Golden Jubilee Foundation

Patients at the heart of progress

Hospital Expansion Programme

Phase One Ophthalmology Expansion

Full Business Case

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1 Introduction

The Golden Jubilee Hospital (GJH) is within the Golden Jubilee Foundation (GJF) and is a Special Health Board, providing regional and national services, the hospital supports all Health Boards in Scotland. The GJH's vision is to be a world leader in quality, research and innovation for healthcare. We have a strong track record in the delivery of safe, effective and person-centred health care and work in partnership with all NHS Boards to provide essential services to patients. All services are located on the GJH site, located on the western side of Clydebank, in West Dunbartonshire. The hospital is home to regional and national heart and lung services, we are the only site in Scotland to undertake heart transplantation. As the largest single-site elective Orthopaedic Centre in Scotland, we receive patients from all over Scotland and perform over 25% of all Scottish hip and knee replacements. Following the most recent expansion in Ophthalmology, we will perform over 17% of all cataracts in Scotland during 2018/19. The recent rapid growth of elective surgical services at the Golden Jubilee Hospital has resulted in the hospital being fully utilised with no remaining space to increase surgical capacity.

It is acknowledged there will be a significant growth in demand for elective surgical care over the next 25 years and the specialties of ophthalmology and orthopaedics are likely to continue to experience some of the most significant increases in demand. In meeting this demand the GJF has been tasked by Scottish Government with planning the elective care requirements of the West Region population between now and 2035

The GJF expansion programme is structured two phases as follows:

- Phase One – delivery of additional ophthalmology elective care capacity
- Phase Two – delivery of additional orthopaedic and other surgical elective care capacity

The West of Scotland (WoS) population as defined in the National Project Initiation Document (PID) are those residents living in the following Health Board areas:

- NHS Greater Glasgow and Clyde (this includes patient flow from Argyll and Bute)
- NHS Ayrshire and Arran
- NHS Lanarkshire
- NHS Forth Valley
- NHS Dumfries and Galloway.

The purpose of this Full Business Case for the GJF Phase 1 hospital expansion is to:

- confirm that the procured offer represents the best value commercial solution for delivering the project requirements within the project's affordability limits;
- to demonstrate that appropriate contractual, commercial and management arrangements are in place to successfully deliver the project.

This FBC document will answer the following questions, as set out it the Scottish Capital Investment Manual:

	Full Business Case (FBC)	
	Question	**Response**
Executive Summary	Is the project ready to proceed to contract signature?	Prepare Executive Summary of responses to the following questions.
Strategic Case	Has the strategic case for investment altered?	Confirm or update case for investment
Economic Case	Does the OBC's preferred option remain valid?	Confirm or update OBC preferred option
Commercial Case	What is the recommended v.f.m. commercial offer / service?	Confirm: • Selection process for preferred commercial offer/supplier • Commercial arrangements • Contractual arrangements
Financial Case	Is the project financially viable?	Confirm: • Project affordability • Stakeholder support & sign-off
Management Case	Is the organisation ready to proceed to contract award and implementation?	Confirm: • Project management arrangements • Change management arrangements • Benefits realisation plan • Project risk register • Commissioning Master Plan • Monitoring & evaluation plan • Project Monitoring report

2 Executive Summary

Summary of the Strategic Case

The Investment Objectives in the Outline Business Case (OBC) for the Phase One – ophthalmology development as part of the Hospital Expansion Programme have been reviewed and remain the same. This is outlined in section 3.1. The strategic context and scope of the Project is unchanged since both the Initial Agreement (IA) and OBC were approved.

Economic Case

There have been no changes to the preferred option from the Outline Business Case with the Strategic Context and delivery model unchanged. There have however been changes within the financial model. These changes are detailed in the financial case included in this document.

The financial and economic appraisal is summarised in Figure 4 with the reasons for the movements in costs being discussed in the financial case. The assumptions used in the of undertaking the economic appraisal are consistent with those used in the OBC. Any additional information provided in the FBC appraisal did not alter the selection for preferred option to build six new ophthalmology theatres.

As detailed in the financial and economic cases the construction cost of the project has been agreed as affordable by the cost control group, in addition the cost advisor has noted the project construction cost as providing value for money.

The Preferred Option

This Full Business Case supports the preferred option from the Outline Business case as Option 4 – creation of a new build six Theatre fully integrated unit at the Golden Jubilee Hospital.

The Summary analyses of the financial assessment are shown in Figure 6 for Capital costs and Figure 10 for Revenue within section 6 of the financial case.

There has been noted improvement in revenue staff costs due to further review of the skill mix requirement to work in and support the new unit. The capital costs shown in figure 6 in relation to building elements have been provided by the appointed cost advisor and are as the target cost provided by the PSCP and agreed by the cost control group. In addition there are £594,431 of revenue equipment, which are included in the capital costs within the capital appraisal. The Boards cost advisors, the in house project team and contractor have confirmed that the financial solution is value for money and this is further demonstrated within the economic analysis.

Therefore the preferred option to build six new Ophthalmology Theatres is supported as the preferred option.

Commercial Case Summary

The project will be delivered in line with the guiding principles of the national Frameworks Scotland 2 Agreement which is managed by Health Facilities Scotland (HFS) on behalf of the Scottish Government Health Directorates.

The selection of the PSCP (Kier Construction) was approved by the Board in June 2017.

The agreed design information for the construction phase of the project can be found within the project Stage 3 Report, included within Appendix A5.

It is proposed that the facility will be delivered by Kier Construction under the Frameworks Scotland 2 Agreement, NEC 3 Engineering and Construction Contract Option C: Target Cost with Activity Schedule.

Capital Costs

The movement in capital costs is discussed in detail in section 6.1.2 and the capital costs can be found in Figure 6. This movement is primarily associated with construction costs.

Revenue Costs

The recurring revenue costs for the preferred option at Full Business case (FBC) reflect an improvement of £460k (see Figure 17) compared to Outline Business case (OBC) as a direct result of a reduction in the workforce requirement modelled. The workforce needs has been supported by the workforce planning group and the elective centre expansion team.

Revenue costs are reflective of the current 2018/19 pay policy and the updated 2018/19 Ophthalmology marginal tariff rate.

Due to changes in both Capital build costs and equipment needs there is a small impact on the depreciation cost associated with the preferred option.

Affordability

The capital funding (including equipment) for the elective centres is ring-fenced capital monies from the Scottish Government for the creation of a number of elective treatment facilities in Scotland.

Crucially the cost advisors, the in house project team and contractor have confirmed that the financial solution is value for money and this is further demonstrated within this economic analysis.

The revenue position for option 4 and associated Income analysis is summarised in Figure 12 within Section 6 of the financial case; the revenue funding assumptions are in line with the existing funding model in place. The fixed costs (staffing and depreciation) are supported by Scottish Government and non-pay (marginal costs) supported by the WoS Boards on the marginal tariff Service level agreement basis and accessed from Scottish Government Investment to support delivery of the trajectories through the Waiting times Improvement plan.

Project Management Arrangements

The project management structure remains the same as outlined within the OBC. Figure 20, Figure 21and Figure 22 provide more detail on the overarching governance arrangements, specific governance arrangements and reporting structure for Phase 1.

Change Management Arrangements

The Boards change management philosophy is to:

- Ensure all opportunities are identified and taken to further innovate or improve patient care
- Recognise the significance of the change
- Implement the change in a structured and well thought through way, supporting staff through periods of change

This and the Planned Key Changes are outlined in section 7.4.

Project Risk Register

Two risk registers were developed during the pre-construction stage of the project;

1. Programme Board Risk Register – Managed by the Programme Board, detailing the strategic Board level risks
2. Project Risk Register – Managed by the Project Manager, detailing the construction project specific risks.

Both risk registers have been combined for the benefit of the FBC, to enable a holistic overview of project risks. A summary of the top rated project risks is outlined in 7.8.10

Mitigation strategies have been identified for all project risks and have been implemented where possible.

Commissioning Arrangements

The commissioning process is outlined in section 7.7 with the project management structure shown in Figure 20, Figure 21 and Figure 22.

The Commissioning Requirements Brief can be found in appendix A12.

Service Benefits Evaluation Plan

The full Benefits Reasliation plan is set out in Figure 26 and will be reviewed in line with SCIM guidance. All benefits identified at OBC stage were deemed to still be appropriate and viable. The PSCP have developed a fully detailed community benefits plan with agreed targets (see section 7.8.11) and this is tracked on a monthly basis. The Community Benefits Plan can be found in Appendix A7.

Project Monitoring

The construction works will be delivered under an NEC3 Option C Construction Contract. The agreed Target Cost for the project will be identified within Contract Data Part 2 on execution of the contract. Changes to the Project Cost, that will impact on the Target Cost identified, will be monitored and recorded through the construction delivery phase outlined in 7.8.1

In addition to the formal cost monitoring processes required by the NEC 3 Contract, the Project Cost Advisor will also produce monthly Cost Reports which will be further supplemented with ongoing monthly Cost Meetings with the Board.

The construction works will be delivered under an NEC3 Option C Construction Contract, which has very prescriptive mechanisms for monitoring programme on the project and these are outlined in 7.8.3

In addition to the formal programme monitoring processes required by the NEC 3 Contract, the appointed Project Manager, will also produce monthly Progress Reports for issue to the Board.

STRAGETIC CASE

3 Strategic Case

3.1 Has the Strategic Case for investment altered?

The Investment Objectives in the Outline Business Case (OBC) for the Phase One – ophthalmology development as part of the Hospital Expansion Programme have been revisited and remain the same. The strategic context and scope of the Project is unchanged since both the Initial Agreement (IA) and OBC were approved.

The OBC was approved by Scottish Government Health and Social Care Department (SGHSCD) on 13th August 2018, refer to Appendix A2.

3.1.1 Confirming the Proposed Activity

Two activity scenarios were developed as part of the OBC process as follows:

- Forecast 1 – OBC ophthalmology phasing of activity 2020 to 2035 (no activity repatriation)
- Forecast 2 - OBC ophthalmology phasing of activity 2020 to 2035 (repatriation of all existing NHS Lothian activity)

Since developing the OBC on 10th September 2018 the Cabinet Secretary for Health and Sport wrote to all NHS Board Chief Executives (see appendix A1) has confirmed that the elective centres should be planned and approved on the basis that they will deliver new capacity for the increasing additional demand and that all health Boards will as a minimum continue to make use of the Golden Jubilee as a National resource to the current level of patients activity and specialties as at present.

Therefore this FBC describes the resources required to deliver Forecast 1 OBC ophthalmology phasing of activity 2020 to 2035 (no activity repatriation) (see Figure 1 for a summary of predicted activity)

There is therefore still a requirement to provide the following additional capacity for the West of Scotland population between now and 2035:

- Approximately 10,100 additional cataract procedures
- Approximately 12,500 additional new outpatient consultations and pre operative assessments

The demand modelling forecasts do not take into account:

- any current West regional or national waiting time backlog of patients currently waiting longer than 12 weeks for surgery
- the wider pressures within the other ophthalmic sub specialties
- differing timescales for delivery of the North and East elective centres across NHS Scotland. It is likely the GJF cataract unit will be the first to be commissioned. Should there be a requirement to support the North and East regions ahead of their elective centres opening there

would be a need to accelerate the phased opening set out in this FBC. With sufficient time to recruit and train the required staff, the GJF ophthalmology unit could support additional elective cataract surgery in the first 3-5 years of opening.

Significant redesign has already been implemented within the GJF ophthalmology service. The proposed service model is set out in section 2.4 of the OBC and any planned changes are in the process of being implemented.

Figure 1: OBC Ophthalmology Phasing of Activity 2020 to 2035 (no repatriation)

Number of Theatres Commissioned	4				5						6				
	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35
Forecast Additional WoS Demand for Cataract procedures	2,450	482	493	503	514	525	535	544	554	562	571	579	587	595	603
Total Cataract Procedures Carried out at GJF	10,500	11,000	11,500	12,000	12,500	13,000	13,500	14,100	14,600	15,200	15,800	16,400	16,900	17,500	18,100
Theatres Required at GJF	3.4	3.6	3.7	3.9	4.1	4.2	4.4	4.6	4.7	4.9	5.1	5.3	5.5	5.7	5.9
Total Outpatient Appointments Required (New and Urgent Post Op)	12,915	13,530	14,145	14,760	15,375	15,990	16,605	17,343	17,958	18,696	19,434	20,172	20,787	21,525	22,263
Number of outpatient sessions per week	11	12	13	13	14	14	15	15	16	16	17	18	18	19	19
Cumulative Additional Procedures - Phased by Health Board	Assume Opening 1st April 2020 (17/18 to 20/21 demand combined)	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35
AYRSHIRE & ARRAN	455	537	620	705	792	881	971	1,063	1,157	1,252	1,349	1,446	1,546	1,646	1,748
DUMFRIES & GALLOWAY	76	112	149	186	224	263	303	344	385	427	469	512	556	600	645
FORTH VALLEY	285	342	400	460	520	582	645	710	775	842	909	977	1,047	1,117	1,188
GREATER GLASGOW & CLYDE	1112	1,314	1,522	1,734	1,950	2,171	2,396	2,625	2,858	3,095	3,335	3,578	3,826	4,076	4,330
LANARKSHIRE	522	627	735	844	956	1,071	1,187	1,306	1,426	1,549	1,673	1,799	1,927	2,056	2,188
Total	**2450**	**2,932**	**3,425**	**3,929**	**4,443**	**4,968**	**5,503**	**6,047**	**6,601**	**7,163**	**7,735**	**8,314**	**8,901**	**9,496**	**10,099**

3.1.2 Current Physical Accommodation

Since the OBC was approved there has been no change to the physical accommodation. The service continues to be accommodated over three difference levels within the hospital. The clinic remains located within an inpatient ward area (space that will be required for the expansion of orthopaedic elective activity as part of the phase 2 elective expansion for the West Region). Theatres remain split with two theatres within the main theatre suite on level 3 and a temporary mobile theatre continues to be leased to provide additional operating capacity until a new purpose built facility is available.

3.1.3 Impact of the Planned Interim Ophthalmology Expansion

Since the OBC was approved, as part of the recently published Scottish Government ' Waiting Times Improvement Plan' the GJF is planning a further ophthalmology expansion to improve patient access and support reducing NHS Scotland waiting times for cataract surgery. By opening the mobile theatre one further day a week a further 600 procedures will be undertaken per annum. This additional operating day will become available from December 2018. All OBC workforce requirements have been reviewed and adjusted in light of this planned expansion (see section 3.2 which provides an overview of the final FBC workforce requirements).This interim expansion, together with the growing waiting times pressures identified in section 3.1.4 further demonstrates the need for an expansion in cataract surgery to support demand, the demand modelling developed in May 2018, is still valid and has not been reviewed given the short time between OBC and FBC preparation & submission.

3.1.4 Summary of the Need for change

The need for change and the reasons for the project remain unchanged in summary they are as follows:

- Significant increase in current and future service demand
- Inefficient service delivery across three theatre units within the GJF
- The current clinic and theatre accommodation does not support innovation or efficient patient flow

In the period since the OBC was approved there has been no change in service delivery within the West region or any change to national policy which affects the case for change.

As at August 2018 there are still significant waiting time pressures within ophthalmology both nationally and regionally:

- Nationally there were 10,435 patients waiting longer than 12 weeks to be seen as a new outpatient and 2,464 patients waiting longer than 12 weeks for an ophthalmology procedure
- Within the WoS region there were there were 4,527 patients waiting longer than 12 weeks to be seen as a new outpatient and 508 patients waiting longer than 12 weeks for an ophthalmology procedure

The programme team continue to develop a solution which:

- Is supportive of both the West regional delivery planning process and the National delivery planning process
- Delivers an innovative service and a clinical model that is safe effective and person centred
- Delivers a sustainable workforce model that does not destabilise the status quo

3.2 Workforce, Training and Recruitment Planning

Since the OBC was approved a workforce, training and recruitment plan has been developed for the phase 1 expansion (see appendix A3). Key developments since OBC approval are as follows:

- Significant work has been undertaken to refine the nursing model, the role descriptors by band are contained within appendix A4

- Competencies for the extended role of the nursing team are being explored further

- Discussions have begun with the WoS Deanery to offer junior doctor training placements and support the next generation of consultants to be trained within a high volume cataract surgery facility

- Work has begun to describe and develop rotational roles within the new facility to ensure we provide more attractive roles and facilitate the further development of the nursing team. A pilot is being undertaken, a recent nursing vacancy within theatre has been recruited to offer the opportunity to work in both clinic and theatre.

- Workforce resource requirements between 2020 and 2035 for the ophthalmology service and clinical and non clinical supporting services have been reviewed in more detail and adjusted in light of both the (in year) October 2018 expansion of the ophthalmology service and the more detailed workforce planning work that has now been undertaken.

- Continue to offer development opportunities for unregistered staff to learn and develop whilst in post or progress to higher level support worker posts using the Healthcare Support Worker Framework.

- As set out within the OBC, the national shortage of experiences registered and unregistered nurses is well documented, since the OBC was developed the GJF has continued to develop a plan to:

- Build on the already established NHS GJF branded 'Training Academy' approach, which has already successfully supported the many expansions in orthopaedic and ophthalmology theatre capacity, by creating an Ophthalmology Nursing Development Programme essentially a small cohort of staff who are new to roles within the new ophthalmology unit will be recruited in supernumery positions and trained to ensure they reach the appropriate competencies within theatre clinic and the pre and post operative area. Recruitment for the Ophthalmology Nursing Development Programme will be a phased approach to ensure that staff who are new to the service are supported within a positive learning environment to deliver safe and effective person centred care. It is important to note that the majority of Newly Qualified Practitioners graduate from the Higher Education Institutes in Scotland each September and require to

receive their NMC registration prior to commencing a registered post. The Ophthalmology Nursing Development Programme will factor this in to the training plan. Figure 2 below outlines the proposed size and skill mix within the Ophthalmology Nursing Development Programme.

- Significant work has been undertaken to develop job roles within the new unit by nurse band (see appendix A4), to ensure that staff are working to their full job role describe a nursing rotation programme. It is important to note these job roles by band have been specifically developed for a cataract surgery service only.

- Work has begun to develop a nursing rotation programme, core staff will be based in each of the three clinical areas (clinic, pre and post operative care and theatre), a small cohort of staff will be trained to work in more than one clinical area. This development will provide more interesting opportunities for staff, aiding retention whilst also supporting staffing flexibility. The detail of the rotation programme will be developed in partnership with staff side colleagues. The role of the clinical educator is crucial in the development of this programme, recruitment to this post will commence in early 2019.

Figure 2: Ophthalmology Nursing Development Programme

Ophthalmology Nursing Development Programme		
Role	**Band**	**WTE**
Clinical Educator	7	1.0
Registered Nurse	5	2.0
Ophthalmology Technician	4	0.75
Associate Theatre Practitioner	4	1.0
Senior Nursing Assistant	3	2.0
Nursing Assistant	2	0.6
Total WTE pump prime staff		**7.35**

Given the national shortage of consultant ophthalmologists NHS GJF propose to:

- ensure the current clinic model, whereby optometrists undertake the patient examination and consent for surgery continues, thereby maximising the consultant time within clinic.

- minimise turnaround time within theatre and maximise consultant time within theatre, by:

- providing additional nursing resource for the higher volume lists

- work to assess the potential to extending the role of nurses within theatre is ongoing. GJF has joined the UK Ophthalmology Alliance where best practice is regularly shared. Nurse prepping competencies are already in place, it is hoped that competencies can be developed to support nurse draping and the writing up of the operation note.

- Work with the other WoS Boards to fill the more difficult to recruit to consultant posts continues, so far two consultants have been recruited with a joint job plan between NHS FV and NHS GJF. It is hoped that by working in collaboration within the WoS region, more attractive joint consultant appointments can be developed to support the wider delivery of ophthalmology services across the West of Scotland.

Currently, Prevention and Control of Infection resource is factored into the Expansion Team 7.5 hrs per week via Clinical Nurse Manager Prevention and Control of Infection. The purpose of this resource is to ensure effective prevention and control of infection is designed into our new facilities and also provide advice on control measures to mitigate the risk of infection in our clinical areas required during periods of construction.

In addition to the expansion resource, further Prevention and Control of Infection Nurse (PCIN) resource will be required. Within NHS Scotland there is a small pool of PCIN resource with limited movement between Boards. Therefore, it is likely that a new PCIN would be recruited with no prior expertise. The additional resource will free up time for the Senior PCIN to support the CNM PCI when Phase 1 and Phase 2 are running concurrently. Construction activity will result in an increase in HAI SCRIBE activity within our existing facility and subsequent surveillance of control measures. On completion of construction, the activity increase from both phases of expansion will result in an increase in patient numbers, surveillance activity, audit activity, education & environmental audit. The PCI service requires a skilled workforce to manage this increase effectively.

Since developing the OBC, all routine post operative reviews are now being undertaken within the community, this is a recent change for NHS GGC patients who are now being discharged following their procedure. This change has enabled the GJF to divert existing optometrist time to see more new outpatients as part of the recent interim ophthalmology expansion.

3.3 Summary of the Investment Objectives

The investment objectives confirmed within OBC remain unchanged as detailed in Figure 3:

Figure 3: Investment Objectives

	Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
Capacity Related Objectives	Existing capacity within in the WoS is unable to cope with future projections of demand for cataract surgery between now and 2035.	There is a requirement to improve current service capacity to meet the significantly increased predicted demand between now and 2035
	More patients treated in the high cost private sector - existing capacity pressures mean NHS Board have to access high cost cataract surgery within the private sector	Improve capacity to facilitate the reduction or elimination of routine use of the private sector
	More patients do not access services within the current waiting time guarantees - existing capacity pressures mean that often NHS Boards are unable to meet Scottish Government waiting time guarantees	Improve capacity and performance to ensure the delivery of current and future Scottish Government guarantees for inpatient / day case waiting times on a sustainable basis
	Sometimes elective surgery is cancelled as a result of existing service and or capacity pressures	Provide sufficient dedicated elective capacity to reduce the likelihood of cancelling patients
Quality and Performance Related Objectives	Service performance is variable - there is a need to improve existing service performance and improve current efficiency and productivity by providing more innovative models of care and adopting the principles of Better Care, Better Health and Better Value as set out in the Scottish Government "Health and Social Care Delivery Plan" published in December 2016	Reduce variability and introduce innovative models of care – to improve overall service performance within cataract surgery. This will deliver increased service efficiency and productivity
	Existing facilities are functionally ineffective and are unable to support more innovative models of care and efficient patient flow	A new improved environment and facility will be integral to supporting the more innovative models of care and also essential to support improved clinical productivity
	The GJF service model and patient pathways have been redesigned and are evolving , however the service could be more person centred and delivered in a more innovative and sustainable way. GJF is aspiring to be 'best in class' and provide 'world class model of care' for patients whilst also supporting the recruitment, retention and well being of staff - supporting and encouraging staff development	To implement new, innovative models of care is a state of the art environment adopting best practice principles (nationally and internationally) To develop a workforce model that supports recruitment retention and supports staff wellbeing and development whilst also ensuring the workforce model is efficient and sustainable

ECONOMIC CASE

4 Economic Case

The purpose of the Economic Case at Full Business Case stage is to demonstrate that the preferred option identified at OBC stage remains valid.

4.1 Does the OBC's preferred option remain valid?

There have been no changes to the preferred option from the Outline Business Case with the Strategic Context and delivery model unchanged. There have however been changes within the financial model. These changes are detailed in the financial case included in this document.

The financial and economic appraisal is summarised in Figure 4 with the reasons for the movements in costs being discussed in the financial case. The assumptions used in undertaking the economic appraisal are consistent with those used in the OBC. Any additional information provided in the FBC appraisal did not alter the selection for preferred option to build six new ophthalmology theatres.

Figure 4: Financial and Economic Appraisal

Costs in £millions	Outline Business Case	Proposed Solution 4
Capital cost (or equivalent value) inc non-recoverable VAT on build	11,793,433	12,986,542
Optimism Bias	792,083	516,044
Capital Build Cost	12,585,516	13,502,586
Capital cost for equipping inc non-recoverable VAT	3,067,312	1,704,517
Revenue equipment, including non recoverable VAT	-	594,341
Total Capital	**15,652,828**	**15,801,534**
Revenue Costs per annum when fully utilised – inc non-recoverable VAT	-	8,765,504
Total Expenditure	-	**24,023,345**
Income per annum when fully utilised	-	(8,713,620)
Total		**15,309,725**
Whole of life capital costs, inc revenue equipment	24,024,361	21,908,493

Whole life costs of revenue (income plus expenditure)		3,056,049
Estimated Net Present Value of Capital Costs	15,136,723	14,400,051
Estimated Net Present Value of Revenue Costs including income		1,858,248

Crucially the cost advisors, the in house project team and the contractor have confirmed that the financial solution is value for money and this is further demonstrated within the economic analysis contained within the financial case.

COMMERCIAL CASE

5 Commercial Case

The project will be delivered in line with the guiding principles of the national Frameworks Scotland 2 Agreement which is managed by Health Facilities Scotland (HFS) on behalf of the Scottish Government Health Directorates.

5.1 How was the preferred commercial offer(s) / supplier(s) selected?

Having identified this as the preferred procurement route at an early stage, the Board has been using Framework Scotland 2 to work with their selected Principal Supply Chain Partner (PSCP), Kier Construction.

The selection of the PSCP was approved by the Board in June 2017.

The Board have chosen to adopt the national Frameworks Scotland 2 Agreement for consultants to support the Programme Team and have appointed Aecom as Project Manager, Joint Cost Advisor and Supervisor. These appointments will be delivered through the following stages:

Stage 1 – Outline Business Case (Frameworks Scotland 2 Stage 2)

Stage 2 – Full Business Case (Frameworks Scotland 2 Stage 3)

Stage 3 – Construction (Frameworks Scotland 2 Stage 4)

Aecom will enter into individual stage specific contracts with Golden Jubilee Foundation at the beginning of each stage of the scheme for Project Manager and Joint Cost Advisor and Supervisor services.

5.2 What are the Commercial Arrangements of the recommended offer?

The design, engineering and specification information for this project has been dictated by the requirement for compliance with the relevant Technical Guidance, including SHTMs, HTMs, SHBNs etc, with the exception of the agreed derogations schedule which will be incorporated into the Employer's Works Information, included in the construction contract.
The agreed design information for the construction phase of the project can be found within the project Stage 3 Report, included within Appendix A5.

NDAP

The Board has engaged with Health Facilities Scotland and Architecture & Design Scotland in line with the NHSScotland Design Assessment Process (NDAP) having submitted design information and participated in both an AEDET Review and FBC Review to assess the progressing design.

AEDET

The FBC AEDET workshop was undertaken on 30 October 2018, facilitated by Susan Grant of HFS. A summary of the workshop is shown below.

It is clear from the summary presented that progress has been made towards the Target Score.

The Health Facilities Scotland and Architecture & Design Scotland Assessment Response confirms that the submitted project information is of a suitable standard to be supported subject to a number of Essential and Advisory Recommendations. The Response notes that the assessment is based on information submitted in October and November 2018. The Design Assessment is included in Appendix A13.

Based on the discussions that have taken place the Board is confident that they will resolve the matters raised in the Assessment.

BREEAM

The PSCP has engaged Hulley & Kirkwood (H&K) as the BREEAM Assessor for the project and a BREEAM review was carried out in September 2018.

H&K has developed a bespoke BREEAM tracker document. This document provides a more intuitive mechanism to evaluate, monitor and predict the BREEAM scoring. The tracker allows credit headings to be allocated to appropriate members of the design team and allows credits to be categorised in terms of risk, cost, value and difficulty.

Credits within the checklist have been broken down into four distinct risk categories:

- Anticipated Credits – Low risk, best value BREEAM Credits which form the basis of best practice design and which benefit the overall design with limited additional cost.

- Target A Potential Credits - Medium risk, technically challenging credits above best practice design which have implications on project cost, procurement strategy and site space requirements.

- Target B Potential Credits - These credits have high associated risk, due to uncertainty about aspects which are to be assessed or likely to be out of the control of the design team. These credits cannot be guaranteed.

- Unlikely credits - credits which are deemed unobtainable/unlikely due to the nature of the site, the nature of the building operation or due to the project scope.

The potential score currently sits at 58.19% Very Good, however this does include 8.85% of higher risk Target B credits. A copy of the BREEAM objectives report is included in Appendix A6.

BIM

The use of Building Information Modelling (BIM) creates a collaborative working environment for the project, with the full team sharing information through the Common Data Environment (CDE).

The Board has a requirement to achieve BIM Level 2 maturity and therefore, as well as all of the relevant BIM software being utilised, the full team will ensure they align to the BIM Execution Plan (BEP) and all associated BIM Protocols, Guidance and Standards set for the project in accordance with the Employers Information Requirements (EIR) and underlying principles of 1192 series of standards and specifications. As part of the BIM process the team will also assist GJF and their Estates Team to fully define the scope of any project specific enhanced BIM handover requirements e.g. COBie data.

Specific details of the GJF BIM strategy and implementation are detailed in the project BIM Execution Plan (BEP).

Scope of other works

A separate exercise will be undertaken to procure the equipment required to ensure effective use of the new Ophthalmic Facility and this will be indentified from a combination of the itemised individual Room Data Sheets augmented by equipment currently used as standard for current service provision that are not included within the room data sheets.

This overall listing will be subject to review and identification of all existing equipment available to transfer to the new Ophthalmic Facility. All items identified for transfer will be removed from the overall list of requirements to leave an exact list of items requiring to be procured.

This list will be reviewed and a procurement strategy developed to identify the route to market for each specific item / group of items. In accordance with the NHS Scotland Elective Programme Collaboration Paper (31st October 2017) where feasible and practical a collaborative approach with other planned elective sites for the procurement of high volume or high cost items will be considered.

The procurement strategy for each item / group of items will provide detail of the chosen route to market reflecting:-

- The overall value of the proposed procurement exercise,
- The GJNH Standing Financial Instructions,
- The availability of National Procurement Scotland Framework Agreements.
- The requirement to advertised in OJEU (Official Journal of the European Union) where the proposed contract value for supplies and services is above the current financial threshold £118,113 excluding Vat as detailed in the Procurement Reform (Scotland) Act 2014 (latest revision 1st January 2018).

5.3 What are the Contractual Arrangements of the recommended offer?

5.3.1 Type of Contract

It is proposed that the facility will be delivered by Kier Construction under the Frameworks Scotland 2 Agreement, NEC 3 Engineering and Construction Contract Option C: Target Cost with Activity Schedule.

5.3.2 Key Contractual Issues

A template contract has been prepared for use on Frameworks Scotland 2 based on the options contained within the NEC3 Engineering and Construction Contract, Option C: Target contract with activity schedule June 2005 edition (published by NEC, a division of Thomas Telford Limited) with amendments dated June 2006, September 2011 and any subsequent amendments. This has been adopted for use as the basis of all Frameworks Scotland 2 project specific contract documents. The scheme development is incorporated into the Contract by means of detailed requirements in the Works Information and establishing a realistic programme for execution – the Accepted Programme.

The style of Frameworks Scotland and the “scheme contract" promotes the use of particular project management techniques. These are also applied to formulate the Target Total of Prices.

An overall contract is entered into at commencement of the PSCPs appointment following agreement of a Priced Activity Schedule and Accepted Programme.

A number of alterations have been made to the standard contract in order to tailor it to the requirements of Framework Scotland 2. Key alterations include:

- Cash flow forecasts regularly updated by the PSCP and related to the programme (from the NHS Client’s perspective providing a positive basis for finance planning)
- Payment of accrued costs to the supply chain

- Gain share potential for Client and the PSCP (but overspend of the final target is funded by the PSCP)

- An improved definition of Defined Cost Stage 1 – Outline Business Case

Appointments made have been done so through Frameworks Scotland 2 and the utilisation of standard contractual documentation supplied by Health Facilities Scotland. Contained within these documents for both PSCs & PSCPs is a defined scope of service for each role and associated activity schedules. This information provides clarity on the roles responsibilities and generally the output required from each team member at each stage of the project.

5.3.3 Personnel Implications

It is anticipated that TUPE (Transfer of Undertaking and Protection of Employee) will not apply to this investment.

5.3.4 Proposed Payment Structure

The National Framework NEC3 Engineering and Construction Contract Option C Target Cost with Activity Schedule utilises an auditable open book approach to quantify and manage payment.

At the pre-construction stages, payment is based on a fee forecast schedule. This is intrinsically linked to an agreed programme and set of deliverables and is based on hours expended multiplied by the Framework agreed rates. The schedule is supported by timesheets along with ancillary cost payments such as surveys. The incurring and payment of professional fees is managed throughout this period by the Board and its advisors on a monthly basis.

The PSCP and its supply chain members commercial rates and profit levels for duties undertaken during each of the pre-construction Business Case development stages have been agreed as part of the framework selection process.

Payments are checked and verified through the Joint Cost Advisor.

5.4 Key Principles and Potential Risk Transfer

This section provides an assessment of how the associated risks might be apportioned between the Board and the Principal Supply Chain Partner. It also outlines the process for identifying, assessing and apportioning the project specific risks.

The general principle is to ensure that risks should be passed to “the party best able to manage them”, subject to Value for Money (VFM).

5.5 Risk Allocation

Figure 5 outlines the allocation of responsibility for key risk areas which remaisn consistent with the OBC:

Figure 5: Risk AllocationTable

Risk Category	Allocation		
	GJF	PSCP	Shared
Design Risk	10%	90%	✓
Construction & Development Risk	25%	75%	✓
Transition & Implementation Risk	90%	10%	✓
Availability & Performance Risk	20%	80%	✓
Operating Risk	✓		
Variable of Revenue Risk	✓		
Termination Risks	50%	50%	✓
Technology & Obsolescence Risks	✓		
Control Risks	25%	75%	✓
Residual Value Risks	✓		
Financing Risks	✓		
Legislative Risks	10%	90%	✓
Other Project Risks	50%	50%	✓

The project delivery risks are captured in a master Risk Register with inputs by the Board and the PSCP.

FINANCIAL CASE

6 Financial Case

The purpose of the financial case analysis is to provide detail around the financial implications for the GJF Phase 1 hospital expansion for Ophthalmology and specifically the preferred option as approved as part of the Outline Business Case (OBC).

Since developing the OBC on 10th September 2018 and completing the financial assessment within the OBC the Cabinet Secretary for Health and Sport wrote to all NHS Board Chief Executives confirming that the elective centres should be planned and approved on the basis that they will deliver new capacity for the increasing additional demand and that all health Boards will as a minimum continue to make use of the Golden Jubilee as a National resource to the current level of patients activity and specialties as at present.

Consequently this FBC financial case and resources is focussed on the requirement to deliver Forecast 1 OBC ophthalmology phasing of activity from 2020 through to 2035 with no activity repatriation. This will support capacity for approximately 10,100 additional cataracts by 2035.

Therefore the financial case confirms that:

- the procured offer and service represents the best value commercial solution for delivering the project requirements and that;
- The project is delivered within affordability limits for both ring fenced Scottish Government (SG) Capital and funded Revenue from both SG (fixed costs) and West of Scotland (marginal costs).

6.1 Is the project affordable?

6.1.1 Financial Model

The preferred option approved at OBC is Option 4 Creation of a fully integrated new build with 6 Theatres. The financial case is therefore focused solely on this option and takes into consideration any changes or developments that have been applied since OBC stage.

Following on from the OBC the funding model applied reflects prior Ophthalmology expansion approach at the Golden Jubilee which includes the staffing (and fixed costs) supported by Scottish Government (as allowing the basis of Boards requiring the greatest need to access the Golden Jubilee) and the marginal costs funded by the referring Board as part of a 3 year rolling contract.

The capital costs for the preferred option is based on the final target costs reported provided on 16 November 2018. In addition a detailed plan for the cost of additional medical, e-health and non-medical equipment for the expansion has been included in the capital costs, supported by a dedicated expansion equipment group set up within the Board and led by the Boards' procurement team.

This has allowed us to apply thorough and detailed benchmarking in relation to staffing resource requirements against prior expansions (to sense check value for money and cost per case review) and most recently to the 2017/18 annual submission of the Scottish Health Service costs (Costs Book) returns as a benchmarking tool across NHS Scotland.

In line with the OBC the FBC will consider the financial model applied but for Option 4 - the preferred option only change to the key data input applied from OBC are;

- **Option 4: Creation of a fully integrated new build (6 theatres) at GJF:**
    - West of Scotland demand modelling applies within the new build but no longer incorporates any reduction for NHS Lothian Heath Board repatriation of activity over 3 years from 2023/24 to 2025/26
    - Further review and detailed Workforce planning requirements from all direct clinical services, support and administration support services in line with prior Ophthalmology expansion has been applied. This was supported by the Boards Elective centre expansion project team and Human Resources department. As a result of this review there is a significant reduction in the staffing WTE required to support the Phase 1 expansion. This is as a result of clarity on service needs, repatriation and additional time to perform robust scrutiny.
    - Application of the SG 2018/19 pay policy points for all applicable staff groups on the above activity plans.

To demonstrate continued value for money an updated review of cost per case for the service compared to current costs and the 2017-18 Golden Jubilee Hospital and Scottish average cost per case from the Cost Book submission as an across Scotland comparator.

6.1.2 Capital Costs

Figure 6: Capital Costs

Costs in £millions	Outline Business Case	Proposed Solution 4
Capital cost (or equivalent value) inc non-recoverable VAT on build	11,793,433	12,986,542
Optimism Bias	792,083	516,044
Capital Build Cost	12,585,516	13,502,586
Capital cost for equipping inc non-recoverable VAT	3,067,312	1,704,517

Revenue equipment, including non recoverable VAT	-	594,341
Total Capital	15,652,828	15,801,534
Whole of life capital costs, inc revenue equipment	24,024,361	21,908,493
Estimated Net Present Value of Capital Costs	15,136,723	14,400,051

The capital costs in Figure 6 above in relation to building elements have been provided by the appointed cost advisor and are as the target cost provided by the PSCP and agreed by the cost control group. In addition there are £594,431 of revenue funded equipment, which has been included above, this has been discussed with SG. So as not to lose sight of this, it is shown as a separate line on the table above.

For the economic analysis we have used the same assumptions as those used in the OBC, and these remain unchanged.

The analysis of the capital build costs for the project are summarised in Figure 7, this takes account of the year in which the building capital costs will be incurred, which will be in line with the Board's financial plan.

Figure 7: Analysis Capital Build Cost

Element	OBC	FBC
	£	**£**
Construction	8,255,127	9,115,207
Kiers Design	790,913	736,193
Surveys	97,000	167,158
Cost Advisor/Project Manager	173,323	212,323
Supervisor/CDMC	80,000	104,151
Contingency/Inflation	507,686	664,571
VE Reductions	-	(57,894)
Unrecoverable VAT	1,889,713	2,044,709
Total	**11,793,433**	**12,986,542**

The assumptions made for preferred options by the cost control group, as advised by the cost advisor are noted below and are in line with the assumptions at OBC:

- The construction cost includes the following:
    - Build costs as detailed in the target cost offer
    - Take account of the longer build programme
    - Allowance for additional car parking

- The Kiers design cost include the following:
    - All stage one design costs
    - All stage two design costs
    - Part of stage three design costs

- The surveys include all costs for ecological and ground condition surveys

- The cost advisor/project manager costs include the following:
    - The approved costs for the project manager for all stages referred to above
    - The approved costs for the cost advisor for all stagers referred to above – it should be noted that this appointment is a joint role between the Board and the PSCP until target cost is agreed.
    - The costs for the advisors noted above have been extended by three months to take account of the longer programme durations

- The cost of the supervisor and CDM advisor are as advised by the cost advisor, at this stage these costs are estimates and will not be confirmed until commencement of construction. As above for the advisors these costs have been revised to account for the additional three months of the programme.

- The contingency included above is calculated at 5% of the construction cost by the cost advisor, this is in addition to the Optimism Bias figure. In addition a level of construction inflation has been assumed which relates to the movement in indices prior to the commencement of construction.

The phasing of the capital construction costs for the preferred option is demonstratedin Figure 8. All costs are inclusive of non-recoverable VAT. At this stage it has been assumed that all VAT relating to Kiers costs is irrecoverable until we finalise a recovery position with HRMC. A holding letter has been submitted to HMRC regarding the recovery of VAT on construction to enable us to submit the target cost and design to HMRC.

Figure 8: Phasing of Capital Construction Costs

	2017/18 £'000	2018/19 £'000	2019/2020 £'000	2020/21 £'000
Option 4 Build 6 new theatres				
Capital Cost, inc VAT	821.4	2,384.2	8,351.2	1,403.3

The key drivers to the change in the financial model from the OBC for construction costs are described in detail within the case but in summary are:

- Additional costs due to the state of the ground, this was an unknown risk at time of the Outline Business Case, and reflected within the optimism bias calculations as a financial risk. This has now been quantified and is included in the target cost.

- Additional costs due to more rigour and 'belts and braces' on fire regulations given the events over the last 12 months including recommendations from the Grenfell disaster, this is now included in the target cost.

- Additional costs from the subcontractors, really across all headings reflecting risks of Brexit, again this is included in the target cost.

- Higher than anticipated optimism bias reflecting a quantification of the above risks and, as ongoing discussions continue with our contractor regarding project duration, risks of slippage and contractor disputes also reflected in the optimism bias calculation, although risk management plans are in place to mitigate this. This has led to the calculation for optimism bias being higher than anticipated at this stage of the project.

Crucially the cost advisors, the in house project team and contractor have confirmed that the financial solution is value for money and this is further demonstrated within this economic analysis.

The costs relating to additional equipment have been prepared by the equipment group which is a sub-group of the cost control group. This group has reviewed all known medical equipment at this stage. A small element of this includes items that will be subject to an internal business case justifying their inclusion.

The total cost equipping included in Figure 9 below is split between capital equipment and revenue equipment. The whole cost has been used when calculating the capital costs and NPV calculations. All costs below are inclusive of VAT.

Figure 9: Equipping costs

	OBC £	Option 4 £
Capital Equipment	3,067,312	1,704,517
Revenue equipment	-	594,431
Total	3,067,312	2,298,948

It is assumed that the revenue equipment will be funded by SG as part of this business case submission as part of the capital allocation.

Phasing of total spend for the project is as per the OBC phasing.

6.1.3 Revenue Costs

In compiling the final revenue costs associated with the four options the Board has reviewed and updated the detailed analysis on an annual basis that reflects the increased demand up to the additional 10,100 cases by 2035. These annual costs have been summarised within Figure 10 below to align with the refreshed dates of commissioning the build and therefore additional capacity as noted within option 4.

The recurring revenue costs are described in Figure 10.

6.1.4 Recurring Revenue costs

Figure 10: Recurring Revenue Costs

	Option 4		Option 4	
	OBC		Full Business Case	
Options Revenue Category	6 Theatres by Jan 2035	Total Cost per case	6 Theatres by Jan 2035	Total Cost per case
		£	£	
Current Costs	**7,700,125**	**963**	**7,792,527**	**965**
Existing Theatre costs				
Total Direct Additional Staffing Cost	4,141,415	410	3,634,150	360
Total Development Additional Staffing Cost	441,871	44	313,354	31
Additional Staffing Training costs	50,000	5	50,000	5

Total Additional Supplies Costs (incl. Overheads)	4,404,908	436	4,444,000	440
Mobile Theatre Hire, incl. staffing	0	0	0	0
Heat, Light & Power	216,000	21	324,000	32
Total Additional Cost	**9,254,194**	**916**	**8,765,504**	**868**
Depreciation	699,040		727,980	
Total Additional cost incl. Depreciation	**9,953,234**		**9,493,484**	
Net Total cost	**17,653,359**		**17,286,011**	
Net Additional cost	**9,953,234**		**9,493,484**	

As per the economic appraisal we have completed the calculation for revenue on the Whole life costs of the project (on basis of 40 years applied for Capital) and the estimated Net present value and these are shown below and also included within Figure 4.

Whole life costs of revenue (income plus expenditure)	-		3,056,049	
Estimated Net Present Value of Revenue Costs including income	-		1,858,248	

The recurring revenue costs for the options are compiled on the basis of the following:

- Salary costs are applicable for 2018/19 pay scales
- Supplies costs are on the basis of the Golden Jubilee current Ophthalmology marginal tariff rate and are at 2018/19 cost base which reflects a small £4 per case increase from £436 at OBC to £440 at current FBC.
- Private Sector capacity shortfall is not modelled within this option as all WoS activity demand will be covered by the new build 6 Theatre Unit thus avoiding current costs incurred by the NHS into private capacity.
- Pump priming of staff recruitment is required in some key service areas from 2019/20 (mainly Theatre and Outpatients) – this has been quantified as £252k and 10.10-wte but this is not within the additional staffing cost above but included within non-recurring

revenue costs that will be supported by the Golden Jubilee.

After robust examination of staffing resource requirement for the new build unit from OBC to FBC it allowed further review of the skill mix requirement to work in and support the new unit. This workforce review has resulted in a reduction of staffing resource of 25.20-wte (from 140.3-wte to 115.10-wte) and cost improvement of £900k.

Applying the 2018/19 pay award policy to the updated staffing need of 115.10-wte applied an additional £268k cost offset against the £900k improvement and therefore the staffing resource revenue cost for option 4 has improved by a net £632k.

Due to an increase in Capital target cost of £140k this has impacted on the depreciation calculation against the revenue financials for option 4 by £29k.

The cost per case of the modelled activity is detailed within the next section and compares this to previous Golden Jubilee Ophthalmology expansions in addition to the Scottish Health Service costs and the current independent sector tariff.

However we can see from the recurring revenue table above that the cost per case in Option 4 equates to £868 which is a reduction of £48 from OBC position and therefore Option 4 reflects additional economies of scale most notably within staffing resources and a value for money project

As per the economic appraisal we have completed the calculation for revenue on the Whole life costs of the project (on basis of 40 years applied for Capital) and the estimated Net present value and these are shown below and included within figure 4.

Whole life costs of revenue (income plus expenditure)		3,056,049
Estimated Net Present Value of Revenue Costs including income		1,858,248

6.1.5 Cost per Case analysis

The points below review the cost per case of the development and compare this to the 2017/18 Scottish Health Service costs and the independent sector tariff. This also shows the current cost per case.

- Current service average cost per case £965
- FBC confirmed Total cost per case £868
- 2016/17 Cost Book Scottish Average £1,320 – including all daycase ophthalmology activity

- 2017/18 Cost Book Scottish Average £1,326 – including all daycase ophthalmology activity
- Average Independent private sector tariff £1,300 for cataracts

This benchmarking analysis supports a continued value for money position within option 4 as this reflects a cost per case reduction of £48 on the OBC position, a reduction against the current costs and a lower value than the Scottish Average and private sector costs.

6.1.6 Non-Recurring Revenue costs

In addition to recurring revenue costs related to Phase 1 Ophthalmology expansion there are also non-recurring revenue costs that need to be considered and these are reflected below, the timing of these are shown below in Figure 11. These continue to be supported by the Golden Jubilee over the duration of the project.

Figure 11: Non-Recurring Revenue Costs

Non-Recurring cost	Cost £	Planned Funding Basis
Elective Centre Project Team: Including Medical Specialty Leads, Nursing Lead, Programme & Project manager, workforce planning, data analyst and admin support	340,000	Golden Jubilee funding assumed within 2018/19 and 2019/20 Financial Plan – increase reflected in 2019/20 due to different project and lead support necessary for Phase 2
Transitional/Commissioning costs This is described in more detail in the Comissioning Requirements Brief section	250,000	Golden Jubilee funding assumed within 2018/19 and 2019/20 Financial Plan

6.1.7 Income analysis

The following table shows the projected income (and funding) for option 4 of the FBC summarised over the period of the expansion. The specific detail of this by Health Board (by year) is shown in Figure 14.

This assumes the current Golden Jubilee funding model with Scottish Government supporting the fixed costs (including staffing and depreciation) and the referring Boards funding the marginal costs.

Figure 12: Income Analysis

Financial Year	Option 4 – Scottish Government £'m	Option 4 – WoS Health Boards £'m
2020/21 – Additional	1.162	1.120
2021/22 - Additional	0.897	0.220
2022/23 - Additional	0.224	0.225

The Income analysis table (Figure 12) reflects the in year additional income due from 2020/21 through to 2022/23, this is to show the financial impact in the next few years. The final income value is shown as at 2034/35.

Figure 13, Figure 14 and Figure 15 below take this analysis further to reflect both the annual activity, annual and cumulative funding basis in respect of individual WoS Boards funding on marginal cost and Scottish Government staffing and depreciation. This shows the incremental increase on an annual basis, this is based on the activity modelling for the WoS Boards.

Figure 13: Annual activity by Health Board and Scottish Government

Cumulative Additional Procedures - Phased by Health Board	AYRSHIRE & ARRAN	DUMFRIES & GALLOWAY	FORTH VALLEY	GREATER GLASGOW & CLYDE	LANARKSHIRE	Total	Scottish Government - Staffing support
Assume Opening 1st April 2020 (17/18 to 20/21 demand combined)	455	76	285	1112	522	**2450**	**2450**
Annual activity 21/22	82	36	57	203	105	**483**	**483**
Annual activity 22/23	83	37	58	207	107	**492**	**492**
Annual activity 23/24	85	37	59	212	110	**503**	**503**
Annual activity 24/25	87	38	61	216	112	**514**	**514**
Annual activity 25/26	89	39	62	221	114	**525**	**525**
Annual activity 26/27	90	40	63	225	116	**534**	**534**

Annual activity 27/28	92	41	64	229	119	**545**	**545**
Annual activity 28/29	94	41	65	233	121	**554**	**554**
Annual activity 29/30	95	42	66	237	122	**562**	**562**
Annual activity 30/31	97	42	67	240	124	**570**	**570**
Annual activity 31/32	98	43	68	244	126	**579**	**579**
Annual activity 32/33	99	44	69	247	128	**587**	**587**
Annual activity 33/34	101	44	70	250	130	**595**	**595**
Annual activity 34/35	102	45	71	254	131	**603**	**603**
Cumulative additional activity	1,749	645	1,188	4,330	2,188	**10,099**	**10,099**

Figure 14: Annual Income by Health Board and Scottish Government

Additional marginal costs - Phased by Health Board	AYRSHIRE & ARRAN	DUMFRIES & GALLOWAY	FORTH VALLEY	GREATER GLASGOW & CLYDE	LANARKSHIRE	Total	Scottish Government - Staffing support	Total Annual Cost
Annual Funding Impact 20/21	214,796	35,881	134,569	524,747	246,605	**1,156,597**	**1,665,280**	**2,821,877**
Annual Funding Impact 21/22	38,710	16,995	26,909	95,832	49,568	**228,014**	**192,877**	**420,891**
Annual Funding Impact 22/23	39,183	17,467	27,381	97,720	50,512	**232,263**	**135,823**	**368,086**
Annual Funding Impact 23/24	40,127	17,467	27,853	100,081	51,929	**237,456**	**136,717**	**374,173**
Annual Funding Impact 24/25	41,071	17,939	28,797	101,969	52,873	**242,649**	**291,096**	**533,744**
Annual Funding Impact 25/26	42,015	18,411	29,269	104,330	53,817	**247,842**	**93,025**	**340,866**
Annual Funding Impact 26/27	42,487	18,883	29,741	106,218	54,761	**252,090**	**142,207**	**394,298**
Annual Funding Impact 27/28	43,431	19,355	30,213	108,106	56,177	**257,283**	**111,040**	**368,323**
Annual Funding Impact 28/29	44,375	19,355	30,685	109,994	57,122	**261,532**	**121,262**	**382,794**
Annual Funding Impact 29/30	44,848	19,827	31,157	111,883	57,594	**265,309**	**121,908**	**387,216**
Annual Funding Impact 30/31	45,792	19,827	31,629	113,299	58,538	**269,085**	**233,732**	**502,817**
Annual Funding Impact 31/32	46,264	20,299	32,101	115,187	59,482	**273,334**	**147,462**	**420,795**
Annual Funding Impact 32/33	46,736	20,771	32,573	116,604	60,426	**277,110**	**160,556**	**437,666**
Annual Funding Impact 33/34	47,680	20,771	33,046	118,020	61,370	**280,887**	**197,293**	**478,180**

Annual Funding Impact 34/35	48,152	21,244	33,518	119,908	61,842	**284,664**	**197,229**	**481,893**
CumulativeFunding Impact 34/35	**825,667**	**304,494**	**559,440**	**2,043,898**	**1,032,617**	**4,766,115**	**3,947,505**	**8,713,620**
Movement from OBC	**26,726**	**9,651**	**16,507**	**65,307**	**32,809**	**146,001**		

Figure 14 above does not include the £728k of funding also due from SG for depreciation associated with this expansion project, including depreciation the total funding from SG equate to £4.725m by 2034/35.

Figure 15: Cumulative Income by Health Board and Scottish Government

Cumulative marginal cost - Phased by Health Board	AYRSHIRE & ARRAN	DUMFRIES & GALLOWAY	FORTH VALLEY	GREATER GLASGOW & CLYDE	LANARKSHIRE	Total	Scottish Government - Staffing support	Cumulative total cost
CumulativeFunding Impact 20/21	214,796	35,881	134,569	524,747	246,605	**1,156,597**	**1,665,280**	**2,821,877**
Cumulative Funding Impact 21/22	253,507	52,875	161,477	620,579	296,174	**1,384,612**	**1,858,157**	**3,242,769**
Cumulative Funding Impact 22/23	292,689	70,342	188,858	718,299	346,686	**1,616,875**	**1,993,979**	**3,610,854**
Cumulative Funding Impact 23/24	332,816	87,809	216,711	818,380	398,615	**1,854,331**	**2,130,696**	**3,985,027**
Cumulative Funding Impact 24/25	373,887	105,748	245,508	920,349	451,488	**2,096,979**	**2,421,792**	**4,518,771**
Cumulative Funding Impact 25/26	415,902	124,159	274,776	1,024,678	505,305	**2,344,821**	**2,514,817**	**4,859,638**
Cumulative Funding Impact 26/27	458,389	143,043	304,517	1,130,896	560,066	**2,596,911**	**2,657,024**	**5,253,935**
Cumulative Funding Impact 27/28	501,820	162,398	334,731	1,239,002	616,243	**2,854,194**	**2,768,064**	**5,622,258**
Cumulative Funding Impact 28/29	546,196	181,753	365,416	1,348,997	673,365	**3,115,726**	**2,889,325**	**6,005,052**
Cumulative Funding Impact 29/30	591,043	201,580	396,573	1,460,880	730,959	**3,381,035**	**3,011,233**	**6,392,268**
Cumulative Funding Impact 30/31	636,835	221,408	428,202	1,574,179	789,496	**3,650,120**	**3,244,965**	**6,895,085**
Cumulative Funding Impact 31/32	683,099	241,707	460,304	1,689,366	848,978	**3,923,454**	**3,392,427**	**7,315,880**
Cumulative Funding Impact 32/33	729,834	262,479	492,877	1,805,970	909,405	**4,200,564**	**3,552,983**	**7,753,547**
Cumulative Funding Impact 33/34	777,514	283,250	525,923	1,923,989	970,775	**4,481,451**	**3,750,276**	**8,231,727**
CumulativeFunding Impact 34/35	825,667	304,494	559,440	2,043,898	1,032,617	**4,766,115**	**3,947,505**	**8,713,620**
Cumulative additional activity	1,749	645	1,188	4,330	2,188	**10,099**	**10,099**	

Figure 15 above does not include the £728k of funding also due from SG for depreciation associated with this expansion project, including depreciation the total funding from SG equate to £4.725m by 2034/35.

Figure 16: Expenditure and Income Summary

Expenditure & Income Summary	Option 4 OBC - £'m	Option 4 FBC- £'m
Total income needed Split as	9.953	9.493
SG support- staffing	4.634	3.997
SG support- depreciation	0.699	0.728
HB support	4.620	4.768
	9.953	**£9.493**
Offset by		
Private sector costs required if the expansion facilities were not available	**13.130**	**13.130**

6.1.8 Future Challenges

From a revenue perspective there are a number of challenges that will need to be considered and managed across period of expansion including the following:

- Impact from the nationally pay scale and points review as financial modelling based on current 2018/19 pay rates
- Future Health Board agreed funding model inflation rates from 2019/20 onwards
- Recruitment to 'hard to fill Medical posts', the financial modelling assumes Ophthalmology consultant recruitment likely through joint appointments (for example) but a 10% year on year reduction on existing WLI payment reliance. Current drive for efficiencies through joint Health Board appointments and PA appointments has been a challenge to achieve to date.

6.1.9 Future Efficiencies

The financial model reflects costs in line with existing innovations and benchmarks and the cost book NHS Scotland average tariff for Ophthalmology, however there is recognition within the Board of future opportunity benefits and efficiencies that may allow for further review as we move into the implementation phase. These include:

- Full implementation of the Electronic Patient Record and voice recognition technologies, plan in place to commence implementation this financial year

- Continued investment in recruitment and training to allow reduced reliance on expensive waiting list cover for Medical staffing

- Implementing different Theatre models, such as double lists to improve Theatre productivity and the number of cases per session improving productivity benefits

- Procurement review of lens and Ophthalmology supplies in collaboration with National procurement and other elective centre (where applicable) to drive forward volume and cash releasing savings within supplies with a knock-on effect on the marginal costs.

6.2 Affordability

The capital funding (including equipment) for the elective centres is ring-fenced capital monies from the Scottish Government for the creation of a number of elective treatment facilities in Scotland.

Crucially the cost advisors, the in house project team and contractor have confirmed that the financial solution is value for money and this is further demonstrated within this economic analysis.

The revenue position for option 4 and associated Income analysis is summarised in Figure 17.

Figure 17: Revenue Costs and Funding – summary

Revenue costs Summary	Option 4 - OBC (by 2031) - £'m	Option 4 - FBC (by 2031) - £'m
Net Additional cost	**9.953**	**9.493**
Funding due from – Scottish Government (Staff & depreciation)	**5.333**	**4.725**
Funding due from – WoS Boards on a marginal cost basis	**4.620**	**4.768**

The revenue funding assumptions are in line with existing funding model.

6.3 Stakeholder(s) support & sign-off

The FBC will be shared with the National Elective Programme Board which has representation from the WoS Region.

Stakeholders (patients, third sector representatives and staff) participated in two workshops during the development of this FBC. An AEDET workshop was held in October 2018 and an FBC workshop held in November 2018. The workshop participants are listed in Figure 18 and Figure 19. Both events were also attended by Scottish Health Council.

The key messages from the workshops were that the stakeholders remained supportive of the proposed solution and understood the differences of the strategic changes from OBC to FBC. The AEDET workshop gave the opportunity for stakeholders to provide their views, design insights as well as future priorities or challenges needing to be addressed. This is detailed in the AEDET report in Appendix A13. Travel, public transport and accessibility around the Golden Jubilee remained an important priority for the participants and was highlighted as an area that the Golden Jubilee should continue to focus on. The stakeholder group highlighted the importance of accessibility for service users if new technology was introduced and they would be keen see an evaluation of self check facilities once the new build has opened.

Figure 18: AEDET workshop participants

Name	Job Title/Role
Facilitator	Health Facilities Scotland
	Volunteer
	Volunteer
	Volunteer
	Principal Engineer - TSRE
Tilda McCrimmon	Lead Nurse for Dementia
	Macular Society
	Support Worker
	Scottish Health Council
	Patient Representative
Rob White	Architect/Access Consultant
	Structural Engineer – Curtins
John Scott	Programme Director

	Aecom Design Management
Gerry Cox	Head of Estates
	Scottish Health Council
	Senior Project Manager Kier
Sandie Scott	Head of Corporate Affairs
Heather Smith	Programme Administrator
	Architect - IBI
Claire MacArthur	Programme Manager
Susan McLaughlin	Clinical Lead

Figure 19: FBC Workshop participants

Name	Job Title/Role
Heather Smith	Programme Administrator
	Patient
Brenda Quirk	Lead Optometrist
	Retired Nursing Sister
Connie Kinnear	Ophthalmology Charge Nurse
Jackie McLellan	SCN OPD
	Sensory Department
Susan McLaughin	Clinical Lead
Carolyn Porter	Booking Office Manager
Liz Rogers	Volunteer Manager
	Scottish Health Council
	Volunteer
Sunanda Joglekar	SCN Theatre
	Lay member

MANAGEMENT CASE

7 Management Case

7.1 Confirm Project Management arrangements

The project management structure remains the same as outlined within the OBC. Figure 20, Figure 21and Figure 22 provide more detail on the overarching governance arrangements, specific governance arrangements for project 1 and the reporting structure in place for project 1.

Figure 20: Overarching Programme Governance for Project 1 and Project 2

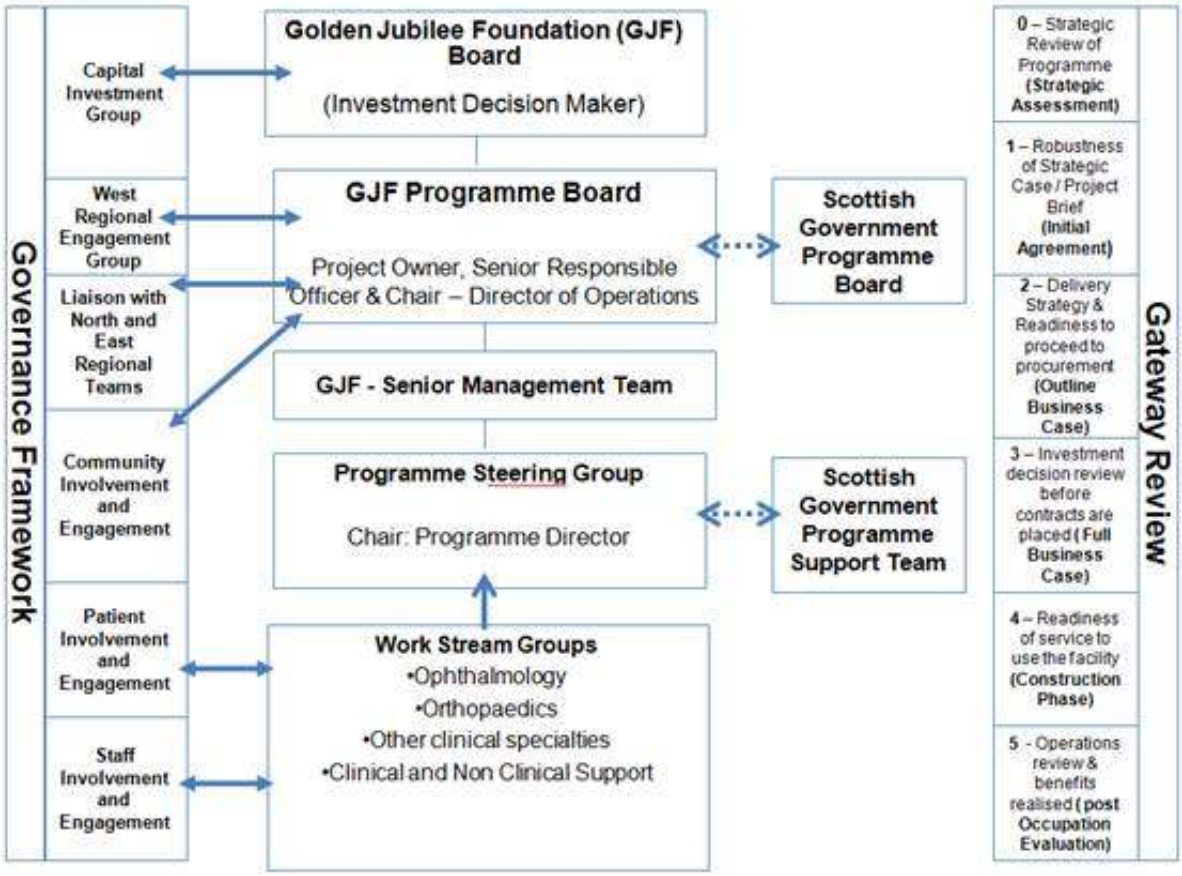


Figure 21: Project 1- Governance Arrangements

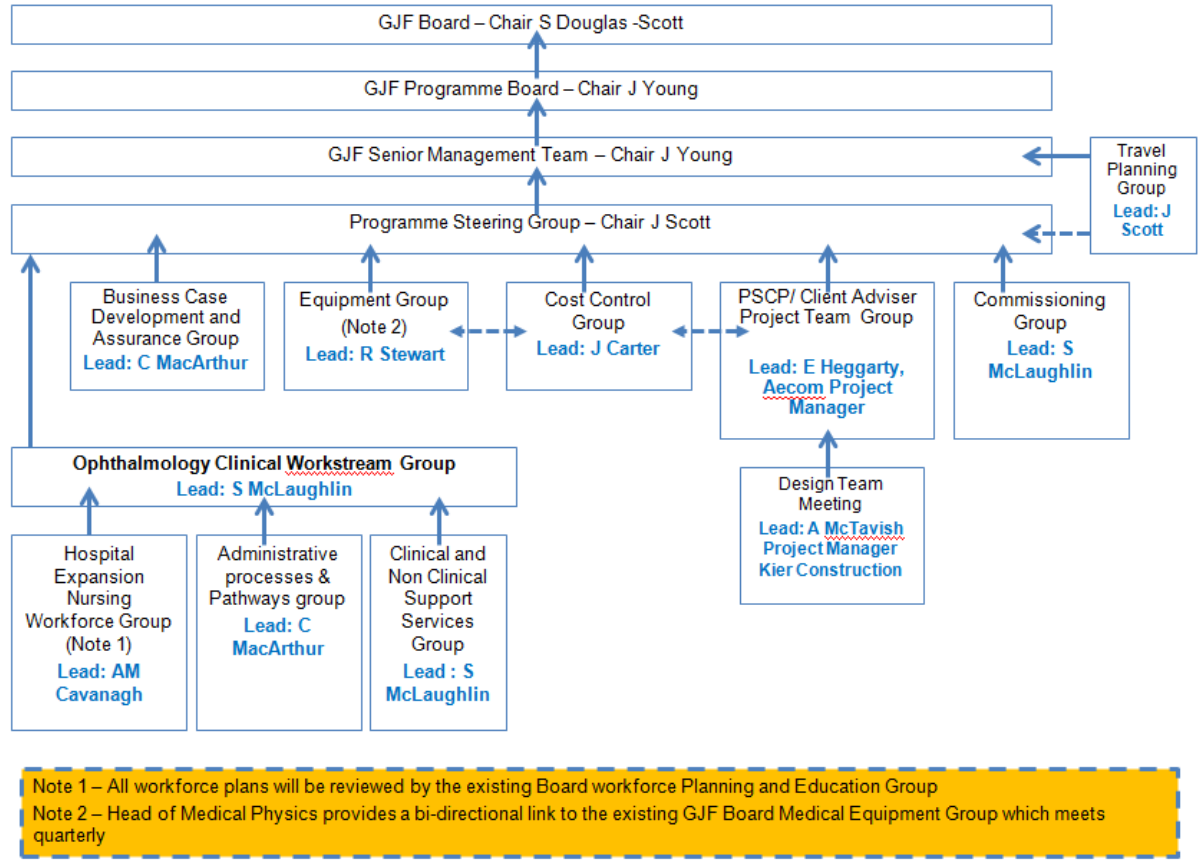
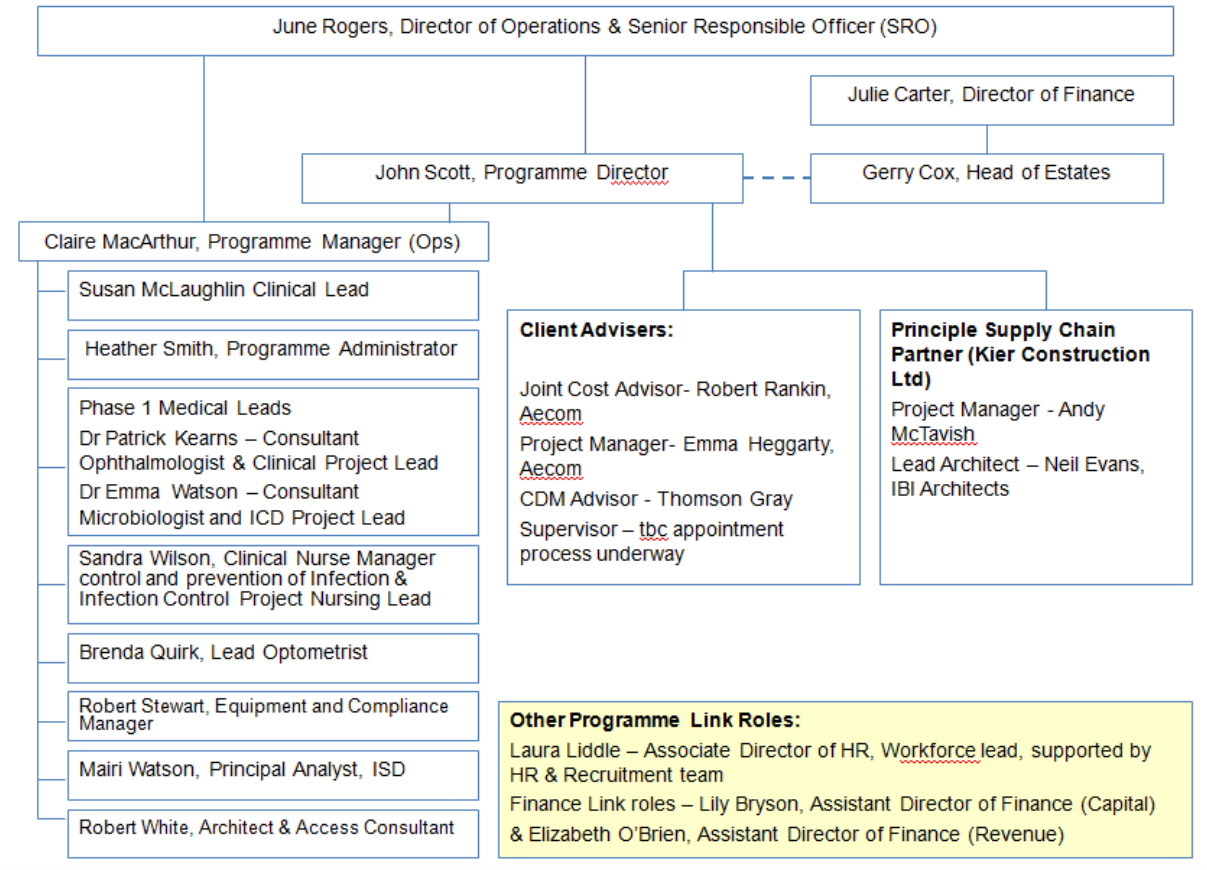


Figure 22: Project Reporting Structure



7.1.1 Programme Board Membership

Programme Board members are outlined in Figure 23.

Figure 23: Programme Board Membership

Role	Named Person
Chair of Programme Board and Chief Executive	Jill Young
Senior Responsible Officer & Director of Operations	June Rogers
Chair Golden Jubilee Foundation	Susan Douglas-Scott
Director of Finance	Julie Carter
Nurse Director	Anne Marie Cavanagh
Director of Quality, Innovation & People	Gareth Adkins

Director of Global Development & Strategic Partnerships	Angela Harkness
Employee Director	Jane Christie-Flight
Medical Director	Mike Higgins
Performance Manager, Scottish Government	
Head of Clinical Governance	Laura Langan Riach
Programme Director, National Elective Centres	
GJF Programme Director	John Scott
Head of Corporate Affairs	Sandie Scott
Programme Manager, Ops	Claire MacArthur
Vice Principal- Operations, West College Scotland	
Head of Estates	Gerry Cox
Director of Regional Planning, West of Scotland	
Associate Operations Director, Surgical Division	Lynn Graham
Associate Operations Director, Regional and National Medicine	Lynne Ayton
Executive Director – Infrastructure and Regeneration, West Dunbartonshire Council	

7.2.1 Key Roles and Responsibilities – GJF Team

The **Senior Responsible Officer** is June Rogers, the Board Director of Operations. June leads on communication with the West of Scotland Health Boards and the West of Scotland Director of Planning. June has extensive experience of managing project and managing clinical services. June has direct experience of delivering many previous service expansions at the GJF and was also involved in the creation of the WoS Heart and Lung Centre in 2007. Through this experience June is able to provide expertise related to the projects development, governance and stakeholder management as well as having in depth knowledge of service models and performance.

The **Programme Director** is John Scott. John has been appointed specifically to manage the delivery of the hospital expansion programme. John has significant experience of delivering capital projects having previously worked as Head of Capital Planning within NHS Ayrshire and Arran. John has direct experience of delivering large scale capital projects having been Programme Director for a new £50m Mental Health & Community Hospital in Irvine which was completed in 2016.John will be responsible for directly managing the Kier Construction PSCP team and the Client Advisors.

The **Programme Manager** is Claire MacArthur. Claire has been seconded from her substantive role as operations manager within the surgical division at GJF to support the hospital expansion programme. Claire is an experienced senior manager with extensive experience of working with the acute hospital sector. Claire's key skills and experience include project management, stakeholder management, planning and managing clinical services, leading service reviews/ improvement projects and developing strategies, workforce plans and business cases. Claire directly manages the GJF operational programme team.

The **Clinical Lead** for the programme is Susan McLaughlin. Susan has been seconded from her clinical educator role and leads the ophthalmology work stream group developing the clinical model and supporting workforce training and education plans and with support from the wider team will lead on the commissioning process. Susan has significant senior nursing experience her key skills include stakeholder management and facilitation, leading quality improvement projects, developing, planning and facilitating national and local training and education for clinical and non clinical staff. Susan has recently completed the Scottish Improvement Leaders Programme.

The **Prevention and Control of Infection Lead** is Sandra Wilson. In addition to her role as Clinical Nurse Manager for Prevention and Control of Infection (CNM PCI) within the Board, Sandra is working with the team to ensure effective prevention and control of infection is designed into our new facilities and also provide advice on control measures to mitigate the risk of infection in our clinical areas required during periods of construction.

Sandra has an extensive nursing background and has specialised in Prevention and Control of Infection for 16 years, working at both locally and national levels within expert advisory groups informing practice. As the CNM for Prevention and Control of Infection she is responsible for the delivery of the PCI Annual Programme, key skills include surveillance, leading improvement projects & planning and delivery of education programmes.

Sandra and the team also have **Consultant Microbiologist** support. This resource offers clinical expert advice at key stages of the project from initial planning through to completion and handover. The key functions that the Consultant Microbiologist is assisting the team with are:

- Review of 1:50 design
- Review of ventilation & water design
- Advise on control measures during construction
- Snagging and Commissioning

The **Equipment and Compliance Manager** is Robert Stewart, Robert has been appointed to specifically to manage the delivery of the equipping and associated contracting activities of the Hospital Expansion Programme. Robert has direct experience of leading the equipping and contracting teams for many major new build equipping projects, including the Queen Elizabeth Hospital , the New Stobhill Hospital, and the New Victoria Hospital, in his role as Deputy Head of Procurement NHS Greater Glasgow & Clyde. Robert holds Chartered Procurement and Supply Professional status within the Chartered Institute of Purchasing and Supply and has an in depth knowledge and experience of contemporary procurement topics. Robert will lead on the selection of and contracting for all equipment required to support the expansion programme.

Lead Consultant Ophthalmologist is Dr Patrick Kearns. Pat is working with the clinical team leading development of new and innovative pathways. He provides support to the Programme Manager in developing the overarching service model and leads the engagement and consultation with consultant and other medical colleagues to secure support for new and innovative pathways. He provides support in the development of capacity planning and leads the development of medical workforce plans while supporting the development of other clinical workforce plans that support the delivery of the ophthalmology service. Pat has worked in collaboration with the PSCP and Clinical Health Care Planning team, design team and the GJF clinical team assisting in the agreement of the detailed requirements for the facility. In addition Pat provides clinical advice leadership and support to the programme team.

All of the team have confirmed capacity to continue within their roles ensuring continuity of knowledge and the required skill set.

The GJF programme team will be supported both internally and by those appointed as Independent Client Advisors and the Principal Supple Chain Partner. Expertise of the key roles and key competencies is described further in section 7.2.1. This experience together with the identified Figure 23 (programme Board membership) demonstrates that the project structure contains the required skill set to successfully deliver the project.

7.2.2 Key Roles and Responsibilities – Client Advisors

Those appointed to support the overall hospital expansion programme are detailed in Figure 24 below.

Appointments made have been made through Frameworks Scotland 2 and the utilisation of standard contractual documentation supplied by Health Facilities Scotland. Through the appointment process it has been demonstrated that those named have the required skills, experience, expertise and capacity to deliver this project.

Figure 24: Independent Client Advisors

Role and Organisation	Named Lead
Project Manager, AECOM	
Joint Cost Advisor, AECOM	
CDM Advisor, Thomson Gray	
Supervisor, AECOM	

7.2.3 Additional Programme Team Resources since OBC Approval

Since the OBC was approved, programme team resources have been reviewed in recognition of the volume of work of both Phase 1 and phase 2 projects and the new focus on FBC completion and the construction / commissioning phase, and the request from Scottish Government to accelerate the programme of expansion. The following additional resources are now in place:

- The clinical Lead Post has been made a full time position
- The role of the Equipment and Compliance Manager has been formalised as a part time 2 days per week post, the current Equipment and compliance Manager will start the role 2 days a week from 1st Dec 2018.
- A new role of Architect and Lead Access Consultant has been created to support both phase 1 and phase 2 of the hospital expansion project. The post holder's phase 1 priorities will be supporting the detailed design development of phase 1 including interior design, patient access, way finding, self check in development, and leading on the Equality Impact Assessment (EQIA) Process.
- Discussions have commenced to identify resources required to support a change facilitator for the duration of the project and to support other key projects (e.g. the implementation of the electronic patient record and the move towards smart office working) within the wider hospital.

7.3 Project 1 Key Milestones

The key project milestones are summarised within Figure 25 and a more detailed project plan is contained within appendix A9.

The Ophthalmolgy Clinical Workstream Group has signed off the design at each stage of the project as follows:-

Stage 2 – 1:200

Stage 3 – 1:50

The design has then been approved through the wider governance groups.

Figure 25: Key Project Milestones

Action	Responsibility	Date
Completion of FBC	Programme Team and SRO	November 2018
FBC shared with Regional and National Planning groups	SRO	November & December 2018
Approval of FBC by Programme Steering Group	Steering Group	15th November 2018
Approval by Senior Management Team	Senior Management Team	27th November 2018
Approval of FBC by Expansion Programme Board	Programme Board	29th November 2018
Approval of FBC by GJF Board	GJF Board	6th December 2018
FBC Submission to CIG	Programme Board	December 2018
CIG FBC Approval	CIG	January 2019
Instruction to progress to Construction Stage	GJF Board	January 2019
Construction commence	PSCP	January 2019
Construction complete	PSCP	June 2020 (TBC)
Commissioning Period	GJF	4 weeks
Unit Opens to patients	GJF	July 2020 (TBC)

7.4 Confirm any change management arrangements

7.4.1 Change Management Philosophy

The Boards change management philosophy is to:

- Ensure all opportunities are identified and taken to further innovate or improve patient care
- Recognise the significance of the change
- Implement the change in a structured and well thought through way, supporting staff through periods of change

7.4.2 Planned Key Changes

In recent years within the GJF Ophthalmology service significant changes in the way the service is delivered have already been implemented. A radical redesign of the ophthalmology clinic pathway was implemented during 2013/14, and since then over the last few years a number of smaller tests of change have been piloted within the outpatient and pre operative assessment service. In addition the running of double theatre lists has been well embedded within the service with nurses undertaking prepping of patients to support improved flow of patients and better use of consultant time.

Key changes planned are as follows:

- The expansion of the theatre nursing academy to provide ophthalmology specific training for newly qualified nurses and nursing assistants ahead of opening the new facility
- Implementation of rotational nursing roles (in support of core staff in each area)
- Integrating the existing PACU, outpatient and theatre teams as one team
- Introduction of a band 2 generic nursing role within the new unit

7.5 Finalise the benefits realisation plan

A Risk & Benefits Workshop was held in October 2018 and was attended by key project members. This workshop considered the current benefits realisation plan developed at OBC stage and each benefit was reviewed. All benefits identified at OBC stage were deemed to still be appropriate and viable.

The full Benefits Reasliation plan is set out in Figure 26 and will be reviewed in line with SCIM guidance.

The PSCP have developed a fully detailed community benefits plan with agreed targets (see section 7.8.11) and this is tracked on a monthly basis. The Community Benefits Plan can be found in Appendix A7.

Figure 26: Full Benefits RealisationPlan

Ref No	Benefit	Assessment	As Measured By:	Baseline Value	Preferred Outcome	Objective Owner	Timescale
1	Person centred - nests	Ensure that people who use the service have positive experiences and their dignity is respected	Patient feedback through patient survey – percentage of patients who rate the service and excellent or good	See Section 25.4.1 in the OBC for a full summary of the patient feedback received to date	Maintain current very positive patient feedback scores	Surgical Divisional Management Team & Clinical Service team	Ongoing review with specific Review on opening of new unit during 2020
			Patient feedback	In 2016/17 there were 4 written compliments, 3 informal concerns raised, and 7 formal complaints. Combining concerns raised and formal complaints they accounted for less than 0.1% of patients seen by the service	Maintain current very low levels of complaints/ concerns	Surgical Divisional Management Team & Clinical Service team	Ongoing review with specific Review on opening of new unit during 2020
2	LDP	Improving access to Cataract surgery - Ensure that people who require to access	Proportion of patients who are seen and treated within 12 weeks of being placed on a	As at end Jan 2018 there were 803 patients WoS patients waiting over 12 weeks for an ophthalmology procedure (it is assumed	Zero patients waiting more than 12 weeks for cataract surgery within the WoS Region	Surgical Divisional Management Team WoS Regional Boards	Review each month on opening continual reduction in breaches of

Ref No	Benefit	Assessment	As Measured By:	Baseline Value	Preferred Outcome	Objective Owner	Timescale
		the service can do so in a timely manner	waiting list for surgery	approx 75% of these were patient waiting for cataract surgery = 527 patients)			waiting times within region - for full impact review after first 12 month of opening
			Reduction in elective cancellations	Currently surgical cancellations are less than 4% at GJF	Reduce cancellations to under 2%, through full roll out of same day replacement policy for both on the day cancellations and DNA's	Clinical Lead and Surgical Divisional Management Team	Review monthly in the run up to and on opening
4	Project Specific	Reduces reliance on high cost private sector elective surgical capacity	A reduction in the number of procedures performed in the private sector	1166 procedures (WoS Boards only) were performed in private sector in 2016/17	100% reduction saving circa £1.51m per annum	WoS Regional Health Boards	Monitor every 6 months following opening with support of data provided through ISD
5	Project Specific	Improvement in clinical productivity	Minimum of 10% productivity gain in both clinic and theatres – across all WoS hospitals	Deliver more outpatient appointments and procedures within existing resources, baseline figure in 2015 is 21,045 procedures	Deliver a minimum of 10% increase in productivity in cataract services within WoS Hospitals within existing resources	WoS Regional Health Boards with support from the Scottish Government	It is assumed this will be achieved over a few years as part of change will be

Ref No	Benefit	Assessment	As Measured By:	Baseline Value	Preferred Outcome	Objective Owner	Timescale
						Ophthalmology Improvement Team	incremental
6	Project specific	Improvement in recruitment retention of staff and availability of staff with the right skills and competencies	Improved ability to recruit and retain the hard to fill positions e.g. consultant posts and theatre nursing posts	As the service expands monitor the ability to recruit roles and monitor the success of the GJF Theatre training academy approach, thereby training own theatre staff as the service expands Monitor the retention rates of staff – currently there is a 9% turnover within our ophthalmology service lower than other specialties	Measure the success of the theatre training academy – aiming for 100% success rate i.e. trainee secures post at the end of training within the GJF theatres. Fill 90 % plus of consultant posts Maintain or lower existing turnover rates	Surgical Divisional Management Team with support from HR, recruitment and the Clinical education team	Assume improvement will be continuous, with annual improvement in fill rate of posts and significant improvement within 5 years of the facility opening
			Measure through annual imatter survey response	2016 employee engagement score for the ophthalmology theatre team was 87% the EES for the outpatient team	Either maintain or improve employee engagement scores	All Team Leads within Ophthalmology Service	Annual Review and continual improvement / maintenance of

Ref No	Benefit	Assessment	As Measured By:	Baseline Value	Preferred Outcome	Objective Owner	Timescale
		Improvement in staff wellbeing and engagement		was 72%		With support from the surgical divisional management team	high EES
7	Project Specific	Significantly improve the functional suitability of the Ophthalmology Accommodation to support improved patient flow and service efficiency	Improving the current accommodation - creating a state of the art integrated cataract centre - removing the duplication and poor clinical adjacencies (as set out in figure 9 and 11)	Current position: The service currently has two separate reception, admission, operating and discharge areas on levels 3 and in a mobile theatre suite at ground floor level Clinic is currently located within 4 East ward area and accommodation is not functionally suitable	Move to one integrated facility with shared reception waiting admission and discharge areas, supporting smooth and efficient patient flow In clinic and theatre areas. NB flow through existing clinic and theatre set up is being baselined.	Operations Manager, Clinical Nurse Manager and Clinical Team	On unit being commissioned, measure improvement in time patients spend in clinic and in the unit on their day of their procedure – aim to reduce by 20%
8	Project Specific	Delivery of wider Economic Benefits - Community	Measure using the community benefits plan (see appendix A7)	Community benefits will be generated and delivery monitored when the PSCP is selected and commences	Targets are set out in the agreed community benefits plan (see appendix A7)	Programme Director and SRO And Programme	Delivered throughout the project – see detailed

Ref No	Benefit	Assessment	As Measured By:	Baseline Value	Preferred Outcome	Objective Owner	Timescale
		Benefits e.g. New Entrants, Apprenticeships, SME and 3rd Sector benefits (see appendix A4)		work		Board	community benefits plan and targets within it in appendix A7

7.6 Confirm the status of the project risk register

A Risk & Benefits Workshop was held in October 2018 attended by the key project members. This workshop considered the current risk register developed at OBC stage, reviewing each risk in detail and discussing the mitigation, risk level and agreeing any changes including additional risks that have since emerged.

A full copy of the Master Risk Register is included within Appendix A8. This outlines the risk owner, current and target risk ratings, current controls and any additional mitigation underway.

Given the progress made since OBC we have closed three risks as follows:

- R5 Local community objects to the project
- S6 – Information used as part of the strategic brief is unreliable
- S20 – Challenges of innovative design

Three new risks have escalated to the Master risk register as follows:

- W23 – If we fail to develop an adequate workforce to support the model of care
  Please see the detail below for this risk.
- C24 – Increased infection exposure risk for NSD patients during construction work
  There is an increased exposure risk arising from the ground works and the NSD post transplant patients have been identified via as being at particular risk. A full risk assessment has been undertaken with infection control and microbiology support and involvement of the clinical team caring for this patient cohort with mitigation agreed that will be in place throughout the lifetime of the project. This will extend into Phase 2 also.
- O25 – Impact to site if an unexploded WW2 bomb identified during works
  This risk is linked to the location of the site and has a very low likelihood however given the potential impact and need to ensure a plan is in place in case it is realised it was felt prudent to note as a risk.

A summary of the top rated project risks identified is provided below:

- Disruption due to construction works on a live site

This risk is multi-factorial with site access and travel management being part of the biggest concern at present. There are actions underway to confirm the access and arrangements required as well as considering a wider travel plan for the project. However until this is confirmed and communicated to the appropriate people it was felt prudent to log as a high risk as we are aware from previous projects of the negative impact that parking and access can have on both patients and staff. This will be carefully monitored throughout the project with specific consideration to links to Phase 2 and also other work active on the site throughout the length of the project.

- Agreement and management of critical programme dates

Due to expected results from the ground surveys, timelines for the programme have been under review with a potential increase in the overall programme timeline. There is a need to ensure timely delivery of

the expansion and once a final timeline is in place there will be careful monitoring and milestone assessment to ensure this is delivered.

- Workforce

There is significant work underway to develop the workforce required to support the project however there are known workforce challenges across NHSScotland at present from which the expansion is not exempt. Plans are in development to support training of nursing staff based on our Theatre Academy approach which will support the nursing workforce requirements. There are specific challenges to the medical workforce for which a regional and national response is required and our HR leads are linked to the appropriate forums to support these discussions.

Given the progress made since OBC we have closed three risks as follows:

- R5 Local community objects to the project
- S6 – Information used as part of the strategic brief is unreliable
- S20 – Challenges of innovative design
- F15 – The project becomes unaffordable (any ongoing finance issues are captured within F8 and F22 which specify the revenue and capital risks)

7.7 Confirm the commissioning process arrangements

The commissioning process will be led by Susan McLaughlin Clinical Lead and the project management structure is shown in Figure 20, Figure 21and Figure 22.

The Commissioning Requirements Brief can be found in appendix A12.

7.7.1 Technical Commissioning

As part of the soft landing process Kier will lead on the technical commissioning elements of the works. Included within the role in the project is building services lead from pre- construction through to commissioning and handover. The responsibilities during the pre- handover and commissioning stages are as follows:

- Prepare and manage programme for services works and monitor progress in advance of commissioning.
- Develop testing and commissioning programme and agree with user group.
- Testing and commissioning programme to confirm all elements of commissioning noting times and dates and agree extent of witnessing with user groups and project supervisor.
- Identify testing and commissioning outputs required and demonstrating compliance or methods of rectification. This includes demonstration of service integration with existing where required.

- Identify and provide testing and commissioning certification for statutory compliance and for recording and inclusion in projects H&S and O&M manuals.

- Develop and carry out training programme and agree with users.

- The process starts with the designers providing an overview of the intended operational parameters of the major systems that will be required for the day to day running of the facility and agreeing this with direct input from the end-users/ operators of each facility. This is then followed up by a series of technical workshops where the specialist contractors with design input are present. This will allow them to provide specific input to commissioning requirements and the preventative maintenance required after handover.

- An independent commissioning engineer who is employed directly by Kier to ensure the technical and commissioning expertise is maximised from day one, and to provide independent validation of the commissioning results and record presentation

- The overall process is also intended to control lifecycle costing in the maintenance of the facility during its intended lifespan and this will include detailed discussion with the Estates team on the COBie data drops which will be evolved from the BIM model. This is very important to ensure that the end user gets the maximum benefit to his requirements tailored to suit the specific requirements of the facility in question.

- Filming of systems will be carried out by the PSCP contractor to ensure the Estates are aware of the operation of the specialist equipment.

Aecom have been appointed as Supervisor and will work as part of the independent advisor team during the technical commissioning process. Their role will be to review the works for compliance with the proposals as well as ensuring the commissioning leads roles are fulfilled in line with the contract.

7.7.2 Non-Technical Commissioning

As identified in section 24 an Equipment Group has already been established and a separate Commissioning Group will be established, both of these groups report into the Programme Steering Group.

The commissioning group is responsible for establishing the key commissioning needs and processes required to bring the new facility into use. Work on key tasks has commenced through existing workstream groups; this includes establishing operational policies and standard operating procedures. Leading this process and this group will be Susan McLaughlin Clinical Lead who will be further supported by John Scott Programme Director and Kirsty MacLean Clinical Nurse Manager for Ophthalmology. The group is supported by patient representation from the user group, clinical and non- clinical staff members, FM representatives, IT, telecoms and infection control. Through the process further members may be identified and included as required.

The group can also draw on experience provided by the wider surgical divisional management team and the heads of department form clinical and non clinical support services, who have regularly managed the expansion of surgical services in the last 5 years expansion of the GJF. In addition, the expertise of the wider GJF team who were involved in the creation of the West of Scotland Heart and Lung centre can also be called on when refining the detailed comissioning requirements brief.

The commissioning group has adopted the established governance structure set out in the Outline Business Case. Working groups will be chaired by the Commissioning Lead, Commissioning Lead deputy or Equipment Group lead. A risk register is held for the Commissioning Group and is regularly monitored to identify change or new risks. Risks that have been identified for escalation are communicated to the Hospital Expansion Programme Board and the project risk register is updated.

The Commissioning Group is responsible for the following key tasks:

Establishing and maintaining a commissioning master plan detailing timescales for item commissioning, in line with project programme. Timescales will include lead in, install and testing, commissioning and training required and identifying (if required) time and costs for any double running or reduction in clinical activity within the first month of opening.

Establish if item commissioning requires PSCP input regarding any preparatory or install works. If required this will be coordinated with the works programme and beneficial access agreed through the construction contract.

Establish timeline to identify key targets in relation to staff training needs, tasks and responsibilities arising from policy or operational issues.

A more detailed description of the equipping process for the facility is outlined in section 7.7.3.

7.7.3 Equipping Group

The terms of reference for the Equipment Group have been developed (see Appendix A11) The Equipment Group will be led by Robert Stewart, NHS GJF's Equipment and Compliance Manager. The Equipment Group will be responsible for determining the overall equipment requirements for the facility for all Group 2, 3 and 4 Equipment, as identified in the schedule of equipment whilst recognising all equipment identified as available for transfer from existing service provision.

The Equipment Group Lead will ensure that the relevant advice is sought from specialist services where appropriate when developing specifications for all equipment categories identified. These will include, Stakeholders, Medical Physics, E Health, Infection Control, CSPD, Estates and Clinical Staff. The schedule of equipment required will be developed as the project evolves, and for each individual equipment type a Procurement Strategy will be developed to identify the route to market. Key considerations within this process will be the overall value of the specific equipment group, the existence of existing contract framework agreements, and the need for standardisation of equipment with existing inventory.

The quality of equipment procured will be governed by the evaluation criteria including whole life costs to ensure that the best overall value for money is demonstrated and achieved.
The physical equipping process will reflect a combination of new equipment being procured and existing equipment transferring. Equipment transferring will be subject to positive identification of current location, and its location within the new facility. Individual room data sheets will identify if equipment is new or transferred. Equipment for transfer will be scheduled for removal at the optimal time reflecting both its current and future needs. All non medical new equipment will be ordered and placed on delivery within the nominated room by the supplier and all waste emanating from the delivery being removed by that supplier. All new Medical equipment will be delivered to the site for acceptance checking and asset registration by Medical Physics prior to final placement.

The need to store new equipment on arrival will be kept to a minimum both in terms of volume and time.

Each individual room will have a detailed list of equipment which will clearly indicate new and or transferred items. This list will be updated as equipment is received and will form a check list to ensure that all equipment required has been received and placed to allow the room to function effectively when operational.

7.7.4 Commissioning Group

The Commissioning group will be established through the FBC process and will be initiated on completion of room data and component sheets and the full schedule of FF&E components. Completion of this process will mean all components have been identified; their procurement route will have been established and identified as either PSCP or direct by NHSGJF. Leading this process and this group will be Susan McLaughlin Clinical Lead who will be further supported by John Scott Programme Director and Kirsty MacLean Clinical Nurse Manager for Ophthalmology.

The group to be formed will include patient representation from the user group, clinical and non- clinical staff members, FM representatives, IT, telecoms and infection control. Through the process further members may be identified and included as required.

The Commissioning Group will be responsible for the following:

- Establishing a comissioning requirements brief detailing timescales for item commissioning, in line with project programme. Timescales to include lead in, install and testing, commissioning and training required and identifying (if required) time and costs for any double running or reduction in clinical activity within the first month of opening.

- Establish if item commissioning requires PSCP input regarding any preparatory or install works. If required this will be coordinated with the works programme and beneficial access agreed through the construction contract.

- Establish timeline to identify key targets in relation to staff training needs, tasks and responsibilities arising from policy or operational issues.

The group will draw on experience provided by the wider surgical divisional management team and the heads of department form clinical and non clinical support services, who have regularly managed the expansion of surgical services in the last 5 years expansion of the GJF. In addition, the expertise of the wider GJF team who were involved in the creation of the West of Scotland Heart and Lung centre can also be called on when developing the detailed comissioning requirements brief.

A more detailed equipping and comissioning requirements brief will be developed as part of the FBC process.

7.8 Finalise the Project Monitoring and Service Benefits Evaluation Plan

The communication and engagement plan for Phase 1 of the planned expansion is designed to ensure the key milestones and project work streams are effectively and consistently communicated to the identified key audiences and stakeholders. It will provide the framework through which the expansion project can engage with specific stakeholders and ensure there is strong and widespread understanding of the direction of travel, aims and priorities set out appendix A10. The objectives of the communications and engagement plan are:

1. To raise awareness about service developments and expansion at the Golden Jubilee Foundation.

2. To demonstrate to our key stakeholders the value we bring in supporting Boards across NHSScotland.

3. To raise awareness in key stakeholder groups of our positioning as an organisation in context with the elective care project, regional and national deliver plans.

4. Maximise the opportunities for engagement to ensure as wide a range of views as possible is sought at all stages of the project. .

5. To support two way dialogue with our key stakeholders, ensuring key milestones and benefits are communicated effectively through a wide range of methods. We aim to create a collaborative working environment.

6. To utilise the two way dialogue with stakeholders to develop our plans and help shape our services by appropriately involving people and listening to feedback received.

7. To ensure those who have contributed to the expansion development see the impact of their contribution through meaningful feedback and are thanked for their input.

7.8.1 Project Cost Monitoring

Project Cost Monitoring Form – The construction works will be delivered under an NEC3 Option C Construction Contract. The agreed Target Cost for the project will be identified within Contract Data Part 2 on execution of the contract. Changes to the Project Cost, that will impact on the Target Cost identified, will be monitored and recorded through the construction delivery phase by 2 means;

1. Changes to cost arising due to one of the 19 stated Compensation Events identified under the core contract, will be recorded utilising the Contract Administrator Toolkit (CAT) Compensation Event pro-forma, which will be managed by the NEC3 Project Manager.

2. An assessment of the actual Price of Work Done to Date (PWDD) is made on a monthly basis and a Payment Assessment issued by the Project Manager. The build up of the monthly Payment Assessment will differ from the Activity Schedule provided, which will align with the Target Cost amount. This is because the Contractor will only be paid for the actual works delivered (plus Fee and less Disallowed Cost). On completion of the project an assessment of the Contractor's Share of the pain/gain difference between the actual cost of works delivered and the original Target Cost identified in the contract will be made.

In addition to the formal cost monitoring processes required by the NEC 3 Contract, the appointed Project Cost Advisor, will also produce monthly Cost Reports for issue to the Board. This will be further supplemented with ongoing monthly Cost Meetings with the Board Financial Team.

7.8.2 Construction Cost Plan

The construction cost plan has been prepared by Project Cost Advisor and outlines the movement in the construction cost from OBC to FBC. This is outlined in appendix A5 (stage 3 report).

7.8.3 Programme Monitoring

Programme Monitoring Form – As noted previously, the construction works will be delivered under an NEC3 Option C Construction Contract, which has very prescriptive mechanisms for monitoring programme on the project. These include;

1. Submission of an updated programme by the Contractor at monthly intervals, as prescribed in Contract Data Part One. The programme is submitted to the Project Manager for review and acceptance. For a programme to be accepted it must be deemed practicable, detail the information the contract requires, represent the Contractor's plans realistically and be in compliance with the Works Information. In the event these requirements are not met, a

revised programme will be requested. This process ensures that an up to date and realistic programme is in place at all times, enabling clear monitoring of project programme throughout the delivery phase.

2. Changes to programme arising due to one of the 19 stated Compensation Events identified under the core contract, will be recorded utilising the Contract Administrator Toolkit (CAT) Compensation Event pro-forma, which will be managed by the NEC3 Project Manager.

In addition to the formal programme monitoring processes required by the NEC 3 Contract, the appointed Project Manager, will also produce monthly Progress Reports for issue to the Board.

7.8.4 Summary of scope changes and their impact

There have been no significant changes to scope throughout the pre-construction stages of the project. A summary of the project changes that have been instructed through the pre-construction contract is listed below;

1. Inclusion of ceiling mounted lighting pendants in theatres.
2. Oxygen supply to Education Room included in scope.
3. Addition of various surveys to support design development.
4. Development of groundworks remediation strategy.

The changes that have been introduced to the project have not resulted in significant movements in cost or programme for project delivery.

7.8.5 Health & Safety Performance Monitoring

Health and safety performance monitoring and review commenced on the project during the design stage. This has been achieved through a number of means, including;

1. Appointment of a Principal Designer Advisor
2. Development of the Construction Phase Plan
3. Development of a Construction Mobilisation Plan
4. Pre-construction engagement with building users
5. Stage 1, 2 & 3 HAI-scribe assessment

The infrastructure in place during the design stage will be further supplemented with the following construction phase reporting procedures;

1. Contractor monthly reporting carried out by their in house H&S Advisor
2. Circulation of reports following any HSE visits to the site
3. Reporting of any reportable injuries or incidents on the site

4. Collation of the Health & Safety File for issue to the Board on completion of the construction works.

7.8.6 Design, Engineering and Specification Information

The design, engineering and specification information for this project has been dictated by the requirement for compliance with the relevant Technical Guidance, including SHTMs, HTMs, SNBNs etc, with the exception of the agreed derogations schedule which will be incorporated into the Employer's Works Information, included in the construction contract.

The agreed design information for the construction phase of the project can be found within the project Stage 3 Report included within appendix A5.

7.8.7 Water safety

GJF are aware of ongoing issues with water quality in a number of recently completed new build projects within NHS Scotland. GJF manages water safety via the Water Safety Group, a multi-disciplinary group including Senior Managers from Nursing, PCIT, Estates and Microbiology. Whilst the exact details of the problems in other sites are not yet in the public domain the Hospital Expansion Team have taken steps to ensure that the design and installation of hot and cold water systems are in accordance with current best practice. This process has included but is not limited to;

- Ensuring that the design follows the principles of SHTM 04-01; Water safety for healthcare premises, PartA:Design,installationandtesting
  Ensuring that those tasked with designing the system are suitably qualified and experienced
- Regular dialogue between Estates Dept Authorised Person (Water) and the design team as the design develops
- Ensuring that that any "contractor designed" elements are undertaken by suitably qualified and experienced persons
- Ensuring that works on site are supervised by suitably qualified and experienced persons
- Ensuring that a robust comissioning requirements brief is agreed

7.8.8 Construction Quality Monitoring

As noted previously, the construction works will be delivered under an NEC3 Option C Construction Contract, which has very prescriptive mechanisms for monitoring quality on the project. In accordance with contract requirements, an NEC3 Supervisor has been appointed, who will be responsible for monitoring the delivery of the works on site, to ensure they are in compliance with the agreed contract design, that the works are defect free and that the appropriate tests and inspections are carried out and witnessed.

In addition to the appointment of an NEC3 Supervisor, the Contractor has also produced a Quality

Management Plan, which outlines their own internal quality management and monitoring procedures for the works.

7.8.9 NDAP Design Assessment

Throughout the pre-construction stage there has been ongoing engagement with HFS and A&DS, to ensure that the design is addressing the requirements to achieve a positive NDAP Panel assessment. To ensure that all requirements were being met to achieve the NDAP requirements, an NDAP tracker was development by the Project Manager at the outset of the project, which was used to track the deliverables required at OBC & FBC stage and the status of these.

7.8.10 Risk Register status

The master risk register is included within appendix A8. Figure 27shows the profile of the risks owned by GJF; the overall high risks currently identified for the projet have been sumamrised in section 7.6.

Mitigation strategies have been identified for all project risks and have been implemented where possible. The risk register is reviewed regularly via the Programme Steering Group and Programme Board.

Figure 27: HEAT Map

Likelihood	Consequence/ Impact				
	1	2	3	4	5
5					
4			**(O1)(O7) (W23)**		
3	**(R5)**	**(F16)**	**(S14)**		
2			**(S4)(S9) (F17)(F18) (S21)**	**(S11)(S19) (S12)(O25) (C24)**	
1		**(S2)**	**(F8)(F22)**	**(S10)**	

7.8.11 Community Benefits Plan

The Golden Jubilee expansion programme aspires to make a positive social and economic impact, particularly within the West Dunbartonshire area, by maximising employment, training and business opportunities and supporting education activities throughout the development of the programme.

A detailed Community Benefits Plan has been developed for Phase 1 of the programme and exceeds Scottish Government targets. The targets and objectives generated are done so based on the project value. These targets were agreed in conjunction with the PSCP and compliance with and monitoring of form part of their duties under the agreed appointment.

Through the appointment process Kier demonstrated their ability to exceed the targets set by NHS GJF and it is against these enhances targets that success will be measured. Kier have a dedicated Social Impact Manager, Amanda Wright who will work closely with NHS GJF to ensure the investment made by this project maximises opportunities that are both real and tangible to the local community.

A record of progress will be kept through the monthly updating of the community benefits tracker. Progress and impact will be further monitored by Kier construction's own dedicated monitoring system which provide a tangible output on the social value that has been delivered on the project.

A copy of the agreed targets and tracker document are included in Appendix A7of the FBC.

It is understood that in order to deliver the community benefits plan early engagement is paramount. Already underway during the pre construction period is the process of identifying local stakeholders such as schools, colleges, universities, patient groups, community groups, local organisation, third sector / social enterprises and supported business.

8 Completion of the FBC

The FBC was approved by the GJF Board on 6th December 2018, and approved by the West of Scotland Health and Social Care Delivery Plan Programme Board on 7th December 2018. The FBC was submitted to the Scottish Government Capital Investment Group on 14th December for consideration and approval. When approval is received the GJF and PSCP will proceed to contract signature. If there are key movements in any material information between FBC approval and contract signature an FBC addendum will be prepared and submitted to CIG.

With regard to project assurance it has been agreed in conjunction with [redacted] and [redacted] at Scottish Government to review the hospital expansion programme as a Gateway Review 0 (i.e. a programme of projects). A review was undertaken in January 2018 focusing on Phase 1 and this was included as part of the Phase 1 OBC submission. The next review will be undertaken prior to Phase 2 OBC approval and will consider both Phase 1 and Phase 2.

Glossary of Terms

FBC	Full Business Case
GJF	Golden Jubilee Foundation
GJNH	Golden Jubilee National Hopsital
OBC	Outline Business Case
IA	Iniaital Agreement
SGHSCD	Scottish Government Health & Social Care Department
WoS	West of Scotland
NMC	Nursing and Midwifery Council
WTE	Whole Time Equivelant
NHS FV	NHS Forth Valley
PCIN	Prevention and Control of Infection Nurse
PCI	Prevention and Control of Infection
PCIT	Pevention and Control of Infection Team
CNM	Clinical Nurse Manager
HAI SCRIBE	Health Care Associated Infection Scribe
NHS GGC	NHS Great Glasgow & Clyde
VAT	Value Added Tax
HFS	Health Facilities Scotland
PSCP	Principal Supply Chain Partnership
SHTM	Scottish Health Technical Memorandum
HTM	Health Technical Memorandum
SHBN	Scottish Health Building Note
NDAP	National Design Assessment Process
AEDET	Acheiving Excellent in Design Evaluation Toolkit
BREEAM	Building Research Establishment Environmental Assessment Method
BIM	Building Information Model
BEP	BIM ExecutionPlan
EIR	Employers Infomration Requirements
OJEU	Offical Journal of European Union
NEC	New Enginereing Contract
TUPE	Transfer of Undertaking and Protection of Employee
VFM	Value for Money
SG	Scottih Government
CDM	Cosntruction Design Manager
NPV	Net Present Value
WLI	Waiting List Initiative
PA	Programmed Activities

PSCP	Principal Supply Chain Partnership
CIG	Capital Investment Group
SRO	Senior Responsible Officer
PACU	Post Anaesthesia Care Unit
NSD	National Services Division
WW2	World War 2
H&S	Health & Safety
O&M	Operation & Maintenance
FM	Facilities Management
IT	Information Technology
CSPD	Central Sterile Processing Department
FF&E	Fixtures, Fittings and Equipment
CAT	Contract Administrator Toolkit
PWDD	Price of Work Done to Date
HSE	Health & Safety Executive
HMRC	Her Majesty's Revenue and Customs

APPENDICES

Appendix A1: OBC approval letter

Please see attached

Appendix A2: Letter from Cabinet Secretary for Health and Sport

Please see attached

Appendix A3: Workforce Training and Recruitment Plan

Please see attached

Appendix A4: Proposed Nursing Roles

BAND 2 (Generic Pilot role)	BAND 3	BAND 4	BAND 5	BAND 6	BAND 7
Clinic	**Clinic**	**Clinic**	**Clinic**	**Clinic**	**Clinic**
• Stock up individual rooms • Clean medical equipment • Order stores • Empty bins during working hours • Pick up/ drop pharmacy requests	• Admission • Vital Signs • Blood Glucose Monitoring • Instil eye drops • Venepuncture • Patient Education •	• Biometry • Visual Acuities • Intra ocular pressures (IOP)	• Admission • Vital Signs • Blood Glucose Monitoring • Instil eye drops • OCT • Biometry when required • Telephone triage • Co-ordinating OPD in absence of Band 6	• Co-ordination of OPD • Telephone triage • OCT • Biometry when required • Admission etc when required • Normal charge nurse duties for OPD – administration/ off duty deputise for Band 7	Overall leadership and Senior Charge Nurse duties for the ophthalmology unit (clinic , pre/post op and theatre)
Pre/post op area	**Pre/post op area**	**Pre/post op area**	**Pre/post op area**	**Pre/post op area**	**Pre/post op area**
• Stock up individual rooms • Clean medical equipment • Order stores • Empty bins during working hours • Pick up/ drop pharmacy requests • Cleaning/tidying patient discharge area	• Day of surgery admission • Vital Signs • Blood Glucose Monitoring • Instil eye drops • Venepuncture • Patient Education • Discharge		• Vital Signs • Blood Glucose Monitoring • Instil eye drops • Instil Mydriasert pellet • Co-ordinating pre/post op area	• Vital Signs • Blood Glucose Monitoring • Instil eye drops • Instil Mydriasert pellet • Co-ordinating pre/post op area • Normal charge nurse duties – administration/ off duty deputise for Band 7	
Theatre	**Theatre**	**Theatre**	**Theatre**	**Theatre**	**Theatre**
• Opera • Restocking of linen and disposal of dirty linen	• Accompany patient in theatre • Vital signs	• Circulating duties • Scrub • Lay up trolleys for	• Co-ordinate individual theatre • Circulating duties	• Co-ordinate theatres • Circulating duties • Scrub	

• Cleaning and correct storage of medical equipment • Stock up of rooms • ordering stores • Emptying bins		next case	• Scrub • Lay up trolleys for next case	• Lay up trolleys for next case • Normal charge nurse duties for theatre – administration/deputise for Band 7	

Appendix A5: Stage 3 Report

Please see attached

Appendix A6: BREEAM objectives report and tracker

Please see attached

Appendix A7: Community Benefits Plan

Please see attached

Appendix A8: Risk Register

Please see attached

Appendix A9: Project Programme

Please see attached

Appendix A10: Communications Plan

Golden Jubilee Foundation Expansion (West of Scotland Elective Care Programme)
Communications and Engagement Plan
November 2018

1. Background

"By 2021 we will complete investment in new elective treatment capacity and expand the Golden Jubilee Hospital…….Overall this investment will ensure there is high quality and adequate provision of elective care services to meet the needs of an ageing population"
Health and Social Care Delivery Plan – Dec 2016

This plan sets out a communication and engagement plan for the planned expansion of the Golden Jubilee Foundation from 2017-2021. This is a working document that will be updated on a regular basis in line with the overall project plan.

It is designed to ensure the key milestones and project work streams are effectively and consistently communicated to the identified key audiences and stakeholders. It will provide the framework through which the expansion project can engage with specific stakeholders and ensure there is strong and widespread understanding of the direction of travel, aims and priorities set out.

Our patients are at the heart of our progress as an organisation so we know that good relationships are vital. The best possible outcomes take account of individual needs and therefore it is important that this project, like our organisation is guided by the following values:

- **V**aluing dignity and respect
- **A** 'can do' attitude
- **L**eading commitment to quality
- **U**nderstanding our responsibilities
- **E**ffectively working together
- **S**afe, Effective, Person Centred

2. Objectives

The objectives of the communications and engagement plan are:

1. To raise awareness about service developments and expansion at the Golden Jubilee Foundation.

2. To demonstrate to our key stakeholders the value we bring in supporting Boards across NHSScotland.

3. To raise awareness in key stakeholder groups of our positioning as an organisation in context with the elective care project, regional and national deliver plans.

4. Maximise the opportunities for engagement to ensure as wide a range of views as possible is sought at all stages of the project. .

5. To support two way dialogue with our key stakeholders, ensuring key milestones and benefits are communicated effectively through a wide range of methods. We aim to create a collaborative working environment.

6. To utilise the two way dialogue with stakeholders to develop our plans and help shape our services by appropriately involving people and listening to feedback received.

7. To ensure those who have contributed to the expansion development see the impact of their contribution through meaningful feedback and are thanked for their input.

3 Core narrative themes/messages

It is vitally important that there is clear and consistent messages about the Golden Jubilee expansion that is in line with planned national and regional themes. It is also important that the key messages are in line with the overall elective centre project.

National/Regional

- We will foster a 'Once for NHSScotland' approach, where appropriate.
- With a recognition that an ageing population will put pressure on the NHS, we will work so the people of Scotland can live longer, healthier lives at home or in a homely setting, where we have a health and social care system that:
    - is integrated;
    - provides the highest standards of quality and safety;
    - supports self management;
    - will make day case treatment the norm for hospital treatment (where possible); and
    - supports people returning back into their home/community environment as soon as appropriate.
- NHS continually evolving over the years (new techniques, technology etc) to meet the needs of the population.
- Evidence shows that specialised procedures, concentrated on a small number of high volume sites, will improve outcomes.

Local

- Leading quality, research and innovation in everything that we do.
- Additional services for NHSScotland in key specialties to meet the future demand.
- Improving patient access to elective care, supporting patient rights in line with treatment time guarantee and reduction of waiting times.
- Testing and leading best practice in technology, services and new models of care.
- How we are supporting the key Government themes (including community benefits) through the project:
    - Wealthier and Fairer – project economic benefits
    - Smarter – apprenticeships etc
    - Healthier – whole project
    - Safer and Stronger – employment opportunities etc
    - Greener – project environmental practices

4 Stakeholders

Stakeholder group	Insight	Comments
Staff	• Direct impact	• Board • Management • Staff directly involved in specialty expansion (service design/patient flow/role changes/new ways of working) • Staff involved through impact of expansion

		(wider impact – support services) • All other staff
Staff side colleagues	• Direct impact	• Ensuring project meets the staff governance standards
West of Scotland and wider NHS staff	• Direct impact • Indirect impact • Potential impact • Assist decision making • Knowledge and interest	• CE/Chairs/Senior staff • Regional Planning leads/group • National Planning • Individual Boards e.g. NES (specific areas/projects) • Communication teams • General staff
Scottish Government	• Assist decision making • Knowledge and interest	• CE NHSS • Finance (e.g. Capital Investment Group) • Performance management • National Elective Centres Programme Board (and associated groups) • Press Health
Elected Representatives	• Assist decision making • Knowledge and interest	• Local politicians • Ministers • Health and Sport Committee • Youth Parliament
West Dunbartonshire Council	• Potential impact • Assist decision making • Knowledge and interest	• Planning/Roads/Travel • Community Involvement • Councillors • Community/economic benefits
Other Local Authorities/IJBs	• Knowledge and interest	• Raising awareness • Community involvement • Community/economic benefits for adjoining Authorities
Expansion public partners	• Direct impact • Indirect impact • Potential impact • Assist decision making • Knowledge and interest	• Specialty patients/carers • Volunteers forum/Involving People Group • Project specific patients/carers/third sector (e.g. design/travel/signage) • Our voice members (if/when appropriate)
Local Community	• Indirect impact • Potential impact • Knowledge and interest	• Community Council • Neighbours • Housing Association • Travel providers • Community/economic benefits
General Public	• Potential impact • Knowledge and interest	• Current/potential patients • Current/potential carers • Potential staff • Citizen journalists
Media	• Knowledge and interest	• Local • National • Digital • Broadcast • Trade
Academia/ Professional bodies	• Potential impact • Knowledge and interest	• West college • Universities with academic and clinical links • Royal Colleges/ GMC/NMC etc
Scottish Health Council	• Assist decision making • Knowledge and interest	• Regular contributors and key partner in involving people
Health Facilities Scotland	• Assist decision making • Knowledge and interest	• Design/process specific
Third sector	• Indirect impact • Potential impact • Assist decision making	• Specialty specific • Design specific • Health related

	• Knowledge and interest	• Volunteer/caring related • Equality related

5 Stakeholder Engagement Approach

Co-production Surveys Workshops Events and Seminars Stakeholder Forums Meetings Roadshows	**Collaborate** Partnership Agreements Planning Groups Strategic Engagements
Inform Publications and Briefings Digital media Broadcast Media Event Attendance Corporate Website	**Consult** Surveys Workshops Events and Seminars Stakeholder Forums Horizon Scanning

6 Timeline of activity

There will be a number of regular activities as part of the Communications and Engagement Plan. These include:

- Dedicated branded staff bulletins, drop in events and briefings
- Dedicated public e-bulletins once a quarter to key stakeholders and public participants and NHS communication teams.
- Regular media, social media and website updates.
- Updates to Involving People Group, Senior Management, Programme Board, Partnership Forum, Person Centred Committee and Golden Jubilee Foundation Board
- Regular reports at Chief Executives/Regional planning/national collaboration/elective centres meetings
- Meetings with the local community councils.
- Meetings with West Dunbartonshire Council.
- Meetings with Scottish Government and Cabinet Secretary
- Scottish Health Council participation in all workshops/events

Timing	Activity
Q1 2017/18	• Public/staff and third sector representatives receive report on Phase one Initial Agreement (Ophthalmology) • Initial Agreement approved • Continue with specialty patient register for those wishing to be involved (Ophthalmology and Orthopaedics) • Regular meetings with the Scottish Health Council commence • Ongoing patient surveys in place
Q2 2017/18	• Dedicated staffnet expansion pages • Staff magazine article • Meeting/reporting Governance confirmed to include Board/Partnership/SMT etc • Draft guide on 'Involving People' for project key leads to ensure the right people are involved in decisions affecting them'.
Q3 2017/18	• PR on Kier as Principle Supply Chain Partners • PR on move to Outline Business Case (OBC) • Dedicated area in hospital for expansion news (West Lift area) • Dedicated expansion section on our public website (homepage button) • Arrange meeting with local community councils – commence 10 October 2017 and held regularly throughout project. • Foundation for the Future branding agreed • First Foundation for the Future Staff Bulletin published • Foundation for the Future public flash report sent to phase one initial agreement workshop participants • Flash progress report highlighted in our quarterly e-bulletin for key stakeholders • Public participants involved in the second stage AEDET (Achieving Excellence in Design Evaluation Toolkit) workshop in December 2017 •
Q4 2017/18	• Public, staff, third sector invited to phase one benefit/risk workshop • Commence regular meetings with West Dunbartonshire Council • Work on Travel plan commences alongside expansion project (separate communications and engagement plan) •
Q1 2018/19	• MRI X2 official opening February 2018 (hold update briefing with local MSP/MP if attending) • Phase one OBC benefits workshop (public/staff/stakeholders) • Phase two initial agreement (IA)workshop (Ortho and other) • Community benefits work commences with partners such as West College Scotland, West Dunbartonshire Council etc •
Q2 2018/19	• Progress update to key stakeholders distribution list (flash report) • OBC approval for phase one • Poster boards of phase one visuals on site • Photography and filming work with West College commences •
Q3 2018/19	• Design workshop for phase one – public/staff/stakeholders first look at internal/exernal design • First look of phase one design internal/external – staff/public/PR • Digital design assets online • Full Business case for phase one • Full Business Case workshop with public participation

	• Community benefits PR ongoing • Public information on potential parking/site disruption prior to building work • Risk and benefits workshop phase two – public/staff/stakeholders
Q4 2018/19	• Construction commences for phase one – Public PR/internal comms • Design concepts–permanent exhibition on site • OBC workshop with public participation •
Q1 2019/20	• OBC phase two
2019	• FBC and AEDET workshops for FBC phase two • Full Business Case for phase two • Phase one progress
2020	• Construction commences phase two • Construction completed/handover – phase one • Digital assets (e.g. photography/videos/virtual tours/public information/PR – phase one • Patient/public/staff/media tours of new build – phase one • Official opening phase one Ophthalmology
2021	• Construction completed/handover • Digital assets (e.g. photography/videos/virtual tours/public information/PR) • Patient/public/staff/media tours of new build • Topping out/Official opening (phase two)

7 Evaluation and measurement

The core measurement on stakeholder awareness will be:

- Increase public awareness of the Golden Jubilee plans and associated benefits.

- Public, patients and carers are informed, empowered and enabled to engage more effectively in expansion plans.

- Golden Jubilee staff are aware, informed, empowered and enabled to engage more effectively in expansion plans.

- Increase the proportion of stakeholders that know and understand the value of expansion at the Golden Jubilee.

Appendix A11: Equipment Group ToR

Equipment Group (Expansion)

Terms of Reference

1. Purpose

The primary purpose of the Equipment Group is to provide a single point of authority to ensure effective identification and ultimate delivery of the required Group 2, 3, and 4 Equipment within agreed timescales and budgets to support the Board's expansion programme.

The elements of work that will be overseen by this group are listed below:

- Management of all Group 2,3 and 4 equipment as detailed with the Room Data Sheets,
- Management of all additional equipment identified as required but not included within Room Data Sheets.
- Management of equipment identified for transfer from existing services
- Management of equipment required to support double running.
- Management of Equipment expenditure profiles.

It is anticipated that some elements of the work required for the group may require input from short-life working groups and they may need to be established as and when necessary, particularly for the identification and specification of specialised or complex equipment requirements.

In addition this group will provide information to inform the preparation of the financial report for the project steering group, including projected budget requirements, project expenditure to date, budget required to complete project, and rate of transfer of existing equipment.

2. Key Responsibilities

1. To ensure that all equipment identified to support the expansion programme is reviewed to determine if required.

2. To ensure that all equipment identified as available for transfer from existing inventory is recorded within the equipment lists.

3. To develop the route to market strategies for all equipment types to ensure compliance with Procurement Regulations and Board SFIs

4. To manage the project planning timeframes to ensure that all equipment (Group 2, 3 and 4) is available to reflect the construction, building handover and clinical occupation programme.

5. To ensure that all equipment planned for purchase is compliant with all regulatory and technical standards for planned use.

6. To ensure that all areas which require to be reported on at a national level with regard to any area related to the expansion plan are robust and accurate.

7. To assign areas of work to short-life operation groups as required.

8. To ensure that appropriate strategic decisions/actions are taken with regard to all elements related to the expansion Equipment plan.

3. Governance Arrangements

1. The group reports to the Programme Board through the Project Steering Group. Updates on the equipping plan for the project are reported on a monthly basis to the Project Steering Group.

2. The Group will be a standing agenda item and report quarterly to the Boards Medical Equipment Group. The Medical Equipment Group will be represented on Equipment Group by the Head of Medical Physics providing a bi directyional link between the groups.

3. The Equipment Group will be chaired by the Contract & Compliance Manager (Procurement) the National Waiting Times Board.

4. The Equipment group will meet monthly and will be supported by outputs from any short-life operational groups.

5. Papers will be circulated prior to the meeting date.

6. Leads for each of the key areas will report to the group at agreed intervals as determined within the action plans, to be agreed.

Membership – Equipment Group (hospital expansion)		
Role	**Designation**	**Name**
Chair	Equipment and Compliance Manager	Robert Stewart
Lead for Hospital Expansion Programme	Programme Director	John Scott
Lead for Hospital Expansion Programme Management	Programme Manager	Claire MacArthur
Lead for Medical Physics	Head of Medical Physics	Steven Friel TBC
Clinical Lead for the Project	Programme Clinical Lead	Susan McLaughlin
Lead for Infection Control	Senior Nurse, Prevention and Control of Infection	Susan Robertson
Lead for E Health	IT Manager	Alan Goodman
Lead for Property	Head of Estates	Gerry Cox
Lead for Finance	Deputy Director of Finance	Lily Bryson

Membership – Equipment Group (hospital expansion)		
Role	**Designation**	**Name**
Lead for Ophthalmology	Consultant Ophthalmologist	Patrick Kearns
Lead for Optometry	Lead Optometrist	Brenda Quirk
Head of Surgical Services and Operations	Head of Operations Surgical Services	Lynn Graham
Advisory Role Lead Strategic Partnerships	Director of Global Development & Strategic Partnerships	Angela Harkness
Secretary to Group	Programme Administrator	Heather Smith

4. Quorum

A quorum will be a minimum of five members.

5. Terms of Membership

The representative will hold their membership until:

- The representative ceases to be employed by the hospital
- The representative resigns from the Group.

6. Attendance

Staff will be given reasonable time off to attend meetings.

Where a member is unable to attend they should nominate a deputy and advise the chair prior to the meeting.

7. Agenda

The Chair will open each meeting and the following items will be standard agenda items:

- Apologies
- Minutes/review of action log of the previous meeting for approval
- Matters arising from previous minutes/action log
- Equipping Project Update
- Cost Profiles Group 2, 3, 4.
- Risk update
- Any other business

7 February 2018 Final Version

Robert Stewart – Contract and Compliance Manager (Procurement)

Appendix A12: Commissioning Requirements Brief

Please see attached

Appendix A13: NDAP Report

To follow

Appendix A14: Finance Case Forms

Please see attached