|  |
| --- |
| **Overview** |
| This progress report for the Hospital Expansion Programme covers the period from 1 September to 18October 2017.  Key milestones within this reporting period include:   * formal approval of the Phase 1 Initial Agreement (IA) by the Capital Investment Group (CIG); * approval of the Clinical Brief by the Programme Steering Group; * approval of the Communications and Engagement Plan by the Programme Steering Group; and * appointment of Aecom as Project Managers within the Advisor Team. |

|  |
| --- |
| **Key activities carried out in September / October 2017** |
| 1. **Phase 1 Initial Agreement**   On 6 October 2017, the Scottish Government (SG) notified approval of the Phase 1 Initial Agreement and formally invited submission of the Outline Business Case (OBC).   1. **Programme Team Appointments**   A Consultant Ophthalmologist was officially released to be the medical lead for the Phase 1 project from 13 September 2017.  As the Phase 2 IA moves closer to completion, further consideration will be given to the need to recruit a lead Consultant Orthopaedic Surgeon and lead Consultant Anaesthetist.   1. **Appointment of Client Side Advisors**   Following a competitive tender exercise, Aecom were appointed on 4 September 2017 as Project Managers within the Advisor Team.  During October 2017, the Programme Director will review and discuss the necessary additional client side advisor appointments with the Senior Responsible Officer (SRO) and agree the timing of further appointments. In line with projects of this structure and scale it is anticipated that the appointment of a Construction Design and Management (CDM) Advisor and Supervisor will be required.   1. **Clinical Work Stream Group**   **Ophthalmology**  The Ophthalmology Work Stream Group meetings align with the Clinical Task Group to allow feedback and review of the updated Clinical Brief and Schedule of Accommodation. Focus during this period has been on the proposed theatre model and initial concept design, as well as exploring innovative ideas for design and service needs that have been suggested by the Principle Supply Chain Partner (PSCP). Work around conversion rates and vetting of patients is also being carried out. Progress will continue to be reported though the Steering Group to the Programme Board.  **Orthopaedics**  The Orthopaedic Work Stream Group has been focused on capacity modelling work and phasing of activity. A Senior Analyst has been released for two days per week for eight weeks to assist with the modelling work and demand/capacity for Phase 2.   1. **Clinical Task Group Meetings**   The focus of this group has been the initial development and establishment of the Clinical Brief by the Programme Team and the Healthcare Planners, with support of the wider PSCP. This has now been shared for comments to the Ophthalmology work stream group. The Clinical Task Group continues to meet fortnightly and has progressed onto the concept design aspect of the programme and aligning this to the Clinical Brief. At this stage of the programme, representation from the clinical areas i.e. Senior Charge Nurses are now attending this group to ensure teams are having first hand input into design options and are able to feedback to their teams. Progress will continue to be reported though the Clinical Work Stream and Steering Group to the Programme Board.   1. **National Elective Centres Programme**   Following on from the meeting with Scottish Government and Health Facilities Scotland (HFS) on 17 August 2017, a further meeting was held with HFS to discuss collaboration across the Elective Centre Programme nationally. This predominantly focused on design solutions and a general agreement to share best practice.   1. **Clinical Brief**   The Clinical Brief was approved at the Programme Steering Group on 12 October 2017.   1. **Local Authority Engagement**   A meeting with West Dunbartonshire Council’s (WDC) Planning and Building Control was held on 5 October 2017 to discuss the high level programme and timing of statutory applications for planning permission and building warrants. This also covered fundamental issues to the design, such as material selection, flood risk and car parking. A follow up meeting will be arranged in the coming weeks. In general, WDC is supportive of the development and approach taken with the design.   1. **Communications Plan**   The Communications and Engagement Plan was approved at the Programme Steering Group on 12 October 2017.   1. **Community Benefits**   The first meeting to discuss community benefits was held with Kier Construction on 27 September 2017. A follow up meeting has been arranged for 27 October 2017. In addition, a meeting was held with West College Scotland (WCS) on how they may be able to support the programme. A follow up meeting with WCS has been arranged for 24 October 2017.  A Community Benefits Report will be presented to a future Programme Board Meeting. |
| **Key Risks and Mitigation** |
| A high level risk assessment exercise was undertaken as part of the Phase 1 IA. There were five high risks identified as follows:   * + Information used as part of the strategic and project brief is unreliable.   + The need for clinical change and expected outcomes isn’t clearly defined.   + The design does not meet the Design Assessment expectations.   + The project becomes unaffordable.   + Innovative design proposed for Phase 1 and the challenges in realising this.   A risk management plan has been developed with controls developed in place to mitigate these.  A GJF risk workshop was held on 9 October 2017 to update the risk register in line with the next stage of the programme. Notice was also taken of the wider risks to be considered as development of Phase 2 commences.  An additional workshop to review design and construction risks is scheduled to take place on 30 October 2017, with Kier Construction, the Design Team and the Advisor Team.  The output of both these workshops will be pulled into a master risk register, which will be presented to a future Programme Board Meeting. |
| **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.  Financial updates will be provided to the Programme Board going forward showing cash flow projections and actual spend.  Cost Control Meetings have been scheduled to review affordability as the design progresses, as well as cash flow to the end of the financial year 2017/18. |
| **Issues Affecting the Programme** |
| Given the complexity of phase 2 IA, there will be a need to increase frequency of engagement with West of Scotland (WoS) Boards to ensure sufficient time for discussion of the demand modelling outputs. |
| **Programme Plan** |
| The Programme Plan requires to be revised in light of the confirmed Capital Investment Group Meeting dates for 2018. |
| **Key Tasks for October / November 2017** |
| Key tasks for the forthcoming period include:  **Development of the Phase 1 Design**  Continue to work with the Kier Construction team to develop and agree the 1:500 concept design and 1:200 scheme design.  **Development of the Phase 2 IA**  Demand modelling and engagement with the WoS Health Boards will continue for Orthopaedics and all sub specialties, General Surgery, Endoscopy and Urology, to support the development of the Phase 2 IA.  **Development of the Phase 1 OBC**  Demand modelling within the IA will be reviewed and updated with 2016 activity figures, updated private / independent sector usage, and current waiting time pressures.  Further retrospective activity analysis will be carried out to understand the reasons for the increase in cataract surgery activity from 2006 to 2016 and the proportion that can be explained by demographic change versus a rise in the rate of intervention.  The proposed new clinical model of care is being developed in more detail.  **Communication and Stakeholder Engagement**   * Continue to seek feedback from Ophthalmology and Orthopaedic patients using the established patient questionnaire process. * Continue to develop a programme stakeholder register to support the various engagement events, and to help identify patients and third sector representatives who are willing to be involved in the development of the hospital expansion and design process. * A stakeholder workshop will be organised to engage with staff, patients, and third sector representatives once the Phase 2 IA is in full draft – likely November 2017. |

**John M Scott, Programme Director**

**Claire MacArthur Programme Manager**

**18 October 2017**