

APPENDIX A – OBC APPROVAL LETTER

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



T: 0131-244 2410
E: dghsc@scotland.gsi.gov.uk

Robert Calderwood
NHS Greater Glasgow and Clyde
J B Russell House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH



24 April 2015

Dear Robert

NHS GREATER GLASGOW AND CLYDE – GORBALS HEALTH AND CARE CENTRE – OUTLINE BUSINESS CASE

The above Outline Business Case has been considered by the Health Directorate's Capital Investment Group (CIG) at its meeting of 17 March 2015. Since then, CIG members have been engaged with your team to resolve a number of queries. These queries have now been resolved. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit a Full Business Case.

Approval is on the basis of construction costs in line with the agreed hub Stage 1 cost, with NHS Greater Glasgow and Clyde managing outstanding client risk. In addition, CIG members request that the Outline Business Case document be updated in line with discussions they have already had with your team. Also please note that Scottish Government would not provide financial support for unused GP premises were a full complement of practises not to be involved at the time of FBC submission.

A public version of the final document should be sent to Colin Wilson (Colin.Wilson2@scotland.gsi.gov.uk) within one month of receiving this approval letter, for submission to the Scottish Parliament Information Centre (SPICe). It is a compulsory requirement within SCIM, **for schemes in excess of £5m**, that NHS Boards set up a section of their website dedicated specifically to such projects. The approved Business Cases/contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at http://www.scim.scot.nhs.uk/Approvals/Pub_BC_C.htm.

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

As always, CIG members will be happy to engage with your team during the development of the Full Business Case and to discuss any concerns which may arise. In the meantime, if you have any queries regarding the above please contact David Browning on 0131 244 2082 or e-mail David.Browning@scotland.gsi.gov.uk.

Yours sincerely

A handwritten signature in black ink that reads "Paul Gray". The signature is written in a cursive style with a long horizontal stroke at the end.

PAUL GRAY

APPENDIX B – STATUTORY APPROVALS



Executive Director
Richard Brown

**Development & Regeneration
Services**

Glasgow City Council
231 George Street
Glasgow G1 1RX
Phone 0141 287 8555
Fax 0141 287 8444

Jmarchitects
Euan Hardie
50 Bell Street
GLASGOW
G1 1LQ

Our ref: DECISION
GCC Application Ref: **15/01298/DC**

11 December 2015

Dear Sir/Madam

SITE: Site Bounded By Sandiefield Road/Cumberland Street/ Crown Street
Glasgow

PROPOSAL: Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.

I am pleased to inform you that a decision to approve your application, **15/01298/DC** has now been taken.

A copy of the decision notice is attached with any appropriate conditions/notes which should be read together with the decision.

The decision notice is a legal document and should be retained for future reference.

Should you require any additional information regarding the decision, please contact the case officer **Mr S McCollam** on direct phone **0141 287 6021**, fax 0141 287 6080 email **Sean.McCollam@drs.glasgow.gov.uk**, who will be happy to help you.

Yours faithfully

for Executive Director of Development and Regeneration Services

Encls.



PLANNING DECISION NOTICE

Full Planning Permission GRANTED SUBJECT TO CONDITION(S)

IN RESPECT OF APPLICATION 15/01298/DC

Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.

AT

Site Bounded By Sandiefield Road/Cumberland Street/ Crown Street Glasgow

AS SHOWN ON THE FOLLOWING APPROVED PLAN(S) AND AS CONDITION 01

5078 L(0)0004	Proposed Masterplan
5078 L(0)101 Revision L	Ground Floor General Arrangement Plan
5078 L(0)102 Revision L	First Floor General Arrangement Plan
5078 L(0)103 Revision M	Second Floor General Arrangement Plan
5078 L(0)104 Revision H	Roof General Arrangement Plan
5078 L(20)201 Revision E	Proposed Elevations - Sheet 1 of 3
5078 L(20)202 Revision F	Proposed Elevations - Sheet 2 of 3
5078 L(20)203 Revision D	Elevations 3 of 3: South Courtyard
5078 L(20)301 Revision C	Proposed Sections - Sheet 1 of 2
10160784 IDV-4220 Revision P3	Proposed Drainage Plan
1935/01 Revision G	Landscape Layout

This consent is granted subject to the following condition(s) and reason(s):

01. The development shall be implemented in accordance with drawing number(s)

5078 L(0)0004	Proposed Masterplan
5078 L(0)101 Revision L	Ground Floor General Arrangement Plan
5078 L(0)102 Revision L	First Floor General Arrangement Plan
5078 L(0)103 Revision M	Second Floor General Arrangement Plan
5078 L(0)104 Revision H	Roof General Arrangement Plan
5078 L(20)201 Revision E	Proposed Elevations - Sheet 1 of 3
5078 L(20)202 Revision F	Proposed Elevations - Sheet 2 of 3
5078 L(20)203 Revision D	Elevations 3 of 3: South Courtyard
5078 L(20)301 Revision C	Proposed Sections - Sheet 1 of 2
10160784 IDV-4220 Revision	P3 Proposed Drainage Plan
1935/01 Revision G	Landscape Layout

as qualified by the undernoted condition(s), or as otherwise agreed in writing with the Planning Authority.

Reason: As these drawings constitute the approved development.

02. External materials shall be
- (a) High quality facing brick, stretcher bond
 - (b) Timber/aluminium composite windows with fixed glazed and operable timber faced side panel.
 - (c) Pre-cast concrete string course
 - (d) Aluminium curtain walling
 - (e) Timber composite curtain walling
 - (f) Anodised aluminium spandrel panels integrated to curtain walling
 - (g) Pre-cast concrete columns
 - (h) Vertical format Siberian larch cladding
 - (i) Metalwork screen
 - (j) Translucent cast glass glazing

Reason: In order to protect the visual amenity of the surrounding area.

03. A full scale sample panel of the materials listed in Condition 02 above shall be erected for the inspection of the Planning Authority prior to their installation on site. The sample panels of approved materials shall remain in place throughout construction.

Reason: In order to protect the appearance of both the property itself and the surrounding area

04. All external colours shall be agreed in writing with the planning authority prior to the commencement of works.

Reason: In order that the works do not detract from the appearance of the building.

05. No external fittings including gas and water pipes, gas and water meter boxes, balanced flues, solar panels, wind turbines, burglar alarms, security lights and cameras, air conditioning and ventilation plant, grilles or ducts shall be installed on the elevations facing Cumberland Street, Sandiefield Road, or the new section of public realm to the north.

Reason: In order to protect the appearance of both the property itself and the surrounding area

06. Prior to the commencement of development, details of measures to prevent overlooking from east facing windows onto the adjacent approved residential amenity space shall be submitted for the written approval of the planning authority. The approved measures shall be implemented prior to occupation of the premises and thereafter retained in the approved format.

Reason: To protect the privacy of neighbouring residential properties.

07. (a) Prior to the commencement of development, details of the Sustainable Urban Drainage System (SUDS), discharge rate, sizing of the pipe and approval of Scottish Water, SEPA and, where appropriate, the owner of any existing infrastructure to be used, shall be submitted for the written approval of the Planning Authority.
- (b) No development shall take place until the applicant has provided written Technical Approval from Scottish Water that they will accept surface water into their drainage network.
- (c) Should surface water be discharged to a watercourse, the applicant will require to demonstrate that there will be no detrimental impact on any watercourse and that flooding will not be increased in the surrounding area upstream and downstream as a result of the development. Thereafter, the details approved at (a) or (b) shall be implemented and retained in the approved format.

Reason: To enable the Planning Authority to consider this/these aspect(s) in detail.

08. Before any work on the site is begun, a scheme of landscaping shall be submitted to and approved in writing by the planning authority. The scheme shall include hard and soft landscaping works, boundary treatment(s), details of trees and other features which are to be retained, and a programme for the implementation/phasing of the landscaping in relation to the construction of the development. All landscaping, including planting, seeding and hard landscaping, shall be completed in accordance with the approved scheme.

Reason: To ensure that the landscaping of the site contributes to the landscape quality and biodiversity of the area.

09. Before any work on the site is begun, a programme for the implementation/phasing of the landscaping in relation to the construction of the development shall be submitted to and approved in writing by the planning authority.

Reason: To ensure that the landscaping of the site contributes to the landscape quality and biodiversity of the area.

10. Before any work on the site is begun, a maintenance schedule for the landscaping scheme/open space, and details of maintenance arrangements, including the responsibilities of relevant parties, shall be submitted to and approved in writing by the planning authority.

Reason: To ensure the continued contribution of the landscaping scheme/open space to the landscape quality and biodiversity of the area.

11. Any trees or plants which die, are removed or become seriously damaged or diseased within a period of five years from the completion of the development shall be replaced in the next planting season with others of similar size and species.

Reason: To ensure the continued contribution of the landscaping scheme/open space to the landscape quality and biodiversity of the area.

12. Before any work on the site is begun, a comprehensive site investigation for ground contamination shall be submitted to and approved in writing by the planning authority. The investigation shall be completed in accordance with a recognised code of practice such as British Standards Institution "The investigation of potentially contaminated sites - Code of Practice" (BS10175:2001). The investigation report shall include a risk assessment of all relevant pollutant linkages, as required by Planning Advice Note PAN 33 Revised 2000 Development of Contaminated Land. Where a risk assessment identifies any unacceptable risk or risks, it shall include a detailed remediation strategy. The approved remediation works shall be carried out prior to the commencement of development on site other than that required to carry out remediation.

Reason: To ensure the ground is suitable for the proposed development.

13. On completion of the approved remediation works and prior to occupation of the development, a verification report confirming that the works have been carried out in accordance with the approved remediation strategy shall be submitted to and approved in writing by the planning authority.

Reason: To ensure the ground is suitable for the proposed development.

14. Noise from or associated with the completed development (the building and fixed plant) shall not give rise to a noise level, assessed with windows closed, within any dwelling or noise sensitive building in excess of that equivalent to Noise Rating Curve 35 between 0700 and 2200, and Noise Rating Curve 25 at all other times.

Reason: To protect the occupiers of dwellings or noise sensitive buildings from excessive noise.

15. Before any work on the site is begun, a noise survey demonstrating the impact of mixed traffic sources on the development using the principles set out in "Calculation of Road Traffic Noise" (DoE/Welsh Office, HMSO, 1988) and in "Calculation of Railway Noise" (DoT, HMSO, 1995) shall be submitted to and approved in writing by the planning authority. Where mitigation measures are required to achieve internal noise levels, with windows closed, of 45 dB(A) daytime and 35 dB(A) night time when measured as LAeqT, these shall be specified in the survey report. The approved mitigation measures shall be completed before any part of the building is occupied. The survey shall also demonstrate that the building will be designed and constructed to ensure that noise arising from railway movements will be no more than 45 dB LA max(fast) within any room in accordance with World Health Organisation Community Noise Guidelines for sleep disturbance.

Reason: To protect residents in the development from all transportation noise.

16. Before any work on the site is begun, details of refuse and recycling storage areas and bins shall be submitted to and approved in writing by the planning authority. These facilities shall be completed before the development/the relevant part of the development is occupied.

Reason: To ensure the proper disposal of waste and to safeguard the environment of the development.

17. A detailed drawing showing the bin store and boundary enclosure shall be submitted to, and approved by, the Planning Authority prior to the commencement of works.

Reason: To enable the Planning Authority to consider this/these aspect(s) in detail.

18. Light from the development shall not give rise to:

- (a) An "Upward Waste Light Ratio" (maximum permitted percentage of luminaire lux that goes directly to the sky) in excess of 15%
- (b) A "Light Into Windows" measurement in excess of 10Ev (lux). (Ev is the vertical luminance in lux.)
- (c) "Source Intensity" measurement in excess of 100 Kcd (kilocandela). (Source Intensity applies to each source in the potentially obtrusive direction out of the area being lit.)

Reason: In the interests of limiting the effects of light pollution on the environment and the users of surrounding developments, and of energy efficiency.

19. Prior to the commencement of development, details of measures to allocate and manage all dedicated car parking shown on drawing number 5078 L(0)0004 'Proposed Masterplan'.

Reason: In the interests of traffic safety at the locus.

20. Before occupation of the development, a robust Travel Plan and associated car parking management plan, which promotes sustainable travel and measures that minimise the impact of car parking generated by the development on neighbouring residents, shall be developed and submitted to the Planning Authority for written approval. The Travel Plan shall include details of implementation and monitoring and shall be implemented in accordance with these agreed details. The results of the implementation and monitoring shall be made available to the planning authority on request, together with any changes to the plan arising from those results.

Reason: To be consistent with the requirements of Scottish Planning Policy/PAN 75 Planning for Transport and Glasgow City Plan 2.

21. Details of the final reinstatement of the surface of the pedestrian area shall be submitted to and approved in writing by the planning authority. The approved reinstatement shall be completed as approved before any part of the development is occupied.

Reason: In the interests of pedestrian safety.

22. Public street lighting shall be maintained during all phases of the development.

Reason: To enhance safety and security during hours of darkness.

23. Clear delineation between the public (adopted) and private (non-adopted) areas shall be provided by means of a flush heel kerb, with any steps / ramps being located in private (non-adopted) areas.

Reason: In the interests of pedestrian safety.

24. All pedestrian and vehicular access levels shall be compatible with existing footway levels, with appropriate footway gradients and crossfalls provided. All doors / gates shall open inwards or be recessed and not open outwards over the public footway, in line with Section 67 of the Road (Scotland) Act 1984.

Reason: In the interests of pedestrian safety.

25. Existing street furniture (including signs, lighting columns, electrical control boxes etc) shall be maintained / relocated to suit the new footway / access arrangements as appropriate and to the approval of Development and Regeneration Services (Transport).

Reason: To enable the planning authority to monitor the implementation of the development.

26. Safe secure and sheltered cycle parking (along with the provision of suitable staff shower and changing facilities) shall be provided in accordance with Policy TRANS 6 of the Glasgow City Plan.

Reason: To ensure that cycle parking is available for the occupiers/users of the development.

Reason(s) for Granting this Application

01. The proposal was considered to be in accordance with the Development Plan and there were no material considerations which outweighed the proposal's accordance with the Development Plan.

Dated: 11 December 2015



**Appointed Officer
Development and Regeneration Services
Glasgow City Council**

THIS DECISION NOTICE SHOULD BE READ WITH THE ATTACHED ADVICE NOTES

IMPORTANT NOTES ABOUT THIS GRANT OF PLANNING PERMISSION

IT IS YOUR RESPONSIBILITY TO SATISFY YOURSELF WITH REGARD TO THE MATTERS LISTED BELOW PRIOR TO IMPLEMENTATION OF THE WORKS WHICH ARE THE SUBJECT OF THIS CONSENT.

DURATION OF PLANNING PERMISSION

This permission lapses **3 years** from the date on this notice unless the development is begun before then and unless this notice specifies a longer or shorter period. Where there is such a specification, the permission lapses the specified number of years from the date on this notice unless the development is begun before then.

CONDITIONS OF THIS NOTICE

By this notice, your proposal has been approved subject to conditions which are considered necessary to ensure the satisfactory implementation of the proposal. **It is important that these conditions are adhered to and these will be actively monitored to ensure this. Failure to comply with conditions may result in enforcement action being taken.**

RIGHTS OF APPEAL

If you are not satisfied with the terms of this decision, including the conditions attached to the planning permission, you may request a review within **three months** of the date on this notice. Please note that the right of appeal is to the Planning Local Review Committee of the Council and **not** to Scottish Ministers.

Before pursuing a review, you should consider contacting your case officer to discuss whether there are changes which could be made to the proposed development to make it acceptable. The case officer's contact details are on the letter accompanying this Decision Notice. Your case officer can also advise on how a fresh application could be submitted. Please note that if you do submit a fresh application within 12 months, you would be unlikely to have to pay a further planning fee.

Before contacting the case officer, you would be well advised to view the report on the application. It is available for inspection at <https://publicaccess.glasgow.gov.uk/online-applications/> or electronically at Development and Regeneration Services, Development Management, 231 George Street, Glasgow G1 1RX, Monday to Thursday 9am to 5pm and Friday 9am to 4pm (excluding public holidays). The report explains how the decision was reached and should help you decide whether to proceed with further discussion or a review. If your application was granted subject to conditions, it may be clear from the terms of the report that any conditions which you might be concerned about are necessary.

A notice of review must be served on the Planning Local Review Committee on Form LR01 obtainable from:-

**Planning Local Review Committee
Development & Regeneration Services
231 George Street
Glasgow G1 1RX
Tel: 0141 287 6016, Fax: 0141 287 2037
E-mail: lrc@drs.glasgow.gov.uk**

The notice of review must include a statement setting out your reasons for requiring the Planning Local Review Committee to review this case. You must state by what procedure (written representations, hearing session(s), inspection of application site) or combination of procedures you wish the review to be conducted. However, please note that the Planning Local Review Committee will decide on the review procedure to be followed.

You must also include with the notice of review a copy of this decision notice, the planning application form, the plans listed on the decision notice and any other documents forming part of the proposed development as determined.

If you have a representative, you must give their name and address. Please state whether any notice or other correspondence should be sent to the representative instead of to you.

NOTICES OF INITIATION AND COMPLETION

Under Section 27A of the Act, the person undertaking the development is required to give the planning authority written notification of the date on which it is intended to commence the development. Failure to comply with this statutory requirement would constitute a breach of planning control under Section 123(1) of the Act, which may result in enforcement action being taken. A pro-forma is attached to this decision which can be used for this purpose.

As soon as practicable after the development is complete, the person who completes the development is obliged by Section 27B of the Act to give the planning authority written notice of that position. A pro-forma is attached to this decision which can be used for this purpose.

OWNERSHIP OF THE SITE

This consent only grants permission to develop on land of which you are the owner or have obtained the necessary consents from the owners of land or buildings.

If permission to develop land is granted subject to conditions, and the owner of the land claims that the land has become incapable of reasonably beneficial use in its existing state and cannot be rendered capable of reasonably beneficial use by the carrying out of any development which has been or would be permitted, he/she may serve on the planning authority a purchase notice requiring the purchase of his/her interest in the land in accordance with the provisions of Part V of the Town and Country Planning (Scotland) Act 1997.

BUILDING WARRANT

This permission does not exempt you from obtaining a Building Warrant under the Building (Scotland) Acts. For further information, please contact Building Control within Development and Regeneration Services, 231 George Street, Glasgow, G1 1RX on 0141 287 5937.

ROADS CONSTRUCTION CONSENT

This permission does not exempt you from obtaining a Roads Construction Consent under the Roads Scotland Act 1984. For further information please contact Roads and Transportation, within Land and Environmental Services, 20 Cadogan Street, Glasgow, G2 7AD on 0141 287 9000

DISABLED ACCESS

You are reminded that in providing premises (including university and school buildings, offices, shops, railway premises, factories and toilets) which are open to the public, you should make provision, where reasonably and practicable, for the means of access and parking to be designed to meet the needs of disabled people. This should include appropriate signposting indicating the availability of these facilities. Your attention is specifically drawn to the BSI Code of Practice on Access for the Disabled to Buildings (BS 5810:1979) which explains the manner in which appropriate provision can be made for the needs of disabled people in the design of buildings. For further information please contact Building Control on 0141 287 5937.

WORK INVOLVING GROUND EXCAVATION

The attention of any applicant proposing works involving ground excavation is drawn to the DIAL BEFORE YOU DIG website at www.national-one-call.co.uk. This provides access to information regarding the location of services to prevent damage to plant from uninformed ground excavation.

SMALL FORMAT POSTERS

The City Council acknowledges the contribution that tourism, cultural, leisure and entertainment activities including film and theatre, music and dance, make to the economy and vitality of the City. Such activities tend to be advertised in small poster format (flyposting) which, if uncontrolled, can seriously detract from the appearance of the City. The City Council is working with the postering industry to prevent this, whilst accommodating the aspirations of the industry. It has approved a report stating that, where developments incorporate site screening panels prior to or during building operations, developers are encouraged to be receptive to approaches by the postering industry to accommodate an element of posting, in a controlled way, on the screen panels. It should be noted that any such posting will require separate Express Consent, usually sought by the advertiser, from the City Council to ensure that an acceptable standard of display is achieved. Developers are invited to assist the Council's initiative with the postering industry by making suitable sites available, as indicated above.

COMMUNITY BENEFIT

Glasgow City Council (GCC) has developed a policy on Community Benefit to ensure that Glasgow secures the maximum economic and social benefit for residents and businesses from planned investment being made in the city.

The policy introduces measures to encourage:

- the targeted recruitment and training of those furthest from the job market, the long-term unemployed and individuals leaving education
- the advertising of sub-contracted business opportunities
- dedicated support for small to medium sized businesses (SMEs) and social enterprises (SEs) to build capacity.

These elements have been included in the development of the Commonwealth Arena, the Commonwealth Games Athletes' Village and the Hydro Arena at the SECC, among others, with significant success to date.

The Council is now working with Private Sector developers to maximise the impact of their investment in the City, for example Land Securities, developer of Buchanan Galleries. Significant assistance is available from various Public Sector agencies to achieve these outcomes and the support private contractors.

Should you wish to discuss these opportunities in more detail, please contact the Council's Community Benefit Programme Manager on 0141 287 6014.

Further background information on the Community Benefit model can be found at;

<http://www.scotland.gov.uk/Publications/2008/02/12145623/1>

ADVISORY NOTES TO APPLICANT

01. The part of this development involving the solum of cannot be carried out before it/they are stopped up under planning legislation. The applicant should, therefore, on receipt of planning permission, request the planning authority in writing to initiate the necessary procedure as the intention is to carry out the development. The applicant will then be advised of the procedure, including payment of an administration fee.
02. Prior to implementation of this permission, the applicant should contact Development and Regeneration Services (Transport) at an early stage in respect of legislation administered by that Service which is likely to have implications for this development.
03. All on site loading and waiting will comply with existing and/or future changes to Traffic Regulation Orders.
04. The applicant is advised that it is not permissible to allow water to drain from a private area onto the public road and to do so is an offence under Section 99(1) of the Roads Scotland Act 1984.

05. The applicant is advised to liaise with Strathclyde Partnership for Transport regarding provision of travel information for staff and users of the premises.
06. Before the lighting system is installed, the applicant should submit certification from a member of the Institute of Lighting Engineers, or other suitably qualified person, to the planning authority confirming that the proposed system will satisfy the requirements of the light pollution condition.
07. Before the use commences, the applicant should, following the testing of the installed lighting system, submit certification from a member of the Institute of Lighting Engineers, or other suitably qualified person, to the planning authority confirming that the system complies with its design specification.
08. Construction and/or demolition work associated with this development should conform to the recommendations/standards laid down in BS5228 Part 1: 1997 "Noise and Vibration Control on Construction and Open Sites". Best Practicable Means as defined in Section 72 of the Control of Pollution Act 1974 should be employed at all times to ensure noise levels are kept to a minimum.
09. In order to protect local residents' amenity, noise associated with construction and demolition works in residential areas should not occur before 0800 or after 1900 Monday to Friday, and not before 0800 or after 1300 on Saturdays. Noise from construction or demolition works should be inaudible at the site's perimeter on Sundays and public holidays. The planning authority should be notified of necessary works likely to create noise outwith these hours.
10. Commercial waste from the premises requires to be disposed of in accordance with the Duty of Care requirement under section 34 of the Environmental Protection Act 1990. Waste transfer notes require to be obtained for the disposal of such waste and retained for a period of two years.

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997

Notice under Section 27A Notification of Initiation of Development

THE TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT PROCEDURE) (SCOTLAND) REGULATIONS 2008

Notice under Regulation 37 Notification of Initiation of Development

A person who intends to carry out development for which planning permission has been given, must, as soon as practicable after deciding on a date on which to initiate the development and in any event before commencing the development, give notice to Glasgow City Council by returning this completed Notice. It should be addressed to Glasgow City Council, Development and Regeneration Services, Development Management, 231 George Street, Glasgow G1 1RX

FAILURE TO SUBMIT THIS NOTICE PRIOR TO COMMENCING WORK IS A BREACH OF PLANNING CONTROL UNDER SECTION 123(1) OF THE 1997 ACT AND ENFORCEMENT ACTION MAY BE TAKEN.

Application Reference:	15/01298/DC	SML
Application Address:	Site Bounded By Sandiefield Road/Cumberland Street/ Crown Street Glasgow	
Proposal:	Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.	
Applicant:	NHS Greater Glasgow & Clyde Capital Planning Per Mr Ian Docherty Adam Building 2Nd Floor Gartnavel Royal Hospital Glasgow G12 0XH	
Decision:	Grant Subject to Condition(s)	
Decision Date:	11 December 2015	
Full name and address of person(s), company or body carrying out the development (if different from applicant):		
Full name and address of all owner(s) of the land to be developed (if different from applicant):		
Full name, address and contact details of person(s), company or body appointed to oversee the carrying out of the development:		
START DATE:		

Signed Date

*On behalf of *Delete where inappropriate

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997

Notice under Section 27B Notification of Completion of Development

A person who completes development for which planning permission has been given must, as soon as practicable after doing so, give notice of completion to Glasgow City Council by returning this completed Notice. It should be addressed to Glasgow City Council, Development and Regeneration Services, Development Management, 231 George Street, Glasgow G1 1RX

Application Reference:	15/01298/DC	SML
Application Address:	Site Bounded By Sandiefield Road/Cumberland Street/ Crown Street Glasgow	
Proposal:	Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.	
Applicant:	NHS Greater Glasgow & Clyde Capital Planning Per Mr Ian Docherty Adam Building 2Nd Floor Gartnavel Royal Hospital Glasgow G12 0XH	
Decision:	Grant Subject to Condition(s)	
Decision Date:	11 December 2015	
COMPLETION DATE FOR DEVELOPMENT:		

If the development is to be carried out in phases then, in accordance with the relevant condition of the planning permission, this Notice must, as soon as practicable after each phase is completed, be completed and returned to the address above.

Phase 1 completed date:	
Phase 2 completed date:	
Phase 3 completed date:	
Phase 4 completed date:	

Signed

Date

*On

behalf

of

*Delete where inappropriate



Executive Director
Richard Brown

**Development & Regeneration
Services**
Glasgow City Council
231 George Street
Glasgow G1 1RX
Phone 0141 287 8555
Fax 0141 287 8444

BUILDING WARRANT

Building (Scotland) Act 2003

Warrant under Section 9 for work subject to building regulations

Grant of Warrant

This warrant is granted by Glasgow City Council in connection with the application by **Gartnavel Royal Hospital (Ian Docherty)** dated **30 June 2015** for **Erection- Stage 1 - Foundations, substructure and underground drainage at Site Bounded By Sandiefield Road/Cumberland Street/, Crown Street, Glasgow**

Reference number

The reference number of this building warrant is **15/01676/BW_S1**

Conditions

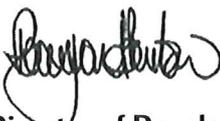
The following condition(s) apply: that the work will be carried out as described in the building warrant and in accordance with the building regulations; and that nothing in any drawing, specification or other information submitted with the application indicates that the building when constructed will fail to comply with building regulations; and that work on

Stage 2 - Superstructure

Stage 3 - External envelope and fire strategy

Stage 4 - Services is not to proceed until such further information relating to that stage or stages as the verifier may require is submitted, and the verifier is satisfied with the information and has issued an amendment of building warrant (see Notes 2 and 3).

A copy of the agreed plans is returned

Signed 

For the Director of Development and Regeneration Services

Dated 19th August 2015

Sent to;
JM Architects
50 Bell Street
Glasgow
G1 1LQ

Ian Scott, 0141 287 4765 South

GLASGOW CITY COUNCIL
Building Warrant Approval Note

(If you are an Agent you may wish to pass this note to your client.)

Please find enclosed the Building Warrant documentation and the approved drawings for your project. Please note that you are required to advise this office within 7 days of starting the project. (Form J)

It should be noted that a Building Warrant does not exempt you from obtaining other types of permission that may be necessary, such as planning permission or listed building consent. For information on planning matters please phone 0141 287 8555 or email regeneration@glasgow.gov.uk

The purpose of the building standards system is to protect the public interest. It is not intended to provide protection to a client in a contract with a builder. The system therefore does not so much control building instead it sets out the essential standards to be met when building work takes place and only to the extent necessary to meet the building regulations.

Completion Certificate Submission

It is important to note that the responsibility for ensuring compliance with the approved Building Warrant and the Building (Scotland) Regulations 2004 lies with the '*relevant person*'*. It is recommended that you seek professional advice to ensure compliance during the construction phase of your project.

Enclosed is Form 5 (Completion Certificate Submission). This form requires to be completed by the '*relevant person*', or a duly authorised agent, confirming that the project complies with the approved Building Warrant and the Building (Scotland) Regulations 2004. It should be returned to this office when works are complete along with any other required documentation. (* See the Completion Certificate Submission form which defines the term '*relevant person*.')

Certificate of Construction

If you indicated on your Building Warrant application form that you intend to utilise a Certificate of Construction you should ensure that the required certificate accompanies the Completion Certificate Submission form. Your Agent/Builder can advise further on this matter.

Certificate of Design

If a Certificate of Design was utilised as part of your Building Warrant approval submission and it was accompanied by a Schedule 1 form, please ensure that the required 'Notice Of Finalisation of Design Details' (Form Q) accompanies the Completion Certificate Submission form, if it has not already been submitted. Your Agent/Engineer can advise further on this matter.

NOTICE OF WORK STAGE COMPLETED Form K

Building (Procedure) (Scotland) Regulations 2004

Notice under regulation 59(1)(b), (c) or (e) of the completion of particular stages of work for which a building warrant has been granted

As required by building warrant reference number: **15/01676/BW_S1**

Address: **Site Bounded By Sandiefield Road/Cumberland Street/ , Crown Street, Glasgow,**

I hereby give notice that

*drainage is laid and open ready for inspection or test (see Note 1)

*drain tracks are in-filled and the system is ready for inspection or test (see Note 1)

*the following work stage(s) are complete: (see Notes 1 and 2)

Signed:

Dated:

*Delete as appropriate

Notes

1. Notice of these stages of work is not required if the verifier has been informed the work is to be covered by an approved certifier of construction.
2. Only stages of work which have been specifically identified in the building warrant need to be notified.
3. This form should not be used to indicate that the entire project has been completed. The submission of a Completion Certificate should be made on Form 5.

This completed form should be sent to:
Development and Regeneration Services
Building Control and Public Safety
231 George Street
Glasgow G1 1RX

Fax 0141 287 5588

NOTICE OF FINALISATION OF DESIGN DETAILS Form Q

Building (Procedure) (Scotland) Regulations 2004

Notification of finalisation of design of elements specified in schedules to certificates issued in accordance with regulations 32 and 34

Part A to be completed by approved certifier

I hereby give notice that the detailed design of the elements specified in the schedule to the:

certificate of design number:

relating to

building warrant reference number: **15/01676/BW_S1**

Address: **Site Bounded By Sandiefield Road/Cumberland Street/, Crown Street, Glasgow,**

has been finalised and is in accordance with the relevant performance specification.

Name of certifier:

Registration number of certifier:

Signed: (Certifier) **Dated:**

Part B to be completed by approved body

I confirm that the person signing Part A is an approved certifier of design and is a principal in or is employed by this body.

Name of approved body:

Registration number of approved body:

Signed: (Certification co-ordinator of Approved body)

Dated:

If applicable, this form should be sent to:

**Development and Regeneration Services
Building Control and Public Safety
231 George Street
Glasgow G1 1RX**

Fax 0141 287 5588



Development & Regeneration Services
Building Control and Public Safety
231 George Street
Glasgow G1 1RX
Phone 0141 287 5703
Fax 0141 287 5588
Email building.control@drs.glasgow.gov.uk
Web www.glasgow.gov.uk

COMPLETION CERTIFICATE - SUBMISSION
Building (Scotland) Act 2003

Submission under section 17(1) and (7) of a completion certificate

Notes:

This form should be used for building warrant applications lodged after 1st May 2007.

Relevant person (see below)

Name

Address

Post Code

Flat position

Tel No. #

FAX No. #

e-mail #

Relevant person

The completion certificate must be submitted by the relevant person as defined by the Building (Scotland) Act 2003, that is -

- (a) Where the work was carried out, or the conversion made, otherwise than on behalf of another person, the person who carried out the work or made the conversion.
- (b) Where the work was carried out, or the conversion made, by a person on behalf of another person, that other person.
- (c) If the owner of the building does not fall within paragraph (a) or (b) and the person required by these paragraphs to submit the completion certificate has failed to do so, the owner.

Duly authorised Agent (if any)

Name

Address

Post Code

Flat position

Tel No. #

FAX No. #

e-mail #

Provision of this information is optional but it may assist processing of the application.



Executive Director
Richard Brown

**Development & Regeneration
Services**
Glasgow City Council
231 George Street
Glasgow G1 1RX
Phone 0141 287 8555
Fax 0141 287 8444

AMENDMENT TO BUILDING WARRANT

Building (Scotland) Act 2003

Amendment under Section 9 of a building warrant

This amendment of the building warrant detailed below is granted by Glasgow City Council
In connection with the application for amendment by: **Gartnavel Royal Hospital (Ian Docherty)**

Reference number

The reference number of this amendment is- **15/01676/BW_S2**

Details of original building warrant

Date of building warrant -

Reference number of building warrant - **15/01676/BW**

Address of building or site to which the building warrant applies: **Site Bounded By Sandiefield Road/Cumberland Street/, Crown Street, Glasgow**

Amendment(s) to building warrant

Erection - Stage 2 - Superstructure

For which stages did the original building warrant require further detail?

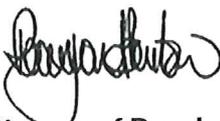
Stage 2 - Superstructure

Stage 3 - External envelope and fire strategy

Stage 4 - Services

To which of these stages does this amendment relate? Stage 2

A copy of the plans showing this amendment are enclosed.

Signed 

For the Director of Development and Regeneration Services

Dated 11th September 2015

(see over)

Sent to:
JM Architects
50 Bell Street
Glasgow
G1 1LQ

Ian Scott, South, 0141 287 4765

Glasgow – Proud Host City of the 2014 Commonwealth Games
visit www.glasgow2014.com

Building Control and Public Safety, Business Services, City Plan and Planning Services, Corporate Services, Economic and Social Initiatives, Flood Prevention, Housing Strategy and Investment, Project Management and Design, Property Development, Transport and Environment.

Glasgow City Council is an equal opportunities employer

WARNING

Please note that approval of amendment of building warrant does not:

- remove the need to obtain amended planning permission if that is required (consult the planning authority if in doubt).
- extend the period of validity of the building warrant.

NOTE: Where the owner is not the applicant, then the verifier will notify the owner of the granting of the amendment to the building warrant as the verifier is required to do in terms of section 9(7)(b) of the Building (Scotland) Act 2003.

APPENDIX C – EQUALITY IMPACT ASSESSMENT - ACTION PLAN

Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Gorbals Health & Care Centre Full Business Case (FBC)

Please tick box to indicate if this is: Current Policy, Strategy or Plan New Policy, Strategy or Plan

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

The business case supports the development of a new health and care centre for the Gorbals and is a formal requirement to receive the necessary funding approvals to the scheme. This new facility is a key priority for the HSCP and is designed to improve patient services in the Gorbals on a number of fronts including patient access, the integration of service delivery and achievement of a range of health targets.

3 Lead Reviewer

Hamish Battye, Head of Planning & Strategy (Older People and South Locality), Glasgow City HSCP

4. Please list all participants in carrying out this EQIA:

Alan Gilmour, Planning Manager, Glasgow City HSCP South Locality
Lisa Martin, Community Engagement & Development Officer, Glasgow City HSCP South Locality
Project Delivery Group members, including representatives from all services e.g. GPs, social work etc.
Project Board members, including all stakeholders and community representatives

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

Yes. The FBC when finalised will refer to all appropriate equality legislation and guidance, including NHS GG&C equalities policies. Specific objectives for the scheme have also been identified including tackling inequality, improving access to services in an area of deprivation (see attached).

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source	
All	Long Term Condition - South Locality		
	Deafness / Partial Hearing Loss	6.10%	Social Work Area Demographics Compendium September 2014
	Blindness / Partial sight loss	2.50%	
	Learning disability	0.60%	
	Learning difficulty	2.10%	
	Developmental Disorder	0.60%	
	Physical Disability	7.80%	
	Mental Health Condition	6.50%	
	Other Condition	18.90 %	
	Hospital Admissions - The average rate of emergency admissions across the neighbourhood is significantly above the national rate.	ScotPHO	

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?		
		Source
Sex	In Gorbals and the surrounding area life expectancy for males and females is significantly less than the national average: Males - 69.8 – national average - 76.6 Females - 77.9 - national average – 80.8	ScotPHO
Gender Reassignment	We do not have this information available at a HSCP / Locality level. The only source for this would be clinical information collected as part of each patient's record and when patients attend for appointments, clinics etc. There is no other source of information available.	N/A
Race	The area covered by the Health Centre and the registered patients represent a wide range of ethnic backgrounds. The level of black and minority ethnic patients is significantly higher than the Scottish and the overall rate for Glasgow City.	Scotland's Census 2011 – National Records of Scotland
Disability	Glasgow has an average rate of 17% of people who identified themselves as disabled compared with a Scotland average rate of 14.1%. In the 2016 Scottish Index of Multiple Deprivation (SIMD) the disability rate for people living in deprived areas in Glasgow was estimated at 20.1%, compared with a Scotland average rate of 14.1%.	N/A
Sexual Orientation	As the census and most large scale surveys do not include categories to identify Lesbian, Gay, Bisexual and Transgender people (LGBT), there is no definitive or consistent way to measure those in the population who are LGBT. In planning for introducing civil partnerships, the UK Government's best estimate based on synthesising survey data is that between 5-7% of the population identified as LGBT. However, it is known that many LGBT people tend to migrate towards cities, therefore this number will likely to be higher for the Glasgow City area with a	The Needs and Experiences of Lesbian, Gay, Bisexual and Transgender People in Glasgow

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?																															
				Source																											
	recent study showing that Glasgow is a favourable place to migrate to for LGBT people.																														
Religion and Belief	<p>According to the 2011 census the largest faith groups in Glasgow are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Christian 322,954 <input type="checkbox"/> No Religion 183,835 <input type="checkbox"/> Religion not stated 42,050 <input type="checkbox"/> Muslim 32,117 <input type="checkbox"/> Hindu 4,074 <input type="checkbox"/> Buddhist 2,570 <input type="checkbox"/> Sikh 3,149 <input type="checkbox"/> Other Religions 1,599 <input type="checkbox"/> Jewish 897 			Scotland's Census 2011 – National Records of Scotland																											
Age	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Age Range</th> <th style="text-align: center;">Number</th> <th style="text-align: center;">Percentage of Overall Population</th> <th style="text-align: center;">National Average (Percentage)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Top of Form Top of Form</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">0-15 Bottom of Form</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Bottom of Form</td> <td style="text-align: center;">908</td> <td style="text-align: center;">14.6</td> <td style="text-align: center;">17</td> </tr> <tr> <td style="text-align: center;">16-64</td> <td style="text-align: center;">4463</td> <td style="text-align: center;">71.5</td> <td style="text-align: center;">64.9</td> </tr> <tr> <td style="text-align: center;">65-74</td> <td style="text-align: center;">481</td> <td style="text-align: center;">7.7</td> <td style="text-align: center;">10</td> </tr> <tr> <td style="text-align: center;">75+</td> <td style="text-align: center;">388</td> <td style="text-align: center;">6.2</td> <td style="text-align: center;">8.1</td> </tr> </tbody> </table>	Age Range	Number	Percentage of Overall Population	National Average (Percentage)	Top of Form Top of Form				0-15 Bottom of Form				Bottom of Form	908	14.6	17	16-64	4463	71.5	64.9	65-74	481	7.7	10	75+	388	6.2	8.1		ScotPHO
Age Range	Number	Percentage of Overall Population	National Average (Percentage)																												
Top of Form Top of Form																															
0-15 Bottom of Form																															
Bottom of Form	908	14.6	17																												
16-64	4463	71.5	64.9																												
65-74	481	7.7	10																												
75+	388	6.2	8.1																												

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?					
				Source	
	85+	75	1.2	2.1	
	The rate for older people with emergency or multiple admissions to hospital is significantly higher than the national rate.				
Pregnancy and Maternity	It is known that there were 7,631 births in the Glasgow city area during 2011 (51% female and 49% male).				National Records of Scotland, Glasgow City council Area Demographic Factsheet
Marriage and Civil Partnership	In 2011 there were 2846 marriages in Glasgow City and 41 male and 55 female Civil Partnerships.				(2011: The Registrar General's Annual Review of Demographic Trends)
Social and Economic Status	Mental Health, Addictions and Homelessness feature significantly higher in the Gorbals Hutchesontown area than elsewhere in Scotland.				ScotPHO
Other marginalised groups (homeless, addictions,	Two thirds of children and adults in Glasgow are deemed to live in the 15% most deprived areas. For older people this figure is still very high at around 50%. Asylum seekers - as of January 2008, the number of asylum seekers supported in Glasgow was 4,887				

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?		
		Source
asylum seekers/refugees, travellers, ex-offenders	Gypsy Travellers - Latest figures for Scotland in the census states approx. 4,200	

C Do you expect the policy to have any positive impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General	Yes. The expectation is that all the aims and objectives for the project will be met.		
Sex	Yes. The facility should have a positive impact.		
Gender Reassignment	Yes. The facility should have a positive impact.		
Race	Yes. The facility should have a positive impact.		
Disability	Yes. The latest design standards meet all the legislative requirements for disability access.		
Sexual		The facility could have a positive	

C Do you expect the policy to have any positive impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
Orientation		impact, supported by increased staff awareness of equality related issues / participation in staff training.	
Religion and Belief	Yes. The new facility includes specific provision for a spiritual room.		
Age	Yes. The facility should have a positive impact.		
Marriage and Civil Partnership	Yes. The facility should have a positive impact.		
Pregnancy and Maternity	Yes. Provision is also made in the new building for breast feeding, nappy change and adults with young children in push chairs.		
Social and Economic Status	Yes. The location of the new facility has been selected to improve access for the local population. The services in the new facility serve the wider Gorbals area which includes a large proportion of its population in SIMD areas 1 and 2.		

C Do you expect the policy to have any positive impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	Services will be available in the new facility for all these groups. Specifically the facility includes the local CAT team and the homelessness case work team.		

D Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Sex			No negative impacts are either planned or intended for any specific

D Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
			equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Gender Reassignment			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Race			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Disability			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and

D Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
			evaluation as part of the next stage of the project.
Sexual Orientation			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Religion and Belief			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Age			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.

D Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
Marriage and Civil Partnership			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Pregnancy and Maternity			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Social and Economic Status			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
Other marginalised groups			No negative impacts are either planned or intended for any specific equality group but nevertheless

D Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
(homeless, addictions, asylum seekers/refugees, travellers, ex-offenders			unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy	None envisaged at this time but specific plans need to be put in place as part of project completion stage in particular to record on impact on equality groups listed above.	August 2018
E2 action to compensate for identified negative impact	Clear monitoring processes need to be established to ensure any potential negative impacts on equality groups identified above are mitigated effectively. Data will need to be captured as part of the next stage of the project.	September 2019
E3 Further monitoring – potential positive or negative impact	To be confirmed as part of project completion stage, including patient engagement and involvement strategy.	August 2018
E4 Further information required	None at this stage	

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

The review will take place in two stages:

- 1) stage 1 will be undertaken as part of the completion of the project which is programme for August 2018; and,
- 2) stage 2 will take place as part of the post project evaluation phase 12 months on from completion of the project currently planned for September 2019.

Lead Reviewer: Name: Hamish Battye
Sign Off: Job Title: Head of Planning & Strategy (Older People and South Locality), Glasgow City HSCP
South



Signature:
Date: 13/12/2016

Please email copy of the completed EQIA form to EQIA1@ggc.scot.nhs.uk

Or send hard copy to:

Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

APPENDIX D – RISK REGISTER

Ref	Date Raised	Category	Summary Description of Risk			Stage of hub West Process	PRE-CONTROL				Risk Owner(s)/Name d Person	Risk Control Measures	POST-CONTROL				Last Reviewed/Comments December 2016
			Cause of Risk	Risk Description	Effect of Risk		Likelihood	Impact - Time	Cost (£)	Risk Score			Likelihood	Impact - Time	Expected Risk Cost (£)	Risk Score	
10	25/09/2012	Legal	various	failure to agree lease terms with independent contractors e.g. GDP	financial risk to NHS	Financial Close	4	5		20	NHS Gordon Love Property	District Valuer has reviewed the areas and the valuation. Early discussions with independent contractors and agreement of programme for agreement of Heads of Terms.	2	3		6	Mitigation Ongoing. Costs provided to dentists - final negotiations underway.
12	25/09/2012	Legal	various	failure to agree land exchange and temporary access to adjacent land on programme with 3rd party.	delay to programme	Financial Close	4	5		20	NHS Bill Skelly Property	Maintain dialogue with Glasgow City Council and NGHA and map out process to be followed for site purchase from NGHA - NHS property manager to take lead.	1	5		5	Discussions between NHS and NGHA sucessfully concluded. Legal process being closed out.
16	25/09/2012	Legal	various	3rd party rights affecting site. Schedule Part 5 not agreed	constraining site development	Stage 2	3	5		15	NHS/GCC/hWS/ Dave Lane	continuous discussions with NGHA and NHS GGC to allow Schedule Part 5 to be completed and agreed.	1	5		5	Legal process being closed out.
40	26/11/2012	Project Management	Financial close	Financial close date is not achieved	delay	Financial Close	4	5		20	NHS Jim Allan John Donnelly Capital Planning	Continually review the information and dates required for approvals. Review Lessons Learned tracker produced post Eastwood/Maryhill FC. Implement series of Legal and Commercial meetings on a two weekly basis to ensure all documentation is presented and approved on time.	2	3		6	Mitigation Ongoing. Project Programme has been developed and agreed with all approval dates and legal and commercial stages agreed. Programme being reviewed at weekly Legal and Commercial meetings. FC is dependant on both projects being ready.
71	10/12/2014	Stakeholders	Design Development	Variance to existing agreed landlord model for IT and Comms infrastructure.	Financial risk to GCC	Stage 2	3	5		15	NHS/GC HSCP Alex Mackenzie GC HSCP	Early discussions required between both parties to agree the landlord model for the IT and Comms requirements or agree funding proposal for the alternative model.	1	4		4	Agreed NHS/GCC IT/Comms model developed, agreed and currently piloted in three existing sites. This model will be implemented at Woodside & Gorbals.
75	10/12/2014	Design	Design Development	Arts Strategy has not been fully considered into the design and construction of the Project	Cost Impact	Stage 2	3	5		15	NHS John Donnelly Capital Planning	Arts Strategy proposals to be addressed as part of the Stage 2 Design Proposals and included within the Stage 2 submission.	1	5		5	Ongoing. Included as a change control and provided within the Stage 2 Costs. Finalising detail of artworks in progress and within contract programme dates.
80	24/03/2015	Commercial	Financial close	non agreement of participant interface agreement.	financial close delay	Financial Close	2	5		10	NHS John Donnelly Capital Planning	Early discussions with NHS GGC and GCC to agree Participant Interface agreement.	2	5		10	Discussions at advanced stage with GCC/NHS/CLO. Will be in place prior to Financial Close.
81	24/03/2015	Stakeholders	Operational Manager	Resource allocation for staff and equipment is not sufficient to commission the building ready for operation.	Cost Impact	Operation/ .Commissioning.	2	5		10	NHS/GC HSCP Alex Mackenzie GC HSCP	Review of resource requirements and funding required to ensure that all costs for staff and equipment are approved prior to occupation and operation.	1	5		5	Ongoing. Detailed commissioning programme to be developed by NHS GGC to ensure sufficient resource allocation. Template already established for Eastwood / Maryhill.

Ref	Date Raised	Category	Summary Description of Risk				PRE-CONTROL				POST-CONTROL				Last Reviewed/Comments December 2016
							Stage of hub West Process	Time	Cost	Risk	Time	Cost	Risk		
84	04/06/2015	Design	Design Development	RDS and Room Layouts still to be fully signed off by NHSGGC and all costs associated with these included in Cost Plan	Cost/Programme impact	Stage 2	3	5	15	NHS John Donnelly Capital Planning	Design Team to complete the RDS for all areas and NHSGGC to sign off as soon as possible. Review against design freeze RDS and list any differences for costing.	1	4	2	Stage 2 Price Nov includes cost for Room Layouts rev S. Some late, localised revisions being costed (S+) and will be agreed within the Affordability Cap before FC. Only four rooms remain to be finally closed out.
92	08/12/2016	Design	Various	Disagreement between HSCP management and two of the four GP practices about the design of GP reception areas. HSCP preference is for open reception areas throughout in line with reference design and NHS Board policy. Two practices requesting screened reception desks. Potential risk of two practices not signing off this aspect of RDS.	Service model /Finance impact	Construction	2	4	8	NHS/GC HSCP Alex Mackenzie GC HSCP	HSCP to undertake an exercise at Maryhill Health & Care Centre to review experience with open receptions. The output to inform whether there is a need to alter the design. Liaison will also take place re Eastwood Health & Care Centre, as the reference design for new primary care centres.	1	2	2	Discussions continue with the two practices concerned about open reception areas. Visits arranged to Eastwood and Maryhill to view open reception areas in operation and speak to GPs and staff. This aspect of the RDS to be signed off by the HSCP.

APPENDIX E – ECONOMIC APPRAISAL

APPENDIX F – PERFORMANCE SCORECARD

VALUE FOR MONEY SCORECARD

Gorbals HCC

Version 1.0



12 December 2016

PROJECT SUMMARY

Project Name:	Gorbals HCC
Health Board:	NHS Greater Glasgow & Clyde
Local Authority:	Glasgow City Council
Total Project Cost:	£17,021,459 (Incl NHS Direct Costs)
Hubco Affordability Cap:	£17,051,105
Hubco Current Project Cost:	£17,021,459 (Equivalent to the Affordability Cap)
Site Abnormals:	£1,016,658
Gross Internal Area:	6,509 m2
Nr of GP's:	19 nr
Car Parking Spaces:	86 nr
Storey's:	3 nr



PERFORMANCE METRICS

5.0 Cost Metric	Metric at 4Q 2012		Updated Metric at FC	
	Base	4Q2012	FC Date	1Q 2017
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£3,171	£1,865
1,001 – 5,000m2	£2,350	£1,450	£2,922	£1,803
5,001m2>	£2,250	£1,400	£2,798	£1,741

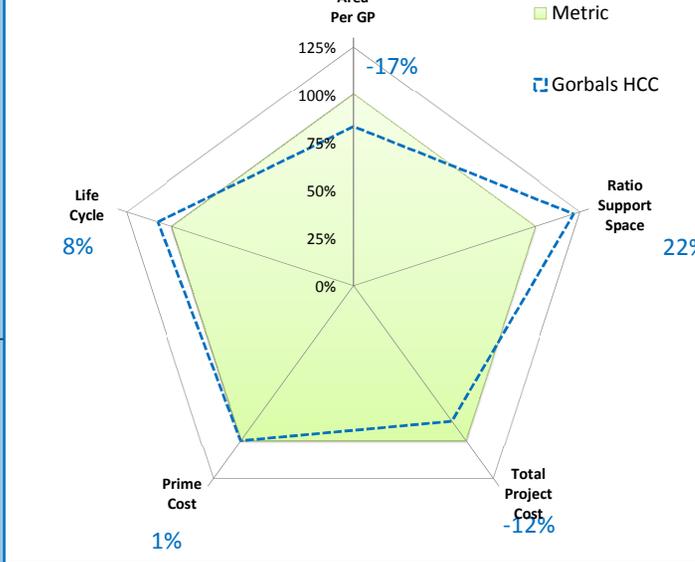
6.0 Area Metric A	
Nr of GP	Area/GPm2
3	160
4	152
5	137
6	130
7-9	123
10-11	116
12-16	109
17-20	105
21>	100

Inflation Uplift:- 24.34%

Area Metric B 1:3

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost (£/m2)	£2,798	£2,459	£-339
Prime Cost (£/m2)	£1,741	£1,751	£10
Area Per GP (m2/GP)	105	87.13	-17.37
Ratio Support Space (Ratio)	1:3	3.6	0.65
Life Cycle (£/m2)	£18.00	£19.41	£1.41

SCORECARD SUMMARY



Description Of Scorecard

Area Per GP. Area per GP's based on banding listed within table 6. This refers to the Nr of GP's and not practices. This measures the space efficiency of the new project.

Ratio Of Support Space. Ratio of Clinical provision versus circulation and support space. Metric of 1m2 of clinical equal to 3m2 of support space. Metric equal to 1:3. Refer to table 7.0 below. This measures the space efficiency of the new project.

Total Project Cost - £/m2 rate for total cost for new project. Metric rates outlined in table 5.0 above.

Prime Cost (Excl Exts) - £/m2 rate for total cost for work packages for the project excluding external works. Metric rates outlined in table 5.0 above.

Life Cycle Cost - Metric of £18/m2 against new project based on standard service spec.

FINANCIAL ASSESSMENT

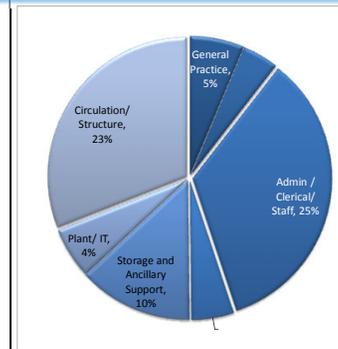
2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
Vibro Compaction	Sub	£145,943	£39,404.61	£185,348
Change Controls	M&E	£218,292	£58,938.77	£277,231
Utility Diversions	Ext	£155,283	£41,926.41	£197,209
Mech Vent (acoustic issues)	M&E	£156,000	£42,120.00	£198,120
Public Realm Upgrade	Ext	£125,000	£33,750.00	£158,750
			£0.00	£0
Total		£800,518	£216,140	£1,016,658

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£683,521	£105	£537,578	£83
Superstructure	£5,559,394	£854	£5,559,394	£854
Finishes	£1,234,834	£190	£1,234,834	£190
Fittings & Furnishing	£803,718	£123	£803,718	£123
M&E	£3,637,296	£559	£3,263,005	£501
Prime Cost	£11,918,764	£1,831	£11,398,529	£1,751
External Works	£984,192	£151	£703,909	£108
Project Fees (Design, surveys, Hubco fee)	£4,118,503	£633	£3,902,363	£600
Hubco Affordability Cap	£17,021,459	£2,615	£16,004,801	£2,459
NHS -Decant/Management		£0	£0	£0
NHS - Contingency	£0	£0	£0	£0
TOTAL PROJECT COST	£17,021,459	£2,615	£16,004,801	£2,459

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	19.41	1.41
Facilities Management Costs	19	14.56	-4.44

Items	%	£
Post FC Risk	1.1%	£115,875
Pre FC Risk	4.6%	£753,188
NHS Cont	0.0%	£0

NHS Board Commentary on Financial Assessment



AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	301	5%
Other Health Services	929	14%
Local Authority	200	3%
Patient Interface	818	13%
Admin / Clerical / Staff	1,638	25%
Staff Facilities	235	4%
Storage and Ancillary Support	631	10%
Plant / IT	283	4%
Circulation / Structure	1,476	23%
Total GIA	6,509	100%
Omit Abnormals		
GP & Other Health Services	-1,229	-
LA Facilities (Incl circ/plant)	-796	-
Nett Support Space	4,484	Diff
Ratio Clinical Vs Support Space	1: 3.6	-0.6

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
19	105	87

NHS Board Commentary on Area Provisions

APPENDIX G – DESIGN STATEMENT – STAGE 2

NHSScotland Design Assessment Process

Project No/Name: GG 05 & 06 Woodside and Gorbals H&CCs

Business Case Stage: FBC

Assessment Type: Desktop

Assessment Date: March 2016

Response Issued: 08 Apr 2016

The appraisal below of both the Woodside and Gorbals Health & Social Care Centres is based on the FBC stage submission (approx. RIBA Stage 3 or E), received from NHS Greater Glasgow and Clyde between 11 Nov 2015 and 08 Mar 2016. Prior to this submission there have been a number of engagements with the Board on both projects

Joint Statement of Support

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

SUPPORTED (unverified)

The status above has been given on the basis that SHTM 04-01 derogation related to legionella risk of water temperature is removed -see below 4. (i); PLUS, the Board provide CIG with suitable comfort that the recommendations noted below are being addressed, e.g. verified by Board letter to HFS.

Essential Recommendations

In relation to the Woodside Health & Care Centre we recommend that the Board:

1. Ensure that rooms used regularly by staff are located where they can receive natural daylight, ventilation and a view to outside in accordance with item 2.4 within the Design Statement (DS), for example the clinical staff room within physiotherapy and the office to pharmacy. **(OBC repeat)**

In relation to both Gorbals and Woodside Health & Care Centres we recommend that the Board:

2. Confirm regulatory fire and safety risks in-use are understood and acceptable, given: **(OBC repeat)**
 - i. user independence may be affected, even temporarily, e.g. dental anaesthesia, or physio / medical treatment, consequently creating a reliance on staff assistance for safe evacuation; or
 - ii. differing occupation may cause security conflicts, e.g. escape routes via other's departments.
 - iii. the layout currently deviates from the Non Domestic Technical Handbook accepted solutions, e.g. escape distance exceeded; room-corridor-room travel sequence; doors reduce escape width.
3. Demonstrate the nature and use of the public realm and courtyards to enable active uses and way-pointing, e.g. to the canal regeneration immediately adjacent, rather than maintaining these for little functional purpose or benefit. Will deliver DS 1.1, 1.2 & 4.1 benchmarks, for a welcoming, accessible, safe environment for all; address inequalities and maximise public sector investment. **(OBC repeat)**

4. Confirm the contract water safety and thermal comfort risks are mitigated & acceptable, given:
 - i. Design proposals to be SHTM 04-01 compliant, <20°C water temp reducing legionella risks.
 - ii. Design team modelling showing potential overheating risks with near future weather data.

Further details of the above Essential Recommendations are in Appendix ONE & TWO of this report.

Advisory Recommendations

- A. In relation to the Woodside Health & Care Centre we encourage the Board to develop the proposals to take account of the Advisory Recommendations as noted within Appendix ONE of this report.
- B. In relation to the Gorbals Health & Care Centre we encourage the Board to develop the proposals to take account of the advisory recommendations as noted within Appendix TWO of this report.

VERIFICATION to CIG :

The above **SUPPORTED** status is **UNVERIFIED**.

Signed*Susan Grant* (Principal Architect HFS)..... dated08 April 2016.....

Notes of Potential to Deliver Good Practice

If the above recommendations are addressed in full then both facilities have the potential to become a model of good practice for community facilities that provides much needed local services linking into a wider community setting.

Notes On Use and Limitations To Assessment

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

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



Appendix ONE - Woodside H&CC

We commend the project team for the development of this project on this challenging urban site to date. Our recommendations below follow on from our considerable dialogue with the Project Team over the last year since OBC on both these projects. We recognise there are many complex and competing priorities in the procurement of appropriate facilities to deliver the Health and Care service objectives successfully, therefore we recommend that decision makers within the Board (and in CIG) satisfy themselves that the proposals fully meet their essential service requirements and where necessary seek assurances that these technical proposals are demonstrably achieving best value e.g. realistic design and whole life modelling.

1. As previous OBC stage NDAP report 31-03-2015, there remains user occupied space likely not to comply with Board's own Design Statement (DS) 2.4, due to lack of natural ventilation, daylight or views. The pharmacy example is deferred as layout shows a 'shell only', with fit-out now by others. The physiotherapy example, of an office without even indirect daylight, shows no improvement.
2. Further to OBC stage NDAP report 31-03-2015, confirm regulatory fire and safety risks in-use are understood and acceptable. It is agreed the Non Domestic Technical Handbook (NDTH) section 2 Fire applies, with the closest 'use' being 'assembly building'. This design is to be commended as it already recognises the higher risk profile of users with SHTM 81 part 3 being applied to atrium; plus fire evacuation lifts capable of accommodating an ambulance trolley. However user profiles and functions may vary considerably from NDTH and where this is the case SHTM principles should apply. Operational risks and logistics of following examples should be assessed and comply to SHTM 83:
 - i. user independent mobility may be affected, even temporarily, e.g. dental anaesthesia, or physio / medical treatment, thus creating a reliance on staff assistance for safe evacuation; e.g. will there always be staff support available; how do staff seek further support if required; identify training.
 - ii. differing occupation may cause security conflicts, e.g. escape route from Atrium, plus 3 GP practices are potentially via Dr L+W's practice; therefore Dr L+W's corridor cannot be blocked.
 - iii. the layout currently deviates from NDTH accepted solutions, e.g. single escape distance exceeded in each of the building's 'corners' at both first and second floors; in first floor this is mitigated by sections of short fire resistant corridor. It should be confirmed that the doors will have self closing devices fitted, and these are appropriate to normal operations. However the provision of smoke detection is not considered an adequate compensatory feature, and compartmentation does not reduce escape risks, if all still in single direction. Also Podiatry has non-compliant room-corridor-room travel sequence via office 02-COMM-001. Please confirm door widths, shown 925, 1050 and 1½ leaf (approx 1525mm); seem inconsistent, potentially reduces escape width and equality of access. (HBN 00-04 fig 14) Whatever agreed widths for electric wheelchair/scooter/ ambulance trolley access, this should be checked from front door to destination space(s) and then on to an evacuation lift/ final exit. Also confirm Day Hospital which seems to be 925mm doors throughout.
 - iv. NDTH 4.8.1 Collision with projections will require a guardrail to first floor escape doors at Lift3 and Dr G's practice. These hazards effect escape widths and raise operational risks, they should also be eliminated as non-compliant with HBN 00-04, i.e. *"non-recessed outward-opening doors (other than service cupboards) are not allowed on any patient area corridor in healthcare premises based on a sensory impairment risk assessment"*.
 - v. Although Day Hospital is potentially NDTH 'technically' compliant, assuming a ≤100m 'protected' route through garden and alleyway to 'place of safety' in Hinshaw St; is this solution practical? Human nature will be to escape via internal corridor; plus operationally is there both sufficient staff and training in place to support this protracted external route for frail elderly users? A dining room 2nd door plus a door in corridors 'middle' third, may provide a more appropriate escape route? If all

flexible partitions opened, will max users require double door/ opening in direction of escape?
Removal of lobby door off dining room, may improve WC access, with chicane retained for privacy.

3. As previous OBC stage NDAP report 31-03-2015, there remains a lack of information to demonstrate delivery of DS 1.1, 1.2 & 4.1 benchmarks. Please confirm the nature and use of the public realm and gardens to enable active uses and way-pointing, plus wider duties under sustainability e.g. shading, biodiversity, rather than maintaining valuable external resources for little functional purpose or benefit, i.e. link Woodside 'greenspace' to the canal regeneration immediately adjacent.
4. Confirm the contract water safety and thermal comfort are risk assessed & recorded in project risk register, plus mitigation undertaken & disseminated, including design/ commissioning actions, given:
 - i. design team proposals to be SHTM 04-01 compliant, <20°C water temp reducing legionella risks.
 - ii. design team modelling showing potential overheating risks with near future weather data.

Advisory Recommendations

- A. ART & LANDSCAPE – The tight nature of the site, variety of edge conditions and unknown parameters of future neighbouring developments provide a challenging setting for this proposal. Linking the facility better to the existing public transport network, walking routes and green infrastructure delivers wider public health promotion but is also key to delivering a welcoming, accessible, safe environment for all. We commend the Board's work on a wide Art & Landscape strategy, including GEP collaboration, funding and community engagement. We welcome reinstatement of OBC's provision of trees to SW car-park and green links/ way-pointing from Maryhill Road to regenerated Canal' strategic access point at top of Hinshaw St. The quality should at least be to a level agreed with GEP to deliver an 'enhanced external environment' for £60k matched funding. Current proposals still lack evidence on the quality of the scheme, and delivery of previous OBC NDAP recommendations i-iii, plus iv below:
 - i. Art & landscape links to 'Applecross and Firhill Glasgow Canal Regeneration area';
 - ii. Hinshaw Street art & landscape improvements to reduce vehicular traffic impact;
 - iii. Garscube Road art & landscape buffer between clinical spaces and this busy street;
 - iv. a safe, dementia- friendly garden to promote care and activities as well as respite.
- B. DAYLIGHT & VIEWS – are generally good due to the narrow plan around an atrium. We see no evidence of previous OBC NDAP recommendations i.e. to improve the few rooms without access to daylight, e.g. Physio clinical staff 08-PHY-009; Physio self referral 08-PHY-008 each 10sqm; and potentially pharmacy office. Also still to evidence DS 1.7, i.e. appropriate privacy e.g. art /landscape buffer, to lower level consulting rooms etc, without which blinds/ curtains may be permanently drawn. Confirm day hospital clerestory retained to provide daylight into corridor, assisting its elderly users.
- C. FLEXIBILITY & EXPANSION – the strategy for a standard consulting room is to be commended for future flexibility. We note this tight site and construction proposal has no expansion potential.
- D. ACCESS & FLOWS – The main entrance is clearly placed at the 'gusset' or apex of this triangular site, but with 4 other 'public entrances', plus 3 service doors and 5 exits the materials & detail design of these will need to be carefully considered to ensure a legible hierarchy is achieved. We commend the potential for easy public wayfinding throughout, and inclusion of the 'changing place' facility, plus larger patient rooms/ doors and open receptions to enable accessibility /equality. Please confirm community/ access panel consultation, plus HFS guidance including audits on DDA/ dementia to support project equality statement and design development.

- E. SUSTAINABILITY - We welcome the approach to Sustainability with $\geq 70\%$ BREEAM 2011 NC target score, including an ENE 01 score ≥ 6 . We commend the Board's development of their sustainability brief, particularly on energy reduction and thermal comfort now and in near future. The recent project delay raises risks on NDTH Section 6 compliance, particularly given the large percentage of mechanical ventilation in this proposal. We request updated BREEAM tracker, thermal modelling for climate adaptation proposals and latest BRUKL documents be provided to HFS for comment. Confirm commissioning planning is commenced.
- F. SAFETY & LOGISTICS – We commend the consideration of fire safety generally, as the potential higher risks for users beyond NDTH minimum for an 'assembly building' are included in the SHTM 81 part3 atrium and the evacuation lifts design; though item 2 above fire concerns remain to be addressed. Board to confirm current stage CDM and SHFN 30 HAI scribe risk assessments completed and design actions recorded.
- G. AEDET – Confirm current stage review completed and design actions recorded, ideally including community stakeholders.
- H. M&E DESIGN – HFS has welcomed the opportunity to influence the technical / M&E brief and design responses from relatively early stage in this project. This has supported a more detailed understanding and commentary through design development, allowing the Board to potentially improve VfM/ reduce risks. However M&E Stage E design report (rec'd 8 March 2016) is still high level, with insufficient detail to close out many of our earlier queries /comments raised early 2015 at OBC stage, though it does have a useful comparison table to Stage C report.

The initial electrical maximum demand proposal of >500kVA, was reduced slightly to 457, but design team still unable to evidence any technical justification for >200kVA. This over-design provides an excessive resilience, but incurs both capital and recurring operational costs. We recommend the Board's contract ensures FM provider will annually:

- i. review actual electrical demand figures for each year of operation and update contract with provider, to minimise operational cost to Board.
- ii. review energy performance for each year, provide an improvement report to minimise operational cost to Board; and prominently display a Display Energy Performance (DEP) certificate, or equivalent (e.g. DEC), showing comparison in kW/hr to HFS agreed benchmark, plus trend of actual energy used over several years (initially against model, then min. 3 years once established).



Appendix TWO - Gorbals H&CC

We commend the project team for the development of this project to date. Our recommendations below follow on from our considerable dialogue with the Project Team over the last year since OBC on both H&CC projects. We recognise there are many complex and competing priorities in the procurement of appropriate facilities to deliver the Health and Care service objectives successfully, therefore we recommend that decision makers within the Board (and in CIG) satisfy themselves that the proposals fully meet their essential service requirements and where necessary seek assurances that these technical proposals are demonstrably achieving best value e.g. realistic design and whole life modelling.

2. Further to OBC stage NDAP report 31-03-2015, confirm regulatory fire and safety risks in-use are understood and acceptable. It is agreed the Non Domestic Technical Handbook (NDTH) section 2 Fire applies, with the closest 'use' being 'assembly building'. However user profiles and functions may vary considerably from NDTH and where this is the case SHTM principles should apply. Therefore please confirm design is SHTM 81 pt3 compliant for atrium, and has NDTH compliant lobbied fire evacuation lift(s); both of which recognise the higher risk profile of users. Operational risks and logistics of following examples should be assessed & comply to SHTM 83:
 - i. user independent mobility may be affected, even temporarily, e.g. dental anaesthesia, or physio / medical treatment, thus creating a reliance on staff assistance for safe evacuation; e.g. will there always be staff support available; how do staff seek further support if required; identify training.
 - ii. differing occupation may cause security conflicts, e.g. alternative escape route from dental wing is via Dr Willox's practice; therefore their doors cannot be blocked. (Dental single direction route would exceed 15m and be ≤ 4.5 m of atrium opening, therefore is non-compliant.)
 - iii. the layout currently deviates from NDTH accepted solutions, e.g. Dental & Dr Willox's practice has non-compliant room-corridor-room travel sequence via waiting 'room' 1.100. Potential room sequences and excessive travel distances in upper staff only floor. Fire strategy states NDTH requires 1122mm for final exits, but drawn approx. 850. Door designs, widths and direction of travel seem inconsistent for fire escape. Also please confirm door design complies with HBN 00-04 for general healthcare traffic and Equality Act. For example, electric wheelchair/ scooter/ bariatric access etc, plus ambulance trolley routes should be checked from front door to destination space(s) and then on to an evacuation lift/ final exit to confirm accessibility.
 - iv. NDTH 4.8.1 Collision with projections will require a permanent guardrail to outward opening doors on to any escape route. As drawn this is: ground floor escape door at Lift 3/ physio/ podiatry and 3no WCs, also 4no WCs on first floor. These hazards should be eliminated as non-compliant with HBN 00-04, i.e. *"non-recessed outward-opening doors (other than service cupboards) are not allowed on any patient area corridor in healthcare premises based on a sensory impairment risk assessment"*. In addition, risk assessment required for 10no doors currently drawn opening both into room and out on to corridor. Assuming 'anti-barricade' doors these are exempt similar to 'service cupboards', but staff 'escape' routes should be recessed to avoid a collision.
 - v. Fire strategy states to assist in disabled user evacuation, an evacuation lift with lobbied access from each floor and a protected route to final exit is provided. This is not currently evidenced in drawings. Potential relocation of Lift 3 to external wall could create a compliant design.
3. As previous OBC stage NDAP report 31-03-2015, there remains a lack of information to demonstrate delivery of DS 1.1, 1.2 & 4.1 benchmarks, for a welcoming, accessible, safe environment for all; plus address inequalities and maximise public sector investment. Please confirm the nature and use of the public realm to enable active uses, plus wider sustainability duties e.g. biodiversity, health promotion. South courtyard is only area currently demonstrating active functional potential.

4. Confirm the contract water safety and thermal comfort are risk assessed & recorded in project risk register, plus mitigation undertaken & disseminated, including design/ commissioning actions, given:
 - i. design team proposals to be SHTM 04-01 compliant, <20°C water temp reducing legionella risks.
 - ii. design team modelling showing potential overheating risks with near future weather data.

Advisory Recommendations

- A. ART & LANDSCAPE – The urban nature of the site, variety of edge conditions and diversity of neighbours provide a challenging setting for this proposal. However linking this facility to emerging Gorbals regeneration plans, plus enabling routes to the existing public transport network, walking routes and green infrastructure is key to delivering a welcoming, accessible, safe environment, plus wider public health promotion. We have seen no evidence of a developing Art & Landscape strategy. Only reference for art, is 'Touchstones' within north and south courtyards, but only south accessible. Also staff room (north facing), social work, and end of atrium (both south facing) roof terraces; plus the public realm surrounding facility have great potential for sustainable functions. We do commend potential for perimeter evergreen hedgerow/ wall/ art screen to provide consulting room privacy.
- B. DAYLIGHT & VIEWS – are generally very good, as is wayfinding due to the figure '8', narrow plan around two courtyards. Glazed screens, ideally with artistic privacy film, would reduce the austerity of 3 of 4 no CAT interview (0.033-36) plus group (0.040) rooms, currently internal environments. Largest public room, Health Promotion (0.017) is without access to external space, and 3 no windows are fire rated, only fourth north facing window has an opening light.
- C. FLEXIBILITY & EXPANSION – the strategy for a standard consulting room is to be commended for future flexibility. We note this tight site and construction proposal has no expansion potential. We encourage the lower roof over the link corridor to be designed to provide a future direct link (currently just maintenance), allowing upper floor greatly enhanced future flexibility.
- D. ACCESS & FLOWS – The main entrance is clearly placed and set back on new Gorbals public shared surface route, but with CAT 'public entrance' and service entrances just round corner on 'main road', the materials & detail design need to be carefully considered to ensure a legible hierarchy is achieved. We commend the potential for easy public wayfinding throughout, plus inclusion of the 'changing place' facility and ambulance trolley lift to enable accessibility. Receptions are clearly seen from public entrance points with exception of Dr Wilcox practice. Since OBC review this is not improved, however ALL receptions seem changed from a welcoming open desk, to impersonal glass screens. This is a detrimental step for equality of access, plus research suggests could promote stress and aggression. We note only 3 no Consulting (0.082, 1.080, 1.091), and 2 no Treatment (0.024/26) rooms have 1½ leaf doors. Yet corridors generally are single doors, with double doors generally only at 'department entrance'. Please confirm community/ access panel consultation, plus HFS guidance including audits on DDA/ dementia used to support project equality statement and design development. We would recommend dementia-friendly 'passive' measures for reception security, e.g. 1m desk width, staff escape route to a safety, glazed screen between reception - admin room; as well signage for users explaining GP /NHS processes, and staff training to recognise and de-escalate prior to tipping point.
- E. SUSTAINABILITY - We welcome the approach to Sustainability with ≥70% BREEAM 2011 NC target score of 76%, including an ENE 01 score ≥6, targeting 8. We commend the Board's development of their sustainability brief, particularly on energy reduction and thermal comfort, now and near future. The recent project delay raises cost risks on NDTH Section 6 compliance. We request updated thermal

modelling for future weather, adaptation proposals and latest BRUKL documents, for HFS comment. We welcome opening windows providing user controlled natural ventilation for nearly all occupied rooms. We note atrium, corridors, and staff offices (2.022 -Health Visitor; 2.046L-J; 2.005B) have little to no openings and no through draught. This could result in hot, stuffy spaces unless designed out, e.g. opening clerestory or rooflights not shown on plans. Since OBC review, we note a second staff kitchen added next to main staff room kitchen off east corridor. Confirm commissioning planning is commenced.

- F. SAFETY & LOGISTICS – we commend the consideration of fire safety generally, as the potential higher risks for users beyond NDTM minimum for an ‘assembly building’ are included in the SHTM 81 part3 atrium and the evacuation lifts design; though item 2 above fire concerns remain to be addressed. DSR cleaning rooms quantity and size are: 2no each ground and first floor and 1no for second floor, each 9-11m². We note location of second floor DSR is 100m from Social Work WCs. Board to confirm current stage CDM and SHFN 30 HAI scribe risk assessments completed and design actions recorded.
- G. AEDET – Confirm current stage review and design actions recorded, ideally including community stakeholders.
- H. M&E DESIGN - HFS has welcomed the opportunity to influence the technical/ M&E brief and design responses from a relatively early stage in this project. This has supported a more detailed understanding and commentary through design development, allowing the Board to potentially improve VfM/ reduce risks. However M&E Stage E design report (rec’d 26 Jan 2016) is still high level, with insufficient detail to close out many of our earlier queries /comments raised early 2015 at OBC stage.

The initial electrical maximum demand proposal was 300kVA. The OBC M&E report stated this would be justified by FBC, however this was repeated verbatim in FBC report. The design team are unable to evidence any technical justification for >200kVA. This over-design provides an excessive resilience, but incurs both capital and recurring operational costs. We recommend the Board’s contract ensures FM provider will annually:

- i. review actual electrical demand figures for each year of operation and update contract with provider, to minimise operational cost to Board.
- ii. review energy performance for each year, provide an improvement report to minimise operational cost to Board; and prominently display a Display Energy Performance (DEP) certificate, or equivalent (e.g. DEC), showing comparison in kW/hr to HFS agreed benchmark, plus trend of actual energy used over several years (initially against model, then min. 3 years once established).

APPENDIX H – SCHEDULE OF ACCOMMODATION

Gorbals Health Centre



First Issued 09.07.2015

- Rev A : 27.07.2015
- Rev B: 28.07.2015
- Rev C: 22.09.2015
- Rev D: 24.09.2015
- Rev E: 29.09.2015
- Rev F: 08.10.2015
- Rev G: 09.10.2015
- Rev H: 22.10.2015
- Rev I: 30.10.2015
- Rev J: 04.12.2015
- Rev K: 12.01.2016
- Rev L: 18.01.2016
- Rev M: 27.01.2016
- Rev M: 27.01.2016
- Rev O: 10.02.2016
- Rev P: 18.02.2016
- Rev Q: 23.02.2016
- Rev R: 29.02.2016
- Rev S: 27.06.2016
- Rev T: 15.07.2016

DRAWING ISSUED FOR SIGN OFF BY SERVICE

DRAWING RE-ISSUED FOR REVIEW BY SERVICE

DRAWING STILL TO BE REVIEWED BY SERVICE

Please note that no Room Layouts have been signed off by service

Rev U: 26.07.2016 / 08.12.2016

Rev: Note added to account for rounding difference

LEVEL	ROOM No	AREA SQM	ROOM TYPE	C- SHEET NO.	C-SHEET REV M	C-SHEET CURRENT	RDS NAME	RDS No	RDS Rev
L0	0.001	13.2	Entrance Lobby	N/A	N/A	N/A	N/A		
L0	0.002	20.7	Stair 1	N/A	N/A	N/A	Stair Core 1		
L0	0.003	13.6	Accessible WC / Changing Places	L(4)4046	B	C	Accessible WC	V0922A-01	
L0	0.004	173.3	Circulation	L(4)4160	-	-	Corridor 1	CIR000-01	
L0	0.005	18.3	Central Reception Desk	L(4)4087	C	E	(Bookable Community) Reception	J90610A-01	12/05/2015
L0	0.006	17.3	Community Admin Office/Mail Room	L(4)4054	D	G	(Bookable Community) Admin Office	M9278-2	12/05/2015
L0	0.007A	0.0	Not Used	N/A	N/A	N/A	N/A		
L0	0.007B	20.7	Waiting Area	L(4)4043	D	F	Waiting Area (Community)	J1152C	12/05/2015
L0	0.007C	16.5	Waiting Area	L(4)4088	-	COMBINED L(4)4043	As Community Waiting	J1152B	12/05/2015
L0	0.008	3.1	Resuscitation Trolley Store	L(4)4066	B	D	Resus Trolley Store	G9180-01	
L0	0.009	19.1	Circulation	L(4)4161	-	-	Corridor 2	CIR000-02	
L0	0.010	15.2	Bookable Room 6	L(4)4044	C	D	Delivery Store	W91585L	12/05/2015
L0	0.011	4.3	Baby Room 1	L(4)4061	C	C	Baby Room	S9010A	
L0	0.012	15.0	Bookable Room 1	L(4)4045	D	E	Bookable Community 18 sqm	C90237D	
L0	0.013	18.2	Bookable Room 2	L(4)4045	D	E	Bookable Community 18 sqm	C90237D	
L0	0.014	28.2	Circulation	L(4)4161	-	-	Corridor 3	CIR000-03	
L0	0.015	15.2	Bookable Room 3	L(4)4044	C	D	Bookable Community 15 sqm	C90237D	12/05/2015
L0	0.016	15.1	Bookable Room 4	L(4)4044	C	D	Bookable Community 15 sqm	C90237D	12/05/2015
L0	0.017	61.1	Health Education Room	L(4)4042	D	G	Health Education Room	M0330A-01	12/05/2015
L0	0.018	28.5	Circulation	L(4)4162	-	-	Corridor 5	CIR000-05	
L0	0.019	19.0	Stair 2	N/A	N/A	N/A	Stair Core 2		
L0	0.020	6.3	Clinical Disposal	L(4)4073	B	D	Clinical disposal 6sqm	Not issued	
L0	0.021	15.4	Bookable Room 5	L(4)4044	C	D	Bookable Community 15 sqm	C90237D	12/05/2015
L0	0.022	11.0	DSR 2	L(4)4024	C	E	DSR 11 sqm	V9510-02	
L0	0.023	19.0	Circulation	L(4)4161	-	-	Corridor 4	CIR000-04	
L0	0.024	18.5	Treatment Room 1	L(4)4069	D	G	Treatment Room	C0237C	
L0	0.025	2.8	Ambulant WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
L0	0.026	18.5	Treatment Room 2	L(4)4123	C	F	Treatment Room	C0237C	
L0	0.027	6.2	Equipment Store	L(4)4071	B	D	Equipment Store	W9540-03	
L0	0.028	15.4	Phlebotomy Room	L(4)4070	E	G	Phlebotomy Room	C9522-02	
L0	0.029	13.8	Female WC	L(4)4128	-	A			
L0	0.030	15.3	Male WC	L(4)4128	-	-			
L0	0.031	21.5	Circulation	L(4)4166	-	-	Corridor 12	CIR000-12	
L0	0.032	43.5	Circulation	L(4)4167	-	-	Corridor 13	CIR000-13	
L0	0.033	7.5	Interview Room 1	L(4)4063	E	F	Interview Room 1	M90724	19/05/2015
L0	0.034	7.5	Interview Room 2	L(4)4063	E	F	Interview Room 1	M90724	19/05/2015
L0	0.035	11.0	Interview Room 4	L(4)4064	D	E	Interview Room 4	M9727A	19/05/2015
L0	0.036	16.0	Clinical Room 2	L(4)4125	C	E	Clinical Room	C9110_01	19/05/2015
L0	0.037	15.7	Clinical Room 3	L(4)4125	C	E	Clinical Room	C9110_01	19/05/2015
L0	0.038	15.6	Clinical Room 1	L(4)4010	F	G	Clinical Room + WC	C9110_01	19/05/2015
L0	0.039	7.7	Interview Room 3	L(4)4155	L(4)4063 E	B	Interview Room 1	M90724	19/05/2015
L0	0.040	18.9	Group Room	L(4)4059	F	I	Group Room	H9313-02	19/05/2015
L0	0.041	7.5	Circulation	NO LAYOUT	-	N/A			
L0	0.042	5.2	Standard Accessible WC	L(4)4047	B	C	Accessible WC	V0922A-01	
L0	0.043	6.8	Lobby	NO LAYOUT	N/A	N/A			
L0	0.044	24.1	CAT Waiting area	L(4)4091	C	F	Waiting Area	J1155-01C	13/05/2015
L0	0.045	11.8	Reception	L(4)4090	E	G	Reception Area	J0610A-02	13/05/2015
L0	0.046	1.6	File Store	L(4)4090	E	G	Admin Office	M9278-02	13/05/2015
L0	0.047	25.1	Administration Office	L(4)4090	L(4)4062 C	G	Admin Office	M9278-02	13/05/2015
L0	0.048	5.0	Script Room	L(4)4090	L(4)4062 C	G	Admin Office	M9278-02	13/05/2015
L0	0.049	12.2	Waiting Area	L(4)4017	F	G	Physio Waiting	JJ91155-06	
L0	0.050	45.7	Gym	L(4)4020	E	H	Physio Gym	Q9615	
L0	0.051	38.1	Circulation	L(4)4168	-	-	Corridor 14	CIR000-14	
L0	0.052	10.3	Office	L(4)4018	D	E	Physio Office	M90251-02	
L0	0.053	8.1	Store Room	L(4)4023	E	F	Podiatry Store	W9540-01	
L0	0.054	8.1	Walk in Store	L(4)4019	E	F	Store	W958502	
L0	0.055	15.3	Physio Room 4	L(4)4021	F	G	Physio Treatment Room	X90113	
L0	0.056	15.3	Physio Room 1	L(4)4121	B	C	Physio Treatment Room	X90113	
L0	0.057	15.2	Physio Room 2	L(4)4021	F	G	Physio Treatment Room	X90113	
L0	0.058	15.3	Physio Room 3	L(4)4154	B	D	Physio Treatment Room	X90113	
L0	0.059	15.2	Clinical Room 2 - Podiatry	L(4)4122	C	D	Podiatry Clinical Room	X90210A	
L0	0.060	15.3	Clinical Room 3 - Podiatry	L(4)4152	-	B	Podiatry Clinical Room	X90210A	
L0	0.061	15.2	Clinical Room 1 - Podiatry	L(4)4122	C	D	Podiatry Clinical Room	X90210A	
L0	0.062	15.3	Biomechanics Lab	L(4)4126	B	D	Bio-mechanics Room	Z90601	
L0	0.063	15.9	Circulation	L(4)4162	-	-	Corridor 6	CIR000-06	
L0	0.064	16.4	Central Delivery Store	L(4)4107	B	C	Delivery Store	W91585L	12/05/2015
L0	0.065	3.4	ESR	NO LAYOUT	N/A	N/A			
L0	0.066	4.0	Risers	L(4)4115	A	A	Risers		
L0	0.067	14.8	Clinical Waste	L(4)4056	C	C	Clinical Waste	Not issued	
L0	0.068	60.4	Circulation	L(4)4163	-	-	Corridor 7	CIR000-07	
L0	0.069	4.5	HV Store	L(4)4142	A	A			
L0	0.070	10.0	OT Store	L(4)4127	B	C			
L0	0.071	6.3	Biomech Lab Store	L(4)4153	B	C	N/A		
L0	0.072	6.2	Store	L(4)4025	D	E	Store	W958502	
L0	0.073	15.4	Therapy Room 3	L(4)4040	D	F	Therapy Room 3 - 15 sqm	X90704-01	20/05/2015
L0	0.074	15.4	Speech & Language Clinical Room 1	L(4)4074	C	F	Clinical Room	C9110-01	
L0	0.075	15.0	Autism Assessment Room 1	L(4)4095	C	D	Autism Assessment	X90704-02	15/05/2015
L0	0.075A	1.0	Autism Assessment Room 1 Store	N/A	N/A				
L0	0.075B	1.0	Autism Assessment Room 1 Store	N/A	N/A				
L0	0.076	17.5	Autism Assessment Room 2	L(4)4095	C	D	Autism Assessment	X90704-02	15/05/2015
L0	0.077	15.4	Community Paediatrics Room 5	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015
L0	0.078	4.1	HV Store	L(4)4143	A	C			
L0	0.079	15.5	Community Paediatrics Room 4	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015
L0	0.080	15.4	Community Paediatrics Room 3	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015

L0	0.081	15.4	Community Paediatrics Room 2	L(4)4150	L(4)4034 E	-	Consulting Room 15 sqm	C9115	20/05/2015
L0	0.082	15.4	Community Paediatrics Room 1	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015
L0	0.083	31.8	Waiting Area	L(4)4093	C	F	Waiting Area	J1155-01D	13/05/2015
L0	0.084	15.4	Medical Room	L(4)4094	C	E	Medical Room	C90237B	14/05/2015
L0	0.085	5.5	Equipment charging area	L(4)4039	D	E	Medical Equipment Charge	W9540-03	15/05/2015
L0	0.086	26.8	Group Room	L(4)4033	D	G	Group Room	X9704-01	14/05/2015
L0	0.087	4.8	GR Store	L(4)4035	B	B	No RDS	W1585-0	14/05/2015
L0	0.088	90.9	Circulation	L(4)4164	-	-	Corridor 8	CIR000-08	
L0	0.089	4.4	Therapy 2 Store	NO LAYOUT	N/A	N/A			
L0	0.090	30.6	Therapy Room 2	L(4)4120	B	C	Therapy Room 1 - 30 sqm	X90704	20/05/2015
L0	0.091	30.6	Therapy Room 1	L(4)4038	F	H	Therapy Room 1 - 30 sqm	X90704	20/05/2015
L0	0.092A	5.9	Therapy 1 Store	L(4)4105	B	D	No RDS		
L0	0.092B	3.7	Therapy 1 Store	L(4)4105	B	D	No RDS		
L0	0.093	7.5	Dictation Space	L(4)4037	E	F	Dictation Space	M90251	19/05/2015
L0	0.094	21.6	CAHMS Room 10 (Observation room)	L(4)4089	D	F	Observation Room	C90237-F	19/05/2015
L0	0.095	15.6	CAHMS Room 9 (Viewing Room)	L(4)4099	D	F	Viewing Room	C90237-E	19/05/2015
L0	0.096	15.7	CAHMS Room 8	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.097	19.6	Circulation	L(4)4165	-	-	Corridor 9	CIR000-09	
L0	0.098	17.6	Circulation	L(4)4165	-	-	Corridor 10	CIR000-10	
L0	0.099	35.4	Administration	L(4)4118	D	E	Administration Office	J90609D	13/05/2015
L0	0.100	15.7	CAHMS Room 7	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.101	25.5	Stair 4	N/A	N/A	N/A	Stair Core 4		
L0	0.102	15.7	CAHMS Room 6	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.103	15.7	CAHMS Room 5	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.104	15.7	CAHMS Room 4	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.105	15.7	CAHMS Room 3	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.106	15.7	CAHMS Room 2	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.107	15.6	CAHMS Room 1	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.108	0.0	Manifold Store	L(4)4102	-	N/A	No RDS		
L0	0.109	7.1	HV / DN Store	NO LAYOUT	N/A	N/A	NO RDS		
L0	0.110	36.2	Circulation	L(4)4166	-	-	Corridor 11	CIR000-11	
L0	0.111	4.0	General store	L(4)4109	C	D	General Store	W9585-07	
L0	0.112	15.3	File Store	L(4)4036	E	G	Records Store	W9812-06	
L0	0.113	7.1	Dictation Space 1	L(4)4198	E	-	Dictation Space	M90251	19/05/2015
L0	0.114	7.2	Dictation Space 2	L(4)4197	E	-	Dictation Space	M90251	19/05/2015
L0	0.115	5.2	Child toilet / changing area	L(4)4061	C	C	Baby Room	S9010A	
L0	0.116	11.0	Male WC	L(4)4201	-	-			
L0	0.117	11.0	Female WC	L(4)4201	-	-			
L0	0.118	5.0	Standard Accessible WC	L(4)4047	B	C	Accessible WC	V0922A-01	
L0	0.119	10.8	DSR 1	L(4)4024	C	E	DSR 11 sqm	Y9510-02	
L0	0.120	15.4	Comms Room ground floor	L(4)4111	A	A	IT Comms Room	K90912	11/05/2015
L0	0.121	3.4	Store	NO LAYOUT	N/A	N/A			
L0	0.122	1.2	DB	NO LAYOUT	N/A	N/A			
L0	0.123	0.0	Not Used	N/A	N/A	N/A			
L0	0.124	23.5	Stair 3	N/A	N/A	N/A	Stair Core 3		
L0	0.125	8.3	Reception Area	L(4)4092	D	F	Reception	Not issued	
L0	0.126	1.6	Risers	L(4)4115	A	A	Risers		
L0	0.127	0.6	DB	NO LAYOUT	N/A	N/A			
L0	0.128	4.0	Lift 3	N/A	N/A	N/A	N/A		
L0	0.129	4.4	Lift 2	N/A	N/A	N/A	N/A		
L0	0.130	7.1	Lift 1	N/A	N/A	N/A	N/A		
L0	0.131	2.0	DB	L(4)4115	A	A	Risers		
L0	0.132	2.4	WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
Total L0 Accomodtion Area		2175.3							
Total Partitions		123.9							
TOTAL L0 GIFA		2299.22							
lifts risers dbs		24.9							
L1	1.001	21.2	Stair 1	N/A	N/A	N/A	Stair Core 1		
L1	1.002	224.6	Circulation	L(4)4170	-	-	Corridor 15	CIR001-15	
L1	1.003	15.7	Bookable Room 6	L(4)4196	C	-	Bookable Community 15 sqm	C90237D	12/05/2015
L1	1.004	31.4	Bookable Meeting Room	L(4)4067	A	B	Bookable meeting room	H1313-02	
L1	1.005	10.1	Quiet Room	L(4)4050	D	D	Quiet Room	D9109-01	
L1	1.006A	14.6	Waiting area	L(4)4106	C	D	Waiting Area	J1155-02	
L1	1.006B	8.0	Waiting area	L(4)4106	C	D	Waiting Area	J1155-02	
L1	1.007	7.4	Interview room 1	L(4)4049	F	G	Homeless Interview 7 sqm	M972B-01	
L1	1.008	8.5	Male WC	L(4)4129	-	A			
L1	1.009	9.1	Female WC	L(4)4129	-	A			
L1	1.010	12.1	Interview room 2	L(4)4096	C	D	Homeless Interview 12 sqm	M972B-02	
L1	1.011	7.9	Interview Room 1	L(4)4097	F	H	Interview Room 8 sqm	M9724-A	
L1	1.012	7.9	Interview Room 2	L(4)4130	B	C	Interview Room 8 sqm	M9724-A	
L1	1.013	8.0	Interview Room 3	L(4)4097	F	H	Interview Room 8 sqm	M9724-A	
L1	1.014	8.4	Interview Room 4	L(4)4130	B	C	Interview Room 8 sqm	M9724-A	
L1	1.015	36.0	Circulation	L(4)4171	-	-	Corridor 17	CIR001-17	
L1	1.016	68.7	Children & Families Administration	L(4)4136	B	E	Reception Admin	J90610F	
L1	1.017	5.6	Cashiers area	L(4)4136	B	E	N/A (Part of admin Room)		
L1	1.018	3.2	Filing	L(4)4136	B	E			
L1	1.019	11.1	Interview Room 5	L(4)4060	F	G	Interview Room 12 sqm	M9727-03	
L1	1.020	22.7	Circulation	L(4)4172	-	-	Corridor 18	CIR001-18	
L1	1.021	11.0	Interview Room 6	L(4)4131	B	C	Interview Room 12 sqm	M9727-03	
L1	1.022	16.8	Meeting Room 2	L(4)4053	F	G	Meeting Room 15 sqm	M9330-02	
L1	1.023	5.2	Accessible WC with Baby Changing	L(4)4046	B	C	Accessible WC	V0922A-01	
L1	1.024	30.4	Meeting Room 1	L(4)4052	E	F	Meeting Room 30 sqm	M9313-01	
L1	1.025	12.5	Contact Room 1	L(4)4108	E	F	Contact Room	M9727-04	
L1	1.026	12.8	Contact Room 2	L(4)4108	E	F	Contact Room	M9727-04	
L1	1.027	5.1	Baby Room 2	L(4)4061	C	C	Baby Room	S90105	
L1	1.028	15.0	Contact Room 3	L(4)4132	C	E	Contact Room	M9727-04	
L1	1.029	30.0	Circulation	L(4)4171	-	-	Corridor 19	CIR001-19	
L1	1.030	18.9	Stair 2	N/A	-	N/A	Stair Core 2		
L1	1.031A	22.4	Community & GDP Waiting Area	L(4)4026	E	G	Community_Gorbals Waiting	J91201B	05/05/2015
L1	1.031B	2.8	Community & GDP Waiting Area	L(4)4026	E	G	Community_Gorbals Waiting	J91201B	05/05/2015
L1	1.032	12.2	Reception	L(4)4027	D	F	Reception	J90610B	05/05/2015
L1	1.033	5.1	AWC	L(4)4047	B	C			
L1	1.034	14.1	Reception	L(4)4028	E	H	Reception	J90610A	05/05/2015
L1	1.035	42.3	Circulation	L(4)4174	-	-	Corridor 26	CIR001-26	
L1	1.036	10.2	Dental x-ray	L(4)4104	B	D	Dental X-ray Imaging	E9133	05/05/2015
L1	1.037	17.1	Comms Room first floor	L(4)4111	A	A	IT Comms Room	K90912	11/05/2015
L1	1.038	15.7	Community Dental Room 3	L(4)4015	D	F	Community Dental Consulting Room 2-3	C0905D	05/05/2015
L1	1.039	11.3	Clean Store	L(4)4030	D	F	Clean Store	W91585A	05/05/2015
L1	1.040	4.6	Compressor Room	L(4)4112	A	D	Compressor Room	K90912B	
L1	1.041	16.0	Community Dental Room 2	L(4)4015	D	F	Community Dental Consulting Room 2-3	C0905D	05/05/2015
L1	1.042	19.8	Community Dental Room 1	L(4)4013	D	E	Community Dental Consulting Room 1	C0905E	05/05/2015
L1	1.043	15.7	Gorbals Dental Room 1	L(4)4012	E	H	Consulting Room 1-3	C0905C	05/05/2015
L1	1.044	15.7	Gorbals Dental Room 2	L(4)4012	E	H	Consulting Room 1-3	C0905C	05/05/2015
L1	1.045	15.7	Gorbals Dental LDU	L(4)4137	B	E	LDU	01SF09-01	15/06/2015
L1	1.046	10.5	Office	L(4)4016	E	F	Office	M90251-03	01/05/2015
L1	1.047	15.5	Gorbals Dental Room 3	L(4)4012	E	H	Consulting Room 1-3	C0905C	05/05/2015
L1	1.048	10.2	Store	L(4)4075	D	G	General Store	W91585B	05/05/2015
L1	1.049	2.1	WC	L(4)4068	C	E	Ambulant WC	V0901A-01	
L1	1.050	23.0	Circulation	L(4)4175	-	-	Corridor 27	CIR001-27	
L1	1.051	12.2	Reception	L(4)4001	F	G	Reception	J1155-01B	07/05/2015
L1	1.052	29.4	Waiting area	L(4)4002	F	G	Waiting Area	J90610E	07/05/2015
L1	1.053	18.6	Admin Office	L(4)4005	F	H	Administration Room	J90609C	07/05/2015
L1	1.054	27.3	Circulation	L(4)4176	-	-	Corridor 28	CIR001-28	

L1	1.055	15.2	Consulting Room 1	L(4)4199	L(4)4077 D	-	Consulting Room	C90237-C	07/05/2015
L1	1.056	15.3	Consulting Room 2	L(4)4199	L(4)4077 D	-	Consulting Room	C90237-C	07/05/2015
L1	1.057	15.2	Consulting Room 3	L(4)4199	L(4)4077 D	-	Consulting Room	C90237-C	07/05/2015
L1	1.058	15.3	Consulting Room 4	L(4)4146	B	C	Consulting Room	C90237-C	07/05/2015
L1	1.059	15.2	Consulting Room 5	L(4)4139	L(4)4077 D	C	Consulting Room	C90237-C	07/05/2015
L1	1.060	15.3	Consulting Room 6	L(4)4139	L(4)4077 D	C	Consulting Room	C90237-C	07/05/2015
L1	1.061	10.2	Practice Managers Office	L(4)4004	E	F	Managers Office	M9251C	07/05/2015
L1	1.062	10.2	Store 1	L(4)4134	B	C	General Store	W9585-06	28/05/2015
L1	1.063	29.3	Circulation	L(4)4172	-	-	Corridor 20	CIR001-20	
L1	1.064	4.9	Conc Store	NO LAYOUT	N/A	N/A			
L1	1.065	10.7	DSR 3	L(4)4024	C	E	DSR 11 sqm	Y9510-02	
L1	1.066	20.3	Electrical Switch room	L(4)4110	A	A	Electrical Switch Room	Not issued	11/05/2015
L1	1.067	5.2	WC	L(4)4048	B	C	Corridor 19	CIR001-19	
L1	1.068	3.6	WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
L1	1.069	6.2	Dirty Utility - 6sqm	L(4)4135	A	A	Dirty Utility - 6 sqm	Y9431_05	28/05/2015
L1	1.070	39.3	Plant Room - Hot Water	L(4)4113	A	A	Plant Room - Hot Water	K909112C	
L1	1.071	12.3	FM Store	NO LAYOUT	N/A	N/A	NO RDS		
L1	1.072	59.5	Circulation	L(4)4172	-	-	Corridor 21	CIR001-21	
L1	1.073	25.2	Meeting Room	L(4)4057	G	I	Meeting Room	H9313-01	07/05/2015
L1	1.074	2.9	WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
L1	1.075	15.4	Consulting Room 6	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.076	15.5	Practice Managers Office	L(4)4008	F	I	Practice Mangers Office	M9251A	07/05/2015
L1	1.077	15.4	Consulting Room 5	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.078	23.7	Stair 3	N/A	N/A	N/A	Stair Core 3		
L1	1.079	15.4	Consulting Room 4	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.080	18.5	Consulting Room 2	L(4)4147	B	D	Consulting Room - Practice Nurse	C90237-B	28/05/2015
L1	1.081	9.3	Store	L(4)4149	B	C	Store	W958502	
L1	1.082	15.4	Consulting Room 1	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.083	13.9	Gordon Office	L(4)4072	F	G	NO RDS		
L1	1.084	16.9	Admin Office	L(4)4081	COMBINED L(4)4078	COMBINED L(4)4078	Administration	J90609B	07/05/2015
L1	1.085	21.4	Reception	L(4)4078	F	G	Reception	J90610D	07/05/2015
L1	1.086	31.9	Waiting Area	L(4)4079	C	D	Waiting Room	J1155-01A	07/05/2015
L1	1.087	12.7	Reception	L(4)4082	E	H	Reception	J90610C	06/05/2015
L1	1.088	15.3	Admin Office	L(4)4083	COMBINED L(4)4082	COMBINED L(4)4082	Admin Room	J90609A	06/05/2015
L1	1.089	29.4	Circulation	L(4)4173	-	-	Corridor 22	CIR001-22	
L1	1.090	11.9	Practice Managers Office	L(4)4009	E	F	Practice Managers Office	M9251A	06/05/2015
L1	1.091	20.9	Consulting Room 4 - Practice Nurse	L(4)4076	D	E	Consulting Room - Practice Nurse	C90237F	06/05/2015
L1	1.092	15.7	Consulting Room 3	L(4)4077	D	G	Consulting Room	C90237B	06/05/2015
L1	1.093	2.6	Staff wc	L(4)4048	B	C	Ambulant WC	V0901A-01	
L1	1.094	15.7	Consulting Room 2	L(4)4077	D	G	Consulting Room	C90237B	06/05/2015
L1	1.095	15.7	Consulting Room 1	L(4)4077	D	G	Consulting Room	C90237B	06/05/2015
L1	1.096	8.4	Store 1	L(4)4103	C	D	General Store	W9585-06	07/05/2015
L1	1.097	4.6	Dirty Utility	L(4)4117	-	-	Dirty Utility - 5 sqm	Y9431_02	28/05/2015
L1	1.098	24.1	Stair 4	N/A	N/A	N/A	Stair Core 4		
L1	1.099	16.1	Circulation	L(4)4173	-	-	Corridor 23	CIR001-23	
L1	1.100	21.2	Waiting Area	L(4)4086	D	G	Waiting Area	J1155-03	28/05/2015
L1	1.101	9.8	Reception	L(4)4085	F	I	Reception	J90609A	06/05/2015
L1	1.102	22.0	Admin Office	L(4)4007	COMBINED L(4)4085	COMBINED L(4)4085	Admin	Not issued	
L1	1.103	25.0	Circulation	L(4)4173	-	-	Corridor 24	CIR001-24	
L1	1.104	15.7	Consulting Room 1	L(4)4140	B	C	Consulting Room	C90237A	06/05/2015
L1	1.105	2.1	Staff wc	L(4)4068	C	E	Ambulany WC	V0901A-01	
L1	1.106	4.8	Dirty Utility - 5sqm	L(4)4117	A	A	Dirty Utility - 5 sqm	Y9431_05	28/05/2015
L1	1.107	15.7	Consulting Room 2	L(4)4140	L(4)4077 D	C	Consulting Room	C90237A	06/05/2015
L1	1.108	15.7	Consulting Room 3 - Practice Nurse	L(4)4141	B	D	Consulting Room	C90237A	06/05/2015
L1	1.109	15.7	Multi-purpose Room	L(4)4133	B	C	Multipurpose Room	F0310-01	28/05/2015
L1	1.110	11.4	Male WC	L(4)4201	L(4)4129	-			
L1	1.111	8.6	DSR 4	L(4)4098	A	C	DSR 9 sqm	Y9510-01	
L1	1.112	11.4	Female WC	L(4)4129	B	A			
L1	1.113	5.1	WC	L(4)4047	B	C			
L1	1.114	3.4	Resuscitation Trolley Store	L(4)4066	B	D	Resus Trolley Store	Not issued	
L1	1.115	1.5	DB	NO LAYOUT	N/A	N/A			
L1	1.116	1.2	Risers	L(4)4115	A	A	Risers		
L1	1.117	0.0	Risers	L(4)4115	A	A	Risers		
L1	1.118	4.0	Lift 3	N/A	N/A	N/A	N/A		
L1	1.119	15.4	Consulting Room 3	L(4)4148	B	E	Consulting Room	C90237-A	16/05/2015
L1	1.120	9.6	Corridor Seating Area	L(4)4080	C	D	NO RDS		
L1	1.121	26.1	Waiting Area	L(4)4084	E	F	Waiting Area	J91155-01	06/05/2015
L1	1.122	1.6	Risers	L(4)4115	A	A	Risers		
L1	1.123	2.0	Risers	L(4)4115	A	A	Risers		
L1	1.124	26.9	Circulation	COMBINED L(4)4086	N/A	N/A			
L1	1.125	1.5	DB	NO LAYOUT	N/A	N/A			
L1	1.126	2.5	Risers	L(4)4115	A	A	Risers		
L1	1.127	4.4	Lift 2	N/A	-	N/A	N/A		
L1	1.128	7.1	Lift 1	N/A	-	N/A	N/A		
L1	1.129	6.1	Dirty Store	L(4)4011	D	F	Dirty Store	Y90431B	05/05/2015
L1	1.130	4.6	Circulation	N/A	N/A	N/A			
L1	0.131	4.1	Tea Prep	L(4)4195	-	B			
L1	0.132	18.5	Circulation	N/A	N/A				
L1 Total Accomodation Area			2151.2						
Total Partitions			130.9						
TOTAL L1 GIFA			2282.1						
lifts risers dbs			34.7						
L2	2.001	21.3	Stair 1	N/A	N/A	N/A	Stair Core 1		
L2	2.002	78.0	Circulation	N/A	N/A	N/A			
L2	2.003A	13.9	Breakout/Flexible Working	HAA DESIGN	N/A	N/A			
L2	2.003B	3.9	Breakout/Flexible Working	HAA DESIGN	N/A	N/A			
L2	2.004A	7.6	Social Work Enclosure	L(4)4185	B	C			
L2	2.004B	6.7	Social Work Enclosure	L(4)4185	B	C			
L2	2.004C	7.6	Social Work Enclosure	L(4)4185	B	C			
L2	2.004D	13.7	Bookable Meeting Room	L(4)4181	B	C			
L2	2.004E	9.3	Social Work Enclosure	L(4)4186	-	C			
L2	2.004F	9.2	Social Work Enclosure	L(4)4186	-	C			
L2	2.004G	1.6	Social Work Store	HAA DESIGN	N/A	N/A			
L2	2.005A	79.0	Social Work	HAA DESIGN	N/A	N/A			
L2	2.005B	80.4	Social Work	HAA DESIGN	N/A	N/A			
L2	2.005C	80.3	Social Work	HAA DESIGN	N/A	N/A			
L2	2.006	18.4	Store	L(4)4187	-	A			
L2	2.007	15.5	Circulation	L(4)4178	-	-	Corridor 29	CIR002-29	
L2	2.008	5.2	Standard Accessible WC	L(4)4182	N/A	A	Accessible WC		
L2	2.009	2.3	Ambulant WC	L(4)4047	N/A	C	Ambulant WC		
L2	2.010	2.5	Ambulant WC	L(4)4047	N/A	C	Ambulant WC		
L2	2.011	1.9	DB	NO LAYOUT	N/A	N/A			
L2	2.012	2.5	Risers	L(4)4115	A	A	Risers		
L2	2.013	25.2	Stair 2	N/A	N/A	N/A	Stair Core 2		
L2	2.014	10.4	CAT Store	L(4)4065	D	D			
L2	2.015	58.0	Circulation	L(4)4180	-	-	Corridor 33	CIR002-33	
L2	2.016	15.8	Male WC	L(4)4157	-	A			
L2	2.017	15.6	Female WC	L(4)4158	-	A			
L2	2.018	25.1	Bookable Meeting Room	L(4)4031	D	E	Bookable Meeting Room		
L2	2.019	5.4	WC	L(4)4156	-	A			
L2	2.020	140.6	SCS Circulation	L(4)4047	B	C			
L2	2.021	52.5	Bookable Meeting Room	L(4)4101	C	D	IT_Resource training Room		
L2	2.022	106.6	Health Visitors & District Nurses	HAA DESIGN	N/A	N/A			
L2	2.023	6.1	Health Visitors & District Nurses Enclosure	L(4)4185	B	C			
L2	2.024	5.8	Health Visitors & District Nurses Enclosure	L(4)4185	B	C			

L2	2.025	10.0	HV DN Store	L(4)4055	D	D		
L2	2.026	15.5	Breakout/Flexible Working	HAA DESIGN	N/A	N/A		
L2	2.027	2.5	Risers	L(4)4115	A	A	Risers	
L2	2.028	1.4	DB	L(4)4115	A	A	Risers	
L2	2.029	14.5	Staff Kitchen	L(4)4116	B	D	Staff Kitchen	
L2	2.029A	7.9	Staff Servery	L(4)4194	-	A		
L2	2.029B	95.1	Staff Room	L(4)4193	-	A		
L2	2.029C	22.2	Breakout/Flexible Working	L(4)4188	B	B		
L2	2.029D	18.5	Circulation	N/A				
L2	2.030	9.0	Circulation	L(4)4179	-	-	Corridor 30	CIR002-30
L2	2.031	30.4	Circulation	L(4)4179	-	-	Corridor 32	CIR002-32
L2	2.032	6.8	Accessible WC / Shower	L(4)4182	-	A	Accessible WC	
L2	2.033	3.2	Staff Changing & Showers Female	L(4)4100	B	C	Staff Shower & Changing	
L2	2.034	3.2	Staff Changing & Showers Male	L(4)4100	B	C	Staff Shower & Changing	
L2	2.035	3.4	Ambulant WC	L(4)4047	B	C	Ambulant WC	
L2	2.036	3.4	Ambulant WC	L(4)4047	B	C	Ambulant WC	
L2	2.037A	8.9	SCS Enclosure	L(4)4183	B	C		
L2	2.037B	8.9	SCS Enclosure	L(4)4184	B	C		
L2	2.037C	6.3	SCS Enclosure	L(4)4185	B	C		
L2	2.038	7.4	SCS Store	L(4)4135	A	A	Dirty Utility - 6 sqm	
L2	2.039	25.3	Stair 3	N/A	N/A	N/A	Stair Core 3	
L2	2.040	9.9	DSR 5	NO LAYOUT	N/A	N/A		
L2	2.041	46.8	Plant Room	L(4)4114	B	B	Plant Room	
L2	2.042	4.2	Risers	L(4)4115	A	A	Risers	
L2	2.043	5.3	Lobby	L(4)4179	-	-	Corridor 31	CIR002-31
L2	2.044	28.1	Roof Plant (area not included in GIFA calc)	N/A	N/A	N/A		
L2	2.045A	216.7	SCS	HAA DESIGN	N/A	N/A		
L2	2.045B	101.0	SCS	HAA DESIGN	N/A	N/A		
L2	2.045C	9.9	SCS	HAA DESIGN	N/A	N/A		
L2	2.046A	9.4	SCS Enclosure	L(4)4183	B	C		
L2	2.046B	9.4	SCS Enclosure	L(4)4183	B	C		
L2	2.046C	11.6	SCS Enclosure	L(4)4184	B	C		
L2	2.046D	11.4	SCS Enclosure	L(4)4185	B	C		
L2	2.046E	10.3	SCS Enclosure	L(4)4185	B	C		
L2	2.046F	10.3	SCS Enclosure	L(4)4185	B	C		
L2	2.046G	10.3	SCS Enclosure	L(4)4183	B	C		
L2	2.046H	10.6	SCS Enclosure	L(4)4183	B	C		
L2	2.046I	7.5	SCS Enclosure	L(4)4185	B	C		
L2	2.046J	9.9	SCS Enclosure	L(4)4185	B	C		
L2	2.046K	8.5	SCS Enclosure	L(4)4183	B	C		
L2	2.046L	8.6	SCS Enclosure	L(4)4183	B	C		
L2	1.046M	9.1	SCS Enclosure	L(4)4184	B	C		
L2	2.046N	9.0	SCS Enclosure	L(4)4184	B	C		
L2	2.048	24.1	Stair 4	N/A	N/A	N/A	Stair Core 4	
L2	2.049	15.6	Comms Room second floor	L(4)4111	-	-	IT Comms Room	
L2	2.050	42.0	Circulation	L(4)4180	-	-	Corridor 34	CIR002-34
L2	2.051	4.1	Lift 3	N/A	N/A	N/A	N/A	
L2	2.052	5.3	SCS Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.053	2.2	SCS Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.054	1.6	Risers	L(4)4115	A	A	Risers	
L2	2.055	2.0	Risers	L(4)4115	A	A	Risers	
L2	2.056	2.7	Social Work Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.057	2.0	Social Work Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.058	1.9	Social Work Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.059	1.4	Tea Prep Area	HAA DESIGN	N/A	N/A		
L2	2.060	4.4	Lift 2	N/A	N/A	N/A	N/A	
L2	2.061	7.2	Lift 1	N/A	N/A	N/A	N/A	
L2 Total Accomodation Area		1877.9						
Total Partitions		49.8						
TOTAL L2 GIFA		1927.7						
lifts risers dbs		31.8						

SUMMARY

Ground Floor	
Net Area	2175.32
Partitions	123.90
First Floor	
Net Area	2151.16
Partitions	130.90
Second Floor	
Net Area	1877.90
Partitions	49.80
Building Total (gross)	6509

area increase due to design development

APPENDIX I – HAI-SCRIBE

SHFN 30:
PART B: HAI-SCRIBE
Implementation strategy and assessment
Process

Gorbals Health & Care Centre

Introduction

Development stage 2: HAI-SCRIBE applied to the planning and design stage of the development.				
Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on				
Venue	Glasgow City Health and Social Care Partnership South Locality Clutha House Claremont Business Centre Glasgow G41 1AF	Date	21 st November 2016	
'Healthcare Associated Infection System for Controlling Risk in the Built Environment' (<i>HAI-SCRIBE</i>) Implementation Strategy Scottish Health Facilities Note (SHFN) 30: Part B).				
Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.				
Present				
Print name	Signature	Company	Telephone Numbers	Email address
Sussie Dodd		GG&C Infection Control	0141 211 1653	Susie.Dodd@ggc.scot.nhs.uk
Elizabeth Marshall		GG&C Infection Control	0141 211 3405	Elizabeth.Marshall3@ggc.scot.nhs.uk
Alan Gilmour		Glasgow City HSCP	0141 276 6704	Alan.Gilmour@ggc.scot.nhs.uk
Linda Gallacher		Glasgow City HSCP	0141 531 8211	Linda.Gallacher@ggc.scot.nhs.uk
Derek Rae		GG&C Capital Planning	0141 232 2101	Derek.Rae@ggc.scot.nhs.uk
Ian Docherty		GG&C Capital Planning	0141 211 0201	Ian.Docherty@ggc.scot.nhs.uk

The patient risk category for Gorbals H&CC is assessed as Medium Risk Group 2.

Risk to patients of infection from construction work in healthcare premises, by clinical areas	
Risk rating	Area
Group 1 Lowest risk	<ol style="list-style-type: none"> 1. Office areas; 2. Unoccupied wards; 3. Public areas/Reception; 4. Custodial facilities; 5. Mental Health facilities.
Group 2 Medium risk	<ol style="list-style-type: none"> 1. All other patient care areas (unless included in Group 3 or Group 4); 2. Outpatient clinics (unless in Group 3 or Group 4); 3. Admission or discharge units; 4. Community/GP facilities; 5. Social Care or Elderly facilities.
Group 3 High risk	<ol style="list-style-type: none"> 1. A & E (Accident and Emergency); 2. Medical wards; 3. Surgical wards (including Day Surgery) and Surgical outpatients; 4. Obstetric wards and neonatal nurseries; 5. Paediatrics; 6. Acute and long-stay care of the elderly; 7. Patient investigation areas, including; <ul style="list-style-type: none"> • Cardiac catheterisation; • Invasive radiology; • Nuclear medicine; • Endoscopy. <p>Also (indirect risk)</p> <ol style="list-style-type: none"> 8. Pharmacy preparation areas; 9. Ultra clean room standard laboratories (risk of pseudo-outbreaks and unnecessary treatment); 10. Pharmacy Aseptic suites.
Group 4 Highest Risk	<ol style="list-style-type: none"> 1. Any area caring for immuno-compromised patients*, including; <ul style="list-style-type: none"> • Transplant units and outpatient clinics for patients who have received bone marrow or solid organ transplants; • Oncology Units and outpatient clinics for patients with cancer; • Haematology units • Burns Units. 2. All Intensive Care Units; 3. All operating theatres; <p>Also (indirect risk)</p> <ol style="list-style-type: none"> 4. CSSUs (Central Sterile Supply Units).

Table 2: Different areas of health care facility and the risk associated with each area.

The construction works to Gorbals Health & Care Centre is assessed as Type 4.

Type	Construction/Refurbishment Activity
Type 1	Inspection and non-invasive activities. Includes, but is not limited to, removal of ceiling tiles or access hatches for visual inspection, painting which does not include sanding, wall covering, electrical trim work, minor plumbing and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type 2	Small scale, short duration activities which create minimal dust. Includes, but is not limited to, installation of telephone and computer cabling, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.
Type 3	Any work which generates a moderate to high level of dust, aerosols and other contaminants or requires demolition or removal of any fixed building components or assemblies. Includes, but is not limited to, sanding of walls for painting or wall covering, removal of floor coverings, ceiling tiles and casework, new wall construction, minor duct work or electrical work above ceilings, major cabling activities, and any activity which cannot be completed within a single work shift.
Type 4	Major demolition and construction projects. Includes, but it not limited to, activities which require consecutive work shifts, requires heavy demolition or removal of a complete cabling system, and new construction.

Table 1: Redevelopment and construction activity

Patient Risk Group	Construction Project Type			
	TYPE 1	TYPE 2	TYPE 3	TYPE 4
Lowest Risk	Class I	Class II	Class II	Class III/IV
Medium Risk	Class I	Class II	Class III	Class IV
High Risk	Class I	Class II	Class III/IV	Class IV
Highest Risk	Class II	Class III/IV	Class III/IV	Class IV

Table 3: Estimates the overall risk of infection arising and will indicate the class of precaution that should be implemented

It has been assessed that the infection control precautions applicable to Gorbals Health & Care Centre is Class IV control measures. However, the majority of these are not applicable to a new build project. The relevant items are highlighted in red text.

Control measures			
	During Construction Work	After Construction Work	By
Class IV	<ul style="list-style-type: none"> Isolate HVAC system in area where work is being done to prevent contamination of duct system; Complete all critical barriers eg plasterboard, plywood, plastic to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins; Maintain negative air pressure within work site utilizing HEPA equipped air filtration units; Seal holes, pipes, conduits, and punctures appropriately; Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site; All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area; Do not remove barriers from work area until completed project is inspected. 	<ul style="list-style-type: none"> Remove barrier material carefully to minimise spreading of dirt and debris associated with construction; Contain construction waste before transport in tightly covered containers; Cover transport receptacles or carts. Tape covering unless solid lid; Vacuum work area with HEPA filtered vacuums; Damp dust area with neutral detergent and warm water; Scrub floor area with neutral detergent in warm water; Remove isolation of HVAC system in areas where work is being performed. 	<p>Contractor.</p> <p>Contractor.</p> <p>Contractor.</p> <p>Request via domestic supervisor.</p> <p>Request via domestic supervisor.</p> <p>Contractor/Estates Staff.</p>

Table 4 continued: Describes the required infection control precautions depending on class of risk

Initial Briefing Stage

Project particulars and checklists for Development Stage 2

Development stage 2 : Design and planning HAI-SCRIBE Sign-off		
HAI-SCRIBE Name of Project	New-build health centre	
Name of Establishment	Gorbals Health & Care Centre	National allocated number 13 CP 155
HAI-SCRIBE Review Team	Refer to list on previous page	
Signature(s)		Date
Completed by (Print name)	Ian Docherty	22/11/2016
HAI – SCRIBE Sign Off	Susie Dodd	22/11/2016
HAI – SCRIBE Sign Off	Liz Marshall	22/11/2016
Stage 2- General notes relative to assessment		
<p>The Gorbals Health & Care Centre is a continuation of a building style developed for Greater Glasgow & Clyde over recent years. This has been the basis for the following facilities:-</p> <p style="text-align: center;"> Eastwood H&CC Maryhill H&CC Vale of Leven H&CC Barrhead H&CC Renfrew H&CC </p> <p>This building is a 6500sqm new build facility on a self contained site. There are no direct adjacencies with other existing health care facilities. This is an out-patient facility with no overnight bed accommodation. The building is arranged over three as follows:-</p> <p>:</p> <p>Ground floor- Community Bookable / Treatment / Physio / Podiatry / Community Addictions / Specialist Childrens Services incorporating CAMHS / Paediatrics / Speech & Language / Autism Assessment.</p> <p>First floor- Social Work Children & Families / 4No GP Practices / Community Dental / General Dental.</p> <p>Second Floor (staff only)- Support office accommodation and staff facilities.</p> <p>With the exception of Physio and Podiatry that both share an area, all other clinical services have distinct separation into dedicated areas.</p> <p>.All demolition woks were completed prior to GG&C taking ownership of the site. This build procurement is by way of DBFM Contract. Due to the nature of the site and the contract there is no GG&C management responsibility until after building handover.</p>		

In advance of this Stage 2 HaiScribe Meeting, the following HaiScribe review meetings took place:-

- Infection Control- Review of all typical clinical rooms completed on 12/11/2016. Comments captured and fed back to Service Teams and Design Team. No sign off required.
- Infection Control & Hotel Services- Review of all building facilities completed on 13/11/2016. Comments captured and fed back to Service Teams and Design Team. No sign off required.

All sanitary fittings are the subject of a review as part of the contracts 'Reviewable Design Data' (RDD). A further meeting with Infection Control will be called to complete this process. It is anticipated that the sanitary fittings will be as per Eastwood H&CC, the spec for which was successfully signed off by Infection Control in 2015.

Design and Planning Stage

Project particulars and checklists for Development Stage 2

Development Stage 2: Design and Planning Checklist to ensure all aspects have been addressed		
2.a	Brief description of the work being undertaken.	Read general notes on page 6.
2.b	Identify any potential hazards associated with this work.	Any hazards are general construction hazards which are all the responsibility of the DBFM Contractor. Due to the nature of the building and the site, there are no HaiScribe hazards.
2.c	Identify any risk associated with the hazards identified above	Not Applicable (see note 2b)
2.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Not Applicable (see note 2b)
	Control Measures	Not Applicable (see note 2b)
2.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken	Not Applicable (see note 2b)
	Potential Problems	Not Applicable (see note 2b)
	Control Measures	Not Applicable (see note 2b)

2.f	Actions to be addressed	Not Applicable (see note 2b)
By		Deadline

Development Stage 2: Design and Planning General overview		
2.1	<p>In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of dirty / clean areas on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>Concerns raised by Infection Control regarding single use dental instruments were subsequently resolved post meeting. Concerns raised about treatment of urine samples within Community Addictions remain to be resolved.</p>		
2.2	<p>Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of food prep areas on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>Note there are no patient food prep areas.</p>		
2.3	<p>Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations?</p> <p>Consider: Local and central storage</p> <p>Systems for handling and compaction of waste Systems for segregation and security of waste (especially waste generated from healthcare requiring specialist treatment / disposal) to avoid mixing with other waste and recyclates.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of waste management on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>There is no waste compaction.</p>		

Development Stage 2: Design and Planning General overview (continued)		
2.4	<p>Are there satisfactory arrangements for effective management of laundry facilities?</p> <p>Consider:</p> <p>Local and central storage</p> <p>Systems for movement of laundry to central storage</p> <p>Systems for handling laundry</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p> <p>There are no laundry management requirements other than bed curtains. These are on a 6 month change rota. Spares are held within general HSCP storage.</p> <p>Note: all window blinds are wipeable.</p>		
2.5	<p>Are there sufficient facilities and space for the cleaning and storage of equipment used by hotel services staff?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of DSR's and associated stores on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p>		
2.6	<p>Are staff changing and showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Comments</p> <p>Staff shower facilities are located on the 2nd floor adjacent to the staff rest areas. This can be accessed off the staff corridor and service lift.</p>		
2.7	<p>Is the space around beds for inpatients, day case and recovery spaces in accordance with current relevant NHSScotland guidance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p>		

Development Stage 2: Design and Planning General overview (continued)		
2.8	Are there sufficient single rooms to accommodate patients known to be an infection or potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.9	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of surfaces on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>In accordance with the Contract, a further review of specific sanitary fittings takes place as part of the reviewable Design Data exercise. It is anticipated that the sanitary fittings and cabinetry will be as approved by Infection Control for Eastwood H&CC and as per the the mock up room.</p>		
2.10	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Addressed in part only at this stage.</p> <p>Infection Control & Hotel Services- Review of floor finishes on 13/11/2016. Locations for carpet finish approved by Infection Control at this meeting. The selection of other soft furnishings is advanced by Procurement half way through the construction phase. Therefore, these will be considered at a later stage.</p> <p>Privacy curtains within consultation rooms may be fabric. HSCP confirmed that these are on a 6 month change rota with spares held within general HSCP storage for emergency replacement.</p>		
2.11 P	Is the bathroom / shower / toilet accommodation sufficient and conveniently accessible, with toilet facilities no more than 12m from the bed area?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The reference to beds is not applicable.</p> <p>Infection Control & Hotel Services- Review of toilet provision to building on 13/11/2016. Comments captured and fed back to the Design Team by way of meeting minute.</p>		
2.12 D	Are the bathroom/shower/toilet facilities easy to clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of toilet layouts and proposed finishes on 13/11/2016. Comments captured and fed back to the Design Team by way of meeting minute.</p>		
2.13	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NB: In the above and following Table “D” refers to “Design” and “P” refers to “Planning”

Development Stage 2: Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers		
2.14	Does each single room have clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser in addition to the hand-wash basin in the en-suite facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.15	Do intensive care and high dependency units have sufficient clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene? <i>An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.16	Is there provision of clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, acute, elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.17	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Infection Control - Review of clinical hand wash provision on 13/11/2016. Comments captured and fed back to the Services and Design Team. Provision reduced in some instances. Infection Control raised concerns regarding the concealed clinical hand-wash basin within Health Education. This was subsequently agreed as being acceptable provided priority is given to ensuring that the correct cleaning regimes are implemented.		
2.18	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Infection Control & Hotel Services- Review of arrangements for soap towels etc discussed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute		
2.19	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		

Development Stage 2: Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers (continued)		
2.20	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of arrangements for soap towels etc discussed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute.</p>		
2.21 D	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>In accordance with the Contract, a further review of specific sanitary fittings takes place as part of the reviewable Design Data exercise. It is anticipated that the clinical hand wash basins will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.</p>		
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>In accordance with the Contract, a further review of the mixer taps takes place as part of the reviewable Design Data exercise. It is anticipated that the clinical hand wash basins will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.</p>		
2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The hand wash basins are mounted on laminate faced panels and are therefore wipeable.</p>		
2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of arrangements for provision of bins discussed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute.</p>		
Provision of facilities for Decontamination LDU		
2.25 D	Are separate, appropriately sized sinks provided locally, where required, for decontamination? (The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p>Only General Dental has an LDU. This does not fall within the remit of Infection Control.</p>		

Development Stage 2: Design and Planning: Provision of facilities for Decontamination LDU (continued)		
2.26 P	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p>Concerns raised by Infection Control regarding single use dental instruments were subsequently resolved post meeting.</p> <p>Infection Control confirmed that physio equipment can generally be cleaned with proprietary wipes.</p>		
2.27 P	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p>Confirmed that used commodes etc are returned directly to `Equip U` rather than taken into the health centre.</p>		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p>		
Storage		
2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Reference to storage for patient clothes and possessions is not applicable.</p> <p>Area and nature of storage for Services developed through accommodation schedule and signed off layout drawings in tandem with service. Much of the clinical storage is by way of Medistore units which are widely used in the Acute Hospital sector and are favoured by Infection Control.</p>		
2.30 P	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control & Hotel Services- Review of arrangements for storage of contaminated and clean materials reviewed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute.</p> <p>Clean store for Community Dental reviewed. Clinical hand was subsequently removed.</p>		

Development Stage 2: Design and Planning: Engineering services (Ventilation)		
2.31 P	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The heating system is a combination of under floor heaters and radiant panels. People can not come into direct contact with the panels. Therefore, the requirement for low surface temperature is not applicable. In addition, these panels are integral to the ceiling negating the need to clean out dust.</p>		
2.32 D	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Ventilation air change rates, plant and equipment have been designed in accordance with SHTM 03-01 and SHPN36 Part 1. Mechanical ventilation will be provided via air handling units providing full fresh air supply and general extract with heat recovery via plate heat exchanger. Dirty extract systems will be provided to extract from toilets, DSR's etc. Where appropriate natural ventilation will be provided via openable windows.</p>		
2.33 D	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? <i>(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p><i>Supply ventilation is provided via full fresh air systems. There are no re-circulated air systems. Where dirty extract is provided from rooms these rooms will be under negative pressure preventing any foul/contaminated air from exiting the room.</i></p>		
2.34 D	Are ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Access points have been specified to ductwork systems in accordance with SHTM03-01 and TR19. Grilles and diffusers will have removable cores and access panels will be provided to air handling unit components for servicing and cleaning.</p>		
2.35 P & D	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Air intakes and discharges have been ducted to try to provide a minimum separation of 10 metres.</p>		

2.36 P	Does the design and operation of re-circulation of air systems take account of dilution of contaminants and the space to be served? <i>(NB: Recirculation would only arise in UCV theatres)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments <i>N/A. There are no recirculation systems.</i>		
Development Stage 2: Design and Planning: Engineering services (Ventilation) (continued)		
2.37	Is the ventilation of theatres and isolation rooms in accordance with current guidance?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.38	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.39	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments <i>There are no safety cabinets provided for any dangerous pathogens on this project and no isolation suites.</i>		
Engineering services (Lighting)		
2.41 D	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Light fittings in clinical areas are sealed units. In accordance with the Contract, a review of the light fitting specifications takes place as part of the reviewable Design Data exercise. It is anticipated that these fittings will be as approved by Infection Control for Eastwood H&CC.		
Engineering services (Water services)		
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments The water distribution system has been developed by the Services Engineers by way of consultation and review by Health Facilities Scotland Technical Team and GG&C Estates Department. The design of the system is generally in accordance with the industry guidance.		

Development Stage 2: Design and Planning: Engineering services (Water Services) (continued)		
2.43	Are facilities available to enable special interventions for <i>Legionella</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There are no disinfection injection points included in the proposals. However, this can be managed in other means.</p>		
2.44	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The drainage is designed in accordance with the Building Standards Regulations and has Building Control approval. In addition, it is in accordance with the relevant Building Standards and good practice.</p>		
2.45	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There is a 25 year programme of maintenance developed for this building. GG&C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period.</p> <p>All services are all concealed within ceiling voids, walls constructions, IPS panels or duct risers. The details of these have been reviewed by the appointed Facilities Management to ensure that they can suitably maintain these services for the 25 years.</p>		
Estates services (Pest control)		
2.46	Is the concealed service ducting designed, installed and maintained to minimise risk of pest infestation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The ground floor slab is cast on the hard. Therefore, there is no floor void below. Services rising up through the building and passing through walls are all sealed at the junctions.</p>		
Estates services (Maintenance access)		
2.47	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There is a 25 year programme of maintenance developed for this building. GG&C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period. Their performance is closely monitored with financial penalties if they do not perform within stated time frames for the completion of both planned and reactive maintenance.</p>		

APPENDIX J - PROGRAMME

APPENDIX K - PEP

Project Execution Plan (PEP) – Part 1

Project title:	Gorbals Health Centre	Business unit / region:	Scotland Central
Project number:	20P034		
Customer:	Hub West Scotland		
Location:	Cumberland Street, Gorbals, Glasgow		
Preparation, approval, authorisation and distribution			
	Position:	Signed:	Date:
Prepared by:	Project Manager	F. Sim	20/08/2015
Approved by:	Project director / area director		
Prepared by	TBC, Morgan Sindall, Project Manager		Date
Part 2 (CPHSP) reviewed by	Diane Connor, Morgan Sindall, SHE advisor		Date
Part 3 (EMP) reviewed by	Diane Connor, Morgan Sindall, Environmental advisor		Date
Part 4 (QMP) reviewed by	David Patrick, Morgan Sindall, Quality representative		Date
Part 5 (DMP) reviewed by	Brian Irving, Morgan Sindall, Design manager		Date
Part 6 (Commissioning Plan) reviewed by	Gordon Watson, Morgan Sindall, Project manager		Date
Customer's representative		Date
CDM coordinator for CPHSP (Part 2)	... CDM Coordinator		Date
Issued to:	Position:	Company:	

Project Execution Plan (PEP) – Part 1

Contents

1.	Revision schedule	2
2.	Introduction	5
3.	Purpose	5
4.	Pre-construction information	6
5.	Contract particulars	11
6.	Project directory	13
7.	Contract organisation and staff responsibilities	15
8.	Communications	17
9.	Project Management System	18
10.	Construction Design and Management (CDM)	19
11.	Safety, health and environment	19
12.	Risk management	19
13.	Design management	20
14.	Project system requirements	20
15.	Knowledge transfer – good practice / lessons learned	21
16.	Contract records	21

DRAFT

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	3 of 21

Management System

Plan

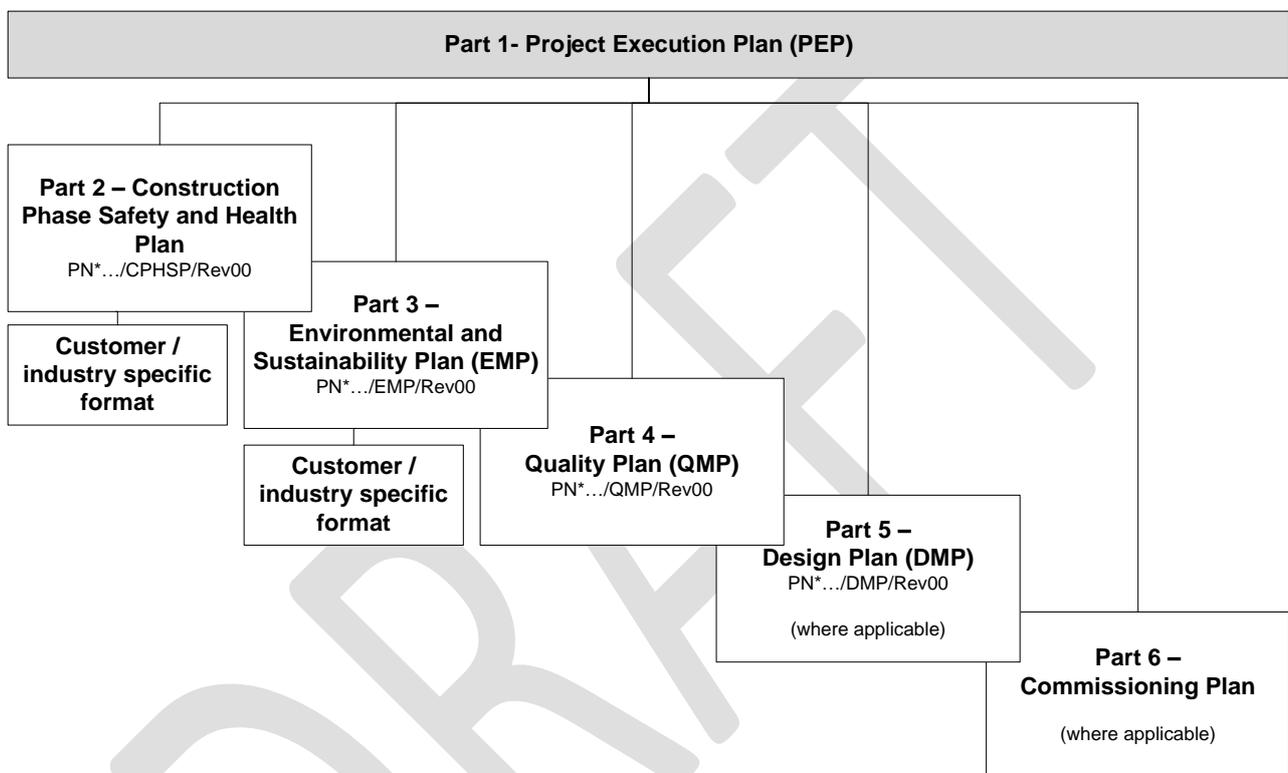
Project Execution Plan (PEP) – Part 1

Project Execution Plan (PEP) - overview

This document will define how specific health, safety, environmental, quality and design elements of the contract will be delivered.

In the diagram below each box represents a document which can form part of the whole PEP.

* PN = Contract or project no.
(Update revision nos. as required)



Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	4 of 21

Project Execution Plan (PEP) – Part 1

2. Introduction

Commitment

Morgan Sindall is committed to the vision and values as set out in the Morgan Sindall strategy.

Customer

- We will always put the customer first
- We understand our customers' needs, delighting them time after time
- Every customer is important, whether large or small.

Safe

- Uncompromising in creating a safe and sustainable environment
- Nothing is so important that it cannot be done safely
- We are always looking towards securing an accident-free environment.

Ambitious

- We want to be our customers' first choice time after time
- We recruit and develop the best technical and creative skills in the industry
- We are passionate about seeking the best solutions and are packed with pride and fresh ideas.

Responsibility

- We take ownership for our decisions and follow through
- Making money is important. When we make money we can provide job security and invest in the future
- Money and minimising waste is everyone's responsibility.

Collaborative

- We enjoy working in teams
- Each and every person plays an important role
- It is important to have people with different backgrounds and skills.

On this project we are committed to:

- Leading behavioural change to reduce accidents and work-related ill health, and defects
- Reducing our Accident Frequency Rate (AFR)
- Supporting the aim of reducing work-related ill health
- Having a qualified and experienced workforce
- Giving a site specific induction to everyone before entering a work site
- Consulting with site personnel on health and safety matters
- Producing regular reports on health and safety performance
- Achieving our goal of "Perfect Delivery".

3. Purpose

This PEP describes how this project will be managed. It is a live document that will be reviewed at regular intervals by the project / contract team to reflect progress of the works and changes in requirements. It incorporates the elements that satisfies the Construction Design and Management (CDM) requirement of the Construction Phase Health and Safety Plan (CPSMP – Part 2).

The project / contract manager is responsible for ensuring that the working arrangements are carried out in accordance with this plan.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	5 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

This plan comprises five parts which are:

- Project Execution Plan – Part 1
- Construction Phase Health and Safety Plan – Part 2
- Environmental and Sustainability Plan – Part 3
- Quality Plan – Part 4
- Design Management Plan – Part 5 (optional)

Note: The health and safety, environment, quality and where applicable design and commissioning sections should always be read in conjunction with this core document.

This PEP covers Morgan Sindall's common management approach, in line with the Integrated Management System (IMS), available on the company's intranet. This document supersedes any tender stage plan produced at concept, design bid or full bid stage. Where appropriate to the project the tender stage management plan should be referenced as a relevant document.

Morgan Sindall is certified to BSEN ISO9001:2008, BSEN ISO14001:2004 and BS OHSAS18001:2007 by certification body BSI. The IMS and PEP have been developed for compliance to these standards. The company's IMS is designed to meet the requirements of the Morgan Sindall policies, objectives and targets. The documentation defined within the IMS should be used at all times and variance should only be allowed where customer requirements dictate.

4. Pre-construction information

Contract location

Gorbals Health Centre Site
Cumberland Street
Gorbals
Glasgow

Project Description

The Works comprise the construction of a new Health Centre complete with all associated site works and services. The Health Centre comprises two-storey and three-storey buildings forming an 'E' shape on plan. The health centre is of steel frame construction with a concrete upper floor and a flat roof housing plant.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	6 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

Site

The site location is as described in Section 1 of this report and occupies an area of approximately 3,700m². The site is effectively half of the original residential site, which is owned by New Gorbals Housing Association (NGHA). NGHA will retain the Eastern half of the original site and plan to construct a new office block to accommodate their new Head Quarters, adjacent to the new health and care centre.

The footprint of the original tower block occupied an area 780m² with the remainder of the site consisting of hard and soft landscaping.

We understand the existing tower block including foundations, hardstandings, etc. was demolished and removed to clear the site in advance of the new construction works commencing.

Existing services have been noted within the site, most notably a bank of HV power cables which runs just inside the eastern boundary of the site. We understand that a survey has been commissioned to accurately identify the position of these cables so that the future development can be designed to accommodate the required off-set dimensions of the no build zone for new structures. The findings of the survey show various power cables out with the building footprint, and one bank of cables impinging on the proposed building. Further investigations are currently underway to ascertain the nature of this bank of cables, whether it is live, and the feasibility of removal or making redundant. The findings of this study will be incorporated during the next stage of the design.

In addition, Scottish Water plans show exiting foul and surface water sewers within the site. It is unclear if any of these runs have been removed as part of the tower demolition works. The original drainage plans are included within Appendix B of this report. A drainage survey was commissioned to ascertain the position and extents of the drainage runs and the results are inconclusive within the site due to the presence of the demolition rubble. It is likely that the runs have been removed judging from the reduced level of the cleared site and no surface evidence of the runs remains.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	7 of 21

Project Execution Plan (PEP) – Part 1

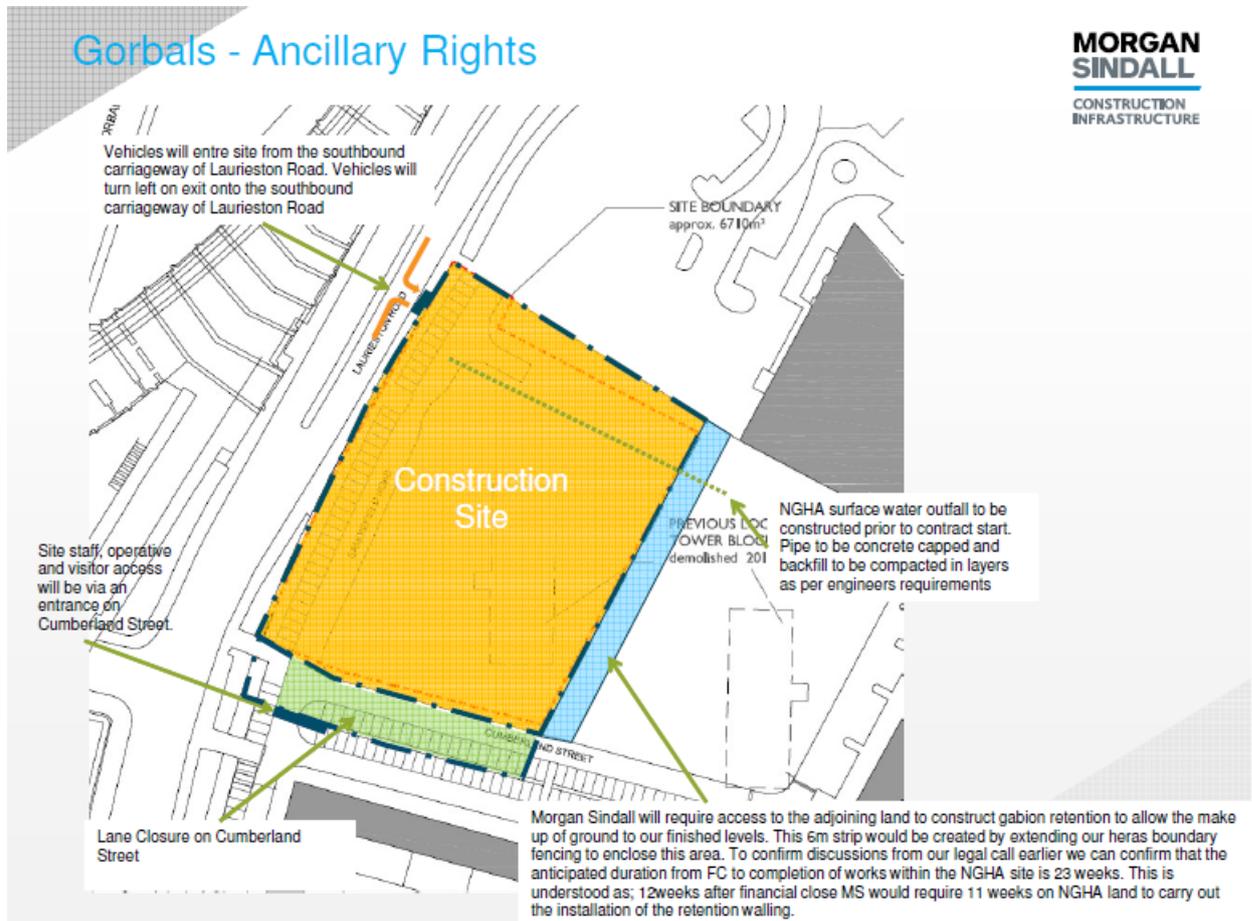


Fig 1

Contract Hazards:

Constraints identified on this project are:

- Surrounding residential area – traffic management
- Existing underground services including water, gas, electric and telecom.
- Adequately charting existing services on master drawing.
- Traffic Management.
- Emergency planning and accident / incident response.
- Risk management of all construction activities.
- Manual Handling and Occupational Health.
- Noise and nuisance controls.
- Protection of the existing environment.
- Control of access and delivery times as defined by our planning conditions.
- Maintain public roads and footpaths. Dilapidation surveys to be carried out with photographic records taken.
- Restricted site parking.
- Restricted delivery vehicle widths and lengths.
- Maintain good and proper access to the site should the need arise for any emergency vehicles.

Existing environment

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	8 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

- Post demolition site. Site cleared by demolition contractor. Post demolition Si has been carried out to assess obstructions etc.

Site Location Plan

Please refer to figure 1.

Existing Services (underground and overhead)

All existing services are disconnected apart from Scottish Power cable to the east of the site. MSPS currently applying to spike cable. Full copies of existing services are available.

Existing traffic / pedestrian systems and restrictions

The key features of our TMP will be:

To maintain strict vehicle delivery schedules to ensure continuity for local residential properties
 Traffic lights at crossroads to be maintained at all times
 If applicable park and ride facility for site workers
 Maintain safe access and egress at all times for local residents.
 We understand the traffic and pedestrian movement in the area and will ensure minimum disruption during our operations by careful scheduling of deliveries at off-peak times.
 Provide detailed access / egress routes to the site as agreed with the relevant authorities, to everyone required to attend the site, site employees, visitors and deliveries.
 Locate the laydown area on the to ensure sufficient storage and improve site logistics.
 Implementing the plan through a fully trained and full time gate man.
 Restricting traffic to 5mph on site. We will erect signage leading to and from the site with full information on traffic management.
 Our TMP will be incorporated into subcontract contractual documents and will be communicated to all site operatives, staff and visitors via the site inductions.

Existing Structures

No existing structures on site.

In considering the design, tender documents, pre-construction information pack and the details considering at the planning stage, the following areas have been identified as significant hazards for the project.

- Accidents with members of the public caused by construction traffic coming through surrounding industrial estate with significant numbers of parked cars restricting access and vision.
- Heavy construction traffic causing accident when accessing egressing site.
- Noise affecting surrounding properties.
- Vibration from construction work having a detrimental effect on surrounding properties.
- Dust from construction works causing nuisance to surrounding properties.
- Utilities and ground works being affected by contamination in the ground
- Loading and off-loading of vehicles
- Existing emergency services access routes and points such as fire hydrants being blocked by construction related works / traffic
- Potential accidents to young person's relating to site works
- Inappropriate management of waste impacting upon the environment.
- Incorrect storage of materials leading to contamination.
- Striking existing services whilst carrying out new construction works.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	9 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

- Works to existing services undertaken by unqualified individuals leading to injury or death.
- The management of contaminated or poor ground conditions where found leading to injury or death
- Accidents occurring when undertaking lifting operations.
- Accidents occurring when undertaking excavation works.
- Accident / incident due to temporary works failure.
- Muscular skeletal injuries due to poor manual handling techniques or inadequate lifting equipment.
- Paints, solvents, adhesives, glues, epoxy's, intumescent paint, fire stopping compound, pitch polymers used as specified during construction works not being properly managed leading to health hazard to individuals.

Existing records and where they can be found:

Topographical Survey

Topographical Survey of the proposed site carried out by MSPS

The above information is available on the 4 projects

Project value:	£15m
-----------------------	------

Heritage Impact Assessment

N/A – No heritage impact assessment required for this project

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	10 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

Construction start date:	Jan. 17
Duration:	85 WEEKS
Sectional handover details (if applicable):	N/A
Project completion date:	Aug 18
Site working hours:	Mon – Thurs – 8am-5.30pm. Fri – 8am – 4.30pm Sat 8am – 1pm

5. **Contract Particulars**

Scope of the contract

See “Project Description” section above

Programme- Key Dates

- **Site Possession - Construction** 9/01/17
- **Handover** 24/9/18

Contract Documents:

Form of Contract: Bespoke Contract between Morgan Sindall and Hub West Scotland

Procurement strategy:

The procurement on the project will align with the issued Morgan Sindall supply chain guidance documentation. The specific procurement route on this project shall generally be:

WORK PACKAGES PLACED THROUGH MORGAN SINDALL SUPPLY CHAIN.

IT strategy:

Site will be set up by using local network installed by IT and associated printer procured and installed. Morgan Sindall Intranet will be utilised along with Digest.

4 Projects has been set up for utilisation on the project

Project objectives

- SAFE – Zero reportable accidents.
- ON TIME – completing the project on the agreed date.
- SNAG FREE – on the agreed completion date.
- DELIGHTED CUSTOMER – achieving our customer’s key objectives.
- RECOMMENDED – an experience recommended by our customer’s.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	11 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

Key Performance Indicators (KPI's):

KPIs 2014	
KPI	TARGET
LAG	
AFR (YTD)	0.10 (UK-0.12) 10% < 2013
AIR (YTD)	241 (UK-300) 10% < 2013
LTI (YTD)	0.15 (UK-0.25) 10% < 2013
AAFR (YTD)	1.27 (UK-2.25) 10% < 2013
LEAD	
Toolbox Talk Ration	100%
100% SAFE Leadership Assessments	7 Ave/month
VOICE Close out Ratio	95%
Reporting of Learning Events	6 in the year
Reporting of Positive Interventions	150 Month Average
% RIDDOR Free projects	100%
SUSTAINABILITY	
CCS average score	>40
Carbon Reduction	5% Reduction on 2010 baseline. 2014 Target (1.5t CO2/£100K regional T/O)
Waste diverted from Landfill	100% recovery aspiration, with at least 95% diversion from landfill
Water Usage	Improve accuracy in measuring water usage, with 10% reduction on 2013 figures Target (3m3/£100K regional T/O)

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	12 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

6. Project directory

PROJECT TEAM

Client

Hub West Scotland
Skypark 1, Suite 7/3,
8 Elliot Place,
Glasgow,
G3 8EP
Contact: Jim Allen
Telephone: 0141 530 2150.
Email: jim.allen@hubwestscotland.co.uk

Architect

JMA
64 Queen Street, Edinburgh, EH2 4NA
Contact: John MacDonald
Telephone: 0131 464 6100
Email: john.macdonald@jmarchitects.net

CDM Co-ordinator

T&A
10 Wemyss Place Edinburgh
EH3 6DL Contact:
Gary Marshall
gary.marshall@thomasandadamson.com
0131 225 4072

Quantity Surveyor

T&A
5 Woodside Terrace, Glasgow, G3 7UY
Caroline Brown
caroline.brown@thomasandadamson.com
0141 332 3754

Structural Engineer

MSPS
Trilogy One,
Woodhall
Holytown,
Motherwell,
ML1 4YT
Contact: Andy Gotts
Telephone: 01698 738600
Email: 10160784.Gorbals@morgansindall.com

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	13 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

Mechanical & Electrical Services Engineers

TUV SUD Limited
The Venlaw Building
349 Bath Street
Glasgow
G2 4AA
United Kingdom

Tel: +44 (0) 141 221 9866

Fax: +44 (0) 141 221 6088

Email: Gary.Meechan@tuv-sud.co.uk

Principal Contractor

Morgan Sindall plc
Trilogy One,
Woodhall
Holytown,
Motherwell,
ML1 4YT
Contact: Steve Irvine
Telephone: 01698 738600
Email: steve.irvine@morgansindall.com

Participant

NHS GGC
NHS Greater Glasgow and Clyde
Corporate HQ
J B Russell House
Gartnavel Royal Hospital Campus
1055 Great Western Road
GLASGOW
G12 0XH
Contact: Ian Docherty
Telephone: 0141 232 2003
Email: Ian.Docherty@ggc.scot.nhs.uk

The project manager shall ensure that all the project contact information shall be assembled into a project directory that shall be made available to all members of the project team in either electronic and/or hard copy form.

The project directory shall be the major source of contact information on the project.

The project manager shall ensure that the project directory shall be reviewed, updated and reissued on a regular basis to reflect on-going changes / additions to personnel, organisations and/or contact details

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	14 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

7. Contract organisation and staff responsibilities

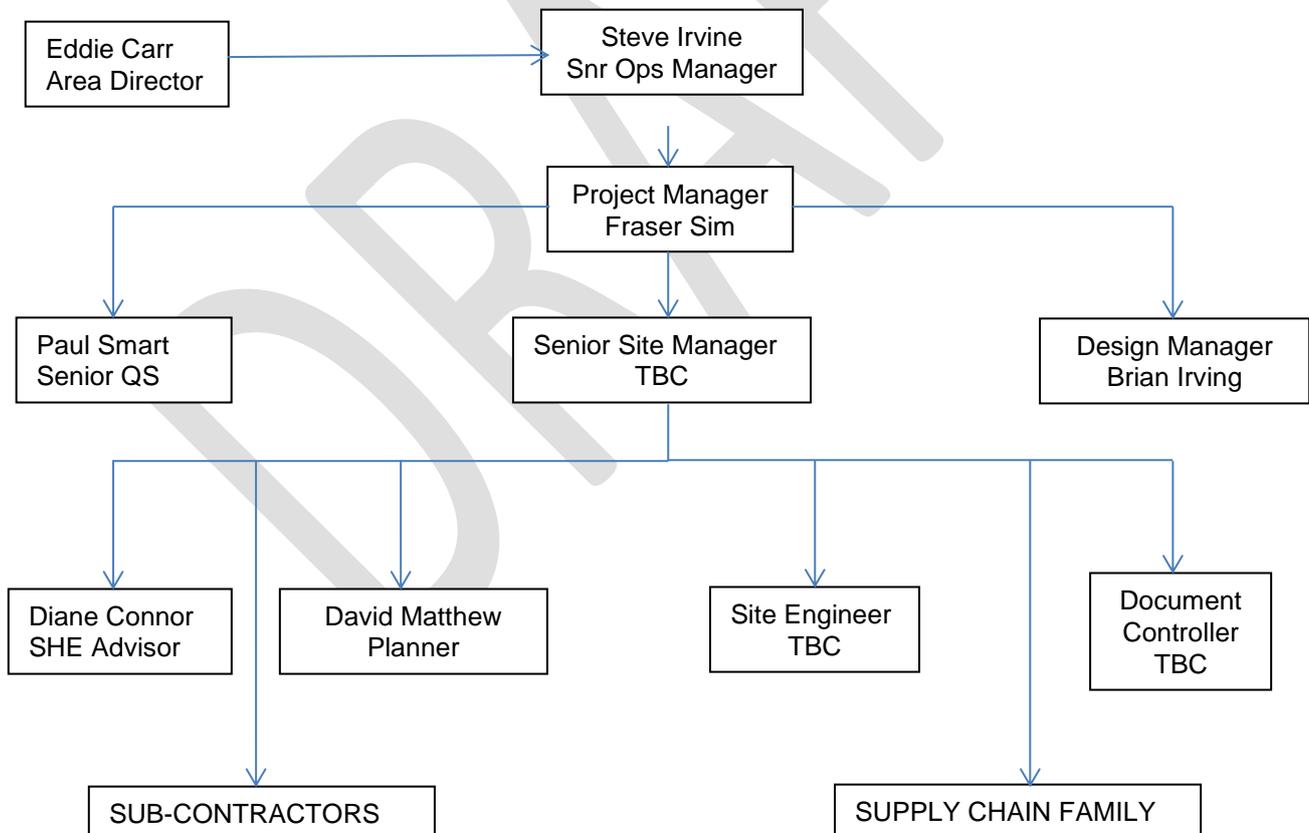
The project management organisation, including organisational interfaces, and names and locations of the individual Morgan Sindall personnel is detailed below.

- i. Snr Ops Manager – Steve Irvine
- ii. Project manager – Fraser Sim
- iii. Senior Site manager – TBC
- iv. Senior Quantity surveyor – TBC
- v. Design manager – Brian Irving
- vi. Building services manager – TBC
- vii. Planner – David Matthew
- viii. Site engineer - TBC
- ix. SHE advisor – Diane Connor/ Graham Palmer

Individual specific management and control responsibilities for project staff should be set by the project director / manager aligned to the specific requirements and responsibilities on the project.

Project organogram for Gorbals HC

COMPANY ORGANOGRAM



Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	15 of 21

Project Execution Plan (PEP) – Part 1

Title/duty	Appointed person	Deputy	Contact details	Appointments in writing
Project staff				
Project Director	TBC	N/A	TBC	
Contract Manager	Steve Irvine	N/A	TBC	
Project Manager	Fraser Sim	TBC	TBC	
Senior Site Manager	TBC	N/A	TBC	
Site Manager No. 1	TBC	N/A	TBC	
Site Manager No. 2	TBC	N/A	TBC	
Engineer	TBC	N/A	TBC	
Crane Supervisor*	TBC	TBC	TBC	
COSHH Coordinator*	TBC	TBC	TBC	
Temporary Works Coordinator*	TBC	TBC	TBC	
Site Safety Supervisor	TBC	TBC	TBC	
Competent Person (electrical) *	G Watson	N/A	01698 738600	
Site Environment and Waste Coordinator	TBC	TBC	TBC	
Fire / Emergency Coordinator(s)	TBC	TBC	TBC	
Authorised Permit Issuer(s)	TBC	TBC	TBC	
First Aider(s)	TBC	TBC	TBC	
Design Coordinator	TBC	TBC	TBC	
Plant Coordinator	TBC	TBC	TBC	
Scaffold Controller	TBC	TBC	TBC	
Traffic Management Coordinator	TBC	TBC	TBC	
Waste Coordinator	TBC	TBC	TBC	
Permits Approval	TBC	TBC	TBC	
Quality Inspectors	TBC	TBC	TBC	
Incident Controller	TBC	TBC	TBC	
Support function staff				
Safety Advisor	Diane Connor	G Palmer	07837 281971	
Environmental Advisor	Diane Connor	G Palmer	07837 281971	
Quality Advisor	David Patrick	N/A	01698 738600	
Procurement Manager	A Browning	Alison Callaghan	01698 738600	
Commercial Manager	TBC	N/A	01698 738600	
Design Manager	Brian Irving	N/A	07837 299161	
Building Services / M&E Manager	TBC	N/A		
Planner	D Matthew		01698 738600	
Company Electrical Duty Holder	G Watson		01698 738600	
CDM Coordinator			01698 738600	
MEWP Coordinator	TBC	TBC	TBC	
Person responsible for production and review of RAMS	TBC	TBC	TBC	

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	16 of 21

Project Execution Plan (PEP) – Part 1

8. Communications

General

Morgan Sindall regard the provision of competent managers, supervisors, foreman and operatives as the key to operations being carried out safely, to the correct quality and without risk to health, or the environment. The competence of individuals working on the contract shall be assessed by senior management prior to taking up post and training provided where necessary. Training records and competence of all personnel shall be available on site.

Morgan Sindall are a member of the UK Construction Group (UKCG), and is committed to carrying out effective consultation with everyone on this project. The methods selected for use in this contract are detailed below.

Site communications

Health and safety, environment and quality information and directions to employees / contractors shall be addressed during normal day to day liaison by line management. In addition, planning and co-ordination of activities shall be undertaken at progress, pre-contract and site meetings.

The principle means of communication for this contract shall include:

- Induction
- Daily safety briefs
- Tool box talks
- RAMS briefings
- Task specific briefings
- Cascade
- Safe and sustainable update
- Environmental Awareness

Worker consultation

Regular consultation with all works will take place during the project and the project manager will ensure that there are defined arrangements in place.

The items shaded below are the methods of consultation and communication on all Morgan Sindall projects.

Method				
Project	Workforce engagement forum (VOICE)	100% Safe workshop	Through one or more workforce representative	Site project meeting
Work gang	Toolbox talks	Point of work safety assessment	Through elected representatives	Method statement briefings
Individual	Learning event suggestion boxes	Directly with each worker	Whistle blowing procedures Health and safety helpline 0800 328 3874	Open door policy

Stakeholder liaison

Morgan Sindall fully understands the need for effective liaison with stakeholders such as the customer, contractor, suppliers, local community and employees.

The specific means for this project are as follows:

- Contract meeting

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	17 of 21

Project Execution Plan (PEP) – Part 1

Induction and site orientation training

Site induction, site orientation and training will be carried out for all employees and contractors.

Visitors

Visitors (personnel on site not more than one day) shall be accompanied at all times whilst visiting the work site by an authorised member of the site team who is familiar with the site construction hazards, layout and restricted working areas.

ALL VISITORS TO SITE WILL BE REQUIRED TO ATTEND A MORGAN SINDALL SITE VISITORS INDUCTION.

Drivers

Driver's safety rules will be displayed at the site entrance and shall apply unless modified by the contract manager. Morgan Sindall contract team will ensure that they communicate drivers safety rules to delivery drivers on their first arrival and monitor compliance. See [Annex F Part 2](#).

Information and signage

Morgan Sindall shall display and update at vantage points around the site, health and safety, environment and quality information, which shall include:

- F10 in site office, canteen and security hut.
- HSE (HASWA) Poster in site office and canteen
- SHE Policy Statement
- Quality Policy Statement
- Emergency Procedures including details of Fire Wardens and First Aiders.
- Site Layout Plan including details of Emergency Assembly Points.
- Construction hazard warning signage including Hazard Board (updated weekly or as and when required)
- Insurance Certificates
- Site Rules.
- SHE Alerts, Bulletins and Notices.
- 100% SAFE Posters.
- Considerate Constructors (details and information of scheme)
- All other general health, safety and environmental information.

9. Project Management System

The management system on the project shall be the Morgan Sindall IMS. The project system will consist of this PEP document plus the relevant processes, standards and guidance.

Upon receipt of formal award of the contract a contract handover meeting shall be held by the project director / area director. This meeting forms part of the contract review process and also formally triggers the production of this PEP, which will include sections with the arrangements for managing health and safety, environmental, quality and design issues.

The project manager is responsible for the content, implementation, formal issue and control of the PEP and the management system documentation on the project, including associated inspection and test plans.

An inspection and test plan will be prepared and issued in advance of each element of the works / work package.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	18 of 21

Project Execution Plan (PEP) – Part 1

The project shall be subject to internal audit by the business unit management team in accordance with agreed auditing schedules.

10. Construction Design and Management (CDM)

The project manager shall ensure that the Health and Safety Executive (HSE) F10 form for the construction phase is displayed on site.

The Construction Phase Health and Safety Management Plan (CPSMP – Part 2) will take in to account the information supplied in the health and safety information pack, it will contain sufficient information to allow work on site to start. This plan is subject to formal acceptance by the customer / CDM co-ordinator before work can commence on site.

The project manager shall ensure that plans for health and safety, environment quality and design are developed as applicable progressively throughout the contract period in accordance with project requirements.

At the start of, and during, the course of the contract the project manager shall determine what documentation and records are required by the CDM coordinator for the health and safety file / O&M manuals and shall ensure that the necessary information is collected and collated throughout the contract period and is forwarded to the CDM coordinator in time to allow the production of the health and safety file.

11. Safety, health and environment

The Morgan Sindall SHE processes, standards and guidance contained within the IMS shall be the mandatory procedural requirements to be implemented on the project.

The Morgan Sindall project manager shall ensure arrangements are in place to ensure all personnel operating on or visiting the project receive a project specific project induction before starting work on the site.

Further details of the SHE arrangements are in the CPHSP, Part 2 of this document.

The project manager, in conjunction with the environmental advisor / SHE advisor, will develop the Environmental Management Plan (EMP) for the construction phase of the contract. This will incorporate the Site Waste Management Plan (SWMP) ([SE FRM3](#)), which will be developed from the pre-construction stage SWMP.

12. Risk management

The contract team will coordinate interfaces between activities and contractors to ensure that the works and associated hazards are managed. When considered desirable, the programme will be amended to manage those hazards more safely.

Risk management plan

A risk management plan will be developed for the contract to be amended and updated by the contract manager.

Risk register

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	19 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

The contract manager will keep a specific risk and opportunities register for the contract for all business risk.

Risk assessment

Risk assessments will be carried out on all activities. Refer to safety control in the CPHSP Part 2 of this plan.

Change control

Morgan Sindall has specific arrangements that deal with change control.

Control of contractors

Morgan Sindall operates an assessment and approval system of potential contractors “This system will be used to assess, among other matters, SHEQ competency and adequacy of resources. Control of contractors is further covered in the Quality Management Plan (QMP) – Part 4. Before award of any contract element, the contract team will hold and record SHEQ meetings with potential contractors and where appropriate, check any contractors work performed off-site to ensure compliance with agreed requirements.

Control of key materials suppliers

The contract team will ensure that suppliers of key contract materials provide SHEQ information, such as Control of Substances Hazardous to Health (COSHH) data sheets, COSHH assessments and proof of sustainability (e.g. for timber).

13. Design management

Where the project has a design element, a Design Management Plan (DMP) - Part 5 must be in place. This should have been developed during the pre-construction / bid stage and revised and updated following award of the construction phase of the project.

14. Project system requirements

Particular attention is drawn to the need for control processes to be implemented for the undernoted activities:

- Project administration and document control
- Safety, health and environment
- Stakeholder management
- Project risk management
- Commercial control
- Design and project change control
- Emergency planning arrangements
- Management of subcontractors
- Quality
- Programming and planning
- Procurement
- Commissioning
- Project completion and handover
- Customer care period management.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	20 of 21

Management System

Plan

Project Execution Plan (PEP) – Part 1

15. Knowledge transfer – good practice / lessons learned

While some lessons learned information has already been incorporated into this project from previous projects, the project manager, with the project team, will continuously review activities and performance and, where possible, identify both good practice and areas for performance improvement. This may be done by individual item or by holding review workshops on completion of particular elements of work. In either instance the findings shall be recorded and, in the case of good practice, be communicated into the “Pass It On” improvement mechanism within Morgan Sindall. In respect of areas for improvement, steps shall be taken to rectify the identified process or operational failings and the improvements implemented.

In addition the project manager and the project team will carry out a post contract performance review on contract completion to review the project and record all lessons learned. This information must then be circulated as required by the lessons learned process.

Monitoring and reporting

The project director / contracts manager and project manager shall continuously monitor standards. A specific monitoring schedule has been prepared for this project and is set out in the table below:

Project monitoring schedule					
Type of monitoring	Frequency*				
	Daily	Weekly	Monthly	Quarterly	Annual
Senior management SHE tours				√	
SHE meetings		√			
Liaison / stakeholder meetings			√		
Contractors meetings			√		
Project progress meetings		√			
SHE audit			√		
SHE inspections – Morgan Sindall (SHE team)			√		
SHE inspections – contractor			√		
SHE inspections – client			√		
SHE inspections – Morgan Sindall (site team)	√				
SHE tour – supervisor and operative				√	
SHE monthly return			√		
Safety committee / VOICE / forum			√		
Emergency procedure drills				√	
Toolbox talks		√			
Daily safety briefings	√				

*indicate frequency for each method.

16. Contract records

As a minimum requirement the Morgan Sindall policy on retention of documents and records and the Morgan Sindall archiving standard shall be adopted. Any specific contract requirements for archiving and archive retention shall also be addressed.

The project manager shall ensure that all required documentation and records for archiving are boxed and labelled, or stored electronically, and transferred to the designated office archive controller, for archiving. It is a system requirement that the maximum possible amount of records to be archived should be stored electronically, thus reducing the amount of hard copy archiving to a minimum.

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
PM PLN1	PM PRO	Rev 3	Ray Bentley	Mar 13	21 of 21

APPENDIX L – STAKEHOLDER COMMUNICATION PLAN

Hub Stakeholder Communication Plan

1. Introduction

This paper sets out a proposed stakeholder communications plan for the new Health and Care Centres being developed through the hub initiative.

2. Background and aim

Within the Outline Business Case we are expected to include a communications plan.

The aim of the plan is to detail the action to be taken by NHSGG&C to disseminate information about the progress of the development and to encourage effective 2 way communication with our stakeholders (including partners, staff, patients and the public).

3. Context

The development of the Woodside and Gorbals Health and Care Centres is a major investment in improving health services in Greater Glasgow.

The communications plan takes account of the similarities of both projects and therefore sets out a range of core communication activity. However due regard must also be taken of the specific requirements of each project.

These are complex projects – with the need to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. Some stakeholders simply need to be kept informed, while others will rightly expect to take an active part in the development process.

4. Stakeholders

The main stakeholders in the project are:

4.1 Internal

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow and Clyde Board and Performance Review Group
- Glasgow City HSCP Joint Board
- West of Scotland Hub Team
- Project Board for each development
- Design Team
- Principal Supply Chain Partner(s)
- Delivery groups/ User Groups/ Task Teams
- HSCP Management Teams and Managers in North West and South Localities
- Respective Locality Groups for Maryhill, Kelvin and Canal and Gorbals area.

- Public Partnership Forum/ Patient user groups
- Staff Partnership Forum
- Staff in Glasgow City HSCP

4.2 External

- Local MSPs/Councillors
- Glasgow City Council
- Community Planning Partners (including local housing associations)
- Local community organisations
- Local voluntary sector organisations with a connection to health and social care services
- Local people
- Staff in NHSGG&C (i.e. wider than Glasgow HSCP)

5. Existing communication mechanisms

5.1 Formal Structures/ mechanisms for communication with stakeholders

- NHSGG&C, Glasgow City HSCP Integrated Joint Board and Council Committee meetings
- Hub Steering Group meetings
- Local community Planning Partnership structures (boards, officers' groups etc.)
- Glasgow City HSCP and Locality management team meetings
- Public Partnership Forum regular meetings
- Regular project board and delivery group meetings
- Meetings of GP Forum in each area
- Meetings of Staff Partnership forum
- Local voluntary sector networks and Third Sector interface organisations
- Local housing networks (e.g. Essential Connections Forum).
- BATH – Better Access to Health Group (NHSGG&C wide involvement structure for people with disabilities).

5.2 Less formal means of communication

- Newsletters and team briefs - NHSGG&C Health News and HSCP Staff Newsletter
- Web sites (NHSGG&C and Glasgow City HSCP)
- SOLUS Screens in local community health venues
- Twitter (Glasgow City HSCP)
- PPF newsletters/ e mail communications to people/organisations on local databases (North West Locality and South Locality)
- Local Community Councils (meetings and newsletters)

6. New communication /involvement structures

6.1 Public/patient involvement group(s) for each hub project

Public involvement in the development of the new centres will be overseen by the respective Public Partnership Forum (PPF) and /or other engagement structure in each HSCP Locality. Engagement with the public will extend beyond the PPF committee and/or other engagement structure to include representatives of different patient groups and local voluntary and community organisations who will have links with the service provided in the new Health and Care Centres.

Public representatives on the Project Boards, Delivery Groups and the sub groups for the Arts and Environmental strategy, led by the respective Head of Planning, supported by their Community Engagement Officer, will take responsibility for wider public engagement as the project progresses. They will report via the Community Engagement Officer to the Delivery Group and also submit regular reports to their respective PPF Executive Committee and/or other engagement structure in each HSCP Locality.

The role of the Community Engagement Officer is to deliver the community engagement outcomes in the Stakeholder Communication Plan, facilitating the participation of the public in the design and delivery of the project.

6.2 User groups

Each service and/or staff discipline will have a representative on the user group for each project. It is expected that each member of the Delivery Group will communicate regularly with their respective user group through meetings and/or e mails.

7. Communication Plan

The proposed plan is set out in Appendix 1

Appendix 1 – Hub Stakeholder Communication Plan

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	David Williams, Chief Officer Glasgow City HSCP	As required for Business Case Approvals etc Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Relevant Head of Planning Chairs of Task Teams and User Groups Relevant Head of Planning responsible for compilation of each Project Board agenda	Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute.	All papers issued by email where appropriate including progress, reports agenda's etc. Telephone/emails as appropriate.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Hub Steering Group	Programme/progress Updates, general information relating to all 4 projects, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Team for each project. Hub West of Scotland	Regular monthly meetings	Reports
Core Team	Programme/progress Updates, general information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.	Core Team members to provide information also to participants as per working group remit.	<i>Weekly tele conference, fortnightly meetings and/or ad hoc as required?.</i>	Telephone, email, face to face meetings, reports and briefings.
Principals Group?	<i>Review of Project Progress, regarding design, construction, affordability, etc</i>	<i>NHS Project Director/Project Manager, Consultant PSC – Project Manager & Cost Adviser, + PSCP Senior Manager</i>	<i>Quarterly or ad-hoc as required</i>	<i>Telephone, email, face to face meetings, briefings</i>
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
Glasgow City HSCP Board	Programme Update, General Information relating to Territory development, project pipeline updates.	SRO	As per action plan. Also regular update reports to Committee meetings	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
<i>Principal Supply Chain Partner (PSCP)</i>	<i>Framework, High Level Information Pack, & Procurement</i>	<i>Project Manager SRO</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.</i>
<i>Professional Service Contracts (PSC – PM and CA)</i>	<i>High Level Information Pack Framework & Procurement Information</i>	<i>Project Director Project Manager</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, briefings, e-mail and telephone</i>
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project - at times frequent and intensive(e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project . Will generally be involved in Project Board and/or Delivery Group (or have representative of their service involved)	As appropriate dependant on issue to be communicated. Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated. Representative of asset and estate management involved in each delivery group
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
HSCP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan. Regular updates at meetings (monthly)	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
PPF & BATH Group LCPP boards in North West and South Glasgow Locality Groups in North West and South Glasgow GP forum in each area (to keep GPs outwith health centres advised of developments)	Programme Updates, general Information relating to Project BATH to review plans in respect of disability access/ease of use by patients with different disabilities.	SRO/Head of Planning Link with NHS GG&C Corporate Engagement team re BATH involvement at appropriate stages of development	As per action plan./ depending on local circumstances Regular updates to PPF Executive Committee on public engagement activity Regular reports on progress Update on progress as required - 6monthly or annually	As appropriate dependant on issue to be communicated. Presentation to Forum by Director/Head of Planning (to keep other GPs in area informed)
HSCP staff	Project Updates, general information relating to Project Any changes to staff working conditions/practices arising from new developments Staff teams who will be working in new centres	SRO/Head of Planning to provide information to Communications officers who will draft material Head of HR to report Staff Partnership forum Head of Planning/Design Team	As per required. Team briefs Staff newsletter Staff Partnership forum representatives are members of HSCP IJB and will therefore be receiving regular updates via Committee reports As required	As appropriate dependant on issue to be communicated Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/ engage in discussion re developments.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
General public /patients	Regular updates on initial plans and then progress	Head of Planning to liaise with Communication Officer(s) who will disseminate information	As required	NHS and Council Newsletters E-newsletters SOLUS screens Twitter Articles in partner newsletters (e.g. local housing organisations)
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress	Head of Planning to liaise with Health Improvement team to disseminate among partners PPF officer to issue regular e mail updates to organisations on PPF database	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter E mails through PPF database

APPENDIX M – BENEFITS REALISATION PLAN

Gorbals Health and Care Centre – Benefits Realisation Plan

Gorbals Health and Care Centre – Benefits Realisation Plan						
Identification		Control		Realise		
Ref. No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Date of Realisation
1.	Enable speedy access to modernised and integrated primary care and community health services	Service Users	GPs and Service Leads within Glasgow City HSCP	Improved Access	Linked to broader HSCP service strategies	Review after 1 year of facility being operational
2.	Promote a greater focus on prevention and anticipatory care	Service Users	GPs and Service Leads within Glasgow City HSCP	Improve patient experience/ good working environment for staff	Linked to broader HSCP service strategies	Review after 2 years of facility being operational
3.	Improve the patient and service user experience	Service Users	GPs and Service Leads within Glasgow City HSCP	Improve patient experience/ good working environment for staff	-	Review after 1 year of facility being operational
4.	Promote integrated working between primary care, community health services, specialist children's services and social work services	Service Users / Services	GPs and Service Leads within Glasgow City HSCP	Promote joint service delivery	Will be further supported by developments in IT infrastructure	Review after 1 year of facility being operational
5.	Deliver a more energy efficient building within the NHSGGC estate,	Public	Capital Planning and	Sustainability	-	Review after 1 year of

Gorbals Health and Care Centre – Benefits Realisation Plan

Gorbals Health and Care Centre – Benefits Realisation Plan						
Identification		Control		Realise		
Ref. No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Date of Realisation
	reducing CO2 emissions and contributing to a reduction in whole life costs		Facilities leads within NHSGGC			facility being operational
6.	Achieve a BREEAM Healthcare rating of 'Excellent'	Staff, service users and general public	Capital Planning and Facilities leads within NHSGGC	Sustainability	-	Review after 6 months of facility being operational
7.	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	Public / Service Users / Staff	Capital Planning and Facilities leads within NHSGGC	Improve patient experience/ good working environment for staff	-	Review after 6 months of facility being operational
8.	Meet statutory requirements and obligations for public buildings e.g. with regards to DDA	Public / Service Users / Staff	Capital Planning and Facilities leads within NHSGGC	Improve access	-	Review after 1 month of facility being operational
9.	Contributes to regeneration of the Gorbals area through the development of a new H&CC on a derelict site and development of existing HC site for new housing.	Public	NHSGGC / Glasgow City Council / New Gorbals Housing Association	Contribution to the regeneration of the Gorbals area in line with Master Plan	Linked to other regeneration initiatives / impact of wider economy	Review after 3 years of facility being operational

Gorbals Health and Care Centre – Benefits Realisation Plan

Gorbals Health and Care Centre – Benefits Realisation Plan						
Identification		Control		Realise		
Ref. No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Date of Realisation
10.	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	Public / service users	NHSGGC / Glasgow City Council / HSCP / GPs	Improve patient experience	Linked to wider social factors, including employment, education and housing	Review after 5 years of facility being operational