, nursecall etc impacting on design / operations.	NHSG	9		£22,500
82	Poor condition of existing structure/fabric impacting on project scope.	NHSG	12		£100,000
83	Impact of market conditions on project cost.	NHSG	20		£266,810
84	Construction works may impact on site logistics, particulary in relation to ambulance arrivals adjacent to the phase 1 ambulance entrance and buses and multi storey car park arrivals at the main entrance.	CLOSED	16		
85	NHSG fail to find an affordable solution for the MRI on the Elgin Site.	NHSG	12		£0
86	Can't complete the refurbishment of Dermatology within the project timescales.	NHSG	6		£70,000
87	Failure to secure approval of Business Cases	NHSG	10		£0
88	Cost of redesign services is unaffordable (revenue costs)	NHSG	6		£25,000
89	Failure to agree a Target Price	PSCP/ NHSG	10	£60,000	
90	Delay in establishing the method of heating the building has both cost and programme implications (district heating and steam options)	NHSG	16		£150,000
		TOTAL ALLOCATION		£1,432,064	£2,261,410
		STAGE 2 ALLOWANCE		£1,300,071	£2,188,129

Appendix O

Generic Economic Model (GEM) Extracts

NHS Grampian - Elective Care - OBC GM Model

	SUMMARY	Appraisal Period	NPC	Risk Adjustment	Risk Adjusted NPC	EAC	Risk Adjustment	Risk Adjusted NPC
			£'s	£'s	£'s	£'s	£'s	£'s
Option 1a		30 Years	132,837,722		132,837,722	7,116,172		7,116,172
Option 1b		30 Years	132,352,387		132,352,387	7,090,173		7,090,173
Option 2a		30 Years	133,016,747		133,016,747	7,125,763		7,125,763
Option 2b		30 Years	133,019,980		7,125,936	7,125,936		7,125,936
Option 3a		30 Years	132,571,399		132,571,399	7,101,905		7,101,905
Option 3b		30 Years	132,574,603		132,574,603	7,102,077		7,102,077
Option 4		30 Years	28,964,566		28,964,566	1,551,644		1,551,644

Appendix P

Service Re-Design Plan

The Elective Care Centre - High Level -Service Redesign Plan (Summary) to be further developed at FBC stage						
Key - RAG	Green	On target				
	Amber	Will not meet target timescale				
	Red	Significantly delayed or risk of not being achieved				
Benefits Register Reference Number	**Benefit**	**Service**	**Redesign**	**Timescale**	**Progress to Date (July 2019)**	**RAG**
1 and 2	Minimise IP hospital stay by increased rates of day surgery, BADs targets achieved	Day Case Theatre - General Surgery, ENT, OMFS	Reduction in inappropriate hospital admissions and reduced length of stay	2021	Services does not have access to suitable accommodation to support this currently. Current redesign plan in ARI to convert current short stay unit to day case estimated start 2020	Green

1 and 2	Ambulatory care as the norm, reducing inappropriate admissions to hospital	Respiratory	Increase ambulatory care provision, move appropriate patient activity from day case and in-patient setting e.g. bronchoscopy and thoracoscopy etc. Ensure patients attend the appropriate department for review and education	2021	Monthly Respiratory Redesign meetings commenced June 2019 to design new model of care and service delivery. Current facilities will not facilitate new model.	Green
1 and 2	Ambulatory care as the norm, reducing inappropriate admissions to hospital	Urology	Increase ambulatory care provision, move appropriate patient activity from day case and in-patient setting e.g. cystoscopy, prostate biopsy, urodynamics etc. Ensure patients attend the appropriate department for review and education	2019-2021 fully implemented	Currently delivering ad hoc ambulatory service from Inpatient ward area and day case surgery unit. Also delivered from various OP clinics. New facility will see all collocated in 2021.The new Urology Ambulatory Unit accommodation will facilitate service redesign. No out-patients will attend Urology in-patient wards in future. Urology Specialist Nurse role being reviewed and developed.	Green

1 and 2	Ambulatory care as the norm, reducing inappropriate admissions to hospital	Dermatology	Increase ambulatory care provision, with focus on skin lesion pathway management. Review of current pathway required with Plastic Surgery and Primary Care.	2019-2021 fully implemented	Initial meetings with Dermatology and Plastic Surgery and GPs. Need for further discussion and agreed plan for skin lesion pathway and WL management. Once new facilities additional joint clinics with Plastic Surgery. Joint GP clinics.	Green
4	Reducing inappropriate admissions to hospital	Respiratory	Establishment of "rapid access" clinics. Avoiding inpatient admission by introducing a scheduled see and treat clinic, converting an unscheduled admission to an elective activity e.g. cystic fibrosis patients, bronchiectasis.	2021	Monthly Respiratory Redesign meetings commenced to design new model of care and service delivery. Current facilities will not facilitate new model.	Green
4	Reducing inappropriate admissions to hospital	Urology	Establishment of "rapid access" clinics. Avoiding inpatient admission by introducing a scheduled see and treat clinic, converting an unscheduled admission to an elective activity e.g. catheter issues, renal colic,	2021	Service currently run from Inpatient area but disrupts IP ward and increases chance of admission due to location. Redesign group working on new clinical model and resources required.	Green
5, 6 and 7	Co-location and co-ordination of services, improving the patient journey. Reduce number of out patient visits.	Urology	Elective Care Centre will allow Urology to provide a "one stop" model of care for 70% of outpatient attendances. Patients attending will have a longer appointment but will be seen, diagnosed and treated at first appointment.	2021	Redesign meeting underway with speciality teams.	Green

5, 6 and 7	Co-location and co-ordination of services, improving the patient journey. Reduce number of out patient visits.	Respiratory and Pulmonary Function Service	Elective Care Centre will allow colocation of these services in 2021.	2021	Redesign meeting underway with speciality teams.	Green
5, 6 and 7	Co-location and co-ordination of services, improving the patient journey	Respiratory and outpatient plain film x-ray	Elective Care Centre will allow colocation of these services in 2021.	2021	Redesign meeting underway with speciality teams.	Green
5 and 6	Co-location and co-ordination of services, improving the patient journey	Dermatology	Different staffing models required to support new model of care e.g. increased number of specialist nurses, pharmacists. Increased nurse led clinics.	2021	Dermatology Redesign Group to be established and commence redesign plan.	Green
13	Co-location and co-ordination of services, improving efficiency	Decontamination Unit, Endoscopy and Urology	Models to be developed with all services to ensure most efficient and safe delivery of services. Aim for JAG compliance for new Endoscopy Unit	2021	Redesign meeting underway with speciality teams. Currently liaising with JAG.	Green
13	Co-location and co-ordination of services. Clinical adjacent to key high volume outpatient specialties, improving the patient journey	Imaging	Additional capacity for both diagnostic and planned cancer workload. Optimising patient led care, supported by staffing models which promote team working and avail of the full range of skills across all professional groups.	2021	Redesign meeting underway with speciality teams.	Green
14	Supports optimisation of staffing and team working; Improved recruitment to all professions, creating a sustainable workforce	Theatres, Endoscopy, Recovery	Increased flexibility and sustainability of workforce across day surgery theatres, Endoscopy and recovery activity. Aim to have fully integrated nursing team working across all specialities	2021	Process to commence to identify "core staff". Initial workforce meetings commenced. Commencement of clinical modelling and discussions re future training programmes.	Green

14	Supports optimisation of staffing and team working; Improved recruitment to all professions, creating a sustainable workforce	Imaging	Adjacent modalities offering opportunities for dual trained Radiographer rotational staff model (specifically in General Radiography & MRI, and out with Elective Care but still within vicinity, Breast Imaging & MRI, and IR & MRI)		Redesign plan in early stage of development. Workforce meetings commenced including HR and Partnership. Commencement of clinical modelling and discussions re future training programmes.	Green

Appendix Q

Schedule of Accommodation

Elective Care Centre

Draft Schedule of Accommodation

MASTER SHEET

Elective Care Centre	Net m2	Gross
	m^2	m^2
Clinical Space		
Entrance & Shared OPD Space	247.00	331.97
Respiratory	372.00	519.50
Urology	610.50	852.56
Imaging	475.50	664.04
Day Surgery & Endoscopy	2,155.75	2,897.33
Sub-Total	**3,860.75**	**5,265.39**
FM Space		
FM Support Allowance	126.5	170.0
Sub-Total	**126.5**	**170.0**
Total	**3,987.3**	**5,435.4**
Plant/ICT (20%)		1,087.1
Interdepartmental Comms (15%)		815.3

Total		7,337.8

Elective Care Centre	Net m2	Gross
Dermatology	m^2	m^2
Clinical Space		
Dermatology	630.0	879.8
Sub-Total	**630.0**	**879.8**
Plant/ICT (20%)		176.0
Interdepartmental Comms (15%)		132.0
Total		**1,187.7**

Elective Care Centre	Net m2	Gross
Dr Gray's MRI	m^2	m^2
Clinical Space		
MRI	196.0	271.7
Sub-Total	**196.0**	**271.7**
Plant/ICT (20%)		54.3
Interdepartmental Comms (10%)		27.2
Total		**353.2**

Elective Care		Gross m^2
TOTAL ELECTIVE CARE FACILITIES		**8,878.7**

NHS Grampian Elective Care Centre

Entrance & Shared Areas			No	Area m2	Total Area m2
Dept Code	**Room no.**	**Entrance & Shared Areas**			
ENT	001	Main entrance draught lobby	1	11.0	11.0
ENT	002	Foyer	1	36.0	36.0
ENT	003	Parking bay: Wheelchair	1	2.0	2.0
		Parking bay: trolley/bed	0	4.0	0.0
ENT	004	Reception (2 place)	1	10.0	10.0
ENT	005	Office	1	9.0	9.0
ENT	006,007,008,009	Patient Self Check-in	4	1.0	4.0
ENT	010	Open seating area	1	22.0	22.0
ENT	011	Vending	1	6.0	6.0
		Phlebotomy room (2 person)	0	13.5	0.0
ENT	012	Seminar room (15 person)	1	27.5	27.5
ENT	013	Meeting room (8 person)	1	16.0	16.0
ENT	014	Staff rest room (30 staff)	1	40.0	40.0
		Hoist bay	0	2.0	0.0
ENT	015	Mobility scooter bay	1	4.0	4.0
ENT	016,017,018,019	Patient/visitor WC: Ambulant	4	2.5	10.0
ENT	020	Patient/Visitor WC: Accessible	1	4.5	4.5
ENT	021	Adult changing (PAMIS)	1	16.0	16.0
ENT	022	Infant feeding room (accessible)	1	6.0	6.0
ENT	023	Infant changing room	1	5.0	5.0
ENT	024	Store	1	6.0	6.0
ENT	025	DSR	1	12.0	12.0

		Disposal Hold	0	15.0	0.0
		Sub Total			**247.0**

Total Net			**247.0**
Planning	5%		12.4
			259.4
Engineering	3%		7.8
Circulation	25%		64.8
Total			**332.0**

Respiratory			No	Area m2	Total Area m2
Dept code	**Room No.**	**Respiratory Outpatients**			
RES	001	Shared waiting area: 30 persons incl. 3 wheelchair spaces	30	1.65	49.5
RES	002	Waiting play area: up to 3 children	1	6.0	6.0
RES	003	Physical measurement pod	1	4.0	4.0
RES	004	Phlebotomy room (1 person)	1	10.0	10.0
RES	005	Patient/visitor WC: Ambulant	1	2.5	2.5
RES	006	Patient/visitor WC: Accessible	1	4.5	4.5
RES	007	Senior Charge Nurse office	1	9.0	9.0
RES	008	Staff base	1	8.0	8.0
RES	009	Virtual clinic room	1	9.0	9.0
RES	010,011,012, 013,014, 015	Consult/exam room	6	16.5	99.0
RES	016	Treatment room	1	16.5	16.5
RES	017	Relatives / Interview / Counselling/ Consulting Room	1	9.0	9.0
RES	018	Resuscitation trolley bay	1	1.0	1.0
RES	019	Pneumatic tube	1	1.0	1.0
RES	020	Clean utility	1	12.0	12.0
RES	021	Dirty utility	1	8.0	8.0
RES	022	Store Room	1	10.0	10.0
RES	023	Linen Store	1	2.5	2.5
RES	024	Hot-desk (3 place) /MDT	1	14.0	14.0
RES	025, 026	Staff WC	2	2.5	5.0
		Sub Total			**280.5**

Dept code	Room No.	Respiratory Laboratory			
RES	027	Respiratory Laboratory	1	16.5	16.5
RES	028, 029, 030	Spirometry/Physiological measurement rooms	3	16.5	49.5
RES	031,032, 033	Reporting space (3 person)	3	4.5	13.5
		Sub Total			**79.5**

Dept code	Room No.	Additional Accommodation			
RES	034	Disposal Hold	1	12.0	12.0
		DSR	0	10.0	0.0
		Scope cleaning/storage room	0	12.0	0.0
		Sub Total			**12.0**

Total Net			372.0
Planning	5%		18.6
			390.6
Engineering	3%		11.7
Circulation	30%		117.2
Total			**519.5**

Urology				Area	Total
			No	m2	Area m2
Dept	Room no.	Urology Outpatients			

Code					
URO	001	Shared Waiting Area: 40 persons incl. 3 wheelchair spaces	40	1.65	66.0
URO	002	Waiting play area: up to 3 children	1	6.0	6.0
URO	003	Senior Charge Nurse office	1	9.0	9.0
URO	004	Staff base	1	8.0	8.0
URO	005	Virtual clinic room	1	9.0	9.0
URO	006	Physical measurement pod	1	4.0	4.0
URO	007	Phlebotomy room (1 person)	1	10.0	10.0
URO	008	Specimen/disabled WC	1	4.5	4.5
URO	009, 010, 011	Patient/visitor WC: Ambulant	3	2.5	7.5
URO	012, 013, 014, 015, 016, 017	Consult/exam room	6	16.5	99.0
URO	018, 019	Ultrasound	2	16.5	33.0
URO	020	MDT room	1	16.5	16.5
URO	021	Dirty utility	1	8.0	8.0
		Sub Total			**280.5**
Dept Code	**Room no.**	**Urology Suite**			
URO	022, 023	Ambulant changing rooms	2	2.5	5.0
URO	024, 025	Accessible changing rooms	2	4.5	9.0
URO	026	Specimen/disabled WC	1	4.5	4.5
URO	027, 028	Changed waiting	2	8.0	16.0
URO	029	Hoist bay	1	2.0	2.0
URO	030	Cystoscopy room	1	30.0	30.0
URO	031	Preparation room (Daily Use Store)	1	12.0	12.0
URO	032	Prostate biopsy/cystoscopy/urodynamics	1	30.0	30.0
URO	033	Specimen/disabled WC	1	4.5	4.5

URO	034	Lithotripsy/video urodynamics	1	45.0	45.0
URO	035	Treatment room	1	16.5	16.5
URO	036	Specimen/disabled WC	1	4.5	4.5
URO	037	Sub-wait	1	8.0	8.0
URO	038	Interview room	1	9.0	9.0
URO	039	Trolley bay	1	6.0	6.0
URO	040	Recovery area (trolley)	1	13.5	13.5
URO	041	Recovery area (chair)	1	10.0	10.0
URO	042	Pantry	1	6.0	6.0
URO	043	Resuscitation trolley bay	1	1.0	1.0
URO	044	Dirty utility	1	8.0	8.0
URO	045	Hot-desk (3 place)	1	14.0	14.0
URO	046	Store general	1	10.0	10.0
URO	047	Store: equipment, local to endo rooms	1	12.0	12.0
		Scope room support (decontamination)	0	0.0	0.0
		Sub Total			**276.5**
Dept Code	**Room no.**	**Clinical Support**			
URO	048	Clean utility	1	12.0	12.0
		Dirty utility	0	8.0	0.0
URO	049	Pneumatic tube	1	1.0	1.0
URO	050	Store room	1	8.0	8.0
URO	051	Linen store	1	2.5	2.5
URO	052, 053	Staff WC	2	2.5	5.0
URO	054	DSR	1	10.0	10.0
URO	055	Disposal hold	1	15.0	15.0
		Sub Total			**53.5**

Total Net			610.5
Planning	5%		30.5
			641.0
Engineering	3%		19.2
Circulation	30%		192.3
Total			**852.6**

Radiology Suite				Area	Total
			No	m2	Area m2
Dept code	**Room no.**	**Reception & Shared Facilities**			
RAD	001	Reception (1 place)	1	6.0	6.0
RAD	002	Waiting: 5 places (CT)	1	9.0	9.0
RAD	003	Waiting: 5 places (MRI)	1	9.0	9.0
RAD	004	Waiting: 10 places (Imaging)	1	16.5	16.5
RAD	005	Reporting area (4 place)	1	18.0	18.0
RAD	006	Linen cupboard	1	2.5	2.5
RAD	007	Clean utility	1	10.0	10.0
		Pneumatic tube	0	1.0	0.0
RAD	008	Pantry	1	6.0	6.0
RAD	009	Dirty utility	1	8.0	8.0
RAD	010	DSR	1	10.0	10.0
RAD	011, 012	Patient/ Visitor WC: Ambulant	2	2.5	5.0

RAD	013	Patient/ Visitor WC: Accessible	1	4.5	4.5
		Sub Total			**104.5**
Dept code	**Room no.**	**Cross-sectional Imaging facilities: CT**			
RAD	014	Assisted patient changing cubicle	1	4.5	4.5
RAD	015	Ambulant patients changing cubicle	1	2.5	2.5
RAD	016	Patient / Visitor WC: Ambulant	1	2.5	2.5
RAD	017	Patient / Visitor WC: Accessible	1	4.5	4.5
RAD	018, 019, 020	CT preparation room/post CT observation	3	11.0	33.0
		Sub-waiting	0	16.0	0.0
RAD	021	Clean gown trolley	1	0.5	0.5
RAD	022	Used gown trolley	1	0.5	0.5
RAD	023	CT scanner room	1	42.0	42.0
RAD	024	Control room	1	16.0	16.0
		Reporting area	0	16.0	0.0
RAD	025	Lead apron & protection gear holding area	1	0.5	0.5
RAD	026	Parking bay - resuscitation trolley	1	1.0	1.0
RAD	027	Technical room	1	6.0	6.0
RAD	028	Store: general	1	8.0	8.0
		Sub Total			**121.5**
Dept code	**Room no.**	**Cross-sectional Imaging Facilities: MRI**			
RAD	029	Bed/trolley waiting area	1	8.0	8.0
RAD	030	Prep room	1	15.0	15.0
RAD	031	Sub-waiting area - 5 Place	1	9.0	9.0
RAD	032	Parking bay - resus trolley	1	1.0	1.0
RAD	033	Patient/ Visitor WC: Accessible	1	4.5	4.5

RAD	034, 035	Assisted patient changing cubicle	2	4.5	9.0
		Patients belonging bay (6 lockers)	0	2.0	0.0
RAD	036	Clean gown trolley	1	0.5	0.5
RAD	037	Used gown trolley	1	0.5	0.5
RAD	038	Interview/Counselling room	1	9.0	9.0
RAD	039	Patient MRI trolley, wheelchair and equipment parking bay	1	5.0	5.0
		Patient MRI trolley, wheelchair and associated	0	5.0	0.0
		Image review/reporting area	0	11.0	0.0
RAD	040	MRI scanner room	1	45.0	45.0
RAD	041	MRI scanner control room	1	16.0	16.0
RAD	042	MRI scanner control engineering/ technical Room	1	20.0	20.0
RAD	043	Store - ready to use medical gas	1	1.0	1.0
RAD	044	Store room	1	8.0	8.0
RAD	045	DSR with non-ferromagnetic equipment and materials	1	2.0	2.0
		Sub Total			**153.5**
Dept code	**Room no.**	**General x-ray imaging facilities**			
RAD	046, 047	Disabled/wheelchair patients changing cubicle	2	4.5	9.0
RAD	048, 049, 050, 051	Ambulant patient changing cubicle	4	2.5	10.0
RAD	052, 053	General computed radiography x-ray room including control room	2	30.0	60.0
		Sub Total			**79.0**
Dept code	**Room no.**	**Staff Support**			
RAD	054, 055	Staff WC: Ambulant	2	2.5	5.0

RAD	056	MDT room/meeting room	1	12.0	12.0
		Sub Total			**17.0**
		Total Net			**475.5**
		Planning	5%		23.8
					499.3
		Engineering	3%		15.0
		Circulation	30%		149.8
		Total			**664.0**

Day Unit & Endoscopy Suite				**Area**	**Total**
			No	m2	Area m2
Dept code	**Room no.**	**Entrance Reception & Waiting Facilities**			
DAE	001, 002, 003	Patient Self Check-in	3	1.0	3.0
DAE	004	Reception: 2 staff	1	10.0	10.0
DAE	005, 006, 007	Physical measurement pods	3	4.0	12.0
DAE	008	Phlebotomy room (2 person)	1	13.5	13.5
DAE	009	Waiting area	35	1.7	57.8
		Parking bay: Wheelchair	0	2.0	0.0
		Parking bay: trolley/bed	0	4.0	0.0
DAE	010	Store	1	4.0	4.0
DAE	011, 012, 013, 014	Patient / Visitor WC: Ambulant	4	2.5	10.0
DAE	015	Patient / Visitor WC: Accessible	1	4.5	4.5
		Sub Total			**114.8**

Dept code	Room no.	Patient Preparation Areas			
DAE	016, 017	Patient preparation staff base	2	10.0	20.0
DAE	018, 019, 020, 021, 022, 023	Patient preparation room (interview/change)	6	13.5	81.0
DAE	024, 025	Patient preparation room (interview/change)	2	13.5	27.0
DAE	026, 027, 028, 029	Patient preparation room (interview/change)	4	9.0	36.0
DAE	030, 031, 032, 033, 034, 035	Ensuite to Endoscopy patient preparation room	6	4.5	27.0
DAE	036, 037	Special waiting area	2	13.5	27.0
DAE	038, 039	Patient / Visitor WC: Ambulant	2	2.5	5.0
DAE	040, 041	Patient / Visitor WC: Accessible	2	4.5	9.0
DAE	042	Pneumatic tube	1	1.0	1.0
DAE	043	Clean utility	1	10.0	10.0
DAE	044	Dirty Utility	1	8.0	8.0
		Sub Total			**251.0**
Dept code	**Room no.**	**Operating Theatre Suite Facilities**			
DAE	045, 046, 047	Operating Theatre: Day Surgery	3	55.0	165.0
DAE	048, 049, 050	Theatre ante-room	3	14.0	42.0
DAE	051, 052, 053	Scrub-up & gowning room: 3 places	3	11.0	33.0
DAE	054, 055, 056	Preparation room	3	12.0	36.0
DAE	057, 058, 059	Exit/parking bay: theatre, 1 bed/trolley	3	12.0	36.0
DAE	060	Sample storage	1	2.0	2.0
DAE	061	Store: equipment, local to theatre	1	12.0	12.0
DAE	062, 063, 064	Dirty utility: serving 1 theatre	3	8.0	24.0
		Sub Total			**350.0**
Dept code	**Room no.**	**Endoscopy Suite Facilities**			
DAE	065, 066, 067, 068, 069	Endoscopy Room	5	25.0	125.0

DAE	070	Bronchoscopy room	1	25.0	25.0
DAE	071	ERCP room	1	42.0	42.0
DAE	072	Anaesthetic room	1	19.0	19.0
DAE	073	Prep Room/Clean utility	1	12.0	12.0
DAE	074	Store room (incl scope storage)	1	12.0	12.0
DAE	075	Dirty utility	1	8.0	8.0
		Sub Total			**243.0**
Dept code	**Room no.**	**Post- Anaesthesia/Pre-Discharge Areas**			
DAE	076, 077, 078, 079, 080, 081, 082, 083	Recovery bay: stage 1 (Post-GA)	8	13.5	108.0
DAE	084, 085, 086, 087, 088, 089 ,090, 091, 092, 093, 094, 095, 096, 097, 098, 099, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109,110, 111	Recovery bay : stage 2	28	13.5	378.0
DAE	112, 113	Recovery staff base/utility	2	8.0	16.0
DAE	114	Discharge lounge	20	1.7	34.0
DAE	115, 116	Resuscitation trolley bay	2	1.0	2.0
DAE	117, 118, 119	Interview room	3	9.0	27.0
DAE	120	Pantry	1	8.0	8.0
DAE	121	Patients clothes store	1	4.0	4.0
DAE	122	Trolley bay	1	6.0	6.0
DAE	123	Dirty utility	1	8.0	8.0
DAE	124, 125, 126, 127	Patient / Visitor WC: Ambulant	4	2.5	10.0
DAE	128, 129	Patient / Visitor WC: Accessible	2	4.5	9.0
DAE	130	Hoist parking bay	1	2.0	2.0

DAE	131	Parking bay: Wheelchair	1	2.0	2.0
		Sub Total			**614.0**
Dept code	**Room no.**	**Endoscopy/Scope Support Area**			
DAE	132	Used goods reception	1	10.0	10.0
DAE	133	Wash room	1	30.0	30.0
DAE	134	Wash room ante-room	1	10.0	10.0
DAE	135	Inspection	1	30.0	30.0
DAE	136	Storage dispatch room ante room	1	10.0	10.0
DAE	137	Plant & chemical storage	1	15.0	15.0
DAE	138	DSR	1	10.0	10.0
DAE	139	Case store/consumables store	1	5.0	5.0
		Sub-Total			**120.0**
Dept code	**Room no.**	**Support Facilities**			
DAE	140	Clean utility	1	12.0	12.0
DAE	141	Service room: equipment	1	12.0	12.0
DAE	142	Parking bay: mobile x-ray & ultrasound unit	1	5.5	5.5
DAE	143	Store: bulk supplies	1	40.0	40.0
DAE	144	Store: clinical equipment	1	30.0	30.0
DAE	145	Store: linen	1	4.0	4.0
DAE	146, 147	Store: linen	2	2.5	5.0
DAE	148, 149	Clean trolley store (CSSD)	2	2.0	4.0
DAE	150, 151	Dirty trolley store (CSSD)	2	2.0	4.0
DAE	152	Store: medical gas cylinders	1	4.0	4.0
DAE	153	Blood fridge	1	2.0	2.0
DAE	154	Disposal hold	1	15.0	15.0
DAE	155, 156	DSR	2	10.0	20.0
		Sub Total			**157.5**

Dept code	Room no.	Staff Support Facilities			
DAE	157	Male staff change	1	15.0	15.0
DAE	158	Female staff change	1	60.0	60.0
DAE	159	Linen Pod/ clean footwear racking	1	6.0	6.0
DAE	160	Utility: footwear washing	1	4.0	4.0
DAE	161, 162, 163, 164, 165	Staff WC	5	2.5	12.5
DAE	166	WC & hand wash: accessible, wheelchair	1	4.5	4.5
DAE	167, 168	Staff Shower	2	5.0	10.0
DAE	169	Staff rest room	1	56.0	56.0
DAE	170	Seminar room	1	30.0	30.0
DAE	171	Interview/meeting room: 6 persons	1	14.0	14.0
DAE	172	Staff pantry	1	7.0	7.0
DAE	173, 174	Office: 4 person	2	18.0	36.0
DAE	175, 176, 177	Office: SCN	3	9.0	27.0
DAE	178, 179, 180	Hot-desk (3 place)	3	4.5	13.5
DAE	181	Photocopying/printing room	1	6.0	6.0
DAE	182	Store: general	1	4.0	4.0
		Sub Total			**305.5**

Total Net (Clinical Areas)			2,155.8
Planning	5%		107.8
			2,263.5
Engineering	3%		67.9
Circulation	25%		565.9
Total			**2,897.3**

Notes:

Assume switchgear room and UPS & IT Hub included in Plant Allowance

Facilities Management					Area	Total
				No	m2	Area m2
Dept Code	**Room No.**	**FM**				
FMA	001	Goods receipt/despatch area (clean in)		1	40.0	40.0
FMA	002	Materials Management Office		1	12.0	12.0
FMA	003	Equipment Cleaning Room (need for TH/Endo)		1	10.0	10.0
FMA	004	Bulk Store Room		1	12.0	12.0
FMA	005	Domestic Machine Park/Charging		1	10.0	10.0
FMA	006	Clean Bin Holding Area (disposal out)		1	40.0	40.0
FMA	007	DSR		1	0.0	0.0
FMA	008	Staff WC: Ambulant		1	2.5	2.5
		Sub Total				**126.50**
		Total Net				**126.5**
		Planning		5%		6.3
						132.8
		Engineering		3%		4.0
		Circulation		25%		33.2
		Total				**170.0**

Dermatology			No	Area m2	Total Area m2
Dept Code	**Room No.**	**Dermatology**			
DER	001	Shared waiting Area: 40 persons incl. 3 wheelchair spaces	40	1.65	66.0
DER	002	Waiting play area: up to 3 children	1	6.0	6.0
DER	003	Reception	1	8.0	8.0
DER	004	SCN office	1	9.0	9.0
DER	005	Staff base	1	8.0	8.0
DER	006	Virtual clinic room	1	9.0	9.0
DER	007	Physical measurement pod	1	4.0	4.0
DER	008	Clinical trials office (2 person)	1	12.0	12.0
DER	009, 010	Specimen/accessible WC	2	2.5	5.0
DER	011	Specimen/accessible WC	1	4.5	4.5
DER	012	Patient/visitor ambulant WC	1	2.5	2.5
DER	013, 014, 015, 016, 017, 018, 019, 020	Consult/exam Room	8	16.5	132.0
DER	021, 022, 023	PUVA treatment area	3	10.0	30.0
DER	024, 025, 026, 027, 028, 029	PUVA changing	6	4.0	24.0
DER	030	Hand/feet PUVA treatment area	1	8.0	8.0
DER	031	Patch preparation room	1	16.0	16.0
DER	032, 033,	Day Unit	4	10.0	40.0

	034, 035				
DER	036, 037	Day Unit treatment (single)	2	10.0	20.0
DER	038	Bathroom - assisted	1	16.0	16.0
DER	039, 040	Patient change/wait	2	4.5	9.0
DER	041, 042	Patient change/wait (ambulant)	2	2.5	5.0
DER	043, 044	Sub-waiting	2	10.0	20.0
DER	045, 046	Surgical procedure room	2	20.0	40.0
DER	047	Mohs lab	1	10.0	10.0
DER	048	Laser room	1	16.5	16.5
DER	049	Dirty utility	1	8.0	8.0
DER	050, 051	Store Room	2	8.0	16.0
DER	052	Liquid Nitrogen store	1	4.0	4.0
DER	053, 054	Staff base	2	4.5	9.0
DER	055	Hot-desk (3 place)	1	14.0	14.0
DER	056	Relatives/Interview/Counselling/Consulting room	1	9.0	9.0
DER	057	Clean utility	1	12.0	12.0
DER	058	Dirty utility	1	8.0	8.0
DER	059	Disposal hold	1	12.0	12.0
DER	060	DSR	1	10.0	10.0
DER	061	Linen store	1	2.5	2.5
DER	062, 063	Staff WC	2	2.5	5.0
		Sub Total			**630.0**
		Total Net			**630.0**
		Planning	5%		31.5
					661.5
		Engineering	3%		

			19.8
Circulation	30%		198.5
Total			**879.8**

Dr Gray's MRI				**Area**	**Total**
			No	m2	Area m2
Dept Code	**Room no.**	**Reception & Shared Facilities**			
DGH	001	Reception	1	8.0	8.0
DGH	002	Wheelchair parking (3 chairs)	1	2.0	2.0
DGH	003	Waiting: 5 places	1	9.0	9.0
DGH	004	Counselling/interview room	1	9.0	9.0
DGH	005	Drinking water dispenser	1	0.5	0.5
DGH	006	Pantry	1	6.0	6.0
DGH	007	WC accessible	1	4.5	4.5
DGH	008	WC Staff ambulant	1	2.5	2.5
		Sub Total			**41.5**
Dept Code	**Room no.**	**Cross-sectional Imaging Facilities: MRI**			
DGH	009	Bed/trolley waiting area	1	8.0	8.0
DGH	010	Prep room	1	15.0	15.0
DGH	011	Sub-waiting area - 5 Place	1	9.0	9.0
DGH	012	Parking bay - resus trolley	1	1.0	1.0
DGH	013	WC accessible	1	4.5	4.5
DGH	014, 015	Assisted patient changing cubicle	2	4.5	9.0
		Patients belonging bay (6 lockers)	0	2	0.0
DGH	016	Clean gown trolley	1	0.5	0.5
DGH	017	Used gown trolley	1	0.5	0.5
		Interview/Counselling room	0	9.0	0.0
DGH	018	Patient MRI trolley, wheelchair and equipment parking bay	1	5.0	5.0
		Patient MRI trolley, wheelchair and associated	0	5.0	0.0
DGH	019	Image review/reporting area	1	10.0	10.0
DGH	020	MRI scanner room	1	45.0	45.0
DGH	021	MRI scanner control room	1	16.0	16.0
DGH	022	MRI scanner control engineering/ technical Room	1	20.0	20.0
DGH	023	Store - ready to use medical gas	1	1.0	1.0
DGH	024	Store room	1	8.0	8.0
DGH	025	DSR with non-ferromagnetic equipment and materials	1	2.0	2.0
		Sub Total			**154.5**
		Total Net			**196.0**
		Planning	5%		9.8
					205.8
		Engineering	3%		6.2
		Circulation	29%		59.7
		Total			**271.7**

Appendix R
Capital Cost Plan

Ref:	Elemental Breakdown	JCA Stage 2 Cost Plan (Jul-19) Base	VAT	Total
1	Substructure	716,530	120,664	837,194
2	Superstructure	6,166,594	1,038,454	7,205,048
3	Internal Finishes	1,237,179	208,341	1,445,520
4	FF&E	743,695	125,238	868,933
5	M&E Services	9,415,317	1,585,539	11,000,856
6	External Works/Demos	1,421,628	239,402	1,661,030
7	Dr Grays MRI	1,219,680	205,394	1,425,074
8	Abnormals (incl Derma)	1,890,550	318,369	2,208,919
	SUB TOTAL	**22,811,173**	**3,841,402**	**26,652,574**
9	Prelims	2,143,034	360,887	2,503,921
10	PSCP Fee	1,047,211	176,350	1,223,562
11	Risk	1,300,071	218,932	1,519,003
	Prime, Prelims, Risk & PSCP Fee	**27,301,489**	**4,597,571**	**31,899,060**
12	Community Hubs	See Below	See Below	See Below
13	Surveys (CE's)	141,896	23,895	165,791
	Prime, Prelims, Risk & PSCP Fee	**27,443,385**	**4,621,466**	**32,064,851**
14	Design Team Fees St 2-4	1,773,849	298,716	2,072,565
15	Client costs, advisor fees & risk	2,750,000	60,000	2,810,000
	Prime, Prelims, Risk, PSCP Fee & All Fees	**31,967,234**	**4,980,182**	**36,947,417**
16	Equipment	4,006,000	801,200	4,807,200
17	Imaging and theatres	2,886,000	577,200	3,463,200
18	Other Client Costs	1,469,000	293,800	1,762,800
19	Dermatology Refurb cost	Incl Above	Incl Above	Incl Above
20	Comm Hubs Client Costs	See Below	See Below	See Below
	Stage 2 Incl Equipping	**40,328,234**	**6,652,382**	**46,980,617**
21	Optimism bias / risk	2,188,129	393,863	2,581,992
22	Inflation (updated to incl fees)	2,189,683	394,143	2,583,827
	Affordability Assessment	**44,706,047**	**7,440,389**	**52,146,435**

Ref:	Community Hubs (Separate BC)	Base	VAT	Total
12	Community Hubs	891,200	160,416	1,051,616
14	Design Team Fees St 2-4	137,583	24,765	162,348
20	Comm Hubs Client Costs	1,653,495	330,699	1,984,194
21	Optimism bias / risk	110,000	19,800	129,800
22	Inflation (updated)	149,472	26,905	176,376
	Affordability Assessment	**2,941,750**	**562,585**	**3,504,334**

	Total Affordability Assessment	**47,647,796**	**8,002,973**	**55,650,770**

Appendix S
Project Programme

GRAHAM

NHS Grampian Elective Care

Master Programme

Issue date: 14/05/2019
Filter Applied: None

Line	Name	Start	Duration	Finish
1	NHS Grampian Elective Care Programme	14/12/18	159w 3d	04/02/22
2	Pre-Contract	[illegible]	[illegible]	[illegible]
3	Receipt of HLIP	18/12/18		18/12/18
4	Tender Submission Preparation Period	19/12/18	3w 1d	23/01/19
5	NHSG Tender Submission Review Period	24/01/19	4d	29/01/19
6	Interview/Presentation	30/01/19		30/01/19
7	Internal NHSG Approvals / Anticipated Contract Award	04/02/19	2w	15/02/19
8	Interim Letter Recieved	13/02/19		13/02/19
9	Contract Award Date	18/02/19		18/02/19
10	Matters or access to be provided by the Employer	[illegible]	17w 1d	[illegible]
11	NHSG Issue Letter of Award to GC	15/02/19		15/02/19
12	NHSG Issue Contract	14/03/19		14/03/19
13	Project Execution Plan Issued	18/02/19		18/02/19
14	Stake Holder Engagement Plan Issued	19/02/19		19/02/19
15	Clinical Adjacencies Matrix Issue	08/03/19		08/03/19
16	Pre-construction Design Information Issued by NHSG /Services /Structural information on link buildings/ Existing Hazards	22/02/19		22/02/19
17	NHSG Draft Accomodation/Operational Requirements Development	18/02/19	4d	21/02/19
18	Schedule of Accommodation Draft Issue	22/02/19		22/02/19
19	NHSG Final Accomodation/Operational Requirements Development	22/02/19	2w	07/03/19
20	Schedule of Accommodation Final Issue	08/03/19		08/03/19
21	Clinical Brief Draft Development	18/02/19	4d	21/02/19
22	Clinical Brief Draft Issue	22/02/19		22/02/19
23	NHSG Final Clinical Brief Development	22/02/19	2w	07/03/19
24	Clinical Brief Final Issue	08/03/19		08/03/19
25	NHSG Equipment Requirements & ADB Development Period	18/03/19	1w	22/03/19
26	1:500 Stage Approval by NHS Grampian (Design Freeze)	25/03/19		25/03/19
27	RIBA Stage 2 Approval	25/03/19		25/03/19
28	Environmental Matrix Requirements defined by NHSG	02/04/19		02/04/19
29	Exemplar RDS Issued	02/04/19		02/04/19
30	Remainder of Room Data Sheets Issued	17/04/19		17/04/19
31	Confirm Community Hub Brief - EWN Raised to be Included in NEC3 Stage 3 - Confirmation will follow reciept of information	02/04/19		02/04/19
32	MRI Schedule of Accomodation	05/04/19		05/04/19
33	NHSG / AEDET Workshop TBC	17/06/19		17/06/19
34	NHSG Review 1:200 Design	27/05/19	1w	31/05/19
35	1:200 Stage Approval by NHS Grampian (Design Freeze)	14/06/19		14/06/19
36	Meetings	[illegible]	[illegible]	[illegible]
37	Design Team Meeting	11/02/19		05/08/19
38	Progress Meeting	12/03/19		09/07/19
39	Risk Workshop	08/03/19		01/05/19
40	Risk Workshop (Inform Cost Planning) - Indicative Date TBC	03/06/19		03/06/19
41	Lessons Learned Workshop	08/04/19		08/04/19
42	Stage 4 Construction Methodology Development	17/06/19		12/08/19
43	NHSG Attended Workshops	15/02/19		30/08/19
44	NDAP & AEDET Meetings	11/03/19		17/09/19
45	User Group Meetings	18/02/19	25w 1d	13/08/19
46	1:500's	[illegible]	4w	[illegible]
47	Design Review	18/02/19		18/03/19
48	1:200's	[illegible]	[illegible]	[illegible]
49	Dermatology	16/04/19		28/05/19
50	Imaging	16/04/19		28/05/19
51	Respiratory	10/04/19		15/05/19
52	Urology	15/04/19		27/05/19
53	Theatres	08/04/19		16/05/19
54	Endoscopy	08/04/19		27/05/19
55	1:50's	[illegible]	6w 1d	[illegible]
56	Dermatology	01/07/19		12/08/19
57	Imaging	01/07/19		12/08/19
58	Respiratory	01/07/19		12/08/19
59	Urology	02/07/19		13/08/19
60	Theatre	02/07/19		13/08/19
61	Endoscopy	02/07/19		13/08/19
62	Planning	[illegible]	9w	[illegible]
63	Planning Consultations	08/04/19	7w	24/05/19
64	Planning Consent In Principle Acheived	10/06/19		10/06/19
65	Early Warnings Raised	[illegible]	5w	[illegible]
66	Client EWN's	03/04/19	4d	09/04/19
67	EWNP001 Stage 2 Survey Schedule	03/04/19		03/04/19
68	EWNP002 Elgin MRI Schedule of Accommodation	03/04/19		03/04/19
69	EWNP003 Affordability Report	09/04/19		09/04/19
70	GC EWN's	19/03/19	5w	23/04/19
71	EWNC001 NHSG Elective Care Schedule of Accommodation EW	19/03/19		19/03/19
72	EWNC002 NHS G Elective Care Room Data Sheets	26/03/19		26/03/19
73	EWNC003NHS G Elective Care Clinical Brief	26/03/19		26/03/19
74	EWNC004 NHS G Elective Care - Community Hubs	26/03/19		26/03/19
75	EWNC005 1:500 plan sign off	09/04/19		09/04/19
76	EWNC006 NHSG Elective Care Theatre & Endoscopy Floor Design On Hold	09/04/19		09/04/19
77	EWNC007 Dermatology Location	09/04/19		09/04/19
78	EWNC008 NHS G JAG Compliances	23/04/19		23/04/19

Drawn by:
Approved by:

Revision No:
Revision Date: 14/05/2019

Dwg No:
Notes: DRAFT - For Discussion

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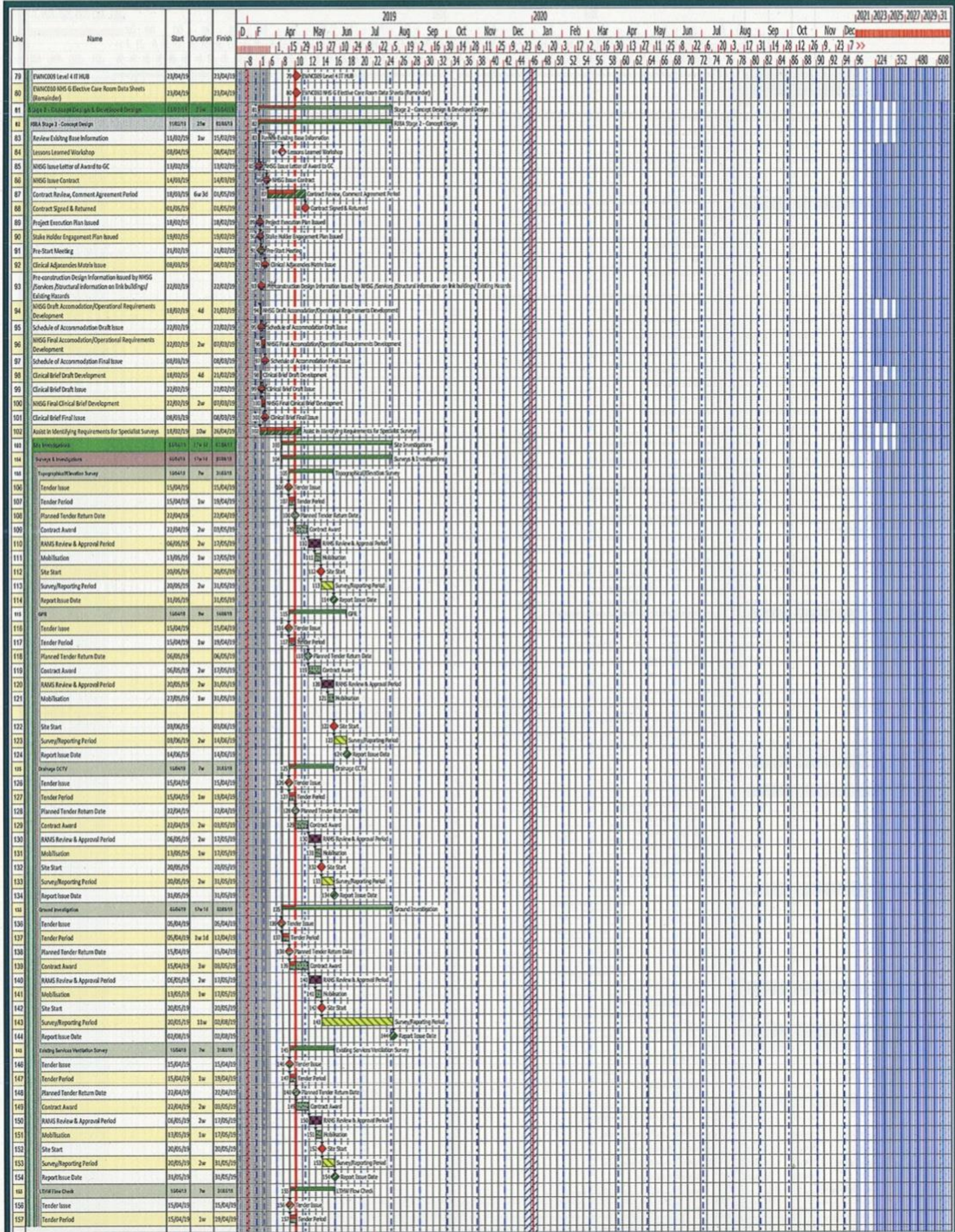

Line	Name	Start	Duration	Finish
79	EWNC009 Level 4 IT HUB	23/04/19		23/04/19
80	EWNC010 NHS G Elective Care Room Data Sheets (Remainder)	23/04/19		23/04/19
81	Stage 2 - Concept Design & Developed Design	[illegible]	[illegible]	[illegible]
82	RIBA Stage 2 - Concept Design	11/02/19	21w	[illegible]
83	Review Existing Base Information	11/02/19	1w	15/02/19
84	Lessons Learned Workshop	08/04/19		08/04/19
85	NHSG Issue Letter of Award to GC	13/02/19		13/02/19
86	NHSG Issue Contract	14/03/19		14/03/19
87	Contract Review, Comment Agreement Period	18/03/19	6w 3d	01/05/19
88	Contract Signed & Returned	01/05/19		01/05/19
89	Project Execution Plan Issued	18/02/19		18/02/19
90	Stake Holder Engagement Plan Issued	19/02/19		19/02/19
91	Pre-Start Meeting	21/02/19		21/02/19
92	Clinical Adjacencies Matrix Issue	08/03/19		08/03/19
93	Pre-construction Design Information Issued by NHSG /Services /Structural information on link buildings/ Existing Hazards	22/02/19		22/02/19
94	NHSG Draft Accomodation/Operational Requirements Development	18/02/19	4d	21/02/19
95	Schedule of Accommodation Draft Issue	22/02/19		22/02/19
96	NHSG Final Accomodation/Operational Requirements Development	22/02/19	2w	07/03/19
97	Schedule of Accommodation Final Issue	08/03/19		08/03/19
98	Clinical Brief Draft Development	18/02/19	4d	21/02/19
99	Clinical Brief Draft Issue	22/02/19		22/02/19
100	NHSG Final Clinical Brief Development	22/02/19	2w	07/03/19
101	Clinical Brief Final Issue	08/03/19		08/03/19
102	Assist In Identifying Requirements for Specialist Surveys	18/02/19	10w	26/04/19
103	Site Investigations	[illegible]	[illegible]	[illegible]
104	Surveys & Investigations	[illegible]	[illegible]	[illegible]
105	Topographical/Elevation Survey	[illegible]	7w	[illegible]
106	Tender Issue	15/04/19		15/04/19
107	Tender Period	15/04/19	1w	19/04/19
108	Planned Tender Return Date	22/04/19		22/04/19
109	Contract Award	22/04/19	2w	03/05/19
110	RAMS Review & Approval Period	06/05/19	2w	17/05/19
111	Mobilisation	13/05/19	1w	17/05/19
112	Site Start	20/05/19		20/05/19
113	Survey/Reporting Period	20/05/19	2w	31/05/19
114	Report Issue Date	31/05/19		31/05/19
115	GPR	[illegible]	9w	[illegible]
116	Tender Issue	15/04/19		15/04/19
117	Tender Period	15/04/19	1w	19/04/19
118	Planned Tender Return Date	06/05/19		06/05/19
119	Contract Award	06/05/19	2w	17/05/19
120	RAMS Review & Approval Period	20/05/19	2w	31/05/19
121	Mobilisation	27/05/19	1w	31/05/19
122	Site Start	03/06/19		03/06/19
123	Survey/Reporting Period	03/06/19	2w	14/06/19
124	Report Issue Date	14/06/19		14/06/19
125	Drainage CCTV	[illegible]	7w	[illegible]
126	Tender Issue	15/04/19		15/04/19
127	Tender Period	15/04/19	1w	19/04/19
128	Planned Tender Return Date	22/04/19		22/04/19
129	Contract Award	22/04/19	2w	03/05/19
130	RAMS Review & Approval Period	06/05/19	2w	17/05/19
131	Mobilisation	13/05/19	1w	17/05/19
132	Site Start	20/05/19		20/05/19
133	Survey/Reporting Period	20/05/19	2w	31/05/19
134	Report Issue Date	31/05/19		31/05/19
135	Ground Investigation	[illegible]	17w 1d	[illegible]
136	Tender Issue	05/04/19		05/04/19
137	Tender Period	05/04/19	1w 1d	12/04/19
138	Planned Tender Return Date	15/04/19		15/04/19
139	Contract Award	15/04/19	3w	03/05/19
140	RAMS Review & Approval Period	06/05/19	2w	17/05/19
141	Mobilisation	13/05/19	1w	17/05/19
142	Site Start	20/05/19		20/05/19
143	Survey/Reporting Period	20/05/19	11w	02/08/19
144	Report Issue Date	02/08/19		02/08/19
145	Existing Services Ventilation Survey	[illegible]	7w	[illegible]
146	Tender Issue	15/04/19		15/04/19
147	Tender Period	15/04/19	1w	19/04/19
148	Planned Tender Return Date	22/04/19		22/04/19
149	Contract Award	22/04/19	2w	03/05/19
150	RAMS Review & Approval Period	06/05/19	2w	17/05/19
151	Mobilisation	13/05/19	1w	17/05/19
152	Site Start	20/05/19		20/05/19
153	Survey/Reporting Period	20/05/19	2w	31/05/19
154	Report Issue Date	31/05/19		31/05/19
155	LTHW Flow Check	[illegible]	7w	[illegible]
156	Tender Issue	15/04/19		15/04/19
157	Tender Period	15/04/19	1w	19/04/19

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NHS Grampian Elective Care

GRAHAM

Master Programme

Issue date: 14/05/2019
Filter Applied: None

Line	Name	Start	Duration	Finish
158	Planned Tender Return Date	22/04/19		22/04/19
159	Contract Award	22/04/19	2w	03/05/19
160	RAMS Review & Approval Period	06/05/19	2w	17/05/19
161	Mobilisation	13/05/19	1w	17/05/19
162	Site Start	20/05/19		20/05/19
163	Survey/Reporting Period	20/05/19	2w	31/05/19
164	Report Issue Date	31/05/19		31/05/19
165	Condition Survey on Electrical Infrastructure	15/04/19	7w	31/05/19
166	Tender Issue	15/04/19		15/04/19
167	Tender Period	15/04/19	1w	19/04/19
168	Planned Tender Return Date	22/04/19		22/04/19
169	Contract Award	22/04/19	2w	03/05/19
170	RAMS Review & Approval Period	06/05/19	2w	17/05/19
171	Mobilisation	13/05/19	1w	17/05/19
172	Site Start	20/05/19		20/05/19
173	Survey/Reporting Period	20/05/19	2w	31/05/19
174	Report Issue Date	31/05/19		31/05/19
175	Condition Survey Steam (NDT)	15/04/19	7w	31/05/19
176	Tender Issue	15/04/19		15/04/19
177	Tender Period	15/04/19	1w	19/04/19
178	Planned Tender Return Date	22/04/19		22/04/19
179	Contract Award	22/04/19	2w	03/05/19
180	RAMS Review & Approval Period	06/05/19	2w	17/05/19
181	Mobilisation	13/05/19	1w	17/05/19
182	Site Start	20/05/19		20/05/19
183	Survey/Reporting Period	20/05/19	2w	31/05/19
184	Report Issue Date	31/05/19		31/05/19
	Ecology (Wildlife / Species) TBC			
185	TUV SUD develop Services Strategy (services surveys etc linkages nurse call/medical gas etc) and feed into design.	22/02/19	2w	07/03/19
186	Prepare 1:500 Layout Options	22/02/19	2w	07/03/19
187	Develop & Refine 1:500 Options	26/02/19	2w	11/03/19
188	Structural Philosophy developed and feed into 1:500	27/02/19	1w 3d	08/03/19
189	Submit Concept Design (1:500 Layouts) to NHSG	12/03/19		12/03/19
190	Lessons Learned Meeting	08/04/19		08/04/19
191	Clinical Brief/Adjacencies/SOA review meeting NHS G/Graham/MRT	27/02/19		27/02/19
192	HAI Scribe Protocols meeting with NHSG (2nd TBC)	29/03/19		03/05/19
193	Drawings issued to NHS in advance of review meeting	08/03/19		08/03/19
194	Review Programme and issue next 6 week lookahead	11/03/19		11/03/19
195	1:500 drawing review with Clinical team	12/03/19		12/03/19
196	1:500 review with Fire Officer and Estates/Facilities	12/03/19		12/03/19
197	Minor Alterations following NHS G review to 1:500 following review	12/03/19	4d	15/03/19
198	Cost Check by Joint Cost Advisor current scheme comparison to baseline brief and cost plan	25/03/19	4d	28/03/19
199	Final Drawing 1:500 issued to NHSG	25/03/19		25/03/19
200	NHSG Equipment Requirements & ADB Development Period	18/03/19	1w	22/03/19
201	Agreement on Exemplar 1:50 Requirements	20/03/19		20/03/19
202	1:500 Stage Approval by NHS Grampian (Design Freeze)	25/03/19		25/03/19
203	Sign Off 1:500	25/03/19		25/03/19
204	Environmental Matrix Requirements defined by NHSG	02/04/19		02/04/19
205	Exemplar RDS issued	02/04/19		02/04/19
206	Remainder of Exemplar RDS issued	17/04/19		17/04/19
207	Procurement Strategy Development & Agreement	02/04/19	4w 1d	30/04/19
208	Confirm Community Hub Brief - EWN Raised to be included in NEC3 Stage 3 - Confirmation will follow reciept of information	02/04/19		02/04/19
209	[illegible]	[illegible]	[illegible]	[illegible]
210	MRI Schedule of Accomodation	05/04/19		05/04/19
211	Confirmation of Location TBC	06/05/19		06/05/19
212	Site Visit	23/05/19		23/05/19
213	Feasibilty Study	24/05/19	2w	06/06/19
214	Costing of Feasibility Study	07/06/19	1w	13/06/19
215	Aecom & GC Development of OBC Cost Plan	07/06/19		07/06/19
216	RIBA Stage 3 - Developed Design	22/03/19	15w 1d	[illegible]
217	Compensation Event - NCE001 (PM/W001)	12/04/19	14w 1d	[illegible]
218	NHSG Revised Schedule of Accommodation	12/04/19		12/04/19
219	Architect Finalise Design (incl. Exemplar RDS)	12/04/19	7w 1d	31/05/19
220	1:200 Issued to C&S / MEP Consultants	20/05/19		20/05/19
221	C&S Finalise Design	20/05/19	4w	14/06/19
222	MEP Finalise Design (incl. Exemplar RDS)	20/05/19	4w	14/06/19
223	Aecom Produce Cost Plan	03/06/19	3w	21/06/19
224	Stage 2 Costplan Complete	21/06/19		21/06/19
225	Cost Plan Review / Agreement Period	24/06/19	2w	05/07/19
226	Stage 2 Costplan Agreed	05/07/19		05/07/19
227	Planned Completion Date	05/07/19		05/07/19
228	Terminal Float	08/07/19	2w	19/07/19
229	Contract Completion Date	19/07/19		19/07/19
230	OBC NHSG Review	08/07/19	1w	12/07/19
231	OBC NHSG Sign Off	15/07/19		15/07/19
232	OBC NHSG Board Review	15/07/19	1w	19/07/19
233	OBC NHSG Board Approval	22/07/19		22/07/19
234	OBC NHS Elective Care Programme Board Review	22/07/19	1w	26/07/19
235	OBC NHS Elective Care Programme Board Approval	29/07/19		29/07/19

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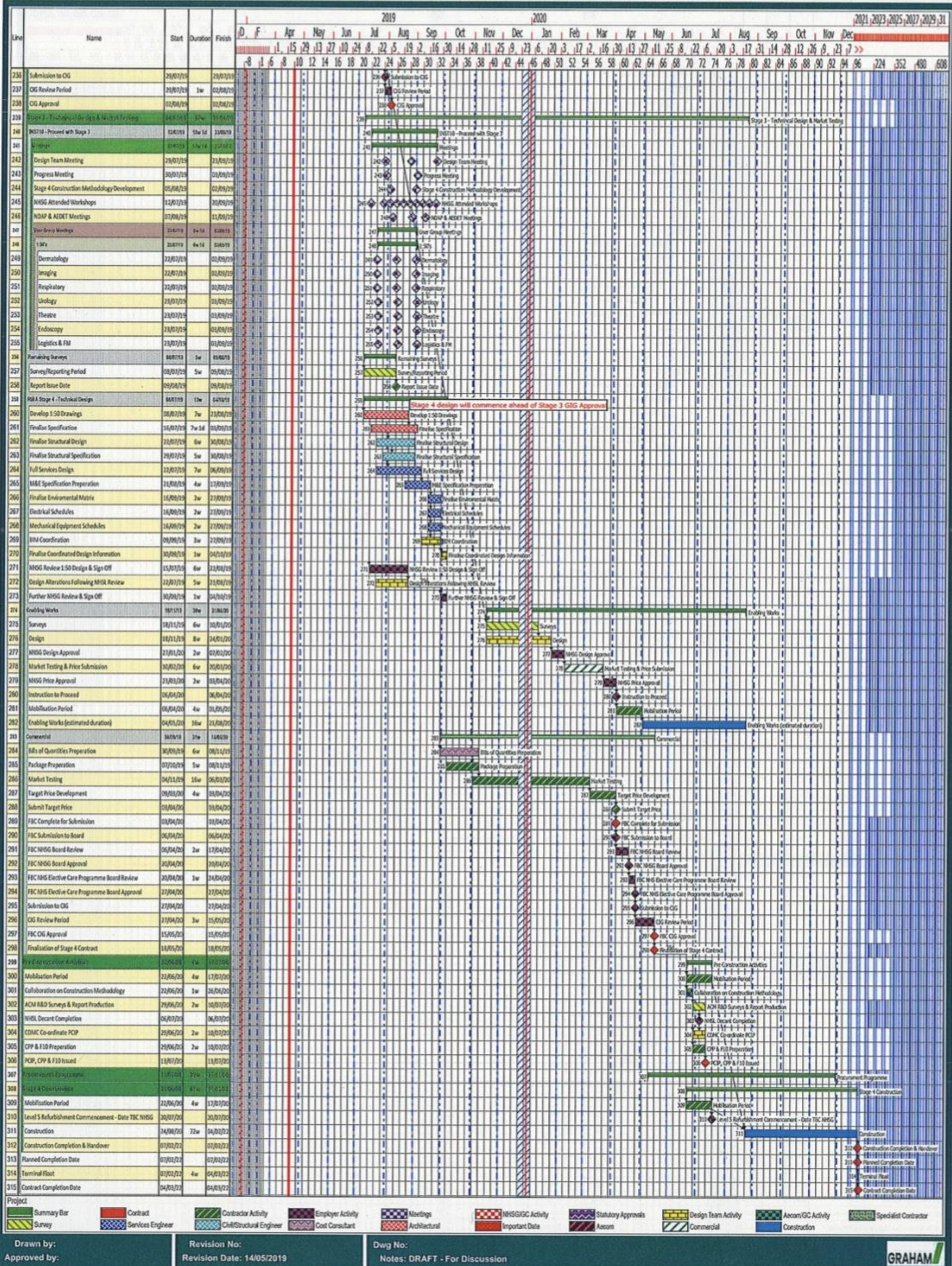

NHS Grampian Elective Care

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Master Programme

Issue date: 14.08.2019
Filter Applied: None

Line	Name	Start	Duration	Finish
236	Submission to CIG	29/07/19		29/07/19
237	CIG Review Period	29/07/19	1w	02/08/19
238	CIG Approval	02/08/19		02/08/19
239	Stage 3 - Technical Design & Market Testing	[illegible]	[illegible]	[illegible]
240	INST18 - Proceed with Stage 3	[illegible]	[illegible]	[illegible]
241	Meetings	[illegible]	[illegible]	[illegible]
242	Design Team Meeting	29/07/19		23/08/19
243	Progress Meeting	30/07/19		03/09/19
244	Stage 4 Construction Methodology Development	05/08/19		02/09/19
245	NHSG Attended Workshops	12/07/19		20/09/19
246	NDAP & AEDET Meetings	07/08/19		11/09/19
247	User Group Meetings	[illegible]	[illegible]	[illegible]
248	1:50's	[illegible]	[illegible]	[illegible]
249	Dermatology	22/07/19		02/09/19
250	Imaging	22/07/19		02/09/19
251	Respiratory	22/07/19		02/09/19
252	Urology	23/07/19		03/09/19
253	Theatre	23/07/19		03/09/19
254	Endoscopy	23/07/19		03/09/19
255	Logistics & FM	23/07/19		03/09/19
256	Remaining Surveys	[illegible]	5w	[illegible]
257	Survey/Reporting Period	08/07/19	5w	09/08/19
258	Report Issue Date	09/08/19		09/08/19
259	RIBA Stage 4 - Technical Design	[illegible]	13w	[illegible]
260	Develop 1:50 Drawings	08/07/19	7w	23/08/19
261	Finalise Specification	16/07/19	7w 1d	03/09/19
262	Finalise Structural Design	22/07/19	6w	30/08/19
263	Finalise Structural Specification	29/07/19	5w	30/08/19
264	Full Services Design	22/07/19	7w	06/09/19
265	M&E Specification Preperation	21/08/19	4w	17/09/19
266	Finalise Enviromental Matrix	16/09/19	2w	27/09/19
267	Electrical Schedules	16/09/19	2w	27/09/19
268	Mechanical Equipment Schedules	16/09/19	2w	27/09/19
269	BIM Coordination	09/09/19	3w	27/09/19
270	Finalise Coordinated Design Information	30/09/19	1w	04/10/19
271	NHSG Review 1:50 Design & Sign Off	15/07/19	6w	23/08/19
272	Design Alterations Following NHSL Review	22/07/19	5w	23/08/19
273	Further NHSG Review & Sign Off	30/09/19	1w	04/10/19
274	Enabling Works	[illegible]	[illegible]	[illegible]
275	Surveys	18/11/19	6w	10/01/20
276	Design	18/11/19	8w	24/01/20
277	NHSG Design Approval	27/01/20	2w	07/02/20
278	Market Testing & Price Submission	10/02/20	6w	20/03/20
279	NHSG Price Approval	23/03/20	2w	03/04/20
280	Instruction to Proceed	06/04/20		06/04/20
281	Mobilisation Period	06/04/20	4w	01/05/20
282	Enabling Works (estimated duration)	04/05/20	16w	21/08/20
283	Commercial	[illegible]	[illegible]	[illegible]
284	Bills of Quantities Preperation	30/09/19	6w	08/11/19
285	Package Preperation	07/10/19	5w	08/11/19
286	Market Testing	04/11/19	16w	06/03/20
287	Target Price Development	09/03/20	4w	03/04/20
288	Submit Target Price	03/04/20		03/04/20
289	FBC Complete for Submission	03/04/20		03/04/20
290	FBC Submission to Board	06/04/20		06/04/20
291	FBC NHSG Board Review	06/04/20	2w	17/04/20
292	FBC NHSG Board Approval	20/04/20		20/04/20
293	FBC NHS Elective Care Programme Board Review	20/04/20	1w	24/04/20
294	FBC NHS Elective Care Programme Board Approval	27/04/20		27/04/20
295	Submission to CIG	27/04/20		27/04/20
296	CIG Review Period	27/04/20	3w	15/05/20
297	FBC CIG Approval	15/05/20		15/05/20
298	Finalisation of Stage 4 Contract	18/05/20		18/05/20
299	Pre-Construction Activities	[illegible]	4w	[illegible]
300	Mobilisation Period	22/06/20	4w	17/07/20
301	Collaboration on Construction Methodology	22/06/20	1w	26/06/20
302	ACM R&D Surveys & Report Production	29/06/20	2w	10/07/20
303	NHSL Decant Completion	06/07/20		06/07/20
304	CDMC Co-ordinate PCIP	29/06/20	2w	10/07/20
305	CPP & F10 Preperation	29/06/20	2w	10/07/20
306	PCIP, CPP & F10 Issued	13/07/20		13/07/20
307	Procurement Programme	[illegible]	[illegible]	[illegible]
308	Stage 4 Construction	[illegible]	[illegible]	[illegible]
309	Mobilisation Period	22/06/20	4w	17/07/20
310	Level 5 Refurbishment Commencement - Date TBC NHSG	20/07/20		20/07/20
311	Construction	24/08/20	72w	04/02/22
312	Construction Completion & Handover	07/02/22		07/02/22
313	Planned Completion Date	07/02/22		07/02/22
314	Terminal Float	07/02/22	4w	04/03/22
315	Contract Completion Date	04/03/22		04/03/22

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Revision No:
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Appendix T

Community Benefits Plan

NHS Grampian Project - Elective Care Project
APPENDIX 1 - COMMUNITY BENEFIT PROJECT PLAN - GRAHAM Construction

Benefit Ref	Community Benefit Project Plan							Monitoring & Reporting
	Employment and Skills areas	GRAHAM offer	Measurement	Type of Opportunities	Organisations who we will Engage with	Timescales	Supported by NHS Grampian	Comments
Specified benefits have clear definitions and key performance indicators								
1.0 Employment and skills Activities								
1.1	New Entrant Employment Opportunities - All relevant opportunities created as a result of Elective Care project, will be promoted throughout the local area targetting New Entrants	6nr	One individual employed for a min. 4 weeks at 30 hours per week or more represents one outcome.	General Construction Operatives, trade persons, site support staff, cleaning operative and security personnel	Aberdeen City Council (Employability Dept.), DYW (North East), North East Colleges, Chamber of Commerce, Job Centre	Construction Phase	N/A	Supply chain partners appointed will be monitored continuously by our Community Benefit Advisor, and will be required to provide evidence e.g offer of employment letter stating job is expected to last a minimum of 4weeks
1.2	Graduate Starts - 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.	1nr	One graduate employed represents one outcome	Construction Management & Engineering	Aberdeen Univerity, Robert Gordon University and other Scottish universities	Pre-construction & Construction Phase	N/A	Supply chain partners appointed will be monitored continuously by our Community Benefit Advisor, and will be required to provide evidence e.g completion certificate along with employment confirmation
1.3	Apprenticeship Starts - Recruitment of Traditional Apprentices & Technical Apprentices to the Elective Care project. All apprenticeship opportunities created on the project will be directly or indirected employed by our supply chain partners. An apprenticeship outcome is defined as an individual pursuing a formal apprenticeship framework incorporating either NVQ level 2, 3 or above.	6nr	One apprentice start recorded/reported represents one outcome	Joinery, bricklaying, painting & decorating, plumbing, electrical, Engineering, Construction Management, Quantity Surveying	North East Colleges, CITB, DYW North East, Skills Development Scotland	Construction Phase	N/A	Supply chain partners appointed will be monitored continuously by our Community Benefit Advisor, and will be required to provide evidence e.g SBATC Apprentice registeration form
1.4	Existing Apprentices on the Elective Care project at any level	4nr	One existing apprentice recorded/reported represents one outcome	Monitor and record	Supply chain	Construction Phase	N/A	Supply chain partners appointed will be montiored continuous by our Community Benefit Advisor, and will be required to provide evidence e.g SBATC Apprentice registeration form
1.5	Work Experience Placements for School based Young People- Placement duration will be a minimum of 1 week and maximum of 4 weeks per individual. Placements will be offered to school pupils.	3nr	One individual represents one outcome	Joinery, bricklaying, painting & decorating, plumbing, electrical, Engineering, Construction Management, Quantity Surveying	DYW North East, Skills Development Scotland, and CITB	Construction Phase	N/A	GRAHAM along with supply chain partners will develop a work experience programme targeting schools pupils. Placement will be offered to 16+ years olds.
1.6	Work Experience Placements from Employability Engagement - Placement duration will be a minimum of 1 week and maximum of 4 weeks per individual. Placements will be offered to individuals from an employability programme.	10nr	One individual represents one outcome	Joinery, bricklaying, painting & decorating, plumbing, electrical, Engineering, Construction Management, Quantity Surveying	Aberdeen City Council (Employability Dept.), DYW (North East), North East Colleges, Chamber of Commerce, Job Centre	Construction Phase	N/A	GRAHAM along with supply chain partners will develop a work experience programme targeting people on employability programmes. Placement will be offered to 16+ years olds.
Community and Awareness Raising Activity								
1.7	Awareness raising/Curriculum Support Activities - will be offered to schools, colleges, universities and employability organisations in the local area.	9nr	One event/intervention represents one outcome	Support offered will range from site visits, career events, visits to school, mentoring of young people, and health & safety talks	Mile End Primary School, Cornhill Primary School, Aberdeen Grammar, Northfield Grammar, Robert Gordon University, North East Colleges	Construction Phase	N/A	GRAHAM has over 30 Construction and STEM Ambassadors within the region who actively engage with primary and secondary schools throughout Scotland. Ambassadors will highlight careers within the Industry and promote the Elective Care project
2.0 Supply Chain Development								
2.1	Spend with SMEs		Procurement Report to indicate the work packages let.					
2.2	Spend with Local SMEs		% of work packages let to local SME's					
2.3	Spend with Social Enterprise, Supported Business and TSO		% of market testing opportunities sent to these organisations					
2.4	Meet the Buyer Event	1nr	% of market testing opportunities sent to these organisations					GRAHAM will host a Meet the Buyer event to attract local SME interest in the project
3.0 Supplementary Benefits have clear definitions and key performance indicators								
3.1	Your health, Your Choices Seminar - GRAHAM to organise, and engage operatives on looking after their health and well being by hosting 2 healthy lifestyle seminars during the construction period.	2nr	One event/intervention represents one outcome	Negotiate relevant content with health professional in advance of sessions.	GRAHAM and Supply Chain employees	Construction Phase	NHS Grampian to provide health professional to work alongside GRAHAM to deliver seminars for 2 sessions during construction period.	GRAHAM are currently working holders of the NHS Healthy Working Lives programme. Calender of events that can be advertised and promoted on site in advance of any agreed dates.
3.2	Wellbeing Checks - Offer to site operatives at site induction, 1 visit for a health check during working hours. GRAHAM will accommodate the release of operatives for 1 hour during working hours to attend voluntary health checks. GRAHAM to promote attendance where possible and make suitable accommodation available for Wellbeing Checks.	Offer will be made to all	N/A	Opportunity will be offered to all during inductions and throughout the project	GRAHAM and Supply Chain employees	Construction Phase	NHS Grampian to provide health professional to site, on request to deliver health checks & support for content of site induction.	Health and Wellbeing currently forms part of GRAHAM induction. All personnel will be advised of onsite Health Professional and availability. Health and Wellbeing Champion will be introduced along with diary system for appointments.
3.3	Community Project - We aim not only to reduce the impact our operations have on local communities but also to make a positive lasting contribution to the communities we work. This can be either carrying out agreed works or involving staff in Volunteering or charity events. On the Elective Care project we would propose working closely with Asthma/COPD/Ucan to identify areas of support.	3nr	Works or staff time up to the value of £5000	physical improvement works, staff volunteering and/or charity dontations	Respitory Groups, Maggie's Aberdeen, Torry & St.Fittick's Community Gardens	Construction Phase	N/A	On appointment GRAHAM's CBA will meet with NHS Grampian project team to discuss the potential opportunities for community enhancement projects
3.4	HS&E Test linked to CSCS, CPCS & Affiliated Competency Cards for Main Contractors Team and sub-contractors within the supply chain.	4no to be confirmed after further discussions	1 Individual equals 1 outcome	Key names of NHS Personnel to be forwarded		Construction Phase	N/A	NHS Grampian to provide further clarification on level of training required, and identify which NHS Staff members are to receive the training.
	All KPI Evidence will be retained and saved by GRAHAM and will be available for inspection upon request. The status of the KPI's will be reported within monthly progress reports.							

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Appendix U

PSCP – Background and Scope Document

NHS
Grampian

NHS Grampian

Major Acute Services in NHS Grampian (Elective Care)

Project Reference: FS2/GRAM/05

Project Background and Scope

For PSCP

December 2018

1. Purpose of Document

This document and its appendices provide a set of details in relation to the Major Acute Service in NHS Grampian (Elective Care) Project. The purpose of which is to allow Graham Construction Ltd (Graham Construction) to respond with a Project Proposal and commercial submission for NHS Grampian to review.

NHS Grampian requires to confirm the proposals are deliverable and represents value for money. If NHS Grampian are able to confirm these requirements, it will extend the appointment of Graham Construction to deliver this Project. If NHS Grampian is unable to confirm these requirements then it reserves the right to open the project delivery up to further competition.

2. Background

In November of 2016 NHS Grampian appointed Graham Construction to deliver the Major Acute Services in NHS Grampian Project. The scope of this Project included creation of The Baird Family Hospital, The ANCHOR Centre within the Foresterhill Health Campus and Diagnostic and Treatment facilities within the Foresterhill Health Campus and possibly elsewhere in Grampian. The latter now has the name Major Acute Services in NHS Grampian (Elective Care) [The Project].

Graham Construction were not required to propose how they would undertake this Project and were not required to provide a commercial proposal, as no detail regarding the scope or timescale for delivery was known at the time when the original PSCP procurement was undertaken.

3. Requirement

Graham Construction must provide and participate in the following:

a) a written Project Proposal covering the following:

- Proposed personnel and supply chain for the Project, skills and expertise relevant to the Project;
- Approach to Project:
  - Proposed approach to the project
  - Proposed approach to the design
  - Proposed approach to the construction
- Commentary on delivery of the project within proposed programme including an outline of the procurement strategy, and;

- Confirmation that the Project can be delivered within funding envelope outlined.

The written submission should comprise of no more than 10 pages of single-sided A4 sheets with 10 point minimum font size and must include the following appendices:

- CV of Key Project Team proposed and a
- Proposed programme

b) a commercial submission setting out the following:

- prelims staff and non-staff percentages (%age)
- activity schedules priced on the basis of an NEC3 ECC Option C Target Price

Further details on the commercial submission are set out in appendix A.

c) Meeting

Attendance of Key Project Team members at a meeting to present the Project Proposal. The following key personnel will be requested to attend the interview/presentation as a minimum (all of who will be expected to participate and contribute to question responses):

Project Director
Framework Manager/Design Manager
Design / Architect Lead
M&E Design Lead
Commercial Lead

4. Timetable

The following sets out the timetable for undertaking this process.

Action	Date
Issue Project Background and Scope	7 December 2019
Graham Construction to confirm within 5 working days participate in the Process	14 December 2019
Submission of Project Proposal and Commercial Submission	9 January 2019
Interview to Present Project Proposal	14 January 2019 – 2 pm
Feedback	15 January 2019

5. Project Background and Scope

5.1 NHS Grampian overview and strategic context

NHS Grampian provides all healthcare services for the population of Grampian (565,000), an area covering 3,000 square miles of city, town, village and rural communities. NHS Grampian also provides a wide range of acute services to the population of Orkney and Shetland, and specialist tertiary services for the whole of the North of Scotland, including Highland and Tayside.

Health and care services, including community and primary care and social care for the region are provided in collaboration with three Health and Social Care Partnerships formally established in April 2016 and managed by Integrated Joint Boards (IJB's). These are the Aberdeen City Health and Social Care Partnership, Aberdeenshire Health and Social Care Partnership and Moray Health and Social Care Partnership. The University of Aberdeen is also a key partner at Foresterhill Health Campus, sharing ownership of the site and working in collaboration with NHS staff in research, teaching and training.

The region's acute services are delivered from three main centres at the Foresterhill Health Campus, Aberdeen, Woodend Hospital, Aberdeen and Dr Gray's Hospital in Elgin, Moray. The Foresterhill Health Campus includes Aberdeen Royal Infirmary, Aberdeen Maternity Hospital, Royal Aberdeen Children's Hospital and Aberdeen Dental Hospital.

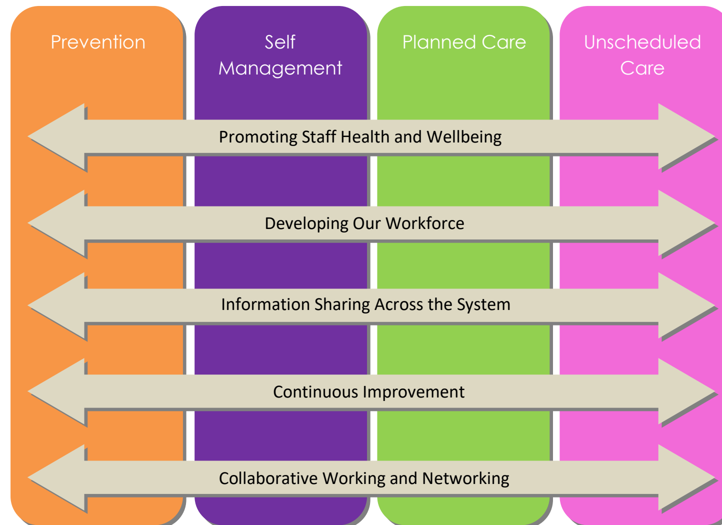
The driving force for service change and redesign in Grampian is outlined in the Grampian Clinical Services Strategy (2016-2021). The strategic themes are outlined in Figure 1. Our ambition is for a wide range of treatment and care to be provided to patients on a planned basis i.e. non-emergency; to support patients to make decisions about their treatment; to make treatment and care more accessible in a wider range of locations closer to home; improve the efficiency of care; reduce the need for multiple attendances which add no value to the individual and better connect clinicians to improve the continuity of care. Patients will be assessed and treated in the right place, at the right time, and by the right person. This is to be achieved against a backdrop of ever increasing demand for higher quality care.

Examples of what we need to do to make this happen:

Move towards the application of digital health technologies to help people manage their own conditions;
Invest in the development of clear pathways and guidelines to improve the efficiency and effectiveness of treatment and care;
Primary and community based services are supported to maximise treatment closer to home;
Treatment and care is person centred and is organised around individual needs through the development of one stop or minimum stop clinics wherever possible;

Improved diagnosis and treatment capacity for patients across the area; and
Work with our partners to ensure sustainability of very specialist services in the North of Scotland.

Strategic Themes Figure 1



NHS Grampian's objective is to provide a more responsive service in line with the Scottish Government's - A National Clinical Strategy for Scotland (February 2016) to ensure that everyone is able to live longer, healthier lives at home, or in a homely setting, and that we will have a healthcare system where:

There is integrated health and social care;

There is a focus on prevention, anticipation and supported self-management;
If hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;
Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions;
There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

These objectives have influenced the development of an NHS Grampian Clinical Strategy approved by the Board of NHS Grampian in October 2016.

The Foresterhill Health Campus is undergoing a major redevelopment programme that is manifest in the construction of The Baird Family Hospital and the ANCHOR Centre, the newly completed multi storey car park, and the replacement Foresterhill Health Centre, and involves significant service changes throughout the retained estate.

NHS Grampian is committed to improving the entire Foresterhill Health

Campus estate through a programme of refurbishment, infrastructure and backlog maintenance works. This will be delivered through working closely with existing construction partners on the estate, local joint health and local authority planning groups, and service user representatives, with a view to developing plans that will achieve service improvements and modernisation across the entire Campus and across the region. NHS Grampian has developed a Foresterhill Development Framework document to provide planning guidance for current and future developments on the Campus. This has been adopted as Supplementary Planning Guidance under Aberdeen City Council's Local Development Plan, which is currently being revised. A Greenspace Strategy, Water Management Plan, and whole site transport assessment are also in development and will support the Foresterhill Development Framework when approved.

All business cases submitted to the Scottish Government's Capital Investment Group for approval are subject to the Design Assessment Process, the Graham Construction will be required to participate fully in this process.

NHS buildings will be paramount to the effective and efficient delivery of 21st century health care, where the role of good design and a clear process to support good design will be a vital factor in ensuring the needs of staff, patients and the public are met now and in the future.

5.2 Scope of Works

The proposed Foresterhill Health Campus 2022 layout is included as Appendix B, this includes the Baird and ANCHOR and the proposed Elective Care Centre facilities and other developments being planned by NHS Grampian.

Graham Construction is required to support NHS Grampian through the submission of the Outline Business Case (OBC) and development of Full Business Case (FBC) for the Elective Care facilities.

The Project includes a number of elements including:

The creation of the Elective Care Centre which will likely include a mixture of new build and the refurbishment of existing accommodation.

The creation of hub facilities in a small number of community locations in Grampian and is likely to involve the refurbishment of existing accommodation.*

*NHS Grampian will reserve the right to determine the most efficient procurement route to deliver the community hub facilities once the service solutions have been fully identified.

5.3 Project Overview

The vision for elective care is to deliver treatment and care as close to home as possible through the application of best practice, innovation and digital technology. Where treatment requires specialist skills and technology this will be undertaken in purpose designed facilities which will promote efficiency and the best patient experience possible.

In practical terms:

High volume procedures will be decentralised as far as possible – the ability to do this depends on clinical practice and technology at any particular time.
Self management will be promoted to help individuals to manage their own conditions.
Opportunities for diagnosis and treatment to be undertaken in the community will be exploited.
Elective Care Centre facilities will be configured to support "one stop" treatment to minimise attendances and maximise efficiency.
Best practice standards of efficiency will be applied as a matter of course.

The development of Elective Care facilities is part of the implementation of the Foresterhill Development Framework which was approved by the NHS Grampian Board and the Scottish Government in 2008. The Foresterhill Development Framework appendix C, has already resulted in significant investment in the Campus i.e. in new buildings such as the Matthew Hay Building, Aberdeen Dental School and Hospital, Suttie Centre, the new Radiotherapy Centre, Foresterhill Health Centre, the Multi-storey Car-Park and soon the Baird Family Hospital and The ANCHOR Centre. It has also led to significant investment in existing buildings including the out-patient facilities in the Rotunda, new operating theatres and investment in the in-patient areas in the Phase 2 and East End buildings.

5.4 Project Brief

The preferred way forward for The Elective Care Centre and the Community Hubs is summarised as follows:

The development of The Elective Care Centre will provide fit for purpose accommodation for the delivery of a range of elective services including:

Ambulatory/outpatient accommodation for a range of specialties including, respiratory medicine, dermatology and urology
A day surgery and endoscopy suite
MRI and CT imaging accommodation and

Possible University of Aberdeen Clinical Research Facility (TBC)

The Centre is likely to comprise refurbished existing accommodation at ARI and new build, both elements are immediately adjacent and need to relate to each other seamlessly and read as one internally. In addition, one of the two

proposed MRI scanners may be located at Dr Gray's hospital in Elgin and the other in the Elective Care Centre in Aberdeen.

And

The Community Hub accommodation is still to be briefed and the most efficient procurement approach to be identified. For the purposes of the commercial submission it should be assumed that there will be 4 community Hubs, one in South Aberdeenshire, one in Central Aberdeenshire and two in North Aberdeenshire, with a total value of £5m (inclusive of VAT and equipment). It will be about a year before work to confirm the brief for these developments is complete.

A detailed schedule of accommodation (SOA) is being developed, the emerging draft SOA indicates a gross departmental areas of circa 9000m2, refer to appendix D. This schedule will need to be refined as it excludes one MRI which is likely to be located at Dr Grays Hospital, Elgin. Additionally, this schedule exceeds the GIFA indicated in the IA. Refinements to the schedule will be required before any design can commence.

Additionally, the creation of a University of Aberdeen (UoA) clinical research facility (funding to be secured by the University) may form part of the scope of this Project, in addition to the GIFA indicated above. Early discussions are underway with the UoA to confirm the brief, a schedule of accommodation and funding source.

The project shall be compliant with all current statutory standards and regulations. All design proposals must clearly state how applicable published NHS guidance has been interpreted for application so that agreement is reached with NHS Grampian on the standard to be met. Infrastructure services within the acute hospital sites are interdependent and works to any part of them will require robust programming. The Board are looking for a creative and innovative design approach to this Project to ensure that value for money is obtained from the budget.

Sustainability and reduction of the Board's Carbon Footprint is a requirement of all infrastructure projects. Improvements in Energy Performance and Carbon Reduction shall support meeting national targets and the NHS Grampian's Carbon Management Plan. HAI-Scribe, BREEAM, NDAP and AEDET reviews will be a requirement of the development process. Delivering the projects will be demanding as all works will be within live hospital grounds, any construction should be undertaken with close liaison with NHS Grampian.

Graham Construction works must not impact on provision of existing Blue Light and Air Ambulance services, and existing systems including but not limited to: drainage, steam and MTHW, medical gases including piped O_2, water services and electrical supplies. All requirements for shut downs shall

be notified to and negotiated in advance with NHS Grampian Estates.

NHS Grampian wishes Graham Construction to work collaboratively with NHS Grampian's Project Team and Consultant Joint Cost Advisor in the development and refinement of the briefs, design options, preferred options and construction proposals to produce solutions for the project. The project will deliver an affordable, innovative solution and will demonstrate value for money.

NHS Grampian will make available to Graham Construction when confirmed, existing record information (in so far as available) a copy of the Phase 1, Asbestos Register is enclosed as Appendix E.

However, all surveys and investigations will be required to be carried out by Graham Construction, as the information available above will be for information only.

Graham Construction will be required to undertake the role of Principal Designer and Contractor on the project, and should be able to demonstrate their competency to undertake the role under the Construction (Design and Management) Regulations 2015. This will involve influencing how risks to health and safety are managed throughout the project, through planning, managing, monitoring and co-ordinating Health and Safety, during the design, construction and operational phases.

Graham Construction shall utilise the HFS HAI Scribe Implementation Strategy and processes and will participate in HAI Scribe reviews at each of the development stages. The Project will be carried out within live healthcare buildings and Graham Construction shall work with the NHS Grampian project team and operational management teams to ensure that robust processes and procedures are in place and agreed with NHS Grampian before any construction works are undertaken.

The Health and Safety of staff, patients and visitors must be protected at all times and business continuity must be maintained through careful planning and execution of the works.

A collaborative working approach and good communication with all stakeholders will be essential to the successful delivery of the Project.

5.5 Site Feasibility

NHSG has undertaken a degree of site feasibility work to help inform decision making regarding the preferred site. The report is enclosed for reference purposes as Appendix F.

5.6 Project Status

The Frameworks Scotland 2 process is being utilised to progress the project

and Graham Construction will need to work with the Board to prepare the submissions required for approval to progress through the stages of financial governance. NHS Grampian anticipates the submission of the OBC document for the Elective Care Project to Scottish Government Capital Investment Group (CIG) in the Summer of 2019.

The Elective Care Project Initial Agreement was approved by the Board of NHS Grampian in June 2018 and by the Capital Investment Group at Scottish Government in September 2018. A project structure for this project is emerging and NHS Grampian is working to appoint the NHS project team, the Project Board has been operational since September 2018, refer to Appendix G. There is a well developed internal and external communication plan with involvement from stakeholder groups including staff from all disciplines and community/patient groups across the region. For example, over 500 staff and patient representatives were involved in over 90 stakeholder workshops to inform development of the design statements, clinical and non-clinical briefs, adjacency matrices and schedules of accommodation, refer to:

- AEDET Report (Baseline and Target) Appendix H
- Design Statement Appendix I
- Schedule of Accommodation Appendix D
- Clinical Brief Appendix J
- Adjacency Matrix Appendix K

5.7 Estimated Capital Cost and Programme

NHS Grampian has budgeted for the Major Acute Services in NHS Grampian (Elective Care) Project a total capital cost for works, equipping and design fees (pre-construction and construction phases) of £52 million inclusive of VAT, as set out below. Equipping is budgeted at £7 million. A notional amount of £3.5m (net) for the Community Hubs has been included within the cost of works.

Project Budget

	£million's
Net Construction Costs (includes £3.5m for community hubs)	34
Furniture and Equipment	5
Project Development and Commissioning Costs	2
Inflation	3
VAT	8
Total Investment	**52**

Programme

The outline programme for procurement of the NHS Grampian is as follows:

The outline programme for procurement of the Major Acute Services in NHS Grampian (Elective Care) Project is outlined below:

	Indicative Programme	Date
1	Strategic Assessment	Q3 2017
2	Initial Agreement (IA)	Q4 2017
3	IA Approval	Q3 2018
4	Outline Business Case (OBC)	Q2 2019
5	OBC Approval	Q2 2019
6	Full Business Case (FBC)	Q1 2020
7	FBC Approval	Q1 2020
8	Construction Commencement	Q2 2020
9	Construction Completion	Q4 2021

The timescales noted are indicative to inform the activity schedules and are influenced by the anticipated design, approval and planning timescales; however, the noted timescales should be viewed as targets, Graham Construction should be looking to achieve, particularly in relation to the construction completion date, which is not negotiable.

Graham Construction are requested to submit an outline programme for the project as part of their submission, along with a proposed outline procurement programme.

5.8 Constraints and Project Risks

The project location is situated on the grounds of a live hospital site and there may also be other concurrent construction projects under way;

Graham Construction shall ensure that access roads in and around the hospital remain open and are not adversely affected by construction traffic during the works. This may require temporary alternative provision, phased works, out-of hours working and diligent co-ordination with the NHS Estates and Facilities Teams;

A site transport assessment will require to be developed for the Campus, and this shall be used to develop traffic strategies during and after construction for these new facilities;

Specific risks, phasing requirements and complexities of the services to be provided will be developed with the Graham Construction during the early stages once surveying and scoping is underway to inform the process;

Hospital traffic and parking restrictions;

Blue Light ambulance and Air Ambulance service, including routes to A&E;

NHS Grampian has become aware of the presence of Japanese Knotweed in several identified clusters across Foresterhill Health Campus. NHS Grampian has a strategy for monitoring and treating knotweed across the Campus. This information will be made available to the appointed Graham Construction;

NHS Grampian has recently developed a Greenspace strategy to improve legibility across the Campus by establishing clear pedestrian and cycle links within and to and from the site, including signage and additionally, a water attenuation strategy. The Graham Construction is expected to reflect this strategy in the design of the buildings and landscaping;

Area for compound, lay down and storage will be identified in due course. Note that there is no provision for parking on site for site staff;

There are a number of live underground services in the vicinity of the site, including: a new Medium Temperature Hot Water (MTHW) service which runs from the Energy Centre to Royal Cornhill Hospital. A connection to the medium pressure hot water supply and or Energy Centre will be explored by the PSCP along with other heat and hot water options.

A network of underground multi service ducts carrying essential services including steam lines which serve many of the existing buildings (NB these steam lines are quite old and in uncertain condition); and

A piped O_2 service which serves all clinical facilities on the Campus (NB these O_2 lines are quite old and in uncertain condition);

The existing Phase 1 building is currently occupied; two of the floors likely to be subject to refurbishment are currently occupied. The Woman's Day Clinic occupies level 4 and is scheduled to relocate to the Baird Family Hospital in 2021. Level 5 is occupied my consultant and admin offices, NHSG will need to find a suitable relocation solution to allow this space to be vacated for refurbishment. Additionally, the newly refurbished Eye Clinic occupies level 3; it will need to remain fully operational throughout the construction phase of the project.

Access required periodically for removing and replacing major medical equipment from existing buildings;

If the design team, propose using Codebook instead of ADB, NHSG would like access to the system from at least one PC.

A draft Risk Register is being prepared and will be issued as Appendix L.

5.9 Other Project Specific Issues

5.9.1 A Community Benefit Plan will be developed for the Project and Graham Construction will be required to support the delivery.

5.9.2 Project Bank Account - a Project Bank Account is to be operated for the duration of this project.

5.9.3 Project Insurance - NHS Grampian will require project insurance arrangements to be reviewed during the Project.

5.9.4 BIM - NHS Grampian will require the Project to adopt BIM Level 2:

- EIR — Appendix M
- EIR Appendices — Appendix N
- BEP (pre contract — Appendix O
- BEP (post contract) — Appendix P
- BEP Appendices — Appendix Q

5.9.5 NHS Grampian may wish to recruit Multi-Vista (or a similar organisation) to create a photographic record of the development during the construction phase.

5.9.6 Joint Cost Advisor - NHS Grampian will appoint a Joint Cost Advisor for this Project

5.9.7 Financial Standing of Graham Construction- NHS Grampian will reserve the right to request: A parent company guarantee and/or a performance bond or other such arrangement.

At this stage it is anticipated these aspects will mirror the arrangements for the Baird and ANCHOR Project, adapted for the scope of this Project.

5.10 Project Team Details

The Project Team for this Project will comprise:

Senior Responsible Officer	Graeme Smith (Deputy Chief Executive/Director of Modernisation)
Project Director	Jackie Bremner
Project Manager	TBC
Clinical Lead	Duff Bruce (Consultant Surgeon)
Clinical Redesign Manager	Louise McKessock
Capital Finance	Julie Anderson
Estates	TBC
PSCP	TBC
Consultant Joint Cost Advisor	TBC
Supervisors	TBC
Principal Designer	PSCP TBC
HFS Capital Projects Advisor	Steven Sanzone

5.11 Stakeholders

Stakeholders represent the wider interests in NHS Grampian. They will be actively involved with the Project Team in developing proposals and achieving benefits across the project. A comprehensive stakeholder analysis has been undertaken. Key stakeholder interests include for example:

- Patients and visitors
- Staff
- Trades Union and Partnership groups
- Neighbours
- Professional advisory bodies in NHS Grampian
- Charity support groups

- Health Boards – including NHS Highland, Tayside, Orkney and Shetland
- Local Authorities
- University of Aberdeen and Robert Gordon's University
- Health and Social Care Partnerships (Aberdeen, Aberdeenshire and Moray)
- Scottish Government
- Elective Care, National Programme Board

Not all stakeholders will be members of the project team but the team will enable effective participation by and consultation with stakeholders at appropriate stages in the development of the facilities. A stakeholder project group will be convened to support ongoing dialogue with internal stakeholder across the life of the project.

5.12 National Elective Care Programme Board

The Aberdeen Elective Care Project is one of 5 projects currently being delivered in Scotland as part of a National Programme. Although each development is being delivered by its own Health board they are being coordinated nationally by the Elective Care National Programme Board.

The National Programme Board is an integral part of the approval process, in addition to The Board of NHSG and the Capital Investment Group at SGHSCD.

Additionally, there are a number of national working groups, e.g. technical, eHealth and workforce which are seeking to ensure a degree of consistency where appropriate across the programme.

This could mean looking at exemplar designs from the other partner projects and may from time to time require design team members to speak to design teams working on the other projects to exchange thinking or designs to avoid duplication and achieve consistency as appropriate.

5.13 Procurement Strategy

Graham Construction must provide a Project specific 'procurement strategy' as part of their response to this document.

The procurement strategy should set down the structure and approach of Graham Construction's whole supply chain to effectively deliver the project through all of the required stages. This should include details of all aspects of project delivery including Tier 1 supply chain selection for the project team and the selection and commercial evaluation of all sub-Tier 1 package contractors and suppliers. This strategy should also include wider commercial aspects relevant to the development of the Target Price including on-going costing and cost control, and how this is reviewed against affordability on an on-going basis.

Providing a procurement strategy will also provide Graham Construction with the opportunity to include a demonstration of how they can deliver community benefits on the project.

Schedule of Appendices

Title	Appendix	Comment
Commercial Submission Guidance	A	Enclosed.
PSCP staff and non-staff direct cost template breakdown template	Aa	Enclosed.
Pre-construction price breakdown template	Ab	Enclosed.
2022 Foresterhill Health Campus Site Plan	B	Enclosed.
Foresterhill Development Framework	C	Enclosed.
Draft Summary Schedule of Accommodation	D	Enclosed. This is an incomplete draft, it will be complete and agreed by mid January 2019.
Asbestos Register	E	Enclosed.
Site Feasibility Survey	F	Enclosed. Large file, sent by Dropbox to CMcL.
NHSG Project Team Structure	G	Enclosed.
AEDET (baseline & Target)	H	Enclosed.
Draft Design Statement	I	Final version will be issued mid January 2019.
Clinical Briefs	J	These will be issued mid January 2019.
Adjacency Matrix	K	This will be issued mid January 2019.
Risk Register	L	The risk register will be issued w/c 17 December 2018.
BIM - Draft Employers Information Requirements	M	Enclosed. Draft document still to be finalised.
BIM - Draft EIR Appendices	N	Enclosed. Draft document still to be finalised.
BIM - Draft BIM Execution Plan (Pre-contract)	O	Enclosed. Draft document still to be finalised.
BIM - Draft BIM Execution Plan (Post-contract)	P	Enclosed. Draft document still to be finalised.
BIM - Draft BEP Appendices	Q	Enclosed. Draft document still to be finalised.

Appendix V

Site Plan in Context of Foresterhill Health Campus

Appendix V

Foresterhill Health Campus - 2022

NHS Grampian

1	The Baird Family Hospital	8	Aberdeen Maternity Hospital Demolition
2	The ANCHOR Centre	9	Mortuary
3	Health Centre	10	Children's Hospital Garden Improvements
4	Lady Helen Parking Centre	11	University of Aberdeen
5	Key Worker Accommodation	12	Elective Care Centre
6	Patient Hotel		
7	Sub Station		

Appendix W
Project Monitoring Plan

Appendix W

The Elective Care Project

Project Monitoring Plan

Assessment	Interim	OBC	Interim	FBC	During Construction Phase	6 months Post Occupation	With Service Benefit Evaluation	Responsible Officer
Project Monitoring Stage:								
Project Costs								
Capital								
Elective Care	1, 2, 3, 5	7	1, 2, 3, 5	7	1, 2, 3, 4, 5	3, 5, 7	3, 7	Finance Manager, CJCA
Revenue								
Elective Care		6		6			6	Finance Manager
Project Programme	1	8	1	8	8	8		Project Manager
Project Scope Change	1	√	1	√	1			Project Director
Health and Safety	1, 4, 9		1, 4, 9		1,4,9			Project Manager,

Performance								CDM Advisor
Technical and Design Aspects	4, 15, 16, 17, 18	√	4, 15, 16, 17, 18	√	10	10, 15, 16, 17, 18	18	Technical Advisor/ Soft Landings Champion
Risk Management Issues	1, 2, 4, 5	√	1, 2, 4, 5	√	1, 2, 4, 5			Project Manager
Service Benefits Evaluation Stage:								
Expected Benefits	11	11	11	11	11	11	11, 14	Divisional General Managers/Clinical Re-design Manager
Stakeholder Expectations	12	12	12	12	12	12	12, 14	
Impact on Service Change	13	13	13	13	13	13	13, 14	
Service Activity and Performance	11	11	11	11	11	11	11, 14,	

Key in table below:

No.	Report/Monitoring Form	Frequency	Appendix
1	Project Director's Project Board Report	Monthly	
2	Asset Management Group – Capital Monitoring Report	Bi-monthly	
3	Cost and Programme Monitoring Report	6 monthly during Construction Phase	
4	Project Manager's Joint Core Group Report	Monthly	
5	Consultant Joint Cost Advisor Report	Monthly	
6	Operational Cost Monitoring Revenue Form	As per Monitoring Plan	
7	Construction Cost Plan	As per Monitoring Plan	
8	Programme Monitoring Form	As per Monitoring Plan	
9	CDM Advisor Report	Monthly	
10	Technical Advisor Report	Monthly during Construction Phase	

11	Benefit Register	As per Monitoring Plan	G
12	Baseline Staff and Patient Surveys	As per Monitoring Plan	
13	Service Redesign Plan	As per Monitoring Plan	P
14	Service Benefit Evaluation Report	Single Report	
15	NDAP	As per Monitoring Plan	
16	AEDET	As per Monitoring Plan	
17	BREEAM	As per Monitoring Plan	
18	Lessons Learned Reports	As per Monitoring Plan	

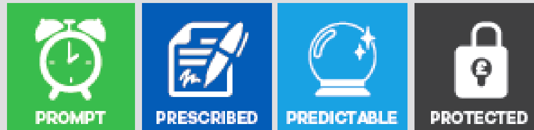
Appendix X

Project Bank Account Leaflet

The Facts

Project Bank Accounts (PBAs) were introduced by the Scottish Government to ensure prompt payment between firms involved in public contracts to:

"maximise the impact of ongoing investment in national infrastructure".



A PBA in some cases reduces the period for payment to sub contractor's (PSCMs) supporting payment within 30 days of their application.

A PBA also provides a level of protection to the sub-contractors in the event of a main contractor experiencing financial difficulties.

A comparison of the typical payment process compared to that under the PBA is noted adjacent.

The opportunity to participate in a PBA is open to all sub-contractors.

For those work packages with a contract value of over 1% of the main contract value, and in line with Scottish Government policy, participation is mandatory.

For work packages under 1% of the main contract value, sub-contractors can opt to participate
The **KEY** benefits for the supply chain are:

- **Security of payment**
- **Reductions in the standard payment periods offered by employers and, therefore, main contractors**

How does it work?

A PBA is a bank account governed by a Trust Agreement between an employer, in this case NHS Grampian and a main contractor (GRAHAM), that ensures prompt payment is made to named beneficiaries party to the Trust.

Sub-contractors join as named beneficiaries of the PBA Trust Agreement by signing an Additional Party Agreement. This sets out the terms on which the sub-contractor agrees to be paid via the PBA, and protects the sub-contractors rights and interests to their monies within the PBA.

Specific assessment dates are set at the outset of the project and the sub-contractors will apply for payment to GRAHAM who will, in turn, submit their application for payment (including sub-contractor data and all appropriate justification as is normal) to the NEC3 project manager/cost advisor.

The application is then reviewed and certified, and its value paid into the PBA by the Employer.

Payment is then released within five days from the PBA directly to the named beneficiaries under the dual authority of NHS Grampian and GRAHAM.

NHS Grampian Elective Care Project

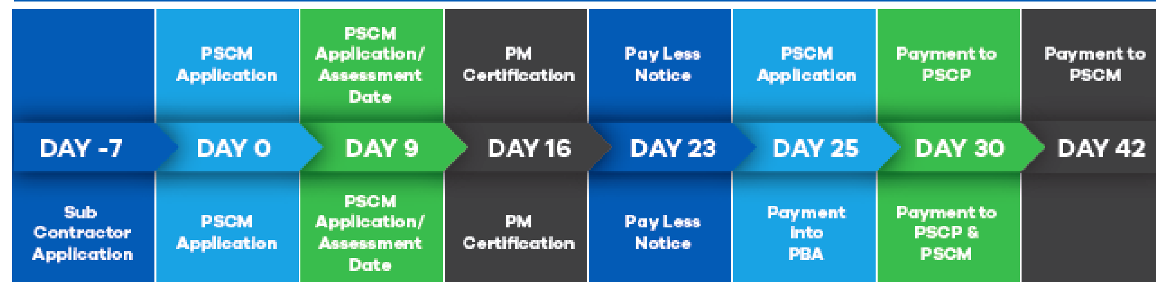
NHS Grampian and **GRAHAM** are fully supportive and encourage the use of PBA by all of the supply chain.

For more info please contact:

stuart.cullen@graham.co.uk

and/or visit:

http://www.gov.scot/Topics/Government/Procurement/policy/ ReviewProcConst/projectbankaccounts



GRAHAM NHS Grampian AECOM

Feedback Form - Project Bank Account (PBA)

In order to ensure that we record your decision, please complete the form below and return to: stuart.cullen@graham.co.uk

Sub-contractor name:			
Work Package Ref:*		**Work Package Description:***	
Tier:*			

Automatically Required to join PBA?	Yes:		No:		**Electing to join PBA? (where below 1% of main contract value)**	Yes:		No:

Please advise below the reason(s) for your choice:

Please provide any feedback you may have in relation to the use and operation of PBAs:

Date:		**Name:**	

Appendix Y

Capital Costs – Breakdown and Reconciliation to Economic Case

	Net	Risk	Inflation	VAT	Total
	£000's	£000's	£000's	£000's	£000's
Enabling Works	487	26	26	91	630
Construction Related Costs	29,203	2,955	1,656	5,805	39,619
Furnishing and Equipment	6,892	374	374	1,528	9,168
Project Development Costs	2,375	129	129	0	2,633
Commissioning Costs	75	4	4	17	100
Total Capital Investment	**39,032**	**3,488**	**2,189**	**7,441**	**52,150**
Community Hubs - Sep Business Case	2,678	110	149	563	3,500
Total Elective Care Programme	**41,710**	**3,598**	**2,338**	**8,004**	**55,650**
Reconciliation to GEM Model Inputs for Option 1b					
Less Inflation					-2,189
Less VAT					-7,441
Add Opportunity Cost					221
Remove Community Hubs					-3,504
Per Option 1A Economic Case					**42,737**

Appendix Z

Training & Development Plan

Appendix Z

The Elective Care Project

The Elective Care Centre - Training and Development Plan

Summary plan – detailed plan to be provided in Full Business Case

This plan refers to training specifically related to The Elective Care Centre and is in addition to mandatory training

Department	Learning need	Staff involved	How will need be met	Target date
Theatres (Day Surgery)	Skilled staff to support General Surgery, ENT and Maxilliofacial Day Surgery as integrated Day Surgery theatre team	Nursing and theatre support staff	Staff rotation, creation of Day Surgery Theatre Nursing Programme, recruitment to Elective Care posts	2019 (commence) 2021 (completion)
	Operational knowledge of integrated theatre system	Theatre multi-disciplinary team	Theatre team access to existing ARI facilities for familiarisation and training	2019 (commence) 2021(completion)
New integrated Day Case Unit – integrated recovery with Day	Skilled staff to support Day Surgery pre and post operatively and Endoscopy	Nursing staff and support staff	Staff rotation to gain skills prior to Elective	2019 (commenced) 2021(completion)

Case Theatres and Endoscopy Unit	during procedure and post procedure		Centre Opening Opportunities for staff to attend other units.	
Endoscopy Unit	Training of medical and nursing staff in Endoscopy	Medical, nursing and support staff	Training can be delivered within the Endoscopy Department	2019 (commence) 2021(completion)
ERCP room	Training on new Fluoroscopy equipment	Radiography staff	Training to be delivered within ARI by Application Specialist	2021(completion)
Endoscopy Decontamination Unit	Skilled staff in decontamination to support Endoscopy and Urology Decontamination Unit	Nursing and support staff	Training can be delivered within existing CDU – approx. 3 month programme of training.	2021 (commence) 2021(completion)
Out Patient Imaging	CT	Radiography and nursing staff	Specialist Application training from Imaging company and then training can be delivered within ARI with support from Imaging	2020 (commence) 2021(completion)

			Department	
	MRI	Radiography and nursing staff	Specialist Application training from Imaging company and then training can be delivered within ARI with support from Imaging Department	2020 (commence) 2021(completion)
	Plain film Digital Imaging	Radiography staff	Specialist Application training from Imaging company and then training delivered within ARI with support from General Imaging Department within ARI	2021 (commence) 2021(completion)
Respiratory OP and Ambulatory Clinic	Introduction of “virtual clinic”	Consultant staff	Training can be delivered within ARI with support from eHealth	2019 (commence) 2021(completion)
	Introduction of new USC pathway-Cons review then specialist nurse assessment, physiological assessment	Medical, Nursing and clinical scientist staff	Training can be delivered within department and visiting other department with similar set up	2019 (commence) 2021(completion)

	Increased Bronchoscopy procedures and introduction of OP Thoracoscopy	Nursing staff	Training can be delivered within theatre department until new unit opens	2020 (commence) 2021(completion)
	Medical and Nursing staff skilled in "one stop" and "rapid access" clinic assessment, seeking to avoid unnecessary admissions. Convert unscheduled admission to scheduled if needed.	Medical and nursing staff	Investment in clinical skills and decision-making training	2020 (commence) 2021(completion)
	Service demand necessitates appropriate increase in shared care e.g. more GP-led community care	Engage with Primary Care/GP colleagues, GPwsi, Self Management Team	Engage with GP colleagues to advance plans for increased share care provision in the community	2019 (commenced) 2021(completion)
Dermatology Department	Service demand necessitates appropriate increase in nurse- and pharmacist-led service provision, delivered by trained and experienced staff	Nursing and pharmacy staff	Investment in clinical skills and decision-making training	2019 (commenced) 2021(completion)
	Service demand necessitates appropriate increase in shared care e.g. more GP-led	Engage with Primary Care/GP colleagues-	Engage with GP colleagues to advance plans for increased share	2019 (commence)

	community care	GPwsi	care provision in the community	2021(completion)
	Nurse specialist roles to deliver - Patch testing - Acne reviews - Supervised USC appoints - Biologics/biosimilars - Biopsy lists - Targeted return appoints - Laser treatment	Medical and nursing staff	Training can be delivered within the Dermatology Department	2019 (commenced) 2021(completion)
	Increased use of "virtual clinic" and Attend Anywhere	Medical and nursing staff	Training can be delivered within ARI with support from eHealth	2019 (commence) 2021(completion)
Urology Ambulatory Clinic	Specialist Nurse Team provision of wider more sustainable provision of care across various Urology Cancer Pathways	Nursing and consultant staff	Training can be delivered within the Urology Department	
	Training in undertaking both "new" and follow-up clinics.	Nursing staff	Training can be delivered within the Urology Department	

	Diagnostic training – flexible cystoscopy,TRUS biopsy, intermittent self-catheterisation, urodynamics, bladder installation and erectile dysfunction	Nursing and consultant staff	Training can be delivered within the Urology Department	
	Learn from established centres offering enhanced ambulatory services e.g. Ayr and London	Nursing and consultant staff	Job shadowing, spending time in established Urology centres	2020 (commence) 2021 (completion)
	Nursing staff skilled in “rapid access” clinic assessment, seeking to avoid unnecessary admissions	Nursing staff	Formal training in clinic skills	2019 (commence) 2021 (completion)
	Increased use of “virtual clinic” and Attend Anywhere	Medical and nursing staff	Training can be delivered within ARI with support from eHealth	2019 (commence) 2021 (completion)

Appendix AA

eHealth Plan for Elective Care

Purpose
The purpose of this annex is to provide information regarding IT and eHealth consideration during the development of the Project.

Background
Scotland's Digital Health & Care Strategy recognises the digital transformation embedded in modern culture and the need to evolve health and social care delivery to meet the modern day expectations. The North of Scotland Health & Social Care Delivery Plan 2018-2023 and NHS Scotland's National ICT Infrastructure Standard & 2021 Target Operating Model aim to define and manage the standards and actions needed to bring the Digital Health & Care Strategy into operational reality. In support of this quest, NHS Grampian are forming a Digital Health & Care Strategy Group (Sub-Group of the NHS Grampian Senior Leadership Team) to oversee the 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 far as possible to allow as much efficiency to be realised from digitally enhancing the facility.

eHealth Involvement
eHealth have been engaged in the development of the Elective Capital Project from the onset. eHealth were a participant in the original clinical services' workshops which moulded the Elective Care service solution. This established a firm foundation of the project's eHealth needs, ensuring the technical and systems infrastructure design meets the needs of the clinical services and the eHealth related strategies.

The Director of eHealth & Facilities is a member of the Project Board thus ensuring eHealth have a voice in all decisions which could/does 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

ICT
Underpinning the delivery of the NHS Grampian Digital Health & Care Strategic Delivery Plan is the infrastructure investment to align Grampian with the National ICT Infrastructure Standard & 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.

Network Communications

The new facility 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 building is 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 facility.

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

Staff and Patient WIFI

Electronic wireless surveys have and will be produced to ensure there is full wireless coverage throughout the building for voice, data, video and location services. Surveys were carried out at early design stage and will be repeated as the building takes structural form. The surveys will ensure wireless access points are installed on all floors to provide complete coverage for the 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 facility. Patient WIFI will be available in all areas of the facility at no cost to the patient. Patient WIFI will be delivered via Aberdeen City Connect public WIFI provider.

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 subjected 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.
- 3rd 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 that 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.

Resilience, Disaster Recovery, Business Continuity

The building will be connected to two different computer rooms on the ARI campus by diverse fibre and copper connections. In the event of part of the core network failing the building will continue to operate over the alternative connection.

The building will have a main IT node room and a number of other IT node rooms relative to networking needs of the respective floors. Each non-main node 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 Supplies (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 resiliency. The node rooms will also be climate monitored and designed with business continuity and resilience in mind.

Telecoms

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

Each IT node room is 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, EPR) is being explored as an emerging strategic direction.

AV and VC

All meeting/seminar/MDT rooms are designed to include a standard configuration of AV and VC. Each consulting room and reception area 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).

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 cost 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, such as hub triage, are anticipated to place a greater demand on the IT infrastructure

Systems and Service Benefits

The new facility is 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:

Electronic Records
In line with NHSG Digital Strategy objective relating to electronic records, the Elective facility will be designed with infrastructure and workflows to take maximum advantage of electronic clinical information retrieval and record keeping

Self Check In
In line with 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 more quality time for those patients requiring assistance thus improving everyone's experience.

Next Patient call
In line with NHSG Digital Strategy the facility will employ a 'next patient call' to communicate with the patients when the clinician is ready for the consultation. This development is expected to reduce unnecessary escorting time for the nursing resource.

PODS
In line with NHSG Digital Strategy objective relating to Digitally Assisted Self-Management, like Self check in, this development is expected to empower the patient to take their own basic vital signs thus allowing the patient to be more a participator than receiver in their own care. The vitals will be updated in the patient's electronic record and be available to the treating clinician for the consultation. Again, like with self check in, if the majority of the fit and able patients "self-serve", this will allow the nursing resource to give more time to those patients requiring more assistance or observation.

Virtual Clinics/MDTS
In line with 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.

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 moving forward. The core infrastructure benefits of CAT6A cabling, staff and patient WIFI etc. will provide the services in new facility 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. These benefits from the consequences of digital will be captured in the project benefits register.

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 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 moves to new facilities thus allowing bedding in time ahead of service commissioning. Where the functionality cannot 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.

Abbreviations

NHS Grampian Elective Care Project

Abbreviations

ACHD	Adult Congenital Heart Disease
AEDET	Achieving Excellence Design Evaluation Toolkit
AHP	Allied Health Professional
AHV	Aberdeen Health and Community Care Village
AMD	Age-related Macular Degeneration
AMG	Asset Management Group
ANCHOR	Aberdeen and North Centre for Haematology Oncology and Radiotherapy
ARI	Aberdeen Royal Infirmary
BADS	British Association of Day Surgery
CCU	Coronary Care Unit
CDF	Clinical Development Fellow
CDM	Construction Design Management
CIG	Capital Investment Group
COPD	Chronic Obstructive Pulmonary Disease
COS	Clinical Output Specification
CT	Computed Tomography
DOSA	Day of Surgery Admission Suite
ECG	Electrocardiogram
ENT	Ear, Nose & Throat
EP	Electrophysiology
ERCP	Endoscopic Retrograde Cholangiopancreatography
ETT	Exercise Tolerance Testing
EUS	Endoscopic ultrasound
FBC	Full Business Case
FEVAR	Fenestrated Endovascular Aortic Repair
FNA	Fine Needle Aspirations
FS2	Frameworks Scotland 2
GP	General Practitioner
HAI	Healthcare Associated Infection
HDU	High Dependency Unit

HFS	Health Facilities Scotland
HLIP	High Level Information Pack
HSCP	Health and Social Care Partnership
IA	Initial Agreement
ICU	Intensive Care Unit
IR	Interventional Radiology Theatre
LDP	Local Delivery Plan
LOS	Length of Stay
MCN	Managed Clinical Network
MDT	Multi Disciplinary Team
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NDAP	NHSScotland Design Assessment Process
N2R	New to Return
NEC3	New Engineering Contract
NHS	National Health Service
NHSG	NHS Grampian
NoS	North of Scotland
OBC	Outline Business Case
OJEU	Official Journal of the European Union
PA	Physician Associate
PCI	Percutaneous Coronary Intervention
PD	Project Director
PET	Positron Emission Tomography
PSCP	Principal Supply Chain Partner
RACH	Royal Aberdeen Children's Hospital
SCIM	Scottish Capital Investment Manual
SGHSCD	Scottish Government Health and Social Care Directorate
SHC	Scottish Health Council
SLA	Service Level Agreement
SRO	Senior Responsible Owner
TAVI	Transcatheter Aortic Valve Implantation

TOE	Trans-oesophageal Echocardiograph
TOM	Target Operating Model
TTG	Treatment Time Guarantee
UCAN	Urological Cancer Charity