

## **Appendix 1 - Outline Business Case Approval Letter**



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Elaine Mead  
Chief Executive  
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24 May 2018

Dear Elaine

### **Modernisation of Community & Hospital services in Badenoch & Strathspey, and Skye, Lochalsh & South West Ross – Outline Business Case**

The Outline Business Case above was considered by the Health Directorates' Capital Investment Group (CIG) on 12 December 2017. At that point, the CIG did not approve the business case as the position on care home, care at home and other community services was unclear and the CIG was aware that when the Cabinet Secretary approved the case for change in February 2015, it was a requirement that these services would be in place before there were any bed reductions at Portree.

Furthermore, the CIG noted that a review of Out of Hours was due to start in the New Year, led by Sir Lewis Ritchie, which was looking at unscheduled care at Portree and they were keen to see the conclusions from this review before recommending approval of the business case.

Since that meeting, additional information has been provided on care home, care at home and other community services and Sir Lewis Ritchie has concluded his review and shared his findings with the local community. Given these two developments and recognising that further work will be undertaken as the Full Business Case is developed, the CIG has 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 (FBC) for this project.

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

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

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

Yours sincerely



**Paul Gray**

## **Appendix 2 – Sir Lewis Ritchie Recommendations**

## Appendix 2: Sir Lewis Ritchie's Independent External View of Skye, Lochalsh and South West Ross Out of Hours Services

In November 2017 in response to community concerns over planned service redesign, NHS Highland requested a review of the sustainability of out of hours services in Skye, Lochalsh and South-west Ross. Sir Lewis Ritchie carried out an independent view ([www.ritchiereview.net](http://www.ritchiereview.net)) and in May 2018 issued a report with recommendations covering:

Models of Care:	<b>1. Portree Hospital Out of Hours Service and Minor Injury Unit</b> <b>2. Future Community Bed Provision</b> 3. Closer inter-agency and public participation 4. Collaboration with the Scottish Ambulance Service (SAS) 5. Collaboration with NHS 24 6. First Responders
Workforce Planning:	7. Workforce capacity and capability
Accommodation:	<b>8. Housing Solutions</b>
Infrastructure, Transport and Digital Innovation:	9. Road Issues <b>10. Transport and Accessibility</b> 11. Digital Innovation
Specific Localities:	<b>12. (A) Glenelg and Arnisdale</b> <b>12. (R) Raasay</b> 12. (L) Lochcarron
Learning, Education and Training:	13. Centre of Excellence for Learning, Education and Training
Making Best Use of Services – Know Who to Turn To	14. Making Best Use of Services
Making It Happen - Pulling together	<b>15. Making It Happen</b>

NHS Highland has accepted the findings of the report and an implementation plan is now in place. In recognition of the recommendation that service development and delivery must be done in partnership with the local community Independent Facilitators have been appointed, focusing on aspects of the review relating to North Skye, Glenelg and Raasay, and working groups comprising representatives from both NHS and the local community have been set up to implement the recommendations, reporting to a single Steering Group which has oversight of all progress.

Updates on workstream progress are available here and a full cost breakdown is available in Appendix 2A.

A number of the workstreams (highlighted in bold above) have a significant cost or impact on the workforce and service proposals outlined in the business case for the Modernisation of Community and Hospital Services in Skye, Lochalsh & South West Ross and these are described in more detail below.

The total additional cost of implementing the recommendations is currently estimated at £1,628,000<sup>1</sup> for NHS Highland of which £1,397,000 is a recurring cost pressure<sup>2</sup>. Additional costs of approximately £24,000 and £500,000 will be incurred by NHS24 and the Scottish Ambulance Service respectively.

### **WORKSTREAM 1: Portree Hospital Out of Hours Service and Minor Injury Unit**

Key elements of this recommendation are:

- 1.a) *that out-of-hours urgent care access at Portree Hospital should be provided 24/7;*
- 1.b) *Enhanced, and sustainable models of urgent care should continue to be developed and delivered in the Minor Injury Unit at Portree Hospital, involving combined teams and other agencies (see also Recommendations 3-6 below);*
- 1.d) *That in the event of acute illness services are used properly.... This must be clearly understood by the public of SLSWR.*

In response to the above, NHS Highland has recruited to the new Advanced Nurse Practitioner roles and anticipate that the staff appointed will be in a position to staff the enhanced 24/7 operation of the Minor Injury Unit at Portree Hospital by the end of May / early June 2019. NHS Highland will continue to develop and implement its multi professional team approach in the form of the Rural Support Team. This approach uses MacKinnon Memorial Hospital in Broadford as the core base and is delivered through the Rural Practitioner team. This team will be augmented to support Advanced Nurse Practitioners and Advanced Paramedic Practitioners to deliver urgent care in both Broadford and Portree.

Scottish Ambulance Service has agreement to recruit additional staff to be based in Portree on a shift rota. Work is underway with SAS and NHS Highland to support multi professional team working enabled by this co-location. The use of an Emergency Response Vehicle to enable an enhanced urgent care service to be delivered has been agreed in principle and will further enhance emergency response capability.

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<sup>1</sup> Figures reported to nearest £1000

<sup>2</sup> £989k recurring plus £407k per annum required on an interim basis until the option appraisal on the provision of community beds is concluded

NHS24 is to hold a series of community workshops to raise the profile of their services and uptake on use of NHS24 assistance, which is at present under-utilised in the area. NHS24 have recently developed an Advanced Nurse practitioner role, part of which is delivering clinical services. NHS Highland are keen to support the clinical element and these nurses have already worked alongside the Rural Support team on Skye and in Lochaber.

The impact of Workstream 1 over and above that described in the business case for the service modernisation is an increase in workforce of 5.0 WTE Advanced Nurse Practitioners, 1.0 WTE Advanced Paramedic Practitioner and 0.75 WTE Rural Practitioners, incurring costs to NHS Highland of £537,000 (recurrent) and £11,000 (non-recurrent).

## **WORKSTREAM 2: Future Community Bed Provision**

Key elements of this recommendation are:

- 2.a) *In-patient bed availability at Portree Hospital must continue until sufficient alternative resilient provision is provided in North Skye. This transition, which will take time, must be informed and shaped through co-production with the community;*
- 2.b) *Difficulty in recruiting nurses and support staff to work in Portree Hospital may be exacerbated by ongoing service redesign uncertainties and the offer of short term contracts for prospective staff in a facility that is perceived to be closing. This latter policy should be reviewed;*
- 2.c) *A rapid review of care at-home and community bed provision for SLSWR should be undertaken, taking account of present requirements, transfer activity to out-of-area secondary care facilities and future socio-demographic factors. Such a review should also take account of current and potential partnership developments, including statutory and voluntary provision such as contributed by the Howard Doris Centre in Lochcarron and Skye Cancer Care;*
- 2.d) *NHS Highland has already committed to provide additional services in the form of a new ten-bedded community unit in the Portree area. We understand that negotiations are underway to deliver on this commitment. This should be progressed at pace, with any bed capacity and capability revision informed by the above community bed review;*
- 2.e) *NHS Highland plans to locate/co-locate Portree Medical Centre into the present Portree Hospital premises. The timing of this must be subject to the above recommendation about in-patient beds retention. Such a combined Unit might be renamed Portree Community Hospital and Medical Centre, or similar, to signify its dual and complementary role.*

In response to the above, NHS Highland has reaffirmed its commitment to maintain inpatient services at Portree Hospital until agreed alternative provision is in place. The process of recruiting additional staff to re-open six beds at Portree Hospital

which had been closed due to staff shortages is underway. This will bring the total bed complement to 12 beds. These staff will be offered permanent appointments based in Portree, either in the hospital or community.

NHS Highland has proposed to carry out a formal option appraisal process to review the shape of community bed provision and has agreed that the outcome of this will supersede the content of the Service Modernisation Business Case. The option appraisal process will potentially be facilitated by Scottish Futures Trust and is expected to be carried out between May and September 2019. Respecting the views of community representatives, NHS Highland has put on hold the procurement of additional community beds in the North of Skye pending the outcome of this option appraisal process. NHS Highland has also made a clear commitment that the outcome of this option appraisal, if different, will supersede the proposals set out in the Service Modernisation Full Business Case.

NHS Highland Public Health Department has agreed to carry out a detailed assessment of the health and care needs of Skye, Lochalsh and South-west Ross, the scope of which has been agreed with the community and will include current requirements, transfer activity to out-of-area secondary care facilities, unmet need and future socio-demographic factors, as well as considering current and potential partnership developments with statutory and voluntary organisations. This review is expected to take approximately six months to complete however interim findings will be reported to inform the option appraisal process.

The full impact of Workstream 2 over and above that described in the business case for the redesign is uncertain pending the outcome of the option appraisal process.

The cost of operating Portree Hospital with 6 beds in 2018/19 was £1.1m. The costs for recruitment of 7.0 WTE additional nursing staff and 2.28 WTE domestic and catering staff to allow opening of the additional six beds at Portree Hospital plus provision of medical cover by Portree Medical Practice are £407,000 (recurrent). Whilst this is currently funded, it is not allowed for in the workforce plan for service modernisation (Appendix 12). The terms of these posts are likewise contrary to the workforce transition plan (Appendix 11) which had based all newly recruited staff in Broadford with rotations to Portree in order to enhance and maintain clinical skills as well as reduce the impact of relocation expenses.

The cost of the needs assessment to be carried out by NHS Highland Public Health and Planning and Performance is estimated to require 900 hours of staff time over 6 months at a cost of £17,000.

If the services to be delivered in Portree Hospital are revised following the proposed option appraisal, and in particular if inpatient services are to be retained indefinitely, this will prevent the relocation of the Portree Medical Practice and the resultant benefits of co-location and expansion, as well as the saving of £63,500 per annum in lease costs for the current medical practice building. Portree Hospital does not currently meet the target for 50% of inpatient rooms to be en-suite and therefore additional internal alterations may be required.



## **WORKSTREAM 8: Housing Solutions**

This workstream has dealt with the recommendation that:

*Novel staff accommodation solutions should be sought with Highland Council (lead agency for housing), public representatives, housing associations, the independent sector and local communities.*

*This is a pressing matter, which should also take account of temporary accommodation for undergraduate and postgraduate health care worker training, which requires flexibility (see Recommendation 13). Such training accommodation, when not in use for training purposes, might be re-deployed to give temporary accommodation to growing numbers of visitors and tourists, particularly in Skye. These accommodation solutions are also relevant for the resilience of other public sector organisations and should be pursued in common endeavour.*

NHS Highland has leased 4 residential units from Skye & Lochalsh Housing Association at Campbells Farm in Broadford. These will be used both to accommodate on-call staff or visiting students as well as providing short term housing for new staff moving to the area.

The set-up costs for these flats were incurred in 2018/19 and funded by NHS Highland revenue. Ongoing lease costs are charged back to the occupiers in the case of visiting students or new staff, or already accounted for elsewhere in the affordability calculations in the Full Business Case.

## **WORKSTREAM 10: Transport and Accessibility**

Key elements of this recommendation are:

- 10.a) *The Terms of Reference and membership of the SLSWR Service Redesign Transport Group should be reviewed in the light of wider inter-agency considerations and the recommendations from this External View;*
- 10.b) *A review of air evacuation services of patients should be considered, involving inter-agency discussions between NHS Highland, SAS, EMRS and HM Coastguard, to determine whether any improvements can be made;*
- 10.c) *A review of sea evacuation procedures should be undertaken, involving inter-agency discussions between NHS Highland, SAS, CalMac and the RNLI;*
- 10.d) *The Memorandum of Understanding between SAS, HM Coastguard and the RNLI, recommended in the National Primary Care Out-of-Hours Review, should be finalised and implemented.*

In response to the above, significant progress has been made with regard to clarifying evacuation procedures. The working group has also reviewed and revised

the terms of reference for the SLSWR Transport Group which will consider both the impact of the service redesign/service modernisation and wider transport issues within the locality including requirements to travel to healthcare appointments at Raigmore Hospital in Inverness.

Notwithstanding any changes resulting from Sir Lewis's report, in terms of location of services the service modernisation will primarily impact outpatient services with a number of clinics relocated from Broadford to Portree or vice versa. The total capacity of these clinics is 1682 patients annually, although not all run to capacity, therefore on average up to 33 patients per week could be required to attend a clinic at a different location. The majority of these services serve the whole locality therefore while some patients may travel further others will have shorter journeys. The majority of inpatients currently cared for in Portree Hospital will continue to be cared for in the north of Skye and all other services will remain in their current locations.

A number of proposals to mitigate the impact of these additional journeys are to be agreed with the community and other stakeholders through the SLSWR Transport Group, however suggestions have included highlighting the availability of Near Me appointments and appointments booked to suit patient's transport availability, improved access to information on claiming travel expenses and public transport information, and consideration of establishing voluntary driver schemes. As agreed with the Highland Council through the planning process, the new hospital at Broadford will include an on-site bus stop for local buses and live timetable information for both local and regional buses within the waiting area.

## **WORKSTREAM 12: Specific Localities (Glenelg, Arnisdale, Raasay)**

Key elements of this recommendation are:

- 12.a) *NHS Highland should continue to work with the Glenelg and Arnisdale community to agree jointly and rapidly a solution which is not only desirable, but feasible and sustainable. Independent external third party facilitation should be considered to help achieve this.*
- 12.b) *The present GP led service at Glenelg should continue to be underpinned by adequate multidisciplinary support via the Rural Support Team and SAS, on a 24/7 basis.*
- 12.d) *The Scottish Fire and Rescue Service (SFRS) has a unit based at Glenelg. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.*
- 12.e) *NHS Highland and other partners should continue to engage with the residents of Raasay in a meaningful way and to rapidly develop an agreed and sustainable service on the island that provides safe and resilient care*

*24/7. Independent external third party facilitation should be considered to help achieve this.*

- 12.f) *As part of the review of sea evacuation procedures in Recommendation 10, Raasay is a key priority. Discussions should take place with CalMac whether the Raasay-Sconser ferry can be deployed on demand for urgent/emergency care transfers. Irrespective of these discussions and possible agreements, the ongoing role of the crew of the RNLi Portree Lifeboat is respected and appreciated.*
- 12.g) *The Scottish Fire and Rescue Service (SFRS) has a unit based at Raasay. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.*

In response to the above, NHS Highland continues to work with the Glenelg and Arnisdale community to jointly agree a solution which will supplement the present GP led service with an additional part-time GP, supported by Advanced Nurse Practitioners on a 24/7 basis. A trial of additional district/practice nursing support, in the form of a "Hybrid" Nurse, is underway to further support the GP practice.

On Raasay, NHS Highland has agreed with the Raasay liaison group that 24/7 nursing cover should be provided on the island, supported by Health Care Assistants. Job descriptions have been drafted and recruitment advertising should commence shortly. A joint Memorandum of Understanding covering emergency evacuations from Raasay has been drafted and initial comments received from the Raasay liaison group. This document will be revised and updated as the nursing model is clarified.

NHS Highland has agreed to work with local communities and other public sector partners to develop a joint, high-profile recruitment campaign highlighting the range of career opportunities available in order to make relocating to these areas an attractive proposal for couples and families.

While work is ongoing, the impact of both workstreams is still uncertain.

The proposed solution of providing a 1.0 WTE 'hybrid' nurse, 2.0 WTE Advanced Nurse Practitioners and 0.63 WTE GP post, plus establishing a first responder network in Glenelg will incur a recurrent cost of £270,000 with non-recurrent costs of £30,000

The solution for Raasay is more uncertain depending on whether registered nursing staff can be recruited who will live on Raasay, requiring 1.8 WTE at a cost of £68,000 or whether cover will need to be provided on a shift basis from Skye which would increase the staffing requirement to up to 4.8 WTE at a recurrent cost of up to £182,000.

## **WORKSTREAM 15: Making it Happen – pulling together**

Key elements of this recommendation are:

- 15.a) *All future service development and delivery must be done in partnership with the people of SLWRS with a focus on co-production.*
- 15.b) *The National Standards for Community Engagement must be observed by all.*
- 15.c) *All relevant partners should participate in these sessions including those that control wider infrastructure.*
- 15.d) *An implementation plan with realistic timescales, adequately resourced, making best use of public funds and robustly governed - with clear accountability, reporting to the Highland Health and Social Care Committee.*
- 15.e) *Independent external third party facilitation should be deployed as required and agreed.*
- 15.f) *In view of the aspiration in these recommendations and the Major Service Redesign Programme underway, Scottish Government should seek regular and robust assurance that satisfactory progress is being made.*

As outlined in the introduction to this appendix, NHS Highland is working in co-production with the community and other service providers to implement the recommendations. A steering group and working groups have been established, independent facilitators have been appointed and project management resources dedicated on behalf of both NHS Highland and the local community. A significant proportion of management time has also been allocated to enabling progress.

Sir Lewis has recommended that the work is accountable to the Highland Health and Social Care Partnership, however there are also lines of accountability to other governance routes within NHS Highland and dependencies on the Scottish Ambulance Service, NHS 24, independent primary care service providers, the Highland Council and other third sector service providers.

The impact of the above is primarily in staff time including 1.0 WTE project manager, clinical leadership and time allocated by local managers (estimated at 0.8 WTE across 3 key posts and including travel). While management time is already funded, additional costs for project management and clinical leadership are expected to cost £85,000 in 2019/20.

The annual cost of independent facilitation for the overall workstream is estimated at £21,000, with dedicated facilitation for the Workstream 2 option appraisal and Workstream 12 estimated at £32,000.

**Appendix 2A: Sir Lewis Ritchie's Independent External View of Skye, Lochalsh and South West Ross Out of Hours Services - Implementation Costs**

<b>Recommendation:</b>	<b>Recurring £</b>	<b>Non Recurring 1920 £</b>	<b>Total £</b>	<b>1819 NR Cost £</b>	<b>WTE Recurring</b>	<b>Notes</b>
<b>W1 - Portree Hospital OOH Service and MIU</b>	<b>537,103</b>	<b>10,800</b>	<b>547,903</b>	<b>0</b>	<b>6.75</b>	
Advanced Nurse Practitioners	367,330		367,330		5.00	
Advanced Paramedic Practitioner	29,664		29,664		1.00	
Travel	18,000		18,000			
Training courses	18,000	6,000	24,000			
Personal Equipment		4,800	4,800			Laptops, phones
Rural Practitioner x 0.75wte	104,110		104,110		0.75	
<b>W2 - Future Community Bed Provision</b>	<b>407,311</b>	<b>68,388</b>	<b>475,699</b>	<b>0</b>	<b>9.28</b>	<b>Interim cost until option appraisal complete</b>
Portree hospital staff	403,561	36,500	440,061		9.28	7 WTE nursing staff, 2.28 WTE domestic & catering staff plus medical cover contract
Equipment		13,638	13,638			Beds, lockers
Advertising costs	3,750	1,250	5,000			(Estimated)
Needs Assessment		17,000	17,000			Community beds assessment cost
<b>W8 - Housing Solutions</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,777</b>	<b>0.00</b>	
Set up costs for flats at Campbells farm			0	10,777		Costs for 2 of 4 flats
<b>W12 - Specific Localities</b>	<b>452,391</b>	<b>29,600</b>	<b>481,991</b>	<b>0</b>	<b>8.43</b>	
Raasay nursing posts	182,388		182,388		4.80	4.8 WTE based on shift system
First Responder Equipment and training	6,000	6,000	12,000			Glengelg only
Advertising costs		20,000	20,000			
Glengelg Advanced Nurse Practitioners	146,932		146,932		2.00	
Glengelg ANP training, equipment and travel	12,000	3,600	15,600			
Glengelg 'hybrid nurse'	32,071		32,071		1.00	
Glengelg GP	73,000		73,000		0.63	
<b>W15 - Making it Happen</b>	<b>0</b>	<b>122,090</b>	<b>122,090</b>	<b>178,350</b>	<b>0.00</b>	
Clinical leadership		25,000	25,000	62,000		
Facilitator fees		37,090	37,090	16,350		
Project Manager		60,000	60,000	15,000		
Management time				85,000	0.0	Estimate based on 0.8 WTE across 3 key posts inc. travel
<b>Total cost to NHS</b>	<b>1,396,805</b>	<b>230,878</b>	<b>1,627,683</b>	<b>189,127</b>	<b>24.46</b>	
NHS24 training costs	24,000		24,000			NHS24 ANP training to enable them to do call handling and clinical work
SAS - 6 x ambulance staff	240,000		240,000		6.00	
SAS - fast response vehicle	50,000		50,000			
SAS - 3 x paramedics	120,000		120,000		3.00	
SAS - 3 x technicians	90,000		90,000		3.00	
<b>Total cost to SAS/NHS 24</b>	<b>524,000</b>	<b>0</b>	<b>524,000</b>	<b>0</b>	<b>12.00</b>	
<b>Total Cost including SAS/NHS24 estimates</b>	<b>1,920,805</b>	<b>230,878</b>	<b>2,151,683</b>			
<b>Total recurring impact</b>			<b>1,920,805</b>			
<b>Total non-recurring impact</b>			<b>230,878</b>			

## **Appendix 3 – Building Research Establishment Environmental Assessment Method Pre-assessment (BREEAM)**

**NHS HIGHLANDS**

**BADENOCH & STRATHSPEY AND SKYE, LOCHALSH & SOUTH WEST ROSS  
COMMUNITY HOSPITALS**

**BREEAM 2014 NEW CONSTRUCTION OBJECTIVES REPORT V6.0**

AUGUST 2018

**AMENDMENT RECORD**

Issue No.	Section Number	Date of Amendment	Signed
1.0	Stage 1 Kick Off Meeting. All Sections.	31.08.2017	JNM
2.0	DRAFT FOR REVIEW	05.09.2017	JNM
3.0	Stage 1 Review. BREEAM Pragmatic Scoring Added. Timescale added.	17.11.2017	JNM
4.0	MAN 01, 02, 05; HEA 01, 02, 04, 05, 06; ENE 01, 04, 08; TRA 01, 02, 03, 05; WAT 01, 03, 04; MAT 04, 05, 06; WST 01, 02, 05, 06; LE 01, 02, 04; POL 03	23.11.2017	JNM
5.0	SECTION 2.0; MAN 01, 02; HEA 05, 06; TRA 01, 05; MAT 05, 06; WST 02, 05; LE 01, 02, 03, 04, 05; POL 03, 05	22.05.2018	JNM
6.0	Badenoch & Strathspey Stage 2 Issue HEA 06; ENE 01; WAT 03; MAT 03; POL 03	23.08.2018	JNM

Prepared By:	Checked/Approved By:	Date	Job Number
JNM	KY	31.08.17	617.002.00



## 1.0 BREEAM Minimum Standards

To achieve a BREEAM rating, the minimum percentages score must be achieved and the minimum standards applicable to that rating level (refer to the table below) must be met.

Minimum BREEAM standards by rating					
BREEAM Credit	PASS	GOOD	VERY GOOD	EXCELLENT	OUTSTANDING
Man 03: Responsible construction practices	None	None	None	One Credit	Two credits
				Criterion 7 CCS	Criterion 7 CCS
Man 04: Stakeholder participation	None	None	None	One credit	One credit
				(Building User Guide)	(Building User Guide)
Man 05: Aftercare	None	None	None	One credit	One credit
				(Seasonal Commissioning)	(Seasonal Commissioning)
Ene 01: Carbon Emissions	None	None	None	Five credits EPRnc 0.375	Eight credits EPRnc 0.60
Ene 02: Energy monitoring	None	None	One credit	One credit	One credit
			(1 <sup>st</sup> sub-metering credit)	(1 <sup>st</sup> sub-metering credit)	(1 <sup>st</sup> sub-metering credit)
Wat 01: Water consumption	None	One credit	One credit	One credit	Two credits
Wat 02: Water monitoring	None	Criterion 1 only	Criterion 1 only	Criterion 1 only	Criterion 1 only
Mat 03: Responsible Sourcing	Criterion 1 only	Criterion 1 only	Criterion 1 only	Criterion 1 only	Criterion 1 only
Wst 01: Construction waste management	None	None	None	None	One credit
Wst 03: Operational waste	None	None	None	One credit	One credit
LE 03: Mitigating ecological impact	None	None	One credit	One credit	One credit

## 2.0 BREEAM RIBA Stage Dependent Credits

The table below details the BREEAM actions that are required at the early RIBA stages.

RIBA Stage related BREEAM issues			
BREEAM Credit	Criteria	Credit Summary	RIBA Stage
Man 01: Sustainable Procurement	1-3	Stakeholder Consultation - Project Delivery (PEP)	RIBA Stage 1 - Project Brief <b>COMPLETE</b>
Man 01: Sustainable Procurement	4-6	Stakeholder Consultation - Consultation Plan AEDET review	RIBA Stage 2-4 - Consultation RIBA Stage 4 - Feedback to consultees
Man 02: Life Cycle Cost and Service Life Planning	All	A Life Cycle Cost Analysis is produced and then updated.	RIBA Stage 2 <b>COMPLETE</b> RIBA Stage 4 <b>IN PROGRESS</b>
Hea 05: Acoustic Performance	All	Appointment of a suitably qualified acoustician.	Early design stages <b>Hub Stage 1 Report provided</b>
Hea 06: Safety and Security	11-12	Advice is sought from the local police Architectural Liaison Officer (ALO) - Secured by Design	RIBA Stage 2 <b>REGISTERED</b>
Ene 04: Low Carbon Design	All	Passive design solutions feasibility study	RIBA Stage 2 <b>IN PROGRESS</b>
Tra 05: Travel Plan	All	A travel plan is developed that considers all types of travel relevant to the building type and users.	Feasibility and Design Stages <b>IN PROGRESS</b>
Mat 05: Material Resilience	All	Consultation with all relevant project members on material resilience from environmental factors	RIBA Stage 1, 2, 3, 4, 5 <b>IN PROGRESS</b>
Mat 06: Material Efficiency	All	Consultation with all relevant project members on material efficiency	RIBA Stage 1, 2, 3, 4, 5 <b>IN PROGRESS</b>
Wst 5: Adaption to Climate Change	All	A climate change adaption strategy appraisal for structural and fabric resilience and risk assessment.	RIBA Stage 2 <b>IN PROGRESS</b>
Wst 6: Functional Adaptability	All	A functional adaptability strategy study targeting measures for future building use and adaptation.	RIBA Stage 2 <b>IN PROGRESS</b>
LE 02-05: Ecology Study	All	A suitably qualified ecologist is appointed to offer design stage advice at RIBA Stage 1 SQE to produce an Ecology Report compliant for credits LE02-05 RIBA Stage 2	RIBA Stage 1 RIBA Stage 2 <b>IN PROGRESS</b>
Pol 03: Surface Water Run Off	1-5	A Flood Risk Assessment is carried out.	<b>Aviemore - Compliant FRA provided</b> <b>Skye - In Progress</b>
Pol 05: Noise Attenuation	All	A BS 7445:1991 noise impact assessment - existing background noise levels at the nearest noise-sensitive development.	As Hea 05 <b>Hub Stage 1 Report provided</b>

## 3.0 BREEAM 2014 New Construction 'Healthcare' Scoring Matrix HUB STAGE 2 (RIBA Stage 4)

BREEAM Scoring Summary				
	Targeted Score	Potential Score	Achieved Design Stage Score	Pragmatic Rebased Score
Badenoch & Strathspey	65.84%	82.93%	7.33%	84.55%
	Very Good	Excellent		
Skye	59.91%	80.08%	0.57%	80.95%
	Very Good	Excellent		

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage		
<b>Management</b>																	
Project Brief and Design	Man 01		1	1				1	1				1	<b>Hub North</b>	<p><b>Credit 1 - Consultation - Project delivery - RIBA Stage 2</b> Provide consultation details with list of project team and internal stakeholders and associated compliance documentation. Consultee feedback to influence the project brief and/or design. 14.12.17 - Compliant PEP set up by Hub North. <b>Credit achieved at design stage</b></p>	PEP	Stage 1
			1	1										<b>Oberlanders Hub North</b>	<p><b>Credit 2 - Consultation - Third party stakeholders - RIBA Concept Stage and ongoing</b> Consultation process will be carried out in line with BREEAM requirements details with list of third party stakeholders (please carefully evidence criteria 4-6) and associated compliance documentation. Third party consultee feedback back to the consultees. See email from Rybka (01.09.17) for details of stakeholders and consultation content required. One combined report required to state all consultees and all consultation recommendations. The process will adopt the following method: 1 - Consultation Plan (dates, consultees, key recommendations) 2 - Stakeholder Meeting Minutes 3 - Consultation report demonstrating all recommendations and commentary on design measures/changes or justification as to why comments are not incorporated 4 - Consultation report circulated to the key consultees for approval</p>	Consultation Report	Stage 1
			2	2											<b>Rybka (BREEAM) Hub North</b>	<p><b>Credit 3 and 4 - BREEAM Accredited Professional (design stages).</b> The appointment of sustainability consultant on the project from the initial stages (RIBA Stage 1). Appointment made following RIBA Stage 2 however credit is possible to achieve based on the BREEAM caveat that RIBA Stage 2 appointment is permissible if this is confirmed to be the earliest possibility of engagement. <b>Rybka</b> - BREEAM reports and meetings throughout the key design stages. Second credit of monitoring and reporting from concept stage to detailed design stage is ongoing. <b>Hub North</b> - Letter confirming the assessor was engaged with at the earliest possible opportunity in the project during RIBA Stage 2, such that the lateness of the Rybka appointment did not have a detrimental effect on the setting of BREEAM performance targets (which need to be formally agreed at Stage 2).</p>	Reports and meeting minutes

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Life Cycle Cost and Service Life Planning	Man 02	2	2					2					<p><b>Life Cycle Costing to be carried out at Stage 2 and updated at Stage 4.</b></p> <p><b>Credits 1 and 2 - Life Cycle Cost: Elemental.</b>                      (RIBA Stage 2) Concept stage LCC analysis has been produced by TG in line with BS156865:2008 demonstrating:                      - Outline plan for structure and envelope based on multiple cash flow scenarios                      - Fabric and services strategy outlining services component and fit out options over a 15 year period in the form of an elemental LCC plan.  <b>Two credits are achieved at design stage</b></p>	-	Complete
		1	1					1					<p><b>Credit 3 - Life Cycle Cost: Component level.</b>                      Detailed design stage (RIBA Stage 4): a component level life cycle cost (LCC) analysis in line with BS 156865:2008. LCC to include:                      - Envelope                      - Building services                      - Finishes                      - External spaces.                      The influence of the LCC over the building and systems design will be evidenced, with the aim to minimise life cycle costs and maximise critical value.</p>	Report	Hub Stage 2 update
		1	1					1						<p><b>Credit 4 - Capital Cost.</b>                      Predicted capital cost for the scheme (£/m<sup>2</sup>) in the LCC cost analysis.  <b>Credit achieved at design stage</b></p>	-
Responsible construction practices	Man 03	1	1					1					<p><b>Credit 1 - Environmental Management</b>                      - ISO 14001 certificate [Main contractor organisation]                      - Legally and responsibly resourced temporary site timber [all timber sources with FSC/PEFC certificate or confirmation that recycled timber is used]                      - Dust and water course pollution policies (in line with PPG 1, 5 and 6) and toolbox talks will be instructed on site to operatives</p>	Design Stage Commitment	Stage 2
		1	1					1					<p><b>Credit 2 - BREEAM Accredited Professional</b>                      BREEAM rating to form a part of the prelims and ERs. BREEAM AP to monitor progress through the construction stages.</p>	Post Construction Stage	Stage 2
		2	2					2					<p><b>Credits 3 and 4 - Considerate Construction</b>                      Considerate Constructor's Scheme score of &gt;35 with a score of 7 in each section                      Innovation credit can be achieved if &gt;40 is achieved</p>	Environmental Monitoring	Stage 2
		1	1					1					<p><b>Credit 5 - Utility consumption</b>                      Site energy/CO2 [electricity metered, monthly readings taken, displayed on site, converted to CO2]                      Site water consumption [water metered, monthly readings taken, displayed publicly on site]</p>		Stage 2
		1		1					1					<p><b>Credit 6 - Transport CO2 - POTENTIAL</b>                      Site monitoring of vehicle distance from factory to site, from site to waste disposal, CO2 emissions.</p>	Specification

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Commissioning and Handover		Man 04	1	1				1				<b>Balfour Beatty</b>	<b>Credit 1 - Commissioning Management</b> Appointed general commissioning manager, commissioning in line with CIBSE/BSRIA/Building Regulations.	Specification Programme	Stage 2
			1	1				1				<b>Balfour Beatty</b>	<b>Credit 2 - Commissioning: Building Services</b> Appointed specialist commissioning manager for complex systems. Roles include commissioning management, design reviews.	Specification Programme	Stage 2
			1	1				1				<b>Balfour Beatty</b>	<b>Credit 3 - Commissioning: Building Fabric - Thermographic Survey</b> CON Thermographic survey, air tightness test on fabric, thermal bridging, air leakage etc. to demonstrate integrity of construction and detailing.	Specification Programme	Stage 2
			1	1				1				<b>Balfour Beatty</b>	<b>Credit 4 - Handover Building User Guide</b> Building User Guide aimed at facilities management and general occupants in line with BREEAM criteria (as a separate document to the O&M file/Building Log Book).	Specification	Stage 2
Aftercare		Man 05	1	1				1				<b>Balfour Beatty</b> <b>FM</b>	<b>Credit 1 - Aftercare Support</b> - CON to provide aftercare support (occupant training, FM walk around, site presence on a weekly basis for one month post handover) - FM will monitor energy and water use for 12 months (to supplement seasonal commissioning process)	Specification	Stage 2
			1	1				1				<b>Balfour Beatty</b>	<b>Credit 2 - Seasonal Commissioning</b> - CON Seasonal commissioning (3, 6, 9 months, full load part load conditions). Retention of the specialist commissioning manager to carry out commissioning during the first year of occupancy. 22.11.17 - Noted that seasonal commissioning forms a part of the ACRs, however BREEAM requirements clarify the fullness of this responsibility during the first year defect period.	Specification	Stage 2
			1	1				1				<b>Hub North and NHS</b>	<b>Credit 3 - Post Occupancy Evaluation and Case Study in line with BREEAM requirements.</b> - Hospital Management will carry out a post occupancy evaluation assessment and dissemination of information. Formal commitment will be provided to evaluate the design strategy, energy, water consumption and occupancy satisfaction data.	Confirmation letter	Stage 2
												<b>NHSH</b>	<b>Innovation Credit - Three Year Monitoring</b> - Hospital management will confirm monitoring (occupant satisfaction, energy and water) of the building quarterly for the first 3 years after occupation; set targets; reporting the figures annually to the BRE.	Confirmation letter	Stage 2

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage	
<b>Health &amp; Wellbeing</b>																
Visual comfort	Hea 01	1	1					1				Oberlanders	<b>Credit 1 - Minimising Glare</b> Potential for disabling glare to be designed out of all relevant building areas. Daylight levels to be maximised whilst avoiding disabling glare in the workplace and other sensitive areas. Neither the use or location of shading should conflict with the operation of lighting control systems. Applies to all key occupied areas particularly those with workstations such as offices.  Occupant controlled blinds which allow daylight whilst minimising glare. Note that this can also be demonstrated if glare is 'designed out' i.e. low eaves etc.	Blinds Spec Marked up drawings	Stage 1 design strategy	
		2				2					2	Oberlanders / Rybka	<b>NB Daylighting levels are included within the ACRs</b>  <b>Credit 2 and 3 - Daylighting</b> Daylight Factor of 2% and uniformity ratio of 0.4 - public areas (80% of areas) Daylight Factor of 3% - patient areas (80% of areas)  22.11.17 - Daylighting levels are being optimised and monitored by means of dynamic environmental modelling (IES). It is noted that the uniformity ratio is problematic even if the daylight factors are met. This will be modelled during Stage 2 and any cost implications addressed.	Daylight modelling	Stage 1 design strategy	
		2	2					2				Oberlanders	<b>Credit 3 and 4 - View Out</b> Ensure that glazing in occupied rooms is ≥20% of the surrounding wall area (criteria 3) - applicable to all occupied areas where occupants will spend a significant amount of time: - Offices - Reception - In-patient areas NB internal offices without a view out will not comply. Intermittently used rooms without workstations and rooms which can be justified as used for <30mins are exempt from view out requirements. Oberlanders confirm that this credit should be achievable.	Marked up drawings	Stage 1 design strategy	
		1	1					1				Rybka	<b>Credit 4 - Lighting Levels</b> Internal lighting levels to be designed in line with CIBSE LG 7. Zoning and appropriate manual control to all areas. All external lighting levels to be designed in line with the lux levels of BS 5489-1:2003+A2:2008	Luminaire schedule and Electrical Spec	Stage 2	
Indoor Air Quality	Hea 02	1	1					1				Oberlanders / Rybka	<b>Credit 1 - Air Quality Plan</b> Project team to put together an air quality plan covering design, commissioning and operational air quality. - Architectural element to consider finishes - Mechanical zoning drawing to demonstrate ventilation strategy across the building in order to maintain air quality.	Report	Stage 2	
		1				1					1	Oberlanders / Rybka	<b>Credit 2 - Indoor Air Quality</b> Limiting indoor air pollution air intakes and exhausts >10m apart and intakes >20m from sources of external pollution (or >10m for naturally ventilated buildings).  Variable occupancy spaces have CO2/air quality sensors linked to mechanical ventilation sensors (or alert of exceedance of CO2 limits in naturally ventilated buildings).  Due to the operational requirement of proximity of vehicles to the building and openable windows/air intakes, it is likely that this credit will not be available. There is an operational requirement for vehicles to move in close proximity to the building and air intakes, thereby negating the opportunity to separate sources of pollution from air intakes and achieve this credit.			
		1				1					1	Oberlanders / Rybka	<b>Credit 3 - Potential for natural ventilation</b> All occupied rooms to have >5% floor area as openable window.  22.11.17 - Although it is the aspiration of the design to optimise the natural ventilation within the developments, there are SHTM requirements to carefully control the temperature and air changes in clinical spaces. Therefore, this credit is unlikely to be achieved due to the requirements for controlled environments.	Layouts Openable area calcs		

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Indoor Air Quality	Hea 02	1	1					1				<b>Oberlanders</b> <b>Balfour Beatty</b>	<b>Credit 3 - VOC Content of Materials</b> Specification of materials in line with low VOC/formaldehyde limits and testing levels; British Standards as outlined in the BREEAM manual. This applies to elements and finishes such as: floor finishes, wall coverings, paints, wood panel products, varnishes, suspended ceiling tiles etc.  22.11.17 - The only potential issue, presenting risk to this credit, is of any materials which are required for the operational performance of the hospitals. NHS highlighted materials such as Corien in dental suites. Credit is to be formally reviewed during Stage 2 and credit requirements to be included within all relevant materials cited in the NBS.  06.03.18 - See email JNM (Rybka) to MC, PG (Oberlanders) with relevant NBS clauses.	NBS	Stage 2
		1	1					1				<b>Balfour Beatty</b>	<b>Credit 4 - VOC Testing</b> Post Construction testing of VOC levels. To be included within the Building Contract.	Specification	Stage 2
Thermal Comfort	Hea 04	1	1					1				<b>Rybka</b>	<b>Credit 1 - Thermal Comfort Modelling</b> Thermal comfort dynamic modelling report required to demonstrate compliance with CIBSE Guide A Table 1.5. Thermal modelling will take place during Stage 2.	Report	Stage 2
		1		1					1				<b>Credit 2 - Adaptability - for a projected climate change scenario</b> Adaptability for climate change: thermal modelling demonstrates comfort levels are met over the climate change scenario or demonstration of how the building has been adapted or will be adaptable in future in terms of passive measures. - Predicted Mean Vote (PMV) and Predicted Percentage Dissatisfied (PPD) indices demonstrated.  It is noted that the project climate change scenario will be thermally modelled during Stage 2. However there is uncertainty as to whether the credit can be achieved.	Report	Stage 2
		1	1					1					<b>Credit 3 - Thermal Zoning</b> Zoning and appropriate manual controls to be designed in to the scheme. Avoidance of underfloor heating in occupied areas to achieve this credit (rapid environmental control required, underfloor heating is deemed to be a long lag system)	Layouts	Stage 2
Acoustic performance	Hea 05	1	1					1				<b>Waterman (Acoustics)</b> <b>Oberlanders</b>	<b>BREEAM pre-requisite - Acoustic Consultant (ACC) to be appointed to advise acoustic solutions are to be considered to achieve the credits.</b>  22.11.17 - Initial surveys undertaken. Acoustician to be appointed to provide Stage 2 design advice in achieving all three credits. 09.02.18 - RIBA Stage 2 acoustic reports issued. 02.03.18 - Acoustic reports demonstrate compliance and recommendations for the architectural design.	Report	Stage 1 Survey and design advice  Stage 2 compliance report
		1	1					1			<b>Stage 2 detailed design to demonstrate compliance with acoustician reports (partition details, sound insulation etc.)</b>  <b>Credit 1 - Sound Insulation</b> in line with SHTM 08-01.				
		1	1					1			<b>Credit 2 - Indoor ambient noise levels</b> in line with SHTM 08-01.  <b>Credit 3 - Reverberation times</b> in line with SHTM 08-01.				

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Safety & security	Hea 06	1	1					1				<b>Wardell Armstrong</b> <b>Credit 1 - Safe pedestrian and cycle routes</b> Site layout to segregate pedestrians and cyclists from general vehicle movement. Delivery vehicles to have their own access, turning area, waiting area and pallet storage point. Pedestrians and cyclists to have dedicated pathways (1.5m wide or 3.0m combined). Roads raised to pavement level at crossing points. Vehicle movement will need to be carefully controlled. Site plan recommendations (raised pedestrian points, white lining etc.) provided to Wardell Armstrong	Site Plan	Stage 1	
		1	1					1				<b>Oberlanders</b> <b>Credit 2 - Secured by Design - Initial meeting at RIBA Stage 2</b> - ARCH to engage with local ALO and the design is to adopt the principles of SBD and the recommendations made by the ALO (criteria 11-13). Details of communication with ALO required (minutes/email) confirming recommendations and confirmation that recommendations are in line with SBD principles. Confirm design stage correspondence. 22.11.17 - Secured by design communications initiated with the Police Scotland ALO. Sites registered. 18.06.18 - Aviemore - SBD consultation and report provided. Recommendations to be included in the design. - Report required also for Skye - Minutes to be provided by Oberlanders - Design to incorporate SBD recommendations	SBD Consultation Minutes	Stage 1	

**Energy**

Reduction of CO <sub>2</sub> Emissions	Ene 01	12	8		4	8	5		7		<b>Rybka</b> <b>Carbon Emissions (Improvement over Section 6)</b> Five credits are required. 22.11.17 - Initial energy appraisal conducted at Stage 1. The specification of low carbon technology, energy efficiency measures and high insulation values and air tightness is likely to improve on the Section 6 Target Emission Rate. <b>Aviemore - Stage 2:</b> Full modelling of the project carried out. The Stage 2 design achieves 8no. credits.	Section 6	Stage 1 design strategy Stage 2
Energy monitoring	Ene 02	2	2				2				<b>Rybka</b> <b>BREEAM Minimum Standard; Very good - Outstanding: 1st credit</b> <b>Credit 1 - Overall energy metering of:</b> - Total Heating - Total Cooling - Total Domestic Hot Water - Total Lighting and Small Power (together per floor plate) or separate (for all) - Total Ventilation - Lift - Other large power uses <b>Credit 2 - Departmental energy metering</b> Departmental energy metering of: - Heating - Cooling - Domestic Hot Water i.e. hot water heat metered per floor plate - Lighting and Small Power (can be together per floor plate) - Ventilation	Schematics	Stage 2
External Lighting	Ene 03	1	1				1				<b>Rybka</b> <b>External Lighting</b> External luminaire efficacies and colour rendering indexes to be specified in line with BREEAM requirements, ensuring that energy efficiency will be targeted with the external lighting strategy. In addition, timeclock and photocell control to be provided to control out of hours energy use and lighting. Presence detection in areas of intermittent activity.	Luminaire schedule and Electrical Spec	Stage 2

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Low Carbon Design	Ene 04	1	1					1				Rybka	<p><b>Credit 1 - Passive Design Analysis - RIBA Stage 2</b></p> <ul style="list-style-type: none"> <li>- Passive design study to consider the use of passive design measures to be conducted at RIBA stage 2</li> <li>- Use of dynamic modelling (as per Hea 04) - comparison between energy demand of standard scheme and scheme with passive design measures. NB Hea 04 must also be achieved</li> <li>- Compliant LZCT feasibility report will be prepared.</li> </ul>	Report	Stage 1
		1			1					1			<p><b>Credit 2 - Free Cooling</b></p> <p>The mechanical design strategy uses a mechanical cooling system with cooling in certain areas: an operational requirement. Although it is the aspiration of the design to optimise the natural ventilation, there are SHTM requirements to carefully control the temperature in clinical spaces. Therefore, this credit is unlikely to be achieved due to the requirements for controlled environments and need for certain areas to be cooled.</p>		
		1	1					1						<p><b>Credit 3 - Low and Zero Carbon Technologies Feasibility - RIBA Stage 2</b></p> <p>Feasibility study has been conducted at Hub Stage 1 (RIBA Stage 2) in line with BREEAM guidance notes in order to determine the most effective Low or Zero Carbon Technology for the scheme. This will be taken forward into Stage 2.</p>	Report
Energy efficient transport systems	Ene 06	3	3					3				Lift Specialist	<p><b>Lift Specification - Performance Spec and Traffic analysis</b></p> <p><b>Lift Manufacturer - Energy Calculations</b></p> <p><b>Energy Efficient Lift Strategy</b></p> <p><b>1) Lift analysis, 2) 3no. energy efficient features, 3) Regenerative drive</b></p> <p><b>Credit 1 - Energy Efficient Lift</b></p> <p>Prior to the specification of the lifts, an analysis of the transportation demands and usage patterns will be carried out to determine the optimum number and size of lifts (including the counter-balancing ratio). The energy consumption will be calculated in accordance with BS EN ISO 25745 for one of the following:</p> <ul style="list-style-type: none"> <li>i) at least two types of system</li> <li>ii) an arrangement of systems</li> <li>iii) a 'fit for purpose' system strategy</li> </ul> <p>The lift option which is evidenced to offer the lowest energy consumption will be specified.</p>	Lift Spec  Manufacturer Calculations	Stage 2
													<p><b>Credit 2 - Lift: VVVF, LED lighting, Standby mode option</b></p> <p>When deciding the technical specifications of the selected lifts, energy efficient features will be specified:</p> <ul style="list-style-type: none"> <li>- standby mode</li> <li>- average lamp efficacy of greater than 55 lumens/circuit Watt for both car and display lighting, and</li> <li>- VVVF drive controller capable of variable speed, variable voltage and variable frequency</li> </ul> <p>The regenerative drive is to be specified if it is demonstrated to offer energy savings.</p>	Manufacturer Calculations	Stage 2



BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
	Energy efficient equipment	Ene 08	2		2				2				<p><b>Rybka</b></p> <p>Report demonstrating the major unregulated energy uses (cold storage equipment, small power equipment) approximate power consumption. Assumed to be cold storage equipment.</p> <p><b>Kitchen Specialist NHS / HFS</b></p> <p>Report required to demonstrate the evidence for this credit.</p> <p><b>Aviemore</b> - Credit will be awarded on the basis of the most energy intensive of the following:                      - Kitchen Designer - Kitchen and Catering Equipment in line with CIBSE TM 50                      - NHSH/HFS - Energy efficient small power equipment (office equipment, white goods etc.);                      - NHSH/HFS - Large scale healthcare related equipment (with electrical loads of &gt;10kW) and sets of electrical equipment (where numbering more than 50) to be procured in line with HTM07-02 Part B Chapter 1</p> <p><b>Skye</b> - Credit will be awarded on the basis of the most energy intensive of the following:                      [no commercial kitchen]                      - NHSH/HFS - Energy efficient small power equipment (office equipment, white goods etc.);                      - NHSH/HFS - Large scale healthcare related equipment (with electrical loads of &gt;10kW) and sets of electrical equipment (where numbering more than 50) to be procured in line with HTM07-02 Part B Chapter 1</p>	Report	Stage 2
<b>Transport</b>															
	Public transport accessibility	Tra 01	5	2		3		1		4		<p><b>Waterman NHS</b></p> <p><b>Proximity to and frequency of public transport</b> (<i>Building type: Healthcare - Community Hospital</i>)</p> <p>Limited credits available on both sites due to rural locations. Bus stops and train stations to be identified and safe pedestrian walking routes annotated</p> <p>22.11.17 - NHSH noted that both hospitals have active transport groups:  <b>Aviemore</b> - Bus stop will be situated on the site. NHS to provide details of the location of the stop, frequencies of the service(s).  <b>Skye</b> - It is likely that patient transport will be made available. NHS to confirm the nature of this provision.                      12.03.18 - JC (Waterman) will provide marked-up plan with distances to transport nodes via safe route.</p>	Report Annotated site plan	Stage 1	
	Proximity to amenities	Tra 02	1		1				1		<p><b>Oberlanders NHS</b></p> <p><b>Proximity to amenities</b> (<i>Building Type 4</i>)</p> <p>Four of the following facilities are within 500m safe walking distance of the site:                      (a) leisure facility                      (b) food outlet. Vending machine is deemed compliant                      (c) outdoor open space accessible to users                      (d) cash machine                      (e) pharmacy                      (f) post service. In house with collection is deemed compliant</p> <p><b>Aviemore</b>  <b>(a) leisure facilities school facilities + bypass route (check if &lt;500m);</b>                      (b) vending machine (in house);                      (c) outdoor open space (in house);  <b>(e) pharmaceutical dispensing facility?</b>  <b>(f) in house postal service with collection?</b></p> <p><b>Skye</b>                      (b), (c) - available in house  <b>Other two facilities - uncertain</b></p>	Annotated site plan	Stage 1		

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Cyclist facilities	Tra 03	1	1					1				<b>Wardell Armstrong</b> <b>Credit 1 - Cycle racks</b> - 1 cycle rack for every 10 staff (based on maximum occupancy at a given time - i.e. accounting for shift overlap) and - 1 cycle rack for every 10 beds OR 1 for every 2 consulting rooms (whichever is larger) - Covered, well lit, adequate spacing between racks and in close proximity to the building.  NHSH to provided details of the number of members of staff (medical and non-medical) at any one time within the premises.	Site Plan cycle racks + dimensions	Stage 1 strategy	
		1		1					1				<b>Oberlanders</b> <b>Credit 2 - Changing facilities</b> Two of the following are required for compliance: - Showers (1 per ten cycle spaces); - <b>Changing facilities (male and female);</b> - <b>Lockers (equal to the number of cycle racks);</b> - Drying spaces	Floor plans (Changing + showers)  Locker spec	Stage 2 design
Maximum Car Parking capacity	Tra 04	1			1					1	<b>Oberlanders</b> <b>Car parking capacity (minimising spaces)</b>  For 2 credits there is to be no more than the total of the following: - 1 parking space for every 2 medical staff [Max no. of medical staff = x] - 1 parking space for every 3 non-medical staff [Max no. of non-medical staff = y] - 2 parking spaces for every consultation room, examination room, treatment room, therapy room [Aviemoire No. of relevant rooms = 19]  Maximum parking allowance = $x/2 + y/3 + z*2$ No. spaces provided =	Site Plan Statement			
												<b>NHSH</b> NHSH to provided details of the number of members of staff (medical and non-medical) at any one time within the premises.	Statement	Stage 1	
Travel Plan	Tra 05	1	1					1			<b>Waterman (Transport)</b> <b>NHSH</b>  <b>Site specific Travel Survey - produced at Feasibility Stage</b> - Travel Patterns of existing users and predicted usage for the new build users - Current accessibility for walkers, cyclists, visitors with children - Current disabled access (accounting for varying levels of disability and visual disability) - Public Transport links serving the site  <b>Travel Plan will be produced covering:</b> - Key Recommendations for the new build - NHS must have input into the Travel Plan and recommendations  12.12.17 - C Azhar (Waterman) confirms all BREEAM reqts will be covered in transport assessment 02.02.18 - Watermans and NHSH transport meeting held. Sites have existing transport information produced by NHSH and user groups. Watermans' Transport Assessment and Travel Plan to work with existing site information. 08.03.18 - JC (Waterman) will assess current conditions for pedestrians/cyclists and vehicles and send to Rybka for review.  <b>Aviemoire</b> - Transport Assessment provided in draft. <b>Required</b> - Section on disabled access around the site to be added (must account for varying levels of disability and visual impairment) - noted that a couple of sentences could be elaborated on, relating to current mobility and risks. - NHSH to confirm that they will implement the Travel Plan, post construction, once the building is in use. - Travel Plan Framework required.  <b>Skye</b> - Awaiting Travel Assessment and Survey reports.	Report	Stage 1		

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey			Skye			Party Responsible	Commentary	Evidence Required	Hub Stage
<b>Water</b>													
Water Consumption	Wat 01	5	2	1	2	2	1	2	<b>Oberlanders</b> <b>Kitchen Specialist</b> <b>NHS</b>	<b>BREEAM Minimum Standard; Good-Excellent: 1 credit, Outstanding: 2 credits</b> Five credits are available on a sliding scale basis. It is recognised that due to operational requirements, ultra low-flow sanitaryware is not suitable and therefore two credits are deemed unachievable by the project. It is also noted that rainwater harvesting and greywater use is prohibited in line with SHTM standards. However, two credits are deemed achievable based on the inclusion of sanitaryware and kitchen equipment with the following flow rates: <b>Architectural</b> Sanitary fittings to demonstrate flow rates and capacities of sanitary ware and fittings: Two credits are assumed to be achievable at pre-assessment stage: - Taps - 3.75 L/min flow restriction - WCs - 4/2.6 L dual flush or 4L single flush cistern WCs - Shower - 8 L/min flow restriction - Urinals - ultra low flow 06.03.18 - See email JNM (Rybka) to MC, PG (Oberlanders) <b>Kitchen Designer</b> - Dishwashers - 3 L/rack - Pre-rinse nozzles - 6 L/min - Kitchen taps - 5.0 L/minute flow restriction - Washing machines - 4.5 L/kg (commercial) or 30 L/use (domestic)	Sanitary ware Schedule  Kitchen Spec	Stage 2	
Water monitoring	Wat 02	1	1			1			<b>Rybka</b>	<b>BREEAM Minimum Standard; Criterion 1</b> <b>Water Monitoring</b> Water meter will be installed on the mains water supply to the building's core area, connected to BMS or provided with a pulsed output for prospective connection to a BMS. Key plant / functions (kitchen / changing areas etc.) with separate metering.	Schematics	Stage 2	
Water leak detection and prevention	Wat 03	1	1			1			<b>Rybka</b>	<b>NB Both Wat 03 credits are required within the ACR</b> <b>Credit 1 - Leak detection</b> The mechanical design strategy will incorporate a mains leak detection system confirmed to be in line with BREEAM requirements for detecting major leaks between the site boundary and the building and within the building, the system will be programmed, audible alarm etc.	Schematics Mechanical Specification	Stage 2	
		1	1			1				<b>Credit 2 - Leak Prevention - WC areas</b> Installation of a flow control device fitted/solenoid valves associated to PIR control to be specified to cold water supply covering WCs and hand wash basins to each WC area/facility. - BRE has confirmed that leak prevention systems are required on the in-patient ensuite rooms. - HFS has confirmed that leak prevention systems are not required to these areas and only to core area WCs. HFS to provide the BRE's confirmation in writing that this is acceptable.	Schematics	Stage 2	
Water efficient equipment	Wat 04	1		1			1		<b>Wardell Armstrong</b> <b>Rybka</b> <b>NHSH</b>	<b>Planting</b> <b>Landscape Architect</b> - Internal and external landscaping to be manually watered or will rely solely on precipitation. <b>Vehicle Wash Systems</b> <b>Rybka</b> - Vehicle wash system to demonstrate a mechanism for potable water saving: e.g. ultra efficient system, or the use of rainwater / grey water. <b>NHSH</b> - to confirm the type of vehicle wash system utilised. Noted that this is understood not to be included within the ACRs.	Statement Specification	Stage 2	

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage	
<b>Materials</b>																
Life Cycle Impacts	Mat 01	6	3	1				3	1				<b>Oberlanders</b>	<p><b>Green Guide Materials</b> The specification of Green Guide A/A+ rated materials and construction make ups are required on the following building elements: - External walls - Windows - Roof - Upper Floor Slab - Floor finishes</p> <p>Green Guide A rated materials and finishes are to be prioritised by the project team: - Lightweight structures and slabs - Minimise the use of heavy constructions such as dense blockwork, reinforced concrete slabs</p>	Architectural Materials Schedule Drawings Specification	Stage 2
Hard Landscaping and boundary protection	Mat 02	1	1					1					<b>Wardell Armstrong</b> <b>Balfour Beatty</b>	<p><b>Hard landscaping</b> 80% of the hard landscaping and boundary protection (by area) is to achieve a green guide A or A+ rating.</p> <p>Recycled sub-base is to be used on site and included within the prelims and Building Contract.</p>	Drawings Specification	Stage 2
Responsible Sourcing of Materials	Mat 03	4	2	1	1			2	1	1			<b>Balfour Beatty</b>	<p><b>BREEAM Mandatory issue - All construction timber to be responsibly sourced.</b> All construction timber and timber based products used to be 'legally harvested and traded timber', certified by FSC or PEFC.</p> <p><b>Credit 1 - Sustainable Procurement Plan</b> A sustainable procurement plan is to be created by the main contractor to demonstrate sustainable sourcing of materials, policy and assessment of available local resources etc.</p> <p>08.08.18 - Balfour Beatty's 'Appendix C' Sustainability Plan commented on. Additional section required on sustainable material procurement. BB to implement.</p>	Specification Report	Stage 2 Stage 1
														<p><b>Credits 2 - 4 - Responsible Sourcing of Materials</b> * 80% of the materials by volume <u>within</u> each building element is to be responsibly sourced see table 11-1. * All timber is to be sourced from the UK Government Timber Procurement Policy for legal and sustainable sourcing [main contractor to list timber elements and provide FSC/PEFC certification for each element]</p> <p>* Applicable building elements to be assessed: Structural frame , Ground floor, Upper floors, Roof, External walls, Insulation, Internal Walls, Foundation/substructure, Fittings, Hard landscaping.</p> <p><b>Credits 2-4</b> are dependent on contractor involvement and at this stage 1 from 3 credits are targeted with the aspiration of optimising the responsible sourcing of materials. Additional credits may be achieved, however the detailed analysis of this credit will be possible later on in the design programme. At this stage, responsible sourcing targets are to be included within the Prelims and Building Contract.</p>	Specification	Stage 2 - Construction
Insulation	Mat 04	1	1					1					<b>Oberlanders</b> <b>Rybka (M&amp;E)</b>	<p><b>Insulation Green Guide A+ / A</b> Green Guide A+/A rated insulation will be specified in the building envelope (external walls, ground floor and roof) and building services.</p>	Specification	Stage 2

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Designing for Durability and Resilience	Mat 05	1	1					1				<b>Oberlanders</b> <b>Waterman</b>	<b>Identify Vulnerable areas</b> Vulnerable areas/parts of the building externally and internally will be identified  <b>Demonstrate robustness measures</b> Robustness measures will be applied to the detailed design and applied internally and externally e.g. kick plates, laminated glazing, bollards, durable flooring.  <b>Protect building from material degradation - RIBA Stage 2-3</b> Identify the risks in the locality/orientation and demonstrate the mitigation method/specifications. Materials and measures incorporated into the design will be designed into the scheme to minimise the risk of material degradation.  12/12/17 - Geoenvironmental report to inform Civils input to tracker. Land quality assessment to be submitted. Site Investigation to be commissioned in Feb/March - includes gas monitoring.	Marked up drawings Report	Stage 1
													<b>Architectural Materials Efficiency reporting - RIBA Stages 2, 3, 4, 5, 6</b>  Consultation with the project team at each key stage will be carried out to discuss the opportunities and measures to optimise material efficiency in the design, procurement, construction, maintenance and end of life construction materials strategy.  <b>Oberlanders</b> Architectural lead - input will be provided by C&S engineers and contractor on material efficiency measures.  <b>Waterman</b> Consultation to occur in key stages: design and brief, concept design, development design, technical design, construction. Report/minutes/information to be provided at each stage to demonstrate material efficiency/optimisation in the design at each design stage. This credit will be architect led with C&S and contractor input.  <b>Balfour Beatty</b> 22.11.17 - Initial workshops being held by Rybka with Oberlanders and Watermans to ensure that the RIBA stage element is achieved. 08.03.18 - MH (Waterman) confirms site material will be reused where possible. Cut and fill strategy to be detailed. Local Skye quarry to be utilised to reduce import. Recycled/local material where possible.		
<b>Waste</b>															
Construction waste management	Wst 01	4	3	1				3	1			<b>Balfour Beatty</b>	<b>Resource Management Plan</b>  <b>Credit 1 - 3 credits are available. For 3 credits:</b> - Produce a BREEAM compliant SWMP - Target total construction waste of <3.2 tonnes/100m <sup>2</sup>  Does demolition form a part of the contract? Produce pre-demolition audit to identify key opportunities for refurbishment/recycling of materials  <b>NB Exemplary level standards are required within the ACR. This will require very strict operations on site to ensure that construction waste is minimised: takeback schemes, minimising offcuts, control over sub-contractor waste streams.</b>	Specification Draft: SWMP	Stage 2
													<b>Credit 2 - Diversion of resources from landfill</b> - Target 90% of demolition waste (by weight) diverted from landfill		

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage	
				Green	Orange	Red	Blue	Green	Orange	Red	Blue					
	Recycled aggregates	Wst 02	1			1					1			<p><b>Waterman</b></p> <p><b>Balfour Beatty</b></p> <p><b>Recycled aggregates</b>                      - Target the use of recycled aggregates of the 'high grade' aggregate uses throughout the scheme. Recycled content must be 25% of the total high grade aggregate throughout the scheme.                      - Each high grade aggregate must contain recycled content as per BREEAM criteria (see table 51)                      - Sources of recycled content within 30km of site. The availability of recycled aggregate is currently unknown and therefore this credit is classified as 'uncertain'.                      This is dependent on the sources of recycled aggregate within 30km at the time of construction. Currently this is at best uncertain, however due to the rural nature of the sites, it is predicted that these credits will be difficult to achieve due to the high volumes of readily available aggregate necessary.                      08.03.18 - Requirements for recycled aggregate percentages will be included in Waterman specification.</p>	Specification	Stage 2
	Operational waste	Wst 03	1	1				1					<p><b>Oberlanders</b></p> <p><b>Wardell Armstrong</b></p> <p><b>Recyclable Waste Storage area</b>                      20m<sup>2</sup> of clearly labelled, accessible recyclable waste storage space will be provided (segregated part of the bin store/waste management area).                      An area dedicated to the recycling of organic waste will also be provided, with bib tap.                      Compliance with SHTN3 Scotland Waste Management Part A - Best Practice Overview and Part B Waste Management Policy template.</p>	Mark-up Layout	Stage 2	
	Adaption to Climate Change	Wst 05	1	1				1				<p><b>Oberlanders</b></p> <p><b>Waterman</b></p> <p><b>Rybka</b></p> <p><b>Structural and Fabric Resilience in relation to climate change - RIBA Stage 2</b>                      Adaption to climate change strategy appraisal will be conducted at RIBA Stage 2. The systematic risk assessment (applicable to structural and fabric resilience) will evaluate and (where appropriate) mitigate against the impact of extreme weather conditions:                      - Hazard identification (review information from relevant bodies, identify hazards)                      - Hazard assessment (scale of hazards identified)                      - Risk estimation (identify the risks on structural stability, robustness, weather proofing, durability, health and safety, impact on building and occupants)                      - Risk evaluation (potential impact, tolerable risk, sensitivity of risk assessment, unacceptable risk)                      - Risk management (mitigation measures)                      Architect led with Contractor and Rybka (M&amp;E) input.                      12/12/17 - Climate change allowance of 20% will be accounted for in calculations. Site will be protected to either 1/500yr or 1/200yr storm event</p>	Report	Stage 1		
	Functional Adaptability	Wst 06	1	1				1				<p><b>Oberlanders</b></p> <p><b>Waterman</b></p> <p><b>Rybka</b></p> <p><b>Functional adaptation appraisal - RIBA Stage 2</b>                      - Adaptability of the internal environment for change in practice                      - Adaptability of the internal space and external shell for change in use - flexibility of internal walls                      - Design for ease of replacement of plant items                      - Services and utility adaptability                      - Ability for major refurbishment (replacement of facade etc.)                      Architect led with C&amp;S and Contractor input.                      22.11.17 - Initial workshops being held by Rybka with Oberlanders and Watermans to ensure that the RIBA stage element is achieved.</p>	Report	Stage 1		

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage	
				Green	Orange	Red	Blue	Green	Orange	Red	Blue					
<b>Land use &amp; Ecology</b>																
Site selection	LE 01	1			1					1			-	<p><b>Credit 1 - Previously Developed Land</b> The proposed development's footprint (building and hard landscaping) is on an area of land which is previously developed for use by industrial, commercial or domestic purposes in the last 50 years. <b>Credit not available at Aviemore or Skye.</b></p>	n/a	n/a
		1			1					1			Waterman	<p><b>Credit 2 - Contaminated Land</b> A site investigation is to be conducted to determine whether or not the site is deemed to be contaminated. Remediation measures to be implemented if contamination discovered. Note that asbestos found within the existing building would not qualify for this credit - other contaminants would need to be identified and remediated against.</p> <p>22.11.17 - Noted that if radon (or any other ground contaminant) is found in the SI and remediation is necessary, then this credit will be achieved. Site dependent.</p> <p>05.03.18 - Ground gas identified at Aviemore. Remedial measures outlined within the Geo-Environmental report. Skye results tbc.</p> <p><b>Aviemore</b> - Ground Gas remediation measures to be incorporated in the Stage 2 design - CHECK</p>	SI report	Stage 1
Ecological value of site and protection of ecological features	LE 02	1			1					1			Waterman (Ecology)	<p><b>Credit 1 - Site of Low Ecological Value</b> The sites are understood to have features of ecological value. It is likely that this credit will not be achieved, however confirmation is required by a suitably qualified ecologist. Site dependent.</p>	Site Survey	Stage 1
		1			1					1			Waterman (Ecology) Wardell Armstrong	<p><b>Credit 2 - Protection of Ecological Features</b> The sites are understood to have features of ecological value. It is likely that this credit will not be achieved, however confirmation is required by a suitably qualified ecologist. Site dependent.</p> <p>12/12/17 - Ecological protection measures to be carried out: Aviemore - newt/invertebrate protection; wood ant protection; relocate reptiles to newly created habitat. Skye - intrusive tree survey for bat roosting; check pond for great crested newts; ECoW to be present for wall removal</p>	Specification Report	-
Minimising Impact on Existing Site Ecology	LE 03	2	1	1				1	1				Waterman (Ecology) Wardell Armstrong	<p><b>BREEAM Mandatory Requirement: 1 credit</b></p> <p><b>Ecologist appointment required and advice at RIBA Stage 1-2</b></p> <p>1 credit awarded where the change in ecological value pre to post development is -9 species or better 2 credits awarded where there is zero change in ecological value pre to post development</p> <p><b>Aviemore</b> 08.03.18 - Flowers will be planted at Aviemore for bees. Reptiles will be relocated to appropriate ecological habitat. Green roofs to be proposed to enhance ecological value.</p> <p>Wardell Armstrong - Landscaping design demonstrating plot types, species. Waterman - Ecological calculator tool demonstrating pre and post ecological value.</p> <p><b>Skye</b> Survey report, landscaping design, ecological calculator required.</p>	Drawings Report	Stage 2

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
Enhancing Site Ecology	LE 04	2	1	1	1	1	1	1	1	1	<p><b>Waterman (Ecology)</b></p> <p><b>Wardell Armstrong</b></p> <p><b>Skye</b></p>	<p><b>Ecologist appointment required at the early design stages.</b></p> <p><b>Credit 1 - Ecologist's report and recommendations</b> General recommendations of the ecologist to be included within the landscaping strategy.</p> <p><b>Aviemore</b> Survey reports and Watermans validation report provided. General protection and enhancement measures provided.</p> <p>- Detailed recommendations (native species) etc. required - Landscaping design following recommendations (species) - Protection plan, translocation plan.</p> <p><b>Skye</b> Survey and recommendations report required.</p>	Specification Report	Stage 1	
												<p><b>Waterman (Ecology)</b></p> <p><b>Wardell Armstrong</b></p>	<p><b>Credit 2 - Increase in Ecological Value</b></p> <p>Further credits awarded where there is improvement in ecological required as a result of the development. Due to the nature of the sites and existing ecological value, it is likely that a positive change in ecological value is not possible, subject to the review of an ecologist.</p>	Drawings Report	-
Long Term Impact on Biodiversity	LE 05	2	2				2				<p><b>Waterman (Ecology)</b></p> <p><b>Balfour Beatty</b></p>	<p><b>Credit 1 - Key ecological responsibilities</b> Ecologist to be appointed at concept stage. - EU, UK legislation will be adhered to at design stage and the measures to demonstrate compliance with EU, UK legislation at construction stage (timing of site clearance) - ECO to create a 5 year landscape management plan - Recommendations given for achieving the contractor's site requirements (contractor appointed biodiversity champion; site induction on ecological protection; regular reporting on ecological protection and future ecological issues; planting of recommended trees and shrubs; site clearance outside nesting season or if not possible clearance following bird survey; fencing to protect ecological features).</p> <p><b>Credit 2 - Construction Site Ecological Responsibilities</b> - Contract clause to confirm compliance with EU and UK legislation in terms of protection of species and site clearance. - Appointment of 'biodiversity champion' - Ensure compliance with Ecologist's recommendations relating to this credit - Log ecological actions/protection taken on site in an environmental record - Toolbox talks for site operatives given by BC on ecological protection etc. - Protection measures in line with ecological report</p>	Report Specification	Stage 2	
<b>Pollution</b>															
Impact of refrigerants	Pol 01	3		2				2			<b>Rybka</b>	<p><b>Credit 1, 2</b> MECH - Use of low GWP refrigerant or no building services present</p> <p><b>Credit 3</b> MECH - Use of refrigerant leak detection system and pump down or no building services refrigerant present</p>	-	-	
NOx Emissions	Pol 02	3		2				2			<b>Rybka</b>	Low NOx heating and domestic hot water systems. Credits will be calculated on the basis of the Stage 2 design strategy. Currently uncertain.	-	-	



BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage		
Surface water run off	Pol 03	2	2				2				2			<p><b>Pre-requisite</b> - Engineer to confirm that they are suitably qualified in line with BREEAM requirements.</p> <p><b>Credit 1 and 2 - Flood Risk Assessment and Remediation</b> - Two credits awarded if flood risk from all sources is confirmed to be low - One credit awarded if flood risk is confirmed to be medium/high and freeboard is &gt;600mm</p> <p>05.03.18 - Skye flood risk to be determined. Risk from 1/1000yr storm event to be assessed.</p> <p><b>Aviemore</b> 23.02.18 - FRA Aviemore provided - low flood risk therefore 2 credits are achieved at Aviemore site.</p> <p><b>Skye</b> Awaiting FRA.</p>	Report	Stage 1	
		1	1					1						<p><b>Credit 3 - Surface Water Runoff 1</b> Runoff from site post development will be no more than pre-development runoff for 1 in 100yr return period accounting for climate change.</p> <p><b>Aviemore</b> 23.02.18 - SUDs systems confirmed in the FRA and drainage strategy. Runoff to be reduced to existing site greenfield rates. Credit to be confirmed by way of calculation. 08.03.18 - Skye runoff to be filtered then attenuated to sea. 30% CC will be allowed for in calculations. 01.06.18 - Aviemore FRA and Drainage report provided. 13.06.18 - Aviemore supplementary statement required. See email JNM (Rybka) to ND (Watermans).</p>	Supplementary report	Stage 2	
		1	1								1				<p><b>Credit 4 - Surface Water Runoff 2</b> (i) Flooding of the property will not occur in the event of a local drainage system failure AND (ii) Runoff volume from site over a lifetime post development is no greater than pre-development (iii) Any additional predicted volume runoff for the 100yr 6hr storm event is prevented from leaving site by infiltration/SUDs.</p> <p><b>Aviemore</b> 23.02.18 - SUDs systems confirmed in the FRA and drainage strategy. Runoff to be reduced to existing site greenfield rates. Credit to be confirmed by way of calculation. 13.06.18 - Aviemore supplementary statement required. See email JNM (Rybka) to ND (Watermans).</p>	Report Calculations	Stage 2
		1	1								1				<p><b>Credit 5 - Minimising Watercourse Pollution</b> (i) The first 5mm of rainfall is prevented from leaving the site - SUDs systems to be provided within the drainage strategy which have capacity to stop the first 5mm of water from leaving the site; (ii) The risk of pollution is mitigated by various techniques as established within the drainage strategy, petrol interceptors and permeable paving landscaping, SUDs etc. to control sources of pollution; (iii) Designed in line with PPG3 and SUDS manual. External storage and delivery areas designed in line with EA's Pollution Prevention Pays Guidance. (iv) Up to date drainage plan will be provided for the occupier</p> <p><b>Aviemore</b> 23.02.18 - SUDs systems confirmed in the FRA and drainage strategy. Pollution prevention measures also confirmed. First 5mm potentially achieved by SUDs. Credit to be confirmed. 13.06.18 - Aviemore supplementary statement required. See email JNM (Rybka) to ND (Watermans).</p>	Report Drawings	Stage 1 strategy
Reduction of night time pollution	Pol 04	1	1					1					<p><b>Rybka</b></p> <p><b>Light Pollution</b> - The external lighting design will be designed to reduce night time pollution: compliance with Reducing Lighting Energy Consumption, ILP Guidance notes on the Reduction of Obtrusive Light, 2011. - External lighting will be timeclock control.</p>	Statement	Stage 2		

BREEAM Section	Credit	Ref	Credits available	Badenoch & Strathspey				Skye				Party Responsible	Commentary	Evidence Required	Hub Stage
	Noise attenuation	Pol 05	1	1				1					<b>Waterman (Acoustics)</b> <b>Limiting Noise Pollution</b> Noise impact assessment on the surrounding properties, and if the noise levels from the development is +3dB (day) and +5dB (night) greater than the background noise levels at the nearest noise sensitive area/building, attenuation measures will be recommended to be included in the design. The external services are likely to be the source of noise pollution and will be designed to mitigate noise pollution in line with the Acoustician's recommendations.  Acoustic pre-completion testing/calculations required to achieve this credit.  09.02.18 - RIBA Stage 2 acoustic reports issued demonstrating surveys are undertaken. 02.03.18 - Acoustician survey and design advice provided Stage 2 detailed design advice to demonstrate compliance with acoustician reports.	Report Calculations	Stage 2
<b>Innovation</b>															
	Exemplary Level Credits	Inn 01	10		1				1				<b>Balfour Beatty</b> Man 03 - CCS score of >40 with 7 in each section	See Credit Man 03	Stage 1
				1			1				<b>NHSH</b> Man 05 - 3 year monitoring of energy, water and occupancy satisfaction data. Provided to the BRE.	See Credit Man 05	Stage 2		

## **Appendix 4 – Site Plans / Visualisations**

### **Hyperlinks below to Visualisations:**

Badenoch & Strathspey Community Hospital:

**[Main Entrance](#)**

**[Inpatient Garden](#)**

**[Therapy Garden](#)**

Skye, Lochalsh & South West Ross Community Hospital:

**[Emergency Department Entrance](#)**

**[Entering Site from High Road](#)**

**[Front of Hospital Green Area](#)**

**[Pier View](#)**



- 13  
14
- Department Legend
- CHCT
  - Circulation
  - Dental Service
  - GP Practice
  - In-Patients
  - Mortuary
  - Out Patients
  - Plant - External
  - Plant - Internal
  - Shared / Support
  - Urgent Care Centre

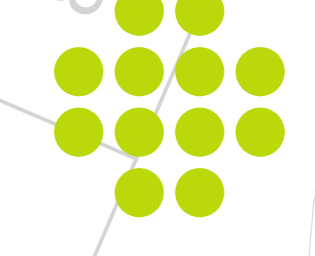
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Rev.	Date	Amendment
B	15.12.17	Design freeze
A	24.11.17	Issued for design update presentation
C	22.02.18	Plans updated in line with SCA v12 and feedback from NHS 16.02.18
D	02.03.18	Issued for Design Freeze
E	05.04.18	Issued for NHS Design Freeze
F	20.07.18	Outpatient block location revised. View to therapy garden from waiting area now demonstrated.
G	14.08.18	Issued in line with Planning Application
H	16.01.19	Room Names and Numbers Updated



RURAL DESIGN ARCHITECTS



oberlanders

Project Name  
Badenoch & Strathpey Community Hospital

Title  
Proposed Floor Plans  
Ground Floor Plan

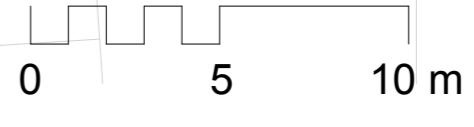
Status  
Preliminary

Project no. - Drawing no. - Rev  
2283 - AHC-OBE-XX-00-DR-A-(0)-101 - H

Drawn By  
15/12/17

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**Department Legend**

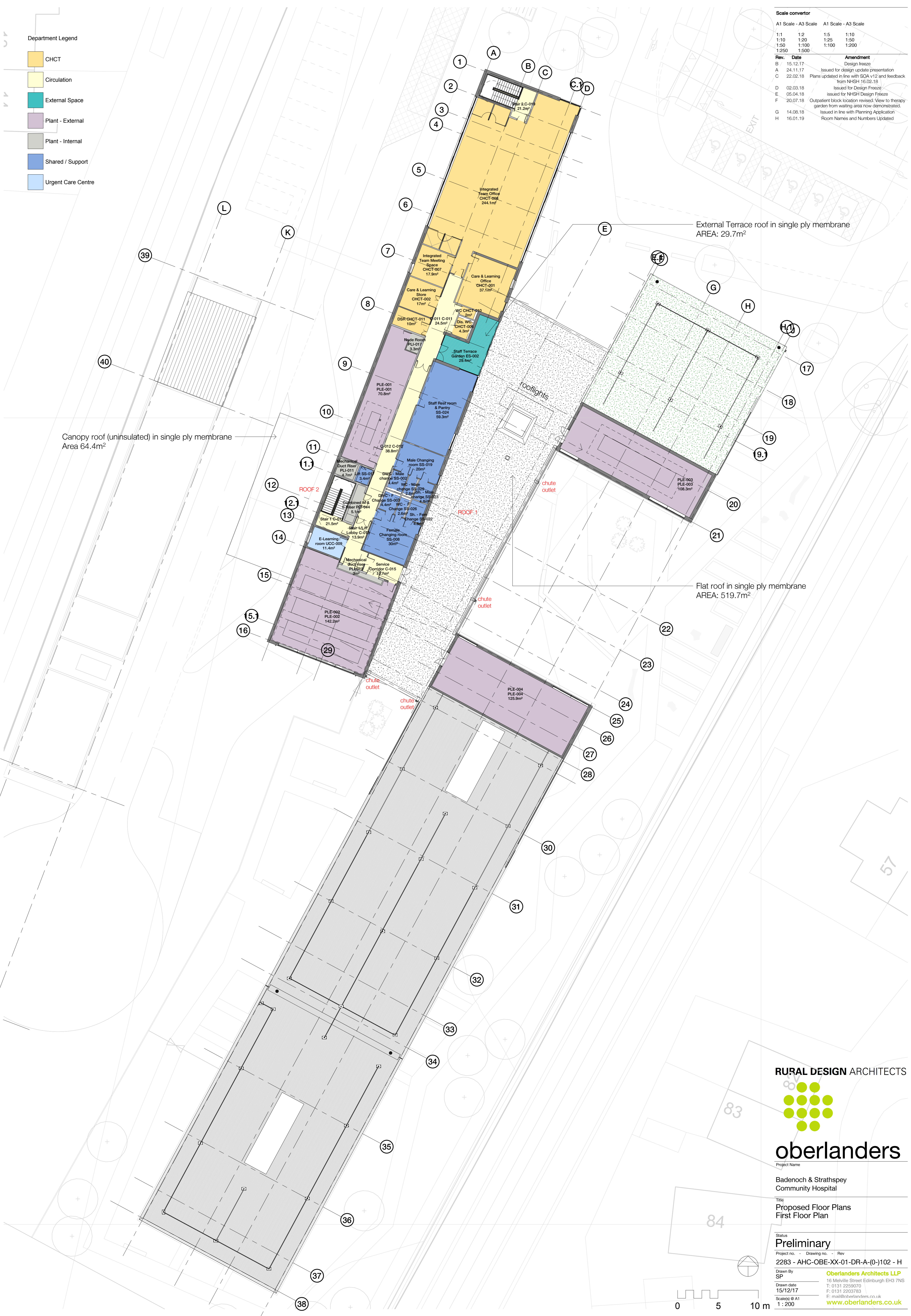
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- Circulation
- External Space
- Plant - External
- Plant - Internal
- Shared / Support
- Urgent Care Centre

**Scale convertor**

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**RURAL DESIGN ARCHITECTS**



**oberlanders**

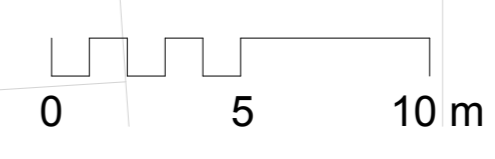
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**Badenoch & Strathspey  
 Community Hospital**

Title  
**Proposed Floor Plans  
 First Floor Plan**

Status  
**Preliminary**

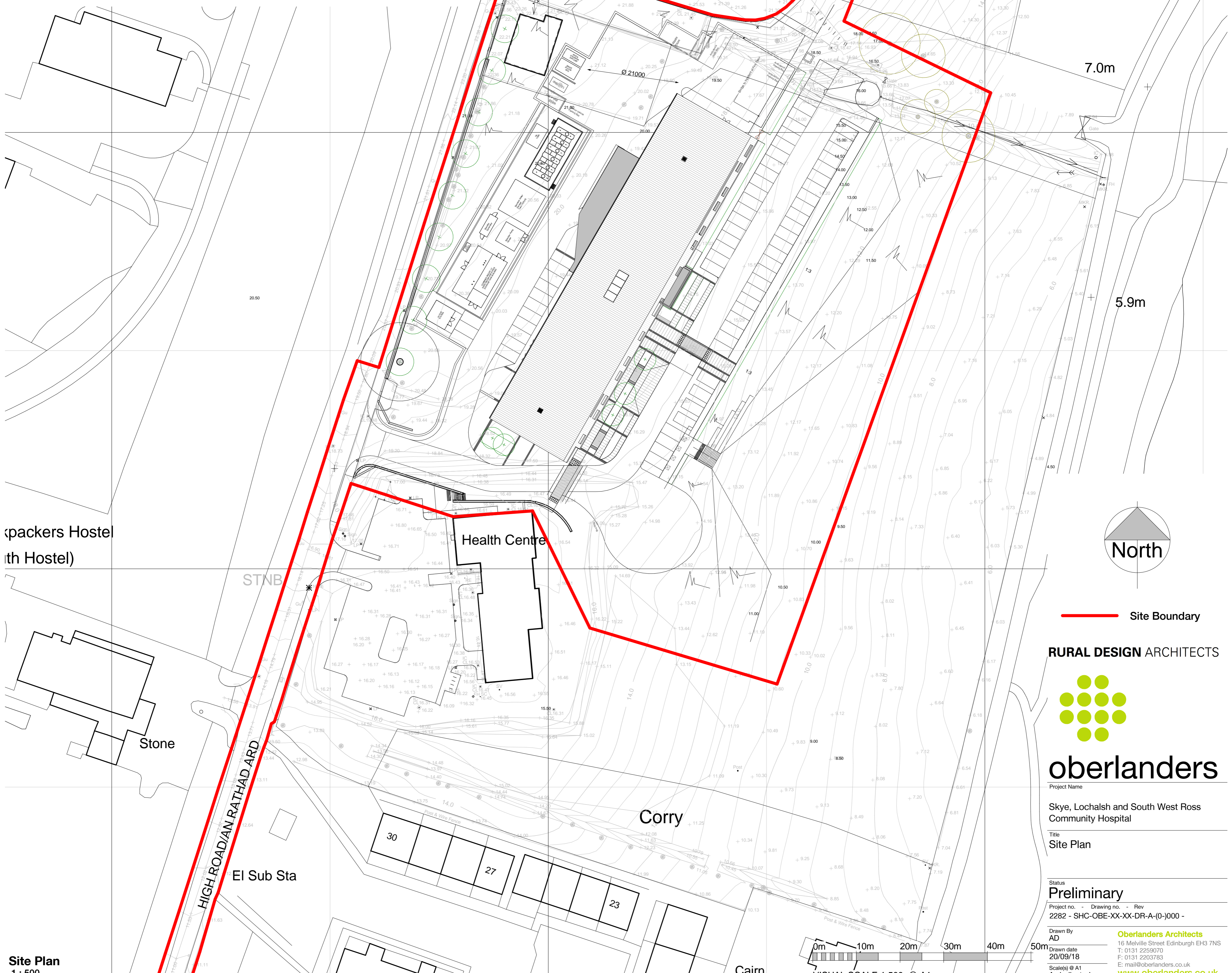
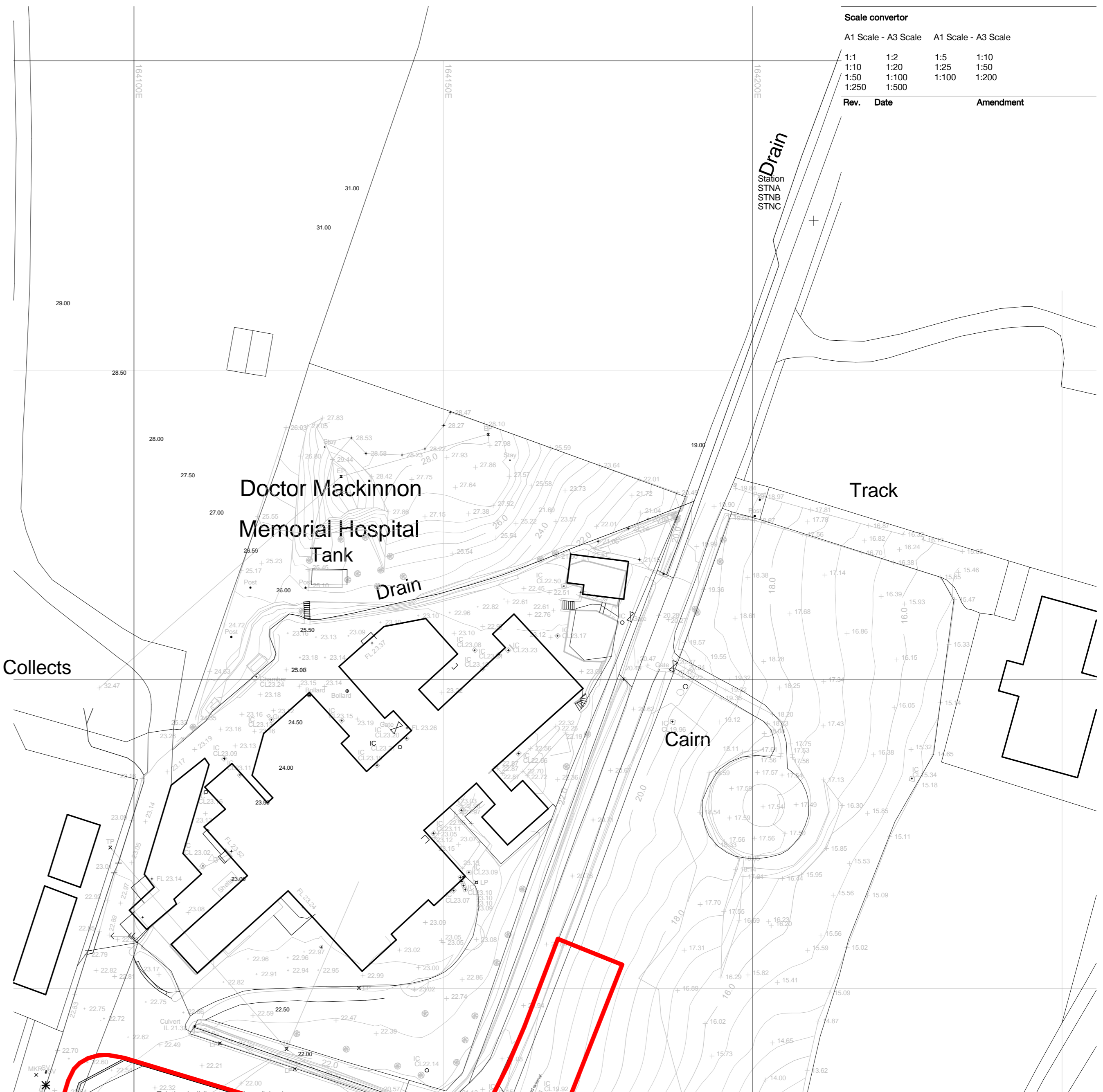
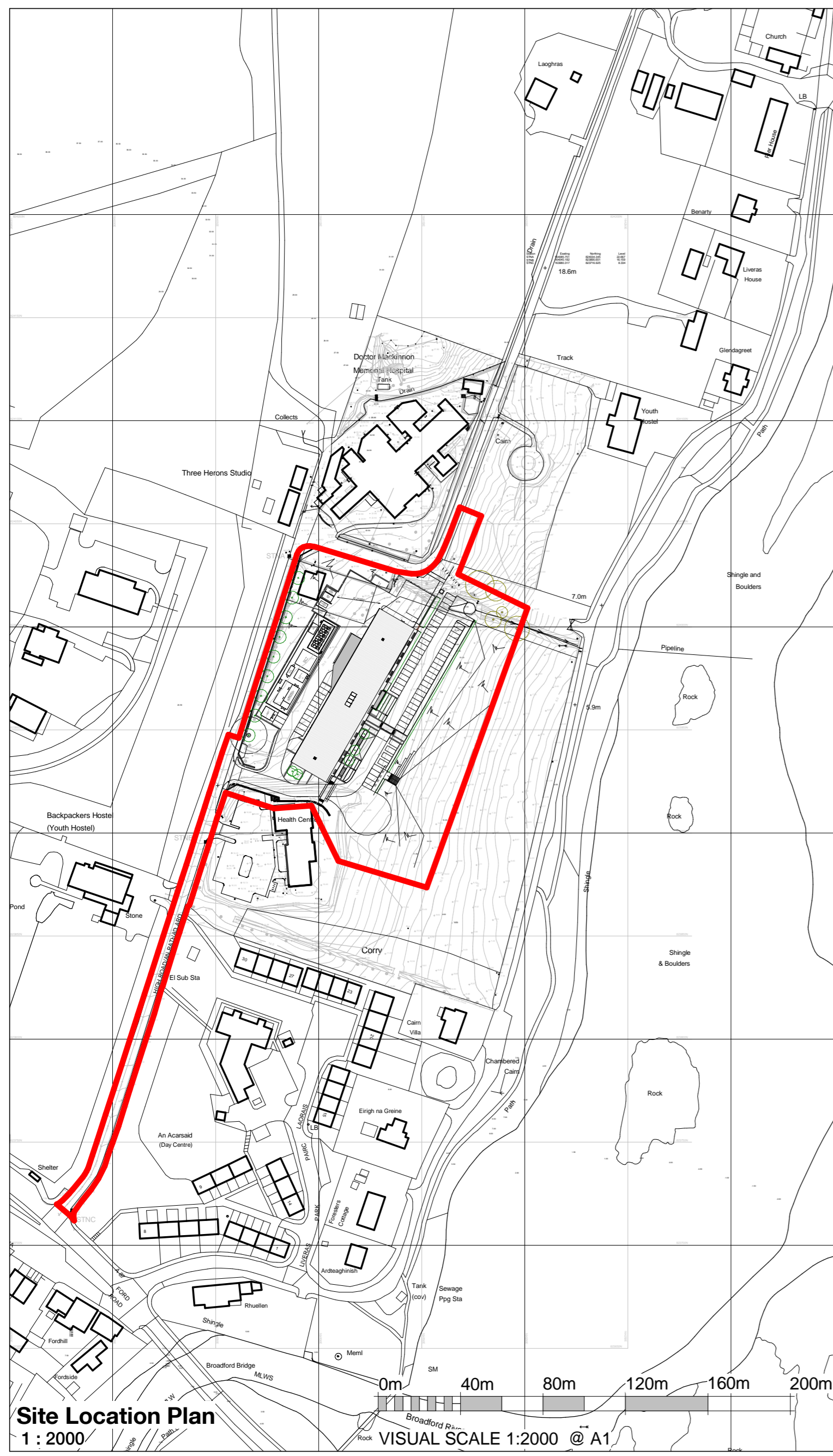
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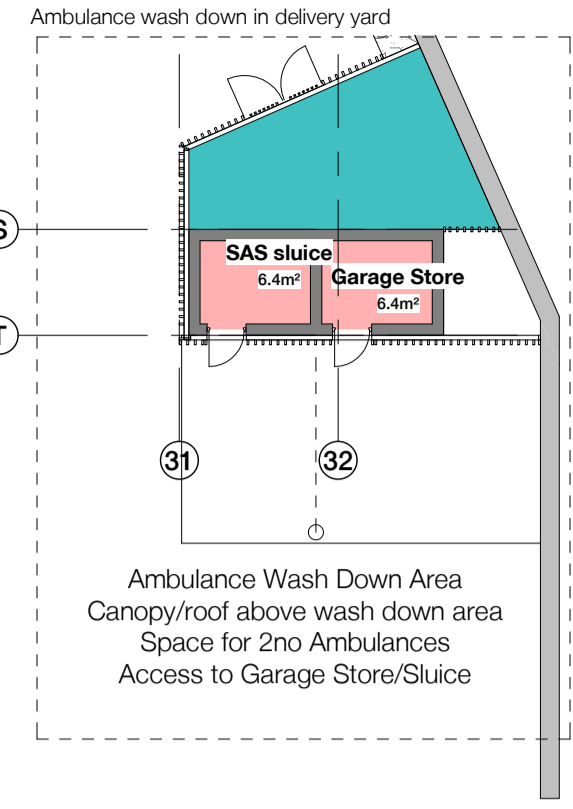
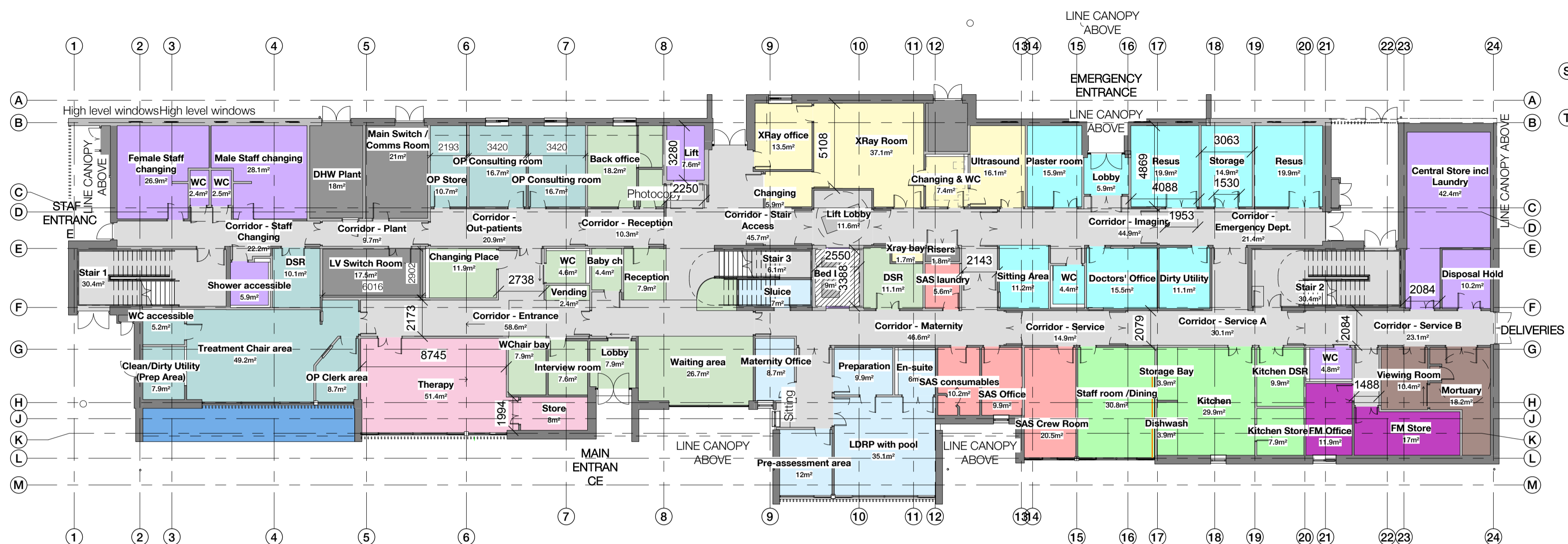
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Scale convertor			
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Rev.	Date	Amendment





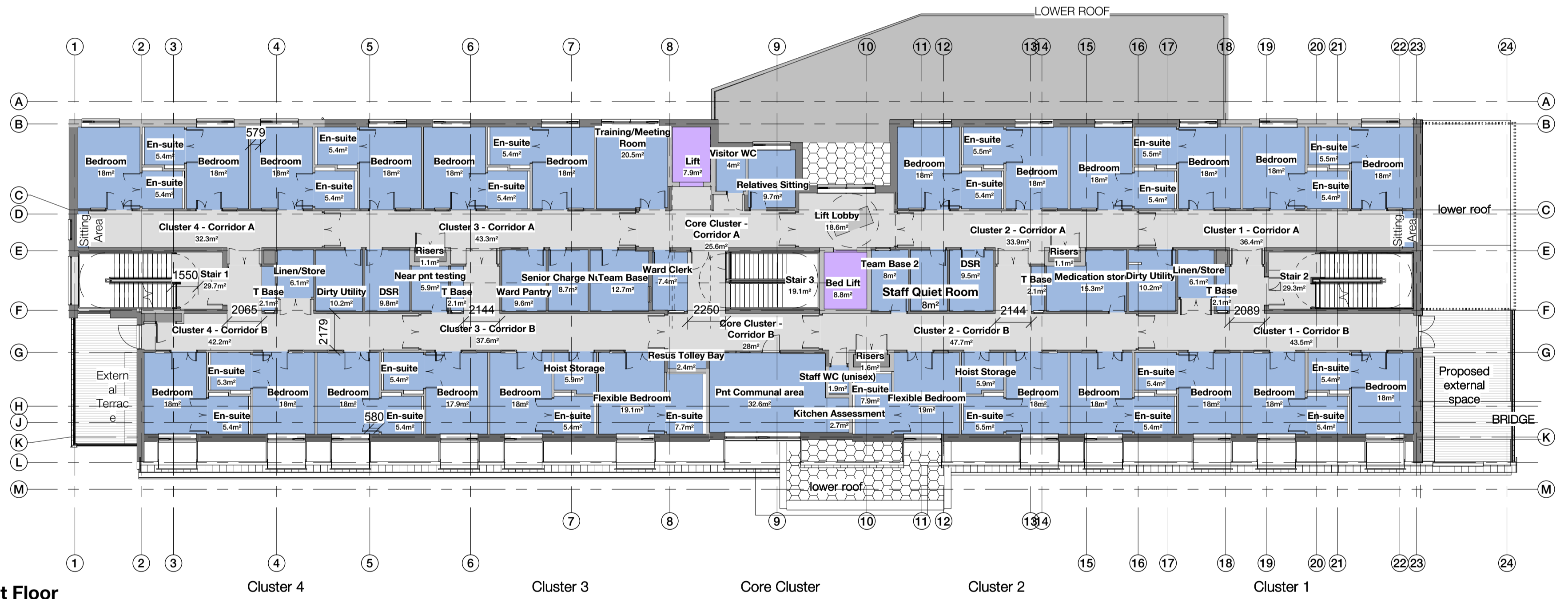
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1:50	1:100
1:250	1:500

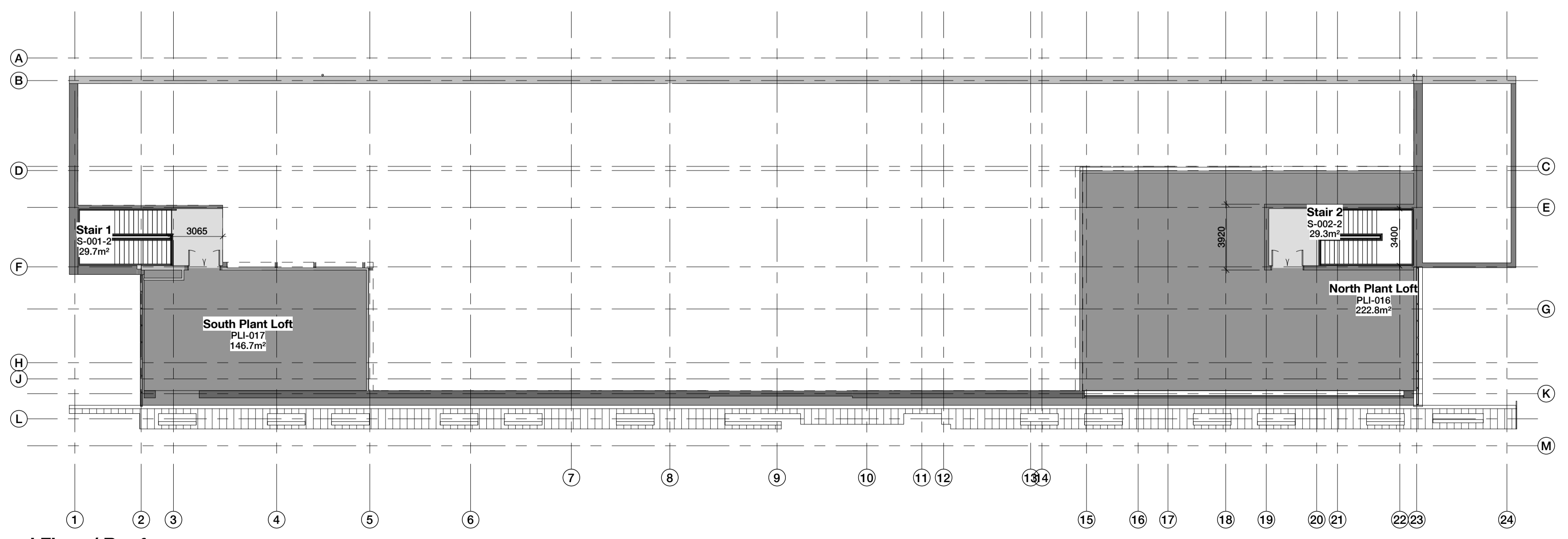
**Rev. Date Amendment**

A	25.09.17	Communication now indicated on lower floor
B	31.10.17	Plans updated in line with NHSH Feedback
C	16.01.18	Redesign from SoA v28
D	22.02.18	Updated in line with SOA v29, 20180110 and in line with NHSH feedback 14.02.18
E	23.02.18	SAS crew room note added
F	05.04.18	NHSH design freeze.
G	23.08.18	First Floor Terrace confirmed
H	07.09.18	Issued for 1:200 sign off
I	10.10.18	Plans now showing southern plant room on second floor
J	16.01.19	Room numbers update to match revised SOA

**Ground Floor**  
1 : 200



**First Floor**  
1 : 200



**Second Floor / Roof**  
1 : 200

RURAL DESIGN ARCHITECTS



Project Name  
**Skye, Lochalsh and South West Ross Community Hospital**

Title  
**Proposed Floor Plans**

Status  
**Preliminary**

Project no. - Drawing no. - Rev  
2282 - SHC-OBE-XX-DR-A-(0)-J001 - J

Drawn By  
SP

Drawn date  
05/12/17

Scale(s) @ A1  
1 : 200

**Oberlanders Architects LLP**  
16 Melville Street Edinburgh EH3 7NS  
T: 0131 2259070  
F: 0131 2203783  
E: mail@oberlanders.co.uk  
[www.oberlanders.co.uk](http://www.oberlanders.co.uk)



**Appendix 5 – NDAP FBC Report – to follow**

## **Appendix 6 – Workforce Costs (B&S and SLSWR)**

Revenue Costs Analysis

Revenue Costs	Badenoch & Strathspey				Revenue Costs	SLSWR			
	Option 1		Option 2 New Build			Option 1		Option 2 New Build	
	£000's	WTE	£000's	WTE		£000's	WTE	£000's	WTE
<b>Service Model Costs</b>					<b>Service Model Costs</b>				
Allied Health Professionals	569	13.97	702	17.17	Allied Health Professionals	782	16	827	18
Community Nursing	332	6.86	543	12.66	Community Nursing	2,274	47	2,388	52
Inpatient	2,015	50.03	1,368	35.49	Inpatient	1,796	46	1,507	39
Medical	289	0.00	325	0.00	Medical	782	6	782	6
Administration	101	3.34	106	3.34	Administration	544	16	544	16
Community Mental Health	296	5.50	390	7.60	Community Mental Health	563	15	605	16
Hotel Services	508	19.21	394	14.77	Hotel Services	574	20	526	17
Other Healthcare	1,471	22.75	1,371	22.75	Other Healthcare	1,633	12	1,585	12
Care at Home	787	25.79	892	25.79	Care at Home	0	0	0	0
Other Adult Social Care	5,410	60.56	5,410	60.56	Other Adult Social Care	12,684	173	12,684	173
General Medical Services	4,814	0.00	4,814	0.00	General Medical Services	9,016	24	8,861	23
Transport	17	0.00	35	0.00	Transport	0	0	0	0
<b>Total Service Model Costs</b>	<b>16,610</b>	<b>208.01</b>	<b>16,352</b>	<b>200.13</b>	<b>Total Service Model Costs</b>	<b>30,649</b>	<b>374</b>	<b>30,308</b>	<b>371</b>
<b>Unitary Charge Costs (Table x)</b>					<b>Unitary Charge Costs (Table x)</b>				
Cap Ex	0		1,648		Cap Ex	0	0	1,292	0
SPV	0		160		SPV	0	0	126	0
Hard FM	0		87		Hard FM	0	0	200	0
Lifecycle costs	0		94		Lifecycle costs	0	0	108	0
<b>Total Unitary Charge Costs</b>	<b>0</b>	<b>0</b>	<b>1,990</b>	<b>0</b>	<b>Total Unitary Charge Costs</b>	<b>0</b>		<b>1,725</b>	
<b>Asset Related Costs</b>					<b>Asset Related Costs</b>				
Depreciation	424		508		Depreciation	202	0	677	0
Rates	95		152		Rates	51	0	83	0
Utilities	178		90		Utilities	116	0	119	0
Telecommunications	8		15		Telecommunications	0	0	0	0
Insurance (incl. IPT)	0		23		Insurance (incl. IPT)	0	0	33	0
Waste	0		8		Waste	0	0	0	0
Maintenance	0		20		Maintenance	10	0	20	0
Staff Accommodation					Staff Accommodation	0	0	29	0
<b>Total Asset Related Costs</b>	<b>706</b>	<b>0.00</b>	<b>816</b>	<b>0.00</b>	<b>Total Asset Related Costs</b>	<b>380</b>		<b>961</b>	
<b>Income</b>					<b>Income</b>				
NHSH Depreciation	(424)		(508)	0	NHSH Depreciation	(202)	0	(677)	0
SGHD Capital	0		(1,809)	0	SGHD Capital	0	0	(1,418)	0
SGHD - Lifecycle	0		(47)	0	SGHD - Lifecycle	0	0	(54)	0
Aviemore Medical Practice	0		(51)	0	Portree Medical Practice	0	0	(9)	0
Public Dental Service	0		(8)	0	Public Dental Service	0	0	0	0
Highland Council	0		(16)	0	Highland Council	0	0	0	0
Scottish Ambulance Service	0		(21)	0	Scottish Ambulance Service	0	0	(31)	0
<b>Total Income</b>	<b>(424)</b>	<b>0</b>	<b>(2,460)</b>	<b>0</b>	<b>Total Income</b>	<b>(202)</b>	<b>0</b>	<b>(2,189)</b>	<b>0</b>
<b>Total Recurring Revenue Costs</b>	<b>16,892</b>	<b>208.01</b>	<b>16,698</b>	<b>200.13</b>	<b>Total Recurring Revenue Costs</b>	<b>30,827</b>	<b>374</b>	<b>30,805</b>	<b>371</b>

## **Appendix 7 – Occupancy Agreement Heads of Terms**

Aviemore Medical Practice  
Muirton  
Aviemore  
Inverness-Shire  
PH22 1SY

Date: 02/05/19  
Your Ref:  
Our Ref:

Enquiries to: Simon Banham  
Extension: 4739  
Mobile: 07976 862 792  
Email: [Simon.Banham@nhs.net](mailto:Simon.Banham@nhs.net)

Dear Iain,

In order to obtain Scottish Government approval of the Full Business Case for the Modernisation of Community and Hospital Services in Badenoch & Strathspey and Skye, Lochalsh & South West Ross we require written confirmation from Aviemore Medical Practice on their specific and explicit commitment to the project. At Full Business Case stage, we require to include evidence that the practice;

1. Has been satisfactorily engaged and consulted on the project's development;
2. Have a clear understanding of the financial implications of the proposed commercial arrangements, associated spend, and contractual obligations (i.e. the Heads of Terms); and
3. Are committed to supporting the project with the appropriate resources as defined in the Heads of Terms.

Our intention is to include a copy of this agreement in the appendices of the Full Business Case to demonstrate that we have met the outlined requirements and allow approval. The business case is due to be considered by the NHS Highland Board on 14<sup>th</sup> May and by Scottish Government on the 15<sup>th</sup> May.

I would be grateful if you could sign and return a copy of this letter at your earliest opportunity to confirm your agreement with the points above and acceptance of the Heads of Terms.

Kind regards

Simon Banham  
Property Management Assistant  
Estates Department, NHS Highland

---

Signed Mr Iain Gray, Practice Business Manager on behalf of Aviemore Medical Practice

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



The Highland Council HQ  
Glenurquhart Road  
Inverness  
IV3 5NX

Date: 02/05/19  
Your Ref:  
Our Ref:

Enquiries to: Simon Banham  
Extension: 4739  
Mobile: 07976 862 792  
Email: [Simon.Banham@nhs.net](mailto:Simon.Banham@nhs.net)

Dear Matthew,

In order to obtain Scottish Government approval of the Full Business Case for the Modernisation of Community and Hospital Services in Badenoch & Strathspey and Skye, Lochalsh & South West Ross we require written confirmation from The Highland Council (Aviemore) on their specific and explicit commitment to the project. At Full Business Case stage, we require to include evidence that The Highland Council;

1. Has been satisfactorily engaged and consulted on the project's development;
2. Have a clear understanding of the financial implications of the proposed commercial arrangements, associated spend, and contractual obligations (i.e. the Heads of Terms); and
3. Are committed to supporting the project with the appropriate resources as defined in the Heads of Terms.

Our intention is to include a copy of this agreement in the appendices of the Full Business Case to demonstrate that we have met the outlined requirements and allow approval. The business case is due to be considered by the NHS Highland Board on 14<sup>th</sup> May and by Scottish Government on the 15<sup>th</sup> May.

I would be grateful if you could sign and return a copy of this letter at your earliest opportunity to confirm your agreement with the points above and acceptance of the Heads of Terms.

Kind regards

Simon Banham  
Property Management Assistant  
Estates Department, NHS Highland

---

Signed: J Stuart Black, Director of Development and Infrastructure, on behalf of The Highland Council

Signed: 

Date: 14 May 2019



Scottish Ambulance Service  
National Headquarters  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Date: 02/05/19  
Your Ref:  
Our Ref:

Enquiries to: Simon Banham  
Extension: 4739  
Mobile: 07976 862 792  
Email: [Simon.Banham@nhs.net](mailto:Simon.Banham@nhs.net)

Dear Julie,

In order to obtain Scottish Government approval of the Full Business Case for the Modernisation of Community and Hospital Services in Badenoch & Strathspey and Skye, Lochalsh & South West Ross we require written confirmation from Scottish Ambulance Service (Aviemore) on their specific and explicit commitment to the project. At Full Business Case stage, we require to include evidence that the Scottish Ambulance Service;

1. Has been satisfactorily engaged and consulted on the project's development;
2. Have a clear understanding of the financial implications of the proposed commercial arrangements, associated spend, and contractual obligations (i.e. the Heads of Terms); and
3. Are committed to supporting the project with the appropriate resources as defined in the Heads of Terms.

Our intention is to include a copy of this agreement in the appendices of the Full Business Case to demonstrate that we have met the outlined requirements and allow approval. The business case is due to be considered by the NHS Highland Board on 14<sup>th</sup> May and by Scottish Government on the 15<sup>th</sup> May.

I would be grateful if you could sign and return a copy of this letter at your earliest opportunity to confirm your agreement with the points above and acceptance of the Heads of Terms.

Kind regards

Simon Banham  
Property Management Assistant  
Estates Department, NHS Highland

---

### Scottish Ambulance Service Response

The Scottish Ambulance Service (the Service) recognises that whilst the co-location with NHS Highland within the new community hospital in Aviemore provides opportunities for collaboration, the project incurs additional revenue costs for the Service. We are therefore approving this project and signing this letter on the basis that we will seek confirmation from Scottish Government to retain the sale proceeds from the current ambulance site in Aviemore to enable us to fund these



additional costs. We consider this assumption relatively low risk and our finance team will progress this with Scottish Government. The Service's Capital Governance Group approved this approach and the amendment of this letter at its meeting on 8<sup>th</sup> May 2019..

Signed: Julie Carter, Director of Finance of behalf of Scottish Ambulance Service

Signed: Julie Carter

Date: 14 May 2019



Scottish Ambulance Service  
National Headquarters  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Date: 02/05/19  
Your Ref:  
Our Ref:

Enquiries to: Simon Banham  
Extension: 4739  
Mobile: 07976 862 792  
Email: Simon.Banham@nhs.net

Dear Julie,

In order to obtain Scottish Government approval of the Full Business Case for the Modernisation of Community and Hospital Services in Badenoch & Strathspey and Skye, Lochalsh & South West Ross we require written confirmation from Scottish Ambulance Service (Broadford) on their specific and explicit commitment to the project. At Full Business Case stage, we require to include evidence that the Scottish Ambulance Service;

1. Has been satisfactorily engaged and consulted on the project's development;
2. Are committed to supporting the project with the appropriate resources as defined in the Heads of Terms.

Our intention is to include a copy of this agreement in the appendices of the Full Business Case to demonstrate that we have met the outlined requirements and allow approval. The business case is due to be considered by the NHS Highland Board on 14<sup>th</sup> May and by Scottish Government on the 15<sup>th</sup> May.

I would be grateful if you could sign and return a copy of this letter at your earliest opportunity to confirm your agreement with the points above and acceptance of the Heads of Terms.

Kind regards

Simon Banham  
Property Management Assistant  
Estates Department, NHS Highland

---

### Scottish Ambulance Response

The Scottish Ambulance Service confirms that it has been engaged and consulted on this project and is committed to supporting the project. Heads of Terms have not been sent to the Service as yet and therefore we cannot fully approve this project until the financial implications are known.

Signed: Julie Carter, Director of Finance on behalf of Scottish Ambulance Service



Signed: Julie Carter

Date: 14 May 2019

## **Appendix 8 – Role, Remit & Membership of Programme Board**

## TERMS OF REFERENCE OF JOINT PROGRAMME BOARD (BADENOCH & STRATHSPEY AND SKYE, LOCHALSH & SOUTH WEST ROSS BUNDLE)

The terms of reference of the Joint Badenoch & Strathspey and Skye, Lochalsh & South West Ross (BSSLSWR) Programme Board are set out below. These terms of reference are in relation to the Full Business Case stage of the project through to project completion and post-project evaluation.

### Role

The Programme Board provides governance to the Project Teams delivering the bundled service redesign and estates infrastructure projects of Badenoch and Strathspey and Skye, Lochalsh & South West Ross and reports on this to the NHS Highland Board. The Joint Programme Board will oversee the development of the Full Business Case, infrastructure and commissioning elements of the bundled projects with the following remit:

### Remit (Full Business Case Stage)

- To ensure that the bundled projects are delivered within the **scope** agreed by the Scottish Government Capital Investment Group as set out in the approved Initial Agreements and Joint Outline Business Case, and consistent with the Scottish Capital Investment Manual (SCIM) and NHS Highland (NHS) Board strategic objectives;
- To agree the programme and budget for the project, for approval by NHS Board and Scottish Government Capital Investment Group;
- To ensure that the Project Teams deliver the projects within the agreed **programme**;
- To ensure that the bundled projects are delivered within the **budget** identified in the Outline Business Case and approved by NHS Board and Scottish Government Capital Investment Group;
- To ensure projects are delivered to agreed **quality** standards as defined in the SCIM and that infrastructure elements obtain a supported status in the National Design Assessment Process;
- To ensure that a robust Full Business Case (FBC) is developed in accordance with SCIM guidelines and to ratify this prior to submission to NHS Board and Scottish Government Capital Investment Group for approval;
- To ensure that appropriate governance processes are followed in line with SCIM guidance and NHS Standing Financial Instructions;
- To ensure that an appropriate, adequately resourced project management structure is in place to deliver the project objectives;
- To agree and oversee the implementation of the FBC and the delivery of associated infrastructure projects, including the hub Design Build Finance and Maintain (DBFM) hospital bundle;
- To ensure that the Project Team reports are clearly defined and clearly illustrate progress against planned activities;
- To review project **risks** on an ongoing basis, ensuring all risks are identified, appropriate mitigation strategies are actively applied and managed, and risks are escalated as necessary, providing assurance to the NHS Board that all risks are being effectively managed. High level risks and changes will be reported at each Programme Board, with a full risk register review undertaken twice a year;
- To ensure that the bundled Project Teams are on track to deliver the **benefits** outlined in the agreed Benefits Realisation Plan and that progress is reported to the Programme Board regularly;
- To be assured of appropriate stakeholder engagement and public communications in respect of delivery of the FBC;

- To oversee post-project evaluation; and
- In respect of the hub DBFM infrastructure project;
  - To successfully conclude Contract Close in partnership with relevant stakeholders; and
  - To ensure that Project Teams successfully plan and manage the functional commissioning and bring the facilities into operation in respect of the elements for which NHSH is responsible.

## **Reporting**

The bundled Project Teams are required to report to the Programme Board on the following;

- Status of project in respect of time, scope and cost. Should any of the bundled elements be out with the agreed parameters, the respective Project Team should outline what steps are being taken to address this;
- Activities and milestones achieved during last reporting period, and planned activities and milestones for next period in relation to realising the agreed project objectives and benefits;
- Highest risks to project delivery and the actions taken to mitigate these. New risks or any changes to the rating of existing risks will be identified;
- Status of infrastructure project against expected milestones for National Design Assessment Process;
- Update on progress with service change elements – for information; and
- Update on stakeholder engagement and public communications – for information.

## **Administration**

- Meetings will be held quarterly, or more frequently if required at key decision-making points.
- Papers will be circulated to members by email a minimum of 10 days in advance of the meeting. These will clearly state if they are for information, advice or ratification. Late papers will be only issued with the permission of the Chair.
- A draft note of the meeting will be circulated to members by email within 2 weeks of the meeting date.
- Once ratified, meeting notes will be made available to the public on the NHSH website.
- Papers and notes of meetings can be provided to members in hard copy on request.

## **Project Structure**

The overall project structure is shown in Figure 1 and a summary of the remit for the other key groups and committees is summarised in table 1.

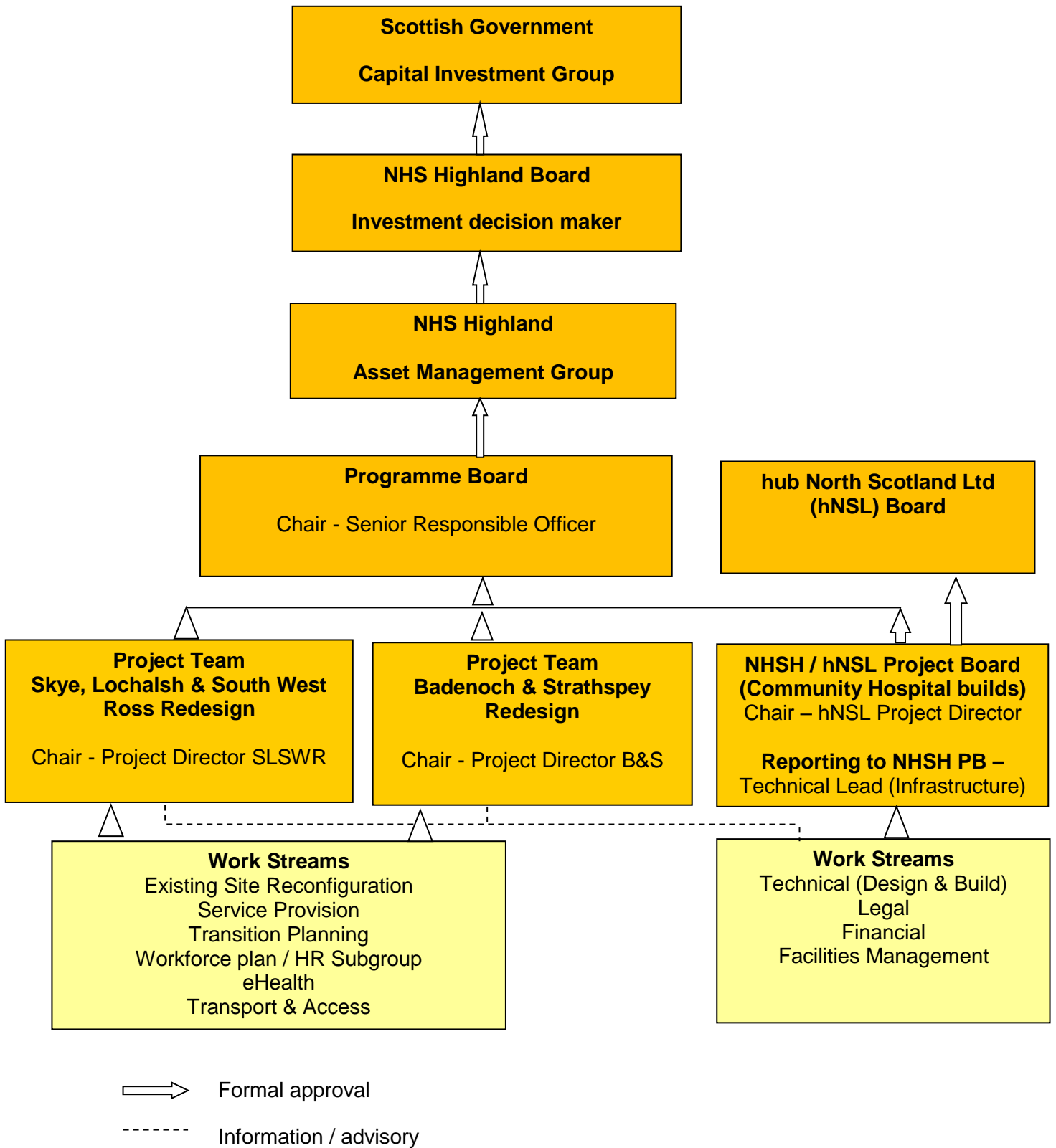
## Membership

Name	Role	Organisation / Group
<b>Governance Role</b>		
Deborah Jones	Senior Responsible Officer (Chair)	NHS Highland
Eric Green	Head of Estates (Deputy Chair)	Estates, NHSH
Stewart MacPherson	Clinical Director (B&S)	South & Mid
Kath Jones	Clinical Director (SLSWR)	North & West
John Grierson	Locality representative	B&S Development Group
Mairi Palmer	Locality representative	B&S Development Group
Linda Coe	Locality representative	B&S Development Group
Hamish Fraser	Locality representative	SLSWR Development Group
Caroline Gould	Locality representative	SLSWR Development Group
<i>Vacant</i>	Locality representative	SLSWR Development Group
Alastair Nicol	SFT Advisor (hub DBFM project)	Scottish Futures Trust
<i>To be confirmed</i>	Staff-side representative	<i>To be confirmed</i>
<b>Reporting Role</b>		
Georgia Haire	Project Director (Badenoch & Strathspey Redesign)	South & Mid, NHSH
Gill McVicar	Project Director (Skye, Lochalsh & South West Ross Redesign)	North & West, NHSH
Kenny Rodgers	Finance Lead	NHS Highland
Jane McGirk	Interim Head of Public Relations & Engagement	NHS Highland
Heather Cameron	Technical Lead (Infrastructure)	Estates, NHSH
Diane Forsyth	Senior Project Manager (B&S and SLSWR Bundle)	Estates, NHSH

## Role of Programme Board Members

- Members in a governance role will provide appropriate scrutiny to Project Teams in line with the remit of the Programme Board, as identified above.
- Members in a reporting role must provide relevant information to allow an assessment of progress against time, cost, quality and scope.
- The programme of works represents a bundle of two different service redesign initiatives and when participating in discussions members are asked to recognise and respect that the membership includes representatives from both projects.
- Should Programme Board members be unable to attend they are required to provide a deputy to maintain continuity and to ensure that the meeting remains quorate.

**Figure 1 – Formal Governance Arrangements and Reporting Structure**



**Table 1 Summary of remit for relevant groups**

Each group will have a chair, specified membership, clear remit with frequency of meetings specified (below). Actions agreed at the various meetings will be specified setting out owners and time-scales.

Groups	Remit
<b>NHS Highland Board</b>	<ul style="list-style-type: none"> <li>• Ensure that a valid, viable and affordable business case exists for the project;</li> <li>• Authorise allocation of funds to the project;</li> <li>• Oversee programme board performance.</li> <li>• <i>Meets bi-monthly</i></li> </ul>
<b>Asset Management Group (AMG)</b>	<ul style="list-style-type: none"> <li>• Ensure board-wide co-ordination and decision making of proposed asset investment / disinvestment ensuring consistency with policy and the strategy;</li> <li>• Agree allocation of funds to the project within delegated limits.</li> <li>• <i>Meets monthly</i></li> </ul>
<b>Joint Programme Board</b>	<ul style="list-style-type: none"> <li>• To ensure that the bundled projects are delivered within the agreed <b>scope</b> and in line with SCIM guidance;</li> <li>• To ensure Project Teams deliver the projects to <b>programme</b>, within agreed <b>budget</b> and to agreed <b>quality</b> standards;</li> <li>• To ensure a robust business case is developed and appropriate governance route is followed;</li> <li>• To ensure that Project Teams manage project risks effectively and deliver required project benefits.</li> <li>• <i>Meets quarterly / more frequently as required</i></li> </ul>
<b>Project Team (Service Redesign x 2)</b>	<ul style="list-style-type: none"> <li>• To deliver the service change in line with SCIM guidance within the scope, programme, budget and quality standards agreed by the Programme Board;</li> <li>• To produce a robust business case for the project and present this through required governance route;</li> <li>• To effectively manage project risks and maintain the project risk register;</li> <li>• To ensure that the benefits of the project are realised;</li> <li>• To direct the working groups to achieve project objectives.</li> <li>• <i>Meets bi-monthly / more frequently as required</i></li> </ul>
<b>Hub North Scotland Ltd Board</b>	<ul style="list-style-type: none"> <li>• Reviews / approves New Project Request and approved Stage 1 and Stage 2 submissions to NESH</li> <li>• Approves selection of Tier 1 Supply Chain</li> <li>• Grants approval to enter into Project Agreement</li> <li>• Performance Monitoring</li> <li>• <i>Meets monthly</i></li> </ul>
<b>NESH / hNSL Project Board (Community Hospital Builds)</b>	<ul style="list-style-type: none"> <li>• To successfully deliver the DBFM infrastructure project for new build Community Hospitals in B&amp;S and SLSWR within the scope, programme, budget and quality standards as set out in the New Project Request; and</li> <li>• To successfully conclude Financial Close for the above bundle, working to the SFT Standard Form Contract.</li> <li>• <i>Meets monthly</i></li> </ul>



## **Appendix 9 – Skills Assessment of Key Project Individuals**

<p><b>B&amp;S Project Director / Service Change Lead</b></p>	<p>Georgia Haire, Head of community Services, South and Mid Division</p>	<p>Over 30 years clinical and management experience in the NHS, both in Scotland and England.</p> <p>Operational responsibility for health and social care community services, mental care and other hosted services since 2015.</p> <p>Project Director for several previous service changes including Migdale Hospital (2011) and Dingwall Health Centre (2014).</p>
<p><b>SLSWR Deputy Project Director / Service Change Lead</b></p>	<p>Tracy Ligema, Head of community Services, North and West Division</p>	<p>Over 25 years in health care delivery and management in adult health and social care, ambulance services and mental health.</p> <p>Experienced project manager in public and private sector and the NHS. Delivering large scale service redesign including new systems and processes and designing and delivering ground breaking new service structures and roles.</p> <p>Design, procurement and delivery of new customer management system for Lincolnshire Training and Enterprise Council, and new workforce management system for Lincolnshire Ambulance Service.</p>
<p><b>B&amp;S workforce transition lead</b></p>	<p>Alison Phimister, Area Manager South</p>	<p>Over 30 years clinical and managerial experience. Current operational responsibilities include the provision of adult health and social care across mid and Badenoch &amp; Strathspey areas. Project Lead for several service changes including:</p> <ul style="list-style-type: none"> <li>• Tain Health Centre (2014) - HubCo bundle with Woodside and Forres.</li> <li>• Invergordon Community Hospital – functional commissioning</li> <li>• Dingwall and Drumnadrochit Health Centres</li> </ul>
<p><b>SLSWR workforce transition lead</b></p>	<p>Ross Mackenzie, Area Manager West</p>	<p>Over 30 years financial and management experience in NHS Highland, including Head of Finance, District Manager and Area Manager.</p> <p>Operational responsibility since 2015 for health and social care community services in</p>

		<p>the West Area (Skye, Lochalsh &amp; West Ross and Lochaber), Highland sexual health and Highland Out of Hours Hub.</p> <p>Head of Finance input into a number of previous service changes including Migdale Hospital new build in 2011. Operational responsibility for hotel services in North Highland Community Health Partnership from 2010-2012 during the Migdale service change.</p>
<p><b>Commissioning Manager NHS Highland</b></p>	<p>Donald MacKenzie</p>	<p>Fourteen years experience in the Royal Air Force followed by 32 years Aerospace Industry as a Senior Production Engineer</p> <ul style="list-style-type: none"> <li>• Twelve months in NHSH developing the role of Commissioning Manager for Head of Estates. Embedded in the Raigmore Hospital Critical Care Upgrade Project which is an upgrade of Wards, ITU and Surgical High Dependency Unit, new build of Maternity extension for offices and Theatre staff changing area, theatres of which three of ten have been delivered, and all the associated Air handling Units and their interface with isolation rooms in accordance with current Scottish Health Technical Memorandums (SHTM). Heavily involved in the operational aspects of the future care and maintenance of all Upgrade Facilities to ensure statutory compliance.</li> <li>• NVQ Level 5 Management and Leadership 2016.</li> </ul>

## **Appendix 10 – Project Master Programme**

Activity ID	Activity Name	Start	Finish	Activity % Complete	2019				2020				2021				2023
					Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	
<b>BSSLWR REDESIGN PROJECT</b>																	
<b>Buildings</b>																	
<b>Hub Community Hospital Bundle</b>																	
<b>FBC Elements</b>																	
<b>NDAP</b>																	
A2070	NDAP Process Complete		02-May-19	0%													
A2880	NDAP Report	08-Apr-19 A	02-May-19	50%													
<b>Cost</b>																	
A1490	Review hub Cost Information from Stage 2 Submission	08-Apr-19 A	01-May-19	10%													
<b>Procurement/Commerical</b>																	
A1500	Review hub Information from Stage 2 Submission	08-Apr-19 A	01-May-19	10%													
<b>Stage 2</b>																	
A1310	Key Stage Review	25-Apr-19	08-May-19	0%													
A1410	NHSH Highland Review of Stage 2	01-Apr-19 A	17-May-19	46.88%													
A1420	Stage 2 Acceptance by NHSH		20-May-19*	0%													
<b>Planning Applications</b>																	
<b>SLWR</b>																	
A2850	Planning Application Approval SLWR	25-Apr-19	25-Apr-19	0%													
<b>FM</b>																	
<b>Legal</b>																	
<b>Financial</b>																	
<b>Financial Close</b>																	
A1430	Financial Close	31-May-19	31-May-19*	0%													
<b>Construction</b>																	
<b>Construction B&amp;S</b>																	
A1770	Construction of B&S Community Hospital	01-Jul-19	01-Feb-21	0%													
A1980	Occupation Period B&S	03-Feb-21	19-Mar-21	0%													
<b>Construction Skye</b>																	
A1830	Construction of Skye Community Hospital	01-Jul-19	01-Mar-21	0%													
A1900	Occupation Period Skye	03-Mar-21	30-Mar-21	0%													
<b>B&amp;S</b>																	
<b>Decommissioning St Vincents</b>																	
A2710	Decommission Building Services	22-Mar-21	11-Jun-21	0%													
A2720	Disposal of Asset	14-Jun-21	15-Oct-21	0%													
<b>Decommissioning Aviemore Health Centre</b>																	
A2730	Decommission Building Services	22-Mar-21	11-Jun-21	0%													
A2740	Disposal of Asset	14-Jun-21	15-Oct-21	0%													
<b>Ian Charles Site</b>																	
A1810	Planning Consents Complete	14-Aug-20	05-Nov-20	0%													
A1820	Building Warrants Finalised & Complete	23-Oct-20	22-Jan-21	0%													
A1780	Tender	25-Jan-21	16-Apr-21	0%													
A1790	Construction (Inc. Decants, Commissioning & Decommissioning)	19-Apr-21	21-Jan-22	0%													
A1800	Disposal of Hospital Building	24-Jan-22	01-Apr-22	0%													
<b>SLWR</b>																	
<b>Decommission MacKinnon Memorial</b>																	
A2750	Decommission Building Services	01-Apr-21	23-Jun-21	0%													
A2760	Disposal of Asset	24-Jun-21	27-Oct-21	0%													
<b>Staff Accommodation</b>																	
A3320	Lease Start	02-Mar-21	02-Mar-21	0%													
<b>Broadford Health Centre Refurb</b>																	
A2110	Detailed Design	07-Nov-19	27-Jan-20	0%													

■ Remaining Level of Effort   
 ■ Actual Work   
 ◆ Milestone  
■ Primary Baseline   
 ■ Remaining Work   
 ▼ Summary

Activity ID	Activity Name	Start	Finish	Activity % Complete	2019				2020				2021				2023		
					Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
A2100	Planning Consents Complete	28-Jan-20	20-Apr-20	0%															
A2130	Building Warrants Finalised & Complete	07-Apr-20	29-Jun-20	0%															
A2120	Tender	30-Jun-20	21-Sep-20	0%															
A2140	Construction	22-Sep-20	14-Dec-20	0%															
<b>Portree Spoke</b>		21-Apr-20	10-Jan-23																
A2190	Detailed Design	21-Apr-20	29-Jun-20	0%															
A2180	Planning Consents Complete	30-Jun-20	21-Sep-20	0%															
A2210	Building Warrants Finalised & Complete	06-Oct-20	05-Jan-21	0%															
A2200	Tender	06-Jan-21	15-Mar-21	0%															
A2780	Contract Award		15-Mar-21*	0%															
A2220	Construction	14-Apr-21	02-Dec-22	0%															
A2230	GP Practice Move In	05-Dec-22	10-Jan-23	0%															
<b>Service Redesign</b>		23-May-19	02-Mar-21																
<b>SLWR Service Redesign</b>		23-May-19	02-Mar-21																
Workforce Plan		23-May-19	02-Mar-21																
A2650	Workforce Transition	23-May-19	02-Mar-21	0%															
<b>B&amp;S Service Redesign</b>		23-May-19	02-Mar-21																
Workforce Plan		23-May-19	02-Mar-21																
A2810	Workforce Transition	23-May-19	02-Mar-21	0%															
<b>Dependent Projects</b>		01-Apr-19 A	10-May-21																
<b>E-Health - Records and Systems</b>		22-Apr-19 A	10-May-21																
A3330	Roll Out Wardview COW & CALF	22-Apr-19 A	18-Dec-19	0%															
A2450	Roll out of MORSE Community System in B&S	29-Apr-19*	29-Jan-20	0%															
A2920	Implement EPR/Notes Scanning	06-Jun-19*	26-Mar-21	0%															
A2930	Roll out of MORSE Community System in Skye	30-Jan-20	10-May-21	0%															
<b>Kingussie Medical Practice</b>		11-Feb-20	24-Aug-20																
A3340	Design Works by Others	11-Feb-20	01-Jun-20	0%															
A3350	Construction by Others	02-Jun-20	24-Aug-20	0%															
<b>Grant House</b>		01-Apr-19 A	03-Oct-19																
A3360	Re-Tender Process	01-Apr-19 A	15-May-19	25%															
A2940	Construction	16-May-19*	03-Oct-19	0%															
<b>SLR Community Beds</b>		25-Apr-19	11-Sep-19																
<b>Awareness</b>		26-Jul-19	30-Mar-21																
<b>NHS Near Me</b>		26-Jul-19	30-Mar-21																
<b>B&amp;S</b>		26-Jul-19	19-Mar-21																
A3120	Establish unstaffed clinics in Granttown & Kingussie		26-Jul-19*	0%															
A3130	Establish staffed clinic in Aviemore		19-Mar-21	0%															
<b>Skye</b>		30-Mar-21	30-Mar-21																
A3150	Establish clinic in Broadford		30-Mar-21	0%															
<b>Full Business Case</b>		22-Oct-18 A	22-May-19																
<b>FBC Draft</b>		22-Oct-18 A	22-May-19																
<b>FBC Approvals</b>		26-Apr-19	22-May-19																
A1580	Programme Board - Ratify Final FBC		26-Apr-19*	0%															
A1380	Submission of Papers to CIG/NHSH Special Board	29-Apr-19	14-May-19	0%															
A1570	NHSH Special Board Meeting		14-May-19*	0%															
A1390	CIG Meeting		15-May-19	0%															
A1400	CIG Formal Approval of FBC		22-May-19	0%															
<b>Financial</b>		22-Oct-18 A	03-May-19																
A1110	Confirmation of Stakeholders Support	22-Oct-18 A	03-May-19	95%															

■ Remaining Level of Effort   
 ■ Actual Work   
 ◆◆ Milestone   
 ■ Primary Baseline   
 ■ Remaining Work   
 ▼ Summary

## **Appendix 11 – Transition Plans (B&S and SLSWR)**

Transition Plan Workshop Output, 30th January 2019								
Area	Current state	Future state	Transition Plan		Lead	Progress	RAG	
<b>Premises</b>								
Kingussie Health Centre	Building owned by Kingussie Medical Practice. Limited capacity for additional services. In need of refurbishment.	Small extension to accommodate outpatient services currently delivered in St Vincents Hospital	No interdependency with new hospital build - can start early. AHPs & other services remain at St Vincents until Kingussie works complete. eHealth systems need to be in place		Kenny Rodgers	KR in discussions with the practice, architectural drawings drafted. Continuing work required on this project. Decant space to be confirm but unlikely to require much.	Green	
St Vincent's Hospital	Inpatient (10 beds), outpatient and AHP services. Old building, not fit for purpose.	Inpatient services relocate to new Hospital facility (20 beds). Outpatients & AHPs relocate to Kingussie Health Centre. Building surplus to requirements - disposal	Minimal (ideally 0) patient numbers prior to move. See action 2. Staggered move. Plan staff rota ahead, no annual leave during move dates. Declutter now. Identify important artefacts to keep. Disposal - CEA / decommissioning		Margaret Walker	Currently looking at transition of staff, combining of teams from St. Vincent's with Ian Charles. MW provided transition plan which indicates 50% patients remaining in the hospitals. To be reviewed - <b>Diane Forsyth, Gordon MacLeay</b>	Green	
			2	<b>James Watson</b> to provide update from review of turnover and confirm when needed to close to new admissions in preparation for move.				
St. Vincent's Decommissioning	Active	Decommissioned	All de-commissioning of these premises will be carried out in accordance with the NHS policies and documentation.		Donald MacKenzie	All de-commissioning of these premises will be carried out in accordance with the NHS policies and documentation. Decommissioning of Laundry (may require original suppliers to remove automated pumps etc.)	Green	
Wade Centre Care Home	10 bed care home + 1 "Heather" bed opened January 2018	Nil	Nil		N/A	Margaret Walker advised that beds are enabling independence and allowing people to remain at home. Pick up under benefits realisation. Consider AHP resource. - <b>Margaret Domoney</b>	Green	
Aviemore Health Centre	GP practice, MIU/OOH, X-ray, Dental & Outpatient services	All services relocate to new Hospital facility. Building surplus to requirements - disposal	GP practice transition plan - see action 3. OOH / MIU - see action 4. use business continuity arrangements during move. Involve staff & SAS in plan. Dental transition - see action 5. X-ray & dental decommissioning - Donnie.		Iain Gray / Margaret Walker / Anne Frame	Refer to separate high level transition plans	Green	
			<b>Action(s)</b>					
			3	GP practice transition plan - <b>Iain Gray, Support from Estates</b>				
			4	OOH / MIU Transition Plan - <b>Margaret Walker</b>				
5	Dental transition plan - <b>Anne Frame</b>							



Transition Plan Workshop Output, 30th January 2019							
Area	Current state	Future state	Transition Plan		Lead	Progress	RAG
<b>Premises</b>							
Aviemore Health Centre Decommissioning	Active - X-Ray facility, dental treatment room & LDU	Decommissioned	All de-commissioning of these premises will be carried out in accordance with the NHS policies and documentation. X-Ray equipment to be decommissioned, Disposal certificate to be obtained once B&S CH up and running.		Donald MacKenzie	All de-commissioning of these premises will be carried out in accordance with the NHS policies and documentation. Does dental treatment room have any X-Ray equipment requiring a disposal certificate? - <b>Anne Frame</b> Education Dept. Providing tours of the building with a view to potential takeover once vacant.	Green
New Hospital Facility	Design (building layout) agreed.	Operational by April 2021	Whole section on this - confirm main headings. Donnie - Staff orientation, training to new build and equipment. Arrange visits during construction. Display plans in all current builds. New SOPs in advance.		Diane Forsyth	List of SOPs ongoing as part of Building user group discussions. High level orientation plan to be compiled. - <b>Diane Forsyth / Donnie Mackenzie</b> . Ensure adequate project team resource available during last 6 months prior to move. - <b>Heather Cameron</b>	Green
New Hospital Facility Commissioning	Design stages ongoing	Commissioned	Commissioning of New Hospital will be co-ordinated with the DBFM Partner.		Donald MacKenzie	Commissioning of New Hospital will be co-ordinated with the DBFM Partner. Commissioning of specialist (X-Ray) in coop with MI Healthcare.	Green
Rathven House	Office for community nurses, community midwives, care at home, community mental health & care & learning	Teams relocate to new Hospital facility. Surplus to requirements - lease not renewed	Plan for staff move, agree move date. Check building empty. Ensure correct notice given to landlord - see action 6.		Margaret Walker	Rathven contract expires 04/2022. Likely have to buy out remainder of lease. MW compiled transition plan. Requires input from <b>Highland Council</b> . NHS Highland policy on building clearance and disposal to be followed. Estates to support on this. - <b>Diane Forsyth / Steven Wilson</b>	Green
			6	Ensure correct notice given to landlord - <b>Helen Emery</b>			
The Mall (Highland Council)	Office for Highland Council care & learning teams	Teams relocate to new Hospital hub. Surplus to requirements - lease not renewed	Link with eHealth to arrange transfer of systems. Highlight HC move / teams with Tonia . Orientation to new build - see above		THC (Robert Campbell) Steven Wilson	Advised server requirements to eHealth. HC to compile own transition plan	Green
Scottish Ambulance Service base (SAS)	Stand-alone site adjacent to Aviemore Health Centre	Relocate to new Hospital hub. Old building surplus to requirements	SAS to lead own transition plan. Orientation to new build - see above		SAS (Lorraine McAffer) Steven Wilson	SAS to compile own transition plan	Green

Transition Plan Workshop Output, 30th January 2019								
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG		
<b>Premises</b>								
Granttown Health Centre	Physically attached to Ian Charles Hospital. In need of refurbishment. Limited capacity for additional services	Separate from Ian Charles Hospital building. Refurbishment of building to accommodate outpatient & MIU services currently operating from Ian Charles Hospital	Agree decant plan (using empty ICH build). Plan MIU transition - see action 7.		Steven Wilson	Currently working with the practice to agree the floor plan. Currently positive feedback. Full update required on MIU progress. - Alison Phimister	<b>Amber</b>	
			<b>Action(s)</b>					
			7	Plan MIU transition - Alison Phimister				
Granttown Health Centre (Refurbishment) Commissioning	Active	Refurbished building commissioned	Commissioning plan / extent of commissioning to be advised - Donald MacKenzie		Donald MacKenzie	Update to be provided - Donald MacKenzie	<b>Green</b>	
Ian Charles Hospital	Inpatient (13 beds), MIU, outpatient, x-ray and AHP services. Old building, not fit for purpose	Relocate inpatients, x-ray & rehab AHPs to new Hospital hub. Relocate MIU & outpatients to Granttown Health Centre. Surplus to requirements - disposal	As per St Vincents plus MIU. MIU plan - discuss with GP practice; could they take over MIU service before inpatients move out? Disposal - CEA / decommissioning. X-ray decommissioning - Donnie MacKenzie		Inpatients & MIU - James Watson	Although transferring to new build in 2021, will likely be required for decant of Granttown Health Centre.	<b>Green</b>	
Ian Charles Hospital Decommissioning	Active	Decommissioned	All de-commissioning of these premises will be carried out in accordance with the NESH policies and documentation.		Donald MacKenzie	All de-commissioning of these premises will be carried out in accordance with the NESH policies and documentation. To determine whether X-Ray can be decommissioned now. - Steven Wilson	<b>Green</b>	
Grant House (Heather beds)	19 bed care home	19 bed care home + 2 "Heather beds", before new Hospital hub opens. WiFi throughout	2 Heather beds to open.		Margaret Walker	Remains on Highland Council programme.	<b>Green</b>	

Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Gardens</b>						
St Vincent's Hospital	Therapy gardens including summer house	Relocate to new Hospital hub	Confirm what is transferring, clarify artefacts to transfer & what stays in situ for community. Link with therapy garden group	Steven Wilson	Therapy garden leads involved.	Green
Ian Charles Hospital		Relocate to new Hospital hub	Confirm what is transferring, clarify artefacts to transfer & what stays in situ for community. Link with therapy garden group	Steven Wilson	Therapy garden leads involved.	Green
Avimore Health Centre	Therapy gardens, community use - raised beds	Relocate to new Hospital hub	Confirm what is transferring, clarify artefacts to transfer & what stays in situ for community. Link with therapy garden group	Steven Wilson	Therapy gardens keen to transfer existing raised beds and memorial bench from Avimore health centre.	Green

Transition Plan Workshop Output, 30th January 2019							
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG	
<b>Service Users and patients</b>							
Communication	Inpatients (23 beds?) in Ian Charles and St Vincents Hospitals	Inpatients (20 beds + 4 flexible use) in new Hospital hub	Action(s)		Head of Communications	<p>Communications of move dates / arrangements to commence approx 6 months prior to move.</p> <p>Communications lead to be identified.</p>	Green
			8	Communication - <b>Head of Communications</b> . Confirm who we need to communicate with & how. Adjust systems, ensure correct info goes in letters etc			

Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Workforce</b>						
General			<b>Action(s)</b>	Alison Phimister	HR subgroup meetings ongoing. Most recent held Dec 2018. Update required. <i>Alison Phimister</i>	Green
			9 Clarify workforce numbers in the plan. Agree transition programme in line with funding availability. Confirm likelihood of recruiting to new posts. Remit to HR subgroup - Alison Phimister			
Medical	Inpatient beds covered by Kingussie & Grantown Practices.	Medical staffing model agreed with the 3 GP practices	Agree how practices will work together to provide medical cover in new hospital. Continuity is key.	Kenny Rodgers, Stewart MacPherson	Agreed in principle, to confirm staffing numbers. Detail being confirmed.	Green
Nursing - hospital	Ian Charles - 1WTE senior charge nurse, 1WTE senior staff nurse, 9.6WTE staff nurse, 7.06WTE unreg. St Vincents - 1WTE senior charge nurse, 1WTE senior staff nurse, 8.2WTE staff nurse, 7.19WTE unreg.	New Hospital hub - 1WTE senior charge nurse, 1WTE senior staff nurse, 13.47WTE staff nurse, 13.42WTE health care support worker	Produce ghost rota to test workforce plan, collate St Vincent's / Ian Charles Hospital / District Nurses workforce plans. Involve HR & staff-side	HR subgroup	Looking at transition of staff, combining of teams from St. Vincent's with Ian Charles. Staff meetings in progress, link nurses established at each site. Update from HR sub-group. <i>Alison Phimister</i>	Green
Nursing - Community	Rathven House. 9am-5pm rota. Staffing (at 20/9/17) - 1WTE advanced level, 1WTE senior level, 4.33WTE staff nurse, 3.53WTE health care support worker	New Hospital hub. 8am - 10pm rota, rapid response, more complex care needs, palliative and end of life care, supporting self-management, support care home staff with Heather beds. Staffing - 1WTE advanced, 2WTE senior, 6.13WTE staff nurse, 3.53WTE health care support worker	Develop transition programme in line with funding availability. Remit to HR subgroup	HR subgroup	Increasing hours of service from 9-5, 8-10. Considered but extension at this time would be inefficient. Raise at HR Sub-group - <i>Margaret Walker / Kate Patience-Quate</i> . Refer benefits realisation. Update required from HR sub-group. - <i>Alison Phimister</i>	Green

Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Workforce</b>						
Out of Hours	Delivered by local GPs. Based in Aviemore Health Centre. 3.14WTE staff nurse, 3.84WTE driver / admin	Delivered by local GPs. Based in new Hospital hub. Flexibility built in to nursing model. 5WTE staff nurse, 3.84WTE driver / admin	Develop transition programme in line with funding availability. Remit to HR subgroup	HR subgroup	Current model to be left as is for now, to be taken to locality to see if change is required. - Margaret Walker	Green
Minor Injuries Unit	Aviemore Health Centre - Enhanced contract 1 NESH nurse on Aviemore rota	To be located in B&S Community Hospital - Enhanced contract NESH nurse to transfer to Aviemore Medical Practice	TUPE transfer of NHS Highland nurse	HR subgroup / Margaret Walker	Can happen early, to be taken to HR Subgroup - Margaret Walker	Green
Community Mental Health Team	Rathven House. Staff (20/9/17) - 2.46WTE band 6, 0.3WTE OT, 0WTE band 5, 0.8WTE band 3, 1WTE admin. Alison Phimister to clarify WTE with Richard Pearson.	New Hospital hub open plan office. Enhanced CMHT for older people, closer working with care home & inpatient staff - support local staff to manage dementia care. 2.46WTE band 6, 0.5WTE OT, 0.4WTE band 5, 1.3WTE band 3, 1WTE admin. Alison Phimister to clarify WTE with Richard Pearson.	Clarify workforce numbers - Richard / Rhiannon & confirm status - complete?	HR subgroup	Check service model with Richard Pearson. - Alison Phimister Require update from HR subgroup - Alison Phimister	Green
Social Care / Social Work	Glen Centre, Aviemore. 1WTE Team manager, 2.6WTE social worker, 1.4WTE referral & assessment officers, 1WTE health & social care co-ordinator, 1WTE admin assistant, 1.2WTE SPOA	Open plan office in new Hospital hub. No change to workforce	No change	HR subgroup	Information updated to reflect current workforce.	Green

Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Workforce</b>						
Care at Home	Rathven House. In-house mainstream and enablement. 1WTE care at home officer, 20.14WTE mainstream care at home worker. 3.65WTE enablement care at home worker, 0.5WTE scheduler, 0.5WTE clerical	New Hospital hub. In-house enablement. Mainstream by independent provider (transfer of existing + additional funds for 25% increase in activity). 1WTE care at home officer, 3.6WTE senior care at home worker, 2WTE mainstream care at home worker, 8.3WTE enablement care at home worker, 1WTE scheduler, 0.5WTE clerical.	Part of South and Mid Division Care at Home change programme	Rhiannon Pitt	Being progressed through separate Care at Home redesign. Significant capacity issues in the area.	Red
Physio & OT	MSK Physio in Granttown Health Centre, St Vincents Hospital & Aviemore Health Centre. Rehab physio & OT in Ian Charles & St Vincents. 0.9WTE Team Lead, Physio: 4.2WTE band 6, 1.47WTE band 3, 0.48WTE band 2, OT: 2.8WTE band 6, 1.0WTE band 4, 0.35WTE band 3	MSK physio in new Hospital hub, Granttown Health Centre & Kingussie Medical Practice. Rehab Physio & OT in new Hospital hub. 7 day working. Staff as current plus +0.5WTE band 6 physio, +1WTE AHP assistant practitioner, +0.2WTE band 6 physio / band 6 OT / band 3 HCSW for 7 day working	Develop transition programme in line with funding availability. Remit to HR subgroup	HR subgroup	Information updated to reflect current workforce.	Green
Dietetics & SLT	St Vincents Hospital, Granttown Health Centre, Aviemore Health Centre. SLT 0.2WTE band 7, Dietetics 0.2WTE band 6	Kingussie Medical Practice, Granttown Health Centre, new Hospital hub. Increased complexity, support/train local staff. SLT: 0WTE band 7, 0.4WTE band 6. Dietetics 0.4WTE band 6. 0.4WTE shared band 4	Develop transition programme in line with funding availability. Remit to HR subgroup	HR subgroup	To be raised in HR subgroup. Check WTEs - Fiona Clark / Iris Clark	Green
Domestic Services	1.76WTE supervisor, 9.96WTE domestic assistant. Ian Charles Hospital, Ian Charles dental, Aviemore Medical Practice, St Vincents, Rathven	1.76WTE supervisor, 9.96 hotel services assistant (3,700m2 building). Rotational contract working 5/7 days. New Hospital hub and Ian Charles dental.	Determine exact staff numbers using final floor plan. Movement of current staff through Organisational Change process alongside additional recruitment will be required to fully staff the new unit. Anticipated existing staff will continue in Ian Charles dental. Establishment is not changing, however transport to work may be an issue.	HR subgroup	Confirmed job description will remain as is for domestic. Reviewing workforce numbers against new build floor plan. - <b>Nichola Murray</b>	Green

Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Workforce</b>						
Laundry	1.15WTE	Laundry carried out off-site. No B&S laundry staff	Remit to HR subgroup	HR subgroup	Update from HR sub-group. - Alison Phimister	Green
Portering / Handyperson	1.85WTE	No hospital portering staff. Facilities management of new hospital carried out by hub FM contractor	Remit to HR subgroup	HR subgroup	To be taken to HR sub-group. - Alison Phimister Grass cutting, gritting etc. Not covered under FM contract. Progress with Estates - Diane Forsyth	Green
Catering	2 production kitchens; 1 in St Vincents & 1 in Ian Charles. 1WTE Cook, 1.6WTE Assistant Cook, 1.83WTE catering assistant	1 production kitchen in new Hospital hub to serve hospital only. 1WTE Cook, 1.94WTE Assistant Cook	Remit to HR subgroup	HR subgroup	Unable to change in advance due to transport of food. Confirm band 1s have moved over - Alison Phimister / Nichola Murray	Green



Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>End of Life Care</b>						
End of Life Care	45% of end of life care delivered at home or in a homely setting	60% of end of life care delivered at home or in a homely setting	Transition plan for Heather beds to support hospital transition. Clinical equipment	Kate Patience-Quate	See separate plan following KAIZEN event in Mar 2019	Amber

Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
Ambulatory Care						
Day Case	Delivered in inpatient ward, very low activity	Delivered in flexible use bed in new Hospital hub	Equipment / staffing - confirm what will be delivered, where it happens now and where it will be in future	Kate Patience-Quate	Overall activity remains low, people can and are using the service at home. Aim to transfer this model to new service. <b>Gordon MacLeay</b> to follow up with Kingussie Medical Practice re venesection activity	Green
'Near Me'	No 'Near Me' service in Badenoch & Strathspey	NHS 'Near Me' clinic room(s) to be provided in Badenoch & Strathspey by 2019.	Establish location(s) within the valley to locate staffed / unstaffed 'near me' room(s). Renovate room(s) to comply with near me requirements.	Clare Morrison	Site visits carried out. Proposal made to B&S locality group. To be taken to project team for final approval - <b>Diane Forsyth / Clare Morrison</b>	Green

Transition Plan Workshop Output, 30th January 2019							
Area	Current state	Future state	Transition Plan		Lead	Progress	RAG
<b>eHealth</b>							
Patient records / Files	Paper records stored locally - inpatients, AHPs, community teams, GP practice all separate. GP practice have 5000 paper records. Social work: Carefirst. OOH - case print outs.	Electronic Patient Record, paper records scanned in / archived. No space for inpatient records. GPs paperlite in future, will not bring paper records across.	GPs - all paper records scanned - in progress. Housekeeping on stored notes & cull (service leads). EPR in place and confirm templates & systems. Business continuity. Put in place ahead of new build, as part of wider NHH project. Confirm scope & priority for transfer to EPR. Letters - ensure patients attend at right place, patient focussed booking team, TrakCare (AMcN)		Alister McNicoll	29Jan19. Scanners in place in Raigmore with solution. x4 more scanners being procured. Scanning Hub located at Raigmore. Jamie Forrester completing financial case and recruiting this New Year. EPR paper presented to two medical committees. Redraft for approval in progress. Care Portal now LIVE will form the key source to clinicians to see EPR. Paperlite project initiated for new builds. Andy Griffin is project manager. Work progressing on scanning hub for Highland at Raigmore. eHealth working with Jamie Forrester on scanning solution. EPR policy group pulling together NHH policy for scanning, ie what gets scanned, when and what paper is kept?	Amber
Software / Systems	Full list to be provided separately to eHealth. Vision, DocMan, SCI gateway, SCI-DC, PACS, ECCL, touchscreen check-in software, Adastra, SCI store, ECS, JAC, SSTS, results reporting, PRISM, STU, Intranet, R4	All clinical systems accessible from all devices	AMcN confirm NHH & GP systems can be accessed from same device. Ensure reception can check both GP & NHH systems; Vision & TrakCare. MORSE - whole of CMHT across Highland would need to move. Telecomms - ensure planned transfer of numbers		Alister McNicoll	29Jan19. MORSE still being developed but we now have about 80 users on system albeit there is still some functionality to roll out. Planning to roll out to B&S in March 2019. eHealth looking to see if they can fund enterprise licence for 2019/20 which would save the operational units. NHH and GP systems from same device being investigated. This will come under the project. MORSE business case needs to be made by service and funding sought to do this. I am assuming this is separate to the new build BC. All NEW devices shall be PACS compliant	Green
			<b>Action(s)</b>				
			11	Confirm NHH & GP systems can be accessed from same device - <b>Alister McNicoll</b>			
12	Ensure reception can check both GP & NHH systems; Vision & TrakCare - <b>Alister McNicoll</b>						
			<b>Action(s)</b>			29Jan19. Windows wo project now	

Transition Plan Workshop Output, 30th January 2019							
Area	Current state	Future state	Transition Plan		Lead	Progress	RAG
eHealth							
Hardware (devices / servers)	Telephony, IT Servers, printers, desktops, laptops, thin clients, WiFi	WiFi in new hospital and 2 NHHSH care homes	13	Confirm what PC / laptops / printers will transfer & what is new purchase - <b>Alistair McNicoll (Alec McIver to tie in w/ Peter Light &amp; Steven Wilson for survey)</b>	Alistair McNicoll	running. this will mean that all users will have a windows 10 device by the end of 2019. This means any old devices will have been removed by the time we move into the new building. Skye have a CALF and B&S are preparing order for two. we will have to support this move. eHealth are also ordering large screens for Ward View in the Community again saving the operational units. This is part of the project and as intimated extensive surveys will have to be conveyed as we did for the office redesign. We need to agree what is required for the BC. Everything replaced? This need to include all equipment necessary to make the building paperlite.	Green
TEC					TBD	29Jan19. xxxx Support of TEC by eHealth is fundamental in our eHealth delivery plan. Some of these are available now and can be worked upon and justified. Eg NHS Near Me / Florence	TBD

Transition Plan Workshop Output, 30th January 2019							
Area	Current state	Future state	Transition Plan		Lead	Progress	RAG
<b>Equipment</b>							
Premises-related (Fixtures/fittings, transfers, procurement)			List current fixtures / fittings / equipment and confirm what will transfer. Agree fixtures / fittings / equipment required in each room. Confirm whether provided by hub North or NHH. Procure new equipment and confirm delivery in line with programme. Standardise equipment. Confirm temporary storage.		Steven Wilson	Equipment lists compiled, established whether items shall be fit for transfer. Await hub equipment list, post 1:50s, for cross reference.	Amber
			<b>Actions</b>				
Community Equipment Store		Local aids and adaptations service. Small satellite equipment store with 24/7 access.	14	Plan developed for availability of store when new build opens- <b>Debbie Kinnaid</b>	Debbie Kinnaid	Plan in place	Green

Transition Plan Workshop Output, 30th January 2019						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Transport</b>						
General		Include in Communication Plan for patients/service users/visitors	hub at the hospital. Increased funding for Community Transport company identified in OBC.	Kenny Rodgers	No change, service and funding agreed in principle	Green
			Public transport - confirm service & feed in to shift patterns etc		Highland Council bus contracts due for retender 2021. Agreed that buses will use new bus stop at the hospital	Green

Transition Plan Workshop Output						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Workforce</b>						
General			<b>Action(s)</b>	Ross Mackenzie / Kate Earnshaw		Green
			Clarify workforce numbers in the plan. Agree transition programme in line with funding availability. Confirm likelihood of recruiting to new posts. Remit to HR subgroup			
Nursing - hospital	MMH - 1WTE senior charge nurse, 2 WTE senior staff nurse, 14.35 WTE staff nurse, 8.29WTE unreg. Portree - 1WTE senior charge nurse, 10.86WTE staff nurse, 8.31WTE unreg.	New Hospital hub - 1WTE senior charge nurse, 1WTE senior staff nurse, 25.21WTE staff nurse, 15.52WTE unreg.	e.g. Meetings held with each team, joint meeting with full team, ghost rotas to test w/force plan, involve HR and staff-side	Ross Mackenzie / Kate Earnshaw		Green
Nursing - Community	Advanced Level Nurse - 1WTE, Senior Level Nurse - 10.63WTE, Community Staff Nurse - 16.75WTE, Health Support Worker - 4.01WTE.	Advanced Level Nurse - 1WTE, Senior Level Nurse - 10.63WTE, Community Staff Nurse - 16.75WTE, Health Support Worker - 4.01WTE.	No change to current numbers. Increase in community based care will be supported by increased utilisation of support workers as part of integrated approach.	Ross Mackenzie	No action Required	Green
Medical Workforce	Consultants - 6WTE	Consultants - 6WTE	No change	HR subgroup	No change.	Green
Rural Support Team (provides OOH services)	Band 8a - 1.8WTE, Band 7 - 3.0WTE, Band 6 - 0.4WTE, Band 4 - 1.0WTE, Band 3 - 0.2WTE	Band 8a - 1.8WTE, Band 7 - 7.5WTE, Band 4 - 1.0WTE, Band 3 - 0.2WTE	Extend cover to in-hours primary care, supporting salaried practices from within the local team instead of external locums. This will require further recruitment but will show some savings on locum costs. Extensive work on recruitment, training and lessons learned around role design and governance will support development of this team.	HR subgroup	No action required.	Green
Radiology & Diagnostics	Band 7 - 1.0WTE, Band 6 - 2.5WTE - across two sites, MMH and Portree	Band 7 - 1.0WTE, Band 6 - 2.5WTE. Will move to one site only - New hospital hub. Move to single site for inpatients will allow the provision of an improved service on one site due to less single-handed working.	The service model identifies a local sonography service. A further quality improvement will involve the addition of 1 TE B2 to provide Radiology Assistant to support chaperoning and admin. A workstream is in progress in conjunction with Raigmore to provide a reporting radiographer locally, decentralising reporting and improving access to urgent reporting.	Ross Mackenzie	Work complete	Green
Community Midwifery	Band 6 - 7.06WTE, Band 7 - 2.0WTE	Band 6 - 7.06WTE, Band 7 - 2.0WTE	No change.	HR subgroup	No change	Green

Community Mental Health Team	Band 7 - 0.4WTE, Band 6 - 7.1WTE, Band 5 - 0.59WTE, Band 2 - 3.15WTE	Band 7 - 1.4WTE, Band 6 - 7.1WTE, Band 5 - 0.59WTE, Band 2 - 3.15WTE	A significant shift in philosophy from a medical model to one focussed around Integrated Teams. Gradual change is underway from single to dual role CPNs, working with generic support workers and also 3rd sector services. Mental Health nurse - recruitment w/c 25/3/19.	HR subgroup	Involvement in community huddles and co-location of CMH and community teams. Application made to Primary Care Transformation Fund for Mental Health Social Worker.	Amber
Generic Health & Social Care Support Workers	Band 3 - 1.87WTE	Band 3 - 6.31WTE	The use of generic support workers has been identified by all teams as an efficient and high quality way of ensuring professionals can work to the top of their skill set and that patients receive continuity of care rather than having to deal with multiple professionals. <i>*Change of bases, 1-2-1's ect must take place by Spring '19.</i>	HR subgroup	Issue is in the North of Skye. This will be picked up when there is agreement on the SLR work.	Amber
Social Work	Band 7 - 1.0WTE, Social Workers Grade HC 09 - 7.66WTE, Band 4 - 1.0WTE, Admin HC02 - 1.86, Band 2 support worker - 0.83WTE.	Band 7 - 1.0WTE, Social Workers Grade HC 09 - 7.66WTE, Band 4 - 1.0WTE, Admin HC02 - 1.86, Band 2 support worker - 0.83WTE.	<i>No change.</i> The provision of step up/step down/flexible use beds, central to the SL&WR redesign is seen as providing a better service for clients from a Social Work perspective.	HR subgroup	There will be a change of base for this team.	Green
Palliative/End of life Care (Macmillan)	Band 7 - 2.13WTE	Band 7 - 2.13WTE. Further integration of Macmillan nursing with District Nursing and wider community teams	<i>No change.</i> Macmillan nurses will further become providers of specialist advice, supporting and supported by community teams. Purpose-build Hub will include fully compliant chemotherapy suite, with VC for remote advice and support.	HR subgroup	No Change.	Green
Learning Disability Nursing	Band 6 - 1.40WTE, Band 3 - 1.07WTE	Band 6 - 1.40WTE, Band 3 - 1.07WTE	No change	HR subgroup	No Change	Green
Admin	MMH - Band 2 - 3.13WTE, Band 3 - 1WTE. Portree - Band 2 - 3.34WTE, Band 3 -	MMH - Band 2 - 3.13WTE, Band 3 - 1WTE. Portree - Band 2 - 3.34WTE, Band 3 - 0.60WTE	No change	HR subgroup	No Change	Green
Physio	Service currently being delivered in MMH and Portree Hospital. Band 6 - 2.9WTE, Band 5 - 0.6WTE, Band 3 - 0.72WTE	Service to run in MMH and Portree Hospital. Band 6 - 2.9WTE, Band 5 - 1.6WTE, Band 3 - 0.72WTE	Physiotherapy will retain bases in Kyle, Portree, Broadford and Lochcarron, though greater co-location with Integrated Teams in Broadford and Portree will improve integration. Addition of 1 Band 5 WTE.	HR subgroup	Increase in staffing cannot progress because money cannot be freed up. *SLR*	Amber
Occupational Therapy	Band 7 - 1.0WTE, Band 6 - 2.4WTE, Band 5 - 0.67WTE, Band 4 - 0.4WTE	Band 7 - 1.0WTE, Band 6 - 2.4WTE, Band 5 - 0.67WTE, Band 4 - 1.0WTE	Move to single site for inpatients will enable a five day in hospital OT service within existing resources. Current contract for handyperson/aid fitting to remain as is.	HR Subgroup	Increase in staffing cannot progress because money cannot be freed up.	Amber



Dietetics & SLT	Dietetics Band 6 - 1.62WTE	Dietetics Band 6 - 1.62WTE	<ul style="list-style-type: none"> <li>Increasing complexity of patients receiving care in the community setting.</li> <li>Emphasis on Care at Home and Reablement with a requirement for the delivery of training.</li> <li>The emphasis on early transfer of patients from Raigmore Hospital to Community Hospitals for rehabilitation will increase patient numbers.</li> <li>The development of dementia services will impact on Speech and Language Therapy.</li> </ul>	HR subgroup	No Change	Green
Podiatry	Portree Hospital - Band 6 - 2.62WTE	Portree Hospital - Band 6 - 2.62WTE	No change, service will remain in Portree	HR subgroup	No change in podiatry from the existing model.	Green
Hotel Services Catering	Band 3 - 1.47WTE, Band 2 - 4.97WTE Band 3 - 1.67WTE, Band 2 - 5.53WTE	Band 3 - 0.08WTE, Band 2 - 7.45WTE Band 3 - 0.25WTE, Band 2 - 2.86WTE	Domestic Assistants will be generic "Hotel Services Assistants" in the future to increase flexibility in terms of the areas in which they work. All would be on a rotational contract working 5/7 days again to increase flexibility of the workforce. Redesign of Portree will result in kitchen closing, catering staff will be reduced.	HR subgroup	Contracts have been updated to generalise to cover catering and cleaning and include both sites. Recruitment ongoing in Portree	Green
Portering	Band 2 Porter - 4.40WTE	Band 2 Porter - 4.40WTE	Portering requirement may reduce when new hospital hub opens or role will change to include additional duties.	HR subgroup / Imogen Storm	Waiting for FM provider to advise their remit and NHS remit. Job descriptions will be created on this information Porter requirement should stay the same regardless.	Green

Staffing of MIU and OOH services are included within the medical and inpatient nursing establishments above (where this service is not staffed by GPs.)

Transition Plan Workshop Output							
Area	Current state	Future state	Transition Plan		Lead	Progress	RAG
<b>eHealth</b>							
Patient records / Files	Paper records stored locally - inpatients, AHPs, community teams, GP practice all separate.	Electronic Patient Record, paper records scanned in / archived. No space for inpatient records. GPs paperlite in future, will not bring paper records across.	GPs - all paper records scanned - this is separate to the scanning work starting in Jan '19. Housekeeping on stored notes & cull (service leads). EPR in place and confirm templates & systems. Business continuity. Put in place ahead of new build, as part of wider NHS project. Confirm scope & priority for transfer to EPR. Letters - ensure patients attend at right place, patient focussed booking team, TrakCare (AMcN)		Alister McNicoll	19Mar: Andy Griffin is PM. EPR paper goes to SMT on 21st March. Scanning system set up in Raigmore.  Project Manager appointed for digital archiving. Paperlite project initiated for new builds. Scanning will begin in Jan 19 to get EPR in Skystore. Will work with service to decide timescales for scanning.	Amber
Software / Systems	Full list to be provided separately to eHealth. touchscreen check-in software, Adastra, SCI store, ECS, JAC, SSTS, results reporting, PRISM, STU, Intranet, R4	All clinical systems accessible from all devices	MORSE - all of the community teams across Highland would need to move. Telecomms - ensure planned transfer of numbers. COW/CALF should be available throughout new build.		Alister McNicoll	19Mar: MORSE paper taken to North Highland SMT. Going to SMT on 21st Mar. this was to seek approval to pull together a full business case.  MORSE business case needs to be finished by eHealth to seek funding. Work still ongoing in Inverness. Next part of the pilot will be B&S.	Amber
			<b>Action(s)</b>				
			New systems should be implemented prior to construction of new hospital.				
			Attend FBC meetings to discuss funding and source of funding .				
Hardware (devices / servers)	Telephony, IT Servers, printers, desktops, laptops, thin clients, WiFi, VC	WiFi throughout all facilities and CCTV where required	<b>Action(s)</b>		Alister McNicoll	19Mar: early work listed this and this is progressing. This is part of the project and as intimated extensive surveys will have to be conveyed as we did for the office redesign.  Survey being carried out 23/10/2018. Alec to send over details before end of October.	Green
			Confirm what PC / laptops / printers will transfer & what is new purchase - <b>Alister McNicoll</b> <b>Alec McIver / Peter Light to carry out hardware survey</b>				
TEC	NHS Near Me available in Portree Hospital and Kyle Health Centre	NHS Near Me available in Broadford Hub			TBD	Support of TEC by eHealth is fundamental in our eHealth delivery plan. Some of these are available now and can be worked upon and justified. Eg NHS Near Me / Florence	TBD

Transition Plan Workshop Output						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Equipment</b>						
Premises-related (Fixtures/fittings, transfers, procurement)			List current fixtures / fittings / equipment and confirm what will transfer. Agree fixtures / fittings / equipment required in each room. Confirm whether provided by hub North or NHH. Procure new equipment and confirm delivery in line with programme. Standardise equipment. Confirm temporary storage.	Service Lead/ Imogen Storm	Equipment lists received from service. Need to find out if there is a replacement bed programme. Equipment lists from hub co cannot be compiled until 1:50 work complete. Estates team need to find out costs to replace equipment if req.	Amber

Transition Plan Workshop Output						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
Commissioning / Decommissioning						
Premises	Broadford bungalow used as admin base at Mackinnon memorial, comprising of 4 members of staff and meeting room.	Broadford bungalow to be demolished prior to construction of the new hospital to allow access road into new build.	Commissioning of New Hospital will be coordinated with the DBFM Partner. All decommissioning of these premises will be carried out in accordance with the NHS policies and documentation.	Donald MacKenzie	All decommissioning of these premises will be carried out in accordance with the NHS policies and documentation.	Green
X-ray	X-ray facilities in Mackinnon Memorial Hospital and in Portree hospital.	Full x-ray suite in new hospital, no more x-ray in Portree.	X-ray equipment will be moved with the assistance of Phillips if required.		X-Ray Equipment at Portree to be decommissioned in accordance with previously supplied information and quote, saved to T Drive Bundle	Green
Kitchen	Production kitchen in Mackinnon Memorial Hospital	Re-heat kitchen proposed for Broadford Community Hub with small prep area for soup/sandwiches	Design and build to be supplied by primary contractors.		Design drawings have been received from hub. Need to be finalised and agreed by NHS with input from Steven Miller.	Amber

Transition Plan Workshop Output						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Premises</b>						
Mackinnon Memorial Hospital	Community hospital in Broadford serving SLSWR. Building owned by NHHSH, will be decommissioned when new hospital is built.	This will be completely decommissioned when new hospital hub is built.	Will remain as the main hospital until such times new hospital hub is complete at which time all staff will move out and the building will be obsolete. The site has been considered for new build staff accommodation or helicopter landing site. <b>Building will be cleared in line with NHHSH policies</b>	Imogen Storm	Have sought cost for demolition	Green
			<b>Action(s)</b>			
			Find out cost for demolition			
Portree Hospital	6 inpatient beds on ground floor. Inpatient unit consists of 12 beds	Inpatient services relocate to new Hospital facility. Outpatients clinics will remain, as will MIU and therapy gym. Portree GP practice will move into this building after appropriate refurbishment.	Re-design of building and refurbishment planned to include GP practice, more outpatient clinic rooms and space for integrated team (offices)	Imogen Storm	Portree floor plan has been devised to include in the FBC. This may change due to SLR work.	Green
			<b>Action(s)</b>			
			Floor plan done to include in FBC.			
Broadford Bungalow	Bungalow on site of MMH being utilised as office space and meeting room	Demolition	To decommission and demolished in the initial stages of construction. Staff will need to move out and find appropriate storage for any items required in new build. <b>Building will be cleared in line with NHHSH policies</b>	Kate Earnshaw	Admin staff will move into MMH while new hospital is being built.	Green
Broadford Health Centre	GP practice/health centre operating on ground floor.	First floor/attic space will be refurbished to include admin/office space for integrated team who are currently in bungalow and Broadford service point.	Design and refurbishment of first floor ready for teams to move in on completion. This can be completed once we have FBC approval from SG.	Imogen Storm / Heather Cameron	Interim plans drawn up but still some work to be done. Stakeholder work ongoing but requirements have been established.	Green
			<b>Action(s)</b>			
			Complete design with stakeholder approval Establish costs and timescales involved in construction work.			
New Hospital Facility	Design (building layout) agreed.	Operational by February 2021	Whole section on this - confirm main headings. Donnie - Staff orientation, training to new build and equipment. Arrange visits during construction. Display plans in all current builds. New SOPs in advance.	Diane Forsyth	BUG Group being established - first meeting Jan 2019.	Green
Scottish Ambulance Service base (SAS)	Currently have a base in Fort William with accommodation in MMH and Portree Hospital	Relocate to new Hospital hub where there will be consumable stores, washbay and more space for parking	SAS to lead own transition plan. Orientation to new build, have been included throughout stakeholder engagement.	SAS (Lorraine McAffer)	Require joint transition with SAS on workforce.	Green

Transition Plan Workshop Output						
Area	Current state	Future state	Transition Plan	Lead	Progress	RAG
<b>Service Users and patients</b>						
Communication	Inpatients - 20 beds in MMH and 6 beds in Portree Hospital	Inpatients 24 beds in new Hospital hub, no beds in Portree Hospital	<b>Action(s)</b>	Communications Team	Update to be provided	Amber
			1. Communication. Confirm who we need to communicate with & how. Adjust systems, ensure correct info goes in letters etc  2. Internal Communications Strategy			
Communication	Sir Lewis Ritchie Recommendations have generated more meetings and public and staff need to be apprised of progress	Portree Hospital will become a spoke compromising of outpatients clinics, MIU and GP practice	Communication - SLR work should run alongside re-design project communications and both groups should be aware of progress of the other. **This is being handled under a seperate governance**	Communications Team	Update to be provided	Amber
eHealth	Identify a clinical champion to lead the eHealth transition	Have a champion in place	Identify someone on the ground in Broadford/Portree who will be available to lead communications between clinical and eHealth.	Alister McNicoll	Chrisann working with Alister to identify a lead	Amber

\*\*New Head of Communications appointed Jan 2019 - hope to get support on Skye communications.

## **Appendix 12 – Workforce Plans (B&S and SLSWR)**

## **Badenoch and Strathspey Redesign**

### **Workforce Plan. Version 3 – 11 January 2019**

The workforce plan for Badenoch and Strathspey Redesign outlines the service changes required associated with the a new clinical services model and identifies the workforce changes required to deliver the new model. Costings for the model are attached in Appendix 2.

The “Six Steps to Workforce Integrated Planning” methodology (Skills for Health) was used to develop the workforce plan with stakeholders including Badenoch and Strathspey clinical staff, staff side, Professional Leads, Managers and the Workforce Planning and Development Manager. Two workshops were held in the locality followed by internal scrutiny by teams and professions led by the Area Manager. External scrutiny was provided by Norman Sutherland, Director (Health), Higher Ground Health Care Planning Ltd.

#### **The Plan**

The Badenoch and Strathspey Redesign Service Model (Appendix 1) defines the high level clinical and care specification to underpin the future model for health and social care services across Badenoch and Strathspey. In summary there will be a community hospital based in the geographical centre of Badenoch and Strathspey, in Aviemore. The hospital will provide Inpatient Care, Outpatient and Day Case services, Minor Injuries and Out of Hours services, Dentistry and Allied Health Professional (AHP) services. It will also provide accommodation for Aviemore Medical Practice, the integrated Community Adult Health and Social Care Team, the Community Mental Health Team, the Midwifery Team, a local base for the Scottish Ambulance Service and for the Children’s Care and Learning Services.

Currently there are seven specialist elderly mental health beds in Kingussie, part of a wider NHS Highland resource, which will be reprovided in New Craigs Hospital, Inverness.

Community Services will be enhanced enabling care closer to home with specific elements including Dementia and Older Adult Services, End of Life Care, Care at Home, Community Nursing and AHPs. Integrated systems and co-location will support multidisciplinary decision making ensuring an efficient and appropriate response to need. In addition, flexible use beds will be introduced to the two NHS Care Homes in the District enabling a greater flexibility of response.

Community outpatient services will continue to be delivered in Grantown and Kingussie if they are currently provided there.

This workforce plan is a working document and will continue to be refined. Some parts of the plan will also be implemented ahead of the new hospital opening.



## Service Change and Required Workforce

### Inpatient services

Currently there are two inpatient wards in Badenoch and Strathspey which will be reprovided as one ward in the new hospital. The inpatient ward will have 24 single bedrooms. Medical services will be provided by GPs. Registered nursing staffing will be a mixture of general nurses and mental health nurses supported by multidisciplinary members of the co located integrated community team.

### *Inpatient Nursing*

A reduction in establishment is expected as a result of providing the inpatient beds in one location rather than two as currently. The model for providing inpatient nursing mental health skills will be developed in conjunction with the Community Mental Health Team and has been included in the workforce planning exercise. 20 September 2017 – bed complement and workforce establishment revised from 24 inpatient beds to 20 inpatient beds and 4 flexible use beds. Medical input will be provided by GPs and will focus on providing acute, rehabilitative and palliative care to people in Badenoch and Strathspey preventing admission to Raigmore where possible, and ensure timely transfer from Raigmore where required. The flexible beds will provide day or short term care enabling people to remain at home as long as possible and will be provided as a part of a wider suite of flexible beds across the District being supported by the community integrated health and social care team.

	Ian Charl es	St Vincen ts (Gyna ck)	Total Current Establish ment	Proposed Establish ment 24 beds	Differen ce (+ / - ) 24 beds	Proposed Establish ment 20 Beds	Differen ce (+/-)
<b>Registered</b>							
Band 7 Senior Charge Nurse supernumerary	1.00 wte	1.00 wte	2.00 wte	1.00 wte	-1.00 wte	1.00 wte	-1.00 wte
Band 6 Senior Staff Nurse	1.00 wte	1.00 wte	2.00 wte	1.00 wte	-1.00 wte	1.00 wte	-1.00 wte
Band 5 Staff Nurse	9.60 wte	8.20 wte	17.80 wte	16.66 wte	-1.14 wte	13.47 wte	-4.33 wte
<b>Total registered</b>	<b>11.60 WTE</b>	<b>10.20 WTE</b>	<b>21.80 WTE</b>	<b>18.66 WTE</b>	<b>-3.14 WTE</b>	<b>15.47 wte</b>	<b>-6.33 wte</b>
Band 2 Health Care Support Worker				12.65 wte		13.42 wte	+0.77 wte
<b>Total unregistered</b>	<b>7.06 WTE</b>	<b>7.19 WTE</b>	<b>14.25 WTE</b>	<b>12.65 WTE</b>	<b>-1.60 WTE</b>	<b>13.42 wte</b>	<b>+0.77 wte</b>

Ratio registered: unregistered	62:38 %	60:40 %		60:40%		53.55:46.45 %	
<b>TOTAL</b>	<b>18.66 WTE</b>	<b>17.39 WTE</b>	<b>36.05 WTE</b>	<b>31.31 WTE</b>	<b>-4.74 WTE</b>	<b>28.89 wte</b>	<b>-7.16 wte</b>

***Inpatient Medical Staffing:***

Inpatient medical services will be provided by GPs. The model is in the final stages of development with the 3 GP practices who are very committed to delivering the service and are working out how to best engage with each other and with NHS Highland.

***Specialist Mental Health Beds for Older People:***

Seven inpatient mental health beds for older people in Kingussie will be reprovided in New Craigs, Inverness. In New Craigs they will form a part of a wider redesign on site and a reduction in nursing establishment is expected. This will help finance additional community infrastructure. There is no workforce impact on psychiatric medical services.

20<sup>th</sup> September 2017 update, the Lynwilg beds have been reprovided on the New Craigs site and staff redeployed.

***Nursing Establishment:***

	<b>Original St Vincents (Lynwilg)</b>	<b>20<sup>th</sup> September 2017</b>
Registered	6.9wte	0
Unregistered	6.9wte	0
Ratio Registered : Unregistered	50:50%	
<b>Total</b>	<b>13.8wte</b>	<b>0</b>

An agreed sum transferred to contribute to staffing the service at New Craigs totalling 6.6 wte.

**Hotel Services*****Domestic Services***

The traditional Domestic Assistants will be generic “Hotel Services Assistants” in the future to increase flexibility in terms of the areas in which they work. All would be on a rotational contract working 5/7 days again to increase flexibility of the workforce. The ward area would require cover 7 days per week from approx 8am to 7pm. The majority of the other areas within the unit would be predominantly cleaned in the evenings from 5pm – 8pm. Supervisors usually work on a Monday to Friday basis.

The establishment is not expected to reduce.. The proposed establishment is based on the building floor space being approximately 3,700 m<sup>2</sup>.

It is also anticipated that approx 2WTE of the Domestic Services staff will be funded by partners occupying space in the new building.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 3 Domestic Supervisor	0.96 wte	1.72 wte	+0.76 wte
Band 2 Domestic Assistant / Hotel Services Assistant	9.75 wte	9.96 wte	+0.21 wte
<b>TOTAL</b>	<b>10.71 WTE</b>	<b>11.68 WTE</b>	<b>0.97 WTE</b>

### **Laundry**

This will be provided within establishment at an alternative NHS Highland site.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 2 Laundry Assistant	1.15 WTE	0.0 WTE	<b>-1.15 WTE</b>

### **Portering (not currently managed by Hotel Services)**

It is anticipated that the new hospital design will alter the requirement for a portering function.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 2	1.85WTE	Nil	<b>-1.85 WTE</b>

### **Catering**

The catering model is yet to be confirmed, for the purposes of this plan a production kitchen serving the hospital only has been assumed.

20<sup>th</sup> September 2017. The plan for a full production kitchen has been confirmed.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 3 Senior Cook	1.0WTE	1.00 wte	0 wte
Band 2 Cook/Catering Assistant	3.43WTE	1.94 wte	-1.49 wte
<b>TOTAL</b>	<b>4.43WTE</b>	<b>2.94WTE</b>	<b>-1.49 WTE</b>

### **Savings**

Proposal to reduce Catering and Laundry by 1.15wte and 1.49wte respectively. (Also portering by 1.85wte but not currently managed from within Hotel Services).

However 0.4wte will require to remain on site at Ian Charles for the Dental Unit Domestic Services plus 0.97wte will be required to bolster Domestic Services within new unit which is understaffed therefore only 1.27wte remains for savings from directly managed Hotel Services.

### Minor Injury Unit (MIU) (in hours)

It is expected that MIU will be delivered in the same way as it is now.

Grantown – provided by the practice

Kingussie / Laggan – provided by the practice

Aviemore – provided by practice. Nursing = 2 practice nurses and 1 NHS H nurse on rota. The NHSH nurse post will transfer to the practice.

### Out of Hours (OOH)

The Out of Hours service will continue to be delivered by local GPs as this works well and is sustainable. Flexibility will be built in to the nursing model in line with the NHS Highland strategy. The establishment below relates to the OOH Service, not including medical input.

	Current WTE	Proposed WTE	Difference (+ / -)
Band 6 Nurse	3.14 wte	5.00 wte	+1.86 wte
Band 3 Driver / Admin	3.84 wte	3.84 wte	0 wte
<b>TOTAL</b>	<b>6.98 WTE</b>	<b>8.84 WTE</b>	<b>+1.86 WTE</b>

### Community Services

#### *Community Mental Health Team (CMHT)*

An enhanced CMHT for older people will provide:-

- Health Promotion
- Early detection and diagnosis.
- Assessment and treatment.
- Support for carers.
- Specialist old age psychiatry services, which will include access to acute admission and rehabilitation beds, day care and memory clinics, domiciliary and outreach care, and out-patient / community clinics.

Educational initiatives to the family of people with dementia have been shown to lessen carer stress and reduce admission to care homes (Brodaty et al, 1997). A partnership with Alzheimer Scotland in the area could increase the reach of family support.

Additionality:

Emphasis will be on providing the local use of expertise to provide enhanced approaches to community care of patients with dementia. Around 80% of care home residents may have dementia in the future. Support to all locality staff in delivering quality care would be provided by the enhanced CMHT. Staff qualified to train others in the management of stress and distress in dementia, cognitive stimulation therapy and the use of assistive technology will form part of the role of the CMHT.

Closer working with the new community hospital will be a key function of the CMHT. The team will ensure that all hospital staff are adequately trained to work with people with mental health problems including dementia, and that adequate training resource is available to facilitate such learning.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>	<b>In post 20<sup>th</sup> September 2017 following reprovision of Lynwilg beds</b>
<b>Clinical</b>				
Band 7	0.20	0.20	+0.00	0.20
Band 6	0.80	1.80	+1.00	1.80
Band 6 OT	0.40	0.60	+0.20	0.40
Band 5	0.00	0.40	+0.40	0.00
Band 3	0.20	0.70	+0.50	0.20
Band 3 Admin	1.00	1.00	+0.00	1.00
<b>TOTAL</b>	<b>2.60</b>	<b>4.70</b>	<b>+3.10</b>	<b>3.60</b>

### ***Care at Home***

The focus for service delivery will change from longer term support to an enablement model of short term intervention and support but the staff group will still be working to the same National Care Standards and principles. Care at home is currently subject to a redesign which as it progresses will result in the in-house staffing reducing as mainstream hours are transferred to the Independent Sector (IS) and corresponding budget is moved to the IS cost centre. IS presence in parts of Badenoch and Strathspey is not complete so an element of mainstream staffing will remain in the NHS Care At Home service until the IS is able to provide the full mainstream service. Resource to enhance Occupational therapy resource for enablement is also being identified through the Care at Home redesign.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Care At Home Officer	1.00 wte	1.00 wte	0 wte
Senior Care at Home Worker <sup>1</sup>		3.60 wte	+3.60 wte
Care At Home Worker Mainstream	20.14 wte	2.00 wte	-18.14 wte
Care At Home Worker Enablement	3.65 wte	8.30 wte	+4.65 wte
Scheduler	0.50 wte	1.00 wte	+0.50 wte
Clerical support <sup>2</sup>	0.50 wte	0.50 wte	0 wte
<b>TOTAL</b>	<b>25.79 wte</b>	<b>16.40 wte</b>	<b>-9.39 wte</b>

<sup>1</sup> 40% supervisory, 60% direct care (enablement)

<sup>2</sup> Clerical support team 2.5wte currently based in Inverness supporting all of South Area

*Independent Sector*

More staff will be required over and above that currently funded to support the independent sector to take account of the predicted demography changes. There is a potential for referral rates to increase significantly and current data indicates that 25% of people supported through enablement require longer term support at the end of enablement. Based on current weekly hours 543.50 (scheduled plus hours to be transferred) and predicting 25% increase of 136 weekly hours, additional resource of approx. **£105,000** would be required.

**Social Work**

The Social Work workforce will not change as a result of the redesign however the single point of access to adult community services will be developed ahead of other work and new roles will be developed as a part of this. As this does not form part of the Badenoch and Strathspey redesign this is not captured within this workforce plan.

	<b>Original Establishment</b>	<b>20<sup>th</sup> September 2017 establishment following establishment of Single Point of Access for B and S Integrated Community Team</b>	<b>Proposed Establishment following Redesign</b>	<b>Difference (+ / -)</b>
Social Work Service Manager Grade HC 10	1.00 wte	1.00 wte	1.00 wte	0 wte
Social Workers Grade HC 09	4.00 wte	4.00 wte	4.00 wte	0 wte
Referral and Assessment Officers and Health and Social care Coordinator Grade HC06	1.00 wte	2.00 wte	2.00 wte	0 wte
Admin Assistant Grade HC03	1.00 wte	2.20 wte	2.20 wte	0 wte
<b>TOTAL</b>	<b>6.00 wte</b>	<b>9.20 wte</b>	<b>9.20 wte</b>	<b>0 wte</b>

**Community Nursing**

Investment in community nursing is required to enable the following anticipated developments:

- As people are being discharged from hospital earlier in their journey and options are available to support people at home as an alternative to admission to hospital, the nursing service needs to flex up to ensure that there is an ability to provide a rapid response. The community nursing service will increase its hours of service from 9-5 to 8-10 7 days a week.
- An anticipated shift from the current position where many people choose to die in Community Hospitals to choosing to die in their own home or a homely environment such as a care home.

- Developments in cancer care and survival rates mean that community nurses are dealing with more and more complex technical care in the community. It is anticipated that with a more structured and planned approach to reviewing the type of treatment that is currently delivered in Raigmore and both existing Community Hospitals, that more people could with the right support, have their care delivered out with the inpatient setting and ideally, closer to home.
- There will be a focus on supporting self management, particularly for those with long term health conditions and an increase in the use of telemedicine given the geography of the area.
- The introduction of enhanced care beds in both Grant House and the Wade Centre will necessitate formal links between the Care staff and the community Nursing team to ensure that carers have the appropriate knowledge, skills, support and supervision to care for people with increased and or complex health care needs.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>	<b>20<sup>th</sup> September 2017 posts filled following Lynwilg reprovision</b>
Band 7 Advanced Level Nurse / Specialist Practitioner District Nurse	1.00 wte	1.00 wte	0 wte	1.00 wte
Band 6 Senior Level Nurse / Specialist Practitioner District Nurse	1.00 wte	2.00 wte	+1.00 wte	2.00 wte
Band 5 Community Staff Nurse	4.33 wte	6.13 wte	+1.80 wte	4.33 wte
Band 3 Health Care Support Worker	0.53 wte	3.53 wte	+3.00 wte	3.53 wte
<b>Total</b>	<b>6.86 wte</b>	<b>12.66 wte</b>	<b>+5.80 wte</b>	<b>10.86 wte</b>

## Allied Health Professionals

### *Radiology*

Current staffing provides plain film imaging services and will remain as established. The service model identifies a local sonography service and discussions are ongoing with the radiology service as to how this is provided.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 6	0.60 wte	0.60 wte	0 wte

### *Physiotherapy and Occupational Therapy*

The workforce plan will reflect the following developments:

- The overall focus will be on supporting self management and support at home.
- The new service model will see more outreach into the community with joint working between Physiotherapy and Occupational Therapy (joint assessment/goal setting/paperwork). There will be greater utilisation of health care support workers with a move to a more generic Physio/OT assistant. Band 4s will continue with non complex assessments at home and there will be more involvement of Band 2s and Band 3s. They will be able to assess for basic aids at home reducing the requirement for qualified staff visits.
- There is potential for a short term intervention team, led jointly by Occupational Therapists and Physiotherapists working closely with GPs/Community Nurses/Social workers, and support from Reablement to avoid admission/facilitate earlier discharge from hospital. Greater use and upgrading of Health Care Support Workers to enable them to manage simple caseloads will free time for qualified staff to focus on higher level assessments and activities.



- There will be Increased involvement with care homes and increased involvement with community e.g. sports centres, walking groups
- Seven day a week working will be introduced to provide seamless care as patients are transferred from Raigmore to the Community Hospital and then home. Patients admitted to the Community Hospital over the weekend will have AHP intervention as soon as required and not have to wait until Monday for an assessment.
- Flexible use beds are to be introduced in Grantown and Kingussie and Physiotherapists and OTs will provide input to assist patients to prevent admission. This will run alongside greater input into the Care Homes.

The physiotherapy establishment as detailed below provides a mixed service of rehabilitation and musculoskeletal therapy. Musculoskeletal therapy is a part of a wider redesign and any changes in establishment in this paper are within the rehabilitation element of the service.

The increase in establishment associated with 7 day working has been identified separately as this is a national AHP strategy and therefore may be out of the scope of this plan.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
<b>Physiotherapy</b>			
Band 7	0.90 wte	0.9 wte	0.00 wte
Band 6	4.20 wte	4.20 wte	0.00 wte
Band 3	1.82 wte	1.82 wte	0.00 wte
Band 2	0.48 wte	0.48 wte	0.00 wte
<b>Total Physiotherapy</b>	<b>7.40 wte</b>	<b>7.40 wte</b>	<b>0.00 wte</b>
<b>Occupational Therapy</b>			
Band 6	2.80 wte	2.80 wte	0.00 wte
Band 5	1.00 wte	1.00 wte	0.00 wte
Band 4	1.00 wte	1.00 wte	0.00 wte
Band 3	0.35 wte	0.35 wte	0.00 wte
<b>Total Occupational Therapy</b>	<b>5.15 wte</b>	<b>5.15 wte</b>	<b>0.00 wte</b>
<b>Band 4 AHP Assistant Practitioner</b>		<b>1.00 wte</b>	<b>+1.00 wte</b>
<b>Enhanced Hours (7 day working)</b>			
Band 6 Physiotherapist		0.20 wte	+0.20 wte
Band 6 Occupational Therapist		0.20 wte	+0.20 wte
Band 3 Health Care Support Worker		0.20 wte	+0.20 wte
<b>Total Enhanced Hours</b>	<b>0 wte</b>	<b>0.60 wte</b>	<b>+0.60 wte</b>
<b>TOTAL</b>	<b>11.17 WTE</b>	<b>13.27 WTE</b>	<b>+2.10 WTE</b>

An additional 1.0 wte Band 5 Occupational Therapist has been identified as a requirement to support the Care at Home reablement service, funding for this will be released from the Care at Home redesign.

### **Podiatry**

Podiatry will continue to deliver from existing sites using the existing model.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 6	1.0 wte	1.0 wte	No change

### ***Dietetics and Speech and Language Therapy***

The new service model will impact on the current service provision in the following ways:

- Increasing complexity of patients receiving care in the community setting.
- Emphasis on Care at Home and Reablement with a requirement for the delivery of training.
- The emphasis on early transfer of patients from Raigmore Hospital to Community Hospitals for rehabilitation will.
- The development of dementia services will impact on Speech and Language Therapy.

Speech and Language Therapy across the Operational Unit is undergoing an internal redesign which identifies the senior staff as a pooled advisory resource for the whole service, hence the change in skill mix.

	<b>Total Current</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
<b>Speech &amp; Language Therapy</b>			
Band 7	0.20 wte	0 wte	0.20 wte
Band 6	0.00 wte	0.40 wte	+0.40 wte
<b>Total Speech &amp; Language Therapy</b>	<b>0.20 wte</b>	<b>0.40 wte</b>	<b>+0.40 wte</b>
<b>Dietetics Band 6</b>	<b>0.20 wte</b>	<b>0.40 wte</b>	<b>+0.20 wte</b>
<b>Shared Post Band 4</b>	<b>0.00 wte</b>	<b>0.50 wte</b>	<b>+0.50 wte</b>
<b>TOTAL</b>	<b>0.40 WTE</b>	<b>1.30 WTE</b>	<b>+1.10 WTE</b>

### **Midwifery**

It is not anticipated that the midwifery workforce will be affected by this redesign.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Midwifery	<b>2.60 WTE</b>	<b>2.60 WTE</b>	No change

### **Learning Disability Nursing**

It is not anticipated that the Learning Disability Nursing service workforce will be affected by this redesign.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Learning Disability Nursing	<b>2.00 WTE</b>	<b>2.00 WTE</b>	No change

## Administrative Support

All services expressed a need for increased administrative support. Current administrative posts are managed in different teams on different sites with little collaboration and no oversight of demand or capacity. A Business Support Manager would add capacity and provide management and leadership to create an effective and efficient administrative resource for the district in a single base including the systems, skills and staffing required to support a single point of access for the district. The posts identified below are generic posts based on the current hospital sites. All administrative posts included those identified in community teams will be co located on the one site in the new hospital.

	Current WTE	Proposed WTE	Difference (+ / -)
Band 5 Business Support Manager	1.00 wte	1.00 wte	0 wte
Band 2 Admin	1.80 wte	1.80 wte	0 wte
Band 3 Admin	0.91 wte	0.91 wte	0 wte
<b>Total Administrative Support</b>	<b>3.71 WTE</b>	<b>3.71 WTE</b>	<b>0 WTE</b>

## Delivering the Workforce Plan

The Badenoch and Strathspey workforce plan will be achieved largely through organisational change. This will be supported by a Human Resources subgroup for the entire redesign, members of which will support the individual elements of the change as they occur and ensure fairness to the entire staff group in the application of the NHS Highland Organisational and Service Change policy (August 2003). Staff training and development needs will be identified through this process, as will additional skills not available in the current workforce. A core work stream of this group will be the development of an action plan for the workforce plan with timescales and risk status.

Implementation of the plan has begun where change is not dependent on the new hospital building and does not adversely destabilise current service provision. Examples of this include the Care at Home Redesign and the proposed re-provision of specialist mental health beds for older people in New Craigs. This will ensure service continuity at the time of the hospital opening.

Updated 11 January 2019

# **Skye, Lochalsh and South West Ross Redesign**

## **Workforce Plan: Version 10 – 30<sup>th</sup> October 2018**

The workforce plan for Skye, Lochalsh and South West Ross (SLSWR) outlines the changes in workforce required to support the agreed clinical services model.

The plan has been developed in line with the “Six Steps to Workforce Integrated Planning” methodology (Skills for Health). Four separate workshops have been held with local teams to translate the high-level clinical model into a service-by-service plan. Engagement from colleagues across all three integrated teams within the wide scope of the redesign has been extremely positive.

This plan represents a live document. Two workshops have been held to provide ‘clinical challenge’ both facilitated by Norman Sutherland, Director (Health), Higher Ground Health Care Planning Ltd, however additional work is needed to further refine requirements, some of which is dependent on wider reviews underway in NHS Highland.

### **The Plan**

The SLSWR service redesign will see all inpatient beds in the area consolidated in a single “Hub” facility in Broadford, and the Community Hospital in Portree re-designed as a “Spoke” to accommodate outpatients, Portree Medical Practice and day hospital services.

The revised facilities model will ensure co-location of community care specialists and will engender multi-disciplinary decision-making between community teams. This integration informs the overall strategy for the amendments to the workforce. Broadly, resource released from the consolidation of inpatient beds on one site will be re-deployed as generic health and social care support within the integrated teams. However, it is important to recognise that the buildings are only part of the wider redesign which represents the continuation of a process of integration ongoing since April 2012, including continuing revised working practices among the Integrated Care Teams, the Care at Home Redesign and the appointment of a trainee ultrasound radiologist.

The final workforce plan will be achieved largely through this organisational change. It will be supported by a Human Resources subgroup for the entire redesign, members of which will support the individual elements of the change as they occur and ensure fairness to the entire staff group in the application of the NHS Highland Organisational and Service Change policy (August 2003). Staff training and development needs will be identified through this process, as will additional skills not available in the current workforce. A core work stream of this group will be the development of an action plan for the workforce plan with timescales and associated risk status.

A further key strand of the redesign not detailed here is the development of step up/step down/flexible use beds to enhance access to appropriate bed provision in the community and reduce unnecessary inpatient stays. Collaborative work with the Independent Sector care homes in Skye is ongoing to support this.

Overall the plan shows a net decrease in staffing of 2.04 wte as a direct result of this redesign. There is an increase as a result of the move towards more generic health and social care support workers with an additional 4.64 wte. In addition, there is a further increase in AHPs (1.6 wte) to hold part of the case load and an additional 1 WTE in the Community Mental Health Team. There is a reduction in catering staff (4.09 wte) due to the changes in catering model and an increase in the cleaning staff (1.81 wte) due to larger overall footprint. The financial consequences are a saving of £159,373.

Outwith this redesign there are other developments already being taken forward within the area. Although these are not dependant on this redesign they are important and underpin the move to more community based activity. The development of a multi disciplinary Rural Support Team to support both in hours (scheduled) and out of hours (unscheduled) care within primary care is ongoing. This team will see an increase of 0.63 wte and is being taken forward now as part of NHS Highland's re-provision of unscheduled care and is partly funded from savings made in the historic GP lead out of hours provision.

### **Assumptions and co-dependencies**

Attention is drawn to the following:

- A formal establishment review has been undertaken to fully evidence the required establishment as per national best practice. The inpatient nursing requirements have been calculated based on 24 beds using the nationally validated Professional Judgment Tool (PJT) and calculated on the professional judgement of nurses currently working with patients in both hospitals. Further triangulation with other available workforce tools such as the Acute Adult Tool was undertaken; however the professional judgement tool best takes account of the requirements of the new Hub. The proposed establishment also includes a skill mix of ratio of 60 RN: 40 NRN which is in line with NHS Highland skill mix recommendation.
- The required catering workforce is dependent on an options appraisal around the proposed meal provision in SLSWR, which will be carried out following an NHS Highland wide review of catering strategy. The staffing of the chosen model will be determined by the catering shift planner currently in development across Highland. For the purpose of this plan it is assumed that a cook freeze kitchen will be situated within the Broadford facility.
- Domestic staffing will be calculated in line with the domestic workforce planner. For the purpose of this plan the staffing requirement assumes a building of 2,775m<sup>2</sup>. This workforce plan is a working document and will continue to be refined. Some parts of the plan will also be implemented ahead of the new hospital opening.

### **Service Change and Required Workforce: Inpatient services**

The Inpatient clinical team is currently divided across the two sites (Portree Hospital and the Dr Mackinnon Memorial Hospital at Broadford). Portree hospital has 12 in-patient beds and the Dr Mackinnon Memorial Hospital has 20 in-patient beds. A reduction in establishment is anticipated as a result of rationalising all in-patient care at the new-build hospital Hub in Broadford with out-patient and day hospital facilities at Portree.

Details of inpatient Midwifery Services are described in the Community section below as the majority of the midwifery workload is community based.

## Inpatient Nursing

The Inpatient staffing team is currently divided over the two sites of Portree Hospital and the Dr Mackinnon memorial Hospital at Broadford. Portree hospital has 12 inpatient beds and the Dr Mackinnon memorial Hospital has 20 inpatient beds. As a result of the consolidation of inpatient beds to a single facility in Dr Mackinnon Hospital Broadford, a reduction in the establishment is anticipated. Outpatient facilities will be based at Portree and Broadford. The total nursing establishment proposed will provide safe staffing for up to 24 inpatients, A and E, chemotherapy and surgical pre assessment services. The medical model provided at the Dr Mackinnon Memorial hospital is unique in Highland as a high level of acute care is provided on site. The overall reduction of the Nursing is -7.00 WTE, however refinement of the establishment may be required should any key assumptions change.

Further embedding of reablement philosophy will ensure inpatient stays are focussed and appropriate to need while enhanced community care and step up/step down beds will support a greater range of options. Development of more robust triage is proposed along with further improvements in discharge planning. The SCN will continue to have supervisory status in line with NHS Principles for N&M Establishment Setting.

Figures shown in the following table represent the funded staffing establishment. This is slightly different to the actual staff in post with the most notable difference being that only 1.00 WTE Senior Charge Nurse is currently in post overseeing both hospitals. This has been achieved by the addition of 1.00 WTE band 6 within Portree. These arrangements are interim until a move to the new proposed establishment.

	Dr Mackinnon Broadford WTE	Portree Hospital WTE	Total Current Establishment WTE	Proposed Establishment WTE	Difference (+ / -)
<b>Registered</b>					
Band 7 Senior Charge Nurse supernumerary	1.00	1.00	2.00	1.00	- 1.00
Band 6 Senior Staff Nurse	2.00	0	2.00	1.00	- 1.00
Band 5 Staff Nurse	14.35	10.86	25.21	21.29	-3.92
<b>Total registered</b>	<b>17.35</b>	<b>11.36</b>	<b>29.21</b>	<b>23.29</b>	<b>- 5.92</b>
Band 2 Health Care Support Worker	7.76	7.91	15.67	14.52	-1.15
Band 3 Health Care Support Worker	0.53	0.40	0.93	1.00	0.07
<b>Total unregistered</b>	<b>8.29</b>	<b>8.31</b>	<b>16.60</b>	<b>15.52</b>	<b>- 1.08</b>
Ratio registered: unregistered	67.67%	57.75%		60.00%	
<b>TOTAL</b>	<b>25.64</b>	<b>19.67</b>	<b>45.81</b>	<b>38.81</b>	<b>- 7.00</b>

Current Budget	Proposed Budget	Difference (+/-)
£1,796,178	£1,507,411	- £288,767

## Medical Workforce

The medical workforce establishment remains unchanged. A separate exercise calculates a requirement for 6.75 wte to safely cover the hospital. This is required regardless of the redesign and has already been put in place.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Consultants	6.00 wte	6.00 wte	
<b>Total</b>	<b>6.00 wte</b>	<b>6.00 wte</b>	<b>Nil</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
£782,445	£782,445	Nil

## Minor Injury Unit (MIU) / Out of Hours (OOH)

The Portree “spoke” facility will provide a consulting area and treatment room for assessment of minor illness and minor injury patients both in and out of hours. This is consistent with the existing minor injuries and illness services provided at present. There will be no change to current provision. The minor injuries services will be available from 0800-2300 as is currently the case.

Mackinnon Memorial Hospital also provides minor injury and minor illness services alongside its Accident and Emergency role, this is a 24hr service. There are no barriers to any patient in the district attending either Portree Hospital or Mackinnon Memorial Hospital whichever is more convenient and appropriate to their care needs.

Staffing of MIU and OOH services are included within the medical and inpatient nursing establishments above (where this service is not staffed by GPs.)

In addition, some of the more remote GP practices provide a weekday minor injuries service in the district. These include Dunvegan Practice, Carbost Practice, Sleat Practice, Kyle Practice, Lochcarron Practice, Applecross Practice and Torridon Practice.

## Radiology & Diagnostics

Current staffing provides plain film imaging services in both hospital locations and this service delivery will be centralised in the Hub. Move to single site for inpatients will allow the provision of an improved service on one site due to less single-handed working.

The service model identifies a local sonography service and discussions are ongoing with the radiology service as to how this is provided. A further quality improvement will involve the addition of 1 TE B2 to provide Radiology Assistant to support chaperoning and admin.

A workstream is in progress in conjunction with Raigmore to provide a reporting radiographer locally, decentralising reporting and improving access to urgent reporting. This work is ongoing and resource will move between units, hence not shown here.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 7	1.05 wte	1.05 wte	
Band 6	2.5 wte	2.5 wte	
Band 5	0 wte	0 wte	
Band 2	0 wte	0wte	
<b>Total</b>	<b>3.55 wte</b>	<b>3.55 wte</b>	<b>Nil</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£188,140</b>	<b>£188,140</b>	<b>Nil</b>

### **Service Change and Required Workforce: Community services**

Community services will be delivered through multi-discipline Integrated Care Teams which include specialists in midwifery, district nursing, social workers, care at home, community mental health, AHPs (physiotherapy, OT, podiatry etc) and community learning disabilities nurses. These teams should provide a single point of access for all community services within each area including:

- Skilled multidisciplinary team assessment and intervention
- Assessment for domiciliary (at home) therapy
- Liaising with GPs to manage effective clinical/social care at home
- Sign posting to community services and advice
- One-off nursing or care interventions
- Day Care
- Telecare and assisted technologies (basic and enhanced)
- Handyperson scheme for home adaptations
- Provision of urgent equipment to avoid acute hospital admissions

### **Generic Health & Social Care Support Workers**

The use of generic support workers has been identified by all teams as an efficient and high quality way of ensuring professionals can work to the top of their skill set and that patients receive continuity of care rather than having to deal with multiple professionals. Less a change in philosophy than an embedding of practice which has developed since integration, these workers are central to the direction of travel in the provision of care in the area and will work across all community based teams. The role also reduces the reliance on highly trained staff in recognition of recruitment difficulties faced locally.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 3	1.67 wte	6.31 wte	+4.64 wte
<b>Total</b>	<b>1.67wte</b>	<b>6.31 wte</b>	<b>+4.64 wte</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£49,838</b>	<b>£163,103</b>	<b>+ £113,265</b>



## Rural Support Team

New and innovative model involving a multidisciplinary approach to the provision of primary care, especially OOH, involving GPs, Advanced Practitioners, H&SC support workers and Rural Practitioners. The next step is to extend this cover to in-hours primary care, supporting salaried practices from within the local team instead of external locums. This will require further recruitment but will save on locum costs. Extensive work on recruitment, training and lessons learned around role design and governance will support development of this team. This change is already in place and is independent of this wider Skye redesign.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 8a	0.0 wte	1.0 wte	+1.0wte
Band 7	8.07wte	7.5 wte	-0.57wte
Band 4	0.0 wte	1.0 wte	+1.0wte
Band 3	0.0 wte	0.2wte	+0.2wte
<b>Total</b>	<b>8.07wte</b>	<b>9.7wte</b>	<b>+1.63wte</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£ 477,685</b>	<b>£537,014</b>	<b>+ £59,329</b>

## Care at Home

Currently Care at Home is undergoing significant change (restructure and redesign) following recommendations and requirements from the Care Inspectorate. Integrated working is essential for taking forward the HQA and is considered paramount for future sustainability of service delivery.

The focus for service delivery will change from longer term support to an enablement model of short term intervention and support with the staff group working to identical National Care Standards and principles. Staff will be able to support patients and clients through an episode of assessment or indeed admission so as not to fracture care packages and to ensure that the knowledge of the individual that these staff build is available to the wider health and care team. This will mean a more flexible use of staff and will require additional training. Embedding Care at Home into the Integrated Care Teams will facilitate this flexibility and simplify early supported discharge. This includes making better use of an expanded B3 support worker cohort and re-profiling of admin support within the integrated team.

Central to the redesign is improvement in scheduling and resource allocation, using tools rooted in the Highland Quality Approach. Co-location should facilitate a timely response to the changing community care needs of service users and support community pull.

Restructuring will be possible within existing resources.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 3 Care At Home Worker	57.17wte	57.17 wte	
<b>TOTAL</b>	<b>57.17 wte</b>	<b>57.17 wte</b>	

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£1,679,176</b>	<b>£1,679,176</b>	<b>Nil</b>

## Social Work

Further integration (a process already commenced) is seen as central to the successful shift in philosophy of the SLWR team. The team is moving from a crisis-led service to one which anticipates emergencies through care planning, and responds proactively to need. Participation in team huddles, use of the single point of contact, and sharing of work with generic support workers are already realising capacity release. Greater flexibility across geographical boundaries is seen as necessary to resolve some disparity in provision between areas, as well as a refocusing of resource based in areas of high demand. Co-location of Social Workers with community teams is seen as an important next stage in the strengthening of integrated working. Co-location will aid the assessments and provision of care and the sharing of work with other competent professionals.

The provision of step up/step down/flexible use beds, central to the SL&WR redesign is seen as providing a better service for clients from a Social Work perspective. Similarly, the direction of travel outlined in this plan around Day Care services is seen as complementary to fostering the shift away from crisis management in Social Care.

Analyses of the client group in SL&WR show a need for some specialisation within the team, namely around upskilling Social Workers to work more closely with (a) Learning Disabilities and (b) Community Mental Health. These specialism's would also assist with transitions, another identified area of need.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 7	1.0 wte	1.0 wte	
Social Workers Grade HC 09	7.66 wte	7.66 wte	
Band 4	1.0 wte	1.0 wte	
Admin Assistant Grade HC02	1.86 wte	1.86 wte	
Band 2 Support Worker	0.83 wte	0.83 wte	
<b>TOTAL</b>	<b>12.35 wte</b>	<b>12.35 wte</b>	

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£488,484</b>	<b>£488,484</b>	<b>Nil</b>

## Day Care Services

Currently Day Care Services at Tigh na Drochaid and Aird Ferry are defined by the buildings in which they take place. The ambition is to become a single outreach service, working more closely with ITLs, Care at Home and care homes. No increase in professionals is required. Instead, increased demand is to be met by greater utilisation of B3 generic workers as part of a fully integrated community team. This will free up professionals to provide a tailored outreach service. Ambition is to move towards a 7 day service by providing outreach services in partnership with care homes.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 2	0.35 wte	0.35 wte	
HC2	3.03 wte	3.03 wte	
HC3	4.54 wte	4.54 wte	
HC5	3.81 wte	3.81 wte	
HC8	2.0 wte	2.0 wte	
HC12	1.80 wte	1.80 wte	
<b>Total</b>	<b>15.53 wte</b>	<b>15.53 wte</b>	<b>0</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
£412,430	£412,430	Nil

## Community Nursing

No significant change in workforce is planned other than natural resolution of protected pay issues however increase in community based care will be supported by increased utilisation of generic support workers as part of an integrated approach, particularly in relation to the provision of flexible use beds in care homes.

Ongoing integration of community nursing with wider community teams, especially Care at Home and care homes will continue, further assisted by co-location. Renewed focus on reablement and outcomes-focussed anticipatory care planning carried out in partnership with patients.

Future ambition to deliver Hospital at Home service and extend the Community Nurse rota into evenings requires further developmental work but it is anticipated that this could be done according to patient need, with shifts staggered, within existing resources.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 7 Advanced Level Nurse / Specialist Practitioner District Nurse	1.0 wte	1.0 wte	
Band 6 Senior Level Nurse / Specialist Practitioner District Nurse	10.5 wte	10.5 wte	
Band 5 Community Staff Nurse	16.95 wte	16.95 wte	
Band 4 Community Staff Nurse	0.5 wte	0.5 wte	
Band 3 Health Care Support Worker	4.01 wte	4.01 wte	
<b>Total</b>	<b>32.96 wte</b>	<b>32.96 wte</b>	<b>0</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£1,278,930</b>	<b>£1,278,930</b>	<b>Nil</b>

### **Palliative/End of Life Care (MacMillan)**

Further integration of Macmillan nursing with District Nursing and wider community teams is planned. Demographic changes mean demands on the service will increase, so Macmillan nurses will further become providers of specialist advice, supporting and supported by community teams. Co-location of Macmillan nurses with District Nurses and other Integrated Team professionals will foster improved multi-disciplinary working. Purpose-build Hub will include fully compliant chemotherapy suite, with VC for remote advice and support. Marie Curie service will continue to be provided from Inverness.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 7	2.13 wte	2.13 wte	
<b>TOTAL</b>	<b>2.13 wte</b>	<b>2.13 wte</b>	

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£113,640</b>	<b>£113,640</b>	<b>Nil</b>

### **Community Mental Health**

A significant shift in philosophy from a medical model to one focussed around Integrated Teams, moving away from silo service to one that supports and is supported by other community services as part of a multidisciplinary and focussed therapy. Gradual change is underway from single to dual role CPNs, working with generic support workers and also 3rd sector services. There is a requirement for change resulting in closer working between professionals and integrated team. This has begun with involvement in community huddles, and will continue with co-location of CMH and community teams. Application has been made to Primary Care Transformation Fund for a Mental Health Liaison Social Worker (1WTE, HC09, 2 yr FTC) to support and embed this transformation.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 7	0.4 wte	1.4 wte	+ 1.0 wte
Band 6	7.1 wte	7.1 wte	
Band 5	0.59 wte	0.59 wte	
Band 2	3.15 wte	3.15 wte	
<b>TOTAL</b>	<b>11.24 wte</b>	<b>12.24 wte</b>	<b>+ 1.0 wte</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£409,561</b>	<b>£451,613</b>	<b>£42,052</b>

## Physiotherapy and Occupational Therapy

Physiotherapy and occupational therapy are already the biggest users of B3 generic support workers as part of an integrated service. This will continue to develop.

No significant change in terms of location and clinics for physiotherapy is planned. Under the new model, Physiotherapy would retain bases in Kyle, Portree, Broadford and Lochcarron, though greater co-location with Integrated Teams in Broadford and Portree will improve integration. The physiotherapy establishment as detailed below provides a mixed service of rehabilitation and musculoskeletal therapy. Musculoskeletal therapy is a part of a wider redesign and any changes in establishment in this paper are within the rehabilitation element of the service. Additional 1 wte Band 5 and 0.6 wte band 4 to hold part of the case load.

Physiotherapy	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 7	0 wte	0 wte	
Band 6	2.9 wte	2.9 wte	
Band 5	0.6wte	1.6 wte	+ 1.0 wte
Band 4	0 wte	0 wte	
Band 3	0.72 wte	0.72 wte	
<b>Total</b>	<b>4.22wte</b>	<b>5.22 wte</b>	<b>+ 1.0 wte</b>

Move to single site for inpatients will enable a five day in hospital OT service within existing resources. Current contract for handyperson/aid fitting to remain as is.

Occupational Therapy	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 7	0.7 wte	0.7 wte	
Band 6	2.4 wte	2.4 wte	
Band 5	0.67 wte	0.67 wte	
Band 4	0.4 wte	1.0 wte	+ 0.6 wte
<b>Total</b>	<b>4.17 wte</b>	<b>4.77 wte</b>	<b>+ 0.6 wte</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£353,649</b>	<b>£398,493</b>	<b>+£44,844</b>

## Podiatry

Podiatry will continue to deliver from existing site at Portree using the existing model. No change to establishment is anticipated although ongoing integration will continue with Care at Home Service providing basic foot care.

	<b>Current Establishment</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
Band 6	2.62 wte	2.62 wte	
<b>Total</b>	<b>2.62 wte</b>	<b>2.62 wte</b>	

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£129,372</b>	<b>£129,372</b>	<b>Nil</b>

## Dietetics and Speech & Language Therapy

The new service model will impact on the current service provision in the following ways:

- Increasing complexity of patients receiving care in the community setting.
- Emphasis on Care at Home and Re-ablement with a requirement for the delivery of training.
- The emphasis on early transfer of patients from Raigmore Hospital to Community Hospitals for rehabilitation will increase patient numbers.
- The development of dementia services will impact on Speech and Language Therapy.

Speech and Language Therapy across the Operational Unit is provided as a cradle to grave service through Highland Council.

	<b>Total Current</b>	<b>Proposed Establishment</b>	<b>Difference (+ / -)</b>
<b>Speech &amp; Language Therapy</b>			
<b>Dietetics Band 6</b>	<b>1.62 wte</b>	<b>1.62 wte</b>	
<b>TOTAL</b>	<b>1.62 WTE</b>	<b>1.62 WTE</b>	

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£64,191</b>	<b>£64,191</b>	<b>Nil</b>

## Community Midwifery

No significant change to philosophy of care. The team will retain 1:1 caseload holder model of care and delivery of care in Hub, Spoke, GP practices and women's homes as appropriate. Further embedding of ongoing changes will continue, in particular the use of centralised triage OOH, development of "Florence" system for text check-in with patients, testing remote monitoring and use of VC to consultant obstetricians in Raigmore.

Recruitment of B5 development posts as opposed to direct B6 intake has already begun. National review of midwifery may change the model of care significantly, particularly around OOH midwifery. A key question concerns whether 2nd on call can be provided from within the wider community or inpatient team. A national steer is awaited.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 6	7.06 wte	7.06 wte	
Band 5	0.0 wte	0.0 wte	
Band 7	2.0 wte	2.0 wte	
<b>Total</b>	<b>9.06 wte</b>	<b>9.06 wte</b>	<b>0</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£534,957</b>	<b>£534,957</b>	<b>Nil</b>

### **Learning Disability Nursing**

It is not anticipated that the Learning Disability Nursing service workforce will be affected by this redesign. Leadership within the Learning Disability team is provided by an Advanced Practice role covering Skye, Lochalsh & West Ross and Lochaber.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 6	1.40 wte	1.40 wte	
Band 3	1.07 wte	1.07 wte	
<b>Total</b>	<b>2.47 wte</b>	<b>2.47 wte</b>	

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£87,604</b>	<b>£87,604</b>	<b>Nil</b>

### **Support Services**

#### **Hotel Services**

The traditional Domestic Assistants will be generic "Hotel Services Assistants" in the future to increase flexibility in terms of the areas in which they work. All would be on a rotational contract working 5/7 days again to increase flexibility of the workforce. The ward area would require cover 7 days per week from approx 8am to 7pm. The majority of the other areas within the unit would be predominantly cleaned in the evenings from 5pm – 8pm. Supervisors usually work on a Monday to Friday basis.

	<b>Current WTE</b>	<b>Proposed WTE</b>	<b>Difference (+ / -)</b>
Band 3	1.47 wte	0.80 wte	-0.67 wte
Band 2	4.97 wte	7.45 wte	+2.48wte
<b>TOTAL</b>	<b>6.44 wte</b>	<b>8.25 wte</b>	<b>+1.81 wte</b>

<b>Current Budget</b>	<b>Proposed Budget</b>	<b>Difference (+/-)</b>
<b>£163,969</b>	<b>£216,437</b>	<b>+£52,468</b>

## Catering

The removal of inpatient beds from Portree will result in the closure of the production kitchen on that site. An options appraisal has been completed which recommends cook freeze in the new hospital in Broadford. Staffing has been calculated according to the Highland shift calculator. Savings in staffing will be offset by a need to increase the provisions budgets by approximately £8,500 per annum. In addition one off setup costs will be required amounting to £61,300. The catering model includes 0.46 wte for retail catering staffing.

	Current WTE	Proposed WTE	Difference (+ / -)
Band 3	1.67 wte	0.25 wte	-1.42 wte
Band 2	5.53 wte	2.86 wte	-2.67 wte
<b>TOTAL</b>	<b>7.20 wte</b>	<b>3.11 wte</b>	<b>-4.09 wte</b>

Current Budget	Proposed Budget	Difference (+/-)
£206,921	£83,686	-£123,235

## Portering

The new hospital design along with the removal of inpatient beds and reduction in operating hours at Portree is likely to reduce the requirement for the traditional portering role, however portering staff currently undertake a number of other roles including deliveries and driver duties and maintenance at other sites including retained health centres. A full review of portering services across NHS Highland is programmed for 2017 and the outcome of this will inform the workforce plan in this area. In general, it is expected that the portering requirement will reduce, or the role will expand to take on additional duties (for example deep cleaning) which will impact on other staff groups currently carrying out these tasks. The final soft facilities management agreement may have an impact on portering and will be clarified once contractual arrangements are confirmed.

	Current WTE	Proposed WTE	Difference (+ / -)
Band 2 Porter	4.40 WTE	4.40 WTE	

Current Budget	Proposed Budget	Difference (+/-)
£122,202	£122,202	Nil

## Administrative Support

All services expressed a need for increased administrative support. Current administrative posts are managed in different teams on different sites with little collaboration and no oversight of demand or capacity. The posts identified below are generic posts based on the current hospital sites. All administrative posts included those identified in community teams will be co located on the one site in the new hospital. New ways of working including electronic patient records will have an impact on the requirement for administrative staff. Pilot projects to deliver elements of the electronic record are underway elsewhere in Highland and the results will inform a further redesign in this area.



	Current WTE	Proposed WTE	Difference (+ / -)
MMH Band 2	3.13 wte	3.13 wte	
MMH Band 3	1.00 wte	1.00 wte	
Portree Band 2	3.34 wte	3.34 wte	
Portree band 3	0.60 wte	0.60 wte	
<b>Total Administrative Support</b>	<b>8.07 WTE</b>	<b>8.07 WTE</b>	

Current Budget	Proposed Budget	Difference (+/-)
£181,804	£181,804	Nil

### District Management

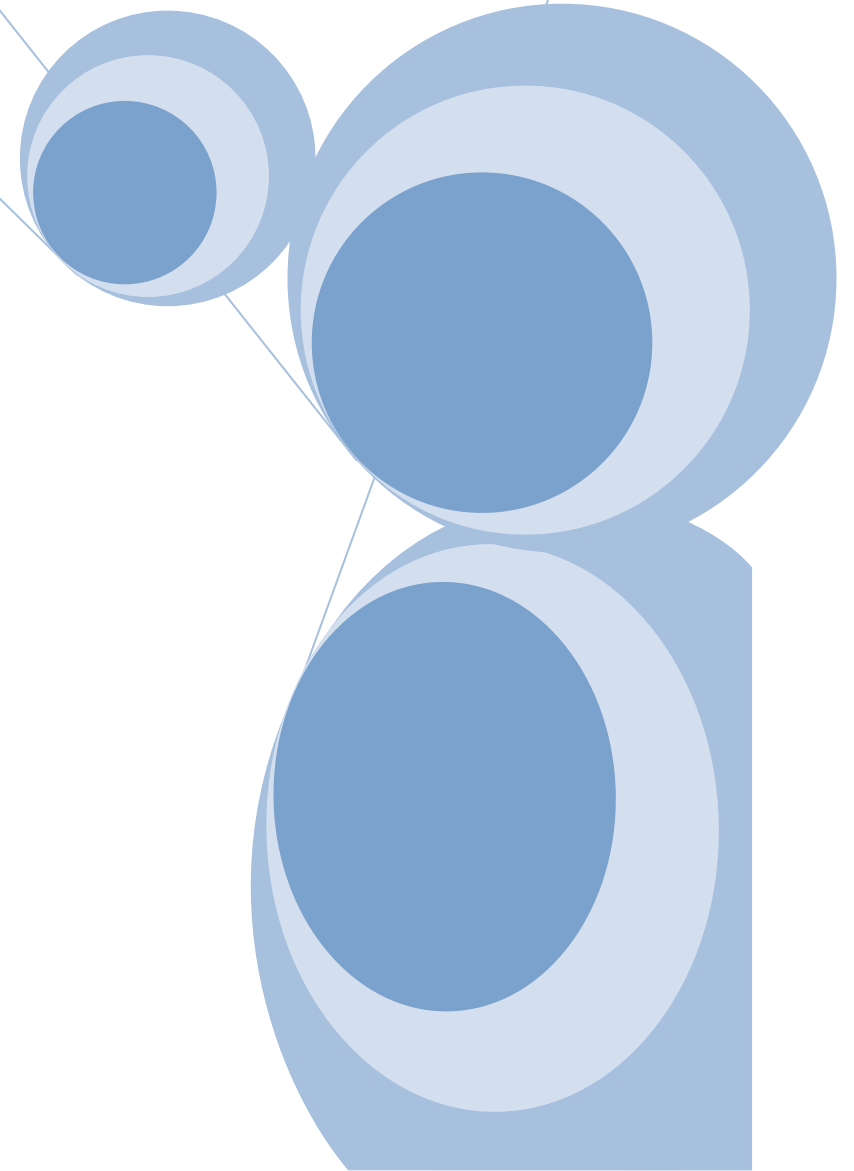
No changes to the current management arrangements are proposed as a result of this redesign.

	Current WTE	Proposed WTE	Difference (+ / -)
Band 8b	1.00 wte	1.00 wte	
Band 7	2.00 wte	2.00 wte	
Band 5	1.00 wte	1.00 wte	
Band4	0.63 wte	0.63 wte	
Band 3	1.00 wte	1.00 wte	
Band 2	1.33 wte	1.33 wte	
<b>Total</b>	<b>6.96 WTE</b>	<b>6.96 WTE</b>	

Current Budget	Proposed Budget	Difference (+/-)
£307,059	£307,059	Nil

## **Appendix 13 – Communications & Engagement Plans**

**Badenoch & Strathspey:  
Re-design of health and social care services  
Communications & Engagement Strategy and Plan: 2019**



## Contents

*Most recent public update, September 2018 and March 2019*

- 1 Overview | key milestones and timeline
- 2 Background
- 3 Strategic approach to engagement
- 4 Summary of activities | outputs and updates
- 5 High level summary status of planned communications and engagement
- 6 Action plan, 2019

## Most recent public updates | September 2018 and March 2019

### Chief Executive Report to the Board - 25<sup>th</sup> September 2018

Following approval of the Outline Business Case on 24 May 2018 work is progressing to prepare the Full Business Case with approval expected by April 2019 and completion of construction in early 2021.

Planning application for permission to build a new community hospital in Aviemore was submitted in August.

The application relates to the land south of the former call centre in the Technology Park in Aviemore. Once completed, the new facility will feature a community hospital and health centre and it will bring together inpatient services with Aviemore Medical Practice, the Scottish Ambulance Service and community health and care teams. This forms part of a wider redesign of community services including strengthening of palliative and end of life care.

The submission of the planning application signals that the project is at an advanced stage in the design of the new facility and there was a positive conclusion to the application process, January 2019. As part of the planning application ecological monitoring is underway.

### Chief Executive Report to the Board - 26<sup>th</sup> March 2019

The redesign of health and care services in Badenoch and Strathspey has taken another big step forward with the approval of a planning application for permission to build the new Badenoch and Strathspey community hospital in Aviemore.

Once completed the new, modern facility will feature a community hospital and health centre, bringing together inpatient services with Aviemore Medical Practice, the Scottish Ambulance Service and community health and care teams.

<http://www.nhshighland.scot.nhs.uk/News/PublicConsultation/BadenochStrathspey/Pages/BoardPapers.aspx>

## 1. Overview | key milestones and timeline

### 2018

- Outline Business Case approved by Scottish Government (May)
- Planning application submitted (August)

**Going forward | indicative time-scales (as at April 2019) are set out below:**

### 2019

- Land purchased in Aviemore (February)
- Planning application approved (February)
- Full Business Case to be approved (May)
- Construction of new hospital underway (Summer)

### 2020

- Construction works at Kingussie Medical Practice

### 2021

- Construction of new hospital and service redesign complete (Spring)

### 2021/22

- Granttown Health Centre, refurbishment complete
- Disposal of old buildings surplus to requirements

## 2. Background

The strategic case for change remains the same since the public consultation got underway in 2014. The financial context, however, has become more severe with significant increasing pressures being experienced across the NHS in general primarily linked to:

- increasing demands
- rising costs of drugs
- age-related demographic
- recruitment challenges

## 3. Strategic approach to engagement

### 3.1 Overview

- From the outset the core project team carried out work on stakeholder management to ensure there was a good understanding of how the redesign might impact on stakeholders, who was influential or critical to support positive engagement
- The core team has tried to ensure that engagement is supported by clinical leadership with as much of the communications and engagement delivered through face to face meetings or through direct personal contact
- Significant efforts have been made to try and ensure elected representatives (community councils, councillors, MSP/MP) and specific local groups are kept fully informed, as far as possible, and that this is done on an ongoing basis not just when issues arise

- In order to ensure that everyone has had the opportunity to have access to the same information periodic mails drops to all homes and business in the area are also carried out
- Positive relationships has been developed and maintained with local media
- There are a number of working groups which have been established as part of the redesign and include a range of local stakeholders including:
  - Programme Board (includes three public representatives)
  - Project Team (includes three public representatives)
  - Transport & Access Group (chaired by a community representative)
  - St Vincent's Endowment Fund (chaired by a community representative)
  - End of Life / Palliative Care Steering Group (multi-agency, including local service users)
- To ensure consistency in approach a core group of people have overseen the public-facing communications and engagement:
  - Diane Forsyth, Senior Project Manager
  - Heather Cameron, Programme Manager
  - Georgia Haire, Project Director
  - Dr Boyd Peters, Clinical Lead
  - Kenny Rodgers, Finance Lead and Senior Project Lead
  - Jane McGirk, Director of PR and Engagement



### **3.1 Key messages**

- Services throughout NHS Highland are being redesigned to make sure they meet the future needs of the local populations. This includes re-design of services across Badenoch and Strathspey.
- There have already been lots of changes, with less need for hospital beds and a greater desire from the public to be looked after at home. It's clear, however, that more change is required if services are to cope in the future.
- The number of people aged 75 or over will double in Badenoch and Strathspey in the next 20 years. Linked to this there will be an increase in long-term conditions such as dementia. It is important to plan for these changes
- Splitting some of the 24/7 services across three sites Grantown-on-Spey, Kingussie and Aviemore is making it difficult to provide a safe level of medical and nursing cover, especially during the out-of-hours period.
- The two local community hospitals are old and not in good condition. They are not designed to provide modern services. Hospitals must meet various standards, such as infection prevention and control, privacy and dignity and fire safety. It is now hard to meet these standards.
- Overall 24/7 services will be safer and more sustainable if they are strategically co-located, across fewer sites but in better facilities
- Nine out of ten of all local health services that people use are through their GP, dentist or pharmacy and access to these services are not changing.
- There is a drive to create greater choice at end of life
- The challenges will be addressed by building a new hospital and health centre co-located in Aviemore as part of wider redesign and investment into community services.

### **3.2 Objectives | 2019**

- To continue to remind people of the case for change

- To maintain public support and confidence around the proposals
- To explain when the changes will happen
- To communicate any new developments or changes to the plans
- To continue to have low / no reactive communications media, FOI and so on

## **3.2 Audiences**

### **3.3.1 Internal (technical)**

Throughout the development of the business case process there has been significant engagement with staff (including independent contractors). As we move through to finalise the Full Business Case appropriate engagement and any sign off that will be required from internal stakeholders. This will be in relation to the development of the new build community hospital and health centre as well as the wider delivery of new models of service.

Stakeholder engagement workshops took place to understand the clinical requirements for the new facilities to progress from concept to detailed design. The list of stakeholders involved in each of the new builds and a copy of the meeting schedules for stage 2 has been documented and is available if required. This part of the engagement is being led by the Senior Project Manager Diane Forsyth, and is not included within this plan.

### 3.3.2 Contractual

There are a number of stakeholders who are important in terms of specific aspects such as land purchase, co-location or contractual arrangements including GPs, Highland Council, Scottish Ambulance Service, Care Home providers, land owner, tenants and transport providers. The architects, contractors and independent advisers are also key to maintaining constructive dialogue.

### 3.3.3 Public and service users

The redesign covers a large geographical area and the proposals have the potential to be relevant for all people within the communities. In particular the redesign of community hospital services, community based services, care at home and transport and access are particularly relevant. Public sector partners, Access Panel experts, external advisors and patient, public and political representatives are all part of the overarching local development group supporting the redesign. Key contacts include:

- B&S Access Panel
- B&S Transport Company
- Cairngorms National Park
- Care at Home Providers
- Community Councils
- Councillors
- Friends of Ian Charles Hospital
- Friends of St Vincent's Hospital
- General Public
- Highland Council
- Highland Hospice
- MacMillan
- Marie Curie
- Media
- MSP and MP (Local)
- MSPs (General)
- Patient and Public Representatives
- Parklands
- Scottish Government
- Scottish Ambulance Service
- Scottish Health Council
- Senior Citizen Network
- Sunshine Club
- Therapy Gardens
- Voluntary Organisations

### 3.4 Communication Channels

A multi-faceted approach will continue to be used throughout 2019 and until the redesign concludes:

- Attendance at local Area Committee
- Attendance at local meetings including community councils
- Clinical Redesign Workshops
- Development Group (one during 2018)
- Mail drop to all homes and business in the area (one during 2019)
- Media Release
- Newsletters
- One to One meetings
- Planned Meetings and events
- Project Newsletter
- Social Media
- Targeted Communications
- Website

## 4 Summary of activities | outputs and updates

### 4.1 Media Handling

In terms of responding to media inquiries there have been no reactive queries to date in 2018 or indeed 2017. This is clear indicator that the relationship with the local community and staff around the redesign continues to be positive and well managed.

Media releases are promoted via social media, post on website and emailed to extensive distribution list.

During 2018 and early 2019 NHS Highland has issued seven pro-active media communications. These were planned and issued to announce key points in the project:

[New Badenoch and Strathspey community hospital takes a step forward](#) – 22 February 2019

[Health board completes land purchase of proposed hospital site](#) – 21 February 2019

[Badenoch and Strathspey Development Group updated on redesign process](#) – 24 September 2018

[Appeal for local communities to ensure completion of ecological monitoring](#) - 7 September 2018

[Planning application submitted for community hospital](#) 9 August 2018

[Wade Centre to hold open day this weekend](#) - 6 June 2018

[Outline Business Case approved for Badenoch & Strathspey redesign](#) - 6 June 2018

**Future planned media releases will include updates on:**

Palliative and end of life care event

Update on NHS Near me

Mail drop to all homes in the area

Approval of Full Business Case  
Start of construction of new hospital  
Feed-back on Development meeting

## **4.2 Correspondence**

Correspondence will always be responded to in a timely way and will be overseen by one or more of the core team. There continues to a very small amount of correspondence to the board over the redesign. Topics have been around Ian Charles Hospital, car-parking numbers at the new hospital and Transport and Access and arrangements.

## **4.3 Freedom of Information (FOI)**

There have been no FOIs relating to the redesign.

#### **4.4 Updates to NHS Highland board and board committees**

Links to all the papers which have gone to various board committees are included on the Major Service change section (Badenoch and Strathspey) of the NHS Highland website.

<http://www.nhshighland.scot.nhs.uk/News/PublicConsultation/BadenochStrathspey/Pages/BoardPapers.aspx>

#### **4.5 Project Newsletter**

The Project Team meets every 2 months and a one-page Briefing is issued after each meeting to all contacts on the distributions lists including internal and external stakeholders.

#### **4.6 Internal Audit**

The communications and engagement element of the Project is subject to NHS Highland's internal auditors. The plan and approach will be adjusted accordingly to respond to any learning and recommendations.

- Fieldwork commences: 10 September 2018
- Fieldwork completed: 17 October 2018
- Closing meeting with auditee: week of 15 October 2018
- Draft report issued for management responses by: 7 November 2018
- Management responses to be provided by: 28 November 2018

## 5 High level summary status of planned communications and engagement

### 5.1 NHS Highland Corporate

Activity	Purpose	Frequency	Status
Annual Review	Update on all major service change projects	Annual	25 <sup>th</sup> April 2019
MSP/MP	Regular update major service change project	Quarterly	GREEN
NHS Highland Board	Formal approval of Business Case and periodic updates via CEO Report	Bi-monthly	GREEN
Programme Board	Oversee the delivery of the Business case through to delivery	Quarterly	GREEN

### 5.2 B&S | Summary of scheduled core activities

Activity	Purpose	Frequency	Status
Project Team	Oversee the delivery of the redesign and communicate and engage through delivery of action plan	Bi-monthly	GREEN
Transport & Access Group	Oversee the delivery of Transport and Access solutions	Quarterly	GREEN
End of Life & Palliative Care Working Group	Oversee the delivery of testing new approaches to delivery of end of life care/palliative care, including improvement event	Quarterly	GREEN
Councillors	Regular update on progress with the redesign	Six months	GREEN
TJ Burrall Legacy Working Group	Community to develop options and consult on future use of Legacy in accordance with Endowment procedures	Six months	AMBER
Community Councils/ Local Groups	Update on progress with the redesign and address any specific issues. Focus on to Grantown, Aviemore, Kingussie and Friends	Annual	GREEN
Development Group	Update on Progress with the redesign	Annual	GREEN
Mail Drop	Newsletter delivered to all homes in the area	Annual	Spring 2019



## ACTION PLAN | 2019

Governance							
Ref	Activity	Stakeholder	How	When	Who	Notes	Status
1.1	Review Programme Board Governance	Member of Programme Board	Paper with recommendations	10 Oct 18	Senior Responsible Officer	Approved	Complete
1.2	General Updates	NHS Highland Board	CEO Report or Governance papers	Bi-monthly	Chief Executive Officer	Head of PR to prepare	GREEN
1.3	Approval of Outline Business Case (OBC)	Programme Board	Submit OBC	Oct 2017 (approved)	Senior Responsible Officer	Senior Project Manager to co-ordinate	Complete
1.4		NHS Highland Board	Submit OBC	November 17 (approved)	Chief Executive Officer		Complete
1.5		Capital Investment Group	Submit OBC	May 18 (approved)	Chief Executive Officer		Complete
1.6	Approval of Full Business Case (FBC)	Programme Board	Submit FBC	26 April 19	Senior Responsible Officer	Senior Project Manager to co-ordinate	GREEN
1.7		NHS Highland Board	Submit FBC	7 May 2019	Chief Executive Officer		GREEN
1.8		Capital Investment Group	Submit FBC	15 May 2019	Chief Executive Officer		GREEN
1.9	Oversee see day to day running of projects	Project Team	Project Reports	Bi-Monthly	Project Director	Project Manager to prepare	Green

Ref	Activity	Stakeholder	How	When	Who	Notes	Status
<b>Stakeholder and Issues Analysis</b>							
2.1	Carry out stakeholder and issues analysis	Core Team	Share intelligence	January 18 (ongoing)	Head of PR and Engagement to oversee	Change in membership of Grantown CC	Complete
2.2	Review media, correspondence and other key information	Project Team	Desk-top exercise	January 18 (ongoing)	Head of PR and Engagement to oversee	No new issues of concern identified	Complete
2.3	Review communications and engagement following Development Group Meeting	Project Team	Discuss at Project Team	October	Project Director		Complete
<b>Project Work streams</b>							
3.1	Transport and Access	Local community	Working Group	Quarterly	Kenny Rodgers		GREEN
3.2	TJ Burrall Legacy Working Group	St Vincents/ Kingussie	Working Group	Six-monthly	Kenny Rodgers	Needs chasing up	AMBER
3.3	End of Life & Palliative Care Working Group	Local community	Working Group	Quarterly	Kate PQ / Boyd Peters		GREEN
3.4		Partners, Care providers, staff and service users	Improvement Event	March 2019	Kate PQ / Boyd Peters	Complete – report to Project Team April 2019	GREEN
<b>Pro-active communications</b>							
4.1	Project Team Updates	Staff and community representative s	Project Newsletter	Bi-monthly	Project Manager	April report pending	Pending
4.2	Issue regular media updates on re-design	General	Media Release	Ongoing	Comms Managers	Available on website	GREEN
4.3	Regular updates on Twitter and Facebook	General	Social	Ongoing	Comms Managers	#Strathchat	GREEN
4.4	Prepare and promote animations	General	Social media and stakeholder group	Ongoing	Head of PR	Available on website	GREEN

Ref	Activity	Stakeholder	How	When	Who	Notes	Status
4.5	Annual updates	Local community	Mail drop to all homes	Autumn	Head of PR	Spring 2019	AMBER
4.6		Local community	Website	Ongoing	Head of PR		
4.7	Promote NHS Near Me	Local community	Various	Autumn	Head of PR		GREEN
<b>Meetings and Events</b>							
5.1	Annual Update	Local community	Development Group	Autumn	Project Director	Held on 19 Sep	GREEN
		Public	Annual Review	25 April 2019	Chair		AMBER
5.2	Update Community Councils	Kingussie & Vicinity	Attend Meeting	12 November	Head of PR/Charge Nurse		
5.3		Grantown & Vicinity	Attend Meeting	18 September	Head of PR, Clinical Lead	Chair of CC on Project Team	GREEN
5.4			Attend Meeting	20 March	Head of PR, Clinical Lead		GREEN
5.5		Aviemore	Attend Meeting	12 July	Senior Project manager and Head of Finance	Showed drawings of new hospital	GREEN
5.6	Update local Groups	Friends of Ian Charles	Provide information	2 September	Project Manager	Requested for local event	GREEN
5.7			Attend Meeting	10 April	Head of PR, Clinical Lead		GREEN
5.8		Friends of St Vincents		TBC			
5.9		Badenoch Arthritis Group	Attend Meeting	6 June 2019	Senior Project Manager		GREEN
5.10	Update on Wade Centre refurbishment	Local community	Open day	6 June	Centre Manager		
5.11	Formally update to Area Committee	Local councillors	Attend Meeting	21 August		Held in public	GREEN
				5 February		Held in public	GREEN
5.12	Formal update to elected Members	MSPs	Quarterly Meetings	Quarterly	Chair and Head of PR		Pending

### **Local Publications**

Badenoch and Strathspey Herald (weekly) Editor Gavin Musgrove editorial@sbherald.co.uk

BOG Standard - [info@boatofgarten.com](mailto:info@boatofgarten.com)

Carrbridge News - [info@carrbridge.com](mailto:info@carrbridge.com) (online)

Ceilidh (Kingussie)

Kincraig Church Newsletter – [ardinsh@btinternet.com](mailto:ardinsh@btinternet.com)

Laggan Newsletter – The Splash [splash@btinternet.com](mailto:splash@btinternet.com) moragaecraig@gmail.com

NQ Newtonmore Community Council Newsletter nvccsec@gmail.com- [updates@newtonmore.com](mailto:updates@newtonmore.com) and [events@newtonmore.com](mailto:events@newtonmore.com)

Spotlight admin@spotlighton.co.uk

The Nethy - [editor.thenethy@nethybridge.com](mailto:editor.thenethy@nethybridge.com) (x 4 times per year)

### **Radio Speyside -01479 811 888**

### **Local Twitter**

[@boatofgarten](https://twitter.com/boatofgarten)

@cairngormsnews

@carrbridge

@Carrbridgenews

@davytmsp

@Kingussietweets

@newtonmore10

@StrathyHerald

@visitscotland

@NHSHighland

#strathchat

## **Facebook**

Grantownonspey

<https://www.facebook.com/BoatofGarten>

<https://www.facebook.com/BoatofGartenCommunityHall>

<https://www.facebook.com/carrbridge>

<https://www.facebook.com/NethyBridge>

<https://www.facebook.com/NewtonmoreBusinessAssociation>

## **Websites - Requests to establish links; post newsletter etc**

<http://cairngorms.co.uk/>

<http://visitcairngorms.com/whatsonlist>

<http://www.alvieandinhshchurch.org.uk/contactus.html> - [bill.steele4@btopenworld.com](mailto:bill.steele4@btopenworld.com)

<http://www.boatofgarten.com/community/bog-standard/>

<http://www.carrbridge.com/index.php/Info/>

<http://www.highland.gov.uk/>

<http://www.newtonmore.com/our-community/newtonmore-community-council.html>

<http://www.newtonmore.com/village-hall.html>

[http://www.spotlighton.co.uk/pg\\_strathspey.php](http://www.spotlighton.co.uk/pg_strathspey.php)

[www.davethompsonmsp.org/](http://www.davethompsonmsp.org/)

[www.kingussie.co.uk](http://www.kingussie.co.uk)

[www.speysoundradio.co.uk](http://www.speysoundradio.co.uk)

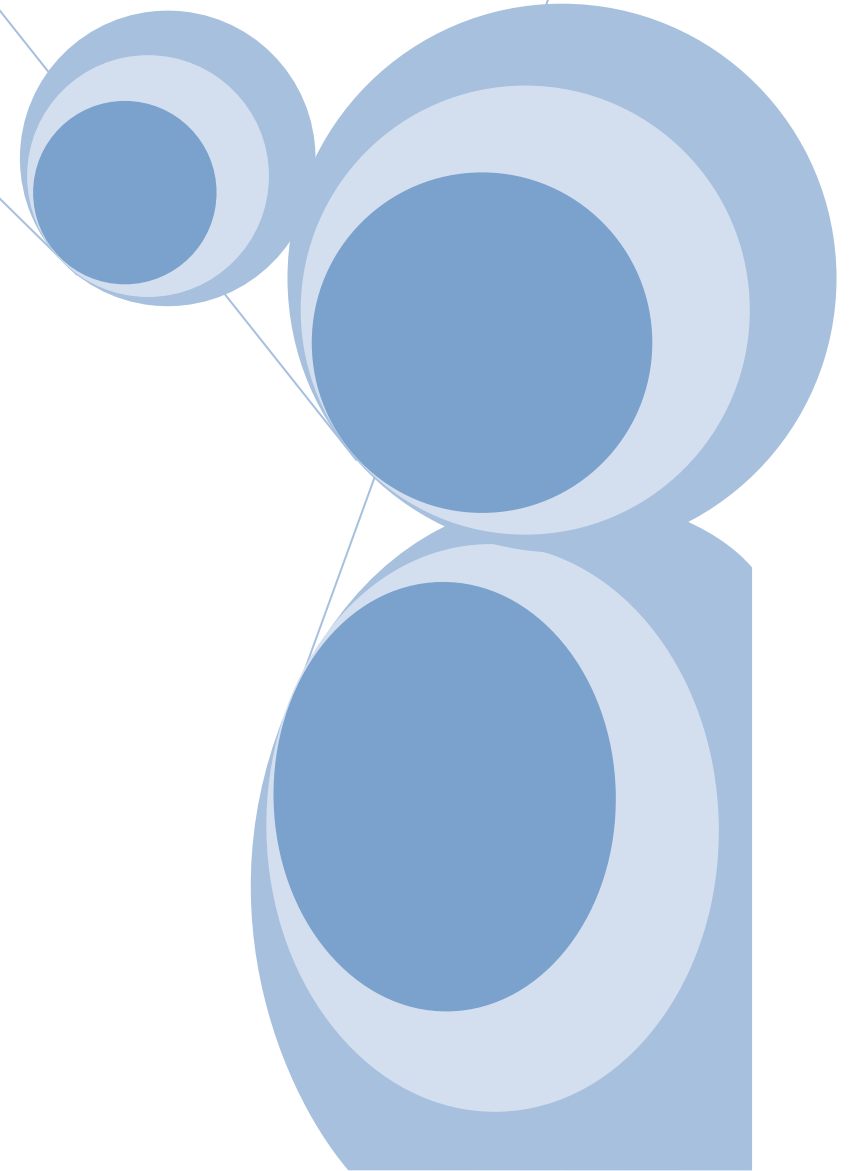
## **GP Practices all have websites – Information already displayed**

Aviemore - Iain Gray [igray@nhs.net](mailto:igray@nhs.net)

Grantown-on-Spey Kathy Cockman [Kathy.cockman@nhs.net](mailto:Kathy.cockman@nhs.net)

Kingussie (also covers Laggan) Mairi Henderson [mairi.henderson@nhs.net](mailto:mairi.henderson@nhs.net)

**Skye, Lochalsh and South West Ross:  
Re-design of health and social care services  
Communications & Engagement Strategy and Plan: 2019**



## Contents

*Most recent public update, September 2018*

- 1 Overview | key milestones and timeline
- 2 Background
- 3 Strategic approach to engagement
- 4 Summary of activities | outputs and updates
- 5 High level summary status of planned communications and engagement
- 6 Action plan, 2019

## Most recent public update | September 2018

### Chief Executive Report to the Board on 25<sup>th</sup> September 2018

Following approval of the Outline Business Case on 24 May 2018 work is progressing to prepare the Full Business Case with approval expected by April 2019 and completion of construction in early 2021.

This bundled project has been complex to deliver not least because of a number of ongoing challenges on the Skye, Lochalsh and South West Ross element. It is critical that any wider work not part of the original scope (Sir Lewis Ritchie recommendations) does not delay the Full Business Case.

Consultation with Health Facilities Scotland and NHS Highland are ongoing to review the design for Broadford Community Hospital and ensure the requirements set out in the Design Statement are met. The final plan for inside and outside the building can now be completed allowing planning application to be progressed. This is expected to be submitted in September.

This forms part of a wider redesign of community services including strengthening of palliative and end of life care, refurbishment of a number of facilities, pilot of the day hospital in Portree and ensuring availability of community beds in north Skye.

<https://www.nhshighland.scot.nhs.uk/NEWS/PUBLICCONSULTATION/SKYE/Pages/BoardPapers.aspx>



## 1. Overview | key milestones and timeline

### 2018

- Outline Business Case approved by Scottish Government (May)
- Planning application submitted (October)

**Going forward | indicative time-scales (as at April 2019) are set out below:**

### 2019

- Planning application approved (April)
- Full Business Case to be approved (May)
- Construction of new hospital underway (Summer)

### 2020

- Reconfiguration of Broadford Health Centre

### 2021/22

- Construction of new community hospital and service redesign complete (Spring 2021)
- Refurbishment of Portree Hospital building
- Disposal of old buildings surplus to requirements

### 2022/23

- Portree Medical Practice relocate to Portree 'Spoke'

## 2. Background

The strategic case for change remains the same since the public consultation got underway in 2014. The financial context, however, has become more severe with significant increasing pressures being experienced across the NHS in general primarily linked to:

- increasing demands
- rising costs of drugs
- age-related demographic
- recruitment challenges

## 3. Strategic approach to engagement

### 3.1 Overview

- From the outset the core project team carried out work on stakeholder management to ensure there was a good understanding of how the redesign might impact on stakeholders, who was influential or critical to support positive engagement
- The core team has tried to ensure that engagement is supported by clinical leadership with as much of the communications and engagement delivered through face to face meetings or through direct personal contact

- Significant efforts have been made to try and ensure elected representatives (community councils, councillors, MSP/MP) and specific local groups are kept fully informed, as far as possible, and that this is done on an ongoing basis not just when issues arise
- In order to ensure that everyone has had the opportunity to have access to the same information periodic mails drops to all homes and business in the area are also carried out
- There is an ongoing dialogue with local media and campaign groups to develop working relations
- There are a number of working groups which have been established as part of the redesign and include a range of local stakeholders including:
  - Programme Board (includes three public representatives)
  - Project Team
  - Transport & Access Group (chaired by a community representative)
- To ensure consistency in approach a core group of people have overseen the public-facing communications and engagement:
  - Diane Forsyth, Senior Project Manager
  - Heather Cameron, Senior Project Manager
  - Dr Al Innes, Clinical Lead
  - Gill McVicar, Project Director
  - Ross MacKenzie, Area Manager (West)
  - Tracy Ligema, (Head of Community Services, North & West)
  - Jane McGirk, Director of PR and Engagement

### **3.1 Key messages**

- Services throughout NHS Highland are being redesigned to make sure they meet the future needs of the local populations. This includes re-design of services across Skye, Lochalsh and South West Ross (SLSWR).
- There have already been lots of changes, with less need for hospital beds and a greater desire from the public to be looked after at home. It's clear, however, that more change is required if services are to cope in the future.
- The number of people aged 75 or over will double in SLSWR in the next 20 years. Linked to this there will be an increase in long-term conditions such as dementia. It is important to plan for these changes
- The two local community hospitals are old and are not designed to provide modern in-patient services. Hospitals must meet various standards, such as infection prevention and control, privacy and dignity and fire safety. It is now hard to meet these standards.
- Overall 24/7 services will be safer and more sustainable if they are strategically co-located, across fewer sites but in better facilities
- Nine out of ten of all local health services that people use are through their GP, dentist or pharmacy and access to these services are not changing.
- There is a drive to create greater choice at end of life
- The challenges will be addressed by building a new hospital co-located within the existing health centre in Broadford as part of wider redesign and investment into community services.

### **3.2 Objectives | 2019**

- To continue to remind people of the case for change
- To develop public support and confidence around the proposals
- To explain when the changes will happen

- To communicate any new developments or changes to the plans
- To reduce reactive communications media, FOI and so on

## **3.2 Audiences**

### **3.3.1 Internal (technical)**

Throughout the development of the business case process there has been significant engagement with staff (including independent contractors). As we move through to finalise the Full Business Case appropriate engagement and any sign off that will be required from internal stakeholders. This will be in relation to the development of the new build community hospital as well as the wider delivery of new models of service.

Stakeholder engagement workshops took place to understand the clinical requirements for the new facilities to progress from concept to detailed design. The list of stakeholders involved in each of the new builds and a copy of the meeting schedules for stage 2 has been documented and is available if required. This part of the engagement is being led by the Senior Project Manager Diane Forsyth, and is not included within this plan.

### **3.3.2 Contractual**

There are a number of stakeholders also are important in terms of specific aspects such as co-location or contractual arrangements including GPs, Highland Council, Scottish Ambulance Service, Care Home providers, tenants and transport providers. The architects, contractors and independent advisers are also key and to maintain constructive dialogue

### 3.3.3 Public and service users

The redesign covers a large geographical area and the proposals have the potential to be relevant for all people within the communities. In particular the redesign of community hospital services, community-based services, care at home and access are particularly relevant. Public sector partners, Access Panel experts, external advisors and patient, public and political representatives are all part of the overarching local steering group supporting the redesign. Key contacts include:

- Access Panel
- Care at Home Providers
- Community Councils
- Councillors
- Friends of Portree Hospital
- Friends of Mackinnon Memorial Hospital
- General Public
- Highland Council
- Highland Hospice
- MacMillan
- Marie Curie
- Media
- MSP and MP (Local)
- MSPs (General)
- Patient and Public Representatives
- Scottish Government
- Scottish Ambulance Service
- Scottish Health Council
- Voluntary Organisations

### 3.4 Communication Channels

A multi-faceted approach will continue to be used throughout 2019 and until the redesign concludes:

- Attendance at local meetings including community councils
- Clinical Redesign Workshops
- Steering Group (quarterly)
- Mail drop to all homes and business in the area
- Media Release
- Newsletters (bi-monthly staff newsletter)
- One to One meetings

- Planned Meetings and events
- Social Media

- Targeted Communications
- Website

## 4 Summary of activities | outputs and updates

### 4.1 Media Handling

There have been a number of reactive queries in 2017 and 2018, focusing on both the service redesign and the Sir Lewis Ritchie report. This indicates that the relationship with the local community, press and staff around the redesign has to be strengthened.

Media releases are promoted via social media, post on website and emailed to extensive distribution list.

During 2018 and to date in 2019 NHS Highland has issued 13 pro-active media communications. These were planned and issued to announce key points in the project:

[24-hour urgent care plans for Portree Hospital on schedule](#) – 10 January 2019

[Integrated team approach offers exciting job opportunities](#) – 8 January 2019

[Public events planned to display updated Broadford Hospital Hub designs](#) – 28 December 2018

[Board commits to increase pace of Ritchie Report implementation](#) – 5 December 2018

[Information session planned to review Ritchie Report progress](#) – 28 November 2018

[Update on implementation of Ritchie Report](#) – 21 November 2018

[Additional beds to be opened in Portree Hospital next year](#) – 26 October 2018

[Planning application submitted for community hospital](#) – 4<sup>th</sup> October 2018

[Independent facilitator steps down for health reasons](#) – 25 September 2018

[Skye: Progress made on Ritchie 'Centre of Excellence' recommendation](#) – 24 September 2018

[Skye: NHS Near Me team win funding for innovative video link service](#) – 21 September 2018

[Appeal for local communities to ensure completion of ecological monitoring](#) - 7 September 2018

[Outline Business Case approved for Skye, Lochalsh and South West Ross redesign](#) - 6 June 2018



**Future planned media releases will include updates on:**

Approval of Planning application  
Approval of Full Business case  
Construction start for new community hospital  
Update on NHS Near me  
Feed-back on steering meeting

**4.2 Correspondence**

Correspondence will always be responded to in a timely way and will be overseen by one or more of the core team. There continues to be correspondence to the board over the redesign. Topics have been around community beds, car-parking numbers at the new hospital and Transport and Access and arrangements.

**4.3 Freedom of Information (FOI)**

There have been seven FOIs relating to the redesign in the last year.

#### **4.4 Updates to NHS Highland board and board committees**

Links to all the papers which have gone to various board committees are included on the Major Service change section (Skye, Lochalsh and South West Ross) of the NHS Highland website.

<https://www.nhshighland.scot.nhs.uk/NEWS/PUBLICCONSULTATION/SKYE/Pages/BoardPapers.aspx>

#### **4.5 Project Newsletter**

The Project Team meets bi-monthly and a one page Briefing is issued after each meeting to all contacts on the distributions lists including internal and external stakeholders.

## 5 High level summary status of planned communications and engagement

### 5.1 NHS Highland Corporate

Activity	Purpose	Frequency	Status
Annual Review	Update on all major service change projects	Annual	25/04
MSP/MP	Regular update major service change project	Quarterly	GREEN
NHS Highland Board	Formal approval of Business Case and periodic updates via CEO Report	Bi-monthly	GREEN
Programme Board	Oversee the delivery of the Business case through to delivery	Quarterly	GREEN

### 5.2 B&S | Summary of scheduled core activities

Activity	Purpose	Frequency	Status
Project Team	Oversee the delivery of the redesign and communicate and engage through delivery of action plan	Bi-monthly	GREEN
Councillors	Regular update on progress with the redesign	Six months	GREEN
Community Councils/ Local Groups	Update on progress with the redesign and address any specific issues.	Annual	GREEN
Steering Group	Update on Progress with the redesign	Quarterly	GREEN

## ACTION PLAN | 2019

Governance							
Ref	Activity	Stakeholder	How	When	Who	Notes	Status
1.1	Review Programme Board Governance	Member of Programme Board	Paper with recommendations	10 Oct 18	Senior Responsible Officer	Approved	Complete
1.2	General Updates	NHS Highland Board	CEO Report or Governance papers	Bi-monthly	Chief Executive Officer	Head of PR to prepare	Ongoing
1.3	Approval of Outline Business Case (OBC)	Programme Board	Submit OBC	Oct 17	Senior Responsible Officer	Senior Project Manager to co-ordinate	Complete
1.4		NHS Highland Board	Submit OBC	Nov 17	Chief Executive Officer		Complete
1.5		Capital Investment Group	Submit OBC	May 2018	Chief Executive Officer		Complete
1.6	Approval of Full Business Case (FBC)	Programme Board	Submit FBC	26 April 2019	Senior Responsible Officer	Senior Project Manager to co-ordinate	GREEN
1.7		NHS Highland Board	Submit FBC	7 May 2019	Chief Executive Officer		GREEN
1.8		Capital Investment Group	Submit FBC	15 May 2019	Chief Executive Officer		GREEN
1.9	Oversee see day to day running of projects	Project Team	Project Reports	Bi-monthly	Project Director	Project Manager to prepare	Green

Ref	Activity	Stakeholder	How	When	Who	Notes	Status
<b>Stakeholder and Issues Analysis</b>							
2.1	Carry out stakeholder and issues analysis	Core Team	Share intelligence	January 18 (ongoing)	Head of PR and Engagement to oversee		Complete
2.2	Review media, correspondence and other key information	Project Team	Desk-top exercise	January 18 (ongoing)	Head of PR and Engagement to oversee		Ongoing
2.3	Review communications and engagement following Steering Group Meeting	Project Team	Discuss at Project Team	Bi-monthly	Project Director	Meeting held on	
<b>Pro-active communications</b>							
3.1	Project Team Updates	Staff and community representative s	Project Newsletter	Bi-montly	Project Manager	Issued	GREEN
3.8	Issue regular media updates on re-design	General	Media Release	Ongoing	Comms Managers	Available on website	GREEN
3.9	Regular updates on Twitter and Facebook	General	Social	Ongoing	Comms Managers		GREEN
3.10	Prepare and promote animations	General	Social media and stakeholder group	Ongoing	Head of PR	Available on website	GREEN
3.12		Local community	Website	Ongoing	Head of PR		
3.13	Promote NHS Near Me	Local community	Various	Autumn	Head of PR		GREEN
<b>Meetings and Events</b>							
4.1	Annual Update	Local community	Steering Group	Quarterly	Project Director	March 19	GREEN
		Public	Annual Review	25 April	Chair		AMBER
4.2	Update Community Councils	Community councils across SLSWR	Attend Meeting	ongoing	Area manager/district manager/clinical lead		Green

Ref	Activity	Stakeholder	How	When	Who	Notes	Status
4.6	Update local Groups	Friends of Mackinnon Memorial		TBC	Area manager/district manager/clinical lead		AMBER
4.7		Friends of Portree Hospital		TBC	Area manager/district manager/clinical lead		AMBER
4.8	Formal update to elected Members	MSPs	Quarterly Meetings		Chair and Head of PR		Pending

Updated 16 April 2019

#### Local Publications

West Highland Free Press (weekly) Editor – Ian McCormack [editor@whfp.com](mailto:editor@whfp.com)

The Skye Times (online) [newsdesk@skyetimesonline.co.uk](mailto:newsdesk@skyetimesonline.co.uk)

Staffin Community Trust Newsletter (online; quarterly) [staffin.lido@gmail.com](mailto:staffin.lido@gmail.com)

#### Local Twitter

@SkyeTimesOnline

@visitscotland

@NHSHighland

**Social Media**

[www.facebook.com/Broadford-Strath-Community-Council](http://www.facebook.com/Broadford-Strath-Community-Council)  
[www.facebook.com/kyleakin-and-Kylerhea-Community-Council](http://www.facebook.com/kyleakin-and-Kylerhea-Community-Council)  
[www.facebook.com/sleatcommunitycouncil](http://www.facebook.com/sleatcommunitycouncil)  
[www.facebook.com/lochalsbcc](http://www.facebook.com/lochalsbcc)  
[www.facebook.com/Loch-Duich-Community-Council](http://www.facebook.com/Loch-Duich-Community-Council)  
[www.facebook.com/saveportreehospital.co.uk](http://www.facebook.com/saveportreehospital.co.uk)  
[www.facebook.com/SkeabostCC](http://www.facebook.com/SkeabostCC)

**Websites - Requests to establish links; post newsletter etc**

[www.broadfordandstrath.org/our-community/community-council](http://www.broadfordandstrath.org/our-community/community-council)  
[www.glenelg.co.uk/community/community-council](http://www.glenelg.co.uk/community/community-council)  
[www.sleatcommunitycouncil.org.uk](http://www.sleatcommunitycouncil.org.uk)  
[www.spanglefish.com/lochalsbcccommunitycouncil](http://www.spanglefish.com/lochalsbcccommunitycouncil)  
[www.slcvo.org.uk/loch-duich-community-council](http://www.slcvo.org.uk/loch-duich-community-council)  
[www.plockton.org/community-council](http://www.plockton.org/community-council)  
[www.slcvo.org.uk/sonser-community-council](http://www.slcvo.org.uk/sonser-community-council)  
[www.minginishcc.co.uk](http://www.minginishcc.co.uk)  
[www.slcvo.org.uk/raasay-community-council](http://www.slcvo.org.uk/raasay-community-council)  
[www.slcvo.org.uk/portree-and-district-community-council](http://www.slcvo.org.uk/portree-and-district-community-council)  
[www.struancommunity.co.uk](http://www.struancommunity.co.uk)  
[www.slcvo.org.uk/dunvegan-community-council](http://www.slcvo.org.uk/dunvegan-community-council)  
[www.slcvo.org.uk/skeabost-community-council](http://www.slcvo.org.uk/skeabost-community-council)  
[www.staffin-trust.co.uk/staffin-community-council](http://www.staffin-trust.co.uk/staffin-community-council)  
[www.slcvo.org.uk/kilmuir-and-district-community-council](http://www.slcvo.org.uk/kilmuir-and-district-community-council)  
[www.slcvo.org.uk/waternish-community-council](http://www.slcvo.org.uk/waternish-community-council)

## **Appendix 14 – Benefits Realisation Plans (B&S and SLSWR)**



Identification		Realisation					
Ref No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
BI01	Greater numbers of people being cared for in their own home	Public / patients	Area Manager	Integrated Health and Social Care	Increase in community staffing / resource released from current buildings	Implementation of workforce plan	2021/22
BI02	Reduced length of stay in hospital	Public / patients	Area Manager	Integrated Health and Social Care	Robust community services	Implementation of workforce plan	2021/22
BI03	Admission to care home at an older age for 65+	Public / patients	Area Manager	Integrated Health and Social Care	Robust community services	Implementation of workforce plan	2021/22
BI05	Flexible use of step up / step down beds to meet patient need. Increased choice for patient to access care locally. Flexible use of staff with enhanced skills	Public / patients	District Manager	Integrated Health and Social Care	Increase in community staffing Wade Centre and Grant House works (Highland Council)	Heather beds; 1 in Wade Centre and 2 in Grant House before 2020 Agreed clinical pathway and referral criteria	2021/22
BI06	Reduced number of hospital admissions (unscheduled care)	Public / patients	Area Manager	Integrated Health and Social Care	Robust community services	Implementation of workforce plan	2021/22
BI07	Service users have a single point of access making it easier to contact and access services	Public / patients	District Manager	Integrated Health and Social Care	Staffing in place	Telecomms in place (Highland Council)	2018/29
BI08	Co-location of multi agency district team; less duplication, greater responsiveness to need; right person / time / place	Staff / Public / patients	Project Director	Integrated Health and Social Care	Completion of new build facility	Transition plan agreed with all stakeholders	2021/20
BI10	Enabling technology supporting people to stay in their own home for longer	Public / patients	Deputy Head of eHealth	Integrated Health and Social Care	Funding, availability of technology	Agreed roll out of eHealth / TEC improvements	2021/22
BU01	Improved privacy and dignity for inpatients	Public / patients	Estates Senior Project Mger	Improve user experience	Completion of new build facility	Stakeholder input to design. Contract in place with hub North Scotland	2021/22
BU02	More positive experience of health and social care	Public / patients	Project Director	Improve user experience	Resources in place	Service redesign completed	2021/22
BU03	Delivery of services closer to home	Public / patients	Project Director	Improve user experience	Completion of new build, secondary care support, NHS Near Me implementation	Workforce plan, secondary care involvement, NHS Near Me clinics in place	2021/22
BU04	All inpatient care / treatment delivered in one room; less disruption to service users, reduced infections and outbreaks	Public / patients	Estates Senior Project Mger	Improve user experience	Completion of new build facility	Stakeholder input to design (Control of Inf).	2021/22
BU05	Dementia friendly inpatient facilities	Public / patients	Estates Senior Project Mger	Improve user experience	Completion of new build facility	Dementia expert input to design	2021/22
BU07	Enhanced visiting arrangements for families (inpatients) - less restriction on visiting hours & number of visitors	Public / patients	Senior Charge Nurse	Improve user experience	Completion of new build (single rooms)	Public engagement	2021/22

Identification		Realisation					
Ref No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
BU08	End of life care; service users will have greater choice over where to die	Public / patients	Lead Nurse	Improve user experience	More patients choosing end of life care at home	Increased community staffing, "Heather" beds in place	2021/22
BU09	Accessible WiFi for service users in hospital improving connection to the outside world and providing entertainment	Public / patients	Deputy Head of eHealth	Improve user experience	Completion of new build	eHealth input in ACRs, Separate WiFi provision for service users	2021/22
BU10	Reduced number of inpatients travelling for x-ray services	Public / patients	Project Director	Improve user experience	Completion of new build / co-location of x-ray and inpatient services	X-ray service in place in new build, secondary care input	2021/22
BA01	Increased capacity for access to specialist outpatient clinics locally	Public / patients	Estates Senior Project Mger	Improve access to services and care	Completion of new build and health centre refurb	Secondary care, NHS Near me roll out, Contracts in place for construction	2021/22
BA02	Redesign of space to support increased use of telemedicine for patient consultations, reducing travel	Public / patients	Estates Senior Project Mger	Improve access to services and care	Completion of new build and health centre refurb	NHS Near Me input to design, contracts in place for construction	2021/22
BA03	Redesign of space to support increased use of telemedicine for staff support & training	Staff	Estates Senior Project Mger	Improve access to services and care	Completion of new build and health centre refurb	eHealth input to design, VC in all meeting rooms	2021/22
BA04	Increased access to on site specialist mental health input for older adults (New Craigs). Easier for service users / families from other localities to access services	Public / patients	Project Director	Improve access to services and care	Capacity at New Craigs	Transfer of services from St Vincents to New Craigs, Inverness	2017/18 - complete
BA05	Equality of access to services across all patient groups (physical access)	Public / patients	Estates Senior Project Mger	Improve access to services and care	Completion of new build and health centre refurb	Input from local access panel in design	2021/22
BA06	Improved access for service users who have a disability	Public / patients with a disability	Estates Senior Project Mger	Improve access to services and care	Completion of new build and health centre refurb	Input from local access panel in design	2021/22
BA07	Improved transport infrastructure for B&S community	Public / patients	Head of Finance	Improve access to services and care	Completion of new build, buy-in from independent transport providers	Transport working group. Input from group in design. Agreement with independent providers. Additional funding for community transport	2021/22
BP01	Improved anticipatory care planning and collaboration; development of 'virtual ward', increased knowledge and improved communications through co-location	Staff / Public / patients	Area Manager	Maximise preventative approaches	Completion of new build, suitable VC facilities across B&S	Develop primary care and integrated teams	2021/22
BR01	Reduction in estate and co-location of teams and services, incl third sector, will result in reduced operating costs (utilities bills, maintenance, rent, equipment costs etc)	NHSH Board	Estates Senior Project Mger	Make best use of resources	Completion of new build	Contract in place with hNSL	2021/22

Identification		Realisation					
Ref No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
BR02	Design of new facility will result in energy savings, reduced operating and maintenance costs	NHSH Board	Estates Senior Project Mger	Make best use of resources	Completion of new build	Agreed energy strategy. Agreed FM provision. Contract in place with hNSL	2021/22
BR03	Community empowerment allowing the community to have greater influence in decision on old (surplus to requirement) NHS buildings / community resource	Community	Project Director	Make best use of resources	Community interest in surplus facilities	Community planning partnership, community engagement	2022/23
BR04	A workforce skilled for the new model of service delivery	NHSH Board / Staff / Public / patients	Area Manager	Make best use of resources	Ability to recruit & retain suitable staff	Workforce plan implementation	2021/22
BQ01	Improved quality of accommodation	Staff / Public / patients	Estates Senior Project Mger	Improve quality and safety of accommodation	Completion of new build and health centre refurb	Stakeholder involvement in design, follow NDAP process	2021/22
BQ02	Improved physical environment for service users with sensory / cognitive impairment	Public / patients	Estates Senior Project Mger	Improve quality and safety of accommodation	Completion of new build and health centre refurb	Stakeholder involvement in design, access audit	2021/22
BQ03	Improvement in business continuity due to environment	NHSH Board	Estates Senior Project Mger	Improve quality and safety of accommodation	Completion of new build and health centre refurb	Stakeholder involvement in design	2021/22
BQ04	Facilities adaptable to new technology	Staff / Public / patients	Estates Senior Project Mger	Improve quality and safety of accommodation	Completion of new build and health centre refurb	eHealth input in ACRs and design	2021/22
BS01	Improved infection prevention and control due to fully compliant facilities	Public / patients	Control of Infection Mger	Improve safety of service delivery	Completion of new build and health centre refurb	Stakeholder involvement in design (CofInf), HAIScribe assessment	2021/22
BS02	Improved and more efficient cleaning regimes	Staff / Public / patients	Hotel Services Manager	Improve safety of service delivery	Suitable built environment	Stakeholder involvement in design (Hotel Services, CofInf)	2021/22
BS03	Larger cohort of staff being co-located reduces need for bank staff cover	Op Unit / Staff / Patients	Area Manager	Improve safety of service delivery	Completion of new build	Implementation of workforce plan	2021/22
BS04	Improved compliance with radiation safety guidance	Staff / public / patients	Estates Senior Project Mger	Improve safety of service delivery	Completion of new build	Stakeholder involvement in design (radiation protection), procure new x-ray machine	2021/22
BS05	On site access to modern x-ray facilities for all inpatients and minor injuries	Patients / Staff	Project Director	Improve safety of service delivery	Completion of new build	Input from secondary care (radiology, radiation protection)	2021/22
BS06	Co-location of inpatient and out of hours services allowing staff ease of access to advice and support	Staff / patients	Estates Senior Project Mger	Improve safety of service delivery	Completion of new build	Stakeholder input to design (inpatients, OOH), dept adjacencies	2021/22
BS07	Modern new facility attracting new staff to the area, promoting economic development in B&S area	Community	Area Manager	Improve safety of service delivery	Completion of new build	HR / employment services	2021/22

Skye, Lochalsh South West Ross - Benefits Plan

Identification		Realisation					
Ref No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
1	Greater numbers of people being cared for in their own home	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on the care staff and wider resources available.	Promotion of home support, support moved from hospital to care in the community	2020/21
2	Reduced length of stay in hospital and reduced number of delayed discharges	Patients	District Mgr - SLWR	Integrated Health and Social Care	Availability of community resources and facilities	Promotion of home support, support moved from hospital to care in the community	2020/21
3	Reduction in unmet need for community services	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on the care staff and wider resources available.	Available staff in care in the community	2020/21
4	Admission to care home later in life (as able to stay in own home for longer)	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on the care staff and wider resources available.	Available staff in care in the community	2020/21
5	Increased range of options for patient to access care locally	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on the number of care staff available.	Available staff in care in the community	2020/21
6	Reduced number of over 65s hospital admissions (unscheduled care)	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on level of care received at home.	Available staff in care in the community	2020/21
7	Service users able to access services quickly and easily	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on the care staff and wider resources available.	Available staff in care in the community	2020/21
8	Co-location of multi agency district teams in Hub and Spoke and opportunities for co-location with 3rd sector and partner organisations leads to less duplication, greater responsiveness to need; right person / time / place	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on planning with partners and cessation of existing arrangements	Available staff in care in the community	2020/21
9	Redesign provides opportunities for flexible work patterns for community based staff, minimising travel	Patients	District Mgr - SLWR	Integrated Health and Social Care	Dependent on the number of care staff available and implementation of new ways of working.	Available staff in care in the community	2020/21
10	Improved privacy and dignity for patients attending Hub and Spoke facilities	Patients	Estates Senior PM	Improve user experience	Completion of new build facility	Stakeholder input to design	2020/21
11	Improved experience of health and social care	Patients	District Mgr - SLWR	Improve user experience	Resources and facilities in place		2020/21
12	Delivery of services closer to home	Patients	District Mgr - SLWR	Improve user experience	Resources in place including facilities for improved remote access	Workforce Plan	2020/21
13	Reduced number of inpatients travelling for x-ray services	Patients	Estates Senior PM	Improve user experience	Resources in place including facilities for improved remote access		2020/21
14	All inpatient care / treatment able to be delivered in one room; less disruption to service users, reduced infections and outbreaks	Patients	District Mgr - SLWR	Improve user experience	Completion of new build facility	Stakeholder input to design	2020/21
15	Use of step up / step down beds provides more homely experience and increase patient choice	Patients	District Mgr - SLWR	Improve user experience	Completion of new build facility and inclusion of beds & development of community based services to support choice	Stakeholder input to design	2020/21
16	End of life care; service users will have greater choice over where to die; More patients choosing end of life care at home	Patients	District Mgr - SLWR	Improve user experience	development of community based services to support choice at end of life	Increased community staffing	2021/22
17	Accessible WiFi for service users improving connection to the outside world and providing entertainment	Patients	e-Health	Improve user experience	Quality of national IT infrastructure	eHealth programme roll out of wifi to all B&S facilities	2020/21
18	Improved environment and facilities allowing greater access to specialist outpatient clinics locally	Patients	District Mgr - SLWR	Improve access to services and care	Resources in place including technology and facilities for remote access	Stakeholder input to design	2020/21
19	Redesign of space to support increased use of telemedicine for patient consultations, reducing travel	Patients	District Mgr - SLWR	Improve access to services and care	Resources in place		2020/21

Skye, Lochalsh South West Ross - Benefits Plan

Identification		Realisation					
Ref No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
21	Equality of access to services across all patient groups	Patients	Hd Estates	Improve access to services and care	Completion of new build facility, transport solution and improved technology	Stakeholder input to design	2020/21
22	Improved anticipatory care planning and collaboration, including maximising independence through support for self care	Staff / Patients / Public	District Mgr - SLWR	Maximise preventative approaches	Dependent on the care staff and wider resources available.		2020/21
23	Shift in balance of care from hospital to community	Patients	District Mgr - SLWR	Maximise flexible, responsive preventative care			2020/21
24	Reduction in estate and co-location of teams and services, incl third sector, will result in reduced operating costs (utilities bills, maintenance, rent, equipment costs etc)	NHSH Board	Head of Finance N&W	Make best use of resources	Completion of new build facility and co-location of other teams		2020/21
25	Design of new hospital Hub will result in energy savings, reduced operating and maintenance costs	NHSH Board	Hd of Finance N&W	Make best use of resources	Completion of new build facility and co-location of other teams	Energy strategy agreed	2020/21
26	A workforce skilled for the new model of service delivery	Staff / Public / Patients	Area Manager - WEST	Make best use of resources	Able to recruit and retain suitable staff	Workforce Plan	2020/21
27	Access to technology (e.g. WiFi) allows staff to work more effectively and efficiently	Staff / Public / Patients	eHealth	Make best use of resources	Suitable IT infrastructure available to staff	Agreed approach with eHealth	2020/21
28	Improved quality of accommodation	Staff / Public / Patients	Estates	Improve quality and safety of accommodation	Completion of new build facility		2020/21
29	Fully compliant facility	Staff / Public / Patients	Estates Senior PM	Improve quality and safety of accommodation	Completion of new build facility	Stakeholder input to design	2020/21
30	Improved physical environment for service users with sensory / cognitive impairment	Staff / Public / Patients	Estates Senior PM	Improve quality and safety of accommodation	Completion of new build facility	Stakeholder input to design	2020/21
31	Improvement in business continuity due to environment	NHSH Board	Project manager	Improve quality and safety of accommodation	Completion of new build facility		2020/21
32	Facilities adaptable to new technology	Patients	Hd Estates	Improve quality and safety of accommodation	Completion of new build facility	eHealth input with ACR's	2020/21
33	Improved infection prevention and control due to fully compliant facilities	Staff / Public / Patients	Hd estates	Improve safety of service delivery	Completion of new build facility	Stakeholder input to design	2020/21
34	Improved and more efficient cleaning regimes	Staff / Public / Patients	Hotel Services Manager	Improve safety of service delivery	Able to recruit and retain suitable staff	Workforce Plan	2020/21
35	More sustainable and flexible hospital staff cover	Staff / Public / Patients	Area Manager - WEST	Improve safety of service delivery	Able to recruit and retain suitable staff	Workforce Plan	2020/21
36	Modern new facility attracting new staff to the area, improving staff morale and retention, promoting economic development in SLWR area	Staff / Public / Patients	Area Manager - WEST	Improve safety of service delivery	Completion of new build facility		2020/21

## **Appendix 15 – Benefits Registers (B&S and SLSWR)**

Badenoch and Strathspey Service Redesign Benefits Register - April 2019

1. Identification										2. Prioritisation
Benefit Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline year	Baseline value	Interim Assessment Year	Interim Assessment	Target year	Target value	Relative importance
	<b>Objective 1: Integrated Health and Social Care</b>									
BI01	Greater numbers of people being cared for in their own home	Quantitative	Number of care at home users / hours	Mar-16	76 clients, 619.5 hours	Sep-18	81 clients, 728.4 hours	2021	128 clients, 1265 hours	5
BI02	Reduced length of stay in hospital	Quantitative	Average Length of Stay	2016/17	Ian Charles - 27.3 days, St Vincents (GP) - 17.1 days	Sep-18	Ian Charles - 28.8 days, St Vincents (GP) - 18.7days	2021/22	12 days	4
		Quantitative	Delayed discharges ANNUAL	2016/17	Ian Charles - 24 patients, St Vincents - 20 patients	Sep-18	Ian Charles - 41 patients, St Vincents - 22 patients	2021/22	20 patients	4
BI03	Admission to care home at an older age for 65+	Quantitative	Average Length of Stay Average age of admission NORTH HIGHLAND - not available at district level	2008	2.5 years stay 78 years	2018	2.2 years stay 82 years	2028	1.5 years stay 85 years	4
BI05	Flexible use of new step up / step down beds to meet patient need. Increased choice for patient to access care locally. Flexible use of staff with enhanced skills	Quantitative	Number of step up / step down / flexible use "Heather" beds	2016/17	0	Sep-18	1	2021/22	3	5
BI06	Reduced number of hospital admissions (unscheduled care)	Quantitative	Emergency hospital admission rates (per 1000) by hospital	2016/17	Ian Charles 10.5 per 1000, St Vincents 12.25 per 1000	Sep-18	Ian Charles 9.43 per 1000, St Vincents 11.01 per 1000	2021/22	7 per 1000	5
BI07	Service users have a single point of access making it easier to contact and access services	Quantitative	Presence of single point of access	2015/16	No	Sep-18	No	2018/19	Yes	5
BI08	Co-location of multi agency district team; less duplication, greater responsiveness to need; right person / time / place	Qualitative	Number of staff "bases" in B&S. Staff base / location (on same site) - see BI09	2015/16	11 sites	Sep-18	11 sites	2021/22	8 sites	5
BI10	Enabling technology supporting people to stay in their own home for longer	Quantitative	Number of registered users with telecare	2016	167 (154 basic, 13 enhanced)	Sep-18	134 (109 basic, 25 enhanced)	2021	500 for all enabling technology	5

**Badenoch and Strathspey Service Redesign Benefits Register - April 2019**

1. Identification										2. Prioritisation
Benefit Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline year	Baseline value	Interim Assessment Year	Interim Assessment	Target year	Target value	Relative importance
	<b>Objective 2: Improve user experience</b>									
BU01	Improved privacy and dignity for inpatients	Quantitative	% of single rooms	2015/16	47%	Sep-18	82%	2021/22	100%	5
BU02	More positive experience of health and social care	Quantitative	Number of complaints	01/04/2014 - 31/03/2017	33	Sep-18	N/A	01/04/2021 - 31/03/2024	Decrease	4
BU03	Delivery of services closer to home	Quantitative	Outpatient clinic planned attendance for B&S residents by location of appointment (Raigmore, Other Highland, B&S, Phone / VC / Near Me)	2016/17	Raigmore 86% (10,621) Other Highland 5% (603) B&S 6% (784) Phone / video 3% (334)	2017/18	Raigmore 85% (10,749) Other Highland 6% (712) B&S 6% (771) Phone / video 3% (375)	2021/22	Reduction in Raigmore / other, increase in B&S, NHS Near Me, phone & VC	5
			Community staff budget (nursing, community mental health and care @ home)	2016/17	£1,296k	Dec-18	1,705k	2021/22	30% increase	5
BU04	All inpatient care / treatment delivered in one room; less disruption to service users, reduced infections and outbreaks	Qualitative	% of single rooms, see BU01. % of rooms with en-suite	2016/17	4% with en suite	Sep-18	4% with en suite	2021/22	100% with en suite	5
BU05	Dementia friendly inpatient facilities	Quant & Qual	Dementia champions / staff training / audit, dementia audit tool, access panel audit	2016/17	0 dementia champions	Sep-18	3 dementia champion	2018/19	2 dementia champions	5
			Dementia audit tool	2018/19	No dementia audits carried out	Sep-18	HFS audit carried out at Ian Charles & St. Vincent's	2021/22	Carry out again 6 months after occupation as part of PPE	5
BU07	Enhanced visiting arrangements for families (inpatients) - less restriction on visiting hours & number of visitors	Qualitative	Visiting hours	2016/17	Restricted due to shared rooms	Sep-18	Date for facilities to be confirmed	2021/22	Open visiting	3
BU08	End of life care; service users will have greater choice over where to die	Quantitative	% of deaths of B&S residents in a homely setting (at home, in a care home, in hospice)	2015	45.8% of deaths at home or in homely setting	2017	49.7% of deaths at home or in a homely setting	2021	60% of deaths at home or in a homely setting	5
BU09	Accessible WiFi for service users in hospital, improving connection to the outside world and providing entertainment	Quantitative	Presence / absence of WiFi	2015/16	No accessible WiFi	Sep-18	No accessible WiFi	2021/22	Full access to WiFi for service users	4
BU10	Reduced number of inpatients travelling for x-ray services	Quantitative	Co-location of x-ray with inpatient services	2015/16	Not co-located	Sep-18	N/A	2021/22	Co-located	



**Badenoch and Strathspey Service Redesign Benefits Register - April 2019**

1. Identification										2. Prioritisation
Benefit Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline year	Baseline value	Interim Assessment Year	Interim Assessment	Target year	Target value	Relative importance
	<b>Objective 3: Improve access to services and care</b>									
BA01	Increased capacity for access to specialist outpatient clinics locally		Presence of NHS 'Near Me' clinics	2016/17	0	Dec-18	0	2019/20	1 staffed, 2 unstaffed	4
BA02	Redesign of space to support increased use of telemedicine for patient consultations, reducing travel	Quantitative	% of treatment / consult / interview rooms in hospital with telemedicine capability	2017/18	0%	Sep-18	N/A	2021/22	100%	5
BA03	Redesign of space to support increased use of telemedicine for staff support & training	Quantitative	Number of staff meeting spaces with teleconf equipment	2017/18	3	Sep-18	N/A	2021/22	8	3
BA04	Increased access to on site specialist mental health input for older adults (New Craigs). Easier for service users / families from other localities to access services	Quant & Qual	Co-location of specialist consultant with mental health beds	2015/16	7 beds no 24/7 on site medical cover	Sep-18	All beds with 24/7 cover	2018/19	All beds with 24/7 cover	5
BA05	Equality of access to services across all patient groups (physical access)	Quant & Qual	Community feedback, access audits, compliance with building standards. Design statement / AEDET - ref BQ01	2017/18	Ref Access Audit	Sep-18	N/A	2021/22	Hospital buildings meet requirements of BS8300	5
BA06	Improved access for service users who have a disability	Qualitative	Access audits. Design statement / AEDET - ref BQ01	2017/18	Ref Access Audit	Sep-18	N/A	2021/22	Fully accessible hospital facilities, meet requirements of BS8300	5
BA07	Commissioning and increased investment in local transport	Quantitative	Presence of transport hub (bus stop) on hospital site. Funding grant per annum for community transport	2016/17	No transport hub on site. £17k per annum community transport grant	Dec-18	£35k Budget / annum	2021/22	Transport hub (incl bus stop) on hospital site. 100% increase in community transport grant	4
	<b>Objective 4: Maximise preventative approaches</b>									
BP01	Improved anticipatory care planning and collaboration; development of 'virtual ward', increased knowledge and improved communications through co-location	Quantitative	Readmission data (% within 28 days)	2016/17	28 days; Ian Charles 19%, St Vincents 20%	Sep-18	28 days; Ian Charles 7%, St Vincents 10%	2021/22	one third reduction	5

Badenoch and Strathspey Service Redesign Benefits Register - April 2019

1. Identification										2. Prioritisation
Benefit Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline year	Baseline value	Interim Assessment Year	Interim Assessment	Target year	Target value	Relative importance
<b>Objective 5: Make best use of resources</b>										
BR01	Reduction in estate and co-location of teams and services, incl third sector, will result in reduced operating costs (utilities bills, maintenance, rent, equipment costs etc)	Financial	Life Cycle, FM, hotel services, running costs, minus income received (per annum) for all B&S buildings Backlog maintenance	2016/17	£1,085k per annum. Backlog maintenance £5,544k	Sep-18	N/A	2021/22	12% reduction in operating costs. Backlog maintenance £250k	5
BR02	Design of new facility will result in energy savings, reduced operating and maintenance costs	Financial	Utilities, operating & maintenance costs (per annum) - see BR01	2016/17	See BR01	Sep-18	See BR01	2021/22	See BR01	4
BR03	Community empowerment allowing the community to have greater influence in decision on old (surplus to requirement) NHS buildings / community resource	Qualitative	Have the local community been consulted with / invited to make a bid for surplus buildings. Number of surplus buildings in community / public sector use	2016/17	N/A	Sep-18	Discussions held with local community reps re: community empowerment act	2022/23	Community consulted on use of surplus buildings. At least 1 building in community / public sector use	3
BR04	A workforce skilled for the new model of service delivery	Quant / Financial	Appropriate staff in place as measured by workforce plan	2016/17	As per workforce plan & TNA	Sep-18	As per workforce plan & TNA	2021/22	As per workforce plan & TNA	5

Badenoch and Strathspey Service Redesign Benefits Register - April 2019

1. Identification										2. Prioritisation
Benefit Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline year	Baseline value	Interim Assessment Year	Interim Assessment	Target year	Target value	Relative importance
	<b>Objective 6: Improve quality and safety of accommodation</b>									
BQ01	Improved quality of accommodation	Quant & Qual	NHS Scotland Design Assessment Process	2015	N/A	Sep-18	22 of 23 scoring at 4 or above	2021	Supported NDAP status. Average design statement score of 4 or above	5
			Achieving Excellence Design Evaluation Toolkit (AEDET).	2015	0 of 10 target scores met	Sep-18	9 of 10 target scores met	2021	10 of 10 target scores met	5
			Patient experience questionnaire / user feedback	Dec-18	Patients 60% positive, 14.5% negative, 12.7% neutral & 12.7%N/A regarding current facilities	N/A	N/A	2021/22	Improvement	5
			Staff experience questionnaire / user feedback	Dec-18	Staff 63% positive, 22% negative, 11% neutral & 4%N/A regarding current facilities	N/A	N/A	2021/22	Improvement	
BQ02	Improved physical environment for service users with sensory / cognitive impairment	Quant & Qual	Access panel audit. Design Statement / AEDET - see BQ01	2017	Ref Access Audit	Sep-18	N/A	2021/22	Ref Access Audit, meet requirements of BS8300	5
			DATIX incidents (falls in patient areas) - QI team	1/4/2014-31/03/2017	374 falls (102 with harm)	Sep-18	N/A	1/4/2021-31/03/2024	25% reduction in falls, 20% reduction falls with harm	5
BQ03	Improvement in business continuity due to environment	Quantitative	Cost per annum for reactive maintenance. <i>Note - no DATIX on business continuity</i>	2016/17	£61,113.55	Sep-18	N/A	2021/22	Reduction	5

**Badenoch and Strathspey Service Redesign Benefits Register - April 2019**

1. Identification										2. Prioritisation
Benefit Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline year	Baseline value	Interim Assessment Year	Interim Assessment	Target year	Target value	Relative importance
BQ04	Facilities adaptable to new technology	Quantitative	Allowance in design strategy for future adaptation e.g. spare duct space, capacity for additional plant, accessible service routes.	2016/17	No spare capacity	Sep-18	No spare capacity	2021/22	25% spare capacity (Ref ACRs)	4
	<b><u>Objective 7: Improve safety of service delivery</u></b>									
BS01	Improved infection prevention and control due to fully compliant facilities	Quantitative	Infection control data. HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) assessment	2016/17	Ref separate infection control sheet / CQI	Sep-18	N/A	2021/22	Ref separate infection control sheet / CQI	5
BS02	Improved and more efficient cleaning regimes	Qualitative	National cleaning standards audit - average % over 12 months	2016/17	Ian Charles 96.7%, St Vincents 94%	Sep-18	N/A	2021/22	100%	5
BS03	Larger cohort of staff being co-located reduces need for bank staff cover	Quantitative	Supplementary staff use (hospital) - £ per annum	2016/17	£138,812	Sep-18	N/A	2021/22	50% reduction in use of supplementary staff	5
BS04	Improved compliance with radiation safety guidance	Quantitative	Compliance with radiation protection standards	2017	Patient dose DAP pelvis 194, Lumbar spine AP & lateral 435. Table bucky AEC -30% to +21%	Sep-18	N/A	2021/22	Patient dose DAP pelvis tbc, lumbar spine tbc. Table bucky AEC +/-20%	4
BS05	On site access to modern x-ray facilities for all inpatients and minor injuries	Quantitative	Co-location of x-ray with inpatient services - see BU10	BU10	BU10	BU10	BU10	BU10	BU10	5
BS06	Co-location of inpatient and out of hours services allowing staff ease of access to advice and support	Quantitative	Are services co-located?	2016/17	Inpatient & OOH not co-located	Sep-18	Inpatient & OOH not co-located	2021/22	Inpatient & OOH co-located	4
BS07	Modern new facility attracting new staff to the area, promoting economic development in B&S area	Quantitative	Vacancies (%)	2016/17	10%	Sep-18	N/A	2021/22	5%	5

Skye, Lochalsh and South West Ross Redesign  
Benefits Register - 17 April 2019

1. Identification										2. Prioritisation	
Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline Year	Baseline value	Interim Year	Interim Value	Target Year	Target value	Relative importance	Benefit Owner
<b>Objective 1: Integrated Health and Social Care</b>											
1	Greater numbers of people being cared for in their own home	Quantitative	Care at home users / hours (Skye and Wester Ross) ANNUAL	2016/17	Care at Home users 191. 1082.86 hours;			2021/22	Admission rates reduce , Care at home / DN / remote / telecare increase.	5	District Mgr - SLWR
2	Reduced length of stay in hospital	Quantitative	Average Length of Stay (by type) combined Portree / MMH	2016/17	Portree - 45.8 MMH - 4.7	2017/18	Portree - 55.1 MMH - 4.3	2021	Portree - N/A MMH - 4	5	District Mgr - SLWR
		Quantitative	Delayed discharges ANNUAL	2016/17	Portree - 16 MMH - 19	2017/18	Portree - 10 MMH - 20	2021	Portree - N/A MMH - 20% reduction		
4	Admission to care home later in life (as able to stay in own home for longer)	Quantitative	Average Length of Stay (by type, annual measure) Average age of admission, decrease in number of admissions at residential rate 5-YRLY MEASURE. NHS Highland wide statistic.	2016	2.5years stay. 76 years old.	n/a	n/a	2021	1.5years stay. 85 years old.	4	District Mgr - SLWR
5	Increased range of options for patient to access care locally	Quantitative	Flexible bed use, admission rates by village / town	2016/17	New service, no baseline	2018/19	0	2021/22	10 additional beds	4	District Mgr - SLWR
6	Reduced number of over 65s hospital admissions (unscheduled care)	Quantitative	Emergency hospital admission rates by hospital and GP Practice	2016/17	MMH - 119.7 Portree - 11.01 (number of admissions for every 1000 people in population of SLSWR)	2017/18	MMH - 114.22 Portree - 4.03 (number of admissions for every 1000 people in population of SLSWR)	2021	Portree - N/A Broadford - 60	5	District Mgr - SLWR
7	Service users able to access services quickly and easily	Quantitative	Number of contacts via single point of access	2016/17	Data not available	2017/18	15	2021	50% reduction.	4	District Mgr - SLWR
8	Co-location of multi agency district teams in Hub and Spoke and opportunities for co-location with 3rd sector and partner organisations leads to less duplication, greater responsiveness to need; right person / time / place	Quant & Qual	Staff base / location (on same site), staff questionnaire	2016/17	8	2017/18	8	2021/22	4	4	District Mgr - SLWR
9	Enabling technology supporting people to stay in their own home for longer	Quantitative	Number of registered users with telecare	2016	442	2018	276	2021/22	20% increase in users		District Mgr - SLWR

Skyl, Lochalsh and South West Ross Redesign  
Benefits Register - 17 April 2019

1. Identification										2. Prioritisation	
Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline Year	Baseline value	Interim Year	Interim Value	Target Year	Target value	Relative importance	Benefit Owner
<b>Objective 2: Improve user experience</b>											
10	Improved privacy and dignity for patients attending Hub and Spoke facilities	Quant & Qual	Number of single rooms, Inpatient experience questionnaire, Day attender patient experience questionnaire (new), separation of waiting area from treatment area	2016/17 - single rooms. 2018/19 - questionnaire	33 % single rooms (25% single with en suite). Monthly inpatient questionnaires - 20 per month	2018/19	No change	2021/22	100% single rooms with en suite. Improvement in privacy and dignity as per questionnaire.	4	Hd Estates
11	Improved experience of health and social care	Qualitative	User experience questionnaires, number of compliments, number of complaints	2014-2017	DATIX Complaints - MMH - 7, Portree - 5.	n/a	n/a	2021-2024	reduction in complaints	4	District Mgr - SLWR
12	Delivery of services closer to home	Quantitative	Care at home users / hours (client group, town / postcode, type of provision) ANNUAL, Number of outpatient attendances provided locally and at Raigmore. Number of "near me" / attend anywhere consultations	2016/17	Care at home - see benefit no.1. See benefit no.18 for outpatient figures. 0 Near Me consults	2018/19	Update when Near Me up and running - becomes operational Dec 2018.	2021/22	Decrease in outpatient attendances out of area, increase in NHS near me / local outpatients. Increase in care at home	4	District Mgr - SLWR
13	Reduced number of inpatients travelling for x-ray services	Quantitative	Number of patients transferred for x-ray services	2016/17	Not all inpatients are co-located with full time x-ray service	2018/19	Not all inpatients are co-located with full time x-ray service	2021/22	All inpatient facilities co-located with full time x-ray	3	District Mgr - SLWR
14	All inpatient care / treatment able to be delivered in one room; less disruption to service users, reduced infections and outbreaks	Quantitative	Infection control data e.g norovirus, C. difficile, number of times patients are moved between rooms, Suspension of services e.g. ward/bed closures. Increased movement of NHH patients into SLSWR as restrictions of multiple occupancy rooms will be removed.	2016/17	Number of service closures - MMH 1	2018/19	n/a	2021/22	Reduction in service closures or suspensions - reduction. 100% single rooms - no delayed transfers into area.	4	District Mgr - SLWR
15	Use of step up / step down beds provides more homely experience and increase patient choice	Qualitative	Presence of step up step down beds	2016/17	0	2018/19	0	2021	4	4	District Mgr - SLWR
16	End of life care; service users will have greater choice over where to die	Quantitative	% of deaths of Skyl, Lochalsh & West Ross residents in a homely setting (Care Home, Hospice or Own Home)	2015	57.6% in a homely setting (24.4% Care Home, 3.4% Hospice, 29.8% Own Home)	2017	61.5% in a homely setting (25.2% Care home, 1.4% Hospice, 34.9% Own Home)	2021/22	60% in a homely setting	4	District Mgr - SLWR
17	Accessible WiFi for service users improving connection to the outside world and providing entertainment	Quantitative	Presence / absence of accessible WiFi	2015/16	No accessible WiFi	2018/19	0	2021/22	Accessible WiFi throughout	3	Deputy Hd e-Health

Skye, Lochalsh and South West Ross Redesign  
Benefits Register - 17 April 2019

1. Identification										2. Prioritisation	
Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline Year	Baseline value	Interim Year	Interim Value	Target Year	Target value	Relative importance	Benefit Owner
<b>Objective 3: Improve access to services and care</b>											
18	Improved environment and facilities allowing greater access to specialist outpatient clinics locally	Quantitative	Outpatient clinic planned attendance for SLSWR residents by location of appointment (Raigmore, Other Highland, SLSWR, Phone / VC / NHS Near Me)	2016/17	40.5% (10,328) seen in SLSWR 46.5% (11,845) seen at Raigmore 10.5% (2,641) seen in other locations 2.5% (608) seen by phone / VC	2017/18	42.5% (11,907) seen in SLSWR 44% (12,381) seen at Raigmore 10.5% (2941) seen in other locations 3% (913) seen by phone / VC	2021/22	Reduction in Raigmore / other Increase in SLSWR and Phone, VC or NHS Near Me	4	District Mgr - SLWR
19	Redesign of space to support increased use of telemedicine for patient consultations, reducing travel	Quantitative	Number of clinical rooms (consult / treat / interview) in Hub and Spoke facilities with telemedicine capability	2017/18	10	n/a	n/a	2021/22	100% of clinical consult / treat / interview rooms	4	District Mgr - SLWR
20	Redesign of space to support increased use of telemedicine for staff support & training	Quantitative	Number of staff meeting / office spaces in Hub (incl Broad HC) and Spoke facilities with VC	2017/18	11	n/a	n/a	2021/22	100%	4	District Mgr - SLWR
21	Equality of access to services across all patient groups	Quant & Qual	Community feedback, access audits	2018/19	Qualitative report from access panel current facility not compliant.	n/a	n/a	2021/22	100% compliance with access audit	5	Hd Estates
<b>Objective 4: Maximise flexible, responsive preventative care</b>											
22	Improved anticipatory care planning and collaboration, including maximising independence through support for self care	Quantitative	Number of patients being cared for through virtual wards. Number of anticipatory care plans. Number of contacts through "lets get on with it together", Staff skill mix in community services % readmissions within 28 days	2016/17	Virtual wards - 7 per week.  Readmissions - Portree 9.1%, Mackinnon 18.7%	2017/18	Readmissions - Portree 4.5%, Mackinnon 17.3%	2021/22	Virtual wards - 8 per week.  Redmissions - Mackinnon - reduction of 20%	5	District Mgr - SLWR / Hd Integrated Teams
23	Shift in balance of care from hospital to community	Quant & Financial	Hospital and community service budgets, occupied bed days, Care at home users / hours (client group, town / postcode, type of provision)	2016/17	Inpatient nursing £1,740k, Community nursing / CMHT £2,724k. Care at Home information as per (1) above.	n/a	n/a	2021/22	17% decrease in inpatient nursing budget, 7% increase in community nursing / CMHT.	5	District Mgr - SLWR / Hd Integrated Teams

Skye, Lochalsh and South West Ross Redesign  
Benefits Register - 17 April 2019

1. Identification										2. Prioritisation	
Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline Year	Baseline value	Interim Year	Interim Value	Target Year	Target value	Relative importance	Benefit Owner
<b>Objective 5: Make best use of resources</b>											
24	Reduction in estate and co-location of teams and services, incl third sector, will result in reduced operating costs (utilities bills, maintenance, rent, equipment costs etc)	Financial	Operating costs; Life Cycle, FM, hotel services, running costs, minus income received (per annum) for all buildings Expenditure on backlog maintenance (annual)	2016/17	Backlog maintenance £5,458k	n/a	n/a	2021/22	Backlog maintenance £250k	4	Head of Finance N&W
25	Design of new hospital Hub will result in energy savings	Financial	Annual energy cost	2016/17	Awaited	n/a	n/a	2021/22	£70k per annum	4	Hd of Finance N&W
26	A workforce skilled for the new model of service delivery	Quant / Financial	Staff skill mix (did we achieve what we set out to do in workforce plan), Number of staff with enhanced skills	2016/17	As per workforce plan	n/a	n/a	2021/22	As per workforce plan	5	Area Manager - WEST
27	Access to technology (e.g. WiFi) allows staff to work more effectively and efficiently	Qualitative	WiFi access in Portree and MMH	2016/17	No wi-fi access	2018/19		2021/22	WiFi throughout	4	Hd eHealth
<b>Objective 6: Improve quality and safety of accommodation</b>											
28	Improved quality of accommodation	Quant & Qual	NHS Scotland Design Assessment Process. Design Statement self assessment. Achieving Excellence Design Evaluation Toolkit (AEDET).	2015	0 out of 10 AEDET target scores met	2018 (OBC stage)	Supported NDAP status for OBC AEDET - 6 / 10 target scores met Design Statement - 16 / 21 target scores met	2021	Supported NDAP status. All AEDET and Design Statement target scores met	4	Hd Estates
29	Fully compliant facility	Quant & Qual	Compliance with SHTMs and relevant legislation, HAIScribe, infection control report	2018/18	HAI Audit challenges on physical environment of current building.	n/a	n/a	2021	HAI compliance regarding all aspects of physical environment.	4	Hd Estates
30	Improved physical environment for service users with sensory / cognitive impairment	Quant & Qual	Access panel audit, DATIX incidents ( falls - 1/4/14-31/3/17), OPAH audit, Dementia champions / staff training / audit, dementia audit tool.	1/4/2014-31/03/2017  2019	Falls - 282, 58 with harm. 2 dementia champions.  Dementia Audit demonstrates poor compliance of physical environment.	n/a	n/a	2021	25% reduction in falls, 20% reduction in falls with harm.  50% improvement in dementia audit results due to audit of new physical environment and 80% staff compliance of Learnpro.	4	Hd Estates
31	Improvement in business continuity due to environment	Quantitative	Reactive maintenance - £ per annum	2016/17	£46,351.48	n/a	n/a	2021/22	Reduction	4	Hd Estates
32	Facilities adaptable to new technology	Quantitative	Allowance in design strategy for future adaptation e.g. spare duct space, capacity for additional plant, accessible service routes - new hospital	2016/17	0	2018/19	0	2021/22	20% capacity in containment, 10% capacity in eHealth patch panels, accessible service routes.	4	Hd Estates



Skye, Lochalsh and South West Ross Redesign  
Benefits Register - 17 April 2019

1. Identification									2. Prioritisation		
Ref no	Benefit	Assessment (Quant / Qual / Financial)	As measured by:	Baseline Year	Baseline value	Interim Year	Interim Value	Target Year	Target value	Relative importance	Benefit Owner
	<b>Objective 7: Improve safety of service delivery</b>										
33	Improved infection prevention and control due to fully compliant facilities	Quantitative	Infection control data. HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) assessment, domestic monitoring, HAI audits	2017/18	HAI Compliance Audit <ul style="list-style-type: none"> <li>Limited number of compliant hand wash sinks.</li> <li>Limited single room facilities for reduction and control of MRSA/VRE.</li> <li>Shared toilet facilities.</li> <li>A variety of surfaces throughout the building.</li> <li>No dedicated waste rooms.</li> </ul>	n/a	n/a	2021	HAI Compliance Audit <ul style="list-style-type: none"> <li>Significant increase in compliant hand wash sinks leading to a reduction in Staph aureus bacteraemia.</li> <li>100% single room facility leading to an increase in compliance and control of MRSA/VE.</li> <li>Dedicated individual en suite toilet facilities reducing any risk of cross contamination.</li> <li>Smooth impervious surfaces throughout the building increasing the ease of cleaning and reducing any infection risk.</li> <li>Dedicated waste room.</li> <li>Segregation of clean and dirty areas in the sluice rooms allowing for maintained operation of the facility.</li> </ul>	4	Hd estates
34	Improved and more efficient cleaning regimes	Qualitative	National cleaning standards audit, domestic monitoring, HAI audit (walk round x1 per year, team of staff)	2017	HAI Audit Annual Average - Broadford 92.5%, Portree 91.5%.	n/a	n/a	2021	100%	4	Hotel Services Manager
35	More sustainable and flexible hospital staff cover	Quantitative	DATIX incident reports, use of bank staff / locums	2014-2017 (staff) Confirm year for bank staff use	19 DATIX for staff availability (2014-2017). Bank staff used in the North & West accounted for 140.84 hrs / £155,513. Agency - £68,284.00	n/a	n/a	2021/22	Reduction	4	
36	Modern new facility attracting new staff to the area, improving staff morale and retention, promoting economic development in SLWR area	Quantitative	Staff retention / turnover, staff satisfaction, sickness absence, staff survey, iMatter	2017	11.21% Annual Turnover. 86.56% Stability. 4.91% sickness absence.	n/a	n/a	2021/22	80% Reduction in turnover. National target of 4% for sickness absence.	4	Hd estates

## Appendix 16 – Complete Risk Register

BADENOCH & STRATHSPEY AND SKYE LOCHALSH & SOUTH-WEST ROSS PROGRAMME LEVEL RISK REGISTER

Risk no	Description	Possible consequence	Financial / Non-financial / Unquantifiable	Consequence	Likelihood	Risk rating	RAYG	Proposed actions / mitigation	Action taken	Action by	Ownership	Consequence - after mitigation	Likelihood - after mitigation	Risk rating - after mitigation	RAG - after mitigation	Closed
1.0.0	<b>CONSTRUCTION / PROPERTY RELATED RISKS</b>															
1.1.0	<b>Site risks</b>															
1.1.2	<i>Project-specific - see SLWR</i>															
1.1.4	<i>Project specific - see B&amp;S</i>															
1.2.0	<b>Procurement risks</b>															
1.2.1	One project in hub bundle may be delayed due to delay in other bundle project	Delay in project completion, increased cost		4	3	12	Amber	Clear programming with joint programme for the bundle. Ensure joint governance arrangements are in place.	Programme Board for bundle established January 2017.	NHSH/Hubco	Programme Board	4	2	8	Yellow	
1.2.2	Liquidation of construction partners (e.g. designer, contractor, supply chain)	Delay, lack of continuity		3	2	6	Yellow	Consultants and supply chain employed by hNSL therefore passing the financial risk, hNSL part-public funded and lower risk of liquidation.	National Tier 1 contractor selected minimising risk of liquidation.	NHSH	HUB	2	2	4	Yellow	
1.2.3	Financial and Legal Close rushed.	Affordability implications, increased cost, delay, reputational damage.		4	3	12	Amber	Clear programming, ensure NHSH have control over financial and legal close processes (i.e. bundle with NHSH projects).	Currently bundled with NHSH project	NHSH	Programme Board	3	2	6	Yellow	
1.3.0	<b>Construction risks</b>															
1.3.1	Critical programme dates are unrealistic	Delay, increased cost, reputational damage		4	3	12	Amber	Develop realistic project programme in conjunction with HubCo / contractors / technical advisors. Regular review of programme by Project Team / Board / Technical Team	Joint NHSH / hNSL review of programme up to financial close, comments fed back to hNSL.	NHSH/HubCo	Programme Board	3	2	6	Yellow	
1.3.2	Construction project poorly managed causing delays and overruns	Delay, increased cost		4	2	8	Yellow	Capacity and capability of hNSL team to be fully evidenced in FBC	Capable experienced contractor on board	NHSH/HubCo	Programme Board	3	2	6	Yellow	
1.3.4	<i>Project specific - see SLWR</i>															
1.3.5	Utility providers fail to deliver within project programme	Project delay		3	2	6	Yellow	Ensure design team continue to engage with providers and early applications are made.	SSE application made for B&S	hNSL	NHSH	3	2	6	Yellow	
1.4.0	<b>Maintenance risks</b>															
1.4.1	Ongoing building maintenance costs are higher than projected	Increased cost, unaffordability		4	5	20	ISSUE	Engagement with FM provider throughout Stage 2. Obtain indicative costs at an early stage and work with provider to reach best value for money solution. Escalate to NHSH Board risk register	Updated indication provided Nov 2018, costs have increased significantly. Alternative provider found. Service Level Specification being reviewed with input from SFT	NHSH/HubCo	NHSH / HubCo Project Teams	4	4	16	Amber	
2.0.0	<b>PLANNING AND DESIGN RISKS</b>															
2.1.0	<b>Planning risks</b>															
2.1.1	Difficulties in obtaining planning permission for preferred site	Delays, increased cost		4	2	8	Yellow	Continue engagement with planning authorities to close out any issues resulting from planning consultation	Planning applications submitted. B&S site approved Feb 2019, formal confirmation awaited. SLSWR expected April 2019	NHSH / HubCo	Project Management Team / HubCo PM team	3	2	6	Yellow	
2.1.2	<i>Project specific - see SLWR</i>															
2.1.3	<i>Project specific - see SLWR</i>															
2.1.6	<i>B&amp;S Project specific</i>															
2.2.0	<b>Project Information Risks</b>															
2.2.1	Archaeology or other items of special scientific interest found on site	Delay, increased cost of construction, additional costs of excavation, prevention of development.		4	2	8	Yellow	Archaeologist to supervise grounds works during construction	Early site clearance undertaken on SLSWR site Sep 2018, no archaeology found	NHSH	Project Management Team	3	2	6	Yellow	
2.2.3	Difficulty in getting utilities and drainage connections to preferred site	Delay, increased costs, non functionality		3	1	3	Green	Ensure suitability of existing services and early application for new/increased services.	More detailed utilities assessment completed, no significant issues found. Quotes received from providers and wayleave routes nearing conclusion.	HubCo	HubCo	3	1	3	Green	
2.2.4	<i>Project specific - see B&amp;S</i>															
2.3.0	<b>Design risks</b>															
2.3.2	The scope of the project increases as the project progresses	Increased cost, delay, project may become unaffordable		4	3	12	Amber	Conclude and cost design solutions and seek stakeholder sign off to ensure service needs are met	Ongoing engagement with stakeholders in design development	NHSH	Project Team	2	2	4	Yellow	
2.3.3	Insufficient time allowed for review of design documentation in run up to financial close	Delay in project programme, additional cost of late changes and poor functionality		4	2	8	Yellow	Agree programme for issue of drawings and key documents. Ensure workload is distributed appropriately and sufficient time is allowed for. Ensure time is set aside. Escalate issues to Project Team / Board	Drawing register and process in place, awaiting confirmation of schedule from hNSL	NHSH	Estates Project Management Team	3	2	6	Yellow	
2.3.4	Changes to specification post-sign off	Increase in cost		3	3	9	Yellow	Agree programme for issue of drawings and key documents. Formal sign-off procedure. 3D modelling to help understanding of drawings	Drawing register and process in place, awaiting confirmation of schedule from hNSL	NHSH	Estates Project Management Team	3	3	9	Yellow	

BADENOCH & STRATHSPEY AND SKYE LOCHALSH & SOUTH-WEST ROSS PROGRAMME LEVEL RISK REGISTER

Risk no	Description	Possible consequence	Financial / Non-financial / Unquantifiable	Consequence	Likelihood	Risk rating	RAYG	Proposed actions / mitigation	Action taken	Action by	Ownership	Consequence - after mitigation	Likelihood - after mitigation	Risk rating - after mitigation	RAG - after mitigation	Closed
2.3.5	Design not capable of delivering the services to the required performance or quality standards	Delay, increased cost, reputational damage		4	2	8	Yellow	Involvement of all relevant stakeholders at design review stage to ensure the design meets requirements, ensure adequate time built in to programme to allow for this	Stakeholder engagement and involvement throughout process	NHSH	Estates Project Management Team	3	1	3	Green	
2.3.6	<i>Project specific - see project risk registers</i>															
2.3.7	Design team does not have sufficient capacity or capability for the project	Delay, increased cost		3	3	9	Yellow	Monitor capacity and capability of design team during stage 2, highlight any issues to hub Project Manager / Project Director	Concerns escalated to hub Project Director	NHSH/HubCo	NHSH / HubCo	2	2	4	Yellow	
2.3.8	<i>Project specific - see project risk registers</i>															
2.3.10	<i>Project specific - see project risk registers</i>															
2.3.11	ACRs may exceed the affordability cap outlined at NPR stage	Increase cost, project may become unaffordable		5	2	10	Amber	Conclude ACRs in conjunction with NHSH technical advisors and HFS. Hold design workshops to clarify NHSH requirements. Update ACRs accordingly	MEP design workshops held, design amended as a result. Detailed design drawings continually monitored as they are developed	NHSH	NHSH	4	2	8	Amber	
2.3.12	Reviewable Design Data process causes unexpected disputes leading to delays	Project delay		3	3	9	Amber	Limit RDD to agreement on basic colour and materials	RDD list being developed for agreement	hNSL	NHSHH	2	2	4	Yellow	
3.0.0	<b>CLIENT / BUSINESS RISKS</b>															
3.1.0	<b>Business risks</b>															
3.1.1	Insufficient project management and capital management capacity / expertise	Delays in project, fails to progress		4	2	8	Yellow	Ensure adequate project management arrangements are in place. Detailed resourced programme	Senior PM and Commercial Lead in post for bundle, plus PMs for B&S and SLWR. Programme Manager returned from maternity leave. hub Participant Advisors all in place	NHSH	Project Board and Management Team	3	2	6	Yellow	
3.1.2	Lack of capacity within NHSH impacting on ability to deliver the service change within agreed timescales.	Delays in project, fails to progress		4	4	16	Amber	Ensure adequate management resource is allocated to the project and sufficient time can be devoted to it. Clear allocation of responsibility and programming to ensure availability at key stages. Closely monitor & review SLSWR capacity in light of additional workload (Sir Lewis).	Project Director escalated SLSWR risk to Chief Officer. Dedicated additional resource identified to support Sir Lewis work, adding capacity	NHSH	Senior Responsible Officer	3	2	6	Yellow	
3.1.3	Changes in key personnel resulting in a loss of momentum and impacting on stakeholder engagement and support	Delays in project, fails to progress		2	2	4	Green	Project Board and Team to maintain continuity during any changeover. Ensure new members have sufficient capacity and understanding of project to drive it forward. Continued communication and engagement with stakeholders. Good record keeping. Team based approach	Records kept of all project meetings.	NHSH	Project Board and Management Team	3	2	6		
3.1.4	Delays in NHSH / SG approval process	Delay project programme		4	3	12	Amber	Ensure adequate project management support is in place, clear programming. Continued engagement with SGHSCD, share early draft FBC for input	FBC working group established, early draft FBC shared with SGHSCD Feb 2019	NHSH	Programme Board	3	3	9	Yellow	
3.1.5	<i>Project specific - see SLWR</i>															
3.2.0	<b>Reputational risks</b>															
3.2.1	<i>Project specific - see project risk registers</i>															
3.2.2	<i>Project specific - see project risk registers</i>															
3.2.3	<i>Project specific - see project risk registers</i>															
3.2.4	<i>Project specific - see project risk registers</i>															
3.2.5	<i>Project specific - B&amp;S</i>															
3.2.6	<i>Project specific - B&amp;S</i>															
3.3.0	<b>Operational risks</b>															
3.3.1	<i>Project specific - see project risk registers</i>															
3.3.2	<i>Project specific - see project risk registers</i>															
3.3.3	<i>Project specific - see project risk registers</i>															
3.3.4	<i>Project specific - see project risk registers</i>															
3.3.5	<i>Project specific - see project risk registers</i>															
3.3.6	<i>Project specific - see project risk registers</i>															
3.3.7	<i>Project specific - see project risk registers</i>															
3.3.8	<i>Project specific - see project risk registers</i>															
3.3.9	<i>Project specific - see SLWR</i>															
3.4.0	<b>Demand risks</b>															
3.4.1	<i>Project specific - see project risk registers</i>															
3.4.2	<i>Project specific - see SLWR</i>															
3.4.3	<i>Project specific - see SLWR</i>															

Closed

BADENOCH & STRATHSPEY AND SKYE LOCHALSH & SOUTH-WEST ROSS PROGRAMME LEVEL RISK REGISTER

Risk no	Description	Possible consequence	Financial / Non-financial / Unquantifiable	Consequence	Likelihood	Risk rating	RAYG	Proposed actions / mitigation	Action taken	Action by	Ownership	Consequence - after mitigation	Likelihood - after mitigation	Risk rating - after mitigation	RAG - after mitigation	Closed
3.4.4	<i>Project specific - see B&amp;S</i>															
3.5.0	<b>Occupancy risks</b>															
3.5.1	<i>Project specific - see project risk registers</i>															
3.5.2	<i>Project specific - see project risk registers</i>															
3.6.0	<b>Decant risks</b>															
3.6.1	<i>Project specific - see SLWR</i>															
3.7.0	<b>Technology risks</b>															
3.7.1	Advances in technology result in services being provided using non-optimal technology	Inefficient use of resources, reduction in quality		3	2	6	Yellow	Opportunities to take advantage of potential future technologies to be explored. Meeting / subgroup to be set up with Technology Enabled Care (TEC) team. Develop IT strategy for project. Flexible design	Initial discussions held with TEC team. Regular engagement with eH. Deputy Head of eHealth sits on Project Teams and Transition working groups	NHSH	Project Team	2	2	4	Yellow	
3.7.2	Expected developments in eHealth (e.g. records scanning, EPR, community system) not delivered in line with project programme	Additional cost, inefficient use of resources, unable to fully implement new ways of working		4	3	12	Amber	Develop IT strategy for project. Project Directors to highlight at NHSH eHealth delivery group. Close working with eHealth to highlight dependencies and ensure programmes align. eHealth programme to be shared	eHealth covered under transition workstream & dep H of eH attends this and Project Team. SRO for project is executive lead for eH workstream. eH are aware of dependencies	NHSH	Project Team	2	2	4	Yellow	
3.7.3	Insufficient funding to implement full suite of electronic forms resulting in no paper-lite system and need to store inpatient medical records	Insufficient space in new build, increased cost	Financial	3	4	12	Amber	Progress eHealth projects, agree how these will be funded	Meeting set up between eHealth and Projects team - Dec 2018							
4.0.0	<b>FINANCIAL RISKS</b>															
4.1.0	<b>Funding risks</b>															
4.1.1	Construction costs may exceed the funding allocation for the bundle, which is £30.58m for 2 projects.	Project could be unaffordable, may not be able to meet project objectives		5	5	25	ISSUE	Ensure project is kept to time to minimise impact of inflation. Monitor change orders. Track work package procurement. NHSH / hub team to review detail jointly and agree pragmatic solutions with input from service leads	Accommodation requirements reviewed and adjusted early stage 2. Working with hNSL to reduce costs through more efficient design. VE exercise complete. Robust programme management in place. Change orders reported to Project team / Board. NHSH and hNSL jointly reviewing work package detail	NHSH	Project Board and Management Team	4	4	16	Amber	
4.1.2	Scottish Government does not provide Unitary Charge Grant assistance resulting in project becoming unaffordable	Project could be unaffordable		5	2	10	Amber	Discussions with SG have confirmed that this project is within the SG pipeline scheme. Ensure we meet the requirements of the CEL	Highlighted in IA	NHSH/SG	Finance Lead	5	2	10	Amber	
4.1.3	Affordability of the project may be affected by the calculation of the ASP charge sum. The ASP charge is calculated on a number of complex variables such as size and complexity of the building, money markets, cost of construction and maintenance regimes. These are all unknown costs at this early stage of the project.	Project could be unaffordable		5	2	10	Amber	Progress work with Hubco to develop the detailed scheme costs that will form the OBC. Challenge brief to ensure it is realistic, manage stakeholder expectations.	Interim ASP charge confirmed - this is within OBC parameters as cost of borrowing is low. The only remaining variable is the money market between now and FC. Project affordable at FBC	NHSH/Hubco	Project Management & Finance Team	4	2	8	Yellow	
4.1.4	Cost of group 3 and 4 equipment for new build may exceed funding identified in OBC	Project could be unaffordable		4	2	8	Yellow	Define and cost equipment requirements and ensure sufficient amount identified in FBC. Engage HFS equipping services team in costing and procurement	NHSH AMG agreed in principle to fund B&S x-ray from NHSH capital. SLA being agreed with HFS for equipping services. HFS supported costing of equipment list. Costed list at FBC stage is within OBC parameters.	NHSH	Project Team	4	1	4	Yellow	
4.1.5	There are no non recurring ringfenced revenue funds to support project development e.g. professional fees, development costs etc.	Risk for the organisation of revenue overspends		2	4	8	Yellow	Ensure project development costs are fully included in FBC	SG agreed to fund design fees. Participant advisor fees are being met from NHSH revenue	NHSH	Project Board and Management Team	3	3	9	Yellow	
4.1.6	Ongoing requirement to make recurring savings, reducing the resource available for service investment	Inability to provide planned investment in required level of community based and hospital services		4	5	20	RED	Ring-fence released revenue to support service change. Ensure robust costing of workforce plan / service change at FBC		NHSH	Project Team	4	3	12	Amber	
4.1.7	<i>Project specific - see project risk registers</i>															
4.1.8	<i>Project specific - see B&amp;S</i>															
4.1.9	<i>Project specific - see B&amp;S</i>															
4.1.10	<i>Project specific - see B&amp;S</i>															
4.1.11	May not secure funder for hospital hub bundle	Project does not proceed		5	1	5	Yellow	Agree joint approach with SFT and hub. Ensure at least 3 funders are invited. Consider non EU funders	Discussion ongoing with SFT and hub. Agreed to go out to 3 funders. Acceptable terms received and preferred funder confirmed	NHSH/hubCo	HubCo	5	1	5	Yellow	

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4.1.12	Single FM provider - cost of FM provision may exceed cap making project unaffordable	Project could be unaffordable / Project does not proceed		5	4	20 ISSUE	Work with provider to agree scope of works that is affordable	Alternative provider to be appointed, meetings to be held during Jan 2019 to confirm contract detail and costs	NHSH/hubCo	NHSH / HubCo	4	3	12	Amber	
5.0.0	<b>EXTERNAL RISKS</b>														
5.1.0	<b>Economic risks</b>														
5.1.1	Inflation costs rise above those projected	Increased cost / project may become unaffordable		5	4	20 ISSUE	Use optimism bias in line with SCIM guidance. Robust programme management to minimise impact.	Appropriate optimism bias included in OBC in line with SCIM. Joint programme for bundle, progress reports to every Project Team / Programme Board. hNSL sub-contractor package prices include inflation.	NHSH	Programme Board	5	4	20	Red	
5.1.2	May not secure acceptable terms for funding hospital bundle due to BREXIT	Project delay / does not proceed		5	2	10 Amber	Continue engagement with funders	Progress monitored fortnightly through joint finance call. Acceptable terms received. BREXIT delayed	NHSH/hubCo	HubCo	4	2	8	Yellow	
5.1.3	Change in European Accounting (ESA 10) rules result in hub DBFM procurement route being redesigned, delaying project	Project delay, increased cost, project failure		5	4	20 ISSUE	Work to accelerated programme to ensure financial close in May 2019	Accelerated programme and governance process agreed with NHSH / SG. Aim for CIG approval 15/5/19	NHSH/hubCo	Programme Board	5	3	15	Amber	
5.2.0	<b>Legislative risks</b>														
5.2.1	Changes in legislation of tax rules increase project costs	Increased cost / project may become unaffordable		4	2	8 Yellow	Use optimism bias in line with SCIM guidance	Appropriate optimism bias included in OBC in line with SCIM.	NHSH	Programme Board	3	2	6	Yellow	
5.3.0	<b>Policy risks</b>														
5.3.1	Changing statutory and NHS guidance	Additional work required which will delay project and increase cost		3	3	9 Amber	Early and continued engagement with SG / HFS	Ongoing engagement with HFS	NHSH	Programme Board	3	3	9	Yellow	
5.4.0	<b>Infrastructure risks</b>														
5.4.1	<i>Project specific - see project risk registers</i>														

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Risk no	Description	Possible consequence	Financial / Non-financial / Unquantifiable	Consequence	Likelihood	Risk rating	RAYG	Proposed actions / mitigation	Action taken	Action by	Owner	Consequence (post mitigation)	Likelihood (post mitigation)	Risk rating (post mitigation)	RAYG (post mitigation)	Closed
1.0.0	<b>CONSTRUCTION / PROPERTY RELATED RISKS</b>															
1.1.0	<b>Site risks</b>															
1.1.2	Portree Hospital building may not be suitable for conversion for 'Spoke' resulting in need to purchase a new site	Project delay, project may be unaffordable		4	1	4	Yellow	Conclude agreement on service model and design of 'Spoke' with stakeholders. Seek formal agreement from Portree Medical Practice re: co-location. Complete design works and cost for FBC. Review design once outcome of Sir Lewis community beds workstream known (post-FBC)	Portree Medical Practice confirmed interest in writing & provided accommodation brief. Design development workshops held with stakeholders. Initial concept design work concludes building can accommodate planned Spoke services	NHSH	Project Management Team	3	1	3	Green	
1.1.4	<i>Project specific - see B&amp;S</i>															
1.2.0	<b>Procurement risks</b>															
1.2.1	Project will be part of a HubCo bundle and may be delayed due to delay in dependency project	Delay in project completion, increased cost		4	3	12	Amber	Clear programming with joint programme for the bundle. Ensure joint governance arrangements are in place.	Programme Board for bundle established January 2017.	NHSH	Programme Board	4	2	8	Yellow	
1.2.2	<i>Bundle risk - see joint risk register</i>															
1.2.3	<i>Bundle risk - see joint risk register</i>															
1.3.0	<b>Construction risks</b>															
1.3.1	<i>Bundle risk - see joint risk register</i>															
1.3.2	<i>Bundle risk - see joint risk register</i>															
1.3.3	<i>Bundle risk - see joint risk register</i>															
1.3.5	Utility providers fail to deliver within project programme	Project delay		3	2	6	Yellow	Ensure design team continue to engage with providers and early applications are made.		hNSL	NHSH	3	2	6	Yellow	
1.4.0	<b>Maintenance risks</b>															
1.4.1	Ongoing maintenance costs are higher than projected	Increased cost, unaffordability projected		4	5	20	ISSUE	Engagement with FM provider throughout Stage 2. Obtain indicative costs at an early stage and work with provider to reach best value for money solution. Escalate to NHSH Board risk register	Updated indication provided Nov 2018, costs have increased significantly. Alternative provider found. Service Level Specification being reviewed with input from SFT	NHSH/HubCo	NHSH / HubCo Project Teams	4	2	8	Yellow	
2.0.0	<b>PLANNING AND DESIGN RISKS</b>															
2.1.0	<b>Planning risks</b>															
2.1.1	Difficulties in obtaining planning permission for preferred site.	Delays, increased cost		4	2	8	Yellow	Continue engagement with planning authority to close out any issues resulting from planning consultation	Planning application submitted Sep 2018, positive engagement with planners to conclude, approval expected April 2019	NHSH	Project Management Team	3	1	3	Green	
2.1.2	Local community and other interested organisations object to the project	Delay in obtaining planning permission, increased cost		4	2	8	Yellow	Continue regular public engagement through steering group / subgroups / local community groups. Involve local campaign group in specific working groups so that they understand and have input to the decisions. Continue engagement with access panel as design develops	SOS are members of relevant groups. Ongoing meetings with Skye and Lochalsh Access Panel including involvement from Lead architect for NHSS	NHSH	Project Director	3	2	6	Yellow	
2.1.3	Ecology (trees) result in planning constraints and design restrictions	Delays, increased cost		3	2	6	Yellow	Continue engagement with planning authority to close out any issues resulting from planning consultation	Planning application submitted Sep 2018, positive outcome expected, no redesign required	NHSH/HubCo	NHSH / HubCo Project Teams	2	2	4	Green	
2.1.4	<i>B&amp;S Project specific</i>															
2.1.6	<i>B&amp;S Project specific</i>															
2.2.0	<b>Project Information Risks</b>															
2.2.1	Archaeology or other items of special scientific interest found on site	Delay, increased cost of construction, additional costs of excavation, prevention of development.		4	2	8	Yellow	Archaeologist to supervise grounds works during construction	Early site clearance undertaken on SLSWR site Sep 2018, no archaeology found	NHSH	Project Management Team	3	2	6	Yellow	
2.2.3	Difficulty in getting utilities and drainage connections to preferred site	Delay, increased costs, non functionality		3	1	3	Green	Ensure suitability of existing services and early application for new/increased services.	More detailed utilities assessment completed, no significant issues found. Quotes received from providers and wayleave routes nearing conclusion.	NHSH	Estates Project Management Team	2	1	2	Green	
2.3.0	<b>Design risks</b>															
2.3.2	The scope of the project increases as the project progresses	Increased cost, delay, project may become unaffordable		4	3	12	Amber	Conclude and cost design solutions and seek stakeholder sign off to ensure service needs are met	Ongoing engagement with stakeholders in design development	NHSH	Project Team	2	2	4	Yellow	
2.3.3	<i>Bundle risk - see joint risk register</i>															
2.3.4	<i>Bundle risk - see joint risk register</i>															
2.3.5	<i>Bundle risk - see joint risk register</i>															
2.3.6	Design does not meet the expectations set out in the Design Statement	Delay, increased cost		3	2	6	Yellow	Design statement / AEDET workshop in January 2019. Continued engagement with HFS on design.	Supported NDAP status at OBC, ongoing engagement with HFS during design development, FBC report awaited	NHSH/HubCo	NHSH / HubCo Project Teams	3	1	3	Green	
2.3.7	<i>Bundle risk - see joint risk register</i>															

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2.3.8	Insufficient car parking for number of occupants and service users	Users unable to access services, reputational risk		3	1	3	Green	Ongoing engagement with planning authority and Highland Council transport to resolve queries raised through planning process	Transport assessment completed and submitted as part of planning application. Agreed to retain car parking at MMH for overflow parking	NHSH/HubCo	NHSH / HubCo Project Teams	2	1	2		
2.3.9	<i>Bundle risk - see joint risk register</i>															
2.3.10	Stakeholders may request changes post design freeze	Delay, increased cost.		4	3	12	Amber	Ensure appropriate stakeholders are identified and that they understand design and sign off process. Continue stakeholder engagement throughout design development. Clinical Risk Assessment required on request for change	Ongoing engagement with stakeholders	NHSH	PROJECT TEAM	2	2	4		
3.0.0	<b>CLIENT / BUSINESS RISKS</b>															
3.1.0	<b>Business risks</b>															
3.1.1	<i>Bundle risk - see joint risk register</i>															
3.1.2	Lack of capacity within Operational Unit impacting on ability to deliver the service change within agreed timescales	Delays in project, fails to progress		4	4	16	Amber	Ensure adequate management resource is allocated to the project and sufficient time can be devoted to it. Clear allocation of responsibility and programming to ensure availability at key stages. Closely monitor & review SLSWR capacity in light of additional workload (Sir Lewis).	Project Director escalated risk to Chief Officer. Dedicated additional resource identified to support Sir Lewis work, adding capacity	NHSH	Senior Responsible Officer	3	2	6		
3.1.3	Changes in key personnel resulting in a loss of momentum and impacting on stakeholder engagement and support	Delays in project, fails to progress		2	2	4	Green	Project Board and Team to maintain continuity during any changeover. Ensure new members have sufficient capacity and understanding of project to drive it forward. Continued communication and engagement with stakeholders. Good record keeping. Team based approach	Records kept of all project meetings.	NHSH	Project Board and Management Team	3	2	6		
3.1.4	<i>Bundle risk - see joint risk register</i>															
3.1.5	Outcome of Sir Lewis Ritchie external view of Urgent Care in North Skye impacts on agreed service model and preferred option resulting in an unaffordable revenue position.	Significant project delay, significant financial implications		4	3	12	Amber	Ensure terms of reference are clear (i.e. Urgent Care only). Ongoing dialogue with Sir Lewis and SG. Separate governance arrangements to be put in place	Report published on the 25/5/18. Separate governance arrangements being set up. Agreed with SG that Sir Lewis report is separate from FBC		Operations Team	4	2	8		
3.2.0	<b>Reputational risks</b>															
3.2.1	Local community objection results in judicial review of process	Local 'buy in' compromised, project delay		5	3	15	Amber	Continue regular public and staff engagement through the steering group and other local organisations, groups and elected representatives. Put clear plans in place to manage the transition phase. GP Clinical Lead established to support clinical engagement with elected representatives and N Skye residents to provide confidence in new arrangements. Put in place option appraisal for North Skye	Members from SOS group are on relevant groups. NHSH responded to requests from petitions committee.	NHSH	Project Director / Head of PR & Engagement	3	3	9		
3.2.2	Perceived downgrading of Portree "A&E" will impact on this project. Other reviews and redesigns may emerge which has potential to destabilise the project	Local 'buy in' compromised, project delay		2	5	10	Amber	Ensure clear communication to public and stakeholders, signs reviewed and amended in line with ISD guidance. Progress Sir Lewis Ritchie work	Acceptance from community re: Urgent Care Centre and proposed staffing. Further work ongoing re: improving resilience	NHSH	Project Director / Head of PR & Engagement	2	3	6		
3.2.3	Loss of artefacts from existing facilities	Reputational damage		2	2	4	Yellow	Ensure artefacts identified and catalogued at early stage, confirm what will be transferred and identify this in equipment schedule	Local Leads have been requested to identify artefacts /art work	NHSH	Project Team	2	1	2		
3.2.4	Highland Councillor elections may lead to a change in personnel, impacting on stakeholder support	Stakeholder buy-in may be compromised, causing delay		3	2	6	Yellow	Continuing engagement with Highland Council, involvement of local councillors in steering group	Regular comms with new council members who are included on development group	NHSH	Project Management Team	2	2	4		Closed
3.2.5	<i>Project specific - B&amp;S</i>															
3.2.6	<i>Project specific - B&amp;S</i>															
3.3.0	<b>Operational risks</b>															
3.3.1	Service model work does not complete in time to inform accommodation specification and building design	Delay in project completion, increased cost		4	3	12	Amber	Dependencies identified in project programme. Ongoing review at Project Team. Dependency with Sir Lewis work identified. Agree approach to this	Dependencies identified in project programme. Hospital hub complete. Portree design work commenced. Final service model tba following outcome of Sir Lewis. Agreed to proceed with current scope in meantime	NHSH	Project Management Team	3	2	6		
3.3.2	Current services collapse before project completion	Reduced access to certain health services in local area		4	2	8	Yellow	Ensure all necessary project arrangements are in place to progress as quickly as possible. Put necessary contingency / business continuity arrangements in place.	Some of Portree x-ray workload transferred to MMH	NHSH	Project Management Team and Locality	3	2	6		



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3.3.3	Required staffing model may not be in place when the new service commences	No staff "buy in", increased cost, unable to provide planned level of service, pressure on inpatient beds		4	2	8	Yellow	Early progression of the workforce plan allowing time for staff engagement, involvement and staff side reps as appropriate. Ensure workforce plan maps agreed clinical model. HR working group set up to progress transition	HR subgroup in place and meet regularly, plan in place, staff-side engagement ongoing	NHSH	Project Management Team, Service Development Sub-group and Locality	3	2	6		
3.3.4	Unable to recruit in traditional manner to support enhanced community and care-at-home plan	Unable to provide planned level of service, pressure on inpatient beds		5	4	20	RED	Progress the workforce plan, use of SDS, explore all options consistent with NHSH Care Strategy, Work with Scottish Care to develop the independent sector	Funding provided to Scottish Care to develop the independent sector	NHSH	Project Management Team and Locality	4	3	12		
3.3.5	Unable to reach agreement with independent Care Homes to provide community beds	Unable to provide planned level of service, pressure on inpatient beds		5	3	15	Amber	Continued engagement with Care Home providers, particularly in North Skye. Seek agreement in principle re: number of beds to be provided then negotiate and agree SLA	Discussions with Care Homes have been positive and are continuing. Care Homes have indicated that they would like to work with NHSH to incorporate flexible use beds, and they have been asked to confirm this in writing.	NHSH	Operational Unit	4	2	8		
3.3.6	<i>Project specific - B&amp;S</i>															
3.3.7	<i>Project specific - B&amp;S</i>															
3.3.8	<i>Project specific - B&amp;S</i>															
3.3.9	Unable to provide staff accommodation solution for visiting consultants & students before Mackinnon Memorial is decommissioned	Potential reduction in clinical service		3	2	6	Yellow	Explore accommodation options, present recommendation to Project Team / Programme Board for agreement. Implement agreed solution	Interim solution put in place with LSHA from Oct 2018. Lease with LSHA confirmed as preferred option for staff accommodation from 2021 and this is included in FBC costs	NHSH	Project Team	2	2	4		
3.4.0	<b>Demand risks</b>															
3.4.1	Demand for services / accommodation at variance with projected demand	Solution does not meet service need or is over-provided leading to inappropriate use of funding and increased operational costs		4	3	12	Amber	Monitor	External demographic study completed. Flexibility built into design.	NHSH	Project Team	2	3	6		
3.4.3	Lack of representation on HR subgroup prevents progress on workforce change	Impact on accuracy and updates in the workforce plan. Staff may not be adequately supported or informed timeously throughout process which could cause delays resulting in increased costs.		3	2	6	Yellow	Escalate to Deputy Head of HR. Ensure continuity in HR representation	Operational unit have escalated to Deputy Head of HR team. HR input provided to more recent meetings	NHSH	Operational Unit	3	1	3		
3.4.4	<i>Project specific - see B&amp;S</i>															
3.5.0	<b>Occupancy risks</b>															
3.5.1	The new accommodation remains empty following completion of works	Increased running costs, inappropriate use of funding, project delay		3	1	3	Green	Ensure the operational commissioning plan is aligned with construction programme and that service move arrangements are in place and ready to move at the appropriate time.		NHSH	Project Team	2	1	2		
3.5.2	Delay in 3rd sector partners taking up occupancy, or partners withdrawing from project after financial close	Increased running costs, inappropriate use of funding		3	2	6	Yellow	Continue to keep partners fully informed of their obligations / costs throughout project. Early progression of occupancy agreement, ensure full involvement in design development and full sign off of design prior to financial close	GP and 3rd sector partners, provided statement of intent for OBC. Partners fully engaged and have signed off design at key stages. Additional resource identified to support occupancy agreement work. Heads of Terms agreed for FBC	NHSH	Project Team	2	1	2		
3.6.0	<b>Decant risks</b>															
3.7.0	<b>Technology risks</b>															
3.7.1	<i>Bundle risk - see joint risk register</i>															
3.7.2	<i>Bundle risk - see joint risk register</i>															
4.0.0	<b>FINANCIAL RISKS</b>															
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4.1.4	<i>Bundle risk - see joint risk register</i>															
4.1.5	<i>Bundle risk - see joint risk register</i>															
4.1.6	<i>Bundle risk - see joint risk register</i>															
4.1.7	Cost of refurbishment of Portree Hospital building may exceed funding agreed in OBC	Project could be unaffordable		4	2	8	Yellow	Define scope of services in detail to inform level of refurbishment required, agree design with stakeholders, conclude costs for FBC.	Concept design developed with stakeholders - Dec 2018. Cost slightly exceeds OBC envelope but reductions elsewhere mean costs overall are within OBC levels	NHSH	Project Team	3	2	6	Yellow	
4.1.8	<i>Project specific - see B&amp;S</i>															
4.1.9	<i>Project specific - see B&amp;S</i>															
4.1.10	<i>Project specific - see B&amp;S</i>															
4.1.11	<i>Bundle risk - see joint risk register</i>															
4.1.12	<i>Bundle risk - see joint risk register</i>															
5.0.0	<b>EXTERNAL RISKS</b>															
5.1.0	<b>Economic risks</b>															

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5.1.1	<i>Bundle risk - see joint risk register</i>															
5.2.0	<b>Legislative risks</b>															
5.2.1	<i>Bundle risk - see joint risk register</i>															
5.3.0	<b>Policy risks</b>															
5.3.1	<i>Bundle risk - see joint risk register</i>															
5.4.0	<b>Infrastructure risks</b>															
5.4.1	Failure to deliver integrated transport plan / public transport to new site insufficient	Public unable to access site		3	3	9	Yellow	Continued engagement with local transport group. Revitalised transport group as part of workstream for Sir Lewis	Transport assessment completed & submitted as part of planning application	NHSH	Project Team & Transport Subgroup	3	2	6		

**BADENOCH & STRATHSPEY RISK REGISTER**

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<b>1.0.0</b>	<b>CONSTRUCTION / PROPERTY RISKS</b>															
<b>1.1.0</b>	<b>Site risks</b>															
1.1.2	Not used - SLWR only															
<b>1.2.0</b>	<b>Procurement risks</b>															
1.2.1	Project may be delayed due to delay in dependency project in HubCo bundle	Project delay, increased costs if stand-alone		4	3	12	Amber	Clear programming with joint programme for the bundle. Ensure joint governance arrangements are in place.	Programme Board for bundle established January 2017.	NHSH	Programme Board	4	2	8	Yellow	
1.2.2	Bundle risk - see joint risk register															
1.2.3	Bundle risk - see joint risk register															
1.2.4	Bundle risk - see joint risk register															
<b>1.3.0</b>	<b>Construction risk</b>															
1.3.1	Bundle risk - see joint risk register															
1.3.3	Bundle risk - see joint risk register															
1.3.4	Bundle risk - see joint risk register															
1.3.5	Utility providers fail to deliver within project programme	Project delay		3	2	6	Yellow	Ensure design team continue to engage with providers and early applications are made.	SSE application made	hNSL	NHSH	3	2	6	Yellow	
<b>1.4.0</b>	<b>Maintenance risk</b>															
1.4.1	Ongoing building maintenance costs are higher than projected	Increased cost, unaffordability		2	3	6	Yellow	Engagement with FM provider throughout Stage 2. Obtain indicative costs at an early stage and work with provider to reach best value for money solution. Escalate to NHSH Board risk register	B&S costs generally within NPR cap. Alternative provider on board. Service Level Specification being reviewed with input from SFT	NHSH / HubCo	Project Management team / HubCo PM team	2	3	6	Yellow	
<b>2.0.0</b>	<b>PLANNING &amp; DESIGN RISKS</b>															
<b>2.1.0</b>	<b>Planning risk</b>															
<b>2.2.0</b>	<b>Project Information risk</b>															
2.2.1	Archaeology or other items of special scientific interest found on site	Delay, increased cost of construction, additional costs of excavation etc, prevention of development.		3	2	6	Yellow	Follow recommendations of project Archaeologist / Highland Council	Desk top / site walk over survey completed Autumn 2015 - no evidence of archaeology found.	NHSH	Project Management Team	2	2	4	Green	
2.2.3	Difficulty in getting utilities and drainage connections to preferred site	Delay, increased costs, non functionality		3	1	3	Green	Ensure suitability of existing services and early application for new/increased services.	More detailed utilities assessment completed, no significant issues found. Quotes received from providers and wayleave routes nearing conclusion.	NHSH	Project Management Team	2	1	2	Green	
2.2.4	Difficulty in access to preferred site (e.g. land locked)	Delay, increased capital cost resulting in unaffordable option		4	1	4	Green	Conclude legals on access road procurement.	Deal now reached which includes NHSH acquiring part of access road, legals being finalised. Owner of access road required to have road adopted (affordable housing development)	NHSH	Project Management Team	3	1	3	Green	
<b>2.3.0</b>	<b>Design risk</b>															
2.3.3	Bundle risk - see joint risk register															
2.3.4	Bundle risk - see joint risk register															
2.3.5	Bundle risk - see joint risk register															
2.3.6	Design does not meet the expectations set out in the Design Statement	Delay, increased cost		2	1	2	Green	Design statement / AEDET workshop in January 2019. Continued engagement with HFS on design.	AEDET / Design Statement workshops completed early FBC, all targets met (appropriate to stage)	NHSH / HubCo	Project Management Team / Hub Design team	2	1	2	Green	
2.3.7	Design team does not have sufficient capacity or capability for the project	Delay, increased cost		3	2	6	Yellow	Monitor through monthly NHS/hub Technical and Project Board meetings. Monitor in house capacity for Grantown works.	Monitored through monthly NHS/hub Technical and Project Board meetings	NHSH / HubCo	Project Management Team / Hub PM Team	2	2	4	Green	
2.3.9	Bundle risk - see joint risk register															
2.3.10	Not used - SLWR only															
<b>3.0.0</b>	<b>CLIENT / BUSINESS RISKS</b>															

**BADENOCH & STRATHSPEY RISK REGISTER**

Risk no	Description	Possible consequence	Financial / Non-financial / Unquantifiable	Consequence	Likelihood	Risk rating	RAYG	Proposed actions / mitigation	Action taken	Action by	Ownership	Consequence (following mitigation)	Likelihood (following mitigation)	Risk rating (following mitigation)	RAYG (following mitigation)	Closed
<b>3.1.0</b>	<b>Business risks</b>															
3.1.1	<i>Bundle risk - see joint risk register</i>															
3.1.2	Lack of capacity within NHSH impacting on ability to deliver the service change within agreed timescales	Delays in project, fails to progress		3	2	6	Yellow	Ensure adequate management resource is allocated to the project and sufficient priority is given by the Operational Unit management team. Clear allocation of responsibility and programming to ensure availability at key stages.	Changes made to Op Unit structure Nov 2018 to ensure management capacity is in place. Project Team to monitor	NHSH	Project Director	3	2	6	Yellow	
3.1.3	Changes in key personnel resulting in a loss of momentum and impacting on stakeholder engagement and support	Delays in project, fails to progress		2	2	4	Green	Project Board and Team to maintain continuity during changeover. Maximise handover period. Ensure new members have sufficient capacity and understanding of project to drive it forward. Continued communication and engagement with stakeholders. Good record keeping.	Records kept of all project meetings. Handover and induction takes place for new team members	NHSH	Project Board and Management Team	2	2	4	Green	
3.1.4	<i>Bundle risk - see joint risk register</i>															
3.1.5	<i>Not used - SLWR only</i>															
<b>3.2.0</b>	<b>Reputational risk</b>															
3.2.3	Loss of artefacts from existing facilities	Reputational damage		2	2	4	Green	Ensure artefacts identified and catalogued at early stage, confirm what will be transferred and identify this in equipment schedule	Being managed by transition workstream. Local teams compiling a register of artefacts	NHSH	Project Management Team	2	2	4	Green	
3.2.6	Unable to reach agreement with community on use of Burall fund before St Vincents Hospital closes	Reputational damage, financial loss		3	3	9	Yellow	Ongoing engagement with community to support them to agree a solution	Regular reports to Project Team			3	2	6	Yellow	
<b>3.3.0</b>	<b>Operational risk</b>															
3.3.2	Current services collapse before project completion	Reduced access to certain health services in local area		3	2	6	Yellow	Ensure all necessary project arrangements are in place to progress as quickly as possible. Put necessary contingency / business continuity arrangements in place.	Included in transition workstream	NHSH	Project Management Team and Locality	3	2	6	Yellow	
3.3.3	Required staffing model may not be in place when the new service commences	No staff 'buy in', increased cost		3	2	6	Yellow	Early progression of workforce plan (including medical) allowing time for staff engagement, involvement and staff side reps as appropriate. Ensure workforce plan maps agreed clinical model	HR subgroup work ongoing. Progress reported to Project Team.	NHSH	Project Management Team, Service Development Sub-group and Locality	3	2	6	Yellow	
3.3.4	Unable to recruit in traditional manner to support enhanced community and care-at-home plan	Unable to provide planned level of service		4	2	8	Yellow	Progress the workforce plan, use of SDS, explore all options consistent with NHSH Care Strategy.	Monitored by Project Team	NHSH	Project Management Team and Locality	4	1	4	Green	
3.3.5	<i>Not used - SLWR only</i>															
3.3.6	New service model makes it difficult to recruit and retain key staff groups, change management, organisational development	Unable to support planned level of service		2	2	4	Green	Progress the workforce plan; consider implications of service model in detail	HR subgroup work ongoing. Progress reported to Project Team.	NHSH	Project Management Team, Service Development Sub-group and Locality	2	2	4	Green	
3.3.7	Highland Council manage the budget for the construction of the proposed flexible use beds at Grant House. Project may not be prioritised.	Unable to deliver planned service model		4	4	16	Amber	Work with Highland Council to progress tender and construction. Highlight strategic importance with key stakeholders; council officials, councillors.	Currently prioritised by Joint Capital Funding Group. Re-tender underway, work expected to start in 2019	NHSH	Project Management Team	3	2	6	Yellow	

**BADENOCH & STRATHSPEY RISK REGISTER**

Risk no	Description	Possible consequence	Financial / Non-financial / Unquantifiable	Consequence	Likelihood	Risk rating	RAYG	Proposed actions / mitigation	Action taken	Action by	Ownership	Consequence (following mitigation)	Likelihood (following mitigation)	Risk rating (following mitigation)	RAYG (following mitigation)	Closed
3.3.8	New 40-bed independent provider care home in Grantown impacts on availability of workforce	Unable to support planned level of service		3	3	9	Amber	PT to monitor impact		NHSH	Project Management Team	3	2	6	Yellow	
3.3.9	<i>SLWR specific</i>															
<b>3.4.0</b>	<b>Demand risk</b>															
3.4.1	Demand for services / accommodation at variance with projected demand	Solution does not meet service need or is over-provided leading to inappropriate use of funding		2	1	2	Green	Monitor	External demographic study completed. Capacity and flexibility built into design.	NHSH	Project Management Team	2	1	2	Green	
3.4.2	<i>Not used - SLWR only</i>															
3.4.3	<i>Not used - SLWR only</i>															
<b>3.5.0</b>	<b>Occupancy risks</b>															
3.5.1	The new accommodation remains empty following completion of works	Increased running costs		3	1	3	Green	Ensure the operational commissioning plan is aligned with construction programme and that service move arrangements are in place and ready to move at the appropriate time.	Commissioning Manager in post to support operational commissioning. Transition plan in place and reviewed regularly. Progress reported to Project Team	NHSH	Project Management Team	2	1	2	Green	
3.5.2	Delay in GP / 3rd sector partners taking up occupancy, or partners withdrawing from project after financial close	Increased running costs		3	1	3	Green	Continue to keep partners fully informed of their obligations / costs throughout project . Early progression of occupancy agreement, ensure full involvement in design development and full sign off of design prior to financial close	GP and 3rd sector partners, provided statement of intent for OBC. Partners fully engaged and have signed off design at key stages. Additional resource identified to support occupancy agreement work - Heads of Terms being agreed for FBC, on track	NHSH	Project Management Team	3	1	3	Green	
<b>3.6.0</b>	<b>Decant risks</b>															
3.6.1	Provision of decant space may exceed costs allowed	Increased cost, project unaffordable		3	2	6	Yellow	Cost decant works as part of detailed design for Grantown HC, include in FBC costs	Decant costs included in FBC allowance for Grantown HC works, which is within OBC level	NHSH	Project Management Team	2	2	4	Green	
<b>3.7.0</b>	<b>Technology risks</b>															
3.7.1	<i>Bundle risk - see joint risk register</i>															
3.7.2	<i>Bundle risk - see joint risk register</i>															
<b>4.0.0</b>	<b>FINANCIAL RISKS</b>															
<b>4.1.0</b>	<b>Funding risks</b>															
4.1.1	<i>Bundle risk - see joint risk register</i>															
4.1.2	<i>Bundle risk - see joint risk register</i>															
4.1.3	<i>Bundle risk - see joint risk register</i>															
4.1.4	<i>Bundle risk - see joint risk register</i>															
4.1.5	<i>Bundle risk - see joint risk register</i>															
4.1.6	<i>Bundle risk - see joint risk register</i>															
4.1.7	Building works at Ian Charles Hospital site in Grantown may exceed OBC allocation resulting in NHS H being; a) unable to physically separate the hospital from the health centre and therefore unable to dispose of the old building with a resultant increase in revenue costs, and b) unable to accommodate services in the health centre which we agreed would remain in the locality (previously provided from hospital building)	Reputational damage, increased revenue cost, unable to reinvest in community services		3	2	6	Yellow	Progress detailed design and cost for FBC. Check design to ensure it meets service need, adjust and re-cost if necessary, See 2.3.2	Layout provisionally agreed with the practice. MEP consultant appointed to complete detailed design & cost. FBC cost within OBC level	NHSH	Project Management Team	2	2	4	Green	

**BADENOCH & STRATHSPEY RISK REGISTER**

Risk no	Description	Possible consequence	Financial / Non-financial / Unquantifiable	Consequence	Likelihood	Risk rating	RAYG	Proposed actions / mitigation	Action taken	Action by	Ownership	Consequence (following mitigation)	Likelihood (following mitigation)	Risk rating (following mitigation)	RAYG (following mitigation)	Closed
4.1.9	No revenue funds identified for building works at Kingussie to accommodate services that are to remain in the community but which are currently provided in the hospital building. Note HC building is owned by the practice	Unable to provide agreed level of service in these communities, reputational risk		3	1	3	Green	Agree design and requirements with the practice, ensure practice progresses design & costs within FBC timescales. Agree NHSH contribution. Confirm improvement grant and include detail in FBC.	Meetings ongoing with practice, NHSH requirements confirmed. Practice have appointed an architect to take forward design works. Provisional contribution agreed pending final design & costs, and included in FBC costs	NHSH	Project Management Team	3	1	3	Green	
4.1.10	Kingussie practice may decide not to accommodate the remaining community services within its building, leaving NHSH to find an alternative solution	Reputational risk as unable to provide agreed level of service in the community, financial risk as alternative solution may cost more		3	2	6	Yellow	Continue engagement with practice. Seek formal agreement with practice to accommodate these services. Outline arrangements in FBC	As above	NHSH	Project Management Team	3	1	3	Green	
4.1.11	<i>Bundle risk - see joint risk register</i>															
4.1.12	<i>Bundle risk - see joint risk register</i>															
5.0.0	<b>EXTERNAL RISKS</b>															
5.1.0	<b>Economic risks</b>															
5.1.1	<i>Bundle risk - see joint risk register</i>															
5.2.0	<b>Legislative risks</b>															
5.2.1	<i>Bundle risk - see joint risk register</i>															
5.3.0	<b>Policy risks</b>															
5.3.1	<i>Bundle risk - see joint risk register</i>															
5.4.0	<b>Infrastructure risks</b>															
5.4.1	Failure to deliver integrated transport plan / public transport to new site insufficient	Public unable to access site		3	2	6	Yellow	Continued engagement with local transport group	Funding identified to support enhanced transport plan & approved in OBC May 2018. Design includes hub at the hospital. Engagement with transport group continuing	NHSH	Programme Board	3	2	6	Yellow	

## Appendix 17 – Quantified Risk Register

**Objective:**  
 To document and quantify risks for the purpose of the OBC. A separate optimism bias exercise has been undertaken.  
 Risks retained by NHHSH are the focus of this exercise. Risks to be transferred to a hNSL are included in the capital Stage 1 estimate

Key-Probability of occurrence				
No	Category	Range	Midpoint	Low Range
1	Remote chance	0%-5%	2.50%	1.50%
2	Unlikely	6%-40%	23%	12.00%
3	As likely as not	41%-60%	50%	41.00%
4	Likely	61%-80%	70%	61.00%
5	Highly likely	81%-95%	88%	81.00%
5+	Virtually certain	96%-100%	98%	96.00%

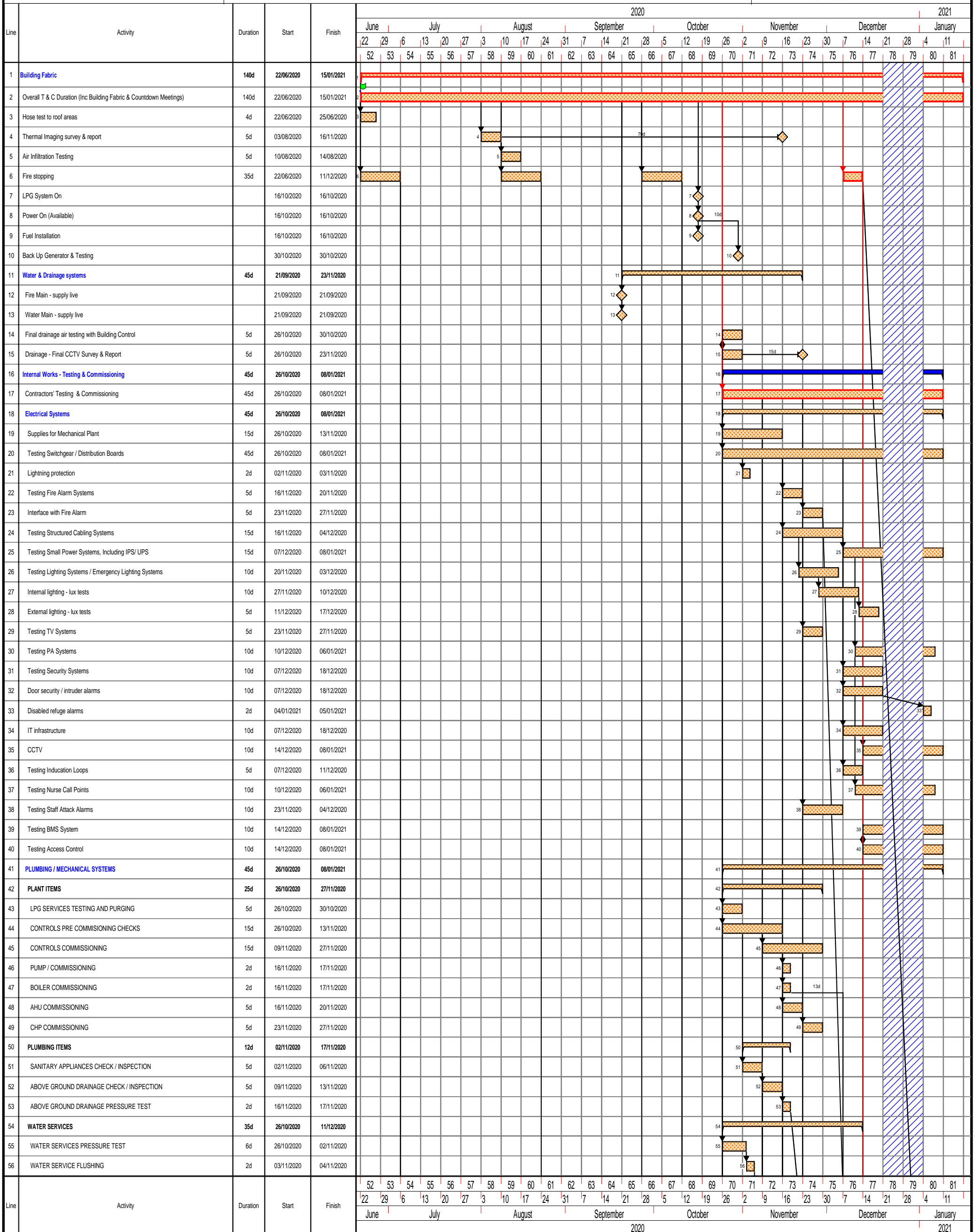
Cost Stage 2 ?	<b>B&amp;S</b>	<b>SLSWR</b>	<b>Total</b>	Rate/m2
Area Stage 2	19,728,835	20,676,370	£40,405,205	5,691
	3,865	3,235	7,100	
	May-18	Dec-18		
<b>RISK</b>	<b>B&amp;S</b>	<b>SLSWR</b>	<b>Total</b>	
	£280,000	£220,000	£500,001	

Prefix	Risk ID	Risk	To be borne by			hNSL OBC Risk Rating	C&B FBC Rating for Cost	Probability %	Value	Likely	Comment	Time Delay (months)	B&S	SLSWR	Total	Check			
			NHHSH	SLSWR	hNSL														
		<b>PROGRAMME</b>											<b>50%</b>	<b>50%</b>	<b>100%</b>				
BS+S	001	Within the NPR it was accepted that the provision for inflation on Construction Costs would be excluded. The consequence of this risk is that the project may become unaffordable should external market pressures change significantly.			✓	n/a	n/a	0.0%	£2,525,325	£0	Construction inflation is included in the market tested packages and is now borne by HNSL	Nil	£0.00	£0.00	£0.00	✓			
New		Planning conditions and off site planning risk that falls to NHHSH to be resolved									Conditions of planners awaited.		£131,740	£71,740	£203,480.00				
BS+S	002	There is a risk that the ACRs may exceed the budget which is based on the SFT metric. The consequence of this risk is that there will require to be a change to the scope as the budget is fixed.			✓	n/a	n/a	0.0%	£710,000	£0	The Project ACR are now in agreed form and all costs of compliance except as may be derogated are included in the Tier 1 construction costs	Nil	£0.00	£0.00	£0.00	✓			
BS+S	005	There is a risk that NHHSH Business Case signs offs may not be achieved by the end of Stage 1 and Stage 2 as required by the programme. The consequence of this risk would be delay to the programme and increased follow on costs.	✓	✓		n/a	n/a	0.0%	£707,091	£0	FC is anticipated in May 2019 and all costs presented are based upon that being achieved.	0	£0.00	£0.00	£0.00	✓			
BS+S	008	SoMA - 11.1A Authority Consents - confirmation of any statutory consents required for works / services that NHHSH need to apply for	✓	✓		9	1	2.5%	£0	£0	Not able to value	Nil	£0.00	£0.00	£0.00	✓			
BS+S	009	Confirmation of Letters of Reliance required	✓	✓		9	1	2.5%	£0	£0	Not able to value	Nil	£0.00	£0.00	£0.00	✓			
BS+S	010	Technical investigations conclude that preferred site at Broadford is not suitable, requiring purchase of new site - Project delay, project may be unaffordable	✓	✓		8	1	2.5%	£0	£0	Not able to value	Nil	£0.00	£0.00	£0.00	✓			
BS+S	020	Local community objects to project, resulting in refusal of or delay in planning permission - Delay, increased cost	✓	✓		8	1	0.0%	£707,091	£0	Previously based on 12 month delay and inflation, with low likelihood. Planning conclusion will close this.	0	£0.00	£0.00	£0.00	✓			
BS+S	022	Archaeology or other items of special scientific interest found on site - Delay, increased cost of construction, additional costs of excavation, prevention of development.	✓	✓		16	2	2.5%	£177,500	£4,438	Assumed site strip pre-FC, but capital needed for additional, extra over site strip	Nil	£2,218.75	£2,218.75	£4,437.50	✓			
BS+S	023	Adverse ground conditions on preferred site - Increase cost, delays			✓	6	3	50.0%	£0	£0	Site by Site not programme	Nil	£0.00	£0.00	£0.00	✓			
BS+S	025	Client's project brief is lacking in information or is insufficient - Increased design team costs, project delays	✓	✓		8	1	2.5%	£0	£0	Brief is now concluded and clear	Nil	£0.00	£0.00	£0.00	✓			
BS+S	026	The scope of the project increases as the project progresses - increased cost, delay, project may become unaffordable.			✓	12	n/a	0.0%	£1,010,130		GIFA has now settled and awaiting final as drawn values. Failing to provide accommodation to the brief is hNSL risk (NHS diligence) Specification confirmed but risk of post FC change due to changes in CoS etc	Nil	£0.00	£0.00	£0.00	✓			
BS+S	028	Changes to specification post-sign off - Increase in cost	✓	✓		12	1	2.5%	£1,010,130	£25,253	CoS and design consultation process has mitigated this risk significantly. Operational issue.		£12,626.63	£12,626.63	£25,253.25	✓			
BS+S	029	Design not capable of delivering the services to the required performance or quality standards - Delay, increased cost, reputational damage	✓	✓		8	n/a	12.0%	£0	£0	NDAP process nearing conclusion. Require confirmation from HFS. Retained risk of late changes required.		£0.00	£0.00	£0.00	✓			
BS+S	030	Design does not meet the expectations set out in the Design Statement - Delay, increased cost	✓	✓		12	2	15.0%	£1,010,130	£151,520	Accessibility and provisions now tested through planning - no perceived ongoing issues.		£75,759.76	£75,759.76	£151,519.52	✓			
BS+S	032	Insufficient car parking for number of occupants and service users - Users unable to access services, reputational risk	✓	✓		6	n/a	0.0%	£0	£0	No additional concurrent delay		£0.00	£0.00	£0.00	✓			
BS+S	033	Insufficient project management and capital management capacity / expertise - Delays in project, fails to progress	✓	✓		16	2	23.0%	£150,000	£34,500	FC in May 2019 anticipated - minor potential retained risk		£17,250.00	£17,250.00	£34,500.00	✓			
BS+S	036	Delays in NHHSH / SG approval process - Delay project programme	✓	✓		20	2	8.0%	£1,010,130	£80,810	Awaiting planning outcomes		£40,405.21	£40,405.21	£80,810.41	✓			
BS+S	037	Local community objection results in judicial review of process - Local buy in compromised, project delay	✓	✓		15	2	0.0%	£1,010,130	£0	No additional concurrent delay. Risks fully mitigated and brief frozen at current SHTM		£0.00	£0.00	£0.00	✓			
BS+S	044	Changing statutory and NHS guidance - Additional work required which will delay project and increase cost.	✓	✓			n/a	0.0%	£0	£0			£0.00	£0.00	£0.00	✓			
BS+S	047	Construction costs may exceed the likely funding allocation for the bundle, which is £30m for 2 projects. Current estimates are £15-20m for each project. Project Bundle Affordability Cap has been calculated at £31.4m. This is in part dictated by construction inflation which is fluctuating at present. - Project could be unaffordable	✓	✓		20	n/a	0.0%	£0	£0	Covered in items above		£0.00	£0.00	£0.00	✓			
BS+S	048	Scottish Government does not provide Unitary Charge Grant assistance resulting in project becoming unaffordable	✓	✓		15	n/a	0.0%	£0	£0	central Govt Risk		£0.00	£0.00	£0.00	✓			
BS+S	071	The timing of Brexit causes unexpected rise in material prices from Europe	✓	✓		12	n/a	0.0%	£0	£0	central Govt Risk		£0.00	£0.00	£0.00	✓			
		<b>BADENOCH &amp; STRATHSPEY</b>																	
Badenoch & Strathspey	011	Project will be part of a HubCo bundle and may be delayed due to delay in any dependency project - Delay in project completion, increased cost	✓			15	2	23.0%	£0	£0	Delay to one project may delay both - Is this not a programme level?		£0.00	£0.00	£0.00	✓			
Badenoch & Strathspey	015	Critical programme dates are unrealistic - Delay, increased cost, reputational damage	✓			12	2	23.0%	£0	£0	Covered above		£0.00	£0.00	£0.00	✓			
Badenoch & Strathspey	027	Insufficient time allowed for review of design documentation in run up to financial close - Delay in project programme, additional cost of late changes and poor functionality	✓			12	2	23.0%	£0	£0	Covered above		£0.00	£0.00	£0.00	✓			
Badenoch & Strathspey	042	Inflation costs rise above those projected - Increased cost / project may become unaffordable	✓			12	n/a	0.0%	£394,577	£0	Construction inflation is included in the market tested packages and is now borne by HNSL		£0.00	£0.00	£0.00	✓			
Badenoch & Strathspey	022	Archaeology or other items of special scientific interest found on site - Delay, increased cost of construction, additional costs of excavation, prevention of development.	✓			16	2	0.0%	£45,000	£0	Potential for site delay if other artefacts found after site strip? Will hNSL carry this risk? 3months prelims	0	£0.00	£0.00	£0.00	✓			
Badenoch & Strathspey	023	Adverse ground conditions on preferred site - Increase cost, delays	✓			6	n/a	0.0%	£193,250	£0	Contamination and piling risks said to be retained by Board. Adverse conditions apart fro dark ground should now sit with hNSL		£0.00	£0.00	£0.00	✓			
		<b>SKYE</b>																	
Skye		Project will be part of a HubCo bundle and may be delayed due to delay in any dependency project - Delay in project completion, increased cost		✓		15	2	23.0%	£0	£0	Delay to one project may delay both - mitigated if FC achieved as planned in May 2019		£0.00	£0.00	£0.00	✓			
Skye		Critical programme dates are unrealistic - Delay, increased cost, reputational damage		✓		12	2	23.0%	£0	£0	Programme to FC now established		£0.00	£0.00	£0.00	✓			
Skye		Insufficient time allowed for review of design documentation in run up to financial close - Delay in project programme, additional cost of late changes and poor functionality		✓		12	2	23.0%	£0	£0	Programme to FC now established		£0.00	£0.00	£0.00	✓			
Skye		Inflation costs rise above those projected - Increased cost / project may become unaffordable		✓		12	n/a	0.0%	£413,527.40	£0	Construction inflation is included in the market tested packages and is now borne by HNSL		£0.00	£0.00	£0.00	✓			
Skye		Archaeology or other items of special scientific interest found on site - Delay, increased cost of construction, additional costs of excavation, prevention of development.		✓		16	2	0.0%	£45,000	£0	Potential for site delay if other artefacts found after site strip? Will hNSL carry this risk? 3months prelims		£0.00	£0.00	£0.00	✓			
Skye		Adverse ground conditions on preferred site - Increase cost, delays		✓		6	n/a	0.0%	£161,750	£0	Contamination and piling risks said to be retained by Board. Adverse conditions apart fro dark ground should now sit with hNSL		£0.00	£0.00	£0.00	✓			
		<b>Total</b>							£11,280,762	£296,521	Dealy cumulative (Months)	0	56.00%	44.00%	100.00%	£280,000.34	£220,000.34	£500,000.68	*

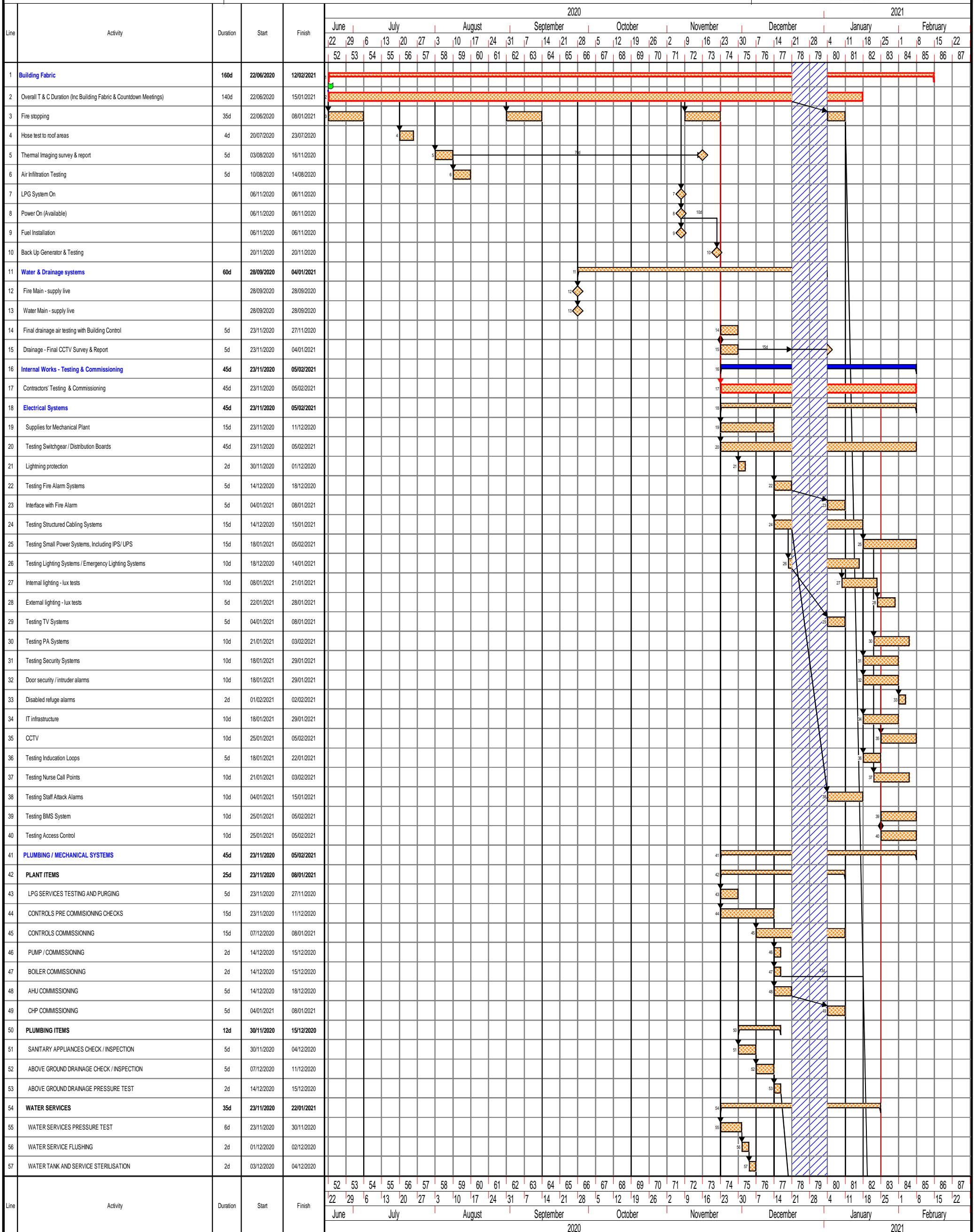
**%age Risk of Total CAPEX 1.24%**



## **Appendix 18 – Draft Technical Commissioning Programme**









## **Appendix 19 – Project Monitoring**

# Project Cost Monitoring

## Capital / Equivalent Investment Cost Monitoring Form:

Project Title:	Badenoch & Strathspey and Skye, Lochalsh & South West Ross service redesign bundle			
Floor Area (GIA):	See separate table below			
	IA	OBC	FBC	Difference % OBC to FBC
<b>Construction / Investment Cost:</b>				
<i>Badenoch &amp; Strathspey</i>	£15-20m	£15,433,341	£19,728,835 <sup>1</sup>	+27.8%
<i>Skye, Lochalsh &amp; South West Ross</i>	£15-20m	£15,146,842	£20,676,370 <sup>2</sup>	+36.5%
<b>Total DBFM Hospital bundle</b>	<b>£30-40m</b>	<b>£30,580,183<sup>3</sup></b>	<b>£40,405,205</b>	<b>+32.1%</b>
Site Reconfiguration				
<i>Badenoch &amp; Strathspey</i>	Incl above	£2,150,000	£1,759,000	-18%
<i>Skye, Lochalsh &amp; South West Ross</i>	Incl above	£2,650,000	£2,878,000	+8.6%
Quantified Construction Risk:	Incl above	Incl above	Incl above	-
<b>Total Construction Costs:</b>	<b>£30-40m</b>	<b>£35,380,183</b>	<b>£45,042,205</b>	<b>+27.3%</b>
Site acquisition:		£600,000	£556,000	-7.3%
Subdebt:		£306,000	£369,000 <sup>4</sup>	+20.6%
<b>Total Other Construction Related Costs:</b>	<b>Incl above</b>	<b>£906,000</b>	<b>£925,000</b>	<b>+2.1%</b>
Group 2,3 & 4 equipment (incl IM&T, medical, non-medical and furniture)		£1,450,000	£1,591,000	+9.7%
<b>Total Furniture &amp; Equipment Costs:</b>	<b>Incl above</b>	<b>£1,450,000</b>	<b>£1,591,000</b>	<b>+9.7%</b>
Additional Quantified Risk:		£3,346,000	£500,000 <sup>5</sup>	-85%

<sup>1</sup> Inflation 12.07%, change orders in response to design development and NDAP process, abnormals not accounted for in benchmark cost, uncertainty around Britain's exit from the European Union and potential tariffs on construction materials, shortages of skilled labour, reduction in the number of available M&E contractors following a series of company collapses resulting in reduced competition and increased prices. See Appendix 20 for hubCo cost report and benchmark cost comparison

<sup>2</sup> As above, and SLSWR location factor resulting in an increase in excess of the 20% allowed for at NPR

<sup>3</sup> Excludes inflation uplift

<sup>4</sup> Subdebt is a proportion of overall hub cost

<sup>5</sup> Quantified risk reduced, as expected at this stage in the project as cost certainty has increased

	IA	OBC	FBC	Difference % OBC to FBC
Allowance for Un-quantified risk (Optimism Bias)	Incl above	Incl above	Incl above	
Move-in costs and double running cost for migration of services:		£185,000	£200,000	+8.1%
Professional Fees:		£1,391,000	£313,947 <sup>6</sup>	-77.4%
<b>Total Estimated / Actual Cost:</b>	<b>£30-40m</b>	<b>£42,658,183</b>	<b>£48,572,152</b>	<b>+13.9%</b>

An explanation of significant cost changes between each stage is provided in the footnote.

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<sup>6</sup> OBC cost based on hub design fees in error (these are included in hub construction cost figure). FBC based on NHSH advisor and consultant fees



## Operational Revenue Cost Monitoring Form:

<b>Project Title:</b>	<b>B&amp;S and SLSWR Project Bundle</b>			
<b>Floor Area (GIA):</b>	See separate table below			
	<b>Do nothing</b>	<b>OBC</b>	<b>FBC</b>	<b>Difference % OBC to FBC</b>
Service model costs (B&S):	£16,610k	£15,239k	£16,200k <sup>7</sup>	+6.3%
Service model costs (SLSWR):	£30,649k	£28,002k	£30,308k <sup>8</sup>	+8.2%
ASP charge costs (B&S)	-	£2,087k	£1,990k	-4.6%
ASP charge costs (SLSWR)	-	£1,694k	£1,725k	-1.8%
Asset related costs (B&S):	£706k		£816k	-
Asset related costs (SLWR):	£380k		£961k	-
<i>Additional itemised costs:</i>				
Income (B&S)	(£424k)	(£2,574k)	(£2,460k)	-4.4%
Income (SLSWR)	(£202k)	(£2,235k)	(£2,189k)	-2.1%
Other recurring costs:				
<i>Additional itemised costs:</i>				
Allowance for Optimism Bias				
<b>Total Cost before VAT:</b>				
VAT:				
<b>Total Estimated / Actual Cost:</b>				

An explanation is needed of all significant cost changes between each stage.

<sup>7</sup> FBC cost includes impact of pay inflation

<sup>8</sup> FBC cost includes impact of pay inflation and inclusion of pressures funded (medical and adult social care)

## DBFM Monitoring Form:

An explanation of all significant changes between each stage is provided in the footnotes.

Project Title:	New Community Hospitals in B&S and SLSWR			
	NPR	Stage 1	Stage 2	% difference from NPR
Gross Internal Floor Area (GIFA) m2				
<i>Skye, Lochalsh &amp; South West Ross</i>	3,135	3,321 <sup>9</sup>	3,286 <sup>10</sup>	+5%
<i>Badenoch &amp; Strathspey</i>	3,906	3,982 <sup>11</sup>	4,192 <sup>12</sup>	+7%
Facilities Management cost per m2:				
<i>Skye, Lochalsh &amp; South West Ross</i>	£25.00	£40.00 <sup>13</sup>	£60.87 <sup>14</sup>	+143%
<i>Badenoch &amp; Strathspey</i>	£22.00	£22.00	£20.74	-6%
Life Cycle cost per m2:				
<i>Skye, Lochalsh &amp; South West Ross</i>	£23.00	£30.00	£32.83 <sup>15</sup>	+42%
<i>Badenoch &amp; Strathspey</i>	£21.00	£21.00	£22.50 <sup>16</sup>	+7%

<sup>9</sup> A condition of stage 1 approval required hub North Scotland Ltd (hNSL) to work jointly with NHS Highland to bring GIFA for both facilities to below the NPR cap by Financial Close. NHS Highland carried out an exercise early stage 2 reducing the clinical accommodation brief by 4.9%. Note this did not impact on clinical services being provided.

<sup>10</sup> Change controls in response to NDAP feedback; changing places and mortuary viewing room added

<sup>11</sup> As per note 8

<sup>12</sup> Reported GIFA was below NPR level up until Dec 2018. Increase is attributed to 1<sup>st</sup> floor plant space which was originally recorded as external plant. There has been no increase in clinical accommodation and the briefed GIFA has remained below NPR level.

<sup>13</sup> Market testing at stage 1 demonstrated significantly increased costs for SLSWR due to its remote and rural location and 24/7 operation, in comparison to a more urban area where there is potential to achieve efficiencies in managing multiple sites. Stage 1 costs based on lowest (preferred) bidder.

<sup>14</sup> Despite significant engagement with preferred bidder throughout Stage 2, costs returned in November 2018 rose substantially from those in the initial bid for both sites. This was mitigated by moving to an alternative FM provider, and by reviewing the Service Level Specification in detail in conjunction with SFT resulting in a reduction of circa £20k per annum for FM provision overall.

<sup>15</sup> Remote and rural location in comparison to a more urban area where there is potential to achieve efficiencies in managing multiple sites

<sup>16</sup> Maintenance of CHP plant moved from FM to LCC – FM cost now below NPR level, but LCC above

## **Construction Cost Plans**

Refer to Appendix 20 - hubCo stage 2 pricing reports

## Programme Monitoring Form:

Project Title:	B&S and SLSWR bundle				
	IA (B&S)	IA (SLSWR)	OBC	FBC	Actual
<b>Project Milestones:</b> (taken from Project Plan in Management Case)					
IA Approved (B&S)	Jul 2015				Sep 2015
IA Approved (SLSWR)		Jul 2016			Nov 2016
Appoint HubCo (NPR)	Jan 2016	Oct 2016			May 2017 <sup>17</sup>
Hub Stage 1 approved			Nov 2017		Jan 2018 <sup>18</sup>
OBC approved	Sep 2016	Sep 2017	Jan 2018		May 2018 <sup>19</sup>
FBC and Hub Stage 2 approved	Jul 2017	Jul 2018	Nov 2018	May 2019 <sup>20</sup>	
Financial Close of hub contract	Jul 2017	Nov 2018	Dec 2018	May 2019	
Start on site (new hospital builds)	Aug 2017	Jan 2019	Feb 2019	July 2019	
New hospital facilities operational	Jun 2019	Nov 2020	Dec 2020	April 2021	
Existing site reconfiguration complete			Mar 2022	Dec 2022 <sup>21</sup>	

An explanation of significant programme changes is provided in the foot note below.

<sup>17</sup> Conditions attached to SLSWR IA approval required to be resolved before NPR submitted

<sup>18</sup> Initial stage 1 submission (Oct 2017) was unacceptable to NHSH due to cost (affordability) and concerns regarding SLSWR design solution. Addendum submitted to NHSH Jan 2018.

<sup>19</sup> Joint OBC for bundle and delay in approval of SLSWR IA impacted on timescales for B&S. Approval of joint OBC delayed due to a) NDAP process not being concluded, b) clarity required in relation to position on care home, care at home and other community services in SLSWR and c) conclusion of Sir Lewis Ritchie external view on out of hours provision on Skye.

<sup>20</sup> Delay in OBC approval impacted on subsequent milestones

<sup>21</sup> Longer programme for Portree Spoke works at this stage to allow for phasing

## **Appendix 20 – SLSWR hubCo Stage 2 Pricing Report**

**SKYE, LOCHALSH & WESTER ROSS COMMUNITY HOSPITAL FACILITY**

**at**

**BROADFORD, SKYE**

**for**

**HUB NORTH SCOTLAND LTD**

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**STAGE 2 PRICING REPORT - DRAFT**

**APRIL 2019**



**THOMSONGRAY**  
CONSTRUCTION CONSULTANTS

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## 1.0 EXECUTIVE SUMMARY

This Report has been prepared at the request of hub North Scotland Ltd to confirm the Stage 2 Final Price for Skye, Lochalsh & South Wester Ross.

The Scope of the Project is defined in Section 2.0.

This Pricing Report confirms the Final Price for the project, and demonstrates that the Final Price has been tendered in accordance with the Method Statement.

The affordability cap and the reported Final Stage 1 Report excluded inflation however the Stage 2 price now includes inflation to Financial Close. Since Affordability Cap, and Stage 1, a number of additional abnormals have been identified which have increased the Price beyond the Affordability cap.

The below table shows project affordability at each stage of the process:

Development Project Stage	Project Affordability £
Affordability Cap at NPR Stage excluding inflation	£15,146,842
Revised Affordability Cap including CCO's and Inflation	£18,466,650
Stage 1 Predicted Maximum Cost excluding inflation	£15,126,000
Revised Affordability Cap including CCO's and Inflation	£18,466,650
Stage 2 Price	£20,677,882

It should be noted that whilst the Stage 2 is higher than the original NPR, the stage 1 maximum cost and NPR did not take into account inflation or the extent of abnormals now discovered with the site.

### Prime Cost

The Prime Cost has been procured in accordance with Balfour Beatty's Procurement Strategy where approximately 94% of work package value have been competitively tendered. Despite best endeavours some packages have not returned 3 tenders as set out in the TPA, whilst a 2-stage approach was adopted with the Mechanical & Electrical package. When you take work packages tendered to 3 or more contractors and include the M&E work package 70% is market tested in line with the TPA. All of the Work Packages have been reviewed by Thomson Gray where a comprehensive tender clarification exercise has been undertaken in conjunction with Balfour Beatty and the Technical Advisor Currie and Brown.

Despite best endeavors the joinery work package received no quotations from the market place. In this instance supplier and agency labour quotes have been competitively sourced with the package then converted into bills of quantities to allow rates to be reviewed and benchmarked. This package equates to 6% of the total prime cost

An Elemental Cost Analysis has been prepared from the competitively tendered information and is detailed in Section 4.0 of this Report.

A summary of the competitive tendering exercise is attached as Appendix A to this Report.

In order to reach the Stage 2 Price a significant collaborative value engineering exercise has been undertaken on the project. This has resulted in savings of £1.9m being secured against the initial work-package tender returns. The VE schedules for the project are contained within Appendix E.



## 1.0 EXECUTIVE SUMMARY (CONT'D)

### Preliminaries

The Preliminaries were competitively tendered during Stage 1. The pro-forma has only been updated for inflation. (Refer Appendix B). A list of work package specific prelims is contained within section 5.0.

### Fees

The Designers and construction teams have been selected through a competitive tender competition, throughout the stages. All project fees are included within Appendix D of this report and are included within the overall Stage 2 cost. hNSL has negotiated with the consultants and designers who have agreed to cap their paid Stage 1 fee and the 80% Stage 2 fee paid during Stage 2 at the S1 Affordability Cap and only fees to come (20% Stage 2 at FC and post FC fees to be uplifted). The total fees against prime cost and preliminaries equates to 7.46% which is a 3.12% (or £557,283) saving from the cap position of 10.566%.

### Overheads and Profit

The overheads were competitively tendered during Stage 1. The overhead and profit percentage of 4.0% represents a saving of 0.5% from the NPR.

### Risk Allowance

The post contract current allowance is £179,422 which represents 1% of the Prime Cost and Preliminaries.

### hubco Portion Fee

The hubco Portion Fee is based on 0.25% (Stage 1) of the 0.9% hubco Portion being applied to the Stage 1 Predicted Maximum Prime Cost, and applying 0.65% (Stage 2) on the Stage 2 Prime Cost and Prelims value; giving a total fee of £148,359.

hubco state that this is a one-off consideration and does not set a precedent for negotiating future financial close positions.

### hubco Management Fee

The hubco Management Fee is based on 0.2% (Stage 1) of the 0.7% hubco management fee being applied to the Stage 1 Predicted Maximum Price Cost and applying 0.5% (Stage 2) on the Stage 2 Prime Cost and prelims value; giving a total fee of £115,113.

hubco state that this is a one-off consideration and does not set a precedent for negotiating future financial close positions.

### Complexity and Location Factors

Complexity Factors are not applicable. A location factor of 20% is applicable from the TPA for the Skye region. Further analysis of location factor is contained within section 5.

### Inflation

The Tier 1 Contractor has confirmed that inflation during construction has been included in their current Stage 2 Price. This inflation is either included within each sub-contract or provided for by the Tier 1 Contractor.

## 1.0 EXECUTIVE SUMMARY (CONT'D)

## Comparison to Stage1 Budget including inflation and CCO's

Element	Stage 1 (inflated 2Q 2019)	Stage 2	Difference
Prime Cost	14,788,879	16,488,719	1,699,840
Preliminaries	988,478	1,453,431	464,953
Fees	1,212,720	1,497,457	284,737
OHP	538,721	743,048	204,327
Risk	119,716	179,422	59,706
Hubco Portion	107,744	148,359	40,615
Hubco Management	83,801	115,113	31,312
Inflation	Incl	Incl	-
Statutory Fees / Surveys	90,000	52,335	(37,665)
<b>Total</b>	<b>17,930,059</b>	<b>20,677,882</b>	<b>2,747,823</b>
Change Order Sum	536,591	Incl	(536,591)
<b>Total Costs</b>	<b>18,466,650</b>	<b>20,677,882</b>	<b>2,211,232</b>

## Value for Money

Thomson Gray believe that the tender submitted by Balfour Beatty, the Tier 1 Contractor represents value for money based on the following:

- The Prime Cost was over 95% competitively tendered
- A robust evaluation and examination of the individual packages has been undertaken to ensure that the tender returns represent the current work scope and reflect current market. Following these challenges, a further review was undertaken in conjunction with the Technical Advisor, Currie & Brown. In review, and as final settlement, Balfour Beatty agreed to a £160,000 commercial reduction on the Prime Cost.
- A substantial value engineering exercise was undertaken which has resulted in £1.9m of savings from initial design intent.
- Overheads / profit included are below pro-forma cap levels by 0.5%
- Designer and Consultant Fees, Preliminaries, hubco portion and management fees as percentages are under the pro-forma cap levels.
- Each commercial component of the hubco proposals has been measured against similar projects to demonstrate that the project, following reduction for abnormals, sits below benchmarks or a plausible explanation has been received for any components over. We therefore believe this provides further evidence that the Stage 2 Price is delivering value for money.

## Change Controls / Design Development

A list of design development / changes from Stage 1 to Stage 2 have been included in Appendix F.

During stage 2 the affordability was increased by £536,591. This is a combination of area increases and site specific abnormals associated with the Change Orders.

## 2.0 SCOPE OF PROJECT

The scope of the project is defined as follows:

The works comprise the new build construction of a two-storey community hospital including associated external works and car parking. Demolitions within the site is necessary to provide the facility along with the provision of site wide services infrastructure and retaining structures.

The Stage 2 Price is based on Designers' drawings and specifications uploaded on the hub Portal (Stage 2 Submission folder).

The gross internal floor area is 3,286<sup>m</sup><sup>2</sup>

## 3.0 STAGE 2 PRICING REPORT

The table below identifies the costs of the various elements comprising the Tender amount to be carried to the Executive Summary.

Details of the costs are identified in Sections 4.0 and 5.0 of this Report.

		<b>Stage 2 Final £</b>	<b>Updated affordability Final £</b>
1.0	Prime Cost	16,488,719	14,788,879
2.0	Preliminaries	1,453,431	988,478
3.0	Design Fees (Stage 1 & 2) + PM / QS Post FC	1,042,835	1,212,720
4.0	Design Fees (Post FC)	454,623	Included
5.0	Statutory Fees and surveys	52,335	90,000
6.0	Overheads & Profit	743,048	538,721
7.0	Project Risk Allowance	179,422	119,716
8.0	hubco Portion Fee	148,359	107,744
9.0	hubco Management Fee	115,113	83,801
10.0	Project Complexity Adjustment	Excluded	Excluded
11.0	Location Factor Adjustment	Included	Included
12.0	Inflation Pricing Adjustment	Included	Included
13.0	Change Order Sum	included	536,591
	<b>Stage 2 Price (Including Change Orders) to Executive Summary</b>	<b>20,677,882</b>	<b>18,466,650</b>

### Value Engineering

Value engineering has been undertaken and a schedule with RAG (red/amber/green) status has been developed and shared with NHS Highland. For the purposes of this report green / accepted in principle items have been included within the stage 2 report and these total £1,931,434. For the purposes of the pricing report, red (not accepted) have not been included. A copy of the VE Schedule is included in Appendix E.

#### 4.0 PRIME COSTS

##### Prime Cost breakdown

The Prime Cost has been generated by a competitive tendering exercise.

Overall 94.47% of the Prime Costs have been competitively tendered, these include suppliers quotes for self delivery work packages such as general joinery work and internal doors.

With regards to various work packages, in most instances circa 3 to 5 no tender enquires were issued. It was agreed that to avoid any potential delay to the project and any cost / inflation implications, the Stage 2 Pricing Report would be based upon the tenders received. 39.3% have received 3 or more returns and when M&E is included this package increases to 70.01%.

M&E was tendered under a 2-stage approach. A procurement strategy was prepared by the Tier 1 Contractor and accepted on this basis. An open book approach has been adopted on the M&E and all supplier / sub-contractor quotes have been issued to Thomson Gray / NHSH's technical advisor for verification. Breakdowns to subcontract packages has been provided and evidenced with a review of prelim and OHP to ensure these are in accordance with original stage 1 tender. Approx 50% of the package value has been tendered to subcontractors with 50% self-delivery. In these instances material quotations have been sought, labour allocations reviewed and bill rates checked against other projects.

During the Stage 2 process the Design Team issued work packages for preparation of tender documents etc. As the design developed, Thomson Gray and Tier 1 Contractor monitored the returns. Adjustments for design development or gaps in returns have been made on a package by package basis. This has been reviewed in a tender purification exercise and any outstanding items were discussed in a principal meeting on the 21 March 2019 which resulted in a further commercial reduction of £160,000 from the Tier 1 Contractor

Where applicable the Tier 1 Contractor has requested fixed prices for the duration of the project. Where sub-contractors have refused to fix an adjustment using the BCIS TPI has been included. These adjustments total £600k or 3.64% of Prime Cost.

For analysis purposes we have split the Stage 2 Prime Cost into elements to allow comparison with the Stage 1 Cost.

	Element	Stage 2 Final Elemental Cost £	3,286  Cost/m <sup>2</sup> GFA	Stage 1 Final Elemental Cost £	Stage 1 Update for inflation £	2,983  Cost/m <sup>2</sup> GFA
<b>1.0</b>	<b>Sub-structure</b>					
	<b>SUB-STRUCTURE TOTAL</b>	1,224,330	372.59	1,208,400	1,349,783	405.09
<b>2.0</b>	<b>Superstructure</b>					
2.1	Frame	1,390,865	423.27	1,138,336	1,271,521	381.61
2.2	Upper floors	114,977	34.99	300,208	335,332	100.64
2.3	Roof	1,681,906	511.84	921,561	1,029,384	308.94
2.4	Stairs	109,785	33.41	18,000	20,106	6.03
2.5	External Walls	979,392	298.05	497,479	555,684	166.77
2.6	Windows & External Doors	400,826	121.98	471,799	526,999	158.16

#### 4.0 PRIME COSTS (CONT'D)

##### Prime Cost breakdown (Cont'd)

	Element	Stage 2 Final Elemental Cost £	3,286  Cost/m <sup>2</sup> GFA	Stage 1 Final Elemental Cost £	Stage 1 Update for inflation	2,983  Cost/m <sup>2</sup> GFA
2.7	Internal Walls & Partitions	574,228	174.75	219,270	244,925	73.51
2.8	Internal Doors	348,151	105.95	279,750	312,481	93.78
	<b>SUPERSTRUCTURE TOTAL</b>	<b>5,600,133</b>	<b>1,704.24</b>	<b>3,846,402</b>	<b>4,296,431</b>	<b>1,289</b>
<b>3.0</b>	<b>Internal Finishes</b>					
3.1	Wall Finishes	85,075	25.89	292,533	326,760	98.07
3.2	Floor Finishes	295,806	90.02	213,822	238,839	71.68
3.3	Ceiling Finishes	280,099	85.24	219,413	245,084	73.55
3.4	Decoration	315,062	95.88	0	0	0
	<b>INTERNAL FINISHES TOTAL</b>	<b>976,042</b>	<b>297.03</b>	<b>725,768</b>	<b>810,683</b>	<b>243.3</b>
<b>4.0</b>	<b>Fittings &amp; Furnishings</b>					
4.1	Fixed Furniture	360,869	109.82	358,068	399,962	120.04
	<b>FF&amp;E TOTAL</b>	<b>360,869</b>	<b>109.82</b>	<b>358,068</b>	<b>399,962</b>	<b>120.04</b>
<b>5.0</b>	<b>Services</b>					
5.1	Sanitary Appliances	Incl		Incl	Incl	
5.2	Services Equipment	Incl		Incl	Incl	
5.3	Disposal Installations	Incl		Incl	Incl	
5.4	Water Installations	Incl		Incl	Incl	
5.5	Gas Installations	Incl		Incl	Incl	
5.6	Heating Installations	5,266,111	1,602.59	3,303,053	3,689,510	1,107.29
5.7	Ventilation System	Incl		Incl	Incl	
5.8	Electrical Installations	Incl		Incl	Incl	
5.9	Lift Installations	Incl		Incl	Incl	
5.10	Protective Installations	Incl		Incl	Incl	
5.11	Communications Installations	Incl		Incl	Incl	
5.12	Specialist Installations	Incl		Incl	Incl	
5.13	BWIC with Services	Incl		Incl	Incl	
	<b>SERVICES TOTAL</b>	<b>5,266,111</b>	<b>1,602.59</b>	<b>3,303,053</b>	<b>3,689,510</b>	<b>1,107.29</b>
<b>7.0</b>	<b>External Works</b>					
7.1	Site Works	2,454,379	746.92	1,403,517	1,567,728	470.51
7.2	Drainage	456,593	138.99	252,085	281,579	84.51
7.3	External Services	150,006	45.65	152,955	170,851	51.28
	<b>EXTERNAL WORKS TOTAL</b>	<b>3,061,106</b>	<b>931.560</b>	<b>1,808,557</b>	<b>2,020,158</b>	<b>606.29</b>
	Risk / Design Development	-	-	562,512	628,326	188.57
	<b>PRIME COST</b>	<b>16,488,718</b>	<b>5,017.87</b>	<b>11,812,760</b>	<b>13,194,853</b>	<b>3,960.03</b>

## 4.0 PRIME COSTS (CONT'D)

### Analysis of Prime Cost

Thomson Gray have undertaken a review of each work package and how this compares to the Stage 1 cost plan. The current prime cost of £16,488,718 is £4,675,958 over the Stage 1 budget including risk but excluding inflation.

In summary we would draw your attention to the following:

1. The stage 1 report advised that the risk of inflation was the responsibility of the Participant with the Stage 1 cost plan base date of 3Q 2017 at a BCIS Tender Price Index of 291. In review we can advise that inflating the Stage 1 Price to the current day 2Q 2019 would result in a 11.7% increase or £1.3m. We can advise that this is based on a Tender Price Index of 325, current at 15<sup>th</sup> April 2019 for 2Q 2019.
2. The stage 1 Cost Plan is based on a GIFA of 2,983m<sup>2</sup>, whilst the finalised design which was subject to stakeholder review and approvals (NHSH, NDAP, HFS, Clinicians etc) includes a GIFA of 3,286m<sup>2</sup> which is an increase of 303m<sup>2</sup>. Based on the Stage 1 rate per m<sup>2</sup> of £3,960 plus inflation, this would result in an increase in the stage 1 Prime Cost of £1.34m
3. Civils works and site abnormals are approx £1.1m over budget. Following the submission of Stage 1, the design was changed from a single storey building to a 2 storey building. This had an impact on the civils works and site abnormals and therefore additional Stage 2 surveys were required. This resulted in cost increases beyond stage 1 for the following items:
  - Re-profile of site; additional cut and fill - £160k
  - Increase in retaining structures and sheet piling - £200k
  - Demolition of bungalow - £30k
  - Removal of Water Tank - £20k
  - Additional temporary works for site compound (now offsite) - £200k
  - Piling of substructure (increase from stage 1 allowance) - £75k

As a result of the detailed site investigation and geo-technical reports prepared in Stage 2 also resulted in the requirement for over 2,000m<sup>3</sup> of imported structural fill below foundations as well as removal of made up ground beneath the building footprint. This equates to an extra £130,000 from the original stage 1 submission and assumptions.

In relation to external services, the civil package includes for service tracking of the water mains off site resulting in a £75k increase from the Stage 1 assumption. In addition, the drainage requirement exceeds the original Stage 1 allowance by approx £200,000. A large proportion for the increase is for the requirement of stormbloc drainage attenuation which has increased in size by 30%, drainage runs at 4m deep and drainage diversions associated with the existing water tank found on site.

4. M&E costs have significantly increased from stage 1 by approx £1.2m following inflation and GIFA increases. Cost increases can be attributed to detailed design based on acute healthcare standards of installations to reflect the nature of the service being provided. The following is a short synopsis of changes from Stage 1:
  - Sprinkler coverage resulted in 30% increase from Stage 1 - £100k
  - Additional Boiler coverage N+1 - £100k
  - 100% standby generator - £80k
  - Ventilation requirements - £200k
  - Medical gas installation - £150k
  - Sanitaryware provisions - £50k
  - BMS increase system monitoring etc - £50k
  - Lighting / electrics and data provisions - £150k

#### 4.0 PRIME COSTS (CONT'D)

##### Analysis of Prime Cost (Cont'd)

In addition to the above, we are of the opinion that the location and nature of the works have resulted in costs increases in M&E and other specific trades. The lack of local contractors capable of carrying out the works is resulting in specialists travelling from central belt resulting in a premium being included in the Stage 2 price. For more information please refer to section 5.0 location factor adjustment.

#### 5.0 PRIME COST ADJUSTMENT

##### Section 1 - Design Team Fees

The Design Team fees are tendered to hub North Scotland Ltd. The fee percentage for fees equates to 8.56% of Prime cost, prelim and risk and is below the fee cap of 10.566% and Stage 1 percentage of 10.20%.

Consultant	Stage 1 Actual £	Stage 2 Actual £	Construction £	Others £	Total (Stage 1 + 2 Actual + Construction) £
<b>Design Fees</b>					
Project Manager	29,615	68,266	103,480	0	201,360
Quantity Surveyor	20,601	51,893	46,110	0	118,605
Architect	38,628	124,876	250,210	0	413,714
Structural Engineer	15,696	39,225	70,041	0	124,962
Services Engineer	23,176	66,601	96,510	0	186,287
Landscape Architect	2,260	6,223	8,016	0	16,498
BREEAM Consultant	18,155	5,134	6,791	0	30,080
Environmental	36,181*	9,013*	-	0	45,194
Acoustic Consultant	5,923	14,014	2,145	0	22,081
Fire Engineering	5,923	16,511	20,910	0	43,345
Principal Designer	1,500	12,000	6,000	0	19,500
DDA	2,318*	8,884*	-	0	11,846
Traffic Consultant	6,052	5,134	-	0	11,185
Other incl Legal Fees	25,752*	11,975*	81,376	0	119,103
Detailed Planning	35,538	21,579	-	0	57,116
<b>SUB-TOTALS</b>	267,317	461,328	610,213	0	1,338,858
<b>Statutory / Survey Fees</b>					
Surveys	0	0	0	52,335	0
Statutory Fees	0	0	0	-incl in Prime cost	0
Additional Fees				158,600	
<b>SUB-TOTALS</b>	0	0	0	210,935	0
<b>TOTALS</b>	267,317	461,328	610,213	210,935	1,338,858

\* Stage 1 cap payments.

**5.0 PRIME COST ADJUSTMENT (CONT'D)**

**Section 2 - Preliminaries**

The Preliminaries value for inclusion in the Stage 2 Pricing Report is the original tender at Stage 1 by the Tier 1 Contractor with an adjustment for inflation as set out in their tender offer prior to our appointment.

We can advise the total of £1,453,431 is 8.81% of the Prime Cost value and therefore 0.19% within the prelim percentage NPR affordability cap. Any work package / site specific Preliminaries are included within the Prime Cost (see Appendix B for a full breakdown of the prelims).

<b>Cost Heading</b>	<b>Tendered £</b>	<b>Comparison to Stage 1 £</b>
Fixed Elements	261,881	146,120
Time Based Elements	1,191,550	1,030,605
TOTAL	1,453,431	1,176,725
<b>Total for Preliminaries carried to Summary</b>		<b>£1,453,431</b>

**Pro-forma 2, Section 4.0 – Risk Allowance**

The current allowance is £179,422 which represents 1% of the Prime Cost and Preliminaries. This aligns with the Stage 2 Risk Cap. The risk figure is capped at 1% and included to the Stage 2 price.

<b>Cost Heading</b>	<b>Value £</b>	<b>Risk %</b>	<b>Amount £</b>
Prime Cost	16,488,719	1%	164,887
Preliminaries	1,453,431	1%	14,534
<b>Total for Risk</b>			<b>179,422</b>



## 5.0 PRIME COST ADJUSTMENT (CONT'D)

### Pro-forma 2, Section 4.0 – Overheads

A competitive exercise was carried out in Stage 1. The Overheads and Profit value of 4.00% included in the Final Stage 2 Price represents a saving of 0.5% from cap of 4.50%.

OHP % = 4.00%

Cost Heading	Value £	Portion Adjustment %	Amount £
Prime Cost	16,488,719	4.0%	659,549
Novated Design fees	454,623	4.0%	18,185
Preliminaries	1,453,431	4.0%	58,137
Risk	179,422	4.0%	7,177
<b>Total</b>	<b>18,576,194</b>	<b>4.0%</b>	<b>743,048</b>

The fees subject to OH&P are only fees that are novated to Balfour Beatty.

### Location Factor Adjustment

The NPR and affordability cap includes a 20% uplift on costs in line with the TPA for the location of the facility in Skye. The prime cost includes for the works being carried out on Skye and we have carried out a spot check on rates from the Badenoch & Strathspey project where an identical specification exists. The table below outlines

Cost Heading	B&S rate	SL&SWR Rate	Difference (%)
Concrete	£152.77	£160.99	£8.22 or (5.38%)
Steel column (200 x 100 x 10)	£1,680	£1,822	£202 or (12.02%)
Timber cladding	£107	£224.76	£117.76 or (110.06%)
Joiner labour rates	£21	£30	£9 or (42.86%)
Bedroom window	£355	£533	178 or (50.14%)
Partitions – type 1a	£226	£234	£8 or (3.54%)
Bedroom door	£1,016	£1,578	£562 or (55.31%)
Ames taping – 3.9m high	£18.53	£26.52	£7.99 or (43.12%)
Paint – emulsion walls	£5.8	£7.5	£1.70 or (29.31%)
Floor finish - vinyl	£27.58	£31.17	£3.59 or (13.02%)
Ceiling finishes – C1	£30.98	£31.02	£0.04 or (0.13%)

From the attached table it would appear that a premium exists for trades and supplies from the central belt with joinery and decoration type items ranging from increases in premium of 30% to 110% in terms of timber cladding. Where local supply such as concrete is prevalent (aggregates received from local quarry 8 miles away) the increase is negligible.

**5.0 PRIME COST ADJUSTMENT (CONT'D)**

**Inflation Factor Adjustment**

The inflation factor is included within the competitively tendered elements. Where applicable a fixed price has been agreed with subcontractors. Where this has not been possible inflation has been priced utilising the BCIS tender price index. Inflation total included in prime cost is £599,799 which equates to 3.64%.

**hubco Portion**

<b>Cost Heading</b>	<b>Prime Cost + Preliminaries £</b>	<b>Portion Adjustment %</b>	<b>Amount £</b>
Stage 1	£12,875,908	0.250%	£32,190
Stage 2	£17,872,150	0.650%	£116,169
<b>Total</b>			148,359

hubco has agreed to base 0.25% (Stage 1) of the 0.9% hubco Portion on the Stage 1 Predicted Maximum Prime Cost, and applying 0.65% (Stage 2) on the Stage 2 Prime Costs and Prelims value, giving a fees of £148,359.

This is a 'one off' consideration and does not set a precedence for negotiating future Contract Close positions.

**hubco Management**

Pro-forma 2 hubco Management adjustment of 0.7% on Prime Cost and Preliminaries of the affordability cap.

<b>Cost Heading</b>	<b>Prime Cost + Preliminaries £</b>	<b>Management Adjustment %</b>	<b>Amount £</b>
Stage 1	£12,875,908	0.200%	£25,752
Stage 2	£17,872,150	0.500%	£89,361
<b>Total</b>			115,113

The hubco Management Fee is based on 0.20% (Stage 1) of the 0.7% hubco Management Fee on the Stage 1 Predicted Maximum Prime Cost and applying 0.50% (Stage 2) on the Stage 2 Prime Cost and Prelims value, giving a fee of £115,113.

## 6.0 BENCHMARKING / VALUE FOR MONEY

### Benchmarking and Comparison with NPR Comparators

We have used a number of health centre projects from within the region and outwith to form the basis of the project benchmarking.

As detailed within section 4.0 the Health Centre base build is currently over the NPR affordability cap, this equates to a rate £/m<sup>2</sup> difference of £1,108/m<sup>2</sup>. In order to understand reasoning for this difference we have carried out a benchmarking analysis across the elements to ensure design / layout are efficient when in comparison with other Health Centres. The affordability cap NPR adjustments have been added to the elements, along with 20% location factor. Rates have been inflated to 2Q 2019 to then provide a like for like comparison. The results are included within Appendix C – Benchmarking comparison.

The benchmarking comparison illustrates that the substructure, elements of superstructure, finishes and FF&E are in line with benchmark data. Initial observations however identify frame, roof, windows, ceiling finishes and particular M&E over benchmarks. However, this is prior to any adjustments for abnormal.

In summary the increases can be explained as follows:

- Frame – roof geometry, bracing requirements, off site intumescent paint have all contributed to frame price exceeding benchmarks
- Roof – roof geometry / wrap results in a 50% increase in quantity of roof finish
- External walls – 110% increase in cladding rates (location factor exceeding 20%).
- Windows – 50% increase in rates; window sizes increased from comparator projects 2.15m high for views within inpatient wing.
- Floor finishes - £10/m<sup>2</sup> added for insufficient concrete drying time resulting in DPM being required
- Ceiling finishes – complex roof geometry has resulted in secondary ceiling for fire protection to roof void and unistrut containment for M&E.
- 29% increase in ames taping rates and 43% in decoration (location factor exceeding 20%)
- M&E – Requirement for sprinkler system, 100% generator back up, greater requirement for N+1 on major kit items, external fire fighting tank, sanitaryware increases from comparators, external lighting requirements, BIM requirements and project specific CCTV / access control

Please note for the purposes of evaluating Skye, Lochalsh and South Wester Ross with comparators the following items are excluded from the benchmarking study:

- External Works
- Demolitions
- Planning gain
- Utilities

In summary we believe that Skye, Lochalsh and South Wester Ross Community Hospital compares favourably when taking site specific abnormal and location into account when compared against benchmarking information contained within Appendix C.

## 6.0 BENCHMARKING / VALUE FOR MONEY

### Abnormals

The following table summarises abnormals associated with the project which were unclear or undefined at Stage 1:

Item	Description	Total £
1.	Re-profile of the site	160,000
2.	Sheet piling and retaining walls	200,000
3.	Demolition of bungalow	30,000
4.	Removal of water tank	20,000
5.	Temporary Works for site compound	200,000
6.	Substructure piling increases from Stage 1	75,000
7.	Imported fill	130,000
8.	Water mains	75,000
9.	Increase in drainage requirements (SUDS / depths / diversions)	200,000
10.	Statutory Authority, HFS and NDAP (cladding materials, bus turning and viewing platform)	700,000
11.	Development mark ups on above (say 12.00%)	215,000
	<b>TOTAL</b>	<b>£2,005,000</b>

## 7.0 DBFM

### Life Cycle and FM Benchmark

#### Lifecycle Benchmark

In conjunction with the updated cost plan, we have reviewed the proposed lifecycle model. The various elemental costs, considering the capital cost plan, market replacement costs and period data, are in line with the use of the BCIS benchmark data readily available. The model is considered a typical LCC for a facility such as SLSWR. This reflects the specific method in which the pricing has been established through the FM procurement.

Over a 25 year period we would expect for a health facility (depending on specification) to be able to deliver the Lifecycle maintenance within the budget identified within the following table. For benchmarking purposes, the costs have been analysed using the industry standard £/m<sup>2</sup> per annum benchmark (based on our internal database compiled from previous Projects).

Due to the remoteness, size and type of the facility on the Isle of Skye there are no real comparable industry benchmarks.

Lifecycle Value for Money has been demonstrated via soft market testing with three prices received from FES, Mears FM and Robertson FM all within 9% of each other. (Mears initial price escalated to those from FES and RFM)

The Lifecycle costs at £32.83 have been agreed as a Not to Exceed Price with the Participant.

	£/m <sup>2</sup> GIFA/p.a	£/m <sup>2</sup> GIFA/p.a	£/m <sup>2</sup> GIFA/p.a	
LCC Rates	NPR (Q4 2016)	S1 Submission (Q4 2016)	S2 RFM (Q4 2016)	GIFA: 3,286m <sup>2</sup>
Skye	£23.00	£30.00	£32.83	

## 7.0 DBFM (CONT'D)

### Life Cycle and FM Benchmark (Cont'd)

#### FM Benchmark

Basing costs on developed service level specifications, appropriate payment mechanism and performance related penalties; we would expect be able to deliver the Hard Facilities Maintenance within the budget identified within the following table. For benchmarking purposes in relation to Badenoch & Strathspey, the costs have been analysed using the industry standard £/m<sup>2</sup> per annum benchmark which reflects the method in which the pricing has been established through the FM procurement.

It was recognised and accepted by all parties that the remoteness of the community health facility on the Isle of Skye would introduce particular challenges for Facilities Management service delivery, given the risk transfer nature of a DBFM Co contract, and as such a pragmatic approach to the Standard Form Service Level Specification was adopted to ensure a robust and sustainable FM service was developed and can be delivered. It was also acknowledged that the NPR affordability caps for Skye would not be achievable given market soundings and low interest in the project.

FM Value for Money has been demonstrated via soft market testing with three prices received from FES, Mears FM and Robertson FM all within 10% of each other. (Mears initial price escalated to those from FES and RFM).

The FM price for Skye represents the best value for money price to meet the requirements of the Service Level Specification.

	£/m <sup>2</sup> GIFA / pa	£/m <sup>2</sup> GIFA / pa	£/m <sup>2</sup> GIFA / pa
FM Rates	NPR Cap (Q4 2016)	S1 Submission (Q4 2016)	Stage 2 RFM (Q4 2016)
Skye	£25.00	£40.00	£60.87

Skye FM price is not comparable to benchmark rates and given the remoteness of the facility is deemed the best price to deliver the requirements of the Service Level Specification in the location.

The FM costs at £60.87 have been agreed as a Not to Exceed Price with the Participant.

## 8.0 EXCLUSIONS / QUALIFICATIONS

The following items are excluded from this Report and the Contract:

#### General Exclusions

VAT  
 Funding Costs  
 Acquisition Costs  
 Construction phase insurances – all risks (included in financial model)

#### Exclusions (Items by participant)

Risk of acceptance of Value Engineering by planning / statutory authorities  
 Group 2 supply  
 Group 3 supply and install  
 X-ray machine  
 Soft landscaping beyond stage 2 submission i.e. red line boundary  
 Risk associated for obtaining approval for the permanent disposal of excavated material outwith the Red Line planning application boundary but within NHS ownership

## 8.0 EXCLUSIONS / QUALIFICATIONS (CONT'D)

### Qualifications

The following items are qualifications to this report:

- Costs are based on current derogation sheets and stage 2 design
- All hubco fees included in this report have been advised by hubco
- The final stage 2 price amount excludes FM & Life Cycle costs
- The base date for the final stage 2 costs contained in this report are 2Q 2019, index value 325 (BCIS Indices dated April 2019)

**APPENDIX A**  
**ANALYSIS OF TENDER**





**APPENDIX B**  
**PRELIMINARIES PROFORMAS**

**Pro Forma 1A - Preliminaries  
SUMMARY**

Bidder: **Balfour Beatty**

Project: **S,L&WR Community Hospital**

Overall Contract Duration: 90 Weeks (refer to Programme)

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Description	Labour	Plant	s/c	General	TOTAL	% of PC	Set up	Time Related	Remove	TOTAL
A01 - Management and Staff										<b>869,642</b>
A02 - Unproductive Labour										
A03 - Security										<b>35,147</b>
A04 - Site Accommodation										<b>71,927</b>
A05 - Water										<b>49,500</b>
A06 - Communications										<b>19,077</b>
A07 - Electricity										<b>54,550</b>
A08 - IT										
A09 - Services and Facilities										<b>39,130</b>
A10 - Mechanical Plant										
A11 - Temporary Works										
A12 - Traffic Management										
A13 - Protection and Cleaning										
A14 - Scaffolding										
A15 - Skips										<b>16,250</b>
A16 - Survey										<b>Excluded</b>
A17 - Small Plant and Tools										<b>Excluded</b>
A18 - Health and Safety										<b>1,305</b>
A19 - Photographs										
A20 - Insurances and Bonds										<b>137,596</b>
A21 - Expenses										<b>13,050</b>
A22 - Testing										
<b>TOTAL TO PRO FORMA 2</b>										<b>1,307,174</b>

	Base Date	BCIS Indices	Prelim Inflation	<b>146,257</b>
Original Tender Submission	Q22017	286	Revised Total	<b>1,453,431</b>
Commercial Close Date	Q1 2019	318 11.19%	Original Tender	<b>1,318,195</b>
			Cost overage from Tender	<b>135,236</b>

**Pro Forma 1A - Preliminaries**

Bidder: **Balfour Beatty**

Project **S,L&WR Community Hospital**

Overall Contract Duration: 90 Weeks (refer to Programme)

<b>A01 - Management and Staff</b>							<b>Allowances</b>			<b>TOTAL</b>
	<b>start week</b>	<b>end week</b>	<b>total weeks</b>	<b>duration %</b>	<b>£/wk</b>	<b>charge</b>	<b>Fixed</b>	<b>Job</b>	<b>Car</b>	
<b>Salaried</b>										
Project Lead	1	87	87	50%	2,503	108,896				108,896
Project Manager	1	87	87	100%	2,203	191,692				191,692
Construction Manager										
Site Manager	1	87	87	100%	1,435	124,856				124,856
Site Manager										
Supervisor - Package Manager	1	87	87	100%	1,435	124,856				124,856
Senior Engineer	1	87	87	20%	1,435	24,971				24,971
Planner	1	87	87	25%	1,545	33,613				33,613
Commercial Manager										Included
Quantity Surveyor	1	87	87	50%	1,604	69,792				69,792
Assistant Quantity Surveyor	1	87	87	50%	1,163	50,601				50,601
Design Co-ordinator (assistant)	1	26	26	50%	1,557	20,241				20,241
Building Services Engineer	1	87	87	20%	1,557	27,091				27,091
Clerical / Administrative										Included
Other - BIM Manager	1	87	87	12.50%	1,493	16,236				16,236
Other - Community Benefits Officer	1	87	87	20%	1,163	20,236				20,236
Adjustment										
<b>Non-Salaried</b>										
Trade Foreman - Section Manager										Included
Foreman - Section Manager										Included
Foreman - Section Manager										Included
Gatekeeper										Included
Cleaning / Canteen Duty / Catering Facilities	1	87	87	100%	300	26,109				26,109
<b>Other</b>										
Training										Included
Staff Accommodation - Rented	1	87	87	100%	350	30,450				30,450
Salary Increases										Included
General Labour										Included
<b>A01 - TOTAL FOR MANAGEMENT AND STAFF</b>							<b>To Pro-Forma 1 Summary</b>			<b>869,642</b>
<b>A02 - Unproductive Labour</b>										
	<b>rate per week (£)</b>	<b>nr</b>	<b>total weeks</b>	<b>duration %</b>	<b>fixed charge</b>	<b>other</b>				
Chainman										To be included in Work Packages
Banksman										To be included in Work Packages

**Pro Forma 1A - Preliminaries**

Bidder: **Balfour Beatty**

Project **S,L&WR Community Hospital**

Overall Contract Duration: 90 Weeks (refer to Programme)

Traffic Manager/Storeman							To be included in Work Packages
Ganger							To be included in Work Packages
Gatekeeper							To be included in Work Packages
Cleaning / Canteen Duty / Catering Facilities							To be included in Work Packages
<b>A02 - TOTAL FOR UNPRODUCTIVE LABOUR</b>							<b>To Pro-Forma 1 Summary</b>
<b>A03 - Security</b>	<b>Calculation</b>						
Security guard / CCTV System	1	87	87	100%	404		35,147
Facial recognition				£/nr			Excluded
CCTV - Alarms				£/nr			Excluded
CCTV - surveys				£/nr			Excluded
<b>A03 - TOTAL FOR SECURITY</b>							<b>To Pro-Forma 1 Summary</b>
							35,147

Pro Forma 1A - Preliminaries		£
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Bidder:

Project: **S,L&WR Community Hospital**

Overall Contract Duration: 90 Weeks (refer to Programme)

A04 - Site Accommodation	m2	Weeks	Transport to site	Temp Works	Erect	Hire	Dismantle	Remove from site	
Contractor's Accommodation		87	4,650	5,100		36,540			46,290
Toilets		87	775	850		5,655			7,280
Gatehouse									Included
Drying room									Included
Staircases									Included
Storage containers - included in sub-contract packages									To be included in Work Packages
Equipment & Furniture									
Canteens									10,005
Drying room									Included
Lockers									Included
20" Video presenter									Not required
filing cabinet									Included
Hire of photocopier.									Included
Hire of fax machine.									Included
new copier charges									Included
Stationary/Paper etc									Included
Maintenance cost for Copier/Fax									Included
Drawing copies									4,350
Sanitary Accommodation - Drainage									Included
Rates & Taxes on Temporary Buildings									4,002
Sub-Total									
<b>A04 - TOTAL FOR SITE ACCOMMODATION</b>									<b>71,927</b>
									<b>To Pro-Forma 1 Summary</b>
	<b>start week</b>	<b>end week</b>	<b>total weeks</b>	<b>duration %</b>	<b>£/wk</b>	<b>First £750k</b>	<b>&gt;£750k</b>	<b>PC Sum</b>	<b>TOTAL</b>
<b>A05 - Water</b>									
Install to site									4,500
Plumb into site accommodation									Included
Running costs (Qtrs)				0.30%	15,000,000				45,000
<b>A05 - TOTAL FOR WATER</b>									<b>49,500</b>
									<b>To Pro-Forma 1 Summary</b>
<b>A06 - Communications</b>									
									<b>Calculation</b>
Installation of telephone and broadband		sum							5,070
Rental		sum							7,830
Call charges		nr of wks		£/wk					6,177
Mobile phones		nr		wks		£/wk			Included
Site radio licence		sum							Included
Site radios		nr		wks		£/wk			Included
<b>A06 - TOTAL FOR COMMUNICATIONS</b>									<b>19,077</b>
									<b>To Pro-Forma 1 Summary</b>
<b>A07 - Electricity</b>	<b>m2 wks</b>								
									<b>Plant</b>
									<b>Labour</b>
									<b>S/C</b>
Running Costs including accommodation and the works	<b>Connection</b>	<b>Running</b>	<b>Material</b>	<b>Install</b>	<b>Labour</b>	<b>Maintain</b>			
Accommodation									
Plant and Equipment									
LV System									Included
Labour									
Electricity Supply	2,500						39,000	13,050	54,550
Sub-Total									
<b>A07 - TOTAL FOR ELECTRICITY</b>									<b>54,550</b>
									<b>To Pro-Forma 1 Summary</b>
<b>A08 - IT</b>									
									<b>Calculation</b>
Installation - IT		sum							Refer to A06
Capital cost - 4P		sum							Excluded
<b>A08 - TOTAL FOR IT</b>									
									<b>To Pro-Forma 1 Summary</b>

Pro Forma 1A - Preliminaries									
Bidder:									
Project: <b>S,L&amp;WR Community Hospital</b>									
Overall Contract Duration: 90 Weeks (refer to Programme)									
A09 - Services and Facilities	rate per week (£)	nr	total weeks	duration %	fixed charge	other			
Power									Refer to A07
Lighting									Task lighting to be included in Work Package
Fuels									Included
Water									Refer to A05
Telephone and Administration									Refer to A06
Safety, Health and Welfare									Included
Storage of Materials									To be included in Work Packages
Rubbish Disposal - Office waste only			47		200				9,400
Cleaning (including Final Clean for Handover)		m2					19,530		19,530
Drying Out									Included
Protection of Work in All Sections (non packaged)									To be included in Work Packages
Security									Refer to A03
Maintaining Public and Private Roads, inc wheel wash									To be included in Work Packages
Small Plant and Tools									See Section A17
General & Specific Attendances on all Sub Contractors									
- Attendance Gang									To be included in Work Packages
- Setting Out & Surveying									To be included in Work Packages
Additional Services and Facilities Items									
- Photocopying / Dwg's Printing									Refer to A04
- Postage / Stationary / First Aid									Included
- Miscellaneous Site (Fire alarms)									Included
- Survey Equipment									To be included in Work Packages
- Computer Systems									Refer to A06
- Testing									See Section A22
- Signage									4,200
- Testing for Part L2 of Building Regulations									To be included in Work Packages
- O & M Manuals					5,000				5,000
- Considerate Constructors fee and obligations									1,000
- Setting Out Equipment									To be included in Work Packages
<b>A09 - TOTAL FOR SERVICES AND FACILITIES</b>	<b>To Pro-Forma 1 Summary</b>								<b>39,130</b>
A10 - Mechanical Plant	nr	total weeks	duration %	Rate	Cost	Transport and Erect	Transport and Dismantle	Labour	
Cranes									To be included in Work Packages
Hoists									To be included in Work Packages
Personnel Transport									To be included in Work Packages
Transport									To be included in Work Packages
Wheel wash									To be included in Work Packages
Road sweeper									To be included in Work Packages
Earthmoving Plant									To be included in Work Packages
Concrete Plant									To be included in Work Packages
Paving and Surfacing Plant									To be included in Work Packages
Teleporter									To be included in Work Packages
Forklift									To be included in Work Packages
Additional Mechanical Plant									
- Fork Lift Truck and Driver									To be included in Work Packages
- Loading Platforms									To be included in Work Packages
<b>Sub-Total</b>									
<b>A10 - TOTAL FOR MECHANICAL PLANT</b>	<b>To Pro-Forma 1 Summary</b>								<b>0</b>
A11 - Temporary Works	Calculation								
Temporary Roads	200	m2		£/m2				Incl removal	To be included in Work Packages
Temporary Walkways		no		£/each					To be included in Work Packages
Temporary Fencing	400	pannels		£/each					To be included in Work Packages
Hoardings	75	m		£/m				Incl painting	To be included in Work Packages
Erect & dismantle/relocate fencing	800	m		£/m					To be included in Work Packages
Hardstandings		m2		£/m2					To be included in Work Packages
Traffic Regulations		sum							See Section A12
Additional Temporary Works									
- Safety Railing / Edge Protection		m		£/m					To be included in Work Packages
Other - Gates		No							To be included in Work Packages
<b>A11 - TOTAL FOR TEMPORARY WORKS</b>	<b>To Pro-Forma 1 Summary</b>								<b>0</b>
A12 - Traffic Management	Nr	L	W	D	Qty	Rate	TOTAL		
Traffic Barriers									To be included in Work Packages
Maintenance									To be included in Work Packages
Pedestrian Barriers									To be included in Work Packages
Maintenance									To be included in Work Packages
Car parking for site staff									To be included in Work Packages
<b>A12 - TOTAL FOR TRAFFIC MANAGEMENT</b>	<b>To Pro-Forma 1 Summary</b>								<b>0</b>

Pro Forma 1A - Preliminaries										
Bidder:										
Project: <b>S,L&amp;WR Community Hospital</b>										
Overall Contract Duration: 90 Weeks (refer to Programme)										
<b>A13 - Protection and Cleaning</b>	Nr	L	W	D	Qty	Rate			<b>TOTAL</b>	
Protecting the works									To be included in Work Packages	
Stair treads									To be included in Work Packages	
General cleaning of the works									Refer to A09	
Final clean on completion									Refer to A09	
<b>A13 - TOTAL FOR PROTECTION AND CLEANING</b>									<b>To Pro-Forma 1 Summary</b>	
<b>A14 - Scaffolding</b>	Nr	Wks	Plant			Erect/Dismantle			<b>TOTAL</b>	
			Purchase	Residual	£/wk	Hrs	Rate	£		
Scaffolding (Xm2)									To be tendered as separate work package	
Edge Protection (Xu)									To be tendered as separate work package	
Roof Edge Protection (Xm)									To be tendered as separate work package	
Crash Decks (NIL)									To be tendered as separate work package	
Stairwells (X storeys)									To be tendered as separate work package	
Platforms									To be tendered as separate work package	
Inspections									To be tendered as separate work package	
Miscellaneous Internal Items									To be tendered as separate work package	
Sub-Total									To be tendered as separate work package	
<b>A14 - TOTAL FOR SCAFFOLDING AND ACCESS</b>									<b>To Pro-Forma 1 Summary</b>	
<b>A15 - Skips</b>										
Skips	65	Nr			Rate		250.00		16,250	
<b>A15 - TOTAL FOR SKIPS</b>									<b>To Pro-Forma 1 Summary</b>	
									16,250	
<b>A16 - Survey</b>			Calculation							
Topographic Survey fee		sum							Excluded	
Site investigation fee		sum							Excluded	
Geotechnical report		sum							Excluded	
Environmental		sum							Excluded	
Asbestos		sum							Excluded	
Traffic		sum							Excluded	
Condition Report		sum							Excluded	
<b>A16 - TOTAL FOR SURVEY</b>									<b>To Pro-Forma 1 Summary</b>	
									Excluded	
<b>A17 - Small Plant and Tools</b>			Calculation							
Small tools		wks			£/wk				Excluded	
<b>A17 - TOTAL FOR SMALL PLANT AND TOOLS</b>									<b>To Pro-Forma 1 Summary</b>	
									Excluded	
<b>A18 - Health and Safety</b>										
Fire fighting equipment		sum							1,305	
Protective clothing		sets		£/nr					Included	
First aid boxes		nr		£/nr					Included	
Induction		sum							Included	
<b>A18 - TOTAL FOR HEALTH AND SAFETY</b>									<b>To Pro-Forma 1 Summary</b>	
									1,305	
<b>A19 - Photographs</b>			Calculation							
Photographic paper - Camera purchase		months		£/month					Included	
Professional photographs		nr of visits		£/visit					Excluded	
<b>A19 - TOTAL FOR PHOTOGRAPHS</b>									<b>To Pro-Forma 1 Summary</b>	
<b>A20 - Insurances and Bonds</b>			Calculation							
Contractors Indemnity Insurance (£5,000,000)		0.75%		15,000,000					112,500	
Emp. Liability (£10,000,000, 15% prof fees)				value						
Professional Indemnity Insurance (£5,000,000 per event)										
Pollution and contamination (£2,000,000)										
10 % performance bond		0.10%		15,000,000		1.67			25,096	
Collateral Warranties (2 assignments) to hubCo and Authority (and Funders on DBFM)										
Key Subcontractor Warranties to hubCo and Authority (and Funders on DBFM)									To be included in Work Packages	
C&F/Excess TP/Misc (Salaries, Wages)		%		value						
<b>A20 - TOTAL FOR INSURANCES AND BONDS</b>		%							<b>To Pro-Forma 1 Summary</b>	
									137,596	
<b>A21 - Expenses</b>			Calculation							
General expenses		87		150					13,050	
<b>A21 - TOTAL FOR EXPENSES</b>									<b>To Pro-Forma 1 Summary</b>	
									13,050	
<b>A22 - Testing</b>			Calculation							
Concrete cube tests		nr		£/nr					To be included in Work Packages	
Air test		nr		£/nr					To be included in Work Packages	
Roof Leakage Test and Thermal Imaging		nr		£/nr					To be included in Work Packages	
Other										
<b>A22 - TOTAL FOR TESTING</b>									<b>To Pro-Forma 1 Summary</b>	

**APPENDIX C**  
**BENCHMARKING**



4) BENCHMARKING - SKYE - STAGE 2

PROJECT DESCRIPTIONS														Comments
BENCHMARK PROJECTS - Adjusted for Inflation to 2Q2019														
	Middale	Midlothian	Inverurie	AVERAGE	Add Location factor 20%	NPR adjustments	Abnormals	COMPARATOR + ABNORMLAS	SKYE	Difference	SKYE	SKYE	Difference	
Tender Date	4Q09	1Q209	3Q2016						as tendered			Total		
Key Specification Issues	Rural facility; inpatient beds; bio mass heating	Community in-patient facility with mental health	community health and social care facility including maternity								VE + challenges			
BREEAM	TBC	TBC	Excellent											
Contract	NEC Framework Scotland	PFI	DBFM											
Area (m2)	2,095	6,975	3,974						3,286		3,286	3,286		
Excavation and Earthworks	£0	£144	£52	£65.19	£78			£78.23	£84	£-5.71		£83.93	£-5.71	
Piling	£0	£0	£80	£26.80	£32			£32.15	£155	£-122.78		£154.94	£-122.78	£190k (57.82/m2) of temporary sheet piling
Concrete Work	£0	£0	£57	£19.11	£23			£22.93	£147	£-124.09		£147.02	£-124.09	
Brickwork & Blockwork	£0	£0	£4	£1.48	£2			£1.78	£0	£1.78		£0.00	£1.78	
<b>Substructure</b>	<b>£391</b>	<b>£144</b>	<b>£194</b>	<b>£242.99</b>	<b>£292</b>	<b>£60.00</b>	<b>£205.00</b>	<b>£556.59</b>	<b>£386</b>	<b>£170.70</b>	<b>£13.30</b>	<b>£372.59</b>	<b>£184.00</b>	
Frame	£53	£203	£184	£146.95	£176		£23.00	£199.34	£427	£-227.93	£4.00	£423.27	£-223.93	bracing requirements; roof geometry increasing costs. Steel frame required rather than conventional timber kit
Upper Floors	£34	£31	£34	£33.01	£40			£39.62	£35	£4.63		£34.99	£4.63	
Roof	£113	£97	£153	£121.00	£145	£30.00	£129.00	£304.20	£603	£-298.93	£91.28	£511.84	£-207.65	Roof wraps around the elevation at 1st floor level towards the bay and therefore quantity is much greater - 50% increase
Stairs & Balustrades	£14	£11	£14	£12.82	£15			£15.39	£39	£-24.11	£6.09	£33.41	£-18.03	Location factor resulting in increase in rate of 110% from Aviemore
External Walls	£229	£150	£219	£199.52	£239			£287.42	£329	£-41.50	£30.86	£298.05	£-10.63	
Windows & External Doors	£0	£122	£113	£78.09	£94			£93.71	£126	£-32.27	£4.00	£121.98	£-28.27	Bedroom windows 2.15m high; 50% location factor like for like on Aviemore
Internal Walls & Partitions	£240	£177	£154	£190.24	£228	£8.00		£236.29	£195	£41.02	£20.52	£174.75	£61.54	
Internal Doors	£130	£117	£70	£105.46	£127	£6.00		£132.55	£125	£7.09	£19.52	£105.95	£26.61	
<b>Superstructure</b>	<b>£814</b>	<b>£906</b>	<b>£942</b>	<b>£887.09</b>	<b>£1,065</b>	<b>£92.00</b>	<b>£152.00</b>	<b>£1,308.51</b>	<b>£1,881</b>	<b>£-572.00</b>	<b>£176.27</b>	<b>£1,704.24</b>	<b>£-395.73</b>	
Wall Finishes	£128	£43	£12	£61.26	£74			£73.51	£27	£46.10	£1.52	£25.89	£47.62	
Floor Finishes	£87	£48	£54	£63.17	£76			£75.80	£95	£-19.22	£5.00	£90.02	£-14.22	£9.9/m2 resulting from programme concrete drying times resulting in DPM to floors
Ceiling Finishes	£66	£48	£44	£52.33	£63			£62.80	£97	£-34.70	£12.26	£85.24	£-22.43	£21.30/m2 resulting from additional fire ceiling to roof void; £13.40 unitrut system due to fire ceiling
Painting and Decorating	£0	£0	£48	£16.03	£19			£19.23	£99	£-80.09	£3.45	£95.88	£-76.64	Ames taping 43% Increase due to location; paint 29% increase from Aviemore. Needs to be reviewed with wall finishes as 2 comparator projects have paint and ames taping allocated here
<b>Finishes</b>	<b>£281</b>	<b>£140</b>	<b>£157</b>	<b>£192.79</b>	<b>£231</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£231.35</b>	<b>£319</b>	<b>£-87.90</b>	<b>£22.23</b>	<b>£297.02</b>	<b>£-65.67</b>	
<b>FF&amp;E</b>	<b>£124</b>	<b>£118</b>	<b>£175</b>	<b>£138.92</b>	<b>£167</b>			<b>£166.71</b>	<b>£116</b>	<b>£50.80</b>	<b>£6.09</b>	<b>£109.82</b>	<b>£56.89</b>	
Sanitary Appliances	£58	£45	£33	£45.25	£54			£54.30		£54.30	£0.00	£0.00	£54.30	Sprinkler system (+£94/m2) not in comparator projects; 100% generator back up (+£18/m2); medical gas requirements increased from comparators (+£40/m2); greater requirement for N+1 due to services for boilers etc (+£25/m2); external fire tank requirement (+£12/m2); increased sanitarywre requirements from comparators (+£14/m2); external lighting (+£18/m2); BIM requirements (+£5/m2); Micellaneous items cctv requirements, access control etc £25/m2)
M&E installations	£1,213	£811	£924	£982.65	£1,179			£1,179.17		£1,179.17	£0.00	£0.00	£1,179.17	
<b>M&amp;E</b>	<b>£1,272</b>	<b>£855</b>	<b>£957</b>	<b>£1,027.89</b>	<b>£1,233</b>	<b>£125.45</b>		<b>£1,358.93</b>	<b>£1,653</b>	<b>£-294.11</b>	<b>£50.45</b>	<b>£1,602.59</b>	<b>£-243.66</b>	
<b>External Works</b>	<b>£403</b>	<b>£417</b>	<b>£549</b>	<b>£456.56</b>	<b>£548</b>	<b>£40.00</b>	<b>£281.00</b>	<b>£868.87</b>	<b>£1,210</b>	<b>£-341.22</b>	<b>£324.18</b>	<b>£885.90</b>	<b>£-17.03</b>	
<b>External Services</b>	<b>£0</b>	<b>£36</b>	<b>£44</b>	<b>£26.62</b>	<b>£32</b>	<b>£26.00</b>		<b>£57.95</b>	<b>£46</b>	<b>£12.30</b>		<b>£45.65</b>	<b>£12.30</b>	
<b>Prime Cost</b>	<b>£3,285</b>	<b>£2,616</b>	<b>£3,017</b>	<b>£2,972.87</b>	<b>£3,567</b>	<b>£343</b>	<b>£638.00</b>	<b>£3,911</b>	<b>£5,610</b>	<b>£-2,042.89</b>	<b>£592.52</b>	<b>£5,017.81</b>	<b>£-1,106.91</b>	
Preliminaries				£0.00	£0							£0.00	£0.00	
<b>Prime Cost &amp; Preliminaries</b>	<b>£3,285</b>	<b>£2,616</b>	<b>£3,017</b>	<b>£2,972.87</b>	<b>£3,567</b>	<b>£343</b>		<b>£3,910.89</b>	<b>£5,610</b>	<b>£-2,042.89</b>	<b>£592.52</b>	<b>£5,017.81</b>	<b>£3,910.89</b>	
<b>Pricing adjustments</b>														
- Deduct abnormals	£0	£0	£0	£0.00	£0								£0.00	£0.00
- Uplift for Oct 10 Scottish Bld Standard Section Part 6	£58	£53	£51	£54.00	£65								£0.00	£0.00
- Uplift for A&E	£12	£3	£6	£7.04	£8								£0.00	£0.00
- Uplift for x-ray	£9	£3	£5	£5.52	£7								£0.00	£0.00
- Uplift for endoscopy	£48	£14	£25	£29.09	£35								£0.00	£0.00
- Uplift for abnormal foundations	£81	£24	£43	£49.63	£60								£0.00	£0.00
- Uplift for design / proximity to sea	£60	£18	£32	£36.49	£44								£0.00	£0.00
- Uplift for M&E	£68	£20	£36	£41.36	£50								£0.00	£0.00
- Uplift for utility	£36	£11	£19	£22.06	£26								£0.00	£0.00
- Uplift for low pressure	£27	£8	£14	£16.55	£20								£0.00	£0.00
- Uplift for works to existing road	£27	£8	£14	£16.55	£20								£0.00	£0.00
- Uplift for SAS	£11	£3	£6	£6.62	£8								£0.00	£0.00
				£0.00									£0.00	£0.00
				£0.00									£0.00	£0.00
<b>REVISED TOTAL</b>	<b>£3,722</b>	<b>£2,783</b>	<b>£3,268</b>	<b>£3,257.76</b>	<b>£3,909.31</b>			<b>£3,910.89</b>	<b>£5,610.33</b>	<b>£-1,701.02</b>	<b>£592.52</b>	<b>£5,017.81</b>	<b>£-1,108.49</b>	
<b>Intelligent benchmark (mean of above)</b>			<b>£3,909</b>									<b>£5,018</b>		

£18,435,542.19

£1,947,033.34 £16,488,508.85

Difference

-£1,108

£5,017.81 £1,108.49

**APPENDIX D**  
**DESIGN TEAM / STATUTORY & SURVEY FEES**

Prime cost + Prelim	Health Centre Comparator	Tain	INFLATION ADJUSTMENT - POST FC Fees										
£ 12,875,908	£ 17,872,150	16 Months	Actual tendered	Cap totals	Stage 1 Cap payments	Stage 2 Cap Payments	Construction cap post FC Payments	Stage 1 Fee (S1 PC&P)	Total Stage 2 Fee	80% Stage 2 (S1 PC&P)	20% Stage 2 (S2 PC&P)	Post FC Fee (S2 PC&P)	Total Skye
<b>Project Manager</b>													
Stage 1	0.230%	0.230%	£ 29,614.59	£ 29,614.59				£ 29,614.59					
Stage 2	0.495%	0.492%	£ 63,735.74			£ 63,735.74			£ 68,266	£ 50,680	£ 17,586		
Post Financial Close	0.580%	0.579%	£ 74,680.27				£ 74,680.27					£ 103,480	
<b>Sub-Total</b>	<b>1.305%</b>	<b>1.301%</b>	<b>£ 168,030.60</b>	<b>£ 29,614.59</b>	<b>£ 63,735.74</b>	<b>£ 74,680.27</b>	<b>£ 29,614.59</b>	<b>£ 68,265.77</b>	<b>£ 50,679.57</b>	<b>£ 17,586.20</b>		<b>£ 103,479.75</b>	<b>£ 201,360.10</b>
<b>Architect</b>													
Stage 1	0.303%	0.300%	£ 39,014.00	£ 39,014.00				£ 38,627.72					
Stage 2	1.044%	0.900%	£ 134,424.48			£ 134,424.48			£ 124,876	£ 92,707	£ 32,170		
Post Financial Close	1.632%	1.400%	£ 210,134.82				£ 210,134.82					£ 250,210	
<b>Sub-Total</b>	<b>2.979%</b>	<b>2.600%</b>	<b>£ 383,573.30</b>	<b>£ 39,014.00</b>	<b>£ 134,424.48</b>	<b>£ 210,134.82</b>	<b>£ 38,627.72</b>	<b>£ 124,876.41</b>	<b>£ 92,706.54</b>	<b>£ 32,169.87</b>		<b>£ 250,210.09</b>	<b>£ 413,714.22</b>
<b>Structural &amp; Civil Engineer</b>													
Stage 1	0.125%	0.1219%	£ 16,094.89	£ 16,094.89				£ 15,695.73					
Stage 2	0.290%	0.2827%	£ 37,340.13			£ 37,340.13			£ 39,225	£ 29,120	£ 10,105		
Post Financial Close	0.402%	0.3919%	£ 51,761.15				£ 51,761.15					£ 70,041	
<b>Sub-Total</b>	<b>0.817%</b>	<b>0.7965%</b>	<b>£ 105,196.17</b>	<b>£ 16,094.89</b>	<b>£ 37,340.13</b>	<b>£ 51,761.15</b>	<b>£ 15,695.73</b>	<b>£ 39,225.07</b>	<b>£ 29,120.15</b>	<b>£ 10,104.91</b>		<b>£ 70,040.95</b>	<b>£ 124,961.75</b>
<b>Services Engineer</b>													
Stage 1	0.180%	0.180%	£ 23,176.63	£ 23,176.63				£ 23,176.63					
Stage 2	0.480%	0.480%	£ 61,804.36			£ 61,804.36			£ 66,601	£ 49,443	£ 17,157		
Post Financial Close	0.540%	0.540%	£ 69,529.90				£ 69,529.90					£ 96,510	
<b>Sub-Total</b>	<b>1.200%</b>	<b>1.200%</b>	<b>£ 154,510.90</b>	<b>£ 23,176.63</b>	<b>£ 61,804.36</b>	<b>£ 69,529.90</b>	<b>£ 23,176.63</b>	<b>£ 66,600.75</b>	<b>£ 49,443.49</b>	<b>£ 17,157.26</b>		<b>£ 96,509.61</b>	<b>£ 186,286.99</b>
<b>Quantity Surveyor</b>													
Stage 1	0.168%	0.160%	£ 21,631.53	£ 21,631.53				£ 20,601.45					
Stage 2	0.394%	0.374%	£ 50,731.08			£ 50,731.08			£ 51,893	£ 38,525	£ 13,368		
Post Financial Close	0.772%	0.758%	£ 35,074.81				£ 35,074.81					£ 46,110.15	
<b>Sub-Total</b>	<b>0.834%</b>	<b>0.792%</b>	<b>£ 107,437.41</b>	<b>£ 21,631.53</b>	<b>£ 50,731.08</b>	<b>£ 35,074.81</b>	<b>£ 20,601.45</b>	<b>£ 51,893.08</b>	<b>£ 38,524.72</b>	<b>£ 13,368.37</b>		<b>£ 46,110.15</b>	<b>£ 118,604.68</b>
<b>Landscape Architect</b>													
Stage 1	0.018%	0.018%	£ 2,317.66	£ 2,317.66				£ 2,259.72					
Stage 2	0.046%	0.045%	£ 5,922.92			£ 5,922.92			£ 6,223	£ 4,620	£ 1,603		
Post Financial Close	0.046%	0.045%	£ 5,922.92				£ 5,922.92					£ 8,016	
<b>Sub-Total</b>	<b>0.110%</b>	<b>0.107%</b>	<b>£ 14,163.50</b>	<b>£ 2,317.66</b>	<b>£ 5,922.92</b>	<b>£ 5,922.92</b>	<b>£ 2,259.72</b>	<b>£ 6,223.01</b>	<b>£ 4,619.88</b>	<b>£ 1,603.13</b>		<b>£ 8,015.66</b>	<b>£ 16,498.39</b>
<b>BREEAM Consultant</b>													
Stage 1	0.141%	0.141%	£ 18,155.03	£ 18,155.03				£ 18,155.03					
Stage 2	0.037%	0.037%	£ 4,764.09			£ 4,764.09			£ 5,134	£ 3,811	£ 1,323		
Post Financial Close	0.038%	0.038%	£ 4,892.85				£ 4,892.85					£ 6,791	
<b>Sub-Total</b>	<b>0.216%</b>	<b>0.216%</b>	<b>£ 27,811.96</b>	<b>£ 18,155.03</b>	<b>£ 4,764.09</b>	<b>£ 4,892.85</b>	<b>£ 18,155.03</b>	<b>£ 5,133.81</b>	<b>£ 3,811.27</b>	<b>£ 1,322.54</b>		<b>£ 6,791.42</b>	<b>£ 30,080.25</b>
<b>Environmental Consultant</b>													
Stage 1	0.281%	0.281%	£ 36,181.30	£ 36,181.30									
Stage 2	0.070%	0.070%	£ 9,013.14			£ 9,013.14							
Post Financial Close	0.000%	0.000%	£ -									£ -	
<b>Sub-Total</b>	<b>0.351%</b>	<b>0.351%</b>	<b>£ 45,194.44</b>	<b>£ 36,181.30</b>	<b>£ 9,013.14</b>	<b>£ -</b>	<b>£ -</b>	<b>£ -</b>	<b>£ -</b>	<b>£ -</b>		<b>£ -</b>	<b>£ -</b>
<b>Acoustic Consultant</b>													
Stage 1	0.046%	0.046%	£ 5,922.92	£ 5,922.92				£ 5,922.92					
Stage 2	0.101%	0.101%	£ 13,004.67			£ 13,004.67			£ 14,014	£ 10,404	£ 3,610		
Post Financial Close	0.012%	0.012%	£ 1,545.11				£ 1,545.11					£ 2,145	
<b>Sub-Total</b>	<b>0.159%</b>	<b>0.159%</b>	<b>£ 20,472.69</b>	<b>£ 5,922.92</b>	<b>£ 13,004.67</b>	<b>£ 1,545.11</b>	<b>£ 5,922.92</b>	<b>£ 14,013.91</b>	<b>£ 10,403.73</b>	<b>£ 3,610.17</b>		<b>£ 2,144.66</b>	<b>£ 22,081.48</b>
<b>Fire Engineering Consultant - BB7</b>													
Stage 1	0.046%	0.046%	£ 5,922.92	£ 5,922.92				£ 5,922.92					
Stage 2	0.119%	0.119%	£ 15,322.33			£ 15,322.33			£ 16,511	£ 12,258	£ 4,254		
Post Financial Close	0.117%	0.117%	£ 15,064.81				£ 15,064.81					£ 20,910	
<b>Sub-Total</b>	<b>0.282%</b>	<b>0.282%</b>	<b>£ 36,310.06</b>	<b>£ 5,922.92</b>	<b>£ 15,322.33</b>	<b>£ 15,064.81</b>	<b>£ 5,922.92</b>	<b>£ 16,511.44</b>	<b>£ 12,257.86</b>	<b>£ 4,253.57</b>		<b>£ 20,910.41</b>	<b>£ 43,344.77</b>
<b>Principal Designer</b>													
Stage 1	0.046%	0.012%	£ 5,922.92	£ 5,922.92				£ 1,500.00					
Stage 2	0.038%	0.093%	£ 4,892.85			£ 4,892.85			£ 12,000	£ 9,600.00	£ 2,400.00		
Post Financial Close	0.019%	0.000%	£ 2,446.42				£ 2,446.42					£ 6,000	
<b>Sub-Total</b>	<b>0.103%</b>	<b>0.105%</b>	<b>£ 13,262.19</b>	<b>£ 5,922.92</b>	<b>£ 4,892.85</b>	<b>£ 2,446.42</b>	<b>£ 1,500.00</b>	<b>£ 12,000.00</b>	<b>£ 9,600.00</b>	<b>£ 2,400.00</b>		<b>£ 6,000.00</b>	<b>£ 19,500.00</b>
<b>DDA Consultant</b>													
Stage 1	0.018%	0.018%	£ 2,317.66	£ 2,317.66									
Stage 2	0.069%	0.069%	£ 8,884.38			£ 8,884.38			£ -	£ -	£ -		
Post Financial Close	0.005%	0.005%	£ 643.80				£ -					£ -	
<b>Sub-Total</b>	<b>0.092%</b>	<b>0.092%</b>	<b>£ 11,845.84</b>	<b>£ 2,317.66</b>	<b>£ 8,884.38</b>	<b>£ -</b>	<b>£ -</b>	<b>£ -</b>	<b>£ -</b>	<b>£ -</b>		<b>£ -</b>	<b>£ -</b>
<b>Traffic Consultant</b>													
Stage 1	0.047%	0.047%	£ 6,051.68	£ 6,051.68				£ 6,051.68					
Stage 2	0.037%	0.037%	£ 4,764.09			£ 4,764.09			£ 5,134	£ 3,811	£ 1,323		
Post Financial Close	0.000%	0.000%	£ -									£ -	
<b>Sub-Total</b>	<b>0.084%</b>	<b>0.084%</b>	<b>£ 10,815.76</b>	<b>£ 6,051.68</b>	<b>£ 4,764.09</b>	<b>£ -</b>	<b>£ 6,051.68</b>	<b>£ 5,133.81</b>	<b>£ 3,811.27</b>	<b>£ 1,322.54</b>		<b>£ -</b>	<b>£ 11,185.48</b>
<b>Other Fees PF9</b>													
	0.925%	0.925%	£ 119,102.15			£ 119,102.15							
<b>Detailed Planning PF10</b>													
	1.108%	1.108%	£ 142,665.06			£ 35,537.51							
<b>Total</b>			<b>£ 1,360,392.02</b>	<b>£ 273,613.05</b>	<b>£ 448,157.92</b>	<b>£ 471,053.05</b>	<b>£ 167,528.40</b>	<b>£ 409,877.04</b>	<b>£ 304,978.48</b>	<b>£ 104,898.56</b>		<b>£ 610,212.70</b>	<b>£ 1,187,618.14</b>

Stage 1 discount	£ 106,084.65						£ 267,316.68	£ 461,328.24				£ 610,212.70	£ 1,338,857.61
Stage 2 discount	£ 38,280.87												£ 1,338,857.61
Stage 3 discount	£ 366,154.49												£ 0.00
<b>total</b>	<b>£ 510,520.01</b>												

Stage 1 payments due at Stage 1 approval	£ 167,528.40
Stage 2 payments paid at RIBA stage E (80%)	£ 304,978.48
Stage 2 payments paid on FC approval (20%)	£ 104,898.56
<b>total</b>	<b>£ 577,405.44</b>

FC payments - part of drawdown	£ 610,212.70
<b>total</b>	<b>£ 1,187,618.14</b>

Still to be appointed therefore recommend seek approval for funding to the cap limits.  
PF9 / 10 fees to be allowed for to the cap until final figures agreed

HUBCO PORTION / HUBCO MANAGEMENT FEE

Prime cost + Prelim + risk (1%) + Location	£ 17,872,150	Fee Split	Total	Stage 1 Fee Payment 100%	Stage 2 Fee	Stage 2 Fee Payment 80%	FC Fee
<b>Hubco Portion</b>							
Stage 1	0.250%	£ 32,190	£ 32,190				
Stage 2	0.650%	£ 116,169			£ 116,169		
<b>Total</b>	<b>0.900%</b>	<b>£ 148,358.74</b>	<b>£ 32,189.77</b>	<b>£ 116,168.97</b>	<b>£ 92,935.18</b>	<b>£ 23,233.79</b>	
<b>Hubco Management</b>							
Stage 1	0.200%	£ 25,752	£ 25,752				
Stage 2	0.500%	£ 89,361			£ 89,361		
<b>Total</b>	<b>0.700%</b>	<b>£ 115,112.56</b>	<b>£ 25,751.82</b>	<b>£ 89,360.75</b>	<b>£ 71,488.60</b>	<b>£ 17,872.15</b>	

Difference to:	
hub Portion based on S1 PC+P	£ 32,475.57
hub Management based on S1 PC+P	£ 24,981.21
total unsecured VE	£ 57,456.78

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**APPENDIX E**  
**VALUE ENGINEERING**

Workshop 1: 19/02/19	VE Proposal	Comment	Action by	Status	NHSH comment 28.03.19		
WP 20	Civils / Substructure / Drainage / Ext Services / EXT Works	Delete section of stone boundary walling & replace with armco barrier (130m)	Agreed with NHSH as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted	Accepted	
		Delete remaining section of stone wall feature at entrance	Agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19. WA overmark to be circulated reflecting agreed changes.	-	Accepted	Accepted	
		Retaining wall next to health centre to be render finish in lieu of stone	NHSH confirmed approval 14.03.19.	-	Accepted	Accepted	
		Standard porous paving block in lieu of Kellen Breccia	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions 26/03/19.	-	Accepted	Accepted	
		Standard PC kerbing in lieu of granite egg	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions 26/03/19.	-	Accepted	Accepted	
		Delete aluminium edge at paving's for flat kerb	NHSH and WA approved.	-	Accepted	Accepted	
		Change granite egg paving block to bitmac - paths	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions 26/03/19.	-	Accepted	Accepted	
		Change granite egg paving block to bitmac - turning circle	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted	Accepted	
		Change remainder of granite paving to bitmac	Further changes to hardstanding as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted - provided other feature paving can be redistributed as per VE call 26/3/19	Accepted	
		Add back in Granite paving to equal 100m2 and distribute as required	As per NHSH request - WA to update overmark accordingly and in line with discussions on 26/03/19.	WA	Accepted	Accepted	
		New bitmac path at existing health centre in lieu of steps/amp. Continuous wall	Agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted - is bitmac the most economic option?	Accepted	
		Relocate dog toilet - delete retaining wall return & path	Revised location agreed.	-	Accepted	Accepted	
		Reduce PC viewing bleachers & balustrade on slope		-	Accepted	Accepted	
		Remove bleachers & stairs completely	Further omission as per BB/Oberlanders overmark overmark discussions 26/03/19. Alternative furniture solution to be provided by WA.	WA	Accepted - NHSH to have d/w HFS re: landscaping impact	Accepted	
		Leave upper road footpath as current - no resurfacing, repairs only. Stoke piling excess materials.	Agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted	Accepted	
		Reduce extent of service / delivery yard	NOTE: NOT VE however NHSH mark up following further consultation with Ambulance services has been issued.	NHSH/OB/Watermans			
		Perimeter under slab insulation only	BB confirmed saving taken.	-	Accepted	Accepted	
		Drainage - reduce manhole quantities	Unsecured until design concluded by Watermans	BB/Watermans	Accepted	Accepted	
		WP 60	Roof / Wall Cladding / Roof lights	Road spec. reduction - car park circulation road (600m2) 200mm thick reduced to 60x45mm	Unsecured until design concluded by Watermans	BB/Watermans	UPDATE 05/04/19 - NHSH to confirm approval
				Cembrit panels - face fixed in lieu of secret fixings	Possible circa £30k saving taken.	-	Accepted
Render in lieu of larch/zinc to rear elevation	Possible circa £30k saving. NHSH happy in principle - OB overmark to be issued 27.03.19.			-	Accepted		
WP 90	Balustrades / Handrails	Energy centre roof fins revised as per Oberlander sketch 14/03/19	NOTE THIS HAS BEEN SUPERCEDED BY SUBSEQUENT CHANGE BELOW - SKETCH 26/03/19.	-	Accepted		
		Energy centre screening - timber fence only as Oberlanders sketch 28.03.19	Agreed at meeting 26/03/19 subject to planning.	-	Accepted		
WP 120	Metal Stud partitions / Dry Lining / Acoustic Panelling	Possible circa £3k to change from stainless to painted mild steel in 'back of house' areas.	NHSH confirmed they would accept.	-	Accepted		
		Rationalisation partitions - various specification revisions, safe board to 2100mm high - delete safeboard entry in addendum. Incl above	Majority of partitions can be changed from Wallblock to soundboard as per OB update.	-	Accepted		
WP 140	Woodwork / Joinery / Int Doors / Ironmongery / Screens	Plywood to partitions & plant areas	Circa £10k saving taken	-	Accepted		
		Integral blinds/vision panels/door protection	NHSH email 19/3/19 confirming doors / vision panels / integral blinds	-	Accepted - as per email 19/3/19		
		Internal doors - revised schedule	Circa £3k saving taken.	-	Accepted		
WP 170	Whiterock / Acroyn wall protection	Primed/painted frames/facings in lieu of encapsulated	Circa £48k saving taken.	-	Accepted		
		Wall protection and hadrail reduction.	Email & mark up 19/3/19 confirmed areas that require wall protection. Confirmed no handrails required	-	Accepted - advised by email 19/3/19		
WP 200	Suspended ceilings	Same principles on previous VE to ceiling spec as Aviemore to be applied.	DF email 18/3/19 confirms ceilings	-	Accepted - as per email 18/3/19		
		CS spec	Kitchen, resus rooms x 2 and maty LDRP room confirmed	-	Accepted		
WP 210	Decoration / Ames taping	Decoration revised to reflect changes	Associated with ceilings.	-	Accepted		
WP 220	FF&E	Artwork	Not VE - £10k allowance to be added.	-			
		FFE Rationalise quantity of seating / worktops & revise specification	NHSH UPDATE 05/04/19 - All 1:50 room layouts have been reviewed & comments uploaded on the tracker to reflect change in layout or any change to groups. This will encompass VE items like changing fixed seating and desktops from group 1 to group 3	-	NHSH agreed - all fixed seating to change to group 3. NHSH UPDATE 05/04/19 - All 1:50 room layouts have been reviewed & comments uploaded on the tracker to reflect change in layout or any change to groups. This will encompass VE items like changing fixed seating and desktops from group 1 to group 3		
WP 260	Blinds	Mortuary equipment/body store to group 3	NHSH confirmed proceed with this change as per Aviemore.	-	Accepted		
		Possible reduction?	No VE or reduction in blinds is anticipated however NHSH emails 19/3/19 confirm approach to blinds.	-			
WP 300	Soft Landscaping	See Civils above.		-			
		Prelims	BB Attendances adjusted to reflect Prelim balance requirement	Circa £213k saving	-	Detail?	
		BB challenges list	Circa £275k saving	-	Detail?		
		BB Commercial adjustment	Circa £160k saving.	-			
		D Smith commercial adjustment	Circa £38k saving.	-			
		Inflation on VE items	Circa £5k saving	-			
		Updated Fire strategy	BB7 schedules 18.03.19 and 29.03.19 confirm current status on Fire strategy and outstanding actions.	BB/OB/BB7/NHSH			

Description	Comment	Action by	Status	NHSH comment 27.03.18
<b>Standby Generator</b>				
Remove Load Bank (generator testing)	N.B. - Price needs to include a point of termination at the generator for a mobile load bank – to be incorporated into generator manufacturers proposals.			Accepted
Remove second set of generator start batteries.				Accepted
Generator to be Non SHTM Set	Roberton advised no objection to this change.	-		Accepted
<b>LV switchgear and distribution</b>				
Removal of the Main Supply Cable				Accepted
Remove Power Factor Correction Equipment				Accepted
Reduce MCCB Frame size for generator supply to 400A – associated sub mains reduce to 2 x 150mm	-			Accepted
Reduce MCCB Frame on MSB for main incomer to 400A - associated sub mains reduce to 2 x 150mm	-			Accepted
If cost benefit, then change Main Switchboard to Form 4B Type 2. Bus bar can be rated at 630A.	-			Accepted
MCCB from MSB to Internal Switchboard can reduce to 315A Frame - associated sub mains reduce to 2 x 150mm	-			Accepted
Amend sub mains cable to single phase boards – to read 2 Core instead of 3 Core.	-			Accepted
Remove DB-GF-EXT LIGHT 1	-			Accepted
Remove DB-GF-EXT LIGHT 2	-			Accepted
Remove DB-GF-RECP-LP	-			Accepted
Reduce DB Size - DB-GF-KITCHEN 24HR (24 Way to 12)	-			Accepted
Reduce DB Size - DB-SPRINKLER PUMP HOUSE (24 Way to 12)	-			Accepted
Reduce DB Size - DB-GF-OUTPATIENTS (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 1 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 2 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 3 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 4 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 5 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-FF-1/B (24 Way to 18)	-			Accepted
Reduce DB Size - DB-EXT-BOILER HOUSE (24 way to 18)	-			Accepted
Reduce DB Size - DB-MCP-PLANT NORTH (24 way to 8)	-			Accepted
Reduce DB Size - DB-MCP-PLANT SOUTH (24 way to 8)	-			Accepted
Reduce DB Size - DB-GF—COMMS1 (18 way to 8)	-			Accepted
Reduce DB Size - DBP-MED GAS-LP3 (24 way SP&N to 12 Way S&N)	-			Accepted
<b>Earthing</b>				
Revised Earthing Schematic received from Rybka	DF Email 19/3/19 confirms ERBs (resus rooms, x-ray, infusion suite, LDRP room). Confirmed group 0 for inpatient bedrooms	-		Is this additional cost?
Earth Reference Bars Provision (24 No. Inpatient Rooms @ £908.76)	DF Email 19/3/19 confirms ERBs (resus rooms, x-ray, infusion suite, LDRP room). Confirmed group 0 for inpatient bedrooms	-		Confirmed NOT required 26.03.19, please delete additional cost.
<b>Small power</b>				
Reduction in Extent of Small Power	NHSH confirmed to assume 10% for cost purposes however, final review to be completed.	NHSH		Accepted - assume 10% reduction for cost purposes
Removal of Dual Circuits within the 24 No. Inpatient Rooms and the 2 No. UCC Treatment Rooms	Confirmed via email 19/3/19 - no dual circuits required anywhere <b>HOWEVER RYBKA UPDATE 28/03/19 CONFIRMS THESE ARE REQUIRED TO RESUS ROOMS</b>	-		RYBKA UPDATE 28/03/19 CONFIRMS THESE ARE REQUIRED TO RESUS ROOMS
Ambulance Chargers and mounting bracket to be supplied by NHSH (GAB Will Wire and Install units only)	NHSH previously agreed.	-		Accepted

Structured cabling (voice & data)				
Reduction in Data Outlets	NHSH confirmed to assume 10% reduction for cost purposes however, final review to be completed.	NHSH		Accepted - assume 10% reduction for cost purposes
Induction Loops				
GAB Have Included for Induction loops to be installed in; - Meeting Room <b>Inpatient Training</b> - Fixed Portable - Reception - 2 Nr Standard Portable Units	See NHSH confirmation (27/03/19) overmarked in <b>red</b>			
Induction Loop installation in; - Nurses T-Base <b>Ward Clerk / Reception</b> - <b>Inpatient Training</b> - Accounted for above				There is no "meeting room". Induction loop required in 3 no. rooms; Inpatient training & Reception (both of which accounted for above) & Ward Clerk reception. Please adjust cost accordingly
Removal of 2 No Portable Units	Portable to be moved to equipment as per Avimore principle.	-		Accepted
Internal Lighting				
Reduce quantity of recessed downlights in inpatient bedrooms	As per principle agreed on Avimore.			Accepted
Lighting Controls - Reduce extent of dimmable lighting controls to circulation corridors (should only be incorporated within inpatient dept.	See NHSH requirements on email 18.03.19			NHSH - accepted. Design / costs for dimmable lighting should reflect email sent 18/3/19 14:07.
Further removal of Dimmable Lighting - Baby Change	See NHSH requirements on email 18.03.19	-		Accepted
Further removal of Dimmable Lighting - Interview Room	See NHSH requirements on email 18.03.19	-		Accepted
Intruder Alarm				
Removal of Intruder Alarm in its entirety	NHSH confirmation provided - note no requirement for alarm sounder on CD cupboards - emailed 11/3/19	-		Accepted
Sanitary Ware				
Utilise an alternative manufacturer to Armitage Shanks for the stainless steel equipment and brassware	Oberlanders technical review was completed.	-		Accepted
Domestic Water Services				
Removal of Kitchen Calorifiers and increase size of 2no remaining Calorifiers	Same principle as Avimore to apply.	-		Accepted
Removal of PIR and solenoid valves from inpatient areas.	No saving as GAB have made no allowance for these valves as they are not detailed on Rybka drawings			Accepted
Addition of PIR and solenoid vales to WC's in general areas for BREEAM purposes	GAB had made no allowance for these valves as they are not detailed on Rybka drawings			Accepted
LTHW Heating				
Alternative Specification of LPG Boilers and CHP Units	RYBKA previously confirmed this had been approved and no compliance issues.	-		Accepted
Omit pumps 8 & 9 at Calorifiers	RYBKA previously confirmed this had been approved and no compliance issues.	-		Accepted
Ventilation				
Removal of SHTM requirement on Air Handling Units	Possible £4K saving - NHSH happy to proceed if Roberstons are. Spec to be reviewed by Roberstons. PMN - Robertsons confirmed acceptance of spec (CMcD email 08/03/19). <b>RYBKA UPDATE 28/03/19 CONFIRMS ALL AHU'S EXPECT ASSOCIATED WITH RESUS.</b>	-		Accepted
Removal of Fire/Smoke dampers within non-acute departments	BB7 schedules 18.03.19 and 29.03.19 confirm current status on Fire strategy and outstanding actions.	BB/OB/BB7/NHSH		Accepted - pending amended fire strategy

Medical Gas				
Reduction in cost in line with latest Rybka design information dated 12/02/2019. However, specific Medical Gas meeting required with GAB/BB/Rybka/NHS to ensure the clients requirements are captured prior to the saving being taken as there appeared to be confusion over requirements at VE workshops.	See NHS comment 27.03.19			Accepted - no meeting required & no confusion. NHS requirements confirmed via emails 15/3/19 14:05 and 14/3/19 18:14. Please cost on that basis
Sprinkler				
Option 1 Removal of sprinklers to all external canopy's	NHSH previously confirmed this could be omitted as per same principle for Avimore.	-		Accepted
Thermal Insulation				
Remove Aluminium Cladding Finish to all pipework and ductwork in Plant Areas	Previously taken VE as per Avimore			Accepted
Removal of insulation from Return Air Ventilation Ductwork	Previously taken VE as per Avimore			Accepted



**APPENDIX F**  
**CHANGE ORDERS**

**CHANGE CONTROL ORDER REGISTER**

Project Title: Badenoch Strathspey & Skye  
 Job No: 5160616

CCO No.	Issue Date	Site	Brief Description of Change	Requested By	Impact Assess Date	Programme Impact (weeks)	Cost Impact CAPEX £	Cost Impact OPEX £ pa	Actioned	Date Approved
001	16/11/2017	SLSWR	SoA V26	NHSH			TBC	TBC	Yes	
002	16/11/2017	SLSWR	Single to two storey building change	NHSH			TBC	TBC	Yes	
003	16/11/2017	SLSWR	Inpatient Department Design	NHSH		N/A	N/A	N/A	N/A	Superseded
004	16/11/2017	SLSWR	SoA V27	NHSH			TBC	TBC	Yes	
005	16/11/2017	SLSWR	Demolition of bungalow	DD			TBC	TBC	Yes	
006	16/11/2017	SLSWR	SoA - additional consultant rooms	NHSH		N/A	N/A	N/A	No	Rejected
007	28/11/2017	SLSWR	Additional Disabled changing	NHSH		N/A	N/A	N/A	N/A	Superseded
008	28/11/2017	SLSWR	Urgent Care and Repeatable Rooms	NHSH		N/A	N/A	N/A	N/A	Superseded
009	22/01/2018	SLSWR	SoA v28 including changing places	NHSH	05/02/2018	4	£ 63,908.12	£ 21,028.46	Yes	06/02/2018
010	07/03/2018	SLSWR	Addition of mortuary viewing room - SoA v29	NHSH	19/07/2018	0	£ 27,109.84	£ 260.00	Yes	26/07/2018
011	23/05/2018	SLSWR	SoA v30; x-ray reconfig & accessible WC in waiting area - no increase in GIFA	NHSH	19/07/2018	0	£ 11,764.23	£ -	Yes	26/07/2018
012	29/05/2018	SLSWR	Impact assessment of possible swap of ED, radiology & maternity - superseded by CCO14	NHSH	12/06/2018	12	£ 480,000.00	TBC	No	Rejected
013	20/06/2018	SLSWR	Increase passenger lift to accommodate a trolley / bed	NHSH	19/07/2018	0	£ 90,813.04	£ -	Yes	26/07/2018
014	09/07/2018	SLSWR	Addition of ED waiting area and amendments to use of on call room and clinical office	NHSH	19/07/2018	12	£ 410,712.47	£ -	Yes	26/07/2018
015	09/07/2018	SLSWR	<del>Change kitchen function from full kitchen to reheat kitchen ACR DEVELOPMENT</del>	NHSH	N/A	N/A	N/A	N/A	N/A	Deleted
016	09/08/2018	SLSWR	Creation of additional external terrace to south east of inpatient area (first floor), in response to NDAP feedback	NHSH	30/10/2018	0	£ 28,711.63	£ -	Yes	
017	09/08/2018	SLSWR	Extension of site boundary to include external terrace area at foot of inpatient bridge	NHSH	30/10/2018	0	£ 100,736.69	£ -	No	Rejected
018	09/10/2018	SLSWR	Schedule of Accommodation v31 - to reflect CCOs 013 & 014	NHSH		0	£ -	£ -	Yes	
019	09/11/2018	SLSWR	Split plant room	DD		0	£ -	£ -	Yes	
020	20/12/2018	SLSWR	Amendment to fire strategy / removal of inpatient bridge	NHSH	n/a	0	-£ 96,428.00	£ -	No	

Included within CC0014  
 Included within CC0015

Running Total: £ 536,591.33 £ 21,288.46

**APPENDIX G**  
**ADDITIONAL ADVISOR FEES**

**APPENDIX G**

**BS&S**

**Value for Money Statement on Financial Close and Other Costs**

	Actual in model £	Benchmark £	Difference £	Comment
<b><u>DBFM Co advisors</u></b>				
Legal	£91,500.00	£92,104.54	-£604.54	Negotiated fee. Benchmark as per PF12 and PF2 £75k (£50k and £25k) (AHV) indexed to Q2 2019 from Q2 2011
Financial Adviser and Modeller	£120,000.00	£184,209.09	-£64,209.09	Negotiated fee. Benchmark as per PF12 £100k + £50k (AHV) indexed to Q2 2019 from Q2 2011
Due Diligence	£0.00	£12,280.61	-£12,280.61	Not required. Benchmark as per PF12 £10k (AHV) indexed to Q2 2019 from Q2 2011
<b><u>Funders advisors</u></b>				
Legal	£65,000.00	£61,403.03	£3,596.97	Tendered by Funders as part of funding competition. Benchmark as per PF12 £50k (AHV) indexed to Q2 2019 from Q2 2011
Model Audit	£17,500.00	£24,561.21	-£7,061.21	Tendered by Funders as part of funding competition. Benchmark as per PF12 £20k (AHV) indexed to Q2 2019 from Q2 2011
Insurance	£12,500.00	£18,420.91	-£5,920.91	Tendered by Funders as part of funding competition. Benchmark as per PF12 £15k (AHV) indexed to Q2 2019 from Q2 2011
Swap Rate Broker	£5,000.00	£0.00	£5,000.00	Nord requirement
Technical Advisor	£19,000.00	£36,841.82	-£17,841.82	Tendered by Funders as part of funding competition. Benchmark as per PF12 £30k (AHV) indexed to Q2 2019 from Q2 2011
Totals	<b>£330,500.00</b>	<b>£429,821.20</b>	<b>-£99,321.20</b>	Total Saving against Benchmarks.
<b><u>Other</u></b>				
Independent Tester* [TBC]	£165,500.00	£168,107.85	-£2,607.85	Benchmark as per PF12 £66k (AHV) 18 month pro rata to 22 month programme and times two sites; indexed to Q2 2019 from Q2 2011 (plus includes for 50% room sampling)
*IT not classed as an FC cost				

**BADENOCH & STRATHSPEY REPLACEMENT COMMUNITY HOSPITAL**

**At**

**AVIEMORE**

**For**

**HUB NORTH SCOTLAND LTD**

**STAGE 2 PRICING REPORT – DRAFT**

**APRIL 2019**

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**1.0 EXECUTIVE SUMMARY**

This Report has been prepared at the request of hub North Scotland Ltd to confirm the Stage 2 Final Price for Badenoch & Strathspey Community Hospital.

The Scope of the Project is defined in Section 2.0.

This Pricing Report confirms the Final Price for the project and demonstrates that the Final Price has been tendered in accordance with the Method Statement.

A maximum price cap was established and reported in the Final Stage 1 Report. The affordability cap and the reported Final Stage 1 Report excluded inflation however the Stage 2 price now includes inflation to Financial Close

The below table shows project affordability at each stage of the process:

<b>Development Project Stage</b>	<b>Project Affordability £</b>
Affordability Cap at NPR Stage excluding inflation	15,433,341
Stage 1 Predicted Maximum Price excluding inflation	15,433,000
Revised Affordability Cap including CCO's and inflation	19,920,428
Stage 2 Price	19,728,835

As detailed above the Stage 2 price is £191,593 below the updated affordability cap updated to include CCO's and inflation.

**Prime Cost**

The Prime Cost has been procured in accordance with Balfour Beatty's Procurement Strategy where all packages have been competitively tendered. Despite best endeavours some packages have not returned 3 tenders as set out in the TPA. 90% of the Prime Cost was competitively tendered with three or more tenders received for 77% of the work package value. This includes the Mechanical & Electrical package where one contractor was selected from the three offers received to enter into a two-stage approach. All of the Work Packages have been reviewed by Thomson Gray where a comprehensive tender clarification exercise has been undertaken in conjunction with Balfour Beatty and the Technical Advisor Currie and Brown.

Only one offer / quotation was received for the joinery, floor screed, suspended ceilings, kitchen equipment, signage and scaffolding packages. This equates to 10% of the overall package value. These offers / quotations been competitively sourced and have been reviewed and benchmarked.

An Elemental Cost Analysis has been prepared from the competitively tendered information and is detailed in Section 4.0 of this Report.

A summary of the competitive tendering exercise is attached as Appendix A to this Report.

In order to reach the Stage 2 Price a significant collaborative value engineering exercise has been undertaken on the project. This has resulted in savings of £2,611,444 being secured against the initial work-package tender returns. The VE schedules for the project are contained within Appendix E.

**Preliminaries**

The Preliminaries were competitively tendered during Stage 1 and have subsequently been adjusted for inflation. (Refer Appendix B). A list of work package specific prelims is contained within section 5.0.

## 1.0 EXECUTIVE SUMMARY (CONT'D)

### Fees

The Designers and construction teams have been selected through a competitive tender competition, throughout the stages. All project fees are included within Appendix D of this report and are included within the overall Stage 2 cost. hNSL has negotiated with the consultants and designers who have agreed to cap their paid Stage 1 fee and the 80% Stage 2 fee paid during Stage 2 at the S1 Affordability Cap and only fees to come (20% Stage 2 at FC and post FC fees to be uplifted). The total fees against prime cost and preliminaries equates to 8.72% which is a 1.85% (or £313,744) saving from the cap position of 10.566%.

### Overheads and Profit

The overheads were competitively tendered during Stage 1. The overhead and profit percentage of 4.0% represents a saving of 0.5% from the NPR.

### Risk Allowance

The post contract current allowance is £169,591 which represents 1% of the Prime Cost and Preliminaries.

### hubco Portion Fee

The hubco Portion Fee is based on 0.25% (Stage 1) of the 0.9% hubco Portion being applied to the Stage 1 Predicted Maximum Prime Cost, and applying 0.65% (Stage 2) on the Stage 2 Prime Cost and Prelims value; giving a total fee of £143,099.

hubco state that this is a one-off consideration and does not set a precedent for negotiating future financial close positions.

### hubco Management Fee

The hubco Management Fee is based on 0.2% (Stage 1) of the 0.7% hubco management fee being applied to the Stage 1 Predicted Maximum Price Cost and applying 0.5% (Stage 2) on the Stage 2 Prime Cost and prelims value; giving a total fee of £111,087.

hubco state that this is a one-off consideration and does not set a precedent for negotiating future financial close positions.

### Complexity and Location Factors

Location and Complexity Factors are not applicable.

### Inflation

The Tier 1 Contractor has confirmed that inflation during construction has been included in their current Stage 2 Price. This inflation is either included within each sub-contract or provided for by the Tier 1 Contractor.



## 1.0 EXECUTIVE SUMMARY (CONT'D)

## Comparison to Stage 1 Budget including inflation and CCO's

Element	Stage 1	Stage 2	Difference
Prime Cost	15,342,097	15,551,117	209,020
Preliminaries	1,258,194	1,408,010	149,816
Post FC Fees	608,791	431,398	(177,393)
Stage 1 and 2 Fees	925,302	743,863	(181,439)
Additional Fees	Incl	243,548	243,548
DBFM Co Post FC fees	Incl	147,948	147,948
OHP	681,483	702,405	20,922
Risk	151,441	169,590	18,149
Hubco Portion	136,297	143,099	6,802
Hubco Management	106,008	111,087	5,079
Inflation	Incl	Incl	0
Statutory Fees / Surveys	80,000	76,770	(3,230)
<b>Total</b>			
Change Order Sum	630,815	Incl	(630,815)
<b>Total Costs</b>	<b>£19,920,428</b>	<b>£19,728,835</b>	<b>£191,593</b>

## Value for Money

Thomson Gray believe that the tender submitted by Balfour Beatty, the Tier 1 Contractor represents value for money based on the following:

- The Prime Cost was 90% competitively tendered
- A robust evaluation and examination of the individual packages has been undertaken to ensure that the tender returns represent the current work scope and reflect current market.
- A substantial value engineering exercise was undertaken which has resulted in £2,611,444 of savings from initial design intent.
- Overheads / profit included are below pro-forma cap levels by 0.5%.
- Designer and Consultant Fees, hubco portion and management fees as percentages are under the pro-forma cap levels.
- Each commercial component of the hubco proposals has been measured against similar projects to demonstrate that the project sits below benchmarks and therefore delivering value for money.

## Change Controls / Design Development

A list of design development / changes from Stage 1 to Stage 2 have been included in Appendix F.

During stage 2 the affordability was increased by £630,815. This is a combination of area increases and site specific abnormals associated with the Change Orders.

## 2.0 SCOPE OF PROJECT

The scope of the project is defined as follows:

The works comprise the new build construction of a two-storey community hospital, including associated external works, car parking and the provision of site wide services infrastructure

The Stage 2 Price is based on Designers' drawings and specifications uploaded on the hub Portal (Stage 2 Submission folder).

The gross internal floor area of the main building is 4,192m<sup>2</sup>. Including outbuildings it increases to 4,320m<sup>2</sup>

## 3.0 STAGE 2 PRICING REPORT

The table below identifies the costs of the various elements comprising the Tender amount to be carried to the Executive Summary.

Details of the costs are identified in Sections 4.0 and 5.0 of this Report.

		<b>Stage 2 Final £</b>	<b>Updated affordability Final £</b>
1.0	Prime Cost	15,551,117	15,342,097
2.0	Preliminaries	1,408,010	1,258,194
3.0	Design Fees (Stage 1 & 2) + PM / QS Post FC	1,175,261	1,534,093
3.0	Additional Fees	243,548	-
4.0	Design Fees (Post FC)	147,948	Incl
5.0	Statutory Fees and surveys	76,770	80,000
6.0	Overheads & Profit	702,405	681,483
7.0	Project Risk Allowance	169,591	151,441
8.0	hubco Portion Fee	143,099	136,297
9.0	hubco Management Fee	111,087	106,008
10.0	Project Complexity Adjustment	Incl	Incl
11.0	Location Factor Adjustment	Incl	Incl
12.0	Inflation Pricing Adjustment	Incl	Incl
13.0	Commercial Adjustment	-	-
14.0	Change Order Sum	Incl	630,815
<b>Stage 2 Price to Executive Summary</b>		<b>£19,728,836</b>	<b>£19,920,428</b>

### Value Engineering

Value engineering has been undertaken and a schedule with RAG (red/amber/green) status has been developed and shared with NHS Highland. For the purposes of this report green / accepted items have been included within the stage 2 report and these total £2,611,444. For the purposes of the pricing report, red (not accepted) have not been included. A copy of the VE Schedule is included in Appendix E.

#### 4.0 PRIME COSTS

##### Prime Cost breakdown

The Prime Cost has been generated by a competitive tendering exercise.

Overall 90% of the Prime Costs have been competitively tendered.

With regards to various work packages, in most instances circa 6no tender enquires were issued. It was agreed that to avoid any potential delay to the project and any cost / inflation implications, the Stage 2 Pricing Report would be based upon the tenders received. 45.19% by value have received 3 or more returns and when M&E package (which was subject to a 2-stage selection process) is included this package increases to 77.23%.

M&E was tendered under a 2-stage approach. A procurement strategy was prepared by the Tier 1 Contractor and accepted on this basis. An open book approach has been adopted on the M&E and all supplier / sub-contractor quotes have been issued to Thomson Gray / NHSH's technical advisor for verification. Breakdowns to subcontract packages has been provided and evidenced with a review of prelim and OHP to ensure these are in accordance with original stage 1 tender.

During the Stage 2 process the Design Team issued work packages for preparation of tender documents etc. As the design developed, Thomson Gray and Tier 1 Contractor monitored the returns. Adjustments for design development or gaps in returns have been made on a package by package basis.

Thomson Gray and the Tier 1 Contractor have reviewed each tender return and adjustments have been included in order to cover any omissions along with any required attendances and enabling works. This has resulted in £1,021,501 being included for adjustments to tendered values.

Where applicable the Tier 1 Contractor has requested fixed prices for the duration of the project. Where sub-contractors have refused to fix an adjustment using the BCIS TPI has been included. These adjustments total £601,213.

Preliminary costs within each of the work packages have also been assessed and these costs amount to £1,260,254 as detailed in Appendix A. Following a review by Thomson Gray, Balfour Beatty agreed to adjusting this value down by £400k to c£850k. For analysis purposes we have split the Stage 2 Prime Cost into elements to allow comparison with the Stage 1 Cost.

	Element	Stage 2 Final Elemental Cost £	4,320  Cost/m <sup>2</sup> GFA	Stage 1 Final Elemental Cost £	Stage 1 Update for inflation £	3,982  Cost/m <sup>2</sup> GFA
<b>1.0</b>	<b>Sub-structure</b>					
1.1	Enabling	Incl	Incl	101,532	113,411	28.48
1.2	Excavations	Incl	Incl	165,935	185,349	46.55
1.3	Foundations	Incl	Incl	310,175	346,465	87.00
1.4	Ground floor slab	Incl	Incl	266,200	297,345	74.67
	<b>SUB-STRUCTURE TOTAL</b>	941,671	217.98	843,842	942,572	236.71
<b>2.0</b>	<b>Superstructure</b>					
2.1	Frame	1,119,920	259.24	951,320	1,062,624	266.86
2.2	Upper floors	123,160	28.51	111,113	124,113	31.17
2.3	Roof	628,906	145.58	816,865	912,438	229.14

4.0 PRIME COSTS (CONT'D)

Prime Cost breakdown (Cont'd)

	Element	Stage 2 Final Elemental Cost £	4,320  Cost/m <sup>2</sup> GFA	Stage 1 Final Elemental Cost £	Stage 1 Update for inflation £	3,982  Cost/m <sup>2</sup> GFA
2.4	Stairs and balustrades	58,622	13.57	28,800	32,170	8.08
2.5	External Walls	1,300,234	300.98	381,898	426,580	107.13
2.6	Windows & External Doors	516,888	119.65	492,258	549,852	137.91
2.7	Internal Walls & Partitions	932,126	215.77	341,725	381,707	95.86
2.8	Internal Doors	707,789	163.84	306,250	342,081	85.91
	<b>SUPERSTRUCTURE TOTAL</b>	5,387,645	1,247.14	3,430,228	3,831,565	962.22
<b>3.0</b>	<b>Internal Finishes</b>					
3.1	Wall Finishes	160,220	37.09	379,280	423,656	106.39
3.2	Floor Finishes	338,947	78.46	218,365	243,914	61.19
3.3	Ceiling Finishes	296,170	68.56	240,848	269,027	67.56
3.4	Decoration	223,906	51.83	Inc	Inc	
	<b>INTERNAL FINISHES TOTAL</b>	1,019,243	235.94	838,493	936,597	235.21
<b>4.0</b>	<b>Fittings &amp; Furnishings</b>					
4.1	Fixed Furniture	537,538	124.43	428,015	478,093	120.06
	<b>FITTING &amp; FURNISHINGS TOTAL</b>	537,538	124.43	428,015	478,093	120.06
<b>5.0</b>	<b>Services</b>					
5.1	Sanitary Appliances	Incl	Incl	256,950	287,013	72.08
5.2	Services Equipment	Incl	Incl	135,000	150,795	37.87
5.3	Disposal Installations	Incl	Incl	63,500	70,930	17.81
5.4	Water Installations	Incl	Incl	282,973	316,081	79.38
5.5	Gas Installations	Incl	Incl	30,000	33,510	8.42
5.6	Heating Installations	Incl	Incl	558,091	623,388	156.55
5.7	Ventilation System	Incl	Incl	385,730	430,860	108.20
5.8	Electrical Installations	Incl	Incl	911,085	1,017,682	255.57
5.9	Lift Installations	Incl	Incl	35,000	39,095	9.82
5.10	Protective Installations	Incl	Incl	382,272	426,998	107.23
5.11	Communications Installations	Incl	Incl	264,960	295,960	74.32
5.12	Specialist Installations	Incl	Incl	373,064	416,712	104.65
5.13	BWIC with Services	Incl	Incl	73,542	82,464	20.71
	<b>SERVICES TOTAL</b>	5,137,992	1,189.35	3,752,167	4,191,171	1,052.53
<b>7.0</b>	<b>External Works</b>					
7.1	Site Works	2,320,402	537.13	1,331,800	1,487,621	373.59
7.2	Drainage	Incl	Incl	294,885	329,387	82.72
7.3	External Services	206,626	47.83	234,900	262,383	65.89
	<b>EXTERNAL WORKS TOTAL</b>	2,527,028	584.96	1,861,585	2,079,391	522.20

## 4.0 PRIME COSTS (CONT'D)

## Prime Cost breakdown (Cont'd)

	Element	Stage 2 Final Elemental Cost £	4,320  Cost/m <sup>2</sup> GFA	Stage 1 Final Elemental Cost £	Stage 1 Update for inflation £	3,982  Cost/m <sup>2</sup> GFA
<b>8.0</b>	<b>Energy Centre</b>					
8.1	Ancillary Buildings	Incl	Incl	101,200	113,040	28.39
8.2	Energy Centre	Incl	Incl	242,000	270,314	67.88
	<b>ENERGY CENTRE TOTAL</b>	Incl	Incl	343,200	383,354	96.27
9.0	Risk – Design development	Incl	Incl	562,877	628,734	157.89
	<b>PRIME COST</b>	15,551,117	£3,600	12,060,408	13,471,476	3,383.09

## Analysis of Prime Cost

Thomson Gray have undertaken a review of each work package and how this compares to the Stage 1 cost plan inflated for prime cost and risk. The current prime cost of £15,551,117 is £421,795 within the revised affordability cap including CCO's and risk.

In summary we would draw your attention to the following:

- The stage 1 report advised that the risk of inflation was the responsibility of the Participant with the Stage 1 cost plan base date of 3Q 2017 at a BCIS Tender Price Index of 291. In review we can advise that inflating the Stage 1 Price to the current day 2Q 2019 would result in a 11.7% increase or £1.4m. We can advise that this is based on a Tender Price Index of 325, current at 15<sup>th</sup> April 2019 for 2Q 2019.
- M&E costs are approximately £457K over the original estimate. This is mainly due to the subsequently confirmed NESH requirement for a Sprinkler system (£367K).
- Substructure costs are within stage 1 budget by £100k, this is a result of the requirement for mass fill concrete not being required.
- Frame costs are approximately £100K over the Stage 1 budget. This additional cost is due in part of the hospital being single storey.
- The roof costs are under stage 1 budget by £190k due to a change in material from standing seam to insulated panel.
- External walls costs are approximately £65K in excess of the Stage 1 budget. This is due to the requirement for Siberian larch to reflect the Cairngorm National Park.
- Internal walls and partitions are approximately £101K in excess of the Stage 1 budget. This is mainly due to the following-
  - Requirement for acoustic partitions (£48K)
  - Design of partitions spanning to apex of roof (£39K)
- Internal doors are approximately £201K in excess of the Stage 1 budget. This is a result of the quantity of double doors due to the number of bedrooms and en-suites in comparison to the benchmarked projects.

#### 4.0 PRIME COSTS (CONT'D)

##### Analysis of Prime Cost (Cont'd)

9. Ceiling finishes are approximately £89K in excess of the Stage 1 budget. This is due to the requirement for a secondary fire rated ceiling and Unistrut system in relation to be used for services. This secondary ceiling resulted in an additional cost of approximately £100K.
10. The substructure, upper floors, stairs and balustrades, windows & external doors, finishes, FFE, external works and services are all within the Stage 1 budget.

#### 5.0 PRIME COST ADJUSTMENT

##### Section 1 - Design Team Fees

The Design Team fees are tendered to hub North Scotland Ltd. The fee percentage for fees equates to 8.02% of Prime cost, prelim and risk and is below the fee cap of 10.566% and Stage 1 percentage of 8.96%.

Consultant	Stage 1 Actual £	Stage 2 Actual £	Construction £	Others £	Total (Stage 1 + 2 Actual + Construction) £
<b>Design Fees</b>					
Project Manager	29,973	68,847	98,193	0	197,013
Quantity Surveyor	21,034	52,018	43,755	0	116,806
Architect	39,438	125,177	237,428	0	402,042
Structural Engineer	16,025	39,319	66,463	0	121,807
Services Engineer	23,663	66,761	91,579	0	182,003
Landscape Architect	2,307	6,238	7,606	0	16,151
BREEAM Consultant	18,536	5,146	6,444	0	30,126
Environmental	36,940*	9,202*	0	0	46,142
Acoustic Consultant	6,047	14,048	2,035	0	22,130
Fire Engineering	6,047	16,551	19,842	0	42,440
Principal Designer	1,500	12,000	6,000	0	19,500
DDA	2,366*	9,057*	0	0	11,423
Traffic Consultant	6,179	5,146	0	0	11,325
Other incl Legal Fees	26,292*	12,226*	0	0	38,517
Detailed Planning	36,283*	33,788*	0	0	70,070
<b>SUB-TOTALS</b>	<b>272,626</b>	<b>475,523</b>	<b>663,085</b>	<b>0</b>	<b>1,327,496</b>
<b>Statutory / Survey Fees</b>					
Surveys				76,770	
Statutory Fees				In Prime Cost	
Additional Fees – CCO's				243,548	
<b>SUB-TOTALS</b>					
<b>TOTALS</b>	<b>272,626</b>	<b>475,523</b>	<b>579,346</b>	<b>320,318</b>	<b>1,327,496</b>

\* Stage 1 cap payments.

## 5.0 PRIME COST ADJUSTMENT (CONT'D)

### Section 2 - Preliminaries

The Preliminaries value for inclusion in the Stage 2 Pricing Report is the original tender at Stage 1 by the Tier 1 Contractor with an adjustment for inflation to Q2 2019.

A saving of £237k has been offered and accepted as part of the value engineering following review of attendances from Thomson Gray

(see Appendix B for a full breakdown).

Cost Heading	Tendered £	Comparison to Stage 1 £
Fixed Elements	346,240	135,437
Time Based Elements	1,061,770	950,000
TOTAL	1,408,010	1,258,194
<b>Total for Preliminaries carried to Summary</b>		<b>£1,408,010</b>

### Pro-forma 2, Section 4.0 – Risk Allowance

The current allowance is £169,591 which represents 1% of the Prime Cost and Preliminaries. This aligns with the Stage 2 Risk Cap. The risk figure is capped at 1% and included to the Stage 2 price.

Cost Heading	Value £	Risk %	Amount £
Prime Cost	15,551,117	1%	155,511
Preliminaries	1,408,010	1%	14,080
<b>Total for Risk</b>			<b>169,591</b>

**5.0 PRIME COST ADJUSTMENT (CONT'D)****Pro-forma 2, Section 4.0 – Overheads**

A competitive exercise was carried out in Stage 1. The Overheads and Profit value of 4.00% included in the Final Stage 2 Price represents a saving of 0.5% from cap of 4.50%.

OHP % = 4.00%

Cost Heading	Value £	Portion Adjustment %	Amount £
Prime Cost	15,551,117	4.0%	622,045
Post FC Fees	431,398	4.0%	17,256
Preliminaries	1,408,010	4.0%	56,320
Risk	169,591	4.0%	6,784
<b>Total</b>	<b>17,560,116</b>	<b>4.0%</b>	<b>702,405</b>

The fees subject to OH&P are only fees that are novated to Balfour Beatty.

**Location Factor Adjustment**

The location factor is not applicable.

**Inflation Factor Adjustment**

The inflation factor is included within the competitively tendered elements. Where applicable a fixed price has been agreed with subcontractors. Where this has not been possible inflation has been priced utilising the BCIS tender price index. Inflation total included in prime cost is £601,213.

**hubco Portion**

Cost Heading	Prime Cost & Preliminaries £	Portion Adjustment %	Amount £
Stage 1	£13,145,844	0.250%	£32,865
Stage 2	£16,959,127	0.650%	£110,234
Total		0.900%	£143,099

The hubco Portion Fee is based on 0.25% (Stage 1) of the 0.9% hubco Portion being applied to the Stage 1 Predicted Maximum Prime Cost, and applying 0.65% (Stage 2) on the Stage 2 Prime Cost and Prelims value; giving a total fee of £143,099.

hubco state that this is a one-off consideration and does not set a precedent for negotiating future financial close positions.



**5.0 PRIME COST ADJUSTMENT (CONT'D)****hubco Management**

Pro-forma 2 hubco Management adjustment of 0.7% on Prime Costs, Preliminaries only.

Cost Heading	Prime Cost & Preliminaries £	Management Adjustment %	Amount £
Stage 1	£13,145,844	0.200%	£26,292
Stage 2	£16,959,127	0.500%	£84,796
Total		0.700%	£111,087

The hubco Management Fee is based on 0.2% (Stage 1) of the 0.7% hubco management fee being applied to the Stage 1 Predicted Maximum Price Cost and applying 0.5% (Stage 2) on the Stage 2 Prime Cost and prelims value; giving a total fee of £111,087.

hubco state that this is a one-off consideration and does not set a precedent for negotiating future financial close positions.

**6.0 BENCHMARKING / VALUE FOR MONEY****Benchmarking**

We have used a number of health centre projects from within the region and outwith to form the basis of the project benchmarking.

Our comparison utilises the current Stage 2 Badenoch & Strathspey Replacement Community Hospital against data for projects included within the new project request for Vale, Migdale, Carluke, Midlothian and Inverurie Hospitals and Health Centres.

As detailed within section 4.0 the Hospital is currently £192K under the NPR affordability cap that was based on the comparative projects updated for inflation and including abnormals. This equates to a rate £/m<sup>2</sup> difference of £124/m<sup>2</sup>. A benchmarking analysis comparison of each element is included within Appendix C – Benchmarking comparison.

The benchmarking comparison illustrates that the substructure, external works and external services are within the benchmarked data updated to include for abnormals. The superstructure, finishes, FF&E and mechanical and electrical works are in excess of the benchmarked data updated to include for abnormals however the reasons for these additional costs are detailed under section 4. Overall the prime cost is within the benchmarked comparison updated to include for abnormals.

Please note for the purposes of evaluating Badenoch & Strathspey Community Hospital with comparators the following items are excluded from the benchmarking study:

- Planning gain

## 6.0 BENCHMARKING / VALUE FOR MONEY (CONT'D)

### Comparison with NPR Comparators

The following table reviews Badenoch & Strathspey Community Hospital adjusted for abnormals against the NPR comparators average costs adjusted for inflation to 2Q 2019 and including abnormals. The average comparators cost is the average cost for each element from Vale, Migdale and Carluke hospitals as well as Midlothian and Inverurie Health Centres.

	Average Benchmarked Projects	Badenoch & Strathspey	Difference
Substructure	£351	£218	(133)
Superstructure	£1,105	£1,247	142
Internal Finishes	£214	£236	22
FF&E	£149	£124	(25)
M&E (incl utilities & adjustment)	£1,094	£1,189	95
External works and services	£638	£586	(52)
<b>Total</b>	<b>£3,551</b>	<b>£3,600</b>	<b>49</b>

In summary we believe that Badenoch & Strathspey Community Hospital compares favourably when compared against both benchmarking information contained within Appendix C and in comparison with the NPR comparators.

### Abnormals

The following table summarises abnormals associated with the project which were unclear or undefined at Stage 1:

Item	Description	Total £
1.	Mass fill and ground obstructions	160,000
2.	Increased ventilation requirement	140,000
3.	Single storey building (increased footprint / roof area)	320,000
4.	External works including ground cut and fill	500,000
	<b>TOTAL</b>	<b>£1,120,000</b>

The additional costs in relation to the external works was in relation to the larger externals area due to the nature of the site along with the inclusion of surface water drainage and attenuation, external lighting and an ambulance station.

## 7.0 DBFM

### Life Cycle Benchmark

In conjunction with the updated cost plan, we have reviewed the proposed lifecycle model. The various elemental costs, considering the capital cost plan, market replacement costs and period data, are in line with the use of the BCIS benchmark data readily available. The model is considered a typical LCC for a facility such as Badenoch & Strathspey. This reflects the specific method in which the pricing has been established through the FM procurement.

Over a 25-year period we would expect for a health facility (depending on specification) to be able to deliver the Lifecycle maintenance within the budget identification within the following table. For benchmarking purposes, the costs have been analysed using the industry standard £/m2 per annum benchmark (based on our internal database compiled using previous Projects).

	£/m2 GIFA/p.a.	£/m2 GIFA/p.a.	£/m2 GIFA/p.a.
LCC Rates	NPR (Q4 2016)	S1 Submission (Q4 2016)	S2 RFM (Q4 2016)
B&S	£21.00	£21.00	£23.19

### Lifecycle Benchmark Cost Data

Project	£/m2 GIFA/p.a.	£/m2 GIFA/p.a.	Inflation
Abredeen Health Village (Base Date Q4 2011)	£15.14	£16.87	11.4%
Forres Health Centre (Base Date Q1 2013)	£20.00	£21.49	7.44%
Inverurie (Base Date Q2 2016)	£16.98	£17.17	1.14%
Forresterhill (Base Date Q2 2016)	£17.37	£17.57	1.14%

The BS&S NPR figure of £21/m2 was set above the average Benchmark rate, inflated to Q4 2016, of £18.28 £/m2 GIFA/p.a due to the facility containing a higher level of acute type accommodation than the benchmark projects.

Badenoch & Strathspey Lifecycle is £2.19/m2 above the NPR figure of £21/m2 due to project specific abnormalities such as bed head devices, hoists, nurse call, green roof and mansafe, Medical Gasses and Combined Heat and Power unit.

### FM Benchmark

Basing costs on developed service level specifications, appropriate payment mechanism and performance related penalties; we would expect be able to deliver the Hard Facilities Maintenance within the budget identified within the following table. For benchmarking purposes in relation to Badenoch & Strathspey, the costs have been analysed using the industry standard £/m2 per annum benchmark which reflects the method in which the pricing has been established through the FM procurement.

Project	£/m2 GIFA/p.a.	£/m2 GIFA/p.a.	£/m2 GIFA/p.a.	£/m2 GIFA/p.a.
FM Rates	NPR Cap (Q4 2016)	S1 Submission (Q4 2016)	Stage 2 RFM (Q4 2016)	Difference (Saving)
B&S	£22.00	£22.00	£21.37	(£0.63)

## 7.0 DBFM (CONT'D)

### FM Benchmark Cost Data (North hub Health Projects)

Project	£/m2 GIFA/p.a.	£/m2 GIFA/p.a.	Inflation
Abredeen Health Village (Base Date Q4 2011)	£18.83	£20.98	11.4%
Forres Health Centre (Base Date Q1 2013)	£23.00	£24.71	7.44%
Inverurie (Base Date Q2 2016)	£20.85	£21.09	1.14%
Forresterhill (Base Date Q2 2016)	£18.90	£19.16	1.14%

Average Benchmark rate inflated to Q4 2016      £21.49 £/m2 GIFA/p.a

Badenoch & Strathspey FM is therefore £0.63/m2 below the NPR and £0.12/m2 below current benchmark (£2,640.96 average saving compared with NPR and £503.04 average annual saving compared with current benchmark).

## 8.0 EXCLUSIONS / QUALIFICATIONS

The following items are excluded from this Report and the Contract:

### General Exclusions

VAT  
 Funding Costs  
 Acquisition Costs  
 Construction phase insurances – all risks (included in financial model)  
 Works beyond red line boundary (refer to stage 2 submission for further details).

### Exclusions (Items by participant)

Group 2 supply  
 Group 3 supply and install  
 X-ray machine

### Qualifications

The following items are qualifications to this report:

- Costs are based on current derogation sheets and stage 2 design
- Scottish water connection and infrastructure upgrades beyond design intent of Stage 2 information
- Improvements to existing Scottish water network
- The final stage 2 price amount excludes FM & Life Cycle costs
- The base date for the final stage 2 costs contained in this report are 2Q 2019, index value 325 (BCIS Indices dated April 2019)

**APPENDIX A  
ANALYSIS OF TENDER**

# Badendoch & Strathspey - Work Package & VE Tracker

Date Issued : 09.04.19

Work Package No.	Name	Budget Allocation	Budget allocation incl inflation and risk	AGREED WP VALUE FROM BB TENDER REPORT	VALUE TENDERED	ADJUSTMENTS TO TENDERED VALUE INCLUDED IN NTE	PROVISIONAL SUMS INCLUDED IN TENDER OR ADDED TO TENDER VALUES IN NTE	INFLATION AMOUNT	PRELIMS IN WP	Bills of Quantities	NR OF TENDERS RETURNED	TENDER REPORT RECEIVED FROM BB	TG Comments	Budget allocation incl inflation and risk	Difference between Budget and WP value from BB
WP 11	Piling	£ -	£ -	£ -	£ -	£ -	£ -	£ -					Package not required		
WP 10 & 20	Civils / Substructure / Drainage / Ext Services / Ext Works	£ 1,763,832	£ 1,797,698	£ 4,515,063.68	£ 3,999,522.65	£ 290,538.00	£ 10,000.00	£ 215,003	£ 531,748	Yes	3	Yes	3 Quotes returned.	£ 4,515,063.68	£ 2,717,366.11
WP 31	SFS	£ 251,440	£ 256,268	£ 369,537.59	£ 268,171.26	£ 75,867.02	£ 10,945.00	£ 14,554	£ 75,867	Yes	2	Yes	2 Quotes returned. 1 Quote non-compliant. PFP selected	£ 369,537.59	£ 113,269.94
WP 40 A	Structural Steelwork - Rev A	£ 631,666	£ 643,794	£ 707,572.43	£ 659,070.00	£ 16,532.80	£ 1,500	£ 30,469.63	£ 13,633	No	6	Yes	6 Quotes returned. Simmers preferred Contractor. Updated to reflect addition of energy centre steelwork	£ 707,572.43	£ 63,778.44
WP 45 A	Timber Kit - Rev A	£ 457,680	£ 466,467	£ 425,069.24	£ 407,192.00	£ 17,877.24	£ -	£ -	£ 22,512	Yes	2	Yes	2 Quotes returned from Robertsons & Stewart Milne. Cost finalised, Robertsons are preferred supplier. Robertsons to become involved in DD to help reduce cost further. Costs revised as issue Rev A	£ 425,069.24	£ 41,398.22
WP 50	Upper floor	£ 77,027	£ 78,506	£ 56,484.63	£ 40,607.95	£ 13,444.33	£ -	£ 2,432.35	£ 6,057	Yes	4	Yes	4 Quotes. Costs reviewed. Comments issued to BB 18.10.18. Malin finalised value.	£ 56,484.63	£ 22,021.29
WP 60	Roof / Wall Cladding / Roof lights	£ 1,319,648	£ 1,344,985	£ 1,017,474.64	£ 884,803.82	£ 83,297.64	£ -	£ 49,373.18	£ 80,680	Yes	3	Yes	3 Quotes. Costs reviewed. Fowler McKenzie selected.	£ 1,017,474.64	£ 327,510.60
WP 70 A	Single Ply / Green Roof - Rev A	£ 119,196	£ 121,485	£ 348,895.53	£ 315,896.33	£ 19,257.88	£ -	£ 13,741.32	£ 14,558	Yes	7	Yes	7 Quotes. Costs reviewed. Topek selected.	£ 348,895.53	£ 227,410.97
WP 80	Precast Concrete Stairs	£ 18,000	£ 18,346	£ 17,693.37	£ 8,008.40	£ 8,923.05	£ -	£ 761.92	£ 6,238	Yes	4	Yes	3 Quotes. Costs reviewed. McCann selected.	£ 17,693.37	£ 652
WP 90	Balustrades / Handrails	£ 23,700	£ 24,155	£ 42,482.13	£ 35,606.96	£ 3,764.80	£ -	£ 3,110.37	£ 2,364	Yes	3	Yes	3 Quotes returned. McGarrie selected. Tender amended to include for balustrade to LPG tank.	£ 42,482.13	£ 18,327
WP 100	Brickwork / Blockwork / Stonework	£ 67,225	£ 68,516	£ 97,798.98	£ 83,817.07	£ 10,401.60	£ -	£ 3,580	£ 27,454	Yes	2	Yes	1 Quote. Costs reviewed. Kelly selected.	£ 97,798.98	£ 29,283
WP 110	Curtain walling / Windows / Glazed doors	£ 254,576	£ 259,464	£ 447,467.01	£ 419,473.46	£ 6,685.60	£ -	£ 21,307.95	£ 51,246	Yes	3	Yes	3 Quotes returned. 2 Nr non-compliant specification. Crest selected	£ 447,467.01	£ 188,003
WP 120 B	Metal Stud partitions / Dry Lining / Acoustic Panelling - Rev B	£ 473,839	£ 482,937	£ 973,371.61	£ 729,406.29	£ 81,875.08	£ 109,600.00	£ 52,490.24	£ 67,624	Yes	3	Yes	3 Quotes returned. 1 Nr non-compliant. PFP selected	£ 973,371.61	£ 490,435
WP 140	Woodwork / Joinery / Int Doors / Ironmongery / Screens	£ 441,246	£ 449,718	£ 944,642.47	£ 879,943.51	£ 64,698.96	£ -	£ -	£ 64,698	Yes	1	Yes	1 Quote. Costs reviewed.	£ 944,642.47	£ 494,925
WP 150	Sliding / Folding partitions	£ 7,000	£ 7,134	£ 6,871.83	£ 5,333.00	£ 1,095	£ -	£ 443.55	£ 936	Yes	3	Yes	3 Quotes returned. Style selected.	£ 6,871.83	£ 263
WP 160	Ceramic Tiling	£ 1,300	£ 1,325	£ -	£ -	£ -	£ -	£ -	£ -				Package not required	£ -	£ 1,325
WP 170	Whiterock / Acrovyn wall protection	£ 110,080	£ 112,194	£ 102,035.24	£ 80,387.00	£ 15,062.24	£ -	£ 6,586.00	£ 13,428	Yes	2	Yes	2 Quotes returned. MJ selected.	£ 102,035.24	£ 10,158
WP 180	Floor screeds	£ -	£ -	£ 61,875.05	£ 55,680.96	£ 4,921.44	£ -	£ 1,272.65	£ 4,921	Yes	1	Yes	1 Quotes returned. GR Ross selected.	£ 61,875.05	£ 61,875
WP 190	Floor coverings	£ 204,175	£ 208,095	£ 312,077.02	£ 270,367.95	£ 23,213.44	£ -	£ 18,495.63	£ 21,713	Yes	2	Yes	2 Quotes returned. McGregor selected.	£ 312,077.02	£ 103,982
WP 200	Suspended ceilings	£ 237,588	£ 242,150	£ 444,290.71	£ 330,411.32	£ 85,202.07	£ -	£ 28,677.32	£ 68,981	Yes	1	Yes	1 Quote Returned. PFP selected	£ 444,290.71	£ 202,141
WP 210	Decoration / Ames taping	£ 247,910	£ 252,670	£ 241,594.88	£ 187,985.96	£ 35,920.32	£ -	£ 17,688.60	£ 35,619	Yes	2	Yes	2 Quoted returned. R Davison selected	£ 241,594.88	£ 11,075
WP 220	FF&E	£ 251,280	£ 256,105	£ 345,005.06	£ 317,239.29	£ 5,497.44	£ -	£ 22,268.33	£ 5,497	Yes	2	Yes	2 Quoted returned. Workspace selected	£ 345,005.06	£ 88,900
WP 221	Dental - Rev A	£ 45,000	£ 45,864	£ 35,582.49	£ 32,797.70	£ 1,416.23	£ -	£ 1,368.56	£ 1,654	Yes	3	Yes	3 Quotes returned. Schein selected.	£ 35,582.49	£ 10,282
WP 225	Specialist FFE														
WP 230	Kitchen Equipment	£ 61,000	£ 62,171	£ 69,726.71	£ 62,218.00	£ 2,403.60	£ -	£ 5,105.11	£ 3,154	Yes	1	Yes	1 Quotes returned. J Scott preferred.	£ 69,726.71	£ 7,556
WP 240	Signage	£ 29,215	£ 29,776	£ 14,958.35	£ 13,929.80	£ 63	£ -	£ 966	£ 63	Yes	1	Yes	1 Quotes returned. Norsign preferred.	£ 14,958.35	£ 14,818
WP 250	WC Panelling / IPS / Cubicles	£ 110,570	£ 112,693	£ 120,667.45	£ 101,445	£ 12,071	£ -	£ 7,151.50	£ 10,019	Yes	3	Yes	3 Quotes returned. Interplan selected.	£ 120,667.45	£ 7,975
WP 260	Blinds	£ 42,125	£ 42,934	£ 16,879.96	£ 14,150.00	£ 1,494.08	£ -	£ 1,235.88	£ 1,494	Yes	2	Yes	2 Quotes returned. Grampian selected.	£ 16,879.96	£ 26,054
WP 270	M&E	£ 4,230,952	£ 4,312,437	£ 5,388,669.33	£ 5,284,336.70	£ 52,777.20	£ -	£ 51,555.43	£ 52,777	No	1	Yes	GA Barnies	£ 5,388,669.33	£ 1,076,232
WP 280	Lifts	£ 50,000	£ 50,960	£ 54,354.20	£ 48,802.80	£ 5,551	£ -	£ -	£ 3,801				2 Quotes returned. Otis preferred supplier.	£ 54,354.20	£ 3,394
WP 290	BWICS	£ 65,000	£ 66,248	£ 128,414.61	£ 216,000									£ 216,000.00	£ 149,752
WP 300	Soft Landscaping & street furniture	£ 203,848	£ 207,762	£ 215,132.71	£ 159,737.04	£ 41,294.38	£ 2,500	£ 11,601.29	£ 31,465	Yes	3	Yes	3 Quotes returned. Currently being reviewed. A few qualifications still to be agreed.	£ 215,132.71	£ 7,371
WP 310	Fencing	£ 86,820	£ 88,487	£ 71,570.60	£ 60,634	£ 5,196.00	£ 500.00	£ 5,240.11	£ 5,196	Yes	3	Yes	4 Quotes. Costs reviewed. Icon selected.	£ 71,570.60	£ 16,916
WP 320	Air Tightness Testing	£ 10,000	£ 10,192	£ 11,483.69	£ 8,550.00	£ 1,966.20	£ -	£ 967.49	£ 1,666	Yes	2	Yes	2 Quotes. Costs reviewed. Icon selected.	£ 11,483.69	£ 1,292
WP 325	Utilities	£ 111,000	£ 113,131	£ 50,000.00	£ 50,000									£ 50,000.00	£ 63,131
WP 330	Scaffolding			£ 289,073.40	£ 242,116.00	£ 33,192.000		£ 13,765.40	£ 33,192	Yes	1	Yes	Only 1 quote at present. 1 more quote to be returned. Enigma selected at present	£ 289,073.40	£ 289,073
	Addendum Package			£ 218,743.91	£ 218,743									£ 203,743.91	£ 203,744
	Design Team VE Review - Jan 19 - Secured			£ 1,811,261.18											
	Design Team VE Review - Jan 19 - UnSecured			£ -											
	NHSH VE Review package - Feb 19 - Secured			£ 800,182.80											
	NHSH VE Review package - Feb 19 - Unsecured			£ -											
		£ 12,003,938	£ 12,234,664	£ 15,551,117	£ 16,492,386	£ 1,021,501	£ 135,045	£ 601,213	£ 1,260,254					£ 18,235,146	£ 6,000,482

Difference £ 3,316,452

32.91%

Cost Plan Position Reported to Board	Affordability Cap (inc CCO, inflation & updated prelims)	Actual	Difference vs Cost Plan	Difference vs Updated Affordability Cap
Preliminaries	£ 1,080,354	£ 1,258,194	£ 1,408,010	
Construction Cost	£ 12,234,664	£ 15,342,097	£ 15,551,117	
Change Orders		£ 630,815		
<b>Sub-Total</b>	<b>£ 13,315,018</b>	<b>£ 17,231,106</b>	<b>£ 16,959,127</b>	<b>£ 3,644,109 -£ 271,979</b>
Post FC Fees	£ 334,397	£ 608,791	£ 431,398	
1% Risk	£ 133,150	£ 151,441	£ 169,591.27	
<b>Sub-Total</b>	<b>£ 13,782,565</b>	<b>£ 17,991,338</b>	<b>£ 17,560,116</b>	
OHP - 4%	£ 551,303	£ 681,483	£ 702,404.63	
<b>Tier 1 Contractor Total</b>	<b>£ 14,333,868</b>	<b>£ 18,672,821</b>	<b>£ 18,262,520</b>	
Stage 1 & 2 Fees	£ 771,358	£ 925,302	£ 743,863	
Additional Fees	£ 92,638		£ 243,548	
DBFM Co Post FC fees	£ 157,572	inc	£ 147,948	
Surveys	£ 76,770	£ 80,000	£ 76,770	
HubCo portion - 0.9%	£ 124,043	£ 136,297	£ 143,099	
HubCo Management - 0.7%	£ 96,478	£ 106,008	£ 111,087	
Residual Risk / Inflation	£ 22,273	£ -	£ -	
<b>GRAND TOTAL</b>	<b>£ 15,675,000</b>	<b>£ 19,920,428</b>	<b>£ 19,728,835</b>	<b>£ 4,053,835 -£ 191,593</b>
<b>Skye</b>	£ 18,466,650	£ 20,677,882		
<b>Combined</b>	<b>£ 38,387,078</b>	<b>£ 40,406,718</b>	<b>£ -</b>	<b>£ 40,406,718</b>

16,860,000.00  
151,740.00

**APPENDIX B**  
**PRELIMINARIES PROFORMAS**

**Hub North Territory**  
**Badenoch & Strathspey Community Hospital (Aviemore)**  
**TIER 1 - Tender assessment - ALTERNATIVE PROGRAMME PROPOSAL**

<b>Prime Cost (Exc Prelims &amp; Fees)</b>	<b>£ 11,172,733</b>
Pro Forma 1A; Phase 1 & 2	
A01 - Management and Staff	801,539
A02 - Unproductive Labour	0
A03 - Security	33,531
A04 - Site Accommodation	69,143
A05 - Water	54,371
A06 - Communications	18,433
A07 - Electricity	53,950
A08 - IT	0
A09 - Services and Facilities	38,330
A10 - Mechanical Plant	0
A11 - Temporary Works	0
A12 - Traffic Management	0
A13 - Protection and Cleaning	0
A14 - Scaffolding	0
A15 - Skips	16,250
A16 - Survey	Excluded
A17 - Small Plant and Tools	Excluded
A18 - Health and Safety	1,245
A19 - Photographs	0
A20 - Insurances and Bonds	151,211
A21 - Expenses	12,450
A22 - Testing	0
<b>TOTAL TO PRO-FORMA 2</b>	<b>£ 1,250,453</b>
2. Preliminaries	£ 1,250,453
3. Sub-total	£ 12,423,186
4a. Design Development Risk	Excl
4b. Construction Risks	1.00%
	1.00%
4d Risk Total	£ 124,232
5. Sub-total	£ 12,547,418
6q. Professional Fees (Post Close)	0
7. Sub-total (excluding OH&P and risk)	12,423,186
Main Contractors Overhead	4.00%
Main Contractors Profit	incl
	4.00%
	£ 496,927
9. Indicative Construction Costs Total	13,044,345
Less Non-Tier 1 elements	11,172,733
Total Tender Price	£ 1,871,612



**Pro Forma 1A - Preliminaries  
SUMMARY**

Bidder: **Balfour Beatty**

Project: **Badenoch & Strathspey Community Hospital (Aviemore)**

Overall Contract Duration: 81 Weeks (refer to Programme) **83**

Description	Labour	Plant	s/c	General	TOTAL	% of PC	Set up	Time Related	Remove	TOTAL
A01 - Management and Staff										<b>801,539</b>
A02 - Unproductive Labour										
A03 - Security										<b>33,531</b>
A04 - Site Accommodation										<b>69,143</b>
A05 - Water										<b>54,371</b>
A06 - Communications										<b>18,433</b>
A07 - Electricity										<b>53,950</b>
A08 - IT										
A09 - Services and Facilities										<b>38,330</b>
A10 - Mechanical Plant										
A11 - Temporary Works										
A12 - Traffic Management										
A13 - Protection and Cleaning										
A14 - Scaffolding										
A15 - Skips										<b>16,250</b>
A16 - Survey										<b>Excluded</b>
A17 - Small Plant and Tools										<b>Excluded</b>
A18 - Health and Safety										<b>1,245</b>
A19 - Photographs										
A20 - Insurances and Bonds										<b>151,211</b>
A21 - Expenses										<b>12,450</b>
A22 - Testing										
<b>TOTAL TO PRO FORMA 2</b>										<b>1,250,453</b>

Pro Forma 1A - Preliminaries

Bidder: **Balfour Beatty**

Project: **Badenoch & Strathspey Community Hospital**

Overall Contract Duration: 81 Weeks (refer to Programme)

A01 - Management and Staff								Allowances			TOTAL
	start week	end week	total weeks	duration %	£/wk	charge	Fixed	Job	Car		
<b>Salaried</b>											
Project Lead	1	83	83	50%	2,503	103,889				103,889	
Project Manager	1	83	83	100%	2,203	182,878				182,878	
Construction Manager											
Site Manager	1	83	83	100%	1,435	119,116				119,116	
Site Manager											
Supervisor - Package Manager	1	83	83	100%	1,435	119,116				119,116	
Senior Engineer	1	83	83	20%	1,435	23,823				23,823	
Planner	1	83	83	25%	1,545	32,068				32,068	
Commercial Manager										Included	
Quantity Surveyor	1	83	83	50%	1,604	66,583				66,583	
Assistant Quantity Surveyor	1	83	83	50%	1,163	48,274				48,274	
Design Co-ordinator (assistant)	1	26	26	50%	1,557	20,241				20,241	
Building Services Engineer	1	83	83	20%	1,557	25,846				25,846	
Clerical / Administrative										Included	
Other - BIM Manager	1	83	83	12.50%	1,493	15,490				15,490	
Other - Community Benefits Officer	1	83	83	20%	1,163	19,306				19,306	
Adjustment											
<b>Non-Salaried</b>											
Trade Foreman - Section Manager										Included	
Foreman - Section Manager										Included	
Foreman - Section Manager										Included	
Gatekeeper										Included	
Cleaning / Canteen Duty / Catering Facilities	1	83	83	100%	300	24,909				24,909	
<b>Other</b>											
Training										Included	
Overtime / Out of Hours Working/subsistence										Included	
Salary Increases										Included	
General Labour										Included	
<b>A01 - TOTAL FOR MANAGEMENT AND STAFF</b>										<b>To Pro-Forma 1 Summary</b>	<b>801,539</b>
<b>A02 - Unproductive Labour</b>											
	rate per week (£)	nr	total weeks	duration %	fixed charge	other					
Chainman							To be included in Work Packages				
Banksman							To be included in Work Packages				
Traffic Manager/Storeman							To be included in Work Packages				
Ganger							To be included in Work Packages				
Gatekeeper							To be included in Work Packages				
Cleaning / Canteen Duty / Catering Facilities							To be included in Work Packages				
<b>A02 - TOTAL FOR UNPRODUCTIVE LABOUR</b>										<b>To Pro-Forma 1 Summary</b>	
<b>A03 - Security</b>											
	Calculation										
Security guard / CCTV System	1	83	83	100%	404		33,531				
Facial recognition				£/nr			Excluded				
CCTV - Alarms				£/nr			Excluded				
CCTV - surveys				£/nr			Excluded				
<b>A03 - TOTAL FOR SECURITY</b>										<b>To Pro-Forma 1 Summary</b>	<b>33,531</b>

Pro Forma 1A - Preliminaries		£
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Bidder:

Project: **Badenoch & Strathspey Community Hospital (Aviemore)**

Overall Contract Duration: 81 Weeks (refer to Programme)

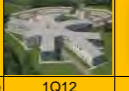
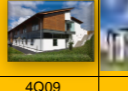
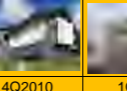

A04 - Site Accommodation	m2	Weeks	Transport to site	Temp Works	Erect	Hire	Dismantle	Remove from site	
Contractor's Accommodation		83	4,650	5,100		34,860			44,610
Toilets		83	775	850		5,395			7,020
Gatehouse									Included
Drying room									Included
Staircases									Included
Storage containers - included in sub-contract packages									To be included in Work Packages
Equipment & Furniture									
Canteens									9,545
Drying room									Included
Lockers									Included
20" Video presenter									Not required
filing cabinet									Included
Hire of photocopier.									Included
Hire of fax machine.									Included
new copier charges									Included
Stationary/Paper etc									Included
Maintenace cost for Copier/Fax									Included
Drawing copies									4,150
Sanitary Accommodation - Drainage									Included
Rates & Taxes on Temporary Buildings									3,818
<b>Sub-Total</b>									
<b>A04 - TOTAL FOR SITE ACCOMMODATION</b>									<b>69,143</b>
									<b>To Pro-Forma 1 Summary</b>
	<b>start week</b>	<b>end week</b>	<b>total weeks</b>	<b>duration %</b>	<b>£/wk</b>	<b>First £750k</b>	<b>&gt;£750k</b>	<b>PC Sum</b>	<b>TOTAL</b>
<b>A05 - Water</b>									
Install to site									4,500
Plumb into site accommodation									Included
Running costs (Qtrs)				0.30%	16,623,642				49,871
<b>A05 - TOTAL FOR WATER</b>									<b>54,371</b>
									<b>To Pro-Forma 1 Summary</b>
<b>A06 - Communications</b>									
									<b>Calculation</b>
Installation of telephone and broadband		sum							5,070
Rental		sum							7,470
Call charges		nr of wks		£/wk					5,893
Mobile phones		nr		wks		£/wk			Included
Site radio licence		sum							Included
Site radios		nr		wks		£/wk			Included
<b>A06 - TOTAL FOR COMMUNICATIONS</b>									<b>18,433</b>
									<b>To Pro-Forma 1 Summary</b>
<b>A07 - Electricity</b>	<b>m2 wks</b>								
									<b>Plant</b>
									<b>Labour</b>
									<b>S/C</b>
Running Costs including accommodation and the works	<b>Connection</b>	<b>Running</b>	<b>Material</b>	<b>Install</b>	<b>Labour</b>	<b>Maintain</b>			
Accommodation									
Plant and Equipment									
LV System									Included
Labour									
Electricity Supply	2,500						39,000	12,450	53,950
<b>Sub-Total</b>									
<b>A07 - TOTAL FOR ELECTRICITY</b>									<b>53,950</b>
									<b>To Pro-Forma 1 Summary</b>
<b>A08 - IT</b>									
									<b>Calculation</b>
Installation - IT		sum							Refer to A06
Capital cost - 4P		sum							Excluded
<b>A08 - TOTAL FOR IT</b>									<b>To Pro-Forma 1 Summary</b>

Pro Forma 1A - Preliminaries									
Bidder:									
Project: <b>Badenoch &amp; Strathspey Community Hospital (Aviemore)</b>									
Overall Contract Duration: 81 Weeks (refer to Programme)									
A09 - Services and Facilities	rate per week (£)	nr	total weeks	duration %	fixed charge	other			
Power									Refer to A07
Lighting									Task lighting to be included in Work Package
Fuels									Included
Water									Refer to A05
Telephone and Administration									Refer to A06
Safety, Health and Welfare									Included
Storage of Materials									To be included in Work Packages
Rubbish Disposal - Office waste only			43		200				8,600
Cleaning (including Final Clean for Handover)		m2						19,530	19,530
Drying Out									Included
Protection of Work in All Sections (non packaged)									To be included in Work Packages
Security									Refer to A03
Maintaining Public and Private Roads, inc wheel wash									To be included in Work Packages
Small Plant and Tools									See Section A17
General & Specific Attendances on all Sub Contractors									
- Attendance Gang									To be included in Work Packages
- Setting Out & Surveying									To be included in Work Packages
Additional Services and Facilities Items									
- Photocopying / Dwg's Printing									Refer to A04
- Postage / Stationary / First Aid									Included
- Miscellaneous Site (Fire alarms)									Included
- Survey Equipment									To be included in Work Packages
- Computer Systems									Refer to A06
- Testing									See Section A22
- Signage									4,200
- Testing for Part L2 of Building Regulations									To be included in Work Packages
- O & M Manuals					5,000				5,000
- Considerate Constructors fee and obligations									1,000
- Setting Out Equipment									To be included in Work Packages
<b>A09 - TOTAL FOR SERVICES AND FACILITIES</b>	<b>To Pro-Forma 1 Summary</b>								<b>38,330</b>
A10 - Mechanical Plant	nr	total weeks	duration %	Rate	Cost	Transport and Erect	Transport and Dismantle	Labour	
Cranes									To be included in Work Packages
Hoists									To be included in Work Packages
Personnel Transport									To be included in Work Packages
Transport									To be included in Work Packages
Wheel wash									To be included in Work Packages
Road sweeper									To be included in Work Packages
Earthmoving Plant									To be included in Work Packages
Concrete Plant									To be included in Work Packages
Paving and Surfacing Plant									To be included in Work Packages
Teleporter									To be included in Work Packages
Forklift									To be included in Work Packages
Additional Mechanical Plant									
- Fork Lift Truck and Driver									To be included in Work Packages
- Loading Platforms									To be included in Work Packages
<b>Sub-Total</b>									
<b>A10 - TOTAL FOR MECHANICAL PLANT</b>	<b>To Pro-Forma 1 Summary</b>								<b>0</b>
A11 - Temporary Works	Calculation								
Temporary Roads	200	m2		£/m2				Incl removal	To be included in Work Packages
Temporary Walkways		no		£/each					To be included in Work Packages
Temporary Fencing	400	pannels		£/each					To be included in Work Packages
Hoardings	75	m		£/m				Incl painting	To be included in Work Packages
Erect & dismantle/relocate fencing	800	m		£/m					To be included in Work Packages
Hardstandings		m2		£/m2					To be included in Work Packages
Traffic Regulations		sum							See Section A12
Additional Temporary Works									
- Safety Railing / Edge Protection		m		£/m					To be included in Work Packages
Other - Gates		No							To be included in Work Packages
<b>A11 - TOTAL FOR TEMPORARY WORKS</b>	<b>To Pro-Forma 1 Summary</b>								<b>0</b>
A12 - Traffic Management	Nr	L	W	D	Qty	Rate	TOTAL		
Traffic Barriers									To be included in Work Packages
Maintenance									To be included in Work Packages
Pedestrian Barriers									To be included in Work Packages
Maintenance									To be included in Work Packages
Car parking for site staff									To be included in Work Packages
<b>A12 - TOTAL FOR TRAFFIC MANAGEMENT</b>	<b>To Pro-Forma 1 Summary</b>								<b>0</b>

Pro Forma 1A - Preliminaries										
Bidder:										
Project: <b>Badenoch &amp; Strathspey Community Hospital (Aviemore)</b>										
Overall Contract Duration: 81 Weeks (refer to Programme)										
<b>A13 - Protection and Cleaning</b>	Nr	L	W	D	Qty	Rate			<b>TOTAL</b>	
Protecting the works									To be included in Work Packages	
Stair treads									To be included in Work Packages	
General cleaning of the works									Refer to A09	
Final clean on completion									Refer to A09	
<b>A13 - TOTAL FOR PROTECTION AND CLEANING</b>								<b>To Pro-Forma 1 Summary</b>		
<b>A14 - Scaffolding</b>	Nr	Wks	Plant			Erect/Dismantle			<b>TOTAL</b>	
			Purchase	Residual	£/wk	Hrs	Rate	£		
Scaffolding (Xm2)									To be tendered as separate work package	
Edge Protection (Xu)									To be tendered as separate work package	
Roof Edge Protection (Xm)									To be tendered as separate work package	
Crash Decks (NIL)									To be tendered as separate work package	
Stairwells (X storeys)									To be tendered as separate work package	
Platforms									To be tendered as separate work package	
Inspections									To be tendered as separate work package	
Miscellaneous Internal Items									To be tendered as separate work package	
<b>Sub-Total</b>										
<b>A14 - TOTAL FOR SCAFFOLDING AND ACCESS</b>								<b>To Pro-Forma 1 Summary</b>		
<b>A15 - Skips</b>										
Skips	65	Nr			Rate		250.00		16,250	
<b>A15 - TOTAL FOR SKIPS</b>								<b>To Pro-Forma 1 Summary</b>	16,250	
<b>A16 - Survey</b>										
			Calculation							
Topographic Survey fee		sum							Excluded	
Site investigation fee		sum							Excluded	
Geotechnical report		sum							Excluded	
Environmental		sum							Excluded	
Asbestos		sum							Excluded	
Traffic		sum							Excluded	
Condition Report		sum							Excluded	
<b>A16 - TOTAL FOR SURVEY</b>								<b>To Pro-Forma 1 Summary</b>	Excluded	
<b>A17 - Small Plant and Tools</b>										
			Calculation							
Small tools		wks			£/wk				Excluded	
<b>A17 - TOTAL FOR SMALL PLANT AND TOOLS</b>								<b>To Pro-Forma 1 Summary</b>	Excluded	
<b>A18 - Health and Safety</b>										
Fire fighting equipment		sum							1,245	
Protective clothing		sets		£/nr					Included	
First aid boxes		nr		£/nr					Included	
Induction		sum							Included	
<b>A18 - TOTAL FOR HEALTH AND SAFETY</b>								<b>To Pro-Forma 1 Summary</b>	1,245	
<b>A19 - Photographs</b>										
			Calculation							
Photographic paper - Camera purchase		months		£/month					Included	
Professional photographs		nr of visits		£/visit					Excluded	
<b>A19 - TOTAL FOR PHOTOGRAPHS</b>								<b>To Pro-Forma 1 Summary</b>		
<b>A20 - Insurances and Bonds</b>										
			Calculation							
Contractors Indemnity Insurance (£5,000,000)	0.75%			16,623,642					124,677	
Emp. Liability (£10,000,000, 15% prof fees)				value						
Professional Indemnity Insurance (£5,000,000 per event)										
Pollution and contamination (£2,000,000)										
10 % performance bond	0.10%			16,623,642		1.60			26,534	
Collateral Warranties (2 assignments) to hubCo and Authority (and Funders on DBFM)										
Key Subcontractor Warranties to hubCo and Authority (and Funders on DBFM)									To be included in Work Packages	
C&F/Excess TP/Misc (Salaries, Wages)	%			value						
<b>A20 - TOTAL FOR INSURANCES AND BONDS</b>	%							<b>To Pro-Forma 1 Summary</b>	151,211	
<b>A21 - Expenses</b>										
			Calculation							
General expenses		83		150					12,450	
<b>A21 - TOTAL FOR EXPENSES</b>								<b>To Pro-Forma 1 Summary</b>	12,450	
<b>A22 - Testing</b>										
			Calculation							
Concrete cube tests	nr			£/nr					To be included in Work Packages	
Air test	nr			£/nr					To be included in Work Packages	
Roof Leakage Test and Thermal Imaging	nr			£/nr					To be included in Work Packages	
Other										
<b>A22 - TOTAL FOR TESTING</b>								<b>To Pro-Forma 1 Summary</b>		

**APPENDIX C  
BENCHMARKING**

2) BENCHMARKING - BADENOCH & STRATHSPEY - STAGE 2

PROJECT DESCRIPTIONS														
BENCHMARK PROJECTS - Adjusted for Inflation to 2Q2019	Vale	Migdale	Carlisle	Midlothian	Inverurie	AVERAGE	NPR adjustments	Abnormals	COMPARATOR + ABNORMALS	B&S	B&S	B&S	Difference	Comments
														
Tender Date	1Q12	4Q09	4Q2010	1Q209	3Q2016									
Key Specification Issues	Semi-rural location; green field site, 2 storey	Rural facility; inpatient beds; bio mass heating		Community in-patient facility with mental health	community health and social care facility including maternity					Pre-Design Review 08.01.19	VE	Current with VE		
BREEAM	Excellent	TBC		TBC	Excellent									
Contract Area (m2)	5,782	2,095	4,300	6,975	3,974			4,320		4,320	4,320	4,320		
Excavation and Earthworks	£0	£0	£0	£155	£52	£103.32			£103.32			£0.00	£103.32	
Piling	£0	£0	£0	£0	£80	£80.39			£80.39	£0.00		£0.00	£80.39	
Concrete Work	£160	£0	£0	£0	£57	£108.85			£108.85			£0.00	£108.85	
Brickwork & Blockwork	£8	£0	£0	£0	£4	£6.21			£6.21			£0.00	£6.21	
<b>Substructure</b>	<b>£312</b>	<b>£391</b>	<b>£337</b>	<b>£155</b>	<b>£194</b>	<b>£277.95</b>		<b>£72.83</b>	<b>£350.78</b>	<b>£207.89</b>	<b>-£10.09</b>	<b>£217.98</b>	<b>£132.80</b>	
Frame	£158	£53	£0	£203	£184	£149.59		£37.94	£187.53	£276.60	£17.36	£259.24	-£71.71	Single storey in part; additional roof structure
Upper Floors	£35	£34	£0	£31	£34	£33.58			£33.58	£28.51		£28.51	£5.07	
Roof	£157	£113	£0	£97	£153	£129.99	£5.83		£135.82	£164.10	£18.52	£145.58	-£9.76	Large roof area due to single storey element, pitched; green roof for planning
Stairs & Balustrades	£29	£14	£0	£11	£14	£16.87			£16.87	£14.03	£0.46	£13.57	£3.30	
External Walls	£153	£229	£0	£150	£219	£187.80		£48.84	£285.84	£315.48	£14.50	£300.98	-£15.14	Design to reflect Cairngorm National Park - Siberian Larch, single storey element
Windows & External Doors	£128	£0	£0	£122	£113	£120.65	£49.20		£120.65	£119.65		£119.65	£1.00	
Internal Walls & Partitions	£163	£240	£0	£177	£154	£183.31	£8.98		£192.28	£217.77	£2.00	£215.77	-£23.48	Acoustic specification; £11/m2; as a result of pitched roof partitions go full height (9m2)
Internal Doors	£117	£130	£0	£117	£70	£108.38	£8.98		£117.36	£180.51	£16.67	£163.84	-£46.48	Qty of double doors is greater than a HC facility due to bedrooms and en-suites (£130,000 or £30/m2)
<b>Superstructure</b>	<b>£939</b>	<b>£814</b>	<b>£1,077</b>	<b>£906</b>	<b>£942</b>	<b>£935.32</b>		<b>£72.98</b>	<b>£1,095.08</b>	<b>£1,316.65</b>	<b>£69.52</b>	<b>£1,247.13</b>	<b>-£152.05</b>	
Wall Finishes	£1	£128	£0	£43	£12	£46.18			£46.18	£37.09		£37.09	£9.09	
Floor Finishes	£76	£87	£0	£48	£54	£66.30			£66.30	£82.28	£3.82	£78.46	-£12.16	Screeds to upper floor
Ceiling Finishes	£35	£66	£0	£48	£44	£47.98			£47.98	£96.21	£27.65	£68.56	-£20.58	Secondary fire ceiling and unistrut system for services (£100k or £22/m2)
Painting and Decorating	£56	£0	£0	£0	£48	£52.14	£8.98		£61.11	£51.83		£51.83	£9.28	
<b>Finishes</b>	<b>£168</b>	<b>£281</b>	<b>£228</b>	<b>£140</b>	<b>£157</b>	<b>£194.88</b>		<b>£8.98</b>	<b>£203.85</b>	<b>£267.41</b>	<b>£31.47</b>	<b>£235.94</b>	<b>-£32.08</b>	
<b>FF&amp;E</b>	<b>£111</b>	<b>£124</b>	<b>£54</b>	<b>£118</b>	<b>£175</b>	<b>£116.52</b>		<b>£22.08</b>	<b>£138.59</b>	<b>£138.54</b>	<b>£14.11</b>	<b>£124.43</b>	<b>£14.16</b>	Includes Dental & kitchen
Sanitary Appliances	£19	£58	£0	£45	£33	£38.57	£8.98		£47.55	£0.00		£0.00	£47.55	
M&E installations	£874	£1,213	£875	£811	£924	£939.29	£104.35		£1,043.64	£0.00		£0.00	£1,043.64	
<b>M&amp;E</b>	<b>£892</b>	<b>£1,272</b>	<b>£875</b>	<b>£855</b>	<b>£957</b>	<b>£970.15</b>		<b>£113.33</b>	<b>£1,083.48</b>	<b>£1,239.35</b>	<b>£50.00</b>	<b>£1,189.35</b>	<b>-£105.87</b>	Designed as acute hospital; sprinklers (85/m2)
<b>External Works</b>	<b>£385</b>	<b>£403</b>	<b>£261</b>	<b>£449</b>	<b>£591</b>	<b>£417.92</b>		<b>£14.56</b>	<b>£544.32</b>	<b>£564.74</b>	<b>£27.61</b>	<b>£537.13</b>	<b>£7.19</b>	Drainage requirements; landscaping
<b>External Services</b>	<b>£103</b>	<b>£0</b>	<b>£0</b>	<b>£36</b>	<b>£44</b>	<b>£60.83</b>		<b>£23.30</b>	<b>£84.13</b>	<b>£54.18</b>	<b>£6.34</b>	<b>£47.84</b>	<b>£36.29</b>	
<b>Prime Cost</b>	<b>£2,910</b>	<b>£3,285</b>	<b>£2,832</b>	<b>£2,659</b>	<b>£3,060</b>	<b>£2,949.23</b>		<b>£328</b>	<b>£3,476</b>	<b>£3,788.76</b>	<b>£188.96</b>	<b>£3,599.80</b>	<b>-£123.89</b>	
Preliminaries						£0.00						£0.00	£0.00	
<b>Prime Cost &amp; Preliminaries</b>	<b>£2,910</b>	<b>£3,285</b>	<b>£2,832</b>	<b>£2,659</b>	<b>£3,060</b>	<b>£2,949.23</b>		<b>£328</b>	<b>£3,475.90</b>	<b>£3,788.76</b>	<b>£188.96</b>	<b>£3,599.80</b>	<b>-£123.89</b>	
<b>Pricing adjustments</b>														
- Deduct abnormals as per NPR	£0	£0	£0	£0	£0	£0.00				£0.00		£0.00	£0.00	
- Uplift for Oct 10 Scottish Bld Standard Section Part 6	£44	£57	£46	£53	£51	£50.20				£0.00		£0.00	£0.00	predominantly M&E and U values (ie ext walls) split 60% / 40%
- uplift for dental	£13	£13	£13	£13	£13	£13.10				£0.00		£0.00	£0.00	FF&E
- uplift for urgent care	£7	£7	£7	£7	£7	£7.25				£0.00		£0.00	£0.00	M&E
- uplift for inpatient	£45	£45	£45	£45	£45	£44.88				£0.00		£0.00	£0.00	Split (internal partitions, doors, wall finishes, sanitaryware, FF&E)
- uplift for utility	£23	£23	£23	£23	£23	£23.30				£0.00		£0.00	£0.00	ext services
- uplift for abnormal foundations	£73	£73	£73	£73	£73	£72.83				£0.00		£0.00	£0.00	substructure
- uplift for envelope - snow	£29	£29	£29	£29	£29	£29.12				£0.00		£0.00	£0.00	ext walls
- uplift for M&E - environment	£29	£29	£29	£29	£29	£29.12				£0.00		£0.00	£0.00	M&E
- uplift for ecology	£15	£15	£15	£15	£15	£14.56				£0.00		£0.00	£0.00	ext works
- uplift for diverting electricity	£23	£23	£23	£23	£23	£23.30				£0.00		£0.00	£0.00	M&E
- uplift for water mains pressure	£15	£15	£15	£15	£15	£14.56				£0.00		£0.00	£0.00	M&E
- uplift for SAS	£6	£6	£6	£6	£6	£5.83				£0.00		£0.00	£0.00	Canopies - roof
						£0.00				£0.00		£0.00	£0.00	
<b>REVISED TOTAL</b>	<b>£3,232</b>	<b>£3,620</b>	<b>£3,156</b>	<b>£2,990</b>	<b>£3,389</b>	<b>£3,277.28</b>			<b>£3,475.90</b>	<b>£3,788.76</b>	<b>£188.96</b>	<b>£3,599.80</b>	<b>-£123.89</b>	
<b>Intelligent benchmark (mean of above)</b>			<b>£3,277</b>						<b>£3,476</b>	<b>£3,789</b>		<b>£3,600</b>		
			<b>Difference</b>			<b>-£323</b>			<b>£75</b>	<b>£16,367,443</b>		<b>£15,551,117.57</b>	<b>£123.89</b>	

**APPENDIX D**  
**DESIGN TEAM / STATUTORY & SURVEY FEES**



Badenoch and Strathspey Consultant fee breakdown

(PF2, PF10, PF9)

INFLATION ADJUSTMENT - POST FC Fees

Prime cost + Prelim	Health Centre Comparator	Tain	INFLATION ADJUSTMENT - POST FC Fees											
£ 13,145,844	16 Months	Actual tendered	Cap totals	Stage 1 Cap payments	Stage 2 Cap Payments	Construction cap post FC Payments	Stage 1 Fee (S1 PC&P)	Total Stage 2 Fee	80% Stage 2 (S2 PC&P)	20% Stage 2 (S2 PC&P)	Post FC Fee (S2 PC&P)	Total B&S	Total Skye	Grand Total
Prime cost + Prelim post FC only	£ 16,959,127													
<b>Project Manager - F&amp;G</b>														
Stage 1	0.230%	0.228%	£ 30,235.44	£ 30,235.44			£ 29,972.52							
Stage 2	0.495%	0.495%	£ 65,071.93		£ 65,071.93			£ 68,847	£ 52,058	£ 16,790				
Post Financial Close	0.580%	0.579%	£ 76,245.90			£ 76,245.90					£ 98,193			
Sub-Total	1.305%	1.302%	£ 171,553.26	£ 30,235.44	£ 65,071.93	£ 76,245.90	£ 29,972.52	£ 68,847.08	£ 52,057.54	£ 16,789.54	£ 98,193.34	£ 197,012.95	£ 201,360.10	£ 398,373.05
<b>Architect - Oberlanders</b>														
Stage 1	0.303%	0.300%	£ 39,831.91	£ 39,831.91			£ 39,437.53							
Stage 2	1.044%	0.900%	£ 137,242.61		£ 137,242.61			£ 125,177	£ 94,650	£ 30,526				
Post Financial Close	1.632%	1.400%	£ 214,540.17			£ 214,540.17					£ 237,428			
Sub-Total	2.979%	2.600%	£ 391,614.69	£ 39,831.91	£ 137,242.61	£ 214,540.17	£ 39,437.53	£ 125,176.50	£ 94,650.08	£ 30,526.43	£ 237,427.77	£ 402,041.81	£ 413,714.22	£ 815,756.03
<b>Structural &amp; Civil Engineer - Watermans</b>														
Stage 1	0.125%	0.119%	£ 16,432.31	£ 16,432.31			£ 16,024.78							
Stage 2	0.290%	0.2827%	£ 38,122.95		£ 38,122.95			£ 39,319	£ 29,731	£ 9,589				
Post Financial Close	0.402%	0.3919%	£ 52,846.29			£ 52,846.29					£ 66,463			
Sub-Total	0.817%	0.7965%	£ 107,401.55	£ 16,432.31	£ 38,122.95	£ 52,846.29	£ 16,024.78	£ 39,319.33	£ 29,730.64	£ 9,588.69	£ 66,462.82	£ 121,806.93	£ 124,961.75	£ 246,768.69
<b>Services Engineer - Rybka</b>														
Stage 1	0.180%	0.180%	£ 23,662.52	£ 23,662.52			£ 23,662.52							
Stage 2	0.480%	0.480%	£ 63,100.05		£ 63,100.05			£ 66,761	£ 50,480	£ 16,281				
Post Financial Close	0.540%	0.540%	£ 70,987.56			£ 70,987.56					£ 91,579			
Sub-Total	1.200%	1.200%	£ 157,750.13	£ 23,662.52	£ 63,100.05	£ 70,987.56	£ 23,662.52	£ 66,760.80	£ 50,480.04	£ 16,280.76	£ 91,579.28	£ 182,002.61	£ 186,286.99	£ 368,289.60
<b>Quantity Surveyor - TG</b>														
Stage 1	0.168%	0.160%	£ 22,085.02	£ 22,085.02			£ 21,033.35							
Stage 2	0.394%	0.374%	£ 51,794.63		£ 51,794.63			£ 52,018	£ 39,332	£ 12,685				
Post Financial Close	0.272%	0.258%	£ 35,756.70			£ 35,756.70					£ 43,754.55			
Sub-Total	0.834%	0.792%	£ 109,636.34	£ 22,085.02	£ 51,794.63	£ 35,756.70	£ 21,033.35	£ 52,017.79	£ 39,332.37	£ 12,685.43	£ 43,754.55	£ 116,805.69	£ 118,604.68	£ 235,410.37
<b>Landscape Architect - Wardell Armstrong</b>														
Stage 1	0.018%	0.0176%	£ 2,366.25	£ 2,366.25			£ 2,307.10							
Stage 2	0.046%	0.0449%	£ 6,047.09		£ 6,047.09			£ 6,238	£ 4,717	£ 1,521				
Post Financial Close	0.045%	0.0445%	£ 6,047.09			£ 6,047.09					£ 7,606			
Sub-Total	0.110%	0.107%	£ 14,460.43	£ 2,366.25	£ 6,047.09	£ 6,047.09	£ 2,307.10	£ 6,237.96	£ 4,716.73	£ 1,521.23	£ 7,606.17	£ 16,151.23	£ 16,498.39	£ 32,649.61
<b>BREEAM Consultant - Rybka</b>														
Stage 1	0.141%	0.141%	£ 18,535.64	£ 18,535.64			£ 18,535.64							
Stage 2	0.037%	0.037%	£ 4,863.96		£ 4,863.96			£ 5,146	£ 3,891	£ 1,255				
Post Financial Close	0.038%	0.038%	£ 4,995.42			£ 4,995.42					£ 5,444			
Sub-Total	0.216%	0.216%	£ 28,395.02	£ 18,535.64	£ 4,863.96	£ 4,995.42	£ 18,535.64	£ 5,146.15	£ 3,891.17	£ 1,254.98	£ 6,444.47	£ 30,126.25	£ 30,080.25	£ 60,206.51
<b>Environmental Consultant</b>														
Stage 1	0.281%	0.281%	£ 36,939.82	£ 36,939.82										
Stage 2	0.070%	0.070%	£ 9,202.09		£ 9,202.09									
Post Financial Close	0.000%	0.000%	£ -											
Sub-Total	0.351%	0.351%	£ 46,141.91	£ 36,939.82	£ 9,202.09	£ -								
<b>Acoustic Consultant - Watermans</b>														
Stage 1	0.046%	0.046%	£ 6,047.09	£ 6,047.09			£ 6,047.09							
Stage 2	0.101%	0.101%	£ 13,277.30		£ 13,277.30			£ 14,048	£ 10,622	£ 3,426				
Post Financial Close	0.012%	0.012%	£ 1,577.50			£ 1,577.50					£ 2,035			
Sub-Total	0.159%	0.159%	£ 20,901.89	£ 6,047.09	£ 13,277.30	£ 1,577.50	£ 6,047.09	£ 14,047.59	£ 10,621.84	£ 3,425.74	£ 2,035.10	£ 22,129.77	£ 22,081.48	£ 44,211.25
<b>Fire Engineering Consultant - BB7</b>														
Stage 1	0.046%	0.046%	£ 6,047.09	£ 6,047.09			£ 6,047.09							
Stage 2	0.119%	0.119%	£ 15,643.55		£ 15,643.55			£ 16,551	£ 12,515	£ 4,036				
Post Financial Close	0.117%	0.117%	£ 15,380.64			£ 15,380.64					£ 19,842			
Sub-Total	0.282%	0.282%	£ 37,071.28	£ 6,047.09	£ 15,643.55	£ 15,380.64	£ 6,047.09	£ 16,551.12	£ 12,514.84	£ 4,036.27	£ 19,842.18	£ 42,440.38	£ 43,344.77	£ 85,785.15
<b>Principal Designer - Currie &amp; Brown</b>														
Stage 1	0.047%	0.011%	£ 6,178.55	£ 6,178.55			£ 1,500.00							
Stage 2	0.038%	0.091%	£ 4,995.42		£ 4,995.42			£ 12,000	£ 9,600.00	£ 2,400.00				
Post Financial Close	0.019%	0.046%	£ 2,497.71			£ 2,497.71					£ 6,000			
Sub-Total	0.104%	0.148%	£ 13,671.68	£ 6,178.55	£ 4,995.42	£ 2,497.71	£ 1,500.00	£ 12,000.00	£ 9,600.00	£ 2,400.00	£ 6,000.00	£ 19,500.00	£ 19,500.00	£ 39,000.00
<b>DDA Consultant</b>														
Stage 1	0.018%	0.018%	£ 2,366.25	£ 2,366.25										
Stage 2	0.069%	0.069%	£ 9,057.49		£ 9,057.49									
Post Financial Close	0.005%	0.005%	£ 657.29											
Sub-Total	0.092%	0.092%	£ 12,081.03	£ 2,366.25	£ 9,057.49	£ -								
<b>Traffic Consultant - Waterman</b>														
Stage 1	0.047%	0.047%	£ 6,178.55	£ 6,178.55			£ 6,178.55							
Stage 2	0.037%	0.037%	£ 4,824.52		£ 4,824.52			£ 5,146	£ 3,891	£ 1,255				
Post Financial Close	0.000%	0.000%	£ -											
Sub-Total	0.084%	0.084%	£ 11,003.07	£ 6,178.55	£ 4,824.52	£ -	£ 6,178.55	£ 5,146.15	£ 3,891.17	£ 1,254.98		£ 11,324.69	£ 11,185.48	£ 22,510.18
<b>Other Fees PF9</b>	0.925%	0.925%	£ 121,599.06	£ 26,291.69	£ 12,225.63	£ -								
<b>Detailed Planning PF10</b>	1.108%	1.108%	£ 145,655.95	£ 36,282.53	£ 33,787.74	£ -								
<b>Total</b>	10.566%	10.163%	£ 1,388,937.29	£ 279,480.64	£ 469,256.97	£ 480,874.97	£ 170,746.17	£ 411,250.46	£ 311,486.42	£ 99,764.04	£ 579,345.68	£ 1,161,342.31	£ 1,187,618.14	£ 2,348,960.44

Stage 1 discount	£ 108,734.47			£ 272,626.46	£ 475,523.42		£ 579,345.68	£ 1,327,495.55
Stage 2 discount	£ 58,006.51							£ 1,327,495.55
Stage 3 discount	£ 98,470.70							£ 0.01
<b>total</b>	£ 68,270.28							

**Consultant Fees**

Stage 1 payments due at Stage 1 approval	£ 170,746.17
Stage 2 payments paid at RIBA stage E (80%)	£ 311,486.42
Stage 2 payments paid on FC approval (20%)	£ 99,764.04
<b>total</b>	£ 581,996.63

Post FC payments - part of drawdown

	£ 579,345.68
<b>total</b>	£ 1,161,342.31

Still to be appointed therefore recommend seek approval for funding to the cap limits.  
PF9 / PF10 fees to be allowed for to the cap until final figures agreed

**HUBCO PORTION / HUBCO MANAGEMENT FEE**

Prime cost + Prelim + risk (1%) + Location	£ 16,959,127	Fee Split	Total	Stage 1 Fee Payment 100%	Stage 2 Fee	Stage 2 Fee Payment 80%	FC Fee
<b>Hubco Portion</b>							
Stage 1	0.250%	£ 32,865	£ 32,865				
Stage 2	0.650%	£ 110,234		£ 110,234			
<b>Total</b>	0.900%	£ 143,099.93	£ 32,864.61	£ 110,234.32	£ 88,187.46	£ 22,046.86	
<b>Hubco Management</b>							
Stage 1	0.300%	£ 26,292	£ 26,292				
Stage 2	0.500%	£ 84,796		£ 84,796			
<b>Total</b>	0.700%	£ 111,087.32	£ 26,291.69	£ 84,795.63	£ 67,836.51	£ 16,959.13	

Difference to:

hub Portion based on S1 PC+P	£ 24,786.34
hub Management based on S1 PC+P	£ 19,066.41
<b>total unsecured VE</b>	£ 43,852.75

**Totals**

Hubco Portion	£ 291,457.68	
Hubco Management	£ 226,199.89	
0.40% Aviemore	£ 113,060.84	20 months of

**APPENDIX E**  
**VALUE ENGINEERING**

	VE Proposal	Comment	Action by	Status	NHSH update 28/03/19
WP 10 & 20	Civils / Substructure / Drainage / Ext Services / Ext Works	Change to porous bitmac in car parking bays.	NHSH approved overall landscaping overmark 15/03/19. Accepted by planners on call 20/03/19.	-	NHS - agreed
	Change all Kellen Breccia porous paving's to a standard porous paving block	As above.	-		
	Change areas of parking to grasscrete/gravel.	As above	-		
	Ambulance bay - reduction in width.	As above	-		
	Delivery bay and remove turning circle/replace with hammerhead or lower radius turning circle.	As above - as per Oberlanders overmark.	-		
	Delete play boulders and a bench	As above - as per Oberlanders overmark.	-		
	Omit one of bike shelter and replace with hoops.	9 required by Transport assessment and BREEAM credit will be maintained. Circa to E8-10k - NHSH confirm saving to be taken.	-		
	Remove tracking & ducts associated with external lighting bollard reduction				
WP 030	Timber Kit - Rev A	Revert to steel instead of timber kit at inpatient wing.	see WP 60 below		NHSH - feel strongly that there is a saving here to rationalise frame following reduction in height / loading. Not just a change timber to steel, but a wider question as to whether frame is now over-engineered for revised design
WP 60	Roof/Wall Cladding/Roof lights	Move plant to area to existing plant room - delete 2 storey area. Revise inpatient wing roof to flat sarna roof with parapets. Handrails at courtyards	Plant now relocated to alternative plant room. Revised roof design agreed with planner on call 20/03/19.		NHSH - agreed
		Change in-patient wing to steel/sts in lieu of timber kit - flat roof			
		Change steel framed in-patient roof from flat roof to monopitch LP clad roof	OBERLANDERS UPDATE 05/04/19 - Design team have worked through detail. Parapet on outside perimeter of inpatient wing needed at same level as central section of main building thus full extent of expected saving cannot be achieved. Part saving attributable to detail design however, no requirement to go back to planning for this.	Oberlanders	Update 05/04/19 - NHSH to confirm approval of updated design.
		Plant area screening rationalisation.	Planners agreed to 50% reduction on call 20/03/19. OBERLANDERS UPDATE 05/04/19 - Design team reviewing further additional VE to screening to realise additional saving. This will require planning discussion however, Oberlander anticipate this to be accepted	Oberlanders	Update 05/04/19 - NHSH to confirm approval of updated design.
WP 90	Balustrades / Handrails	Possible circa E2k to change from stainless to painted mild steel in 'back of house' areas.	NHSH to confirmed they would accept.	-	NHSH - agreed.
WP 120	Metal Stud partitions / Dry Lining / Acoustic Panelling	Rationalisation of acoustic partition ratings.	Majority of partitions can be changed from Wallblock to soundboard - E3k saving confirmed.	-	NHSH - agreed
		Remove other 50% ply to partitions			NHSH - agreed
WP 140	Woodwork / Joinery / Int Doors / Ironmongery / Screens	Doors - reduction of integral blinds - only needed in inpatient rooms.	DF Email 19/3/19 confirms glazing / integral blinds requirement throughout	-	NHS - agreed
		Review/rationalisation of vision panels and side screens.	DF Email 19/3/19 confirms glazing / integral blinds requirement throughout	-	
		Reduction to ambulance canopy will result from reduction in bay width.	As above. Note Ambulance wash canopy is required.	-	
		Encapsulated frames to primed/painted			NHSH - agreed
WP 170	Whiterock / Acrovyn wall protection	Wall protection reduction.	DF Email and mark up 20/3/19 confirms removal of handrails throughout & areas where wall protection is required.	-	NHSH - agreed
		Removal of handrails	DF Email 20/03/19 confirms no hand rails required anywhere in the facility.	-	NHSH - agreed
WP 200	Suspended ceilings	All previous VE reviewed and accepted with exception of meeting rooms FF zone 1 to go back to acoustic rating.		-	NHS - agreed
		Reduction in CS spec to C1.	NHSH awaiting confirmation of cleaning regime however advised to assume CS in Kitchen in addition to Oberlanders mark up.	-	
WP 220	FF&E	Worktops changes and alternative sink specs.	All worktops updated and re-issued in final 1.50's and signed off. Alternative sinks also subsequently approved (HC email 22/03/19).	-	NHS - agreed
		Bench seating and fixed desks replace with Group 3	NHSH UPDATE 05/04/19 - All 1:50 room layouts have been reviewed & comments uploaded on the tracker to reflect change in layout or any change to groups. This will encompass VE items like changing fixed seating and desktops from group 1 to group 3	-	
WP 225	Specialist FFE	Body store change to group 3	Circa E14.5k saving. NHSH confirmed proceed with change to group 3.	-	NHSH - agreed
WP 300	Soft Landscaping & street furniture	Rationalisation of Landscape design.	NHSH approved overall landscaping overmark 15/03/19. Accepted by planners on call 20/03/19.	-	NHS - agreed
		Community garden - area to be provided but planters to come out.	BB confirmed E15k worth of timber planters. Update to be included in overmark as above.	-	
		Review of secure garden scope.	DF has advised review of secure garden area is outstanding	NHSH/Oberlanders/BB	

WP 325	Utilities	SSE works during mobilisation		-		NHSH - agreed
	Mock up	Remove requirement for NHSH mock-up		-		NHSH - agreed
		Updated Fire Strategy	BB7 schedules 18.03.19 and 29.03.19 confirm current status on Fire strategy and outstanding actions.	BB/08/BB7/NHS H		

Description	Comments	Action by	Status	NHSH update 28/03/19
<b>Electrical Design Changes</b>				
Reduction in electrical costs associated with revised Rybka design info - Electrical Schematic – 25.01.2019 Internal Lighting Drawings – 09.02.2019 Luminaire Schedule – 09.02.2019		-		NHSH - accepted
<b>Standby Generator</b>				
Remove 300KVA Load Bank (generator testing)		-		NHSH - accepted
Remove second set of generator start batteries.		-		NHSH - accepted
Reduce Generator rating to 200kVA		-		NHSH - accepted
Generator to be Non SHTM Set	Robertson advised no objection to this change.	-		NHSH - accepted
Generator needs to include a point of termination at the generator for a mobile Generator		-		NHSH - accepted
<b>LV switchgear and distribution</b>				
Remove Power Factor Correction Equipment	Previously accepted.	-		NHSH - accepted
Generator Control Panel/ switchboard can be removed, straight connection to control panel on gen set from main switchboard. Change over facility from main		-		NHSH - accepted
Reduce MCCB Frame size for generator supply to 400A – associated sub mains reduce to 2 x 150mm		-		NHSH - accepted
Reduce MCCB Frame on MSB for main incomer to 400A - associated sub mains reduce to 2 x 150mm		-		NHSH - accepted
If cost benefit, then change Main Switchboard to Form 4B Type 2. Bus bar can be rated at 630A.		-		NHSH - accepted
MCCB from MSB to Internal Switchboard can reduce to 315A Frame - associated sub mains reduce to 2 x 150mm		-		NHSH - accepted
Delete distribution board ref: DB-Main Switchroom and associated sub-mains		-		NHSH - accepted
Delete 2 x feeder pillars for external lighting/ car charging and associated sub-mains. (Only 4 feed pillars in lieu of previous 6)		-		NHSH - accepted
Reduce rating on main incomer to internal switchboard to 400A Frame.		-		NHSH - accepted
Remove DB-GF-EXT LIGHT		-		NHSH - accepted
Remove DB-GF-RECP-LP		-		NHSH - accepted
Remove DB-GF-EXT LIGHT 2		-		NHSH - accepted
Remove DB-GF-EXT LIGHT 3		-		NHSH - accepted
Amend sub mains cable to single phase boards – to read 2 Core instead of 3 Core.		-		NHSH - accepted
Reduce DB Size - DB-GF-FM-LP (24 Way to 12)		-		NHSH - accepted
Reduce DB Size - DB-GF-GP-LP (24 Way to 12)		-		NHSH - accepted
Reduce DB Size - DB-GF-KITCHEN 24HR (24 Way to 12)		-		NHSH - accepted
Reduce DB Size - DB-FF-1/A (24 way to 12)		-		NHSH - accepted
Reduce DB Size - DB-SPRINKLER PUMP HOUSE (24 Way to 12)		-		NHSH - accepted
Reduce DB Size - DB-GF-UCC-LP (24 Way to 18)		-		NHSH - accepted
Reduce DB Size - DB-GF-OUTPATIENTS (24 Way to 18)		-		NHSH - accepted
Reduce DB Size - DB-GF-INPATIENTS 1 (24 Way to 18)		-		NHSH - accepted
Reduce DB Size - DB-GF-INPATIENTS 2 (24 Way to 18)		-		NHSH - accepted
Reduce DB Size - DB-FF-1/B (24 Way to 18)		-		NHSH - accepted
Reduce DB Size - DB-EXT-BOILER HOUSE (24 way to 18)		-		NHSH - accepted
Reduce DB Size - DB-GF-DENTAL (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-FF-PLANT1 (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-FF-PLANT 2 (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-FF-PLANT3 (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-FF-PLANT4 (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-GF—COMMS1 (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-GF-COMMS2 (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-FF-COMMS (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DB-FF-COMMS (24 way to 8)		-		NHSH - accepted
Reduce DB Size - DBP-MED GAS-LP3 (24 way SP&N to 12 Way S&N)		-		NHSH - accepted
<b>Earthing</b>				
Revised Earthing Schematic received from Rybka				NHSH - accepted
Earth Reference Bars Provision (24 No. Inpatient Rooms @ £908.76)	See NHSH update email 27.03.19	-		NHSH - ERBs not required in bedrooms; this additional cost needs to come out
<b>Small power</b>				
Reduction in Extent of Small Power	NHSH (DF) schedule which confirms omissions issued 7/3/19. Costs to be updated and noted this requires co-ordination with 1:50's and equipment lists.	-		NHSH - extent of reduction (20.25%) confirmed 7/3/19 - please cost and include as accepted.

On the Small Power Layout Drawings it is noted that we have to make allowance for an additional 100No. Socket outlets, if drawings now include for all required socket outlets then this item could be removed from the costs					NHSH - accepted
Removal of Dual Circuits within the 24 No. Inpatient Rooms and the 2 No. UCC Treatment Rooms	DF email 19/03/19 confirms requirements.	-			NHSH accepted - confirmed by email 19/3/19
Removal of 54No. desk power distribution units from First Floor Office Area	BB confirmed £6,635.78	-			NHSH - accepted
Removal of 8No. desk power distribution units from Ground Floor Office Area	Confirmed.	-			NHS - accepted
<b>Structured cabling (voice &amp; data)</b>					
Reduction in Data Outlets	NHSH (DF) schedule which confirms omissions issued 7/3/19. Costs to be updated and noted this requires co-ordination with 1:50's and equipment lists.	-			NHSH - extent of reduction (35.29%) confirmed 7/3/19 - please cost and include as accepted.
<b>Induction Loops</b>					
Fixed Induction loop to be installed in; - Multi Purpose Room - Meeting Room - Fixed Portable - Reception - Fixed Portable - Nurses T-Base Station - 3 Nr Standard Portable Units No requirement in GP Library (Removed) Removal of portable units	As per Barrie list except 3 portable units to be client direct.	-			NHSH - accepted
<b>Internal Lighting</b>					
Reduce quantity of recessed downlights in inpatient bedrooms		-			NHSH - accepted
Lighting Controls - Reduce extent of dimmable lighting controls to circulation corridors (should only be incorporated within inpatient dept.	NHSH email 18.03.19 confirms dimmable lighting requirements.	-			NHSH - accepted. Design / costs for dimmable lighting should reflect email sent 18/3/19 14:07.
Further removal of Dimmable Lighting - Baby Change	NHSH confirmed not required.	-			NHSH - accepted
Further removal of Dimmable Lighting - Interview Room	NHSH confirmed not required.	-			NHSH - accepted
<b>External lighting</b>					
3 No. New Emergency Luminaires (Mounted on Fence) Ref X5E for Route to Muster Point	RYBKA overmark overmark issued 15/03/19 reflecting updated landscape design	-			UPDATE: see DF email 28/03/19 confirming accepted.
Remove 8 No. Ref X4 Bollards external lighting bollards from public path between the railway underpass and the site entrance (bollards to provide 10 lux average)	As above	-			
Delete 11 No. Ref X4 Bollards, paths illuminated from wall lights. Reduced light levels to paths to be accepted by NHS. At 6Mtrs from building average illumination is 5 lux (minimum value 2.5lux) at 11Mtrs from building average illumination is 1.2Lux (minimum value at 0.73Lux)	As above	-			
Retain wall lights but change specification to X5 (I.E. Remove emergency lighting battery packs) exit from doors not classified as escape route	As above	-			
Emergency Lighting to Car Park Street Lighting	As above	-			
<b>Fire alarms</b>					
An air aspirating system has been incorporated to cover the ceiling voids above the UCC treatment rooms as ceilings were MF inaccessible ceilings. The ceilings have subsequently changed to a grid ceiling that we assume is accessible. Hence air aspirating system can be removed complete with all pipework, power supplies and fire alarm interfaces.	Rybka confirmed saving could be secured.	-			NHSH - accepted
An air aspirating system has been incorporated to cover the ceiling voids above the XRAY rooms as ceilings were MF inaccessible ceilings. The ceilings have subsequently changed to a grid ceiling that we assume is accessible. Hence air aspirating system can be removed complete with all pipework, power supplies and fire alarm interfaces.	Rybka confirmed saving could be secured.	-			NHSH - accepted
For future discussions with NHSH – We were asked to incorporate automatic detection in ceiling voids less than 800mm where main sprinkler distribution pipework is routed. Not required under BS 5839, can this be removed?	NHSH have confirmed approval to omit - HC email 15.03.19.	-			NHSH - accepted
<b>Intruder Alarm</b>					
Reduction in coverage to corridor only	NHSH confirmed this can be taken with exception of controlled drugs room. NHSH further confirmed not required on 1st floor office as per email 10/3/19.	-			NHSH - accepted

Allowance for PIR detection to be added back into the First Floor Office Area		As above	-	NHSH - rejected - we confirmed this was not required. Please remove cost
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<b>Sanitary Ware</b>					
Utilise an alternative manufacturer to Armitage Shanks for the stainless steel equipment and brassware		NHSH confirmed acceptance (HC email 22.03.19).	-		NHSH - accepted
<b>Domestic Water Services</b>					
Removal of Kitchen Calorifiers and increase size of 2no remaining Calorifiers		circa £15k saving. NHS confirmed proceed.	-		NHSH - accepted
Removal of PIR and solenoid valves from inpatient areas.			-		NHSH - accepted
Addition of PIR and solenoid vales to WC's in general areas for BREEAM purposes			-		NHSH - accepted
<b>LTHW Heating</b>					
Alternative Specification of LPG Boilers and CHP Units		RYBKA confirmed this had been approved and no compliance issues.	-		NHSH - accepted
Omit pumps 8 & 9 at Calorifiers		RYBKA confirmed this had been approved and no compliance issues.	-		NHSH - accepted
<b>Ventilation</b>					
Removal of SHTM requirement on Air Handling Units		Possible £4k saving - NHSH happy to proceed if Robertson are. Spec to be reviewed by Robertson. PMN - Robertson's confirmed acceptance of spec (CMcD email 08/03/19).	-		NHSH - accepted
Move AHU 01/ MSCP and condensers from plant room above inpatient to existing plant room		RYBKA sketches issued detailing the implications on plant room and relocation of e-learning room. Principles agreed with BB7/NHSH fire officer on call 15/03/19 and agreed to proceed subject to planning confirmation on the associated roof implications.	-		NHSH - accepted
Removal of mechanical ventilation to 3no consulting rooms		NHSH review of environmental matrix regarding natural ventilation or reduction in air change complete and confirmed.	-		NHSH - accepted
Reductions in Air Changes within certain rooms		NHSH review of environmental matrix regarding natural ventilation or reduction in air change complete (DF email 28/02/2019 10:37).	-		NHSH - accepted. As per marked up environ matrix
Removal of Fire/Smoke dampers within non-acute departments		BB7 schedules 18.03.19 and 29.03.19 confirm current status on Fire strategy and outstanding actions.	BB/OB/BB7/NHSH		NHSH - accepted. Revised fire strategy awaited
<b>Sprinkler</b>					
<b>Option 2</b> Removal of sprinklers to all external canopy's		NHSH confirmed this could be omitted. BB confirmed £10k saving.	-		NHSH - accepted
<b>Thermal Insulation</b>					
Remove Aluminium Cladding Finish to all pipework and ductwork in Plant Areas		Previously taken VE			NHSH - accepted
Removal of insulation from Return Air Ventilation Ductwork		Previously taken VE			NHSH - accepted
Ambulance chargers change to supply and BB to fit.		BB noted circa £2k saving.	-		NHSH - accepted



Workshop 1: 19/02/19	VE Proposal	Comment	Action by	Status	NHSH comment 28.03.19		
WP 20	Civils / Substructure / Drainage / Ext Services / EXT Works	Delete section of stone boundary walling & replace with armco barrier (130m)	Agreed with NHSH as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted	Accepted	
		Delete remaining section of stone wall feature at entrance	Agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19. WA overmark to be circulated reflecting agreed changes.	-	Accepted	Accepted	
		Retaining wall next to health centre to be render finish in lieu of stone	NHSH confirmed approval 14.03.19.	-	Accepted	Accepted	
		Standard porous paving block in lieu of Kellen Breccia	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions 26/03/19.	-	Accepted	Accepted	
		Standard PC kerbing in lieu of granite egg	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions 26/03/19.	-	Accepted	Accepted	
		Delete aluminium edge at paving's for flat kerb	NHSH and WA approved.	-	Accepted	Accepted	
		Change granite egg paving block to bitmac - paths	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions 26/03/19.	-	Accepted	Accepted	
		Change granite egg paving block to bitmac - turning circle	Changes to hardstanding agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted	Accepted	
		Change remainder of granite paving to bitmac	Further changes to hardstanding as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted - provided other feature paving can be redistributed as per VE call 26/3/19	Accepted	
		Add back in Granite paving to equal 100m2 and distribute as required	As per NHSH request - WA to update overmark accordingly and in line with discussions on 26/03/19.	WA	Accepted	Accepted - is bitmac the most economic option?	
		New bitmac path at existing health centre in lieu of steps/amp. Continuous wall	Agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted	Accepted	
		Relocate dog toilet - delete retaining wall return & path	Revised location agreed.	-	Accepted	Accepted	
		Reduce PC viewing bleachers & balustrade on slope		-	Accepted	Accepted	
		Remove bleachers & stairs completely	Further omission as per BB/Oberlanders overmark overmark discussions 26/03/19. Alternative furniture solution to be provided by WA.	WA	Accepted - NHSH to have d/w HFS re: landscaping impact	Accepted	
		Leave upper road footpath as current - no resurfacing, repairs only. Stoke piling excess materials.	Agreed as per BB/Oberlanders overmark discussions at meeting 26/03/19.	-	Accepted	Accepted	
		Reduce extent of service / delivery yard	NOTE: NOT VE however NHSH mark up following further consultation with Ambulance services has been issued.	NHSH/OB/Watermans			
		Perimeter under slab insulation only	BB confirmed saving taken.	-	Accepted	Accepted	
		Drainage - reduce manhole quantities	Unsecured until design concluded by Watermans	BB/Watermans	Accepted	Accepted	
		WP 60	Roof / Wall Cladding / Roof lights	Road spec. reduction - car park circulation road (600m2) 200mm thick reduced to 60x45mm	Unsecured until design concluded by Watermans	BB/Watermans	UPDATE 05/04/19 - NHSH to confirm approval
				Cembrin panels - face fixed in lieu of secret fixings	Possible circa £30k saving taken.	-	Accepted
Render in lieu of larch/zinc to rear elevation	Possible circa £30k saving. NHSH happy in principle - OB overmark to be issued 27.03.19.			-	Accepted		
WP 90	Balustrades / Handrails	Energy centre roof fins revised as per Oberlander sketch 14/03/19	NOTE THIS HAS BEEN SUPERCEDED BY SUBSEQUENT CHANGE BELOW - SKETCH 26/03/19.	-	Accepted		
		Energy centre screening - timber fence only as Oberlanders sketch 28.03.19	Agreed at meeting 26/03/19 subject to planning.	-	Accepted		
WP 120	Metal Stud partitions / Dry Lining / Acoustic Panelling	Possible circa £3k to change from stainless to painted mild steel in 'back of house' areas.	NHSH confirmed they would accept.	-	Accepted		
		Rationalisation partitions - various specification revisions, safe board to 2100mm high - delete safeboard entry in addendum. Incl above	Majority of partitions can be changed from Wallblock to soundboard as per OB update.	-	Accepted		
WP 140	Woodwork / Joinery / Int Doors / Ironmongery / Screens	Plywood to partitions & plant areas	Circa £10k saving taken	-	Accepted		
		Integral blinds/vision panels/door protection	NHSH email 19/3/19 confirming doors / vision panels / integral blinds	-	Accepted - as per email 19/3/19		
		Internal doors - revised schedule	Circa £3k saving taken.	-	Accepted		
WP 170	Whiterock / Acroyn wall protection	Primed/painted frames/facings in lieu of encapsulated	Circa £48k saving taken.	-	Accepted		
		Wall protection and hadrail reduction.	Email & mark up 19/3/19 confirmed areas that require wall protection. Confirmed no handrails required	-	Accepted - advised by email 19/3/19		
WP 200	Suspended ceilings	Same principles on previous VE to ceiling spec as Aviemore to be applied.	DF email 18/3/19 confirms ceilings	-	Accepted - as per email 18/3/19		
		CS spec	Kitchen, resus rooms x 2 and maty LDRP room confirmed	-	Accepted		
WP 210	Decoration / Ames taping	Decoration revised to reflect changes	Associated with ceilings.	-	Accepted		
WP 220	FF&E	Artwork	Not VE - £10k allowance to be added.	-			
		FFE Rationalise quantity of seating / worktops & revise specification	NHSH UPDATE 05/04/19 - All 1:50 room layouts have been reviewed & comments uploaded on the tracker to reflect change in layout or any change to groups. This will encompass VE items like changing fixed seating and desktops from group 1 to group 3	-	NHSH agreed - all fixed seating to change to group 3. NHSH UPDATE 05/04/19 - All 1:50 room layouts have been reviewed & comments uploaded on the tracker to reflect change in layout or any change to groups. This will encompass VE items like changing fixed seating and desktops from group 1 to group 3		
		Mortuary equipment/body store to group 3	NHSH confirmed proceed with this change as per Aviemore.	-	Accepted		
WP 260	Blinds	Possible reduction?	No VE or reduction in blinds is anticipated however NHSH emails 19/3/19 confirm approach to blinds.	-			
WP 300	Soft Landscaping	See Civils above.		-			
		Prelims	BB Attendances adjusted to reflect Prelim balance requirement	Circa £213k saving	-	Detail?	
		BB challenges list	Circa £276k saving	-	Detail?		
		BB Commercial adjustment	Circa £160k saving.	-			
		D Smith commercial adjustment	Circa £38k saving.	-			
		Inflation on VE items	Circa £5k saving	-			
		Updated Fire strategy	BB7 schedules 18.03.19 and 29.03.19 confirm current status on Fire strategy and outstanding actions.	BB/OB/BB7/NHSH			

Description	Comment	Action by	Status	NHSH comment 27.03.18
<b>Standby Generator</b>				
Remove Load Bank (generator testing)	N.B. - Price needs to include a point of termination at the generator for a mobile load bank – to be incorporated into generator manufacturers proposals.			Accepted
Remove second set of generator start batteries.				Accepted
Generator to be Non SHTM Set	Roberton advised no objection to this change.	-		Accepted
<b>LV switchgear and distribution</b>				
Removal of the Main Supply Cable				Accepted
Remove Power Factor Correction Equipment				Accepted
Reduce MCCB Frame size for generator supply to 400A – associated sub mains reduce to 2 x 150mm	-			Accepted
Reduce MCCB Frame on MSB for main incomer to 400A - associated sub mains reduce to 2 x 150mm	-			Accepted
If cost benefit, then change Main Switchboard to Form 4B Type 2. Bus bar can be rated at 630A.	-			Accepted
MCCB from MSB to Internal Switchboard can reduce to 315A Frame - associated sub mains reduce to 2 x 150mm	-			Accepted
Amend sub mains cable to single phase boards – to read 2 Core instead of 3 Core.	-			Accepted
Remove DB-GF-EXT LIGHT 1	-			Accepted
Remove DB-GF-EXT LIGHT 2	-			Accepted
Remove DB-GF-RECP-LP	-			Accepted
Reduce DB Size - DB-GF-KITCHEN 24HR (24 Way to 12)	-			Accepted
Reduce DB Size - DB-SPRINKLER PUMP HOUSE (24 Way to 12)	-			Accepted
Reduce DB Size - DB-GF-OUTPATIENTS (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 1 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 2 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 3 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 4 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-GF-INPATIENTS 5 (24 Way to 18)	-			Accepted
Reduce DB Size - DB-FF-1/B (24 Way to 18)	-			Accepted
Reduce DB Size - DB-EXT-BOILER HOUSE (24 way to 18)	-			Accepted
Reduce DB Size - DB-MCP-PLANT NORTH (24 way to 8)	-			Accepted
Reduce DB Size - DB-MCP-PLANT SOUTH (24 way to 8)	-			Accepted
Reduce DB Size - DB-GF—COMMS1 (18 way to 8)	-			Accepted
Reduce DB Size - DBP-MED GAS-LP3 (24 way SP&N to 12 Way S&N)	-			Accepted
<b>Earthing</b>				
Revised Earthing Schematic received from Rybka	DF Email 19/3/19 confirms ERBs (resus rooms, x-ray, infusion suite, LDRP room). Confirmed group 0 for inpatient bedrooms	-		Is this additional cost?
Earth Reference Bars Provision (24 No. Inpatient Rooms @ £908.76)	DF Email 19/3/19 confirms ERBs (resus rooms, x-ray, infusion suite, LDRP room). Confirmed group 0 for inpatient bedrooms	-		Confirmed NOT required 26.03.19, please delete additional cost.
<b>Small power</b>				
Reduction in Extent of Small Power	NHSH confirmed to assume 10% for cost purposes however, final review to be completed.	NHSH		Accepted - assume 10% reduction for cost purposes
Removal of Dual Circuits within the 24 No. Inpatient Rooms and the 2 No. UCC Treatment Rooms	Confirmed via email 19/3/19 - no dual circuits required anywhere <b>HOWEVER RYBKA UPDATE 28/03/19 CONFIRMS THESE ARE REQUIRED TO RESUS ROOMS</b>	-		RYBKA UPDATE 28/03/19 CONFIRMS THESE ARE REQUIRED TO RESUS ROOMS
Ambulance Chargers and mounting bracket to be supplied by NHSH (GAB Will Wire and Install units only)	NHSH previously agreed.	-		Accepted

Structured cabling (voice & data)				
Reduction in Data Outlets	NHSH confirmed to assume 10% reduction for cost purposes however, final review to be completed.	NHSH		Accepted - assume 10% reduction for cost purposes
Induction Loops				
GAB Have Included for Induction loops to be installed in; - Meeting Room <del>Inpatient Training</del> - Fixed Portable - Reception - 2 Nr Standard Portable Units	See NHSH confirmation (27/03/19) overmarked in red			
Induction Loop installation in; - Nurses T-Base <del>Ward Clerk / Reception</del> - <del>Inpatient Training</del> <del>Accounted for above</del>				There is no "meeting room". Induction loop required in 3 no. rooms; Inpatient training & Reception (both of which accounted for above) & Ward Clerk reception. Please adjust cost accordingly
Removal of 2 No Portable Units	Portable to be moved to equipment as per Avimore principle.	-		Accepted
Internal Lighting				
Reduce quantity of recessed downlights in inpatient bedrooms	As per principle agreed on Avimore.			Accepted
Lighting Controls - Reduce extent of dimmable lighting controls to circulation corridors (should only be incorporated within inpatient dept.	See NHSH requirements on email 18.03.19			NHSH - accepted. Design / costs for dimmable lighting should reflect email sent 18/3/19 14:07.
Further removal of Dimmable Lighting - Baby Change	See NHSH requirements on email 18.03.19	-		Accepted
Further removal of Dimmable Lighting - Interview Room	See NHSH requirements on email 18.03.19	-		Accepted
Intruder Alarm				
Removal of Intruder Alarm in its entirety	NHSH confirmation provided - note no requirement for alarm sounder on CD cupboards - emailed 11/3/19	-		Accepted
Sanitary Ware				
Utilise an alternative manufacturer to Armitage Shanks for the stainless steel equipment and brassware	Oberlanders technical review was completed.	-		Accepted
Domestic Water Services				
Removal of Kitchen Calorifiers and increase size of 2no remaining Calorifiers	Same principle as Avimore to apply.	-		Accepted
Removal of PIR and solenoid valves from inpatient areas.	No saving as GAB have made no allowance for these valves as they are not detailed on Rybka drawings			Accepted
Addition of PIR and solenoid vales to WC's in general areas for BREEAM purposes	GAB had made no allowance for these valves as they are not detailed on Rybka drawings			Accepted
LTHW Heating				
Alternative Specification of LPG Boilers and CHP Units	RYBKA previously confirmed this had been approved and no compliance issues.	-		Accepted
Omit pumps 8 & 9 at Calorifiers	RYBKA previously confirmed this had been approved and no compliance issues.	-		Accepted
Ventilation				
Removal of SHTM requirement on Air Handling Units	Possible £4K saving - NHSH happy to proceed if Roberstons are. Spec to be reviewed by Roberstons. PMN - Robertsons confirmed acceptance of spec (CMcD email 08/03/19). <b>RYBKA UPDATE 28/03/19 CONFIRMS ALL AHU'S EXPECT ASSOCIATED WITH RESUS.</b>	-		Accepted
Removal of Fire/Smoke dampers within non-acute departments	BB7 schedules 18.03.19 and 29.03.19 confirm current status on Fire strategy and outstanding actions.	BB/OB/BB7/NHSH		Accepted - pending amended fire strategy

<b>Medical Gas</b>				
Reduction in cost in line with latest Rybka design information dated 12/02/2019. However, specific Medical Gas meeting required with GAB/BB/Rybka/NHS to ensure the clients requirements are captured prior to the saving being taken as there appeared to be confusion over requirements at VE workshops.	See NHS comment 27.03.19			Accepted - no meeting required & no confusion. NHS requirements confirmed via emails 15/3/19 14:05 and 14/3/19 18:14. Please cost on that basis
<b>Sprinkler</b>				
<b>Option 1</b> Removal of sprinklers to all external canopy's	NHSH previously confirmed this could be omitted as per same principle for Avimore.	-		Accepted
<b>Thermal Insulation</b>				
Remove Aluminium Cladding Finish to all pipework and ductwork in Plant Areas	Previously taken VE as per Avimore			Accepted
Removal of insulation from Return Air Ventilation Ductwork	Previously taken VE as per Avimore			Accepted

**APPENDIX F  
CHANGE ORDERS**

## CHANGE CONTROL ORDER REGISTER

Project Title: Badenoch Strathspey & Skye

Job No: 5160616

CCO No.	Issue Date	Site	Brief Description of Change	Requested By	Impact Assess date	Programme Impact (weeks)	Cost Impact CAPEX £	Cost Impact OPEX £	Actioned	Date approved
001	16/11/2017	B&S	Inpatient Department Design	NHSH		N/A	N/A	N/A	No	Superceded
002	16/11/2017	B&S	Schedule of Accomodation V11_1	NHSH		N/A	£ 369,483		Yes	Yes
003	28/11/2017	B&S	Additional Disabled changing	NHSH		N/A	N/A	N/A	No	HOLD
004	28/11/2017	B&S	Urgent Care and Reapeatable Rooms	NHSH		N/A	N/A	N/A	N/A	Superceded
005	22/01/2018	B&S	Schedule of Accomodation V12	NHSH	05/02/2018	8	£ 137,206	£ 55,353	Yes	18/07/2051
006a	21/06/2018	B&S	Schedule of Accommodation V13 / swap sluice & SAS laundry / split domestic equipment store	NHSH	19/07/2018	0	-£ 3,170	£ -	Yes	18/07/2051
007	20/06/2018	B&S	Move outpatient block forward to provide access to garden courtyard from waiting area	NHSH	10/07/2018	4	£ 82,771	TBC	Yes	26/07/2018
008	09/07/2018	B&S	Extend site boundary to meet end of existing access road	NHSH	19/07/2018	0	£ 29,725	TBC	Yes	26/07/2018
009	09/10/2018	Both	Extend thermal modelling to include bedroom, corridor & ancillary space performance to benchmarks in TM59	NHSH	30/10/2018	0	£ 14,800.00	TBC	Yes	06/11/2018

Running Total: £ 630,815 £ 55,353

**APPENDIX G  
ADDITIONAL ADVISOR FEES**

**APPENDIX G**

**BS&S**

**Value for Money Statement on Financial Close and Other Costs**

	Actual in model £	Benchmark £	Difference £	Comment
<b><u>DBFM Co advisors</u></b>				
Legal	£91,500.00	£92,104.54	-£604.54	Negotiated fee. Benchmark as per PF12 and PF2 £75k (£50k and £25k) (AHV) indexed to Q2 2019 from Q2 2011
Financial Adviser and Modeller	£120,000.00	£184,209.09	-£64,209.09	Negotiated fee. Benchmark as per PF12 £100k + £50k (AHV) indexed to Q2 2019 from Q2 2011
Due Diligence	£0.00	£12,280.61	-£12,280.61	Not required. Benchmark as per PF12 £10k (AHV) indexed to Q2 2019 from Q2 2011
<b><u>Funders advisors</u></b>				
Legal	£65,000.00	£61,403.03	£3,596.97	Tendered by Funders as part of funding competition. Benchmark as per PF12 £50k (AHV) indexed to Q2 2019 from Q2 2011
Model Audit	£17,500.00	£24,561.21	-£7,061.21	Tendered by Funders as part of funding competition. Benchmark as per PF12 £20k (AHV) indexed to Q2 2019 from Q2 2011
Insurance	£12,500.00	£18,420.91	-£5,920.91	Tendered by Funders as part of funding competition. Benchmark as per PF12 £15k (AHV) indexed to Q2 2019 from Q2 2011
Swap Rate Broker	£5,000.00	£0.00	£5,000.00	Nord requirement
Technical Advisor	£19,000.00	£36,841.82	-£17,841.82	Tendered by Funders as part of funding competition. Benchmark as per PF12 £30k (AHV) indexed to Q2 2019 from Q2 2011
Totals	<b>£330,500.00</b>	<b>£429,821.20</b>	<b>-£99,321.20</b>	Total Saving against Benchmarks.
<b><u>Other</u></b>				
Independent Tester* [TBC]	£165,500.00	£168,107.85	-£2,607.85	Benchmark as per PF12 £66k (AHV) 18 month pro rata to 22 month programme and times two sites; indexed to Q2 2019 from Q2 2011 (plus includes for 50% room sampling)
<i>*IT not classed as an FC cost</i>				