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| **Overview** |
| This progress report for the Hospital Expansion Programme covers the period from 25 October 2017 to 21November 2017.  Key milestones within this reporting period include:   * Finalisation of the Concept Design. |

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| **Key activities carried out in October / November 2017** |
| 1. **PSCP Project Team**   The 1:500 concept design is now complete, subject to final sign off of the layout, which has been re-configured.  Following the meeting that took place on 11 October 2017, with the Golden Jubilee Foundation (GJF) Estates Team, the Principle Supply Chain Partner (PSCP) Kier Construction is now in receipt of the existing building information requested and have uploaded to the project extranet site, Viewpoint. A series of priority surveys has been scoped by the PSCP, a number of which have now been instructed, following a market testing exercise to establish the lowest cost compliant tender. The initial surveys identified include Site Investigation and existing plant room inspections. In the last reporting period, it has been identified by the M&E Design Team that it will be possible to connect to existing electrical, medical air/gas and hot water supply from the existing Block A plant room, feeding through service risers to the new building. No formal design submissions have been issued to date.  Initial dialogue has commenced with GJF Estates Team in relation to the proposed site establishment location for Phase 1. It is proposed that this will be positioned adjacent to the proposed Phase 1 site. Further dialogue will take place in due course to progress this in relation to site logistics and vehicle access.  An updated cost assessment has been produced by the Joint Cost Advisor to align with the Gross Internal Floor Area (GIFA) as identified in version 2.2 of the Schedule of Accommodation (SoA) (2392m2). In the last reporting period, it has been identified that the GIFA has increased to reflect task group briefing changes and to accommodate additional circulation space. A space rationalisation exercise is currently underway in order to bring the GIFA back in line with the original SoA  allowance (circa 2400m2). This is subject to review and agreement with the Clinical Task Group. Dialogue is ongoing with the PSCP to agree their fee costs in accordance with the current scheme (SoA Rev 2 - 2392m2) and finalise their Stage 2 Activity Schedule, which has been revised to align with the movement in scope from their initial High Level Information Pack (HLIP) submission and in accordance with the agreed Phase 2 programme.   1. **Demand Modelling Progress and Engagement with the WoS Health Boards**   Demand modelling work has progressed well. During October, demand modelling work was undertaken to understand the wider elective pressures within general surgery, urology and endoscopy within the West region. At the November National Elective Centres Programme Board meeting, Information Services Division (ISD) shared their demand modelling work for Scotland and the three regions. There is now a requirement to have a further meeting with ISD to discuss the planning assumptions and formalise/ agree the outputs of the Phase 2 modelling.  The phasing of activity for Phase 1 ophthalmology and Phase 2 is now underway, as is bed modelling work for Phase 2 of the expansion. Subject to a early meeting with ISD, this phasing will be finalised by the end of November/ early December 2017.  Seven engagement meetings have now been held with the five West of Scotland Health Boards as follows:   * 11 January 2017 * 6 March 2017 * 28 April 2017 * 19 June 2017 * 24 August 2017 * 11 October 2017 * 3 November 2017   If a Health Board representative hasn’t been able to join the meeting, a follow up meeting or phone call has been undertaken to ensure we receive feedback and involvement from every Board at each stage of the process.  The West of Scotland (WoS) Engagement Group recently approved the orthopaedic demand modelling outputs for the West region. The October and November meetings focussed on other forecast elective pressures within the region – namely general surgery, urology and endoscopy. The group have confirmed they are supportive of the Phase 2 expansion, providing flexible space for additional diagnostic endoscopy and day case general surgery capacity. Significant regional work has already been undertaken to describe the move towards a regionalised urology service, therefore there is no requirement for urology services within the elective expansion.  The strategic case section of the initial agreement will now be written up and shared with the WoS Engagement Group. A further meeting will be organised once the initial agreement is in final draft to seek their formal support for the document.   1. **Ophthalmology Workstream Group – (meets fortnightly)**   The Ophthalmology work stream group formally approved the concept design on 15 November 2017.  Focus during this next period will be to finalise the developed design no later than 20 December; this will involve finalising the adjacencies of rooms within the building.  The group’s other main focus is to finalisethe workforce requirements to support the model of care; the plan will include recruitment and training requirements. A sophisticated workforce planning template has been developed in partnership with the finance team and will be used to identify the workforce requirements and will be phased by financial year.  A paper has been developed to assess the various design options for theatres within the new ophthalmology unit, this will be finalised by end November and shared with the Programme Steering Group, Senior Management Team (SMT) and the Programme Board.   1. **Ophthalmology Clinical Task Group – (meets fortnightly)**   The clinical task group’s focus is on the design development, this is the forum where the GJF clinical team work with the PSCP design team to develop the design there are various stages to the design development process as follows:   * Developing the clinical brief; * Developing a schedule of accommodation; * Concept design (1:500 drawings); * Developed Design (1:200 drawings confirming room adjacencies); and * Detailed design (this includes finalising 1: 50 drawings of individual room layouts).   Following a lessons learned review of the Clinical Task Group design engagement process, on completion of the 1:500 stage, a revised approach has been agreed and implemented for all future workshops. The revised approach means that the Clinical Task Group members will have an opportunity to review and comment on the design, prior to the workshop, enabling a collated schedule of comments to be issued to the design team in advance for consideration and action. The first formal 1:200 design workshop is scheduled to take place on 22 November 2017. The sequence of the design workshops has been revised to better align with the user engagement process. The 1:200 design development is programmed to conclude prior to the Christmas break.  It has been agreed to review the sequencing of 1:50 workshops, to enable a greater gap between the individual workshops, enabling a greater period of time for the Architect to react and update the plans in between user groups. Kier is presently reviewing the proposed sequence for review by GJF.   1. **Orthopaedic Workstream Group (Monthly at present)**   The orthopaedic workstream group have now met twice. The first meeting focussed on understanding the demand modelling work and the likely additional capacity requirements between now and 2035.  The group’s focus has now turned to the patient pathway to consider what could be improved further. A large part of the focus in on how we admit and care for patients prior to their surgery.   1. **General Surgery and Endoscopy Workstream Group (Monthly at present)**   The group had their first meeting in October; a further meeting is planned in November. The first meeting focussed on understanding the high level demand modelling work and the options for provision of additional general surgical capacity at the GJF. The second meeting is now being planned and following the recent West Boards Engagement meeting it will focus on how the GJF could support and expanded general surgical day case programme.   1. **Business Case Development and Assurance Group**   This group has now met twice and is supporting the development of the Initial Agreement (IA) for Phase 2 and the Outline Business Case (OBC) for Phase 1 at present. Action plans have been developed using the IA and OBC key headings to measure and monitor progress against the agreed timescales.   1. **Local Authority Engagement**   The full planning application is programmed to be submitted on 12 March 2018.  An initial meeting took place with the both the Planners and Building Control on 5 October 2017. The meeting was positive and the Planner was supportive of the initial proposals. Further feedback is awaited from the Planners with regard to the flood risk assessment requirements and building height. The design team continue to pursue the planners for a response.  The Stage A Building Warrant submission is programmed for submission on 12 March 2018.   1. **Community Benefits**   The meeting with Kier Construction was held on 27 October 2017 to agree the reporting structure and timing of reports as well as additional benefits to be explored. A meeting with West College Scotland (WCS) was held on 24 October 2017 and aspects of possible support were discussed. A follow up meeting will be held in the coming weeks to finalise this. A Community Benefits Report will be presented to a future Programme Board Meeting.   1. **Communication and Engagement Plan**   **External communications/engagement**  During November 2017, there have been two press releases issued (one about moving towards Outline Business Case (Phase one) and the other about the appointment of the PSCP). A dedicated section of our website has been created for news , events and documents relating to expansion. In December, key stakeholders will be kept up to date through our quarterly e-bulletin and also participants of our Phase One Initial Agreement workshop will receive a flash report style document that will provide information on our current status and highlighting future involvement workshops for phase one and two in early 2018. The second stage of the AEDET (Achieving Excellence in Design Evaluation Toolkit) process will take place in December. This will involve patients, staff and the wider GJF team.  **Internal communications/engagement**  A ‘Foundation for the Future’ branded staff bulletin has now been issued to staff. This is the first of our expansion dedicated bulletins. Staff can also now access a range of documents and information about the expansion through a dedicated staffnet (staff intranet) section. All communications have key project contact details should anyone wish further information. There will also be a dedicated noticeboard for information about the project and this is scheduled to be in place by January 2018. |
| **Key Risks and Mitigation** |
| A high level risk assessment exercise was undertaken as part of the Phase 1 IA and five high risks were identified.  A (GJF) risk workshop was held on 9 October 2017 to update the risk register in line with the next stage of the programme. Cognisance was also taken of the wider risks to be considered as development of Phase 2 commences.  An additional risk workshop focusing on design and construction risks was held on 30 October 2017 with Kier Construction, the Design Team and the Advisor Team. A risk register has now been agreed and circulated which identifies the risks owned by GJF and those owned by the PSCP.  These risk registers will now be combined to form the master risk register. |
| **Programme Budget** |
| A project budget has been allocated for the internal Programme Team within 2017/18 and separate funds have been identified for External Advisors. These have been identified and approved in the Board’s Financial Plan.  The first formal Cost Control Meeting was held on 10 November 2017. |
| **Issues Affecting the Programme** |
| There is now a requirement to have a further meeting with ISD to discuss the demand modelling planning assumptions and formalise/ agree the outputs of the Phase 2 modelling. It is anticipated this will happen as soon as possible. Only once this is agreed can the phasing of activity be completed and shared with the wider GJF team who will then identify their workforce and equipment requirements. |
| **Programme Plan** |
| The Team are focused on completing the work associated with the Stage 2 report to align with the timing of the Phase 1 OBC submission. This is summarised as follows:   * Clinical Brief October 2017 * Schedule of Accommodation October 2017 * Concept Design October 2017 * Completion of Demand Modelling November 2017 * Theatre Options Paper November 2017 |
| * Recruitment Training and Workforce Plan December 2017 * Developed Design December 2017 * Risk Review November 2017 * Cost Plan December 2017 * Stage 2 Report Issued January 2018 |

| **Key Tasks for November / December 2017** |
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| Key tasks for the forthcoming period include:  **Establishing the Clinical and Non Clinical Support Services Workstream Group**  As soon as the phasing of activity for Phase 1 and or Phase 2 is confirmed, the clinical and non clinical support services group will be established. This group will use the phased activity requirements to inform their workforce requirements for each financial year between now and 2035.  **Establishing an Equipment Group**  As soon as the phasing of activity for Phase 1 and or Phase 2 is confirmed, an equipment group will be established. This group will use the phased activity requirements to inform the clinical and non clinical equipment requirements. The structure and terms of reference for this group is currently under discussion.  **Development of the Phase 1 Design**  The GJF team will continue to work with the PSCP to progress the 1:200 developed design. The theatre design will be agreed during November / early December. The theatre options paper will be finalised and share with the Programme Steering Group, SMT and the Programme Board.  **Development of the Phase 2 IA**  The strategic case will be finalised during November/ early December (subject to a further demand modelling discussion with ISD). |

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**29 November 2017**