

Appendix Y

Capital Cost Plan

Formal Cost Plan No. 1

Project title: Baird

COST CENTRE	GROUP ELEMENT/ELEMENT	COST/M2 of GIFA £	COST/M2 of GIFA (rooftop plant) £	TOTAL COST OF ELEMENT £ (TARGET COST)
	BUILDING WORKS	25,983	27,683	
0	Facilitating works	87	81	2,250,000.00
0.1	<i>Toxic/hazardous material treatment</i>	10	9	250,000.00
0.2	<i>Major demolition works</i>	67	63	1,750,000.00
0.3	<i>Specialist groundworks</i>	10	9	250,000.00
0.4	<i>Temporary diversion works</i>	0	0	0.00
0.5	<i>Extraordinary site investigation works</i>	0	0	0.00
1	Substructure	211	198	5,493,549.79
1.1	<i>Standard foundations</i>	1	0	13,500.00
1.2	<i>Specialist foundations</i>	78	73	2,014,442.50
1.3	<i>Lowest ground floor construction</i>	75	71	1,958,657.29
1.4	<i>Basement excavation</i>	1	1	25,720.00
1.5	<i>Basement retaining walls</i>	57	54	1,481,230.00
2	Superstructure	1,102	1,035	28,643,768.00
2.1	<i>Frame</i>	131	123	3,415,240.00
2.2	<i>Upper floors</i>	219	206	5,693,943.00

2.3	Roofs	132	124	3,440,840.00
2.4	Stairs and ramps	30	28	774,465.00
2.5	External walls	317	298	8,235,970.00
2.6	Windows and external doors	9	8	225,000.00
2.7	Internal walls and partitions	168	158	4,371,310.00
2.8	Internal doors	96	90	2,487,000.00
3	Internal finishes	201	188	5,215,434.96
3.1	Wall finishes	80	76	2,090,496.00
3.2	Floor finishes	54	50	1,396,449.50
3.3	Ceiling finishes	67	62	1,728,489.46
4	Fittings, fittings and equipment	66	62	1,706,700.00
4.1	Fittings, fittings and equipment	66	62	1,706,700.00
			0	
5	Services	1,255	1,178	32,605,829.89
			0	
6	Prefabricated buildings and building units	0	0	0.00
6.1	Prefabricated buildings and building units	0	0	0.00
			0	
7	Work to existing buildings	31	29	800,000.00
7.1	Minor demolition works and alteration works	31	29	800,000.00
8	External works	81	76	2,097,305.00
8.1	Site preparation works	15	14	389,000.00
8.2	Roads, paths, pavings and surfacings	26	24	663,520.00
8.3	Soft landscaping, planting and irrigation systems	5	5	128,550.00
8.4	Fencing, railings and walls	1	1	25,000.00
8.5	External fixtures	0	0	0.00
8.6	External drainage	34	32	891,235.00
8.7	External services	0	0	0.00

8.8	Minor building works and ancillary buildings	0	0	0.00
	VE @ 2106			-7,330,719.14
	omit distributed antenna system			-400,000.00
	Adjustment for increased GIFA (Recovery, SCBU & others) (TBC)			415,872.00
	Savings in elevational treatment (TBC)			-415,872.00
	SUB-TOTAL: BUILDING WORKS	2,736	2,568	71,081,868
9	Main contractor's preliminaries	212		5,510,607
	SUB-TOTAL: BUILDING WORKS (including main contractor's preliminaries)	2,948	2,767	76,592,474.99
10	Main contractor's overheads and profit	118		3,063,699.00
10.1	Main contractor's overheads	59		1,531,849.50
10.2	Main contractor's profit	59		1,531,849.50
	TOTAL: WORKS COST ESTIMATE (A)	3,066	2,877	79,656,173.99
	PROJECT/DESIGN TEAM FEES AND OTHER DEVELOPMENT PROJECT			
11	Project/design team fees	200		5,207,831.26
12	Other developmental/project costs	60		1,550,000.00
	TOTAL: PROJECT/DESIGN TEAM FEES AND OTHER DEVELOPMENT/PROJECT COSTS ESTIMATE (B)			6,757,831.26
	BASE COST ESTIMATE (C) [C = A + B]			86,414,005.26
13	Risks	205		5,334,840.32
	TOTAL: RISK ALLOWANCE ESTIMATE (D)			5,334,840.32
	COST LIMIT (excluding inflation) (E) [E = C + D]	3,531	3,314	91,748,845.57
14	Inflation	248		6,441,104.00
14.1	Tender inflation	88		2,293,721.14
14.2	Construction inflation	160		4,147,382.86
	TOTAL: INFLATION ALLOWANCE (F)			6,441,104.00
	COST LIMIT (excluding VAT assessment) (G) [G = E + F]	3,779	3,547	98,189,949.57
	Client Direct Equipment		11,186,787	
	Risk		1,118,679	
	Inflation		738,328	13,043,793.64
	VAT ASSESSMENT	784		20,366,863.51

COST LIMIT (including VAT)

5,065

4,754

£131,600,606.72

Formal Cost Plan No. 1

Project title: Anchor Centre

COST CENTRE	GROUP ELEMENT/ELEMENT	COST/M2 of GIFA £	COST/M2 of GIFA (rooftop plant) £	TOTAL COST OF ELEMENT £ (TARGET COST)
	BUILDING WORKS	5,489	6,036	
0	Facilitating works	45	41	250,000.00
0.1	Toxic/hazardous material treatment	9	8	50,000.00
0.2	Major demolition works	36	33	200,000.00
0.3	Specialist groundworks	0	0	0.00
0.4	Temporary diversion works	0	0	0.00
0.5	Extraordinary site investigation works	0	0	0.00
1	Substructure	414	381	2,300,833.80
1.1	Standard foundations	5	5	30,000.00
1.2	Specialist foundations	195	180	1,086,370.00
1.3	Lowest ground floor construction	151	139	838,988.80
1.4	Basement excavation	0	0	0.00
1.5	Basement retaining walls	62	57	345,475.00
2	Superstructure	968	892	5,381,231.00
2.1	Frame	251	231	1,392,890.00

2.2	Upper floors	65	60	362,150.00
2.3	Roofs	223	206	1,240,925.00
2.4	Stairs and ramps	18	16	99,500.00
2.5	External walls	187	172	1,037,215.00
2.6	Windows and external doors	43	40	238,950.00
2.7	Internal walls and partitions	120	111	669,066.00
2.8	Internal doors	61	56	340,535.00
3	Internal finishes	155	143	860,217.50
3.1	Wall finishes	33	31	185,460.00
3.2	Floor finishes	61	56	339,477.50
3.3	Ceiling finishes	60	56	335,280.00
			0	
4	Fittings, fittings and equipment	64	59	358,600.00
4.1	Fittings, fittings and equipment	64	59	358,600.00
5	Services	1,058	974	5,879,818.77
			0	
6	Prefabricated buildings and building units	138	127	768,750.00
6.1	Prefabricated buildings and building units	138	127	768,750.00
			0	
7	Work to existing buildings	18	17	100,000.00
7.1	Minor demolition works and alteration works	18	17	100,000.00
8	External works	156	144	869,359.00
8.1	Site preparation works	22	21	124,630.00
8.2	Roads, paths, pavings and surfacings	64	59	353,565.00
8.3	Soft landscaping, planting and irrigation systems	9	9	52,675.00
8.4	Fencing, railings and walls	25	23	140,900.00
8.5	External fixtures	2	2	13,000.00
8.6	External drainage	33	31	184,589.00

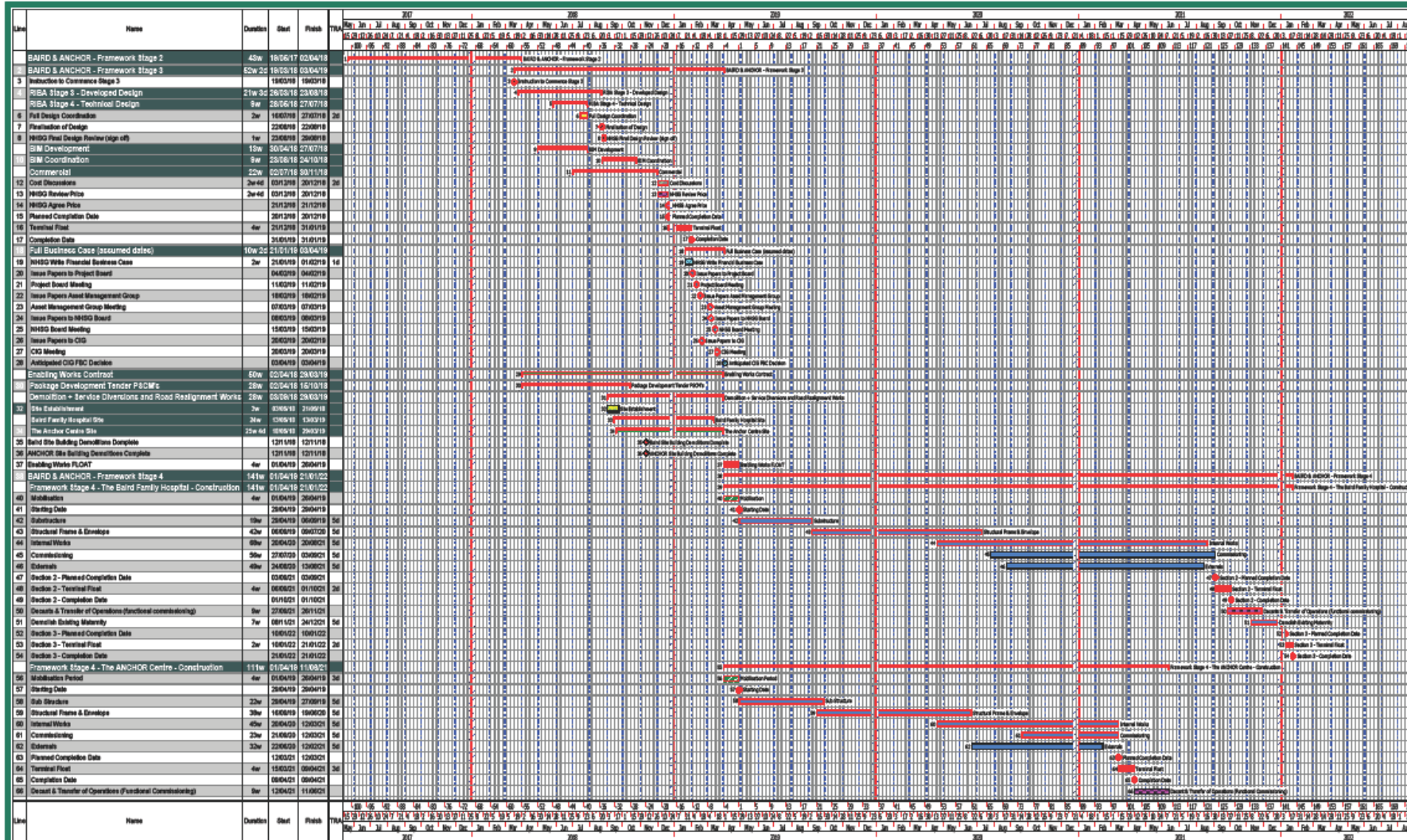
8.7	External services	0	0	0.00
8.8	Minor building works and ancillary buildings	0	0	0.00
	Service diversions			200,000.00
	GIFA Adjustment for alterations (Reduce from 5560 to 5489)			-200,000.00
	SUB-TOTAL: BUILDING WORKS	3,016	2,778	16,768,810.07
9	Main contractor's preliminaries	425	391	2,361,689
	SUB-TOTAL: BUILDING WORKS (including main contractor's preliminaries)			19,130,498.57
10	Main contractor's overheads and profit	138	127	765,219.94
10.1	Main contractor's overheads	69	63	382,609.97
10.2	Main contractor's profit	69	63	382,609.97
	TOTAL: WORKS COST ESTIMATE (A)	3,578	3,296	19,895,718.52
	PROJECT/DESIGN TEAM FEES AND OTHER DEVELOPMENT PROJECT			
11	Project/design team fees	367	338	2,039,252.04
12	Other developmental/project costs	180	166	1,000,000.00
	TOTAL: PROJECT/DESIGN TEAM FEES AND OTHER DEVELOPMENT/PROJECT COSTS ESTIMATE (B)			3,039,252.04
	BASE COST ESTIMATE (C) [C = A + B]	4,125	3,800	22,934,970.55
13	Risks	254	234	1,412,761.68
	TOTAL: RISK ALLOWANCE ESTIMATE (D)			1,412,761.68
	COST LIMIT (excluding inflation) (E) [E = C + D]	4,379		24,347,732.23
14	Inflation	307	283	1,709,299.71
14.1	Tender inflation	109	101	608,693.31
14.2	Construction inflation	198	182	1,100,606.41
	TOTAL: INFLATION ALLOWANCE (F)			1,709,299.71
	COST LIMIT (excluding VAT assessment) (G) [G = E + F]	4,687	4,317	26,057,031.95
	Client Direct Equipment		963,013	
	Risk		96,301	
	Inflation		63,559	1,122,873.00
	VAT ASSESSMENT	888	818	4,935,841.42
	COST LIMIT (including VAT)	5,776	5,321	£32,115,746.37

Appendix Z

Project Programme

BAIRD & ANCHOR - Contract Programme

Filter Applied: None



Appendix AA

Community Benefits Plan

Community Benefits Project Plan (Draft)

Major Acute Services in NHS Grampian

NHS Grampian

19 July 2016

Contents

Executive Summary

1.0 Community Benefit Policy & Project Objectives

2.0 Specified & Supplementary Benefits

3.0 Reporting & Monitoring

Appendices

A – Glossary & Terms

B – Community Benefit Monitoring Matrix

Executive Summary

This community benefit project plan sets out the intended benefits that are to be delivered in connection with the Major Acute Services in NHS Grampian Project (incorporating The Baird Family Hospital, The ANCHOR Centre and in due course Diagnostic and Treatment facilities) which are being delivered by NHS Grampian. This plan has followed the principles set out within the Scottish Futures Trust [Community Benefit Toolkit for Construction](#). The scoring and assessment criteria in relation to the delivery of this plan can be found in the High Level Information Pack.

For any enquiries in relation to this community benefit project plan at this stage please contact the Project Director (Jackie Bremner).

1.0 Community Benefit Policy & Project Objectives

1.1 Project Description

The Baird Family Hospital

The Baird Family Hospital will replace the existing Aberdeen Maternity Hospital and accommodation within Aberdeen Royal Infirmary where the physical condition, design and functional suitability is no longer suitable for the provision of modern health services.

The new Baird Family Hospital will provide maternity, gynaecology, breast screening and breast surgery services. It will also include a neonatal unit, centre for reproductive medicine, an operating theatre suite, a Community Maternity Unit (CMU) in addition to research and teaching facilities.

The ANCHOR Centre

The new ANCHOR Centre will provide out-patient and day-patient investigation and treatment services for patients from North East Scotland and the Northern Isles with cancer and also for patients with blood and bone marrow disorders, including non-cancerous conditions. The Centre will include an aseptic pharmacy suite and research and teaching facilities.

The ANCHOR Centre has been planned for some time and has been developing on a staged basis, the new Radiotherapy Centre at Foresterhill completed in 2013 being the first stage of the development of this Centre, along with new oncology and haematology in-patient ward accommodation in the Matthew Hay Building which opened in 2012.

Elective Care Facilities

The provision of new and or refurbished diagnostic and treatment facilities to support the delivery of elective care are part of the scope of this project.

1.2 Procuring Authorities Community Benefit General Policy

The organisational policy for community benefits is being developed by NHS Grampian in response to the Sustainable Procurement Reform Act 2014. However, for the purpose of this project the following general policy will be adopted.

NHS Grampian is responsible for improving the health of the Grampian population, and for delivering the health care required. Through the investment of NHS Grampian it will seek to:

- Improve the health of people in the North East of Scotland and beyond;
- Provide high quality services for patients;
- Help people choose the best ways to look after their health.

1.3 Community Benefit Project Objectives

For this Project, NHS Grampian will seek to deliver community benefits which provide relevant social, economic, environmental and health benefits to the community within NHS Grampian. In developing the community benefits for this project, the key areas to consider include:-

1. Linking community benefits to improving health outcomes for communities and associated workforces;
2. Developing community benefits to support and engage with seldom-heard groups and vulnerable groups;
3. Promoting the completion and continuity of jobs and apprenticeships including associated training and skills enhancements;
4. Involving SMEs and 3rd sector organisations within this project;
5. Involving and engaging with local communities for the project;
6. NHS Grampian is committed to promoting the UK Living Wage and NHS Healthy Working Lives Initiatives. All projects should promote and encourage such initiatives where possible.

1.4 Local Issues Identified from Community Engagement

Through the community engagement strategy being implemented by NHS Grampian, the following local issues have been identified which have informed this community benefit project plan.

1. The site of the Baird and ANCHOR facilities forms part of a much wider NHS Grampian strategy to promote green spaces improve legibility for people using the Campus and encourage the use of green spaces within the wider Foresterhill Health Campus;
2. A key target group within NHS Grampian is men. The evidence suggests men are less proactive about looking after their own health. NHS Grampian recognise encouraging and enabling them to adopt and maintain healthy lifestyles throughout their working lives is good for the individuals, their families, employers and communities;
3. Seldom-heard groups are a focus for NHS Grampian. Seldom-heard groups are often under-represented and includes people who use or might potentially use health and social services, and who are less likely to be heard by health and social service professionals and decision-makers.

1.5 Support and Third Sector Organisations

NHS Grampian has identified agencies, and third sector organisations, including social enterprises that could provide assistance to the PSCP in delivering the community benefit objectives for this Project. **The list below is not exhaustive and is for information only.** The PSCP can consider the work of these agencies within their community benefit proposals where they add value to the project.

Organisation	Contact	Description of Support Offered	Status of support Secured/ Unsecured
Aberdeen Chambers of Commerce	www.agcc.co.uk Tel 01224 343900	Training & Mentoring	Unsecured
Job Centre Plus - Aberdeen	http://jobcentrepplusoffices.co.uk/en/scotland/	Job portal	Unsecured

	edinburgh/339- aberdeen-job-centre- plus-offices		
Aberdeen 3 RD Sector Interface	http://acvo.org.uk/	3 rd Sector Interface	Unsecured
Voluntary Health Scotland - Aberdeen	http://www.vhscotland.org.uk/what-we-do/	voluntary health organisations	Unsecured
Business Gateway - Scotland	http://www.bgateway.com/?gclid=COa4t93nncQCFUvLtAodIEsAaw	Business Guidance	Unsecured
Supplier Development Programme Scotland	http://www.sdpScotland.co.uk/	Training & Information	Unsecured
Employability Scotland	http://www.employabilityinscotland.com/policy-and-partnership/youth-employment/youth-employment-scotland-fund/	Youth Employment Scotland Fund	Unsecured
Scottish Building Apprenticeship & Training Scheme	http://www.sbatc.co.uk/	Apprenticeship Scheme	Unsecured
Pathways Services Limited	Formed to remove barriers to employment, encourage participation in lifelong learning and promote positive mental health. http://www.pathways-online.org/	Employability	Unsecured
Rosie's Cafe		3 rd Sector Interface	Unsecured

	Formed to provide vocational training, support and work experience for people recovering from acquired brain injuries, mental health and a range of other issues. http://www.rosies@turningpointscotland.com		
The Bread Maker	Social enterprise allowing adults and children with learning disabilities to fully participate in a thriving, growing concern. http://www.thebreadmaker.org.uk	3 rd Sector Interface	Unsecured

NHS Grampian encourages the use of any third sector organisations including social enterprises which add value to the project and aligns to the projects community benefit objectives.

2.0 Specified & Supplementary Benefits

The following section summarises the community benefits required to be delivered within the Baird and ANCHOR Project. A full summary can be found in the attached monitoring matrix.

2.1 Specified Benefits

<i>Ref</i>	<i>Specified Benefits</i>	<i>Total Nr /Outcome</i>
Employment		
1.1	<u>Quantify nr of jobs</u> supported by the project on a Quarterly basis. This should be monitored through the construction phase on a quarterly basis.	8 Nr Submission

Skills & Train		
2.1	<u>HS&E Test linked</u> to CSCS, CPCS & Affiliated Competency Cards for Main Contractors Team and sub-contractors within the supply chain.	All Nr Operatives
2.2	<u>Advanced Health and Safety Training (specific course to be agreed with PSCP)</u> - PSCP to deliver H&S training to advanced level.	5 Nr Operatives
2.3	<u>Case Studies</u> - The PSCP is to develop 4 case studies of the community benefits delivered within the project for use and publication by NHS Grampian.	4 Case studies
SME & 3rd Sec		
3.1	<u>Your health, Your choices Seminars</u> - PSCP to organise, and engage operatives on looking after their health/keeping well through hosting 4 healthy lifestyle seminars during the construction period.	60 Nr Operatives
3.2	<u>Wellbeing Checks</u> - Offer to site operatives at site induction, 1 visit for a health check during working hours. PSCP to accommodate the release of operatives for 1 hour during working hours to attend voluntary health checks. PSCP and management to promote attendance where possible and make suitable accommodation available for 2 days per month	On site health checks offered at induction. 400 operatives
3.3	<u>Meet The Buyer Events</u> - Hold 5 meet the buyer events to focus on Tier 2 supply chain. To be held in Grampian (3), Highland (1) and Tayside (1) specific locations to be decided by the PCSP	5 Nr Events by completion of project
Environmental		
3.6	<u>FM Training</u> - Deliver training on building FM teams. Approx 2 hours and to focus on building management and efficient use of the new building to improve carbon performance.	10 NHS Grampian Operatives, during commissioning period

The financial reimbursements for the specified benefits listed above is included within the monitoring matrix within appendix B. Please refer to Appendix B for a detailed description of the benefits and associated deliverables.

2.2 Supplementary Benefits

<i>Ref</i>	<i>Supplementary Benefits</i>	<i>Total Nr /Outcome</i>
Employment		
5.1	<u>Apprenticeship in employment</u> on the project at any level (Existing Apprentices)	20 Nr Apprentices
5.2	<u>Apprenticeship in employment</u> This requires the recruitment of Traditional Apprentices, Specialist Apprentices or Adult Apprentices to the project.	5 Nr Apprentices
5.3	<u>Apprenticeship Completions</u> - This target requires the reporting/recording of apprentices that complete their apprenticeship framework whilst working on the project.	2 nr
5.4	<u>Graduate Employment</u> - This target employment opportunity for graduates and post-graduates, employed as a direct result of the project.	3 Nr
5.5	<u>Employment Opportunities</u> - This requires the creation of employment opportunities. Employment opportunities must be for a minimum of 26 weeks and be aimed at and filled by New Entrants.	6 Nr
5.6	<u>Healthy Working Lives</u> – This (requires PSCP to engage with NHSG (Public Health - Health Improvement) for guidance on potential roles of employers in improving health of workforce and thereafter implement an agreed suite of at least two new policies and practices to support employees to look after their own health and wellbeing.	3 case study

	Employers could , for example, develop and implement workplace policies – ranging from alcohol misuse to zero tolerance - to improve workplace culture, based on a self-assessment of their own workplace.	
Skills & Train		
6.1	<u>Work Experience Placements</u> - This requires work experience attendance on the project across the supply chain. Placements should be offered to school pupils, college or university students or individuals from an employability programme.	10 Nr
6.2	<u>Site Visits</u> - This requires the provision of visits from education or employability providers	50Nr
6.3	<u>School visits (primary and secondary)</u> - This requires the provision of visits to schools to present on construction and the project.	90 Pupils
6.4	<u>Working with Social Enterprises</u> PSCP to work with social enterprises to provide relevant work-based training opportunities to social enterprise clients from seldom heard groups.	2 case studies
SME & 3rd Sec		
7.1	<u>Training</u> - This target requires the PSCP to provide training to or upskill members of their supply chain. This aim of this target is to give Primary Contractors flexibility to provide appropriate training to members of their supply chain. Training should be a minimum of ½day in duration and result in a certificate of recognition.	30 Nr
7.2	<u>Sub-Contract Opportunities</u> - for work packages above £2m the PSCP is to advertise the opportunity on www.publiccontractscotland.gov.uk . or demonstrate to NHS Grampian suitable local supply chain engagement.	All packages above £2m.
7.3	<u>Quantify SME & TSO works</u> – The PSCP to quantify as a % of value of the work which is	Report Monthly and Submit final

	awarded to SME's and TSO's based nationally and within the NHS Grampian Region.	analysis 6 weeks prior to completion.
7.4	<u>Quantify SME & TSO Opportunities</u> – The PSCP will report Total number of tendering opportunities where invitations made to SME's and TSO.	Report Monthly and Submit final analysis 6 weeks prior to completion.
<i>Environmental</i>		
8.1	<u>Case Study</u> - The PSCP is to develop 1 case study on the positive environmental impact of the project in terms of reducing waste to landfill, initiatives to reduce sound, dust or water pollution.	1 Case Study

The benefits listed above exclude any additional supplementary benefits which are to be proposed by the PSCP. Please refer to Appendix B for a detailed description of the benefits and associated deliverables.

3.0 Reporting & Monitoring

3.1 Community Benefit Delivery & Monitoring Matrix

The delivery of the community benefits contained within this plan will be managed in a proactively to support the delivery of the benefits. This sections sets out how these benefits will be monitored during the project. The attached community benefit monitoring matrix (Appendix B), provides a template for reporting and should be adopted by the PSCP during the project.

The PSCP will be contractually obliged to maintain adequate insurances and implement effective policies and procedures to ensure the health, safety and wellbeing of persons involved in the delivery of and taking part in Community Benefits activities. The PSCP will also need to take all necessary steps to ensure that they are meeting relevant safeguarding and disclosure Scotland PVG obligations.

The inclusion of Community Benefit requirements does not compromise or imply any promise on the part of NHS Grampian or their partners to provide suitable trainees, labour or resources. The only deliverables to be provided by NHS Grampian are those listed within the monitoring matrix within appendix B. The successful tenderer will be held to have included for all associated

management and supervision costs required to deliver the community benefit requirements for the project.

[3.2 Reporting Methodology](#)

The PCSP as part of their monthly report should update and submit the monitoring matrix (appendix B) alongside progress, exceptions, client actions and other relevant information to inform progress and support delivery to the NHS Grampian Project Manager.

[3.3 Validation approach](#)

All correspondence in relation to the Community Benefits for the project should be submitted to the Project Manager appointed by NHS Grampian and recognised within the contract.

NHS will seek validation that benefits have been delivered in accordance with the criteria set out within this plan and associated monitoring matrix.

Appendix A – Glossary & Terms

NHS Healthy Working Lives – A national award programme which aims to engage public, private and third sectors in protecting and improving the health of those in their working years. The programme is managed by NHS Health Scotland, and locally through NHS Grampian, PSCPs would be encouraged to register for the award programme.

Wellbeing Check – a structured conversation including lifestyle, and life circumstances designed to provide support and advice tailored to the individual. Includes general questions about health and lifestyle and an opportunity to ask about any other health related problems or worries and to be signposted to any further relevant help.

Seldom Heard Groups – people who use or might potentially use services and who are less likely to be heard by service professionals and decision-makers. They are often referred to as ‘hard to reach’ groups, though this term has been criticised for implying that there is something about these people that makes their engagement with services difficult. The phrase ‘seldom- heard’, places more of the emphasis on agencies to engage these service users, carers and potential service users.

Many factors can contribute to people who use services being seldom-heard, including:

- Disability
- Ethnicity
- Sexuality
- Communication impairments
- Mental health problems
- Homelessness
- Geographical isolation

Small & Medium Enterprise - An SME is defined as a small-medium sized company and is not a member of a large group of companies. An SME has a turnover of up to €50m euro and has no more than 250 employees

Specified Benefit - Specified benefits have clear definitions and key performance indicators which a supplier will be measured against. Failure to deliver a specified benefit is linked to contractual remedies or specified pricing adjustments.

Supplementary Benefit - The supplementary benefits have clear definitions but are target measures rather than absolute requirements. The delivery of supplementary benefits will be the subject of a “reasonable endeavours” contractual obligation.

Failure to use reasonable endeavours may result in contractual remedies (but not specified price adjustments). Failure to meet target measures having used reasonable endeavours would not be breach of contract and is a contractual compliant outcome.

Third Sector Organisations' (TSO) is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

APPENDIX B – COMMUNITY BENEFIT MONITORING MATRIX

Appendix BB

Capital Funding Procurement Options

Baird and ANCHOR Capital Procurement Options

NHS Grampian

Baird and ANCHOR Project

Procurement Options – Post NPD

1. Purpose of Report

To evaluate the options for procuring the construction of The Baird Family Hospital (Baird) and The ANCHOR Centre (ANCHOR) including ensuring flexibility for additional projects.

2. Background

NHS Grampian is developing:

a new hospital (Baird) which will provide maternity, gynaecology, breast screening and breast surgery services. The Baird will also include a neonatal unit, centre for reproductive medicine, an operating theatre suite and research and teaching facilities.

a new centre (ANCHOR) which will provide out-patient and day-patient investigation and treatment services for patients with cancer and for patients with blood and bone marrow disorders, including non-cancer conditions as well as cancers. The centre will also include pharmacy, research and teaching facilities.

The Baird and ANCHOR project has been developed to date assuming delivery by the NPD model via a 'Project Company' (a special purpose company limited by shares) and attracting Scottish Government revenue funding support as part of the Non Profit Distributing (NPD) programme. This would have involved the project company developing the Reference Design and providing construction, facilities management and finance over a 25 year concession period.

NHS Grampian has now been notified that due to the uncertainty regarding the account classification of the NPD model, the project would receive capital funding from the Scottish Government to deliver the Project. This means that the NPD Model would no longer be an appropriate procurement option.

Significant efforts have gone into developing the Project and the following details the status of this work:

- Integrated project team established, including the appointment of external professional advisors in Health Planning, Technical, Legal and Financial Services

- Business Case – The Initial Agreement was approved in September 2015 and the Outline Business Case has been drafted but has not been submitted for approval, pending resolution of the uncertainty regarding the NPD model.
- Board Construction Requirements (BCRs) - Schedule of Accommodation, Room Data Sheets and the technical, clinical and non-clinical specification – all at an advanced stage of development.
- Reference Design completed to RIBA Stage 2
- Independent Design Review through SFT– completed and reported.
- NHS Scotland Design Assessment Process (NDAP) – OBC Stage completed and reported.
- Baseline Target and more recently the OBC stage evaluation exercise of Reference Design using the Achieving Excellence Design Evaluation Toolkit (AEDET) – completed for each facility.
- Procurement Strategy agreed with Pre Qualification Questionnaire (PQQ) and Invitation to Participate in Dialogue (ITPD) document drafted in readiness for formal market engagement.
- Pre-OJEU Key Stage Review – drafted
- Enabling works to release sites – projects are advanced with release of sites scheduled for late 2017.
- Planning in Principle (PiP) – application submitted, determination awaited.
- Stage 1 HAI Scribes – completed for each facility.

3. Procurement Objectives

The optimal procurement route which meets the objectives of NHS Grampian and the Baird and ANCHOR Project needs to be identified. A set of procurement objectives have been developed and weighted by the Project Team and augmented by others as set out in the Construction Procurement Manual.

These have been categorised into time, quality and cost as detailed below and have been used in section 6 to determine the most appropriate procurement route.

Category	Objectives	Weighting (1-5)
Quality	Project size and complexity, including live Acute sector reflecting approved Design Statements,	5
Quality	Appropriate project governance is achieved, single contractual link	5
Cost	Project deliverable at within capital funding available	5
Cost	Best value for money overall can be demonstrated	5
Cost	Opportunity to optimise risk transfer	5
Quality	high quality, minimum maintenance, allowing innovation and whole life costing	4
Quality	Detailed design not critical, leave to Contractor	4
Quality	Contractor input to economic construction	4
Quality	ability to include proposed Elective Care Centre	4
Quality	Contract drafting certainty	4
Quality	Is the project team competent and experienced to administer the contract form?	4
Cost	Opportunity to create certainty over contract price	4
Cost	Avoid prohibitive cost of change	4
Cost	Pain/gain share incentive	4
Cost	Procurement route effectively manages risk	4
Time	Certainty over contract duration	4
Quality	Procurement route ensures optimum flexibility & performance management opportunities	3
Quality	Contract form used and accepted by potential bidders	3
Cost	In-house/external resources required to deliver project are available	3
Cost	Opportunity to recover costs from contractor	3
Cost	Optimal use of output from current sunk costs	3
Time	shortest possible contract period	3
Quality	design control by NHS Grampian	2
Time	earliest possible start on site	1

There are a number of issues that will be considered whatever the choice of contract form or procurement route, and while their implementation may differ between procurement options, all options are able to deal with them, and any differences are not believed to be material to the selection process. How these are applied will be developed as part of a procurement strategy once the procurement route has been identified.

- Community Benefits
- BIM strategy
- BREEAM
- AEDET
- Whole Life Costs
- Management of costs within a construction cap

4. Procurement Options

For a construction project of this nature a number of procurement routes and construction contract options are available, the merits of these are considered fully in Appendix 1 section 1. The following have been shortlisted as suitable for a Project of this nature based on its scale, funding and complexity and are appraised in section 6.

1. Traditional Lump Sum Contracts - NEC3 option B (Priced, BQ, remeasurement contract)
2. Design and Construct NEC3 option C (Target cost contract with activity schedule)
3. Framework Agreements NEC3 option C (HFS Framework Scotland 2) (Target cost contract with activity schedule)

NEC3 is a standard contract form. A combined procurement is proposed for the facilities on the basis of efficiency.

5. Design Options

The project has a developed Stage 2 concept design. This design has been developed in consultation with Project Team members and user representatives as a response to the Board Construction Requirements that have been drafted. The intention was to issue this design as a Reference Design together with AEDETs and an evaluation commentary from the NHS Grampian Project Team to bidders to take forward to dialogue in the NPD Project.

The options for developing the Reference Design are described below:

- Option 1: Abandon and ask potential contractors/PSCPs (Principal Supply Chain Partners) to develop their own designs,
- Option 2: Adopt, but don't mandate its use by potential contractors/PSCPs,
- Option 3: Adopt, and mandate potential contractors/PSCPs to develop the Reference Design or

Option 4: NHS Grampian engage a design team directly to develop

Adopting the Reference Design could be done through:

- Securing IPR and sharing information
- Novating Design Team

The decision on how best to treat the Reference Design is very important to the choice of procurement route and form of contract and whether NHS Grampian wishes to directly control the design, or ask a contractor/PSCP to develop the design.

Investment has been made to date and Option 1 has been discounted.

If NHS Grampian develops the design, it would retain the risk of any deficiencies in design, and responsibility for the costs in overcoming these.

Transferring the risk of design will allow innovation; it could also provide an opportunity for real competition between potential contractors/PSCPs.

A potential route to achieving this is to make the design available as a reference design but not to mandate its use. Bidding teams could be challenged to develop the reference design in order to improve elements that scored less well in the AEDET, or indeed to develop a new design solution which would satisfy all requirements of the brief. The bidding team would have to present their solution, how they will communicate this to stakeholders and how long this will take. This could be the first stage of a two-stage bidding process, from which a short list could be asked to then develop their proposed designs as described above. This could use a form of technical dialogue to develop designs to RIBA stage 2, with defined elements (reflecting key design elements or sections) being further developed to stage 3.

As plans for the competitive dialogue process were being developed for the NPD process, this could be used as the basis for a form of technical dialogue covering a number of weeks, and for a quality/price evaluation to form the basis for final selection of the contractor/PSCP.

6. Option Appraisal

The procurement objectives of this project have been set out in section 3. The Project Team having researched and consulted on the short listed procurement route and have now scored each of the options. The scoring is set out in appendix 2 in detail, and can be summarised as follows in the table below.

	Traditional	Design and Construct	Framework (FS2)
	Option B: Priced contract with bill of quantities	Option C: Target contract with activity schedules	Option C: Target contract with activity schedule
Quality	125	138	183
Cost	113	137	150
Time	21	31	31
	259	306	364
	57.56%	68.00%	80.89%

This analysis demonstrates that on quality, cost and time:

'Framework Agreements NEC3 option C (HFS Framework Scotland 2) (Target cost contract with activity schedule' will deliver an approach to procurement most aligned to this project objectives. The following sections consider resource, programme and governance issues.

7. Financial and Resource Implications

The funding envelope for the construction of the facilities under NPD was £120 million, at this stage it has been assumed a sum equivalent to this plus VAT will be required to deliver the Baird and ANCHOR Project regardless of procurement route. A project delivered as capital funded will have limited scope to recover VAT.

The internal resources required to deliver the project are anticipated to vary from that of an NPD project and the skill mix will move away from commercial to technical in nature.

The external legal, financial and technical advisors required to deliver an NPD project will not be required however these will be replaced by cost advisors and other technical support with a similar level of cost.

Design, cost advisor and management fees will vary between procurement arrangements and the detail of these are reflected in appendix 3.

Appendix 4 summaries the anticipated cost profile of the Project at this stage and this will be revisited once the procurement route and project programme have been confirmed.

8. Programme Implication

A commitment to delivering the new hospitals by the end of 2020 was a key part of the funding offer for the Baird and ANCHOR project. This is still an important consideration and has been incorporated in NHS Grampian financial planning.

Due to the proposed sites for the new facilities being occupied by existing NHS Grampian facilities, work cannot start on the new buildings until the services currently provided from these existing buildings have been relocated elsewhere. Therefore the earliest date for construction commencement is anticipated to be Q1 2018. Appendix 5 outlines the programme milestones as they are currently understood.

The potential impact on programme of each of the procurement route options have been evaluated and it is anticipated delivery on programme can be achieved via any of the procurement routes or contract forms under consideration, so is not material to the selection.

9. Project Governance

The Baird and ANCHOR Project will continue to report to and be controlled by the B&A Project Board and will provide information to and where appropriate seek approvals through other internal groups such as Asset Management Group and ultimately the Board of NHS Grampian.

Primary external governance will continue to be through Business Case scrutiny by Capital Investment Group of SG Health and Social Care Directorate.

As the project will no longer be revenue funding the Independent Assurance Framework will move from a Key Stage Review to Gateway Review.

The NHS Scotland Design Assessment Process (NDAP) will continue to apply

Consultation with stakeholders has been carried out to a significant degree to date, and communication and consultation will continue to be carried out by NHS Grampian as the project develops.

As a NPD project, SFT have provided guidance and support to the Project Team, and the change to capital funding may impact on this. HFS normally provides support for the projects delivering HFS Framework Scotland 2.

10. Procurement Documentation

The project documentation is well advanced for the format required for the NPD procurement. Whilst some elements will no longer be appropriate for a capital funded project, such as the Project Agreement, FM Service Level Spec, Payment Mechanism and NPD Articles of Association, much of the technical documentation will be relevant and helpful in effectively engaging with the new procurement route.

With some amendment to suit the form of contract, the following documents are either complete or at an advanced draft stage:

- Information memorandum to outline the project requirements can fit an HLIP or OJEU procurement, and the SFT standard PQQ can be adapted to the new European Single Procurement Document (ESPD)

- Instructions for tendering will need significant revision, but the proposed quality/price ratio and evaluation criteria have rehearsed NHS Grampian priorities for tender evaluation.
- Arrangements for competitive dialogue may be directly adopted or adapted to fit a series of dialogue meetings with bidders to develop design solutions.
- The developed clinical brief has firmed up service requirements for the various clinical areas in both buildings and the non-clinical brief describes what is needed to allow soft FM services to be effectively carried out.
- The technical brief comprises an output based specification of the technical requirements for the buildings themselves, and is supported by a developed Schedule of Accommodation, adjacency matrix, ADB sheets and equipment lists for each building.
- The Reference Design is developed to RIBA stage 2 and includes 1:200 floor layouts that have been discussed at length by user groups. An outline M&E strategy has also been developed.

11. Conclusion and Recommendations

This paper has identified a number of options that could possibly be used to take the Baird and ANCHOR Project further in design, procurement and through construction. Information has been provided on the features and merits of each, and the options have been reduced to a short list of 3 for evaluation. This evaluation has considered the criteria and priorities for the project and has compared how each option is able to address the criteria.

It is therefore recommended that the project is taken forward as follows:

- Reference Design: Adopt, but don't mandate its use by potential PSCPs,
- Procurement Route: 'Framework Agreements NEC3 option C (HFS Framework Scotland 2) (Target cost contract with activity schedule'

The use of the HFS Framework Scotland 2 route in this scenario is consistent with Review of Scottish Public Sector Procurement in Construction (October 2013) published by the Scottish Government.

HFS Framework Scotland 2 has been subject to regular review the most recent concluded in May 2014 which found in relation to Value for Money in relation to programme and cost:

- 90% of projects examined finished within or on the adjusted, and agreed, planned completion date

- In terms of overall cost per m², projects generally compare favourably against traditionally procured equivalents

It is considered that this method will deliver the project on time, within the available funding envelope, with a design that will meet the requirements of NHS Grampian and realise the desired service benefits.

The next steps to be pursued are as follows:

- Development of a detailed programme
- Review resource requirements to support the project
- Prepared a revised detailed cost plan
- Engage Cost Advisor
- Prepare High Level Information Pack and Engagement Approach
- Refresh the draft Outline Business Case for Approval
- Monitor developments on elective care centre and programme.

Jackie Bremner

Project Director

Prepared by: Julie Anderson – Finance Manager & Andy Oliver – Commercial Manager

24 March 2016

Appendix CC

**Letter from The Scottish
Government Health and
Social Care Department
regarding NPD to Capital**

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

T: 0131-244 2410 F: 0131-244 2162
E: dghsc@gov.scot



Malcolm Wright
Chief Executive
NHS Grampian
Summerfield House
2 Eday Road
ABERDEEN

AB15 6RE

Our ref: A14188931

11 May 2016

Dear Malcolm

**SCOTTISH GOVERNMENT FUNDING CONDITIONS FOR THE NHS GRAMPIAN BAIRD
FAMILY HOSPITAL AND THE ANCHOR CENTRE PROJECT**

I am writing to inform you that the Scottish Government has decided that the above project will now receive a capital budget allocation instead of proceeding as part of the NPD programme.

The revised capital budget allocation will be subject to confirmation from both NHS Grampian and Scottish Government that the project is affordable and offers value for money. Following that confirmation, the project will receive a funding conditions letter for its capital allocation at the Outline Business Case stage which will be updated at the Full Business Case stage.

Ministers have asked that the project should have the ongoing support of Scottish Futures Trust (SFT). The exact form of this support will be for SFT, SG Health and NHS Grampian to determine and I understand that a meeting has been arranged on 13 May 2016 to establish how this structure will work in practice.

I would be grateful if you could acknowledge the revised funding route, confirm that you will proceed on this basis and inform us how you intend to incorporate SFT into your governance structure and assessment of the project.

If you have any further enquiries, please contact Alan.Morrison@gov.scot (0131 244 2363).

Yours sincerely

Paul Gray

Appendix DD

High Level Information Pack including Selection Criteria



NHS Grampian

Major Acute Services in NHS Grampian

Project Reference: FS2/GRAM/05

High Level Information Pack

for appointment of

Frameworks Scotland 2

Principal Supply Chain Partner

July 2016

Document Control Sheet

**Project Name: Major Acute Services in NHS
Grampian**

**Document Title: Frameworks Scotland 2 High Level
Information Pack for appointment of
Principal Supply Chain Partner**

Date: July 2016

Version		Author	Approved
Number	Date		
10	22/7/16	Jackie Bremner	Final version for issues to PSCPs

Contents

1	INTRODUCTION	46
1.1	The Purpose of High Level Information Pack	46
1.2	NHS Grampian overview and strategic context	46
1.3	Scope of Works	48
2	OVERVIEW OF THE PROJECT	49
2.1	Background	49
2.2	Project Brief	50
2.3	Project Status	53
2.4	Estimated Capital Cost and Programme	53
2.5	Constraints and Project Risks	56
2.6	Outline Programme to appoint a PSCP	58
2.7	Stakeholders	58
2.8	Reference Design	59
2.9	Scope of PSCP Duties	59
2.10	Specific requirements / Community Benefits	60
2.11	Principal Supply Chain Partner Contract	60
2.12	Financial Standing of Principal Supply Chain Partner Contract	60
2.13	Project Bank Account	60
2.14	Project Team Details	60
2.15	Future Developments	61

2.16	Site Co-ordination Meetings	61
2.17	Progress Meetings	61
3	SELECTION PROCESS	61
3.1	Selection Criteria – Two Stage Call-Off	63
3.2	Stage 1 - Expression of Interest - Submission and Interview	64
3.3	Stage 2 – Call-Off Tender – Design and Commercial Submission	65
3.4	Scoring	69
3.4.1	Quality Scoring	70
3.4.2	Commercial Scoring	71
3.4.3	Abnormally Low Tenders	71
3.5	Call Off Process - General	72
4	ADMINISTRATION ARRANGEMENTS	72
4.1	Clarifications	72
4.2	Attendance at Open Day	73
4.3	Format and Return of Tender	73
5	APPENDICES	73
	APPENDIX A - EVALUATION CRITERIA – WORKBOOK	73
	APPENDIX B - PROPOSED FORESTERHILL HEALTH CAMPUS LAYOUT	73
	APPENDIX C – EXISTING FORESTERHILL HEALTH CAMPUS LAYOUT	73
	APPENDIX D – BOARD REQUIREMENTS:	73
1	Design Statement - ANCHOR Centre	73
2	Design Statement - Baird Family Hospital	73

3	Clinical Brief – ANCHOR Centre	73
4	Clinical Brief – Baird Family Hospital	73
5	Non-Clinical Briefs	73
6	Construction requirements (draft for information)	73
7	Adjacency Matrix - ANCHOR Centre	73
8	Adjacency Matrix - Baird Family Hospital	73
9	Schedule of Accommodation – ANCHOR Centre	73
10	Schedule of Accommodation - Baird Family Hospital	73
	APPENDIX E – REFERENCE DESIGNS	73
1.	1:200 – ANCHOR Centre	73
2.	1:200 – Baird Family Hospital	73
3.	Evaluation of Reference Designs (clinical team)	73
	APPENDIX F – ARCHITECT DESIGN SCOTLAND - NDAP INTERIM REPORT	73
	APPENDIX G –AEDETS (BASELINE, TARGET AND REFERENCE DESIGN)	73
1.	AEDETs – ANCHOR Centre	73
2.	AEDETs – Baird Family Hospital	73
	APPENDIX H – COMMUNITY BENEFITS PLAN	74
	APPENDIX I – BIM	74
	APPENDIX J – SITE INFORMATION (THESE DOCUMENTS WILL BE AVAILABLE ON DVD AT THE OPEN DAY)	74
1.	Geo-Technical Report	74
2.	Asbestos Surveys	74

3.	Greenspace Strategy	74
4.	Medium Pressure Hot Water Drawing	74
5.	BAAi Report on Helipad	74
	APPENDIX K – MANDATED ITEMS	74
	APPENDIX L – SITE PLAN AND COMPOUND AREA	74
	APPENDIX M – JOINT COST ADVISOR DRAFT SCOPE OF WORK	74

1 Introduction

1.1 The Purpose of High Level Information Pack

This High Level Information Pack (HLIP) is for the appointment of a Principal Supply Chain Partner (PSCP) who will be part of the Core Team for delivery of this project. The HLIP's purpose is to provide prospective PSCPs with the information regarding the NHS Grampian project to create 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 HLIP provides the PSCPs with details of both the scope of the project and the tender process which will be used to select a PSCP. In addition, the document outlines the high level scope of the Diagnostic and Treatment facilities development currently at the early strategic assessment phase.

Please note NHS Grampian has a number of other construction and backlog maintenance projects under way at Foresterhill Health Campus. The project described in this HLIP is additional to any other arrangements in place.

1.2 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 new Grampian Clinical Services Strategy, currently at the consultation phase. The proposed 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

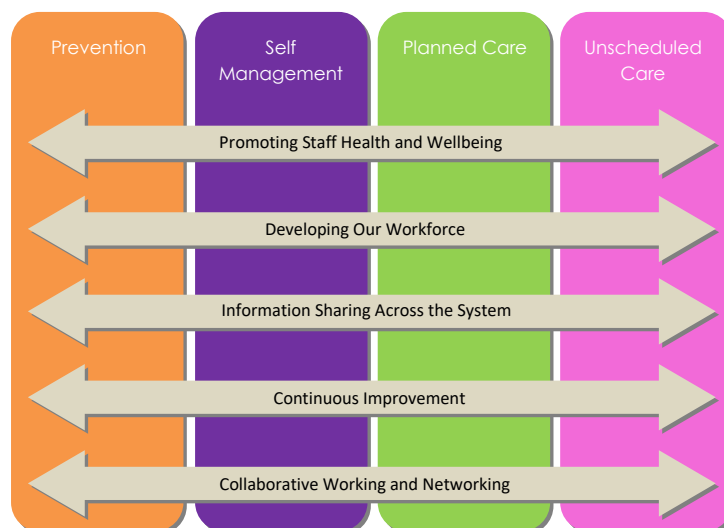
accessible in a wider range of locations closer to home; improve the efficiency of care; reduce the need for multiple attendances which add no value to the individual and better connect clinicians to improve the continuity of care. Patients will be assessed and treated in the right place, at the right 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.

Proposed 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 which will be submitted to the Grampian NHS Board 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 new 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](#).

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.

1.3 Scope of Works

The proposed Foresterhill Health Campus 2020 layout is included as Appendix B, this includes the Baird and ANCHOR facilities and other developments being planned by NHS Grampian.

The project outline includes the design and build of The Baird Family Hospital and The ANCHOR Centre. Timescales noted in section 2.4 are indicative only to inform the activity schedules and are influenced by the anticipated planning timescales; however, the noted timescales should be viewed as realistic targets the PSCP should be looking to achieve.

The scope also includes a provision of new and/or refurbished Diagnostic and Treatment facilities to support the delivery of elective care within NHS Grampian. This element is at a very early stage, with the development of a clinical strategy about to get underway. The strategy will inform the Diagnostic and Treatment facilities required to provide sustainable, good quality elective care, helping NHS Grampian to meet the Scottish Government referral to treatment time targets.

The PSCP is also required to support NHS Grampian through the submission of the Outline Business Cases (OBC) and development of Full Business Cases (FBC) for the Baird and ANCHOR facilities, and in due course the Initial Agreement (IA), OBC and FBC for appropriate Diagnostic and Treatment facilities, refer to section 2.3.

The Project includes a number of elements including:

- Demolition of the existing Foresterhill Health Centre, The Breast Screening Centre and the Eye Out-patient Clinic;
- Construction of the Baird Family Hospital;
- Construction of the ANCHOR Centre;
- Demolition of Aberdeen Maternity Hospital;
- Construction of Diagnostic and Treatment facilities (once scope and funding agreed).

2 Overview of the Project

2.1 Background

The requirement to replace the existing Aberdeen Maternity Hospital (AMH) was included in the Maternity Strategy approved by the NHS Grampian Board in 2010. There are significant problems with the existing Maternity Hospital in terms of its physical condition, compliance with statutory standards, space utilisation and functional suitability. The design and functional suitability of the existing building are no longer suitable for the provision of modern health services. Breast and Gynaecology services are currently located elsewhere on the Campus and are also in poor, non-compliant accommodation.

The ANCHOR Centre has been planned for some time and has been developing on a staged basis – the new Radiotherapy Centre at Foresterhill completed in 2013 being the first stage of the development of this centre, along with new oncology and haematology

in-patient ward accommodation in the Matthew Hay Building opened in 2012. The proposed new building will replace existing facilities which are in poor condition and have no potential for growth.

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

The development of The Baird Family Hospital, The ANCHOR Centre and in due course the Diagnostic and Treatment facilities (where on the Campus), will be part of the implementation of the Foresterhill Development Framework which was approved by the NHS Grampian Board and the Scottish Government in 2008. The Development Framework has already resulted in significant investment in the Campus i.e. in new buildings such as the Matthew Hay Building, Aberdeen Dental School and Hospital, Suttie Centre and the new Radiotherapy 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.

2.2 Project Brief

The preferred way forward for The Baird Family Hospital and The ANCHOR Centre is summarised as follows:

- The development of The Baird Family Hospital, which will replace the existing Aberdeen Maternity Hospital including the Aberdeen Centre for Reproductive Medicine and Neonatal Unit, and include a range of other services including gynaecology in-patients/day cases/out-patients, breast screening and symptomatic out-patient and in-patient breast services. The Baird Family Hospital will be located towards the west of the Royal Aberdeen Children's Hospital (RACH) on the site currently occupied by the Foresterhill Health Centre and the Breast Screening Centre. This option is consistent with the Foresterhill Development Framework agreed with Aberdeen City Council in 2008. The new facilities will be adjacent to the Aberdeen Royal Infirmary (ARI) and RACH with a corridor connecting/linking all three;
- Completion of The ANCHOR Centre at the south of the east end of the Foresterhill Health Campus adjacent to the new Radiotherapy Centre located close to the site currently occupied by the Eye Out-patient Clinic. The first stage, the Radiotherapy Centre, was completed in 2013. This development will fund the second stage to provide out-patient, day-patient and academic/research facilities, together with a

range of support facilities including e.g. aseptic pharmacy services and CT scanning. The two elements will be connected on two levels and read as one internally for patients, staff and visitors;

- This project also includes the demolition of the existing Foresterhill Health Centre, The Breast Screening Centre and the Eye Out-patient Clinic at the beginning of the contract and demolition of The Aberdeen Maternity Hospital following the new The Baird Family Hospital being brought into operation.

Work being completed by others:

- The relocation of the Foresterhill Health Centre to elsewhere on the Foresterhill Health Campus. This development is being progressed as part of the hubCo Inverurie and Foresterhill (I&F) Bundle Design Build Finance and Maintain (DBFM) Project. The Foresterhill Health Centre is scheduled to be completed towards the end of 2017;
- The relocation of the Eye Clinic to upgraded space in Aberdeen Royal Infirmary. This is consistent with the agreed Foresterhill Development Framework. The temporary relocation of the Breast Screening Centre to existing accommodation in ARI for three years from the end of 2017 until completion of The Baird Family Hospital in late 2020. This project is being progressed under a separate Framework Scotland 2 appointment and due for completion in late 2017.

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 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.

The PSCP 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 O₂, 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 the successful PSCP 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 the successful PSCP existing record information (in so far as available) including:

- Asbestos registers
- Construction Drawings of buildings to be demolished
- Topographic survey information

However, all Surveys and Investigations will be required to be carried out by the PSCP, as the information available above will be for information only.

The PSCP will be required to undertake the role of Principal Designer 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.

The PSCP shall utilise the HFS HAI Scribe Implementation Strategy and processes and will participate in HAI Scribe reviews at each of the development stages (Stage 1 assessments have been completed for the Baird and ANCHOR facilities). The project will be carried out within a live healthcare Campus and the PSCP shall work with the NHS Grampian Project Team to ensure that robust processes and procedures are in place and agreed with NHS Grampian before any construction works are undertaken.

Elements of the Diagnostic and Treatment facilities development may include refurbishment of existing accommodation so PSCPs will also need to demonstrate experience and competence in refurbishment on a live hospital site. This will be considered as part of the evaluation criteria for Stages 1 and 2.

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.

2.3 Project Status

The Frameworks Scotland 2 process is being utilised to progress the project and the PSCP and consultants appointed will 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 Baird and ANCHOR facilities to the Scottish Government Capital Investment Group (CIG) for approval in April/May 2017. The Strategic Assessment for Diagnostic and Treatment Facilities is also expected to be submitted in Q2 2017. The appointed PSCP and Consultants will work with the NHS Grampian's Team in developing the Business Cases for these.

The Baird and ANCHOR elements of this project have been developed to a fairly advanced stage over the last 12 – 18 months as these were originally to be procured through the NPD initiative. There is a well established project structure, an active resourced NHS project team and an active Project Board. There is a well developed internal and external communication plan with substantial involvement from stakeholder groups including staff from all disciplines and community/patient groups across the region. For example, over 200 staff were involved in over 60 stakeholder workshops to inform development of the design statements, clinical and non-clinical briefs, adjacency matrices and schedules of accommodation, refer to Appendix D. Development of the room data sheets are at an advanced stage and will be complete in draft by the time the PSCP is formally appointed.

2.4 Estimated Capital Cost and Programme

NHS Grampian has budgeted for The Baird Family Hospital and The ANCHOR Centre a total capital cost for works and design fees (pre-construction, construction and demolition phases) as £134 million inclusive of VAT. This is split approximately 80% (Baird) and 20% (ANCHOR). The PSCP should ensure that they develop the solution

during pre-construction to be within the stated budget. There is no scope for NHS Grampian to increase the budget.

In addition, Diagnostic and Treatment facilities may form part of this project. This element is not within the £134 million budget. The Diagnostic and Treatment facilities element of the project is part of the recent announcement by Scottish Government to support the creation of improved diagnostic and treatment capacity in 5 Scottish Boards by 2020/2021. No formal commitment to funding for the Diagnostic and Treatment facilities elements has yet been received but the total allocation to NHS Grampian to develop Diagnostic and Treatment facilities may be in the region of £40m. The PSCP should provide a proposed approach to how it could be delivered.

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

The PSCP must provide a Project specific “procurement strategy” as part of their response to this HLIP. The procurement strategy should set down the structure and approach of the PSCP’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 PSCP’s with the opportunity to include a demonstration of how they can deliver community benefits on the project.

The outline programme for procurement of the Baird and ANCHOR facilities is as follows:

The Outline Programme for Procurement of the Baird and ANCHOR Project

Figure 2

	Indicative Programme	Date
1	Appointment of Joint Cost Advisor Consultant	August 2016
2	Appointment of a PSCP	November 2016
3	Submission of Outline	April/May 2017

	Business Case (OBC)	
4	Submission of Full Business Case (FBC)	November 2017
5	PAN and Public Consultation	March – Aug 2017
6	Development of Planning Application	August – October 2017
7	Development of Building Warrant Application	Jan - March 2018
8	Commencement of Construction Phase including enabling (demolition) work	Q1 2018
9	Completion of Construction Works	Q2 2020
10	Demolition of Aberdeen Maternity Hospital	Q4 2020

A very high level indicative programme for the Diagnostic and Treatment facilities is included below for illustrative purposes only.

High Level - DRAFT Programme for the Diagnostic and Treatment facilities

Figure 3

	Indicative Programme	Date
1	Strategic Assessment	Q2 2017
2	Initial Agreement	Q3 2017
3	Outline Business Case	Q1 2018
4	Full Business Case	Q2 2019
5	Construction Completion	Q4 2020
6	Functional Commissioning	Q1 2021

2.5 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;
- The PSCP 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 whole site transport assessment is being developed for the Campus, and this shall be used to develop traffic strategies during and after construction for the project facilities;
- Specific risks, phasing requirements and complexities of the services to be provided will be developed with the PSCP 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;
- There is an existing watercourse (Gilcomstoun Burn) which runs in a culvert from west to east across the site and which is a particular constraint affecting The Baird. NHS Grampian is developing a Water Management Plan covering the Foresterhill Health Campus, and which shall be reflected in the design for the Project Works;

- NHS Grampian has become aware of the presence of Japanese Knotweed in several identified clusters across Foresterhill Health Campus. The burn may be assisting in spreading this across the site. NHS Grampian is developing a strategy for monitoring and treating knotweed across the Campus. This information will be made available to the appointed PSCP;
- NHS Grampian is working with other partners to develop 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. The PSCP is expected to reflect this strategy in the design of the buildings and landscaping;
- Area for compound, lay down and storage identified, see plan attached at Appendix L. 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. The new facilities being provided under this project shall connect to this service to provide heating requirements, see latest plan at Appendix J;
 - 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 O₂ service which serves all clinical facilities on the Campus (NB these O₂ lines are quite old and in uncertain condition);
- The completion of the enabling works to replace the Foresterhill Health Centre, and to relocate Breast Screening and Eye Outpatient Services is being carried out separately and their completion is on the critical path of the programme for this project;
- Access required periodically for removing and replacing major medical equipment from existing buildings;
- It is likely that there will be future acute sector development between RACH and The ANCHOR Centre, and The ANCHOR Centre may have no view westward as a consequence.

2.6 Outline Programme to appoint a PSCP

Figure 4

Action	Date
PSCP High Level Information Pack (HLIP) issued to PSCP Framework Managers	22 July 2016
Stage 1	
PSCP to confirm within 5 working days if they wish to deselect from the process	29 July 2016
Open Day and Site Visit for all PSCPs	2 August 2016
1-to-1 PSCP meetings	2/3 August 2016
Submission of expressions of interest	23 August 2016
PSCP Stage 1 Interviews	25 August 2016
NHS Grampian confirm shortlisted PSCPs in writing	29 August 2016
Stage 2	
Informal information meeting(s) with shortlisted PSCPs (attendance at first is mandatory, with the second optional).	7 and 21 September 2016
Shortlisted PSCP 2 nd stage design, technical submission and priced Activity Schedule	6 October 2016
Shortlisted PSCP Presentations	7 October 2016
Evaluation of Submissions	27 October 2016
PSCP Selected, standstill letter issued	28 October 2016
Contract Standstill ends	7 November 2016
PSCP Appointment confirmed	8 November 2016

The overall project will be in excess of the delegated authority limits of NHS Grampian for approval of capital expenditure. Therefore a programme shall be developed for submission of documentation to Scottish Government Health and Social Care Directorate for approval by its Capital Investment Group. The Baird and ANCHOR Initial Agreement was approved by SGHSCD in September 2015. Additionally, the FS2 process requires the project to progress through key milestones using the Office of Government and Commerce (OGC) Gateway Review Process. Internal governance will be through NHS Grampian Asset Management Group, the Baird & ANCHOR Project Board, and the Board of NHS Grampian.

2.7 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, Orkney and Shetland
- Local Authorities
- University of Aberdeen and Robert Gordon’s University
- Health and Social Care Partnerships (Aberdeen, Aberdeenshire and Moray)
- Scottish Government

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. Project Groups already exist and others will be convened on a short-life basis if required to undertake defined tasks within the project plan.

2.8 Reference Design

NHS Grampian appointed NORR Architects to undertake Reference Design works on the Baird and ANCHOR facilities refer to Appendix E1 and E2. This process tested the briefing documents, which were subsequently amended where appropriate, although the Reference Design was not further amended to suit the updated brief. The PSCP may adopt and develop the design during stage 2, 3 and 4 of the project or develop their own design moving forward with the pre-construction development and construction phases respectively.

The clinical and service leads have carried out an evaluation of the Reference Design for the Baird and ANCHOR. This evaluation is presented at Appendix E3 for information.

2.9 Scope of PSCP Duties

The Scope of Services is as defined in the standards Frameworks Scotland 2 Framework Agreement. Specific skills required to provide the scope of works should include a good working understanding/knowledge acute health construction and of working on live acute sector works, and refurbishment works. The successful PSCP will be appointed to work in partnership with NHS Grampian to progress the necessary Business Case Information.

NHS Grampian intend to appoint a Joint Cost Advisor for this Project. The Project Manager, Joint Cost Advisor and PSCP will be appointed to work in partnership with NHS Grampian to progress the necessary Business Case information.

NHS Grampian considers that the Joint Cost Advisor role will have significant benefits for the project for both the PSCP and the Board in relation to time and cost savings, to the overall betterment of this project. To ensure full commitment to the agreed Contract Sum, the PSCP will undertake all duties in relation to Target Price setting, and may wish to seek independent professional advice to finalise their Target Price to the exclusion of

the Joint Cost Advisor ensuring no ambiguities during Stage 4. For clarity PSCPs should refer to Joint Cost Advisor Draft Scope of Work, Appendix M, as appropriate, when pricing the Joint Cost Advisor role as part of their submitted priced Activity Schedule.

2.10 Specific requirements / Community Benefits

NHS Grampian has developed a Community Benefits Plan for the project, which is attached as Appendix H. The Benefits are identified as Specified Benefits and Supplementary Benefits. The PSCP is invited to propose further Additional Benefits that they believe will be of value to the Board and /or the community and this should form part of their Stage 1 Expression of Interest Response, as set out in Appendix A.

2.11 Principal Supply Chain Partner Contract

NHS Grampian anticipates that this appointment is likely to be on the basis of an NEC3 Engineering and Construction Contract (ECC) Option C Target Price. Activity Schedules priced on the basis of an NEC3 ECC Option C Target Price is to be prepared and will be evaluated on this basis.

2.12 Financial Standing of Principal Supply Chain Partner Contract

NHS Grampian will reserve the right to request:

- A parent company guarantee;
- A performance bond or other such arrangement.

2.13 Project Bank Account

NHS Grampian may wish to establish a Project Bank Account for this project. The details will be agreed with the PSCP, but the PSCP should take cognisance of any impact arising from this.

2.14 Project Team Details

The Project Team for this Project will comprise:

Senior Responsible Officer	Graeme Smith (Director of Modernisation)
Project Director	Jackie Bremner
Project Manager	TBC
Clinical Leads	Prof. Mike Greaves and Dr Mike Munro
Service Project Managers	Gail Thomson, Louise-Anne Budge
Capital Finance	Julie Anderson
Estates	TBC
PSCP	TBC
Consultant Joint Cost Advisor	TBC
Supervisors	TBC
Principal Designer	PSCP TBC

2.15 Future Developments

Other developments planned for the Campus, not part of this project, are described in the Proposed Foresterhill Health Campus Layout, refer to Appendix B. It includes a replacement for Phase 2 of ARI, a possible Patient Hotel, and a further phase of the Life Sciences building (part of University of Aberdeen).

2.16 Site Co-ordination Meetings

To ensure that Health and Safety along with management of pedestrian and vehicular transport has a co-ordinated site wide overview, the PSCP will nominate a representative to participate in fortnightly joint site co-ordination meetings.

2.17 Progress Meetings

The PSCP will be required to provide a progress report for the NHS Grampian Project Team Meetings. This will include, but not be restricted to:

- Project update;
- Project Programme;
- Project Cash Flow and Cost Plan;
- Health and Safety Report;
- Early Warning / Compensation Event status;
- Risk Register;
- Community Benefits Report.

3 Selection Process

The main objective of the process is to select a PSCP judged by NHS Grampian as most likely to effectively manage delivery of the project, delivering a solution that is innovative, affordable and offers value for money. The selection will take into account issues such as; relevant experience, key personnel, planned approach and the availability of resources.

NHS Grampian will permit PSCPs to deselect themselves if they do not consider that they have the resources available to meet this programme. NHS Grampian requires to be notified within 5 working days, as indicated in 2.6.

The selection process will comprise of two stages:

Stage 1 - Expression of Interest

- An initial written Expression of Interest; and
- Interview (60 minutes).

Following evaluation at Stage 1 a short list of no more than 3 PSCPs will be selected to participate in Stage 2.

Stage 2 - Call Off Tender

- A detailed response to specific evaluation criteria which will include proposed design elements for the Baird and ANCHOR facilities, as detailed in Appendix A; and
- Submission of priced Activity Schedules for the Baird and ANCHOR facilities only based on an NEC3 ECC Option C (Target Price).

The selection process is illustrated overleaf:

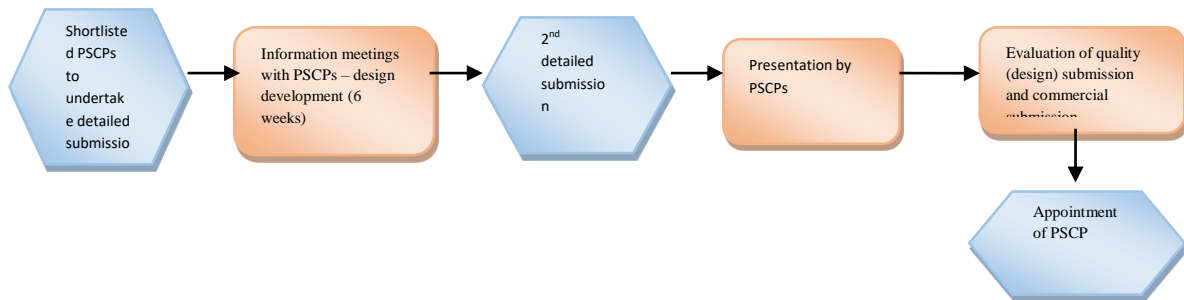
Figure 5

Proposed Process

Stage 1



Stage 2



Tender submissions should demonstrate a good knowledge of NHS procedures together with the ability to work with NHS Grampian to manage the project, carrying out the duties noted in the standard Frameworks Scotland 2 Framework Agreement Contract.

Selection of the PSCP will be in accordance with the Frameworks Scotland 2 Call Off process.

NHS Grampian will utilise the Public Contracts Scotland Quick Quote electronic online system for the distribution of the project tender documents and receipt of Tender Submissions. All communications and clarifications will be directed through the Quick Quote system as per the outline procurement programme dates in 2.6.

NHS Grampian will hold an Open Day and site visit for PSCPs as per the outline programme in section 2.6. The information meetings at stage 2 will encompass one or two informal one to one discussions with each of the shortlisted PSCPs following the principles of the PSCP Open Day outlined at Clause 5.9 of Schedule Part 5 of the Framework Agreement. This will enable the PSCPs to ask for clarification and / or further information which they consider is required to enable them to answer and address the issues raised in the Stage 2 Technical Questions. It will be at the discretion of NHS Grampian as to whether this further information is required and will be provided. Any further information which is provided arising from these discussions will be circulated to all bidding PSCPs.

3.1 Selection Criteria – Two Stage Call-Off

Weighting of Criteria

The following weightings will be used:

Figure 6

Quality	Stage 1 Weighting (100)	Stage 2 Weighting (200)
Personnel, Skills and Experience	25	25
Approach to Project		
An outline of the proposed approach to the Project, including procurement strategy, community benefits strategy	30	25
Clarity and Quality of Design Proposals	20	120
Programme	10	10
Interview	15	20
Total	100	200
Commercial	Stage 1 Weighting (0)	Stage 2 Weighting (100)
Activity Schedule	0	25
Construction Cost Score	0	75
Total Commercial	0	100
Final Evaluation		Stage 2 Weighting (100)
Quality		70
Commercial		30
Overall Total		100

3.2 Stage 1 - Expression of Interest - Submission and Interview

The Expression of Interest submission will comprise a written submission to be submitted via quick quote as described below.

- 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 (for Baird and ANCHOR);
- Proposed Programme;
- Interview.

The Expression of Interest written submission should **strictly** comprise no more than 14 pages of single-sided A4 sheets with 10 point minimum font size. Proposals for the Reference Design and shall be no more than 6 pages at A3 size as detailed at Appendix A, 1.2.2.

Attendance at an interview will require a presentation expanding upon the expression of interest (30 minutes) and thereafter to answer questions set by the interview panel (30 minutes). PSCP will be permitted to bring a maximum of 6 team members to the interview.

NHS Grampian reserves the right to adjust the Stage 1 quality scores from the written submission based on the interview, the PSCP's ability to respond to questions and clarifications, and Stage 2 performance.

Evaluation of the Quality submissions will be carried out using the criteria and weightings detailed in Appendix A, and the scoring range noted at 3.4.1 below.

The Stage 1 - Expression of Interest Quality Score for each Call Off Tender will then be calculated by awarding the Call Off Tender with the highest Stage 1 - Expression of Interest Quality score allocated 100 marks and each other Call Off Tender a score proportionally less than 100 in accordance with the formula below.

$$\text{PSCP's Stage 1 Quality score} = \frac{\text{Stage 1 Quality score relative to the highest amount}}{100} \times 100$$

PSCP A score (Highest Score) = 100 Points awarded = $(100/100) \times 100 = 100$

PSCP B score which has a 5% lower Stage 1 - Quality score than A
= 95 Points awarded = $(95/100) \times 100 = 95$

3.3 Stage 2 – Call-Off Tender – Design and Commercial Submission

Technical Submission:

The Stage 2 submission will comprise a written submission plus drawings and sketches as named in the Approach to Project section of Appendix A, these are to be submitted via quick quote.

The remaining elements of Stage 2 Quality score will be taken from the Stage 1 Quality submission, and no resubmission is required, other than any changes or updates since the Stage 1 submission.

For the Stage 2 Quality evaluation, PSCPs are asked to submit drawn work, comprising annotated sketches and diagrams. Unless stated otherwise, the drawings to be submitted shall be on A1 sheets using the specified drawing numbers within Appendix A. To allow for a consistent approach across all bidding teams, only work submitted following this guidance will be evaluated. Additional drawings will not be considered for evaluation. Scales have also been indicated, generally at 1:1250 or 1:500. Unless expressly stated otherwise, the scales specified are a guide to the level of detail required and are not a strict requirement for compliance. As a rule of thumb; 1:1250 would reflect site context, while 1:500 would be at a departmental level. In instances where a

more detailed response is required, the scale and level of detail submitted will be of the PSCP's choice.

PSCPs should be aware that a considerable amount of information is provided within and appended to this HLIP, but to respond to the submission requirements for Stage 2 Quality evaluation as described above, only that information appropriate to the design stage is expected to be referenced in forming responses.

The PSCP will be required to make a presentation referencing their written submission to the evaluation team. PSCP will be permitted to bring a maximum of 6 team members to the presentation. This presentation will not be scored.

The "Stage 2 - Call Off Tender Quality Score" for each Call Off Tender will then be calculated and applying Grampian Health Board weighting of 70 in accordance with the formula below:

$$\text{PSCP's Stage 2 - Quality score} = \frac{\text{Stage 2 - Quality score relative to the highest amount}}{200} \times 70$$

PSCP A score (Highest Score) = 70 Points awarded = $(200/200) \times 70 = 70$

PSCP B score which has a 5% lower Stage 1 - Quality score than A
= 190 Points awarded = $(190/200) \times 70 = 66.5$

Commercial Submission:

The total capital costs for the works and design fees including VAT (pre-construction, construction and demolition phases) is £134 million inclusive of VAT and fees, this is split approximately 80% (Baird) and 20% (ANCHOR). In addition, the Diagnostic and Treatment facilities if confirmed may be in the region of £40m inclusive of VAT, fees and equipment.

As there is limited information on the scope of the Diagnostic and Treatment facilities at this stage, the Priced Activity Schedules for Development Stage 1-3 Principal Supply Chain Partner (PSCP) and Principal Supply Chain Member (PSCM) and Stage 4 (Construction) for PSCMs Consultants, will be requested for the Baird and ANCHOR facilities only.

The Construction Cost Score (HFS Commercial Model) will be carried out using work stream weightings based on the overall project including the Diagnostic and Treatment

facilities. However, the submitted prelims should only be in relation to the Baird Family Hospital and ANCHOR facilities.

The PSCPs submitted prelims staff and non-staff percentages (%age) and fees will be based on a net construction cost which will be based on an overall project value of £134 million, (Baird and ANCHOR only).

PSCPs should include all surveys which would be typically undertaken by the PSCPs and/or design team as part of their commercial submission. Any surveys which would be carried out by others i.e. site/soil investigations, asbestos, drainage etc costs should be stated separately and will be excluded from the evaluation.

Activity Schedules should reflect the PSCP's approach to undertaking the project and the indicative programme included in section 2.4 above. The Activity Schedules must be presented in a manner which provides a sufficient level of detail to be able to identify activities, and for each activity to show the anticipated resources, supply chain member (company), framework grade (where applicable), number of hours, and proposed start / end date and duration for each activity. Where possible, the activities should be grouped in a logical manner and sub-totalled where appropriate. An overall summary page should be provided with totals.

The commercial scoring will be as per the Framework Agreement Schedule Part 2B, with the PSCP's Development Stage Commercial score weighted at **25%** of the commercial marks and the PSCP's Adjusted Notional Construction score weighted at **75%** of the commercial marks, as per the current Framework Agreement and the formulas noted below. The same staff and non-staff prelims percentages calculated for the Baird and ANCHOR facilities will be applied to both the new build and refurbishment work streams.

The following will apply to the commercial scoring.

PSCP Development Stage Commercial Score Formula:

$$\begin{array}{r} \text{PSCP's} \\ \text{Development} \\ \text{Stage} \\ \text{Commercial} \\ \text{Score} \end{array} = \frac{\begin{array}{r} \text{Development Stage} \\ \text{Commercial} \\ \text{Amount relative to} \\ \text{the highest amount} \end{array}}{100} \times 25\%$$

PSCP A score (Lowest Score) = 100 Points awarded = $100/100 \times 25 = 25$

PSCP B score which has a 5% higher Development Stage Commercial Score than A
= 95 Points awarded = $95/100 \times 25 = 23.75$

PSCP Notional Construction Stage Commercial Score Formula:

$$\text{PSCP's Adjusted Notional Construction Score} = \frac{\text{Adjusted Notional Construction Amount relative to the highest score}}{100} \times 75\%$$

PSCP A score (Lowest Score) = 100 Points awarded = $100/100 \times 75 = 75$

PSCP B score which has a 5% higher Adjusted Notional Construction Amount than A
 = 95 Points awarded = $95/100 \times 75 = 71.25$

Overall Commercial Scoring Formula:

The highest combined Commercial Score of the Development stage and Notional Construction stage formulas noted above will be awarded 30 marks and each other Call-Off Tender a score proportionally less than 30, in accordance with the formula below.

$$\text{PSCP's Stage 2 - Commercial score} = \frac{\text{Stage 2 - Commercial score relative to the highest amount}}{100} \times 30$$

PSCP A score (Highest Score) = 100 Points awarded = $(100/100) * 30 = 30$

PSCP B score which has a 5% lower Commercial score than A
 = 95 Points awarded = $(95/100) * 30 = 28.5$

The following information is provided to assist in the pricing of this section:

Figure 7

Construction Costs	Baird and ANCHOR and related demolitions - £134m inclusive of VAT and fees. Diagnostic and Treatment facilities - assumed £40m inclusive of VAT and fees. Total Construction costs = £174m inclusive of VAT and fees.	
Project Programme	Refer to the indicative programme included in section 2.4 above	
Temporary Services & Connections	Connection points are available for:	
	Electricity	Yes
	Water	Yes Located as part of site survey by PSCP
	Recurring charges will be paid directly by the Board.	
Provision of Scaffolding, Craneage & Hoists	All at PSCPs cost.	
	Availability of existing lifts.	Not relevant.
	Use of existing corridors or stairs	Not relevant.
Security Requirements	Monitored alarm to construction site – PSCP responsible for site security for contract duration	
Temporary accommodation	PSCP to make allowance for site accommodation in proposal – refer to Appendix L for location plans	
Site access	TBC within Foresterhill Health Campus – refer to Appendix B and L for proposed site and compound plan and Appendix B and C for existing and future Campus Plans	
Parking	No parking available within the Campus grounds	
Building Warrant and Planning Fees.	PSCP will pay authorities direct	
Insurances.	No additional Insurances required beyond stated Framework Agreement Requirements	
Bonds & Parent Company Guarantees.	The cost of bonds or PCGs, if required, should not be included in the prelims as they are covered in the PSCP Fee.	
Cleaning	PSCP to make an allowance for road sweeper to clean site access and Campus roads utilised by construction vehicles (once daily during construction phase). PSCP to allow for thoroughly cleaning all facilities at handover.	

3.4 Scoring

Evaluation Team:

The Submissions at Stage 1 and Stage 2, and the Interview at Stage 1 will be evaluated by an Evaluation Team comprised as follows:

Figure 8

Name	Position	Role
Graeme Smith	Senior Responsible Officer	scoring
Gary Mortimer	Senior Manager	scoring
Jackie Bremner	Project Director	scoring
Prof. Mike Greaves	Clinical Lead	scoring
Dr Mike Munro	Clinical Lead	scoring
Gail Thomson	Service Project Manager	scoring
Louise-Anne Budge	Service Project Manager	scoring
TBC	Estates Team	scoring
Julie Anderson	Capital Finance	scoring
Steven Sanzone	HFS Capital Projects Advisor	advising
Neil Gardiner	HFS Capital Projects Advisor	advising
TBC	PSC Cost Advisor	scoring
Iain Buchan	Health Care Planner	Facilitating discussion
Vicki Lightbody	Development Manager	Facilitating discussion
Andy Oliver	Commercial Manager	Facilitating discussion

Evaluation of the Quality submissions will be carried out using the criteria and weightings detailed in Appendix A, and the scoring range noted at 3.4.1 below. Scoring will be conducted collaboratively by facilitated discussion when the submissions will be assessed against the evaluation criteria, and a consensus score on the 1-5 scale allocated to each response to each question.

3.4.1 Quality Scoring

The scoring methodologies for the qualitative criteria set out above are as follows:

Figure 9

Scoring Range	Categorisation	Description
1	Poor	The PSCP fails to demonstrate an understanding of the Call-Off Requirement/brief and falls short of the requirement in several areas.
2	Fair	The PSCP demonstrates a fair level of understanding of the Call-Off Requirement/brief which falls short of the requirement in some areas.
3	Satisfactory	The PSCP demonstrates a satisfactory level of understanding of the Call-Off Requirement/brief
4	Good	The PSCP demonstrates a good understanding of all aspects of the Call-Off Requirement/brief, exceeding the requirement in some areas.

Scoring Range	Categorisation	Description
5	Excellent	The PSCP demonstrates a good understanding of all aspects of the Call-Off Requirement/brief, Exceeding the requirement in several areas.

3.4.2 Commercial Scoring

PSCPs will be required, at Stage 2 submission, to provide all commercial information as specified in the HLIP. This will be in addition to the submission requirements as detailed in Appendix A.

Evaluation of the Commercial submissions will be carried out by assessing the activity schedules, plus the Notional Construction Score derived by interrogating the Construction Pricing Workbook submitted by the PSCP under the Framework Contract.

Nature of Proposed Project:

Figure 10

Nature of Proposed Project	
New Build including landscaping works	85 %
Refurbishment and Extension	15 %
Location Factor	Grampian

3.4.3 Abnormally Low Tenders

Where a PSCP's Call-Off Tender is considered by Grampian Health Board to be "abnormally low", that PSCP may, subject to paragraph 5.8 of Part 5 of the Schedule to the Framework Agreement, be disqualified from further consideration in relation to the Call-Off Process for that Project. For the purposes of this Call-Off Process a Call -Off Tender will be considered to be abnormally low if:

- In the light of Grampian Health Board's estimate and of all the Call-Off Tenders submitted, it appears to be abnormally low by not providing a margin for normal levels of profit;
- The low Call-Off Tender cannot be explained by economy of the selected construction method, the technical solution chosen, exceptionally favourable conditions available to the PSCP, or the originality of the work proposed.

If Grampian Health Board is considering the disqualification of a PSCP from a Call-Off Process because of an abnormally low Call-Off Tender it shall, prior to doing so:

- Allow the PSCP which submitted the low tender the opportunity to prove the genuine nature of its tender in respect of all its constituent elements;

- allow the PSCP to put forward all explanations it considers appropriate;
- examine the details of all Call-Off Tenders, taking into account any explanations given for any abnormally low tenders;
- give the PSCP a chance to request a debriefing to Grampian Health Board's decision to reject its Call-Off Tender as abnormally low after receiving the requested explanations.

3.5 Call Off Process - General

Grampian Health Board shall notify the successful and unsuccessful PSCPs regarding the outcome of the Call-Off Process.

Grampian Health Board shall inform the unsuccessful PSCP of:

- The reasons why it was unsuccessful; and
- The characteristics and relative advantages of the successful submission.

Grampian Health Board will observe a "standstill" period of ten (10) days between providing the information specified above and the award of the Call-Off Contract.

If any dispute or difference is raised in respect of the operation of this two stage procurement, this shall not prevent a Project Contract from being entered into with the successful PSCP.

Within five (5) Working Days of a Call-Off Contract being signed by the relevant Grampian Health Board and the successful PSCP, the PSCP shall send a signed copy of such Call -Off Contract to Grampian Health Board and a copy to Health Facilities Scotland.

The PSCP shall bear all its own costs of, and any costs related to, participating in the Call-Off Process whether or not the Call -Off Process results in the award of a Call -Off Contract.

Notwithstanding the fact that Grampian Health Board may or may not have followed the procedure set out in this mini competition, Grampian Health Board shall be entitled, at all times, to decline to make an award pursuant to a Call-Off Process.

4 Administration Arrangements

4.1 Clarifications

NHS Grampian will utilise the Public Contracts Scotland Quick Quote electronic online system for the distribution of the project tender documents. All communications and clarifications will be directed through the Quick Quote system as per the outline procurement programme dates in 2.6.

4.2 Attendance at Open Day

PSCPs will be permitted to bring a maximum of 6 team members to the Open Day and the one-to-one meetings.

4.3 Format and Return of Tender

All submissions to be via Public Contract Scotland (PCS) Quick Quote.

Two separate Quick Quote notices will be issued via the Public Contract Scotland portal and will consist of the following:

- Notice 1 – Stage 1 Quality submission;
- Notice 2 – Stage 2 Quality and Commercial submission.

5 Appendices

APPENDIX A - EVALUATION CRITERIA – WORKBOOK

APPENDIX B - PROPOSED FORESTERHILL HEALTH CAMPUS LAYOUT

APPENDIX C – EXISTING FORESTERHILL HEALTH CAMPUS LAYOUT

APPENDIX D – BOARD REQUIREMENTS:

- 1 Design Statement - ANCHOR Centre
- 2 Design Statement - Baird Family Hospital
- 3 Clinical Brief – ANCHOR Centre
- 4 Clinical Brief – Baird Family Hospital
- 5 Non-Clinical Briefs
- 6 Construction requirements (draft for information)
- 7 Adjacency Matrix - ANCHOR Centre
- 8 Adjacency Matrix - Baird Family Hospital
- 9 Schedule of Accommodation – ANCHOR Centre
- 10 Schedule of Accommodation - Baird Family Hospital

APPENDIX E – REFERENCE DESIGNS

1. 1:200 – ANCHOR Centre
2. 1:200 – Baird Family Hospital
3. Evaluation of Reference Designs (clinical team)

APPENDIX F – ARCHITECT DESIGN SCOTLAND - NDAP INTERIM REPORT

APPENDIX G –AEDETS (BASELINE, TARGET AND REFERENCE DESIGN)

1. AEDETs – ANCHOR Centre
2. AEDETs – Baird Family Hospital

APPENDIX H – COMMUNITY BENEFITS PLAN

APPENDIX I – BIM

APPENDIX J – SITE INFORMATION (THESE DOCUMENTS WILL BE AVAILABLE ON DVD AT THE OPEN DAY)

1. Geo-Technical Report
2. Asbestos Surveys
3. Greenspace Strategy
4. Medium Pressure Hot Water Drawing
5. BAAi Report on Helipad

APPENDIX K – MANDATED ITEMS

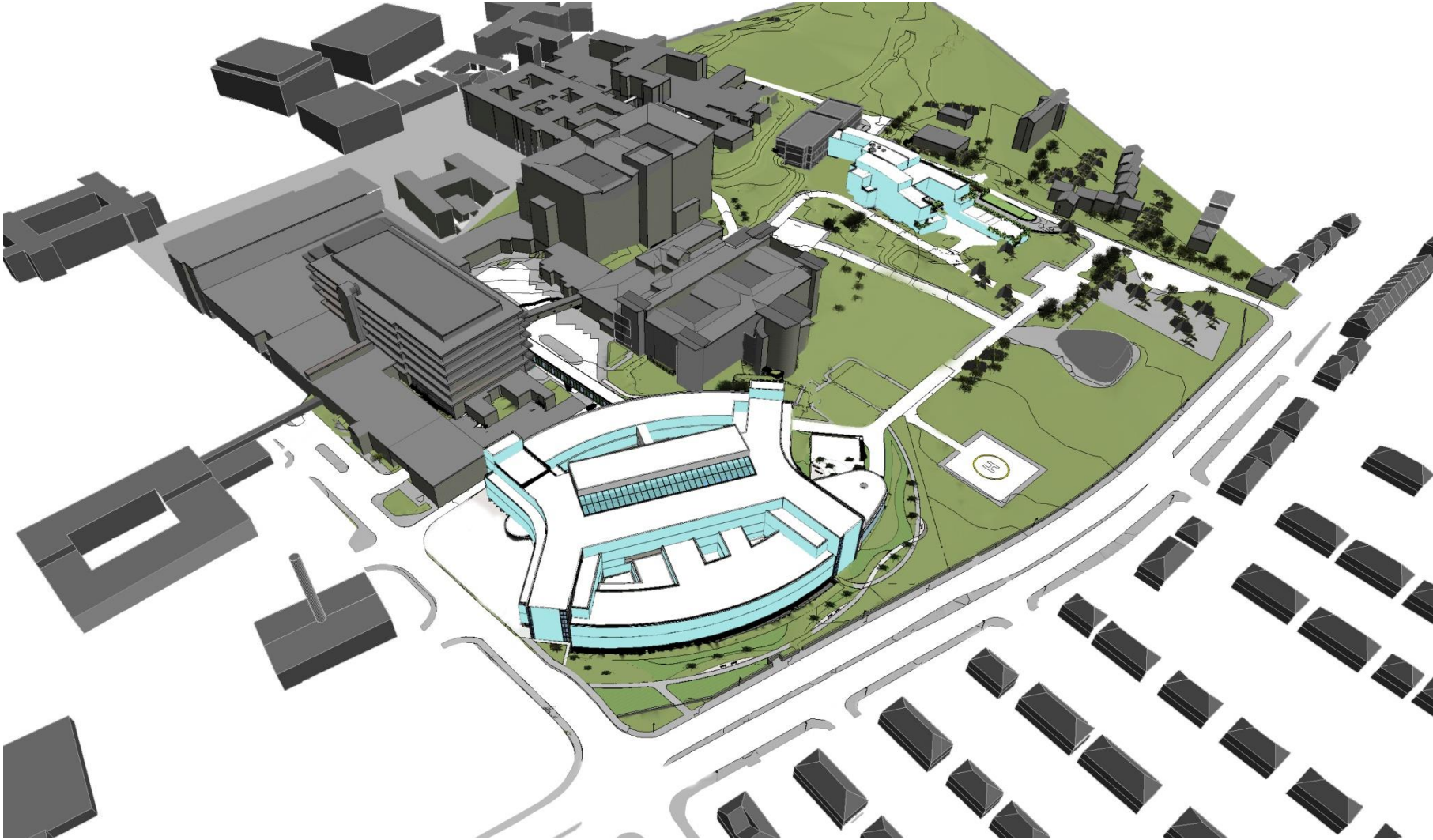
APPENDIX L – SITE PLAN AND COMPOUND AREA

APPENDIX M – JOINT COST ADVISOR DRAFT SCOPE OF WORK

Appendix EE

Site Plan in Context of Foresterhill Health Campus

The Baird Family Hospital and ANCHOR Centre Developments - Site Plan
In the context of the Foresterhill Health Campus



Appendix FF

Planning in Principle Letter



APPLICATION REF NO. 151491

Planning and Sustainable Development
Communities, Housing and Infrastructure
Business Hub 4, Marischal College, Broad Street
Aberdeen, AB10 1AB

Tel: 03000 200 292 Email: pi@aberdeencity.gov.uk

DECISION NOTICE

The Town and Country Planning (Scotland) Act 1997

Planning Permission in Principle

Archial Norr
3 Bon Accord Crescent
Aberdeen
AB11 6XH

on behalf of **NHS Grampian**

With reference to your application validly received on 14.09.2015
for the following development:-

**Erection of The Baird Family Hospital and The Anchor Centre at Foresterhill Health Campus.
at Aberdeen Royal Infirmary, The Baird Family Hospital and The Anchor Centre**

Aberdeen City Council in exercise of their powers under the above mentioned Act hereby **GRANT PLANNING PERMISSION IN PRINCIPLE** for the said development in accordance with the particulars given in the application form and the following plans and documents:

<u>Drawing Number</u>	<u>Drawing Type</u>
A10-P-90-01 REV B	Location Plan
SK 0001	Other Drawing or Plan

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

For the reasons set out above and articulated in the planning conditions, it is considered that the proposed development, albeit submitted in principle, accords with the provisions of the Development Plan comprising the Aberdeen City and Shire Strategic Development Plan 2014 and the adopted Aberdeen Local Development Plan 2012 and also the emerging replacement Local Development Plan. There are no other material considerations which would outweigh the provisions of the

PETE LEONARD
DIRECTOR

Appendix GG

The Baird Family Hospital Training and Development Plan

The Baird and ANCHOR Project

The Baird Family Hospital - Training and Development Plan

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

This plan refers to training specifically related to The Baird Family Hospital and is in addition to mandatory training

Department	Learning need	Staff involved	How will need be met	Target date
Theatres	Skilled staff to support breast, obstetrics and gynaecology as fully integrated Baird theatre team	Nursing and theatre support staff	Staff rotation, creation of Baird Theatre Nursing Programme, recruitment to Baird Theatre posts	2017 (commenced) 2021 (completion)
	Operational knowledge of integrated theatre system	Theatre multi-disciplinary team	Baird team access to existing ARI facilities for familiarisation and training	2018 (commence) 2021 (completion)
Maternity	Birth Suite staff require skills and experience to manage bereavement	Midwifery and healthcare support worker staff	Staff rotation to Rubislaw Ward in AMH to gain skills prior to Baird.	2017 (commenced) 2021(completion)

			Opportunities for staff to attend bereavement training	
Neonatology	Achieve 70% of QIS trained nurses in the neonatal nursing team	Nursing staff	Continue to send staff to annual QIS training to increase numbers, seek to increase annual training as funding and workforce allows	Annual ongoing training 2021 (completion)
	Paediatric medical staff in future will cover both RACH and Baird neonatal services – ensure appropriate skills in place	Medical staff	GP trainees to be trained in newborn examinations	2020 (commence) 2021 (completion)
	Achieve skills in transitional care	Nursing and medical staff	Visit other units across the UK. Team continue to progress elements of family-centred care	2017 (commenced) 2021 (completion)
Breast	Ward nursing skills to care for breast flaps post-operatively	Nursing staff	Training programme to be agreed with the plastic surgery nursing team who carry out this care currently. Allocate	2020 (commence) 2021 (completion)

			rotational placement of staff to plastics ward	
	Training to provide radioisotope injections in theatre	Consultant and nursing staff	Internal training to be provided by Nuclear Medicine Department (administration of radioisotopes, receipt and despatch etc)	2020 (commence) 2021 (completion)
	Operational knowledge of ultraclean theatre system	Theatre multi-disciplinary team	Baird team access to existing ultraclean facilities in ARI for familiarisation and training	2020 (commence) 2021 (completion)
Gynaecology	Learn from established centres offering enhanced ambulatory services e.g. Glasgow	Nursing and consultant staff	Job shadowing, spending time in established gynaecology centres	2019 (commence) 2021 (completion)
	Nursing staff skilled in emergency clinic assessment, seeking to avoid unnecessary admissions	Nursing staff	Formal training in emergency clinic skills	2019 (commence) 2021 (completion)
	Increase range of out-patient nurse-led clinical skills e.g.	Nursing staff	Staff undertake pessary training, colposcopist to train in scanning to	2018 (commence)

	pessary management, ultrasound scanning		provide nurse-led post- menopausal clinics	2021 (completion)
	Nurses in out-patient department to gain skills to see out-patients currently seen in in- patient ward	Nursing staff	Review of Gynaecology Specialist Nurse role in progress	2019 (commence) 2021 (completion)

Appendix HH

The ANCHOR Centre Training and Development Plan

The Baird and ANCHOR Project

The ANCHOR 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 ANCHOR Centre and is in addition to mandatory training

Department	Learning need	Staff involved	How will need be met	Target date
Haematology Oncology	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	2018 (commence) 2021 (completion)
	Service demand necessitates appropriate increase in shared care e.g. more GP-led community care	GP staff	Engage with GP colleagues to advance plans for increased share care provision in the community	2018 (commence) 2021 (completion)
	Service to invest in training and development opportunities to aid recruitment to nurse roles (both in-patient	Nursing staff	Introduce rotational posts. Invest in staff development and conference attendance.	2017 (commenced) 2021 (completion)

	and specialist nurse posts)		Continue to review skill mix.	
	Provide comprehensive training programme to support junior and middle grade medical staff	Medical staff	<p>Continue to review and deliver established teaching programmes for junior and middle grade doctors.</p> <p>Continue to ensure that medical staff at these levels get exposure to e.g. blood transfusion, paediatric services, laboratory services etc</p>	<p>2017 (commenced)</p> <p>2021 (completion)</p>
	Robust training and development plans needed to attract, recruit and retain nursing staff	Nursing staff	<p>Establish induction courses for new to area registered nurses.</p> <p>Educational support to be provided to deliver high volume of mandatory training.</p> <p>Training to include palliative and end of life topics.</p>	<p>2017 (commenced)</p> <p>2021 (completion)</p>

	Workforce to be appropriately trained to provide Systemic Anti-Cancer Therapy (SACT)	Nursing staff	Robust training framework for SACT to be developed to ensure compliance	2018 (commence) 2021 (completion)
	Safe administration of chemotherapy	Nursing staff	Deliver training in partnership with Robert Gordon University (RGU) for safe administration of chemotherapy	2018 (commence) 2021 (completion)
	Develop Advanced Nursing Team to Masters level knowledge	Advanced Nursing Team	Work with Nurse Consultant to develop this and establish skills competency framework	2018 (commence) 2021 (completion)
	Continued investment in Specialist Nursing Team to assist with unscheduled care and practical procedures e.g. bone marrow aspirates, line insertions	Specialist Nursing Team	Invest in clinical examination and prescribing courses	2018 (commence) 2021 (completion)

Appendix II

Current and Future Baird Family Hospital Accommodation

Current and Future Baird Accommodation

In-Patient Accommodation

Service	Current Bed Complement	Future Bed Complement
Maternity	Ashgrove Ward (25)	Ante-natal/Post-natal (47)
	Summerfield Ward (25)	
	Rubislaw Ward (7)	
	Westburn Ward (17)	Induction Suite (10)
	Labour Ward (12) (includes 3 rooms for Recovery – this will be in Theatre in the Baird)	Birthing Suite (11)
		Birthing Suite Annexe (2)
		Transitional Care (2) for post-natal care of baby
	Midwives Unit (4)	Community Maternity Unit (7)
		In-patient bed located in the Gynaecology in-patient ward (1) for early pregnancy loss (also included in Gynaecology figures)
Total Maternity Beds	90	80
Gynaecology	Wards 308/309 (28)	Gynaecology (27)
Breast	(excludes activity from Short Stay Unit)	(includes activity from Short Stay Unit)

		Early Pregnancy Loss (1) (also included in Maternity figures)
	Wards 308/309 Medical Termination of Pregnancy (MTO) (4)	Gynaecology MTO (4)
		Breast (8) (includes activity from Short Stay Unit)
Total Gynaecology Breast Beds	32 (excludes activity from Short Stay Unit)	40 (includes activity from Short Stay Unit)
Neonatology (cots)	ITU (10)	ITU/HDU (16) (includes 3 isolation)
	HDU (7)	
	Special Care (19)	Special Care (18)
	Isolation (1)	
Total Neonatology Cots	37	34
Transitional Care	Post-natal care (2 in maternity figures)	Transitional Care/Parentcraft (10)
	Parentcraft (3)	
Total Transitional Care Rooms	5	10

Theatre Accommodation

Service	Current Theatre Complement	Future Theatre Complement
Theatre	AMH Theatres (2)	Obstetrics (2)
	ARI Theatres (3) (two theatres in Main Theatre Suite and one theatre in Short Stay Unit)	Gynaecology (2)
		Breast (1)
		Emergency (1)
Total Theatres	5	6

Ambulatory Accommodation

Service	Current Ambulatory Complement	Future Ambulatory Complement
Maternity	Ultrasound (7)	Ultrasound (8)
	Fetal Medicine (1)	Fetal Medicine (1)
		Early Pregnancy Assessment Unit (3)
		Triage (4)
	Ante-natal Clinic (6)	Ante-natal Clinic (6)
	Day Ward (2)	Ante-natal Day Unit (2)

		Hyperemesis Unit (2)
Total Maternity Ambulatory	16	26
Breast	Breast Screening (4)	Breast Screening and Symptomatic (8)
	Breast Symptomatic (8)	
	Ultrasound (2)	Ultrasound (3)
		Treatment Room (1)
	Mammography (4)	Mammography (4)
Total Breast Ambulatory	18	16
Gynaecology	Consulting Clinic B (5)	Consulting (7) (includes 1 for research)
	Consulting Women's Day Clinic (1)	
	Procedure Rooms Women's Day Clinic (2)	Procedure Rooms (3)
Total Gynaecology Ambulatory	8	10
Reproductive	Consulting (5)	Consulting (6)
	Ultrasound (3)	Ultrasound (4)
	Procedure Rooms (2)	Procedure Rooms (2)

	Andrology Consulting (2)	Andrology Consulting (3)
	Andrology Laboratory (1)	Andrology Laboratory (1)
	Embryology Laboratory (1)	Embryology Laboratory (1)
	Day Ward (6 bays)	Day Ward (6 bays)
Total Reproductive Ambulatory	15	18

December 2017

Appendix JJ

Project Monitoring Plan

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 Registers	As per Monitoring Plan	H and I
12	Baseline Staff and Patient Surveys	As per Monitoring Plan	
13	Service Redesign Plans	As per Monitoring Plan	M and N
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 KK

Indicative Scope of Enabling Works

Baird and ANCHOR Project

Indicative Scope of Enabling Works

Following site surveys and development of the Stage 2 design, an indicative enabling works scope has been developed through collaboration between the PSCP and NHSG and is as shown below.

	Description	Baird	ANCHOR
1	Disconnection/diversion of services to existing Foresterhill Health Centre and to Breast Screening Centre to enable demolitions.	√	
2	Disconnection/diversion of services to Eye Out-Patient Department.		√
3	Demolition of buildings including the removal of foundations and car park.	√	√
4	Removal of existing drainage tails to buildings back to nearest manhole outwith the site.	√	√
5	Tree and bush removal.	√	√
6	Install bat boxes.		√
7	Stage 3 Ground Investigation Work (under existing buildings).	√	√
8	Additional service diversions to clear the site.	√	√
9	Reduced level excavation to piling mat formation.	√	√
10	Piling mat installation (upper level).	√	√
11	Formation of compound area.	√	
12	Culvert realignment.	√	
13	Drainage diversions and new offsite drainage.	√	
14	Ambulance road realignment, including RACH drop off, and associated drainage.	√	
15	Main storm water attenuation tanks and realignment, including RACH drop off, and associated drainage.	√	√
16	Main storm water attenuation tanks and realignment of RACH car park.	√	
17	Formation of temporary site entrance off Westburn Road.	√	
18	Early procurement of long lead-in items.	√	√
19	Removal of redundant steam main duct and diversion of remaining services.		√
20	Existing compound realignment.		√
21	Reconfiguration of Radiotherapy Centre entrance.		√

Appendix LL

Health Inequalities Impact Checklist

The Baird Family Hospital and ANCHOR Centre Project

Health Inequalities Impact Checklist

Annex 1B

Populations	Could these groups be affected differentially by the proposal?
Older people, children and young people	<p>Older people will use some of the services in the Baird (breast and gynaecology) and the full range of ANCHOR services. The impact will be positive e.g. single in-patient accommodation in the Baird, space in both facilities for family support, appropriate use of dementia-friendly guidance.</p> <p>Neonates will be cared for in the Neonatal Unit in the Baird. The new hospital will provide enhanced accommodation for neonates and their families e.g. larger clinical spaces to enable families to be with their baby at all times, families able to stay in the Baird Patient Hotel, Transitional Care Unit offering space for family-led care to the neonate almost ready to go home.</p> <p>Young people receiving oncology or haematology care will have a dedicated Teenager and Young Persons Lounge in The ANCHOR Centre. This space will be designed with input from young people, via the Teenage Cancer Trust, and will be supported by the dedicated teenager and young person's clinical team.</p>

<p>Women, men and transgender people</p>	<p>The Baird will support women in all stages of maternity care, as well as in the reproductive, breast, gynaecology and neonatal services. The new facility will provide enhanced choices for women e.g. a Community Maternity Unit for low-risk deliveries as well as the Birthing Suite for more complex cases. The inclusion of more birthing pools will also support choice.</p> <p>The small number of men who receive breast cancer/surgery care will be catered for in the Baird and will benefit from access to the expert clinical team whilst being able to receive their care in single in-patient bedroom accommodation.</p> <p>The Aberdeen Centre for Reproductive Medicine (ACRM) will continue to care for the increasing transgender population who are seeking reproductive support. The design of the Baird is such that discreet access/egress to this department is afforded and will allow the transgender population, along with other ACRM users, the ability to maintain privacy.</p>
<p>Disabled people</p>	<p>The design of both facilities will meet all DDA regulations and design good practice. Particular consideration will be given to the design of external spaces in order to ensure ease of access to the building, both from a pedestrian point of view and from car parking spaces. Both buildings will include disabled</p>

	<p>parking in the immediate vicinity of the main entrance(s).</p> <p>The project team have worked with PAMIS in the development of Changing Places in both buildings, designed to be accessible in the immediate entrance/atrium space, whilst also being discreet.</p> <p>All public and clinical spaces will be designed to allow access for disabled/wheelchair users.</p> <p>The Baird accommodation will include in-patient bedrooms with ceiling-mounted hoists and all other clinical spaces will be capable of accommodating mobile hoists.</p> <p>Accessible facilities (e.g. WCs and changing spaces) have been included in both buildings for staff who have particular needs.</p> <p>The design of both facilities will consider those with visual and/or learning impairment to ensure that way-finding is appropriate.</p>
<p>Minority ethnic people</p>	<p>The design of both buildings with regard to way-finding will appropriately include elements to aid users who do not have English as a first language. The project team will work with the Diversity and Equality Team to assist with this.</p>

	The Baird Sanctuary includes a wudu/ablutions space and the overall space will be designed to support all religious and non-religious uses.
Refugees and asylum seekers	Both facilities are being designed to support the needs of all users equally.
People with different religions or beliefs	The Baird Sanctuary includes a wudu/ablutions space and the overall space will be designed to support all religious and non-religious uses.
Lesbian, gay, bisexual and heterosexual people	Both facilities are being designed to support the needs of all users, irrespective of sexual orientation. The particular needs of the transgender population accessing ACRM will be met in the same way as all other patient groups, with the protection of privacy as a main determinant.
People who are unmarried, married or in a civil partnership	Both facilities are being planned to provide equity of access to all users, irrespective of relationship status.
People living in poverty/people of low income	Both facilities are being planned to provide equity of access to all users, irrespective of income status. The inclusion of some services will benefit these groups positively e.g. the Baird Patient Hotel will provide free accommodation for families who have a baby in the Neonatal Unit as well as women from island/rural areas who are either about to give birth or have surgery.

Homeless people	Both facilities are being planned to provide equity of access to all users, irrespective of accommodation status.
People involved in the criminal justice system	Both facilities are being planned to provide equity of access to all users, irrespective of any criminal background.
People with mental health illness	<p>The Baird Family Hospital will provide facilities and services for mothers with substance misuse issues eg support for babies in NNU and potential for mother and baby to use Transitional Care facilities</p> <p>The design of The Baird Family Hospital is in accordance with anti-ligature risk assessment national guidelines for acute hospitals, carried out in partnership with Mental Health Service colleagues</p>
People with low literacy/numeracy	The design of both facilities, in particular with regard to way-finding and the interior design/art strategies, will consider how best to support users who may be unable to follow written instructions.
People in remote, rural and/or island locations	The facilities will include specific accommodation which will positively benefit these groups e.g. the Baird Patient Hotel will provide free accommodation for service users the night before elective surgery, as well as accommodating families with a baby in the Neonatal Unit. The Hotel will also allow women from Orkney and Shetland to stay in the Baird just before they give birth, allowing them to stay independently in a homely

	<p>environment rather than using an in-patient bed.</p> <p>Space for partners to remain with women has been designed into the birthing rooms and in-patient bedrooms in the maternity service, supporting families who may live some distance from the hospital to remain together at this important time.</p> <p>The ANCHOR clinical spaces will include space for patients to be accompanied by a family member. This is currently not always possible in the present facilities due to lack of space.</p>
Carers	<p>The public and clinical spaces in both buildings will allow carers to appropriately accompany patients throughout their care journey.</p>
Staff	<p>The needs of staff have been considered by the project team from the commencement of the project and have been given as much thought as the needs of women, patients and families.</p> <p>The ANCHOR Centre will include a well-designed staff room with access to a private terrace, thereby allowing staff the opportunity to have private time, as well as fresh air, in recognition of the stressful jobs they undertake.</p>

	<p>The Baird has a large staff rest room, as well as some departmental rest rooms, designed to be separate from the clinical areas to allow staff the chance to relax. It is hoped that the design can also include a dedicated staff external space.</p> <p>Both facilities will include staff changing and showering facilities and rest areas.</p>
Health Determinants	
<p>What impact will the proposal have on health-related behaviour?</p>	<p>Diet and nutrition:</p> <ul style="list-style-type: none"> • No obvious impact, staff will continue to advise patients on these aspects of care <p>Exercise and physical activity:</p> <ul style="list-style-type: none"> • No obvious impact, staff will continue to advise patients on these aspects of care <p>Substance use:</p> <ul style="list-style-type: none"> • No obvious impact. The Baird will include accommodation for the maternity team who support women with substance issues <p>Sexual health:</p> <ul style="list-style-type: none"> • The Baird will include gynaecology and maternity services who include education on sexual health as part of their care <p>Learning and skills:</p> <ul style="list-style-type: none"> • No obvious impact
<p>What impact will the proposal have on the social environment?</p>	<p>Social status:</p> <ul style="list-style-type: none"> • No obvious impact

	<p>Employment:</p> <ul style="list-style-type: none">• Building will provide construction employment opportunities <p>Income and income inequality:</p> <ul style="list-style-type: none">• No obvious impact other than employment opportunities <p>Crime and fear of crime:</p> <ul style="list-style-type: none">• No obvious impact. Design of buildings will include anti-crime elements <p>Family support and social networks:</p> <ul style="list-style-type: none">• Positive impact as both facilities will include enhanced spaces for families to remain together <p>Stress, resilience and community assets:</p> <ul style="list-style-type: none">• Positive impacts as patients will feel more supported, families can remain together during stressful periods of treatment/care, both buildings will be designed to be assets to the local community <p>Participation and social interaction:</p> <ul style="list-style-type: none">• Positive impacts, families as well as patients will feel part of the patient journey, social spaces in both facilities will promote social interaction, teaching and learning opportunities for women, patients and carers
--	--

	<p>Influence and sense of control:</p> <ul style="list-style-type: none"> • Positive as patient and patient choice will be at the centre of all service delivery <p>Identity and belonging:</p> <ul style="list-style-type: none"> • Positive, the facilities will support the patient as an individual. The design of the buildings will be to create a strong identity as well as belonging to the local community
<p>What impact will the proposal have on the physical environment?</p>	<p>Living conditions:</p> <ul style="list-style-type: none"> • Positive for service users by providing state of the art in-patient and hotel accommodation <p>Working conditions:</p> <ul style="list-style-type: none"> • Positive for staff who will relocate from accommodation that is not fit for purpose into new facilities <p>Natural space:</p> <ul style="list-style-type: none"> • Positive as both buildings will be light, airy, non-threatening environments with well-designed external spaces including courtyards <p>Pollution:</p> <ul style="list-style-type: none"> • Both buildings are aiming for BREEAM Excellent rating <p>Climate change:</p> <ul style="list-style-type: none"> • Both buildings are aiming for BREEAM Excellent rating

	<p>Unintentional injuries and public safety:</p> <ul style="list-style-type: none"> • Both buildings will be designed to all construction regulations <p>Transmission of infectious disease:</p> <ul style="list-style-type: none"> • Both buildings will be designed to all HAI regulations and will be subject to HAI-Scribe reviews across the design, construction and bring into operation phases of the project
<p>How will the proposal impact on access to and quality of services?</p>	<p>Healthcare:</p> <ul style="list-style-type: none"> • Positively as new buildings will enable clinical service redesign e.g. increase in ambulatory service provision <p>Transport and connections:</p> <ul style="list-style-type: none"> • No direct impact <p>Social services:</p> <ul style="list-style-type: none"> • The Baird will include accommodation for the social work team who are currently based in Aberdeen Maternity Hospital <p>Housing quality, mix, flexibility:</p> <ul style="list-style-type: none"> • No impact, not relevant for this project <p>Education provision:</p> <ul style="list-style-type: none"> • Dedicated space and services in both buildings for research and teaching for staff and learning opportunities for staff, patients and carers

	<p>Culture, leisure and play provision:</p> <ul style="list-style-type: none"> • Public realm in both buildings encourage families and visitors to communication and socialise • A play space has been included in the Baird • There will be a dedicated Teenager and Young Person's Lounge in The ANCHOR Centre
<p>What impact will the proposal have on equality?</p>	<p>Discrimination against groups of people:</p> <ul style="list-style-type: none"> • There will be equity of access for all service users <p>Promoting equality of opportunity:</p> <ul style="list-style-type: none"> • All service users will be able to access the Baird and ANCHOR services <p>Tackling harassment:</p> <ul style="list-style-type: none"> • No obvious impact <p>Promoting positive attitudes:</p> <ul style="list-style-type: none"> • The provision of new facilities will positively support optimal clinical service delivery and promote enhanced patient-centred care <p>Promoting good relations between different groups:</p> <ul style="list-style-type: none"> • No obvious impact <p>Community capacity building:</p> <ul style="list-style-type: none"> • Both buildings will include space for Third Sector organisations to support patients and their families

Name of proposal

THE BAIRD FAMILY HOSPITAL AND ANCHOR CENTRE PROJECT

Date of screening**Issues arising from initial screening (including any further requirements)**

This guidance was issued after our clinical and non-clinical briefs for the project were developed. We did however have a significant inclusive consultation phase at the outset of the project where clinical staff, patient groups, third sector groups etc were involved in over 60 workshops which informed the brief. Many of the issues addressed in this guidance were raised and addressed as an integral part of this briefing process.

Recommendations

Completing this impact checklist at this stage in the process has been a very useful exercise, it has reassured us that most of the health inequality issues to be addressed have already been taken account of in our briefing process.

Name and e-mail of implementation lead (s)

JACKIE BREMNER, PROJECT DIRECTOR jackie.bremner@nhs.net

GAIL THOMSON, SENIOR SERVICE PROJECT MANAGER g.thomson@nhs.net

Timescale for implementation: *immediate*

Please include with any plans for Boards, Committees etc and copy to:

Will be included in OBC

Appendix MM

Foresterhill Health Campus – 5 Year Development Plan

Foresterhill Health Campus – 5 Year Development Plan

The Baird Family Hospital & ANCHOR Centre

Strategy



NHS Grampian

- 1 The Baird Family hospital
- 2 The ANCHOR Centre
- 3 Health Centre
- 4 Multi- storey car park
- 5 Key worker accomodation
- 6 Patient Hotel

- 7 Sub Station
- 8 Maternity Hospital Demolition
- 9 Mortuary
- 10 Childrens Hospital Garden Improvements University of Aberdeen
- 11 Life sciences Innovation (LS) Facility

ARCHIAL | NORR

No.	Development	Status
1	The Baird Family Hospital	OBC stage, planned for 2021.
2	The ANCHOR Centre	OBC stage, planned for 2021.
3	Health Centre	Handover scheduled for March 2018.
4	Multi-storey Car Park	Brought into use in January 2018.
5	Key Worker Accommodation	Enabling works commenced early 2018. Being delivered by Grampian Housing Association.
6	Patient Hotel	Not yet progressed.
7	Sub Station	Installed 2018.
8	Maternity Hospital Demolition	OBC stage, planned for 2021/22.
9	Mortuary	Works completed in 2017.
10	RACH Garden improvements	Works completed in 2016.
11	University of Aberdeen Life Sciences Facility	Plans now being developed by UoA, but not on the site indicated, on an alternative site to the west of the Campus.

Abbreviations

The Baird Family Hospital and ANCHOR Centre Project

Abbreviations

ACAD	Ambulatory Care and Diagnostic Hospital
ACC	Aberdeen City Council
ACRM	Aberdeen Centre for Reproductive Medicine
ADB	Activity Database
ADS	Architecture and Design Scotland
AEDET	Achieving Excellence Design Evaluation Toolkit
AHP	Allied Health Professional
AME	Annual Managed Expenditure
AMG	Asset Management Group
AMH	Aberdeen Maternity Hospital
ANCHOR	Aberdeen and North Centre for Haematology Oncology and Radiotherapy
ANP	Advanced Nurse Practitioner
AODOS	Admission on Day of Surgery
ARI	Aberdeen Royal Infirmary
ASLT	Acute Sector Leadership Team
BCIS	Building Cost Information Services
BCR	Board Construction Requirements
BIM	Building Information Modelling Requirements
BSRIA	Building Services Research and Information Association
BREEAM	Building Research Establishment Environment Assessment Method
BS	Balance Sheet
BSC	Breast Screening Centre
BTS	Blood Transfusion Service
CAPEX	Capital Expenditure
CAR	Controlled Activities Regulations
CDM	Construction Design Management
CE	Compensation Event
CEL	Chief Executive Letter
CIG	Capital Investment Group
CIMA	Chartered Institute of Management Accountants
CIPD	Chartered Institute of Personnel and Development
CIPFA	Chartered Institute of Public Finance and Accountancy
CJCA	Consultant Joint Cost Advisor
CMU	Community Maternity Unit
CNS	Clinical Nurse Specialist
CRL	Capital Resource Limit
CT	Computed Tomography
CWT	Cancer Waiting Time
DBFM	Design, Build, Finance and Maintain
DCE	Detect Cancer Early
DDA	Disability Discrimination Act
DEFRA	Department for Environment, Food and Rural Affairs

EAC	Equivalent Annual Costs
EIR	Employer Information Requirements
ED	Emergency Department
EOPD	Eye Out-Patient Department
ESA 2010	European System of Accounts
EPC	Energy Performance Certificate
EPR	Electronic Patient Record
EU	European Union
EWI	Employers Works Information
FBC	Full Business Case
FHC	Foresterhill Health Centre
FM	Facilities Management
FS2	Frameworks Scotland 2
GAPF	Grampian Area Partnership Forum
GEM	Generic Economic Model
GIFA	Gross Internal Floor Area
GMED	Grampian Medical Emergency Department
GP	General Practitioner
GPR	Ground Penetrating Radar
HAI	Healthcare Associated Infection
HBN	Health Building Note
HDR	High Dose Rate
HDU	High Dependency Unit
HEAT	Health Efficiency Access and Treatment Targets
HEI	Healthcare Environment Inspectorate
HFEA	Human Fertilisation and Embryology Authority
HFN	Health Facilities Note
HFS	Health Facilities Scotland
HLIP	High Level Information Pack
HM	Her Majesty
HMRC	Her Majesty's Revenue and Customs
HR	Human Resources
HSCP	Health and Social Care Partnership
HTM	Health Technical Memoranda
IA	Initial Agreement
IAS	International Accounting Standards
ICAS	Institute of Chartered Accountants for Scotland
ICSI	Intra-Cytoplasmic Sperm Injection
ICU	Intensive Care Unit
I & E	Income and Expenditure
IFRIC	International Financial Reporting Interpretation Committee
IFRS	International Financial Reporting Standards
IHEEM	Institute of Healthcare Engineering and Estate Management
IJB	Integration Joint Board
ISD	Information Services Division
ITU	Intensive Therapy Unit
IVF	In-Vitro Fertilisation
JCA	Joint Cost Advisor

LDP	Local Delivery Plan
LDRP	Labour, Delivery, Recovery and Post-Partum
LSAMO	Local Supervising Authorities Midwifery Officer
MBRRACE-UK	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries - United Kingdom
MCN	Managed Clinical Network
MEL	Management Executive Letter
MHRA	Medicines and Healthcare Products Regulatory Agency
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSLC	Maternity Services Liaison Committee
MSSA	Methicillin Susceptible Staphylococcus Aureus
MSP	Member of the Scottish Parliament
MTOP	Medical Termination of Pregnancy
NCT	National Childbirth Trust
NDAP	NHSScotland Design Assessment Process
NEC3	New Engineering Contract
NHS	National Health Service
NHSG	NHS Grampian
NHSS	NHSScotland
NNU	Neonatal Unit
NOSCAN	North of Scotland Cancer Network
NPC	Net Present Cost
NPD	Non Profit Distributing
NPR	New Project Request
NPV	Net Present Value
NSD	National Services Division
OBC	Outline Business Case
OJEU	Official Journal of the European Union
OGC	Office of Government Commerce
OPD	Out-Patient Department
PBA	Project Bank Account
PD	Project Director
PEP	Project Execution Plan
PET	Positron Emission Tomography
PINK	People in Need of Kindness
PiP	Planning in Principle
PM	Project Manager
PQQ	Pre-Qualification Questionnaire
PPM	Programme and Project Management
PSC	Professional Services Consultants
PSCP	Principal Supply Chain Partner
PWDD	Price for Work Done to Date
QIS	Quality Improvement Scotland
QPI	Quality Performance Indicator
QOI	Quality Outcome Indicator
QS	Quantity Surveyor
RACH	Royal Aberdeen Children's Hospital

RAG	Red, Amber, Green
RCAF	Regional Cancer Advisory Forum
RCH	Royal Cornhill Hospital
RCM	Royal College of Midwives
RDS	Room Data Sheets
RGU	Robert Gordon University
RIBA	Royal Institute of British Architects
RICS	Royal Institution of Chartered Surveyors
RPI	Retail Price Index
RTT	Referral To Treatment
SAB	Staphylococcus Aureus Bacteraemia
SACT	Systemic Anti-Cancer Therapy
SAFR	State of NHSScotland Assets and Facilities Report
SANDS	Stillbirth and Neonatal Death Society
SCIM	Scottish Capital Investment Manual
SFT	Scottish Futures Trust
SG	Scottish Government
SGHSCD	Scottish Government Health and Social Care Directorate
(S)HBN	(Scottish) Health Building Note
SHC	Scottish Health Council
SHFN	Scottish Health Facilities Note
SHPN	Scottish Health Planning Note
SHTM	Scottish Health Technical Memorandum
SLA	Service Level Agreement
SME	Small and Medium Enterprises
SoA	Schedule of Accommodation
SOCNE	Statement of Comprehensive Net Expenditure
SPG	Supplementary Planning Guidance
SPM	Senior Project Manager
SRO	Senior Responsible Owner
SSPM	Senior Service Project Manager
SSU	Short Stay Unit
TCT	Teenage Cancer Trust
TTG	Treatment Time Guarantee
TUPE	Transfer of Undertakings of Protection of Employment
UCAN	Urological Cancer Charity
UK	United Kingdom
UoA	University of Aberdeen
UOM	Unit Operational Manager
VAT	Value Added Tax
VfM	Value for Money
VIE	Vacuum Insulated Evaporator
WTE	Whole Time Equivalent