

**Bundle of documents for Oral hearings
commencing from 13 May 2025 in relation
to the Queen Elizabeth University Hospital
and the Royal Hospital for Children,
Glasgow**

**Bundle 42 - Volume 3
Joint Project Team Meeting Notes and
Minutes**

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Meeting: Joint Master plan Group
Date: 13th October 2008

Location: HLM Offices, Glasgow
Time: 10:00

Attendees:

Alan Seabourne	AS	NHS Greater Glasgow & Clyde
Peter Moir	PM	NHS Greater Glasgow & Clyde
David Hall	DH	Currie & Brown
Harry Smith	HS	HLM Architects
Andy Anderson	AA	HLM Architects
Bob Menzies	RM	BMJ Architects
Steve Harris	SH	URS Corporation
John Bushfield	JB	Wallace Whittle
Alan Devenny	AD	JMP Consultants

Objective: To advance the development of the Master plan

Notes:

Master plan needs to be agreed with Planners in advance of Detailed Planning Application for any further elements.

Laboratories

NHS GG&C (**AS**) to confirm changes in accommodation requirements.

- Inclusion of Genetics and Pathology including schedules of areas
- Exclusion of city mortuary (subject to decision on capital contribution)

Biochemistry & Haematology are likely to be located on ground floor. Genetics & Pathology on upper floors.

NHS GG&C (**AS**) to confirm patient access requirement to lab areas.

Procurement route and programme for the laboratory (and adjacent facilities) to be agreed. Requirement is to be on site by October 2009.

Access Road

URS are to review area available between existing A&E and site boundary to ascertain whether two-way access road can be accommodated.

Confirmation required as to whether TPO exists for the trees in this location (**PM**)

Consideration is to be given to “through road” as alternative to two-way access/egress.

Site wide distribution arteries from loading bay area are to be considered.

Facilities Management

NHS GG&C **(AS)** to determine FM requirements with regards to delivery/uplift, waste management areas, vehicular movements on, off and within site, workshops, offices etc.

Access to/from main hospital(s) from FM/delivery area to be reviewed.

North West Corner

Consideration to be given to relocation of energy centre out with the labs/deliveries corner of the site **(HLM/WW)**

Two options to be considered for sizing of Energy Centre **(WW)**:

- To service new build only, including proposed Clinical Research/Education/Academic Centre
- To service option 1 solution (no retained estate)

Programme and procurement options to be reviewed for this area, noting the requirement for early commencement. Consideration to be given to including delivery area and FM Facilities concurrent with laboratories

2 storey option for energy centre to be considered **(WW)**.

Sick Children's' Staff Accommodation

NHS GG&C **(AS)** to confirm proposed accommodation availability within retained estate for 309 staff. Requirements for transition accommodation to be confirmed.

Energy Strategies

BREEAM Excellent rating is an absolute requirement

Consider centralised versus de-centralised **(WW)**

Biomass option to be fully reviewed including negative issue of fuel transportation

Any biomass solution would be dual fuel

NHS GG&C **(PM)** to arrange appointment of Carbon Trust as advisor and consultant as Assessor.

Car Parking

2000 new spaces provided by others, making 3500 total on site.

NHS GG&C **(PM)** to provide contact with car park/neo-natal design team

University Building

NHS GG&C **(AS)** to confirm inclusion of additional facility to east of Adult Acute Hospital to accommodate:

- Clinical Research
- Education & Clinical Skills
- Academic Centre (University)

Ronald McDonald House

NHS GG&C **(AS)** to provide outline plan to TA Team to consider impact on bed numbers in Children's Hospital.

Adult Acute Psychiatry

NHS GG&C **(AS)** to provide details of site and size of proposed new 20 bedded acute ward and an 8 bedded Perinatal Ward

Child Psychiatric Intensive Care Unit

TA Team to consider two options for 6 bedded unit **(RM)**

- Incorporate into New Children's Hospital with fully protected break-out area
- Separate facility on site of existing nursery

Clinical Output Specifications

Provision of these for both Adult Acute and Children's Hospitals is critical to the development of the building footprint and in turn the Master Plan.

Children's:

- To be provided week commencing 20th October 2008
- Bed Planning meeting @ Beardmore Hotel on 30th October 2008
- 8 key challenges in specialist areas

Adult Acute:

- Only 7 drafts received to date
- On going meetings to develop remainder by early January 2009
- Ward Stacking meeting to be arranged

Update report on progress to be issued to AS/PM

Programme Issues

Consideration to be given to early completion of surgical beds and support functions to permit early demolition of exiting accommodation.

Information Request

PM to provide the following:

- Drawings for car park(s)
- Maternity Extension
- Site Wide OS Plan
- Avanti AutoCAD scheme drawings
- Avanti Planning assumptions

Acute Services Strategy & Implementation Planning Directorate

Joint Project Team Meeting

Notes of a meeting held on Wednesday 5th November 2008 at 3.00pm in the Conference Room, Hillington Project Office

Present: -

Alan Seabourne	Project Director, New South Glasgow Hospitals	(AS)
Mairi Macleod	Project Manager, New Children's Hospital	(MM)
Alan McCubbin	Head of Finance – Capital and Planning	(AM)
Jim Hackett	Project Director, Currie & Brown	(JH)
David Hall	Executive Project Manager, Currie & Brown	(DH)
Douglas Ross	Commercial Manager	(DR)

Apologies:-

Peter Moir	Head of Major Capital Projects/PPP	(PM)
Andy Bell	Senior Capital Projects Administrator	(AB)
Heather Griffin	Project Manager, New South Glasgow Hospital	(HG)
Helen Byrne	Director of Acute Services Strategy Implementation & Planning	(HB)

In Attendance:

Shiona Frew	Acute Planning PA
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1	Apologies	Action
	As noted above	-
2.	Notes of last Meeting (20 th October 2008)	
	The Notes of the Joint Project Meeting held on Friday 20 th October were approved as a true and accurate record.	-
3.	Matters Arising	
	<ul style="list-style-type: none"> ▪ Remit The remit for the Joint Team was agreed. 	-
	<ul style="list-style-type: none"> ▪ Programme A meeting of DH and PM has been scheduled for next week to discuss the programme. 	DH/PM
	<ul style="list-style-type: none"> ▪ Project Cash Flow The Project Cash Flow was discussed with Peter Gallagher in a meeting preceding the Joint Project Team. No further discussion was required. 	-
	<ul style="list-style-type: none"> ▪ Appointment Process JH advised that the documents were being reviewed by the Currie & Brown legal team. PM was asked to confirm at the next meeting. 	PM

DH advised that patient access to Haematology and Biochemistry was extremely limited however Genetics had patient access requirements. He advised that BMJ were working with the block plan previously agreed. There is an issue around the main reception area. The Currie & Brown team now has a good understanding of where patients access the building. Three main issues have been identified: a) patients moving to and from the hospital, b) Patient samples and c) Information relating to vehicular access. AS advised that the tube system may also help reduce the numbers accessing the building.

AS advised that the schedule of accommodation has been reduced by 500m² and was being further reviewed to reduce by a further 500m². Work on Pathology is just being started. A meeting has been arranged for 12th November. May be an issue over single offices and early indications are that these may need to be provided. Work on Genetics has just started.

DH advised that the 2 main issues are FM and City Mortuary. The departments on the lower floors have been agreed and now getting into a greater level of detail on these. Still need to obtain a greater understanding of how it sits on the site. Need to find out as soon as possible whether the Cit Mortuary will go ahead.

AS advised that the risk register had been populated and scored by the Project Team. AS commented that the Risk Log should be a composite document and would have to be amended to include risks from Currie & Brown. The risk scores would be discussed and reviewed at the Joint Project Team meetings.

Risk:

- Appropriate Design Quality is Achieved - Consequence score to be changed from 1 to 3.
- Education and Skill Building is not built – Revise controls in place.
- Available budget for the project is finite – Add to controls column “Reassessment required to incorporate large labs”

“FM areas for hospitals” – to be scored at next meeting – “MAK and BH investigating all the issues.”

AS tabled the issues log and requested that everyone review the plan and send updates to SF in order that the master log be updated.

JH advised that he had met with Shepherd & Wedderburn and Ernst & Young to take them back through the Procurement Method. Shepherd & Wedderburn are now comfortable with the procurement process. The form contract will now need to be finalised. A workshop to discuss and agree the form of contract will need to be arranged within the next 4 weeks.

DH advised that dates and discussions are set to finalise the Clinical Output Specs.

FM and City Mortuary remain critical issues. The next FM Meeting will take place on the 28th November. Contact will be made with MAK to see if any assistance can be provided. AS circulated the draft note from the previous FM meeting for approval.

DH tabled the Project Execution Plan (PEP) for discussion and agreement. DH advised that the PEP

would be updated as we move through the project. The PEP was agreed and DH was asked to circulate this plan to the team.

10.	Psychiatry	The schedule of accommodation is required to progress. A meeting to discuss child psychiatry will take place on Monday and it is hoped that the information/schedule will be available from this meeting.	MM
		Adult Mental Health/Master Planning – Agreement has been reached that the bulk of their activity and only 2 service models, a) Adult – 20beds and b) Perinatal – 8 beds, will remain at the SGH. A costing exercise has been undertaken and a decision is awaited.	-
		DH requested that the proposed plan be sent to the team for inclusion in the master plan. FWr to be asked to forward the information	AS
11.	Other Progress Reports	<p>DH advised that the M&E Advisers have been tasked with</p> <ul style="list-style-type: none"> a) looking at the overall capacity, logistics, implementation b) reviewing the strategy documents c) investigating sizing and layout of a potential energy centre i.e. 1 storey or 2 storey <p>The M&E Advisers are undertaking a site visit on 6th November to look at the existing energy on the site. URS will also be undertaking a site visit on the 6th November to look at the roads.</p>	-
12.	Date and Time of Next Meeting	The next Joint Team meeting will be held on 18 th November at 9.30am in the Seminar Room, Hillington project Offices.	ALL

**GREATER GLASGOW AND CLYDE NHS BOARD
 ACUTE SERVICES STRATEGY IMPLEMENTATION AND PLANNING
 DIRECTORATE
 NEW SOUTH GLASGOW HOSPITALS JOINT PROJECT TEAM**

**Minutes of the Meeting held on Tuesday 18th November
 at 9.30am in the Seminar Room, Hillington Project Offices**

Present Alan Seabourne
 Mairi Macleod
 Heather Griffin
 Peter Moir
 Alan McCubbin
 Jim Hackett
 Douglas Ross
 David Hall

Apologies Helen Byrne

In attendance Iain Buchan

1. Notes of Last Meeting

The notes of the meeting held on 5th November 2008 were approved as an accurate record.

2. Matters Arising

Risk Register

AS reported that he had some additions to add to the Risk Register and welcomed any additions from the Technical Advisors. It was agreed that the “fit” of FM services into the area near the labs block was a risk that should be added to the register. Although it was noted that Mary Anne Kane and Bill Hunter were working through this with Currie and Brown.

Appointment Process

PM reported that the monthly meeting with Shepherd and Wedderburn was scheduled for 20th November 2008. It was hoped that draft documents would be available for the Currie and Brown legal team the following week.

Labs Update

PM highlighted the conflict of wanting to bring the increased laboratory facility into the project and affordability. He advised that Currie and Brown had prepared a paper on this and there were a number of caviates with regard to the larger facility.

DH commented that the bio-chemistry and haematology schedule of accommodation had been developed and a meeting was scheduled for later that week with pathology and genetics to rationalise their schedules of accommodation. He commented that the requirement to fit bio-chemistry and the mortuary on the ground floor was a given.

PM updated that at the Executive Board on 12th November 2008 it had been agreed that a paper would be prepared on the appointment of Technical Advisors for the laboratories development for consideration at the next meeting of the Procurement and Finance Group.

Action - PM

AS highlighted the further complication with regard to laboratories development that any slippage in the programme would affect the cashflow. AMcC reported that at a recent meeting with the Scottish Government it had been agreed that the Greater Glasgow and Clyde capital programme would be developed in terms of the Scottish Governments cashflow.

PM advised that any additional costs that Currie and Brown incurred as a result of the “additional work” for the laboratory development should be billed accordingly.

Child Psychiatry

MM reported that following a meeting with CHCP staff a Schedule of Accommodation had been developed. FWr had sent this to the staff involved for comment before it would be submitted to Currie and Brown for costing.

4. Progress with Brief Development

a. Clinical Briefs

IB tabled progress reports on the Clinical Output Specifications with regard to both the adult and the children’s hospitals.

HG commented that meetings were taking place and progress was positive. She advised that most Clinical Output Specifications with regard to the Surgical Directorate had been submitted in draft and a meeting was scheduled with the Regional Services the following week. IB commented that the podium specialities needed to be confirmed as soon as possible. HG reported that meetings with regard to these specialities were being scheduled.

IB reported that the Clinical Output Specifications for the children’s hospital were being submitted and a meeting to discuss the contents of the briefs was scheduled for that afternoon. As with the adult hospitals IB commented that meetings were required with the specialities to be located within the podium. MM reported that these meetings were being arranged although with the exception of theatres 1:200 had been done in respect of the public sector comparator and therefore she did not envisage any major problems within the Schedules of Accommodation.

DH advised that the Schedules of Accommodation would need to be “signed off” by 12th December in order to meet the 16th January OJEU date. He commented however that final document decisions would not be required until mid February 2009.

AS reiterated that 13th January which was the scheduled date for Gateway and this would hopefully give the go ahead to advertise the build.

DH reported that the tender documentation would actually be issued on 10th April 2009.

HG asked if work was being done on whether or not critical care, theatres and stroke would fit into the two floors which were being re-looked at . DH reported that he would get HLM to draw these departments to ensure that they could fit.

Action - DH

5. Progress with Master Plan

DH highlighted that the OS and site plan had revealed variances. It was agreed that PM and DH would meet to discuss these issues.

Action – PM/DH

DH reported that he was looking for the plans for the neonatal build. PM agreed to provide these as soon as possible.

DH asked if it would be possible to meet with Regional Services to discuss the link to the build. PM agreed to set up a meeting with the interested parties.

Action - PM

DH reported that the main issues with regard to the master plan were

- The labs footprint
- Whether or not the City Mortuary was to be included within the labs development
- FM services – a workshop was scheduled for 28th November 2008
- The turning point for Fastlink
- Site wide energy issues – he advised that a meeting was to be held on this matter and PM requested that he and FWr were included in the invitees
- The location of the sub-station – PM agreed to organise a meeting with Scottish Power

Action - PM

6. Programme and Task Schedule for Stage 1A

DH tabled a programme highlighting that the actions had been scheduled back from the OJEU date.

PM highlighted that stage 1A approval to proceed would need to fit in with the Governance Structures for the project ie the scheduled Health Board meetings.

AS commented that according to the programme there was still a lot of work to be done prior to the tender documentation being issued. He agreed that he would discuss this with William Harrod to ensure that the scheduled Gateway was being held at the appropriate time in the project.

Action - AS

PM commented that further clarity was required on the procurement process within the programme. DH agreed to run a procurement sub-programme describing this process.

Action - DH

7. Design Development Update

DH tabled an update on the design development. He highlighted the need for clarity on the size of wards within the acute adult ward block. DH asked if there was likely to be an increase in the single bed provision within the new children's hospital. MM commented that in the light of CEL48 being issued on bed accommodation within new developments a paper had been prepared. She commented however that the decision on increased single beds would need to be taken through the new children's hospitals structures and an opinion sought from Infection Control.

It was agreed that MM would contact Douglas Ross to discuss the likely costs of any increase to the single bed provision in the children's hospital.

Action - MM

8. Diary of Meetings

DH referred to the report on the current meeting schedules. It was agreed that DH would upload any minutes from the meetings onto BIW

9. Format of Employers Requirements

DH tabled a format for the employers requirements which it was agreed that the project team from the Board would look at and feed comments back to him.

AMcC advised that a cashflow meeting had been scheduled for the afternoon of 28th November with Peter Gallacher, Currie and Brown and representatives of the project team.

10. Format of Monthly Reports to Project Director

DH asked an exceptions report was required in respect of the monthly feedback to the Health Board team. PM responded that a monthly exceptions report in line with that agreed within the bid documentation was required.

AS suggested it would be helpful to have an exceptions report for each of the technical specialities with an executive summary highlighting the main issues. DH agreed to provide this on the first Friday of each month.

Action – DH

11. AOCB

- Risk Register – it was agreed that the review of the Risk Register would be held monthly and therefore this would be discussed at the next joint meeting
- Section 75 – AS reported that a letter had been received from the Council indicating what looked to be the conclusion of discussions on the Section 75. He agreed to copy any correspondence between the Council and the Health Board to Currie and Brown.

- Helipad – AS reported that he had been advised by the SECC that they had agreed the relocation of the helipad to the Thales site. They had reported that this would be completed by December 2009. AS commented that the Health Board planned to use this facility as an interim solution until the helipad was reprovided on site.

12. Date of Next Meeting

Tuesday 2nd December at 9.30 at the Project Offices.

GREATER GLASGOW AND CLYDE NHS BOARD

JOINT PROJECT TEAM MEETING

Notes of the meeting held on Monday 8th December 2008
Conference Room, Project Offices, Hillington



Present: Alan Seabourne, NHS Greater Glasgow and Clyde
Alan McCubbin, NHS Greater Glasgow & Clyde
David Hall, Currie & Brown
Heather Griffin, NHS Greater Glasgow and Clyde
Mairi Macleod, NHS Greater Glasgow and Clyde
Mark Baird, Currie & Brown
Peter Moir, NHS Greater Glasgow and Clyde

In attendance: Shiona Frew, PA – Acute Planning (notes)

1. Apologies and welcome	ACTION
Apologies were noted from Jim Hackett and Douglas Ross	-
2. Notes of Previous Meeting The notes of the meeting held 18 th November were accepted as a true and accurate record.	-
3. Matters Arising ○ FM & Yard Alan advised that the Facilities Management and Yard are key.	-
○ Currie & Brown Commission Alan advised that Currie & Brown should not progress work on the Labs further than the current commission i.e. stages C & D	-
○ Gateway Alan advised that the Gateway Review and OJEU had been postponed by 2 weeks. The proposed pre-meeting with William Harrod had been impossible to arrange as the Scottish Government have raised concerns of impartiality should the review team meet beforehand.	-
○ Critical Care/Stroke/Theatres Heather enquired whether theatres can fit on one floor. David advised that Theatres and Critical Care can fit on the one floor. Heather enquired whether Stroke can also fit on the theatres/critical care floor and David advised that there is flexibility around locating the stroke ward, however, it was important to make sure that it is clinically appropriate. Heather reported that a block of 26 wards was required for Stroke and it was preferable for it not to be located in this stack as this would cause the need for another floor to be added to the stack. David advised that he would confirm at the end of the week if it would fit. Heather advised that there was a desire for Stroke to be located close to imaging.	DH
○ Neonatal David advised that the neonatal information is still awaited and it was confirmed that Peter Moir has requested this information.	PM/DH
David enquired if access to Regional Services would be possible and Alan advised that a meeting with Jonathon's team should be arranged.	DH

3. Matters Arising (cont'd)

- **Contract Form**

Mark advised that as an action from the meeting on 19th November that Currie & Brown and Shepherd & Wedderburn had met to consult and agree the most appropriate form of contract. The contract forms considered were JCT and NEC3. The JCT contract was favourable to the market, had been widely used and improved upon since the original JCT. The NEC3 contract form allowed for increased collaboration with bidders. Currie & Brown had previous experience of NEC3 contracts and the project would need to be appropriately resourced. A training session for the wider team would be arranged and Peter agreed to organise this. Peter reported that Health Facilities Scotland had planned to organise 4 day event and he would liaise with them to obtain a few places for the team.

PM

A paper would be submitted to the Procurement & Finance Group on both the proposed contract form and the OJEU procedure.

AS

- **Child Psychiatry**

The information from Stephen Macleod in respect of Child Psychiatry is still awaited. Mairi agreed to follow-up.

MM

- **Section 75's**

Alan advised that the final section 75 document had been submitted to Glasgow City Council. A meeting with the City Council to obtain sign-off of the Section 75's had been requested. Shiona was requested to progress.

SF

4. Risk Register

The team discussed the risk register and amendments were identified. The risk register would be updated for review at the next Joint Project Team.

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5. Single Room Accommodation

Mairi advised that the paper had been prepared in response to the recent CEL. The CEL proposed 100% single occupancy for new schemes which still required an OBC to be submitted. Currently there is no reason to provide 100% single room accommodation in the new Children's Hospital.

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6. Labs

- **Procurement**

Alan advised that a Procurement paper for the Labs Scheme was being finalised. It is proposed that the large labs project is progressed as a separate project and the Scottish Framework Agreement Process should be considered. It is anticipated that the Labs scheme would start to be progressed by end of January 2009 and to start on work on site by end of 2009.

-

David advised that Currie & Brown had been in dialogue with Labs Users Groups. Discussions focussing on genetics had recently commenced. David reported that a potential major cost/saving could be obtained by reviewing the requirements for single offices for pathology. Current schedule requested 40 single offices however advice from Health Care Planner and BMJ indicated that there is not a necessity for singular offices. Alan advised that in order to change the current single office demand a benchmark would be required.

-

Alan reported that Jim Crombie had been tasked with reducing the Labs scheme footprint. The scheme should be progressed on the basis of the city mortuary still being included.

-

Peter intimated that the Optimism Bias for the Labs is being utilised by Labs reps as a way of creating finance for the Labs scheme. Alan requested that a meeting be organised with Labs reps and project team to discuss and review the Optimism Bias for the Labs project.

SF

David advised that the Labs Building would need a clear pedestrian link for the transfer of blood to the hospitals.

-

7. Programme Stage 1A

o Comments of Programme

Alan requested that Procurement & Finance Group agenda be checked to ensure that the programme was an agenda item.

SF

o Clinical Brief

New Children's Hospital

Mairi advised that 31 Output Specifications had been received. These would be revised and re-issued as soon as possible. The 16 outstanding Output Specification documents would be progressed. The oncology Output Specification appeared to be delayed and this delay would be addressed by MM & MJ. David enquired whether meetings had been arranged to discuss the new plans and Mairi confirmed that meetings would be arranged imminently. David advised that there would only be slight movement for the new Children's Hospital but more radical movement to the new Acute Hospital. However, the Paediatric Emergency Dept would need more input to reduce the length of department. Alan stressed that it would be imperative that the Hospital Groups were informed of the changes in order to fully achieve sign-off.

MM

Heather enquired if the Architects would be producing revised 1:50 drawings. David advised that revised 1:50 drawings would be produced as follows:

Adult Hospital x 50

Children's Hospital x 50

Labs Scheme x 20

David requested that the next series of User Group meetings to take place during February 2009.

MM/HG

New Adult Hospital

Heather advised that:

- o work was on-going with EMC and ED and a joint meeting had been scheduled to take place on 17th December.
- o Information is awaited re Cardiology/Cardiac Testing to support the decrease from 18 beds to 15 beds.
- o Work is on-going with Dermatology, Diabetes, Rheumatology
- o Medical Day Unit Activity is awaited
- o Theatres data is still awaited. A visit to Liverpool has been arranged to look at the set-up of the theatres in Broadgreen Hospital.

-

David enquired if there was a plan for longer use of out-patients. Heather confirmed there had been no plan with regards to the Adult Hospital. Mairi confirmed that models were being worked through in respect of the Children's Hospital. Mark confirmed that this information would be required to be known from an FM perspective.

MM

David advised that he would forward the Healthcare Planners list of information outstanding so that it could be checked and refreshed.

DH

FM Brief

The FM brief was progressing well. The next meeting had been scheduled to take place on 15th December.

-

All the finalised clinical briefs would be added to the BIW system.

-

- **Master Planning**

David advised that the draft Master Plan would be issued w/c 8th December. Alan requested that the programme indicate the implications to the rest of the project of not getting a decision on the Labs.

DH

Stage 1a would be signed off very soon. The master plan would be reviewed to take account of the finalised Stage 1a plan.

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- **Gateway Review**

Alan advised that the Gateway Review 2 would take place over 27th January – 29th January 2009. The final arrangements are still awaited from the Scottish Government. David advised that TA Team colleagues have these dates held in their diaries.

-

Alan requested that Mairi and Heather prepare a structure chart/tree depicting all the groups that had been met.

A meeting with Richard Copland would be scheduled to discuss the IT Plan (Scoping and Strategy). The team would need to ensure that they had been continuing to use a range of media.

8. **AOCB**

No further issues were discussed.

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9. **Date and Time of Next meeting**

Wednesday, 14th January 2009 at 9am in the Project Offices, Hillington

ALL

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Thursday 15th January 2009
in the Conference Room, Hillington Project Offices**

Present:

Alan Seabourne	Project Director	AS
Heather Griffin	Project Manager – New Adult Hospital	HG
Mairi Macleod	Project Manager – New Children's Hospital	MM
David Hall	Executive Project Manager - Currie & Brown	DH
Peter Moir	Head of Major Projects	PM
Douglas Ross	Commercial Manager – Currie & Brown	DR
Alan McCubbin	Head of Finance (Capital & Planning)	AM
Harry Smith	HLM Architects	HS
Jim Hackett	Project Director - Currie & Brown	JH
Hugh McDerment	Project Manager – ACH	HMc

In attendance:

Mark McAllister	Community Engagement Manager	MMc
Shiona Frew	Acute Planning PA (minutes)	SF

1. Apologies and welcome

There were no apologies

2. Notes of the previous meeting held on 8th December 2008

The notes of the previous meeting were approved as a true and accurate record.

3. Matters arising

- Child Psychiatry

AS advised that the information from Stephen MacLeod had been received.

- Section 75

AS advised that a meeting to finalise the section 75 agreement had taken place on 8th January 2009. All issues have been resolved and the final schedule will be circulated once received.

- Laboratory Procurement Process

AS advised that the Laboratory Procurement Process had been agreed by both the ASR Programme Board and the Procurement & Finance Group. It had been agreed to release some monies to enable the design to be progressed.

- Master Planning

DH advised that Brian Stewart, ADS Enabler had been invited to the master planning meeting held on the 19th January 2009. This meeting would be a small informal meeting to inform Brian Stewart on the work undertaken to date. Another meeting with the wider master planning meeting group was scheduled to take place on 23rd January 2009. PM advised that a meeting with Glasgow City Council was scheduled to take place on the 22nd January 2009.

ACTION

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4. Community Benefits

MMc spoke to enclosure 2 and advised that guidance indicated that community benefits need to be embedded into the procurement process and therefore be a part of the OJEU and PQQ. To ensure due diligence community benefits would need to be a part of the procurement scoring exercise. The usual scoring is in the region of 10% as needs to be high to ensure that bidders take proper consideration of community benefits. In terms of actions to be undertaken immediately the OJEU should be reviewed to ascertain if the appropriate CPV code can be incorporated. MMc also indicated that in terms of preparing future documentation for the procurement process there was an offer of support to the board from partners. This would include the preparation of the Employer Requirements which would require to include support available to contractors from partners.

AS had previously enquired as to the risks associated with community benefits and these relate primarily to the potential to deter bidders from bidding. On reviewing case studies and risk assessments it would appear that this is not an over-arching risk to the project. Community benefits are increasing being added to projects and many contractors view community benefits as a requirement. Another potential risk is the cost to the Board by incorporating community benefits into the procurement process. Evidence exists that suggests that should the Board not take steps to mitigate the costs then there is the potential to be liable for further costs. It should be highlighted that other partners, had taken steps to offset costs associated with community benefits to the contractors.

To help the contractor mitigate the costs there is help available to identify resources. MMc circulated a copy of a draft Community Benefits risk register for information. AS had previously intimated that a view of the community benefits risks to this project would need to be ascertained and if there are risks to identify how these risks can be mitigated. The timing is off the essence in terms of finalising the first stage of the procurement process and if deciding to incorporate community benefits then the governance structure would have to ratify this decision. Due to the political profile of the project, MMc indicated that one of the most significant risks was doing nothing and there was a strong view given the level of public funding that community benefits need to be incorporated into the procurement process.

AS enquired what the risks were in relation to partners overall programme and to the employment and training clause. MMc reported that the highest risks are associated with political expectations and public expectations exceeding the programme boundaries and it was challenging to identify steps to mitigate these risks. Where appropriate, partners have entered into service level agreements to offset the risks. i.e. they have a requirement to have labour provided to a set standard and that there is a 24 hour notification of any vacancies.

In practice, the benefits partners have stipulated are very specific to their contract/ project. AS requested that the title programme risks be added to the project risk log. The incorporation of community benefits to this project are critical to the Board. The OJEU process very much part of what Gateway and the Board would like to look at and we must be able to advice on how this project would benefit the community. AS reported that care would be required to ensure that an assessment of bidders experience of community benefits, the training programmes in place and programmes to recruit apprentices were made. Potential bidders that the team are aware of took corporate responsibility seriously and had staff at Director level responsible for recruitment and apprenticeships. JH suggested that in the current climate it would be difficult to achieve 15%. MMc advised that this is a target that partners have achieved and there is further work required to look at defining what a new entrant means and the balance of training and employment opportunities sought which would need to be adapted to be specific to this project.

JH advised that Currie & Brown are already involved with partners on programmes which incorporate community benefits and reinforced the point that their approach is specific to their individual projects.

4. Community Benefits (cont'd)

DR enquired as to how the realisation of community benefits could be enforced i.e. recruiting new entrants. MMc advised that the view of partners in respect of compliance is that there is no way to ensure compliance. Community benefits needs to be taken forward as a partnership. It was agreed that 10% new entrants might be a bit high however if funding available then contractors may find the proposal attractive. JH advised that this could cause a skills issue as on one hand the Board are requesting that a highly skilled workforce should be employed and on the other-hand the Board want community benefits realisation through employing a local unskilled workforce which would need be trained.

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MMc suggested that the contract would look to provide a minimum standard to ensure that potential candidates made available to contractors are appropriately supported and skilled. The responsibility would be on partners to ensure that potential candidates meet the minimum standards required by the contractor. DR suggested that it could be put into the OJEU and PQQ as we would want competitive dialogue. AS enquired if a general statement could be added to the relevant documents. MMc advised that a general statement could be added to the OJEU but as the PQQ was a technical document then the questions need to be specific on the contractors technical capacity/ ability to deliver the community benefits.

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DR asked if MMc would draft the question that would need answered and MMc agreed. In respect of the Employers Requirements it would be advantageous to have a session with the Technical Advisers to identify what would need to be incorporated in the ER's. AS reported that the Joint Project Team would have to structure the evaluation criteria. MMc stressed that the Community Benefits would have to be at a level whereby it could not be disregarded. He would provide any documentation required for the OJEU and the PQQ. MMc enquired whether the team would wish external assistance in preparing the ER's. AS confirmed external assistance would be helpful and asked MMc to link in through DH. AS reported that the team would endeavour to support the community benefits.

MMc

MMc/DH

5. Gateway Review

AS advised that the project team had met with the Gateway Reviewers at the Gateway planning meeting the previous day. The reviewers would be John McBeath, Bert Niven and Tony Steele. AS highlighted that Tony Steele is highly knowledgeable about NEC3.

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The outcome from the planning meeting had been a list of documents they want to review. The focus of the review would be on procurement and how we manage the process and the finances. It would be helpful to have the process for construction management written out.

DH/JH

The review would take place over the 27th, 28th and 29th January 2009. The morning of the 27th January would be spent providing presentations to give them a good grounding of the project. PM would provide a procurement presentation and it would be advantageous to have DH and JH present during this presentation to answer questions. The reviewers had indicated that they would like to meet with the legal advisers so Juliet Haldane/Julia Kennedy would be asked to also be present. PM suggested that the final presentation be discussed at the meeting taking place the next day. AS requested that Mark Baird be involved in the meeting with Shepherd and Wedderburn as he had been working closely with them. The procurement process presentation would need to include the timeline undertaken to achieve the agreed procurement process. The Master Programme and Stage 1a programmes should also be included in the presentation. AS advised that the list identifying the required presentations would be circulated and all presenters would be asked to provide a couple of paragraphs on each topic they would cover. The remainder of the 27th and the 28th January would be scheduled out to allow them to undertake interviews. A list identifying those colleagues the team wished to interview had been prepared and work was underway to contact everyone on this list in order to schedule out the interviews. AM intimated that he would contact the review team to ascertain what financial information they would like presented. AS reported that the review team provided feedback to Helen Byrne and himself and the end of each day. The final day would be used to potentially undertake further interviews and for the reviewers to draft the final report.

MM

Tasks outstanding for the review included

- | | |
|---|-----|
| <ul style="list-style-type: none"> finalising the proposed equipment strategy and process and a meeting to progress this had been arranged. AS requested that the final paper be provided to the project by Friday 23rd January 2009. | HG |
| <ul style="list-style-type: none"> Finalising the diagram illustrating all the project groups. The diagram had been reviewed by the Project Team at its meeting on 7th January and had been subsequently updated to include the leads for each group. | HG |
| <ul style="list-style-type: none"> Preparation of schedules of decisions. This was being progressed by the IT lead. | HG |
| <ul style="list-style-type: none"> Finalising the Community Engagement Strategy paper. MMc agreed to send the final strategy paper to AS by Friday 23rd January 2009. | MMc |
| <ul style="list-style-type: none"> BREEAM – HM preparing briefing paper for the project team outlining the work undertaken to date and the work which is planned to be undertaken. | HMc |

6. Acute Away Day – 6th February 2009.

AS advised that Robert Calderwood had an away day scheduled to take place on 6th February 2009. The away day involved the top 150 managers. A prior commitment prevented AS from attending and PM had been identified as the lead for the project as Robert had requested a presentation and posters. A representative from Currie & Brown would also need to be identified. AS requested that SF find out the time and location for the Away Day.

SF

7. Phase 1a Programme

AS advised that DH had issued a report on phase 1a. DH advised that the programme would be populated with dates for decision points. Progress against the programme was reported as:

- Agreed completion of clinical output specifications (COS's) by 9th January 2009. The vast majority of COS's have been achieved.
- An assessment of the schedule of areas had been undertaken and circulated internally.
- The master planning would now be commenced.
- By 23rd January 2009 the costs would be able to be worked up. HG advised that recent amendments had been made to schedule 6H (100%). DH advised that they had been liaising with Buchan Associates and schedule 7 would be used in the cost exercise. AS reported that it is important for the project to have a) PSC developed, b) Clinical Output Specifications, New Schedules and d) costings.
- During the period 23rd January to 3rd February, the development of drawings/plans for areas. Thereafter users meetings with the critical groups would take place to review and agreed the principles to the drawing/plans. These meetings would also be used to look at the equipment requirements.
- During the period 15th February to 15th March, the process for ADB sheets would be commenced.
- The Employer's Requirements (ERs) are expected to be finished by March. As NHS Board does not meet in March so there may be an issue obtaining sign-off. It is proposed that a paper outlining the timeline being followed to finalise the ERs be submitted to the February NHS Board meeting for information and noting.
- A bit more work would be required in respect of the A&E dept.
- A meeting with the Front Door Group would be held week commencing 19th January 2009. Thereafter a 'joining up' meeting would be required with EMC being undertaken at the beginning of February. This meeting would also be utilised to start the equipment process.
- The design development for the new children's hospital is slightly behind but all information has now been received. AS advised that the percentage single rooms for the new children's hospital remains at 57% and this was confirmed to the NSG Exec Board on 14th January 2009. MM suggested that discussions were ongoing in respect of the percentage single rooms and it was anticipated that the percentage may increase however the footprint would not increase. DH reported that information would need to become fixed for the purposes of bidding documents. If the percentage of single rooms were to change then this would need to be treated as a controlled change. HG advised that infection control have now requested that

certain areas contain glass partitions between patients which would cause an increase to the footprint. A meeting to further discuss the request would take place on the 16th January 2009 and feedback would be provided at the next meeting.

- Theatres in children's hospital increasing from 7 theatres plus a dental to 8 theatres including dental.
- Issue regarding the recovery space for day surgery to be resolved i.e. what the beds would be to support those theatres. Morgan advised that a discussion paper outlining the increasing bed numbers had been prepared.
- Child Psychiatry – all information received and being progressed.
- Design work is being progressed on waste areas and loading bays.
- DH requested confirmation as to what is in the capital plan for car parking. Proposing to put 5 storey car park on site and 1255 spaces into the basement for the new hospitals. This had been costed at circa £40m and would cause issues to the programme. AS enquired whether the cost included digging out the basement therefore double counting. DR advised that it was the retaining wall that is expensive.
- Ambulance Centre Site – costed at £21m-£30m which includes £3m to relocate ambulance centre.
- Another option to be progressed is the new consultants block and car parking. DR will go through this option in more detail with PM. There is a need to get a co-terminus point in order options can be discussed with Robert Calderwood. HMc enquired whether the car parking could be similar to that at the Victoria where the car parking was underneath. DH reported that this option could not be considered as would cause difficulties for Fastlink. AS advised that as there had been no decision on Fastlink that the main concern should be on the hospitals. DR advised that all the options will be costed up.

8. Risk Register

The team reviewed the risks register and amendments were identified. The risk register would be updated for review at the next Joint Project Team meeting. The team discussed separating the risks into business and technical risks and this was agreed.

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9. Extended Compliance

AS advised that correspondence has been recently received from Claire Phillips outlining some potential solutions to extended compliance. It was suggested that a meeting to discuss extended compliance should be arranged to take place after the Gateway Review and be resolved by April 2009. The attendees for the workshop would be Mary Ann Kane, Alex McIntyre, Billy Hunter, Partnerships UK (Claire Phillips) and the Joint Project Team. DH asked what effect this had on the documents being prepared for issue. PM advised that the PQQ would ask what experience the company has in relation to extended compliance.

SF

10. Industry Day

DH enquired when the Industry Day should take place. AS reported that the Industry Day would take place on the 16th February 2009. HB would be asked for a view on what the potential venue. DH advised that the details for the Industry Day would be added to the OJEU notice.

DH

11. AOCB

• RDS

PM asked that the number of 1:200s be increased to 7. DH advised that the proposal from HLM is awaited.

DH

• Labs

AS reported that a paper proposing a combined Labs/Energy Centre/FM would be prepared for the Board and in terms of the master-planning this should be planned for. DH enquired whether an FBC for the Labs would need to be prepared. It was anticipated that a decision on the Labs/Energy Centre/FM would be available by late September 2009. DR suggested that a sizeable amount of money will be required to take Labs to FBC. AS advised that it was anticipated that an FBC for the Labs and an interim FBC for the rest of the project would be required and the money required to progress the Labs

to FBC has been identified. DH suggested that the timetable for submissions would be Board in September and CIG in October 2009 and once approved the appointment made (potentially December 2009). AS advised that for this year £13.5m has been identified in the cashflow. DH suggested that thought would need to be given into the group that would input into and develop the FBC. AS reported that in terms of Labs FBC that the Labs Lead would write as she had already done the Labs OBC. DH enquired who the lead for Labs was and this was confirmed as Isobel Ferguson. AS reported that a financial analysis should be presented to the next Procurement & Finance Group.

DR

- **Ward sizes**

HG advised that Rory Farrelly, Acute Director of Nursing had raised concern about ward sizes of 24 and 32 bedded wards which had been tentatively suggested by the HLM architect as an option. His concern is that this configuration may result in higher costs. Another alternative currently being developed by the architects is a more flexible design of 2 wards together in a triangular format allowing future flexibility in the size of the wards. This would be discussed at the next ward users group meeting being held on the 23rd January 2009.

HG

12. **Date and Time of Next Meeting**

The next meeting would be held on Wednesday 28th January at 9am in the Conference Room, Project Offices, Hillington.

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

Action Notes of the meeting held on Wednesday 28th January 2009 in the Conference Room, Hillington Project Offices

	ACTION
1. Liaise with Blair Greenock to find out how many consultees the Council will have re Master plan and identify any issues for timeline	DH
2. Prepare 20 minute presentation for Acute Away Day on 6 th Feb. Consider which posters are required due to restriction on time to provide presentation. Podium area plan to be shown but not ward stack	DH/JH/PM
3. Meeting to be arranged to discuss extended compliance – Invitees would be Alex McIntyre, Mary Ann Kane, Billy Hunter, Joint Project Team, S&W	SF
4. Consider implications of adding link between oblong wards i.e. to make the wards triangular	DH/HS
5. Continue to progress work to finalise ER's – further meeting scheduled to take place on Friday 30 th Jan 09	DH/PM
6. Process to handover Labs project design to new TA team to be developed	PM/DH
8. Representation from Labs Board to be included in Evaluation Panel. FW to provide the names.	FW
7. Issues Log – to be reviewed and updated via SF. Log to be updated to include columns for target and completed dates. Completed issues to be remain on log but be shaded out.	ALL/SF
9. Escalate Infection Control and Critical Care (Glass Partitions) issue to Medical Director	HG
10. Continue to work up cost update submission for Performance & Finance Group. Needs to include a consolidated report of all the changes and impact on Optimism Bias.	DR
Set-up pre-meeting prior to 9 th Feb P&FG meeting. Invitees to include Helen Byrne, Robert Calderwood, Peter Gallagher, Alan McCubbin, Peter Moir, Alan Seabourne, Douglas Ross, David hall and Jim Hackett	SF
Prepare a transgression report based upon the original Davis Langdon Cost Plan to the new C&B Cost Plan.	DR
Set up a meeting after the 9 th Feb to present the tracking information. Invitees to include Jim Hackett, Douglas Ross, David Hall, Peter Moir and Alan Seabourne	SF
11. Risk Log – to be reviewed and amendments sent to SF for updating the master. DH to provide a risk in respect of the preparation of the Employer's Requirements for the Labs build	ALL/DH
12. Master Planning – AS to attend as many Master planning meetings as possible. Schedule of master-planning meetings to be forwarded to SF	DH
13. Information Sharing Process to be developed and adopted. PM to discuss with C&B and consider utilising the BIW system.	PM

14.	Set up meeting with Alex McIntyre and his team to discuss plans – JH to ask MB when documents will be completed.	
15.	Utilities Strategy to be urgently progressed for discussion at the next Joint Project Team meeting	DH
16.	Bid Deliverables and Evaluation documentation to be progressed.	DH
	A workshop to discuss evaluation to be arranged. Invitees should include Mark McAllister and Patient rep. Other invitees would be identified.	AS/SF
	National Guidance on Evaluation Ratio's to be identified.	FW
17.	NEC Event – need to identify who should attend – 15 places allocated.	PM/AS
	Need to identify a venue for the NEC event	SF
18.	Sales document for current Scottish Ambulance Service based to be located. David MacGowan may be able to provide.	FW
	Document to be sent to S&W for their view	AS/SF

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Wednesday 11th February 2009
in the Conference Room, Hillington Project Offices**

Present:

Alan Seabourne	Project Director	AS
Alan McCubbin	Head of Finance (Capital and Planning)	AM
David Hall	Executive Project Manager – Currie & Brown	DH
Douglas Ross	Commercial Manager – Currie & Brown	DR
Frances Wrath	Project Manager – Enabling	FW
Harry Smith	Associate - HLM	HS
Heather Griffin	Project Manager – New Adult Hospital	HG
Mairi Macleod	Project Manager – New Children's Hospital	MM
Mark Baird	Divisional Director – Currie & Brown	MB

Apologies:

Peter Moir	Head of Major Projects	PM
Jim Hackett	Project Director – Currie & Brown	JH

In Attendance:

Shiona Frew	Acute Planning PA (minutes)	SF
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- | | ACTION |
|--|---------------|
| 1. Apologies
Apologies were noted as above | - |
| 2. Notes of previous meeting held on 15th January 2009
The notes of the previous meeting were accepted as a true and accurate record subject to the following changes:
Item 3, 4 th sentence: amend to read "over the next 5 months...."
Item 4, 7 th bullet point: amend to read "closing date for OJEU remains unchanged at 20 th March 2009.....to provide 37 days between" | SF |
| 3. Matters Arising <ul style="list-style-type: none"> • Master Planning <p>DH advised that the preferred Master Plan for the site has been developed. This Master Plan is dependent on obtaining ground identified as being owned by Scottish Water and the Scottish Ambulance Service. AS advised that meetings had been held with Scottish Water and the Scottish Ambulance Service. Both parties had been receptive to initial discussions. Further communication is awaited from Archie MacGregor (Scottish Water) however this land is the site of a large mast which may be an issue. HS Advised that he would have to plot on the plan where the mast is sited. AS advised that PM has plotted the siting of the mast and it is anticipated that the mast would need to be moved. The Scottish Ambulance Service had indicated that they would be keen to move from the current depot because of the anticipated increase in activity to the site. The costs for demolishing the building would have to be factored into the cost plan. They indicated that they would move to leased accommodation and the cost plan would also have to factor any costs required to alter the leased accommodation for the service.</p> <p>AS advised that the Master Plan would also need to factor in proposals should the land purchases not happen. HS reported that alternative options have been identified. The loss of the potential new road</p> | HS |

would not cause any major issues, however, the loss of the Ambulance Depot land would be detrimental to achieving the car park requirements. Alternative car parking options were being investigated and it had been identified that there would be potential to deck A&E as 3 decks would provide approximately 500 spaces. AS stressed that it was important to have solutions should the land purchases not go ahead. It was anticipated that the decking of A&E could be completed soon after the new hospitals.

DH reported that Government Guidance indicated that there are security issues/risks for basement car parking. AS advised that the guidance related to Government and Ministry of Defence Buildings. It was agreed that the new hospitals would not be categorised at the same risk level

- Footprint of Building

HS advised that the footprint of the building had been tested and it had been proven that the areas work. In terms of the 1:500 level the design team are comfortable however it would appear that the 1:200s may need tweaking. It had become apparent that a few departments may have circulation issues. DH intimated that the circulation issues was being reviewed and investigating ways of mitigating this issue i.e. incorporating social and circulation space.

HS advised that he had recently visited a new 100& single bedded hospital in Derry and the feedback from the patients indicates a feeling of isolation therefore important that where possible social spaces are kept. AS reported that the feeling of isolation should not be as high in the new South Glasgow Acute Hospital as it would not be a long stay hospital therefore emphasis should not be on social spaces. Also, the survey undertaken by the Scottish Government indicated that patients would prefer privacy over and above social spaces. HS advised that the architects were working through the potential circulation issues.

- Abutment of New Children's Hospital to Maternity/NICU

AS reported that the recent hospital diagrams had indicated that the New Children's Hospital is linked to Maternity/NICU by a corridor. HS reported that a wide linked corridor had been proposed as this provided the abutment wall with an outlook and created a space which could be utilised as a working space i.e. meeting rooms, storage. AS enquired how a 25m bridge would achieve integration of the buildings. HS suggested that to integrate the buildings the corridor would need to be a shared space. AS enquired if the corridor could be shortened as Rosslyn Crocket (Director of Women and Children's Services) had indicated if it is a corridor/bridge then this would be a showstopper. DH advised that issues in relation to access to the Maternity Ambulance Bay and by the Fire Tender had contributed to the abutment being proposed as a corridor. HS advised to review the abutment plans and arrange a meeting through Mairi with Rosslyn Crocket. DR reported that there are concerns in relation to access for fire tenders at the building corner. MB suggested that an review should be carried out to identify if fire tenders can get round the building.

- Fastlink

DH reported that further discussions about Fastlink would be required with Glasgow City Council due to the proposed changes for the loop. A Master Plan for the Labs would also be required which would involve opening up discussions with the City Council. The Technical Team regard the proposed Fastlink Plan to be better than the Council proposals. HS reported that a report indicating the pros/cons for the new Fastlink Plan could be prepared in order to prove why the plan is better.

AS advised that the NHS GG&C Chief Executive was due to sign off the Section 75 agreement. After the agreement is signed-off then it is imperative that it can be new plan can be shown to be better.

DH advised that work is on-going by HS in respect of the treatment of open spaces and cycle routes. An issue over surface water management had been identified and the Council have requested that Ironside Farrer review the new proposals/master plan. A Campus Plan would need to be developed in order to develop the Master Plan. AS advised that the TA Team could link directly with Mark McAllister to discuss the Community Engagement Plan. AS advised that he would link into future Master Planning meetings. HS reported that the 16th February is important as this is the deadline for completion of the

Exemplar Design and Master Plan.

MM enquired if it was still planned to have the link to the Institute at 1st floor level and this was confirmed by HS. MM advised that she had met with Susan ????? who had indicated that the service was keen that the link stays at 1st floor level. DH enquired if plans were available for the Institute and FW reported that the plans would be available from BMJ as they had undertaken the work for the roof. DH suggested that the height may cause an issue for Fire Tender Access. AS suggested that the link could be inclined to increase the height of the link to enable fire tender access. HG enquired who would need to sign off the link and this was confirmed as Jonathon Best (Director of Regional Services). AS enquired if a detailed plan for departmental sign off and this was confirmed and DH agreed to circulate the plan.

4. Layout Drawings – New SGH & CH

AS requested that where possible the team be issued new drawings/diagrams prior to being presented to colleagues external to the Project Team. HS reported that the drawings prepared for the Industry Day had been finalised overnight. Currently, an update on the drawings was being undertaken to include more detail in respect of the New Children's Hospital. AS enquired if the new diagrams would be available for the Industry Day and this was confirmed.

HG enquired whether drawings could be presented to the ACH Directors meeting taking place the next day and HS agreed to send diagrams later that day to HG. He advised that the 1:500s are almost finalised and the 1:200s are well developed. The 1:200s will be finalised by end February 2009 for final review. The drawings for the new Children's Hospital are slightly behind as the COSs are awaited. Mairi reported that the COSs had been sent to Ian Buchan and should have been received by the other TA team members. AS enquired why there was a desire to undertake additional 1:200 drawings as obtaining further time from clinicians would be difficult and concern was raised about therefore obtaining the necessary sign-off and the potential risk to achieving the programme. AS enquired whether the additional 1:200 drawings would provide increased robustness of cost. DH advised that a schedule had been programme out for the review, refinement and sign-off of the proposed thirteen 1:200 drawings. FW enquired why a 1:200 outpatient cluster had been proposed. HS advised that the outpatient departments would be located in the podium footprint and therefore the team had to satisfied that the footprint would fit/work. HG raised concern at obtaining diary time from the clinicians. DR advised that a risk had been identified in relation to the circulation space and by carrying out additional 1:200s the risk could be mitigated. AS enquired whether partial sign-off might be achievable and HG confirmed that it would be achievable as long as the user groups did not try to review previous decisions. DH reported that that the following 1:200 drawings were proposed:

Adult Hospital:

- Theatres
- Ward
- A&E
- Outpatients

Children's Hospital:

- Wards
- A&E
- Theatres (9)
- Shiehallion
- Radiology/Cardiac Cath
- Rehabilitation

Both Hospitals:

- Shared Areas for both hospitals

It was agreed to provide above at the proposed cost.

5. Gateway

AS advised that the Gateway Review had made 5 recommendations, 4 green and 1 amber. The amber risk is in relation to identifying absolute benefits i.e. how patients will specifically benefit. The 4 green recommendations were in relation to a) having a fuller risk register, b) amending the governance structure, c) appointing another team member and d) maintain high levels of communication with internal stakeholders.

The reviewers were satisfied that the preferred procurement route had been achieved via a robust inclusive process.

6. Industry Event

AS confirmed that the Industry Event had been scheduled to take place on 16th February 2009 at 1.30pm. The venue for the event is the Nevis Room, Hampden Park. The attendees would be provided with an information pack which would contain the Memorandum of Information which would be professionally printed by an external printing company.

HB will be presenting a presentation on the new hospitals. The presentation had been based upon that provided at the Acute Service Away Day on the 6th February 2009. The presentation would be supplemented by some other images which were awaited i.e. children's hospital diagrams and spinning hospital diagram.

7. Ward Design

HG advised that she had met with the Ward User Group and they indicated that the triangular design was the favourite. They had indicated a preference to have the en-suites to the outside however some had enquired about the size of interlocking suites. HS advised that a way to achieve 2 x 56 bedded wards had been identified. HG advised that a room had been taped out to provide a real size model which confirmed the size would be comfortable.

AS reported that he had not seen any real detail for the new children's hospital wards and it was confirmed that this work is on-going.

DH advised that confirmation is required that the ward size is 16.5m and not 19.5m as indicated in a English building note.

HG advised that the window sizing is crucial.

HS enquired to what level the bidders would be allowed to change the design as some aspects are crucial. AS enquired whether the building elevation and been reviewed to ascertain whether there would be potential of getting sealed building syndrome. HS advised that a report would be provided by M&E on this issue.

8. OJEU Update

MB advised that the OJEU, MOI and PQQ had been released on the 6th February 2009. So far a few companies had indicated an interest in the project.

9. Laboratory Facility – Design Team Tender

AS advised that 24 bids had been received in respect of the Labs Design Team. The evaluation process on the tenders would begin shortly. DR reported that time was of the essence to ensure there would be no delay to the programme.

FW advised that work on the Labs Facility COSs was progressing well.

10. Cost Plan – Feedback from PFG

AS advised that the cost plan had been presented to the Procurement & Finance Group meeting held on 9th February 2009. The 3 main aspects of the cost plan were presented i.e. cost certainty, b) elemental aspects and c) inflation. The cost plan would need to be refined and presented to the next meeting of the Procurement & Finance Group. AS recalled that car parking 1 had been identified as being contained within the Board's Capital Plan and enquired whether the car parking is another pressure on the £842m or if the Board needs to identify the finances. DR confirmed that car park 1 was not included in the £842m.

AS enquired whether the costs for the City Mortuary were contained within the £53m. FW advised that funding for the City Mortuary aspect would continue to be sought from its partners i.e. Fiscals Office and Crown Office. AS requested that the next presentation of the cost plan would make it clear that funding would be sought from its partners.

AS recalled that the TA Team had confirmed at the PFG that groups 3 & 4 had been included in the equipment cost plan when in fact it is groups 2, 3 and 4. AS reported that an email would need to be sent to Robert Calderwood to clarify the equipment grouping being included.

AS requested that the cost plan be revised and tested for robustness. A first revision of the cost plan to be available by the end of February and the detail finalised by end of March 2009.

11. Phase 1A Programme – Update

DH provided the following update

- Still working to achieve Master Plan by Monday 16th February 2009,
- A programme to achieve the exemplar design had been prepared and it was currently behind schedule,
- The Gateway Review had taken place over 27th to 29th January 2009,
- The Stage 1 tender issue for the new hospitals remained on target (14th April 2009),
- Supplementary Tender Issue for Laboratory Facility to take place by 11th May. This was at risk of not being achieved if evaluation process is delayed.

AS advised that the evaluation process would need to be identified and agreed. Also need to determine the financial percentage and cost certainty. A proposal identifying the proposed evaluation process would need to be signed off by the PFG. The following key parts would need to be signed off by through governance structure

- Employers Requirements – to be circulated round senior Board Officer for comment;
- FM – would need to have a summary meeting to advise of the assumptions/amendments and achieve sign-off
- Target Price
- Compliance
- Programme

DH suggested that a subset programme identifying the key dates for documents sign-off would be prepared.

DH advised that Site Investigation Works had been awarded to Barn Ritchies and they had started on 9th February 2009. FW advised that Jim McFadden had been issuing their permit and a progress update meeting was scheduled for 16th February 2009.

Confirmation is required on the following issues:

- Which areas within the children's hospital to be developed to 1:200 design level,
- Increase in bed single occupancy (83%)
- Increase to acute receiving by 12 beds
- Teenage Cancer Trust inclusion in hospital design
- Cardiology size to be confirmed

AS reported that Morgan Jamieson had prepared a paper on the need to increase the bed number for Helen Byrne and Robert Calderwood. A decision should be received by 18th February 2009.

DH enquired if feedback from the Children's Hospital Clinical Redesign Group was available and MM reported that all the information had been forwarded to Ian Buchan.

12. Laboratories Project

FW advised that work to agree the floor layout plans had progressed well. A further meeting would be held with a) Genetics – to ascertain if aspects could be moved and b) FM – to discuss the internal FM space. The information gathered to date had been provided to Raj (BMJ) who was producing the drawings. The revised drawings require to have sub areas marked on.

New design team for the Labs to be commence their appointment by 2nd March 2009 which requires that the tenders are evaluated and winning tender identified by 20th February to ensure that the 10 day standstill rule is complied with.

13. Utilities

DH advised that the Energy Centre had been separated away from the Laboratory Facility which meant that the Energy Centre could now be built as part of the main hospitals build. AS stressed that the new Labs Facility would need to be provided no matter what happens re the build of the new hospitals. It was noted that all the FM would also be within the Labs. AS enquired if the energy centre would still be contained within the Labs package and DR confirmed that this issue required further discussion. HS reported that the energy centre detail is not available to enable it to be built. DR advised that the energy centre could be built as part of an advanced package of works and therefore the detail is not required at this stage. Further discussion would need to take place and proposals developed by end of February 2009.

AS intimated that he had expected that more progress on Utilities would have been achieved. FW suggested that a full site solution similar to that prepared by previous M&E advisers would be required however it appeared that this was not being undertaken by the current M&E advisers. AS suggested that a session on Utilities would be required soon. A presentation should be provided which focused on what the plans are and what decisions are required.

DH reported that there are issues in relation to clearing the site. A matrix had been drafted in an attempt to capture the gaps. FW raised concerns over consistency throughout the Utilities report. DH sought confirmation on whether Wallace Whittle should be considering the whole site and AS confirmed that the whole site should be considered however the future extent for the site should only be considered at a high level. FW reported that it would be important to future proof the size of the energy centre at this point. It was agreed that a session to discuss Utilities would be held on 19th February 2009 at 12.30pm.

AS reported that the Carbon Trust had requested a whole site plan and it was reported that a whole site plan would be completed for the ERs, not at this stage.

AS advised that there would be other green energy plans for the site and requested that FW find out what the plans are to work greener and more sustainable. DH advised that the potential to have sustainable cooling was being investigated and consideration was also being given to Waste and Recycling. A meeting had been held with Susan (Carbon Trust) and the targets had been agreed however confirmation of the energy consumption targets for each area is awaited from Susan. It is proposed that a model to test would be prepared. To test for numerous areas a single model would be produced and results multiplied by the number of areas to provide the full area result, i.e. based on a single of a ward and multiplied by the number of wards at same size.

14. Issue Log

The team reviewed the Issues Log and AS requested that updates be provided to SF as soon as possible.

15. Risk Log

The team reviewed the Risk Log and AS requested that updates be provided to himself for review and inclusion in the risk log.

16. AOCB

- FM

Work is on going. DH reported that a decision on robotics would be required as soon as possible as at the moment there was a potential to build in 3 points of entry from the tunnel system to the FM building i.e. Labs, Mortuary and Waste in terms of further designing the Labs.

- Design Team Interface

May be challenge to ensure appropriate design team interface re tunnels, HS will be in charge off the interface as there is a critically around this interface when the design of the Labs is handed over to the Labs Design Team.

- Fastlink

AS advised that he had just be sighted on a recent change to the section 75 document that indicated the fastlink service has been further reduced from a 15 minute service to a 20 minute service. AS would report back to the TA Team as soon as he had read the new service proposal.

- Sign Off

HG enquired when the COSs had to be signed off and whether all the COSs would be included in the ERs. DH confirmed that the COSs would need to be finalised by 16th March 2009 for inclusion in the ERs and that all COSs should be included. HS advised that he was reviewing the COSs against the SoA to identify conflicts. MB reported that there would have to be a COS close off process. MB advised that it would be preferable to have the COSs fed back as and when they were finished and not all at once.

- Equipment

DH advised that a meeting with Robert Stewart had been held. Focus for equipment/ADB codes would be on the podium and a single ward. HS reported that he could provide all the ADB sheets. It was reported that the GG&C Procurement Dept do not run ADB. HS agreed to prepare an ADB schedule. HG agreed to arrange a meeting between HS and Procurement to discuss the ADB sheets. DH suggested that it had been agreed that HS would provide schedule of accommodation however what was being proposed was HS providing equipment schedules. MB suggested that an equipment schedule for the Imaging Dept should be prepared as well as this indicate the large equipment which may need to be fitted in the buildings early as they would be unable to be retro-fitted without structural changes being made incurring additional costs. MB enquired whether the ADB sheets would be able to be filtered i.e. by dept, room and this was confirmed.

HG enquired whether there would be a document which would provide a description of a standard room and it was confirmed that the 1:50's would provide this. HS advised that a list of the potential 1:50 would be provided for approval.

17. Dates and Time for forthcoming meetings

- Extended Compliance and Payment Mechanism - 18th February 2009 at 9.00am in the Board Room, Jubilee Court
- Utilities Strategy - 18th February 2009 at 12.30pm in the Boardroom, Jubilee Court
- Joint Project Team - 25th February 2009 at 9.00am in the Meeting Room, Queen Elizabeth Ave

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Wednesday 25th February 2009
in the Meeting Room, Hillington Project Offices**

Present:

Alan Seabourne	Project Director	AS
Bob Menzies	Architect – BMJ	BM
David Hall	Executive Project Manager – Currie & Brown	DH
Douglas Ross	Commercial Manager – Currie & Brown	DR
Harry Smith	Associate - HLM	HS
Heather Griffin	Project Manager – New Adult Hospital	HG
Jim Hackett	Project Director – Currie & Brown	JH
Mairi Macleod	Project Manager – New Children's Hospital	MM
Peter Moir	Head of Major Projects	PM

Apologies:

Alan McCubbin	Head of Finance (Capital and Planning)	AM
Frances Wrath	Project Manager – Enabling	FW
Hugh McDerment	Project Manager -	HM
Mark Baird	Divisional Director – Currie & Brown	MB

In Attendance:

Shiona Frew	Acute Planning PA (minutes)	SF
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1.	Apologies Apologies were noted as above	ACTION -
2.	Notes of previous meeting held on 11th February 2009 The notes of the previous meeting were accepted as a true and accurate record subject to the following changes: Item 7, 3 rd para – amend to read “..... that the bedroom size....” Item 10, 1 st para – amend to read “..... DR confirmed that both car parks 1 & 2 are not..” Item 11, 4 th para – amend to read ...”BAM Ritchies...”	SF
3.	Matters Arising <ul style="list-style-type: none"> Hospitals Footprint <p>HS advised that further review had been undertaken in respect to the footprint and more detailed 1:200 drawings are being prepared. The 1:500s are also being further reviewed. The adjacencies would be presented to the ACH Directors at a meeting later today. It is proposed that the courtyard areas will be smaller however there would more areas – this would allow people to have access to more natural light. AS enquired if the drawings would be changed and DH confirmed that they would be changed. JH enquired if the circulation was continuing to be reviewed. HS advised that the schedules of accommodation required to be updated and the resources for the circulation spaces required to be identified to ensure not being spent elsewhere. DR enquired if when the schedules would be available and HS reported that the revised circulation percentages would require to be signed-off before the schedules could be finalised. It is also required to identify which ward the department relates to. DH advised that on Friday 20th February 2009 it had been agreed that the Building Note Guidance in terms of the percentages would be adhered to with the exception to the wards as this would create large a</p>	PM PM

problem as this increase in circulation space when multiplied by the 36 wards could create a requirement for an additional 2000 m². HS advised that the social space would be reviewed to try and off-set the building note increase to circulation space. It is proposed that the social spaces would be reviewed to identify cleverer use of these spaces i.e. at the end of corridors. PM suggested that if the architects were already designing to the tight percentage for the ward plan and having to provide solutions then it would be difficult for others to design different plans for these areas. JH advised that it would be important to optimise layout for the wards and to ensure that this does not jeopardise the functionality of the ward design as this is a cost pressure because the increase to circulation space was not contained within the original OBC cost plan. HS requested confirmation on the cost identified for the increase in single bed wards and PM confirmed that £26m had been identified. AS stressed that it is important to ensure that the optimal design is achieved however the cost of this optimal design must be contained within the affordability envelope.

AS sought confirmation that the issue around the abutment to the Maternity build had been resolved and therefore the access between the hospitals would be in the form of an expansion plate. HS said that the plans for the Maternity required to be checked as he was unsure that the architects were in possession of the plans. PM advised that the plans in dwg format were issued on the 26th January 2009. BM and HS were requested to check that they had received the information in the requested format.

AS confirmation on which guidance indicated 16.5m for single rooms. DH explained that Scottish Planning Notes indicate that a ward single room size should be 16.5m. The 19.5m is indicated in English Building Notes. JH enquired if the en-suite door entrances were being reviewed and this was confirmed. HS advised that the sizing of the windows is crucial however the distance from window to bed is equally as crucial.

AS reported that the issue raised by the microbiologists re the make-up of the external facade of the building with respect to infection control as opposed to a sealed building. It was confirmed that this was still to be undertaken.

- Tender for Contractor

JH advised that Carillion had recently indicated that they would not be applying for the contracting tender.

- Cost Plan

DR advised that the cost plan would be updated based on the areas previously discussed. AS reported that a session to review the cost differences, estimated costs and risk would need to be undertaken. The session should take place before mid March 2009 and this was agreed.

- Robotics

AS advised that a visit to France was being arranged to view robotics being used in a hospital setting. Mary Anne Kane would be going on this visit and would feed back to the team.

4. Masterplanning

- Update on Fastlink

AS advised that the City Council have amended the proposed Fastlink service to the SGH which is causing an issue for the Health Board. The Health Board had previously identified an alternative plan should Fastlink not come to fruition.

- Sign Off

DH advised that sign-off was being undertaken on 3 elements, i.e. 1-500 adjacency drawings, the 1-200s and the Clinical Output Specifications. It is aimed to have signed-off in principle on the 1-500 and Clinical Output Specs by Heads and User Groups for 20th March 2009 and for the Departmental Layouts by 27th March 2009.

AS advised that he wished to meet with Alex McIntyre to discuss his issue of specification detail issue.

The ACADs are having real difficulty over the plant and AMCI is looking to get finished detail design to ensure the ACAD problems do not occur in the new hospitals. The agreed procurement process does not allow time to develop detailed specification outputs at this stage. AS requested that C&B provide 2/3 examples of specification outputs i.e. ventilation, theatres. so that an early discussion can take place. JH advised that MB had been looking at the concept of having a peer review of the output specifications to see if any issues can be identified and this was agreed. JH advised that it would be advantageous to engage where possible with the FM team. PM requested that the C&B New South Team engage with the C&B ACAD team. DR advised that early discussions had already taken place and subsequently Wallace Whittle had been requested to go through the ACAD ER's and have a further meeting with Alistair Stewart and Paul Fairie to discuss the issues to ensure an understanding of Alex's issues before meeting with him. PM suggested that what had been built would be compliant with HTM's. JH reported that HTM's are minimum requirements which contain items of interpretation and it will be important to review the HTMs and discuss the areas of interpretation with AMCI to identify what AMCI would wish and minimise the opportunity to interpret areas.

AS advised that FW had made good progress in respect of the Labs sign-off which had now been achieved.

The FM sign-off had not yet been achieved due to Mary Ann Kane being off on leave however she had just returned back to work and sign off was to be achieved as soon as possible. AS advised that thought should be given as to where to site Microbiology in the Labs facility so that this change can be taken forward by the Labs design team. DR suggested that Microbiology could possibly be sited in the node at the front of the building as there was the potential to add a floor above the node area. DR advised that a 3-D model of the Labs/FM build was being prepared.

DR reported that work by Currie & Brown on the Labs Facility was due to finish on Friday however should work be progressed until the new Labs Design Team is appointed. AS advised that Currie & Brown should finish their work as previously agreed i.e. Friday 27th February 2009, at this time.

5. Timetable and Programme – PQQ

JH advised that MB had programmed out the key dates for the PQQ return and evaluation. A competitive dialogue workstream has been commenced. AS reported that at the Extended Compliance meeting held on 18th February an issue in respect of the backstop date of 14th August 2009 had been raised by Claire Philips. AS enquired if the backstop date could be extended by a further month. JH advised that any proposed extension would require in-depth discussion due to the impact upon award of the construction contract and subsequent start to construction on site i.e. 12th November award and start on site just prior to November 2010. DR suggested that the month delay could cause issues with the financial flows and this would have a detrimental impact on the Labs facility.

JH advised that work on competitive dialogue continues to be built upon and they would continue to work towards the initial timetable of 14th August for starting evaluation process, 9th October for finalisation of evaluation and 12th October for awarding the contract – this timetable is already tight. PM suggested that extending the deadline would impact upon the time available to allow the construction bid teams to work up proper design proposals. PM suggested that a delay of a month would need to be discussed with Peter Gallagher in order to ascertain if the spend profiles can be changed. DR suggested that it be planned to build in the month delay as contingency in case the competitive dialogue discussions indicate that the bids are not developed to a sufficient stage where they can be submitted. **DR to write up about Contingency and Competitive Dialogue.**

AS enquired whether interviews would be requested and this was confirmed as having interviews would formalise the process. AS advised that it would be critical to identify who needs to be involved in the process from NHS GG&C. AS requested that the draft programme be supplemented with who would be required against each date/task. Any gaps in personnel should be identified and then appropriate personnel identified and asked if they would be willing to fulfil the task i.e. E & Y for finance. AS enquired if JH would check that Peter Gallagher would be satisfied with Ernst & Young fulfilling the financial task.

AS advised that he was trying to organise a Procurement & Finance Group (P&FG) meeting for 8th/9th April for sign-off. A paper addressing the concerns raised at the Extended Compliance meeting on 18th February should be submitted for sign-off by the P&FG.

6. Equipment – Process for Tender

AS enquired about the process with respect to identifying the equipment requirements for the new hospitals. PM advised that he now was able to access the ADB information and would provide the room codes for the hospitals. HS had lifted off the departmental schedules with a list of codes from the plans. It had been confirmed that Robert Stewart would start to prepare the equipment list. Early indications highlighted that the bulk of value in equipment is that of group 3 based on experience within the ACADs. A first pass to identify the equipment requirements for the Theatres and Wards would be initially undertaken and thereafter the podium areas. PM recalled that part of the Currie & Brown brief had indicated that they would undertake specific work on ADB therefore there is a need to identify who is best placed to do certain tasks and a discussion on this with David Hall would be required.

PM advised that Robert Stewart had indicated that approximately 20% of existing equipment would be transferred into the ACADs.

BM reported that they would be providing fifty 1:50s. BMJ do not have access to ADB however they were proposing to link in with HLM who do have ADB. BM highlighted that there may be issues where there are non-standard rooms i.e. near patient testing. PM advised that it was important to make sure that Robert is provided with the correct information as at this time he is only looking for a list of rooms with the ADB codes. It was enquired whether the schedules would be worked up to provide room numbers, etc and JH confirmed that some sort of code would have to be developed/provided. In the PA for the ACADs there is a list of equipment which provides costs for equipment should we wish to buy into and this was confirmed as it would provide a measure of cost.

AS enquired who would be responsible for the risk to Target Price once the 1:50 user input altered their requirements i.e. contractor. JH advised that iterations should not be under estimated. BM highlighted that alterations to equipment may require engineering change to the building in order to fit the equipment. MM advised that the 3 areas which were causing the greatest concern in the ACADs was aseptic, decontamination and theatres and therefore focus should be on these areas at the earliest opportunity. DR advised that, where possible, the minimum baseline equipment must be included in order to be costed in therefore if there is a change it would have less financial consequence. AS suggested that the baseline should be that as in the ACADs.

7. Masterplanning

HS advised that work is being progressed on the development of car parking options for the SGH site i.e. taking the spaces from underneath the hospitals into a new car park 1B. AS advised that a masterplanning meeting had taken place the previous evening. Subsequently he had spoken to Niall McGrogan, Helen Byrne and Tony Curran and they had indicated that they were satisfied with the plans thus far.

A discussion in respect to the proposal to integrate Microbiology into the Labs facility had also taken place with Jim Crombie whereby he indicated that he was very happy with this new proposal. The effect to the overall cost of the car parking and microbiology proposals would need to be identified in order to demonstrate the effect on cost to Peter Gallagher. The Masterplan will need to be taken to a range of people for sign-off. At these meetings it will be important to highlight that the 400 spaces underneath the hospitals are an additional cost. DR was requested to cost up the potential savings to be gained by putting microbiology into the Labs facility and the car park 1b to identify potential savings. DH requested clarity on the finances identified in the Capital Plan for the Microbiology refurbishment and PM agreed to confirm.

PM was requested to confirm whether £1.7m had been identified for the refurb.

- HS advised that work on progressing the site plans was well underway and it was anticipated that by 9th March 5 drawings would be available i.e. a) Current Site, b) site at beginning of the new build, c) site at handover of Labs facility, d) site at handover of new build and e) site at decant. AS reported that it would be important to identify what was being recommended as advanced works. DR advised that it would be necessary to have confirmation of the potential to use the ambulance centre ground. HS enquired whether it was possible to display information showing utilisation of the ambulance centre ground without having the Scottish Ambulance Centre signed up and it was agreed that information could be displayed. It will be important for Masterplanning and Market to know where the 1000 spaces would be located. AS advised that the substation and Labs should be identified as advanced works at this stage however car parking may be also added dependent on the outcome of discussions with SAS. PM advised that he had spoken to Archie MacGregor (Scottish Water) however a decision from Scottish Water to sell the land was awaited. PM would make contact again with Archie MacGregor to pursue. Also, he had spoken to a representative at the Scottish Ambulance Service and it was indicated that the proposal was still being considered in-house. AS advised that more would be done to progress discussions with both Scottish Water and Scottish Ambulance Service.

PM enquired as to the progress in setting up the meeting with Blair Greenock. DH indicated that a mutually convenient date was still to be identified. PM suggested that he would try and meet with Blair informally.

8. Utilities

DR advised that an interim solution had been agreed and John Bushfield was working up the costs for both the interim and the final solution. John has indicated that the power may be supplied from Govan and not Braehead as previously thought. The Utilities strategy and plans will be a part of the discussion for the FM day.

9. Workplan

PM advised that he did not want the ER's process to be delayed and therefore requested that the NHS GG&C project team members receive the final draft documents to comment upon as opposed to providing comments on each revision. He advised that he had not commented upon the latest revision (4) and would await the final draft documents.

DR advised that MB had been scheduling on target dates for sign off, i.e. FM – 6th March and 14th March. MB would circulate the sign-off programme in due course.

10. Compliance

DR circulated a summary document. The document contained bullet points of the key discussion points/actions from the meeting on 18th February 2009 for agreement by the team. Once agreed the bullet points would form the basis of the formal report from the meeting. AS enquired if a view would be provided i.e. construction

11. Target Pricing

Consensus.....Pain Gain to be developed

AS advised that for the early April meeting he required a report on Target Pricing/Compliance in which all the Technical Advisers (Shepherd & Wedderburn, Ernst & Young and PUK) to be signed up to. If sign-up cannot be achieved by all the advisers then the report would have to identify the gaps.

It will be important to be able to demonstrate that the Target Pricing Mechanism works.

The target dates for sign off would need to be added into the programme being prepared by MB. (Ask MB to provide info)

12. AOCB

- Procurement & Finance Group (PFG)

JH enquired about the action from the last PFG meeting which requested a meeting with MOD. AS advised that Claire Phillips had been requested to provide MOD contact details. SF was requested to contact to Claire to obtain the contact details.

- NEC3 Training

PM advised that the NEC3 Training had been arranged to take place over the 4th & 5th March. Representatives from Currie & Brown were more than welcome to attend. The programme is currently being finalised and will issued as soon as possible thereafter. The venue for the training is the QE2 Room at the Purple Hotel. All the details would be issued with the final programme.

The 1st day of the training would provide an overview to NEC3. The 2nd day of training would be focused on specific aspects. Stuart King would be providing the training for both days.

13. Date and Time of Next Meeting

Due to the NEC 3 training taking place over the 4th & 5th March the next Joint Project Team meeting would take place on 11th March 2009 at 9am in the Meeting Room, Project Offices (Queen Elizabeth Avenue). This meeting would be a formal meeting of the group.

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Wednesday 25th March 2009
in the Meeting Room, Hillington Project Offices**

Present:

Alan Seabourne	Project Director	AS
Alan McCubbin	Head of Finance (Capital and Planning)	AM
David Hall	Executive Project Manager – Currie & Brown	DH
Douglas Ross	Commercial Manager – Currie & Brown	DR
Fiona McCluskey	Senior Nurse Advisor	FM
Harry Smith	Associate - HLM	HS
Jim Hackett	Project Director – Currie & Brown	JH
Mairi Macleod	Project Manager – New Children's Hospital	MM

Apologies:

Frances Wrath	Project Manager – Enabling	FW
Heather Griffin	Project Manager – New Adult Hospital	HG
Hugh McDermott	Project Manager	HM
Mark Baird	Divisional Director – Currie & Brown	MB
Peter Moir	Head of Major Projects	PM

In Attendance:

Shiona Frew	Acute Planning PA (minutes)	SF
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|----|--|--------------------|
| 1. | <p>Apologies
Apologies were noted as above</p> | ACTION
- |
| 2. | <p>Notes of previous meeting held on 11th February 2009
The notes of the previous meeting were accepted as a true and accurate record.</p> | - |
| 3. | <p>Matters Arising</p> <ul style="list-style-type: none"> • Circulation Space
HS advised that work reviewing the circulation space is on-going as confirming the detail for the 1:200s. A meeting to discuss the wards had taken place the previous week and a meeting with HG to review would be arranged. <p>DR advised that the drawings had been checked against the schedules of accommodation and changes to the area of departments had been identified. HS advised that the drawings are being tweaked. Liaison with BMJ on the drawings for the New Children's Hospital continues. AS requested that the team met on Friday to discuss the 1:500 drawings and this was agreed. AS stressed that the drawings would need to ensure that the Stroke Service is appropriately sited.</p> <ul style="list-style-type: none"> • External Façade
AS enquired whether contact with the microbiologists had been made and it was confirmed that this was still to be undertaken. AS acknowledged that the focus for the team was on completing the ER's however contact should be made with the microbiologists at the earliest opportunity. DR reported that the ER's would not request that the building was completely sealed and that ventilation options would be considered. | <p>-</p> <p>HS</p> |

3. Matters Arising (cont'd)

- Infection Control/Isolation Rooms

AS enquired whether the issue regarding infection control/isolation rooms had been resolved and MM confirmed that HG was arranging a meeting with Brian Cowan. AS requested that HG provide an update on the isolation rooms and wards as soon as possible. AS advised that the opinions on the format of the isolation rooms were greatly divided and it would be difficult to achieve a compromise.

HG

DH advised that if the isolation rooms were to be 100% single rooms as opposed to bays within a room then this would cause issues for BREEAM due to the requirement of single rooms to have a window. HS advised that single rooms would significantly impact upon the footprint of the building.

-

AS enquired what practice Forth Valley and Birmingham were implementing. FM advised that it may be useful to review the practice at the Golden Jubilee Hospital. AS enquired if the space had been included in the cost plan and DR confirmed that the space was included in the cost plan however the impact in respect to the windows had not been included. JH advised that it would be difficult to engage with the market if this issue was not resolved. SF was requested to check whether the meeting with Brian Cowan had been arranged as a decision regarding the isolation rooms was required very soon.

SF/HG

- Project Programme

AS advised that the change to the programme timescales had been agreed.

-

- Equipment

HS advised that he would be meeting with FW on Monday 30th March to progress.

HS/FW

- Utilities

AS advised that a series of meetings to discuss FM had been arranged and enquired whether FM had been discussed with A McIntyre. DH advised that FM would be discussed with A McIntyre at the FM meeting scheduled to take place on Thursday 26th March and that a report from Wallace Whittle was expected.

-

AS enquired if DR had made contact with Mike Baxter and DR reported that contact had not been made as Mike Baxter was on annual leave however he planned to send him an email to advise that he would contact him on return from his leave.

DR

- Master Plan

HS advised that work continues on the master plan and it had recently been honed down. Several aspects of the plan had been tightened up. The Design Team had expressed comfort with the current master plan.

-

Work to obtain the current number of car parking spaces on the SGH site had been commenced by FW.

FW

AS enquired if a solution to the request by the City Council for 3D modelling had been agreed. HS advised that a strategy for the 3D modelling had been agreed with PM on the 24th March whereby the site would be of high quality detail and the areas external to the site would be block plans.

-

DH enquired whether the meeting with the City Council provisionally identified for the 6th/7th had been confirmed and AS advised that the meeting had not been confirmed and that he would chase them up.

AS

DH enquired whether TA team representation was required at the meeting with SPT on the 9th March and AS advised that the meeting was to discuss the Section 75 Sign-off and therefore TA representation was not required however if someone wished to attend they could. DH advised that he would attend should his diary allow and asked that the time of the meeting be confirmed to him.

SF

3. Matters Arising (cont'd)

- A&DS Enabler Appointment
AS advised that a meeting had been arranged with Heather Chapple and Frances McCherly. -
- Economic Benefits
AS enquired if the Economic Benefits information submitted by Mark McAllister was as required and this was confirmed. -
- Civil Contingencies
PM was not present at the meeting to provide an update on his meeting with Alan Dorn. DH advised that Steve Harris had accompanied PM to the meeting and he would ask Steve Harris for feedback. DH
- Decontamination
MM advised that Mary Ann Kane was preparing this output specification. AS requested that MM check with MAK that she had adequate time to prepare the output specification as he was aware of the increasing demands on her time. MM
- IT Brief
HMcD was not present to provide an update however AS advised that HMcD was progressing the IT specification. HMcD to be asked to provide an update at the next meeting. HMcD

4. PQQ Update

AS advised that 5 bidders had submitted PQQs in respect of the tender for contractor. The 5 bidders were a) FCC Elliott (Joint Venture), b) Laing O'Rourke, c) Balfour Beatty, d) Brookfield Europe and e) Miller Construction. JH advised that he had identified a number of general queries and that the bidders had been requested to provide clarity i.e. Laing O'Rourke accounts. -

JH advised that meetings as per evaluation process programme had been scheduled for the 30th March and 1st April. The 30th March will be the consensus checking session, however, should the session not be finalised on the day then the 1st April would be utilised as a further consensus checking session. -

AS advised that an update on the submissions should be provided to Robert Calderwood and Peter Gallagher. AS/AMc

AS stressed that if shortlisting then it is crucial that the reasons as to why bidders have not been shortlisted would need to be recorded. DR reported that the procurement process provides the right to interview the bidders. ALL

5. Employers Requirements

AS requested an update on progress on the Employers Requirements. DR reported that:

- Volume 1 is in final draft stage -
- Volume 2 is progressing well. The specifications for Fire and Acoustics still needs further work however cannot be finalised until the footplates are planned. Fire and Acoustics Advisors are on board. DH advised that a decision on which Schedule of Accommodations would be included in the ERs. A date whereby changes to the Schedules so not happen would need to be identified. After this date any changes would be included by way of the change control process. C&B

HS enquired about the 400m² to be added to the NCH Schedule. DH advised that the 400m² related to the 460m² in the schedule for bio-engineering. 200m² to be included as a soft area next to bio-engineering. HS advised that the issue for the NCH is the stacking as there are desires to site more departments on the first floor than the footprint allows i.e. 1800m². -

DH requested that a full list of the Clinical Output Specifications (COS) for both hospitals be sent to Mark Baird in order that he can set-out the volume 2 appendix to incorporate all the COSs. MM/HG

5. Employers Requirements (cont'd)

DH advised that he had received the draft contract from Shepherd & Wedderburn and a meeting to discuss had been arranged for 9th April 2009. AS enquired whether as an employer the Board would need to read and it was confirmed that he should read the document in order to know what information is contained in it.

-

DR advised the Board would be looking at 3 target prices each with separate pain/gain share, i.e. Labs, FBC Stage and Construction Stage. Once finalised the information would be provided to AS for comment.

C&B

AS advised that this information should be presented at the Joint New South Glasgow Executive Board and Procurement & Finance Group meeting on the 8th April. Compliance should also be presented at this meeting. DR advised that work continues with Shepherd & Wedderburn with respect to Extended Defects.

C&B

- Volume 3 - Bid Deliverables and Evaluation – progressing well in conjunction with Shepherd & Wedderburn. Anticipated that it was be suitably drafted the following week to be shared wider. Another meeting with Shepherd & Wedderburn to further discuss volume 3 is also scheduled to take place the following week.

C&B

AS enquired whether it would be expected that the bidders come back with 1:200 drawings and this was confirmed. AS was informed that the 1:500s, 1:200s, Schedules of Accommodation and Clinical Output Specifications would be issued and the bidders would come back with their own 1:500s, 1:200s and Schedules of Accommodation. HS advised that if a bidder proposed a strange shaped design then they would have to justify the design. It was confirmed that nothing is in tablets of stone except the Schedule of Accommodation as changes would be dealt with as a change of scope. When at a stage that changes would be to the scope it would be important to agree the 7 departmental relationships/modalities would be undertaken. DH reported that it would be important to make the Directors understand why the 1:200s were completed i.e. to assist them in preparing the Schedules of Accommodation and Clinical Output Specifications.

-

JH advised that it will be necessary to make the Directors understand that options still remain to finally resolve locationality issues within the overall parameters and adjacencies. The 1:200 testing of key adjacencies enables a back-up to price estimates and would be utilised to get a baseline specification.

-

AS advised that the Employers Requirements would be a main agenda item for both Joint Procurement & Finance and Executive Board meetings which had been scheduled for the 8th and 24th April 2009.

ALL

6. Competitive Dialogue

DH tabled a draft programme for the Competitive Dialogue process. The draft programme provided an overview of the sessions being planned for 2 or 3 bidders and a 4 bidder model was being prepared. The sessions had been categorised into 4 groupings which had been colour-coded for ease of reference i.e Design/Site, Logistics, Commercial and Labs. DH advised that it was anticipated to have ½ day sessions therefore a 3 bidder scenario would mean each competitive dialogue session would require 1½ days and a 4 bidder model would require 2 days. It was stressed that the programme will be very intense and it was suggested that AS may not be required for each of the 4 groupings. AS advised that the document will have to be presented to key directors to ensure that they understand the outputs expected from them and could identify who should be involved in the competitive dialogue sessions. AS and MM to review the draft programme and provide comments back to DH/MB. DH advised that as the Exemplar Design will be finalised then there would be no requirement for the main bed Directors to be involved in the Competitive Dialogue Sessions.

AS/MM

There are 5 sessions being planned for and it was anticipated that it would be Session 3 before changes would be indicated and it would be at this point that the affected Directors would be asked to input into the process. AS advised that the groupings needed a heading i.e. Acute Director Input to be part of discussions if and when required. Need to get all the Directors names on the sheet so that they feel included in the process.

C&B

6. Competitive Dialogue (cont'd)

<p>AS advised that he would provide the names to DH. AS stressed that it would need to be clear what was being asked of the Directors. JH advised that it would be important to ensure access to the Directors diary time. AS advised that all the Directors should be included so that they had an opportunity to be involved at certain stages. At the moment Robert Calderwood should still be identified in the Directors list for the commercial sessions however as Robert would be taking up the post of Chief Executive his involvement would be confirmed. AS advised that the groupings lists should be flagged as indicative as work still being undertaken to finalise the programme. It would be advantageous to have a mapping out of the outputs.</p>	AS
<p>The Labs Competitive Dialogue Sessions will be separate sessions and will take the form of update meetings whereby the bidders would be informed and requested to come back with buildability and advise on issues. AS advised that Frances Wrath would need to be involved in the Labs sessions. AS advised that the programme would need to be presented at the meeting on Monday. DR advised that the sessions should be the conduit between the Labs Project and the Bidders and Frances Wrath and Mary Ann Kane would be involved where necessary.</p>	C&B
<p>DH advised that agendas would be prepared in advance of the sessions which would identify who would be required to attend the meetings. AS advised that it is important that the Directors know that the sessions are capable of capturing everything and that they can input in.</p>	C&B
<p>7. Labs Appointment AS advised that BMJ had been appointed to prepare the Labs to stage H. The appointment was still going through the 10 day standstill period.</p>	-
<p>8. Joint Procurement & Finance Group/NSG Executive Board AS tabled a list of papers which were required for the meeting. DH advised that he would have his papers prepared by the 31st March. AS reported that Jim Crombie would provide information in relation to the benefits and impacts of putting the microbiology into the Labs facility for incorporation into the microbiology paper being prepared by DH. AS requested that AMc discuss with Peter Gallagher whether Jim Crombie would be expected to pay the difference in capital re Microbiology.</p>	ALL
<p>AS advised that Robert Calderwood had removed the Car Parking out of the £840m however if the proposal to have the car parking underneath the building is agreed then this would need to be included in the £840m. AS requested that the microbiology paper be prepared early in order to circulate to Peter Gallagher for comment prior to issuing to all the members.</p>	C&B/AS
<p>DR advised that he would link in with AMc re discussing the Cost Estimate and Cash Flow presentation prior to the 8th April meeting.</p>	DR/AMc
<p>9. Forthcoming Meetings</p> <ul style="list-style-type: none"> Acute Directors Meeting – 2nd April 2009 The reasoning behind the meeting is to determine sign off for the COSs. DH enquired whether the COS return date of 2nd April was still on target. DH raised concern over the outpatient areas for both the children's and adults hospitals and reported that there are areas still being amended i.e. radiology. AS reported that it would be important to have a final date for sign off and DH should identify this date in discussion with HG and MM. 24th April – Joint Procurement & Finance/New South Glasgow Hospitals Executive Board AS advised that the meeting should be presented with the updated a) Employer Requirements – Volume 1, b) Cost Estimates and Cash Flow and c) Contract 	DH
	C&B

10. AOCB

- Roadway Around Lab Block

As enquired if the roadway will being progressed and it was confirmed that it is still be progressed with Alex McIntyre

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- BIW Channel

DH enquired if a meeting had been set up to discuss the BIW Chanel and it was confirmed that the meeting was being arranged.

SF

11. Date of Next Meetings:

8th April 2009 at 9am – Formal Joint Project Team Meeting

ALL

16th April at 9am – Topic Specific Joint Project Team Meeting

Joint Project Team Meeting
22nd May 2009 at 1.30pm

Present:

Peter Moir	Head of Major Projects, NHS Greater Glasgow & Clyde	PM
Douglas Ross	Commercial Director, NHS Greater Glasgow & Clyde	DR
Jim Hackett	Project Director, Currie & Brown	JH
Alan McCubbin	Head of Finance – Capital & Planning, NHS Greater Glasgow & Clyde	AM
Stephen Gallacher	New Adult Hospital Project – Medical Director	SG
Hugh McDermott	Project Manager, NHS Greater Glasgow & Clyde	HM
Fiona McCluskey	Lead Nurse Advisor, New South Glasgow Hospitals Project, NHS Greater Glasgow & Clyde	FM
Mairi Macleod	Project Manager – New Children's Hospital, NHS Greater Glasgow & Clyde	MM
Frances Wrath	Project Manager – Enabling Works	FW
Iain Buchan	Director, Buchan Associates	IB
David Hall	Senior Project Manager, Currie & Brown	DH
Harry Smith	Associate, HLM Architects	HS
Mark Baird	Divisional Director, Currie & Brown	MB

Apologies:

Alan Seabourne	Project Director – New South Glasgow Hospitals Project, NHS Greater Glasgow & Clyde	AS
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1. Welcome and Apologies

Apologies were noted from the above.

PM advised that the Agenda was drawn up to cover the technical aspects coming out of recent Competitive Dialogue sessions. -

2. Competitive Dialogue Sessions

PM advised that the next design CD sessions would take place the following week and it was hoped that the project reps will start to see the bidders design at the next meetings.

The first full CD work stream had been completed. All the initial sessions had been exploratory i.e. getting to grips with process, who we are, what we want, etc. It is important to be mindful that whatever designs are proposed at the end of day the new builds need to be affordable and workable. It was advised that it would appear that Laing O'Rourke are a bit wary of giving away too much and uncertain as to how information is treated confidentially.

HS suggested that it would appear that Laing O'Rourke had done more preparatory work on design therefore would like to think that they understand the process.

It was suggested that the team could perhaps in a smaller group review the action list from the first Design Sessions and that the larger group gathered could look at going forward just now and look at the next design agendas. MB circulated the agendas for the design sessions taking place the following week. He advised that:

Bidder A had submitted 3 agendas,

Bidder B had submitted 1 agenda,

Bidder C had submitted their agenda but the file was corrupt when it came through so have asked them to resend.

The agendas for bidders A & C had sent back a few times as not filled in correctly with objectives and supporting questions. The bidders had all indicated a desire to chunk down the design sessions. Bidder A had indicated that they had ideas, proposals and thoughts that they wanted to play back to the Board team. It was proposed that Bidder A would have three subgroups i.e. Design & HCP group together as one sub-group, b) M&E sub-group and c) structural sub-group.

HS advised that he thought that the Healthcare planners and Architects need to be together at all times. DH suggested that there is a need to think through which Board representatives should attend each of the sub-groups. PM advised that he would have a think about who needed to sit-in the HCP group as they would be presenting on their 1:500.

It was advised that Bidder A had confirmed that they are bringing their BREEAM and vibration specialists. They are looking to hive off the services and robotics and put in main group at final session.

Bidder B had submitted 1 agenda. They want to present firstly to us as a general group and then are suggesting that the main group splits into 5 sub-groups of a) Healthcare Planning, b) Landscaping, c) Design, d) Structures and e) M&E. It was agreed that the agenda items 2.1, 2.2, 2.4 should be kept together as one group. PM advised that we need to let bidders agree agenda as it is their agenda. MB reported that in order to make the sub-groups effective that the focus was on man-marking and not having one-sided groups. It was agreed that a view could be taken on this could be made on Tuesday. JH reported that we need to be clear that we are clear in summarising the query/action lists. HS suggested that it was about control. PM stressed that the documents made it clear that the bidders would need to confirm verbal information with written back up. HS reported that it would be important that it was clear on the level of detail we are giving to the bidders. MB stressed that this is a design and build for the bidders to take forward. PM reported that we need to ensure that we give the bidders the correct answers so the bidders don't go off at a tangent. MB advised that the agendas had been distributed around the TA team.

Bidder C were having technical difficulties sending through their agenda, however they look to be sticking to the structure laid out. PM suggested that their final agenda could be discussed on Tuesday.

3. RFIs

It was advised that all distributed the RFIs had been distributed out for response and that some were making their way back. PM enquired whether the RFI form were for the bidders to use to ask questions and that they are treated as commercially sensitive. MB intimated that at this stage it was evident that the RFI process was being used by the bidders to testing how much work has been done.

PM enquired about the notes and whether it was incumbent upon us to go over them. MB advised that the action/query lists were being done and closed off. DH reported that we need to set a bar in respect of the RFIs as don't want to become swamped with RFIs. It is important to get the RFIs stopped as soon as possible as it is design and build. HM suggested that it was apparent that the bidders haven't read the docs. HS suggested that the bidders will be presenting proposals and it will be important to suss out those proposals that could fundamentally change everything and a response given that the Board needs to take away and provide a response timeously. DR suggested that it will be important that the bidders can demonstrate where their proposals comply and where it doesn't comply. MB reported that a clarification would be issued. It was enquired if there was further design work to be done by the project team in respect of Healthcare Planning. DH advised that there was still some work on-going. MM reported that theatres and imaging was still to be undertaken for the new Children's Hospital. HS advised that there was one small tweak being finished in respect of complex needs re the adult hospital and this may not have been uploaded as yet. PM requested clarity on the number of 1:200s and it was confirmed as 10 and the challenge. HS advised that the pathway diagrams were still to be completed.

MM enquired about the lifts analysis and HS suggested that the team response would need to be that the original has been done which needs and if appointed would be available for issuing out. DH intimated that there had been requests for the traffic analysis for lifts. This analysis had been completed using the data from the Avanti scheme and that he would review the Avanti data and if okay then would prepare for issue. MM was requested to check the numbers against the Avanti data/scheme. HM advised that in the ward blocks 300m² had been identified for FM. There is an idea as to how the regeneration kitchens, etc will work. A meeting with MAK to further discuss had been arranged to take place on Tuesday evening. FW reported that she was comfortable that the area is on the schedules.

HS confirmed that the areas in the schedules had been drawn. DR advised that what had been drawn had been costed.

FW advised that she was going through the ADB sheets and had ideas on how the codes can change.

FW further advised that she was going to meet with Robert Stewart about the equipment lists but that she had noticed that DH also had a meeting on Thurs and enquired about duplication. It was agreed that FW should attend the same meeting as DH. PM stressed that it critical that an equipment list is issued to them ASAP. It was advised that the ADB codes were approximately 90% complete for the Adult Hospital and 70% complete for the Children's Hospital. HS suggested that the output is in excel so it can be easily imported/exported to other packages. HM advised that there had be a further request for a 20m² room for police as a security room. HM advised that he would prepare a note in respect of this respect. HS suggested that the police would also want a number of designated areas outside A&E. FM reported that the 1:500 for outpatients also required a couple of tweaks. PM requested clarity in respect to the 1:200s and it was confirmed that there were not now being done.

FM reported that the hospitals would have a massive problem re way finding.

DR enquired if the number of isolation rooms had been clarified and it was confirmed that still WIP however there had been a reduction to the initial number. HS suggested that the Boards intention re lobbies may not have been confirmed to the bidders and when we get decision we need to clarify. DR enquired if there was a backstop date and it was confirmed not yet but will need one. HS advised that it would be useful to know the respiratory floor and bed numbers. It was confirmed that it is currently to have 3 in the tower, 2 in emergency and the 10 in critical care which had already been planned in.

4. Labs Project

FW advised that Raj Deb was redoing the schedules and the drawings. The Blood sciences and Pathology departments had been completed. The Mortuary and Genetics departments are almost finished. The FM was not completed. It was reported that the bidders had raised that the drawn area is bigger than the schedule. FW stressed that the drawn area isn't bigger than the schedule however the schedule is for rooms and doesn't have circulation. It had been further reviewed and no further space had been. It was suggested that if the schedules were going out with the drawings that a note goes out with them re the plant space. PM reported that another issue for the labs was that the phasing drawing and extending the site zone. DH reported that he had suggested to the bidders that a vacant bit located in the purple zone could be given over at same time as labs for them to use for site set-up. HS advised that this would be okay however it would not how he would do it. DH asked that HS amended the drawing.

FW advised that meetings are in progress re FM. DH reported that work was still on-going in respect to the FM access/exit and also localised parking space for mortuary. PM reported that the updated labs plans/drawings needs to go onto the Master Plan. DR stressed that the labs planning application needs to be submitted by end of June.

5. Planning

It was advised that during the Logistics and Commercial sessions the bidders were very nervous about the planning application for the Labs Project and reassurance had been given. It was agreed that there is a challenge on the labs project and that there is a need to keep pressure on the Labs Design team and also Jim Miller for the Master Plan. DH enquired whether the external finishes had been finalised and HS was requested to action the finishes/external palette. DH enquired about whether neighbourhood searches would be required. PM reported that another meeting with the planners would be arranged and that the neighbours notification would be discussed at this meeting over and above the Masterplan, Layout/routes/bus stops and confirmation of the process for labs.

5. Planning (cont'd)

DH suggested that the discussion should also include issues of including land in the Master Plan that was still being acquired. PM advised that there may be an issue in respect of the mobile mast on the Scottish Water land as this was an income generator for them. DH agreed that a meeting with Blair Greenock was required and that Raj Deb should attend this meeting. PM reported that Niall and his Community Engagement team were planning some engagement events over the coming months. The Planners were about to adopt new regulations re engagement which required a 12 week pre-application community consultation and this would cause further delay to the Labs Planning Application therefore it was crucial to have it submitted by end of June.

PM reported that the bidders had all indicated the potential usage of the Ogilvie Site and advised that he had agreed to contact Alistair Doig he is acting for Ogilvies. PM enquired about the Board's Steel decks as thinking that these could be used which would allow spaces to be put underneath and huts on top. PM & AM reflected that it might be better for the Board to take the Ogilvie Site. It was reported that if Ogilvie's were planning to use the site as a site compound then the application for this needs to go in asap. DH reported that Bidder A also have a plan B and that Bidder B were looking further out. JH suggested that it might be for the Board to approach Ogilvies and highlight that not the only option in order that they do not ramp up the cost of the site to the bidder which would ultimately be a cost to the project.

6. Logistics – 33kv Sub-station

PM advised that it was clear that the sub-station could be built with the Car Park around it but that it would be better if built as one. Thought should be given to whether this is put in bid or is tendered out.

The power needs to be on to labs by 2011. It would be advantageous to set out a mini programme to see when SAS can move. DH enquired whether the Board could let them build as a site area and then buy back off the bidder as a car park? It was suggested that the Car Parking could be requested as a variant so that the project could obtain as a variant. PM reported that further thought would need to be given to this and to decide who goes to for approval.

7. AOCB

It was advised that the FM Specification was still under discussion/development with MAK & AM. FW would prepare a flow diagram. A schedule of regular meetings with MAK and AM was trying to be arranged. Confirmation on FM change for staff changing (an operational issue) was awaited however there was surety that there was enough area already included in the schedule.

HM reported that they had asked for some different services and that he would prepare a paper on however at first glance it looked to be mostly GP 2 equipment and some tube. MB reported that Bidder A are looking for a steer on automated handling. HM reported that the information had been provided and it was for them to play back their proposals. DH stressed that it was important to be clear on what was being said if up to them to come back with proposals then we need to find a way to accept their proposals on behalf of the Board. There is a need to try to prevent the bidders going off in a tangent. It will be critical to have a decision on before the end of the dialogue. DH suggested that a decision was required before then as the bid teams were already away designing. JH suggested that if the project team were having the automation/robotics debate then it would be difficult for the bidders to obtain a price. It will be important that when being asked that the answer is either yes or no. DR stressed that the team needed to have readiness of decision. JH advised that it would be down to the Board to live with the maintenance/replacement of automated systems so need to make sure that the solutions provide value for money on a whole lifetime basis. PM reported that it would be important to let the bidder know of any aspects which Alex doesn't want. It was agreed that direction on automation aspirations/desires would be given to the bidders. DH suggested that logically if saying FM will be GP 2 equipment then we pull together and put out with the other info.

- Site Boundary - agreed east bound to Govan Road to BC building. Due to go out to site with Scottish Water and a date was awaited. There is a need to look at Maternity pinch point.
- Helipad - Concerned people not in loop - will touch base with Harry Christie.
- Maternity Unit - Need to meet with John Scott and Harry Christie. Would be useful to get a map.
- HPS - we need to talk to John re piling. Might need to go and see them again.
- HFS - just sent in summary of changes to gases. Advised that the draft planning notes are to be used i.e. Electricity, Water, Ventilation. Another meeting with HFS was being arranged.

8. Date and Time of Next Meeting

The next Joint Project team meeting was scheduled to take place on 29th May at 1.30pm in the Hillington Project Offices.

GREATER GLASGOW AND CLYDE NHS BOARD

NEW SOUTH GLASGOW HOSPITALS AND LABORATORY PROJECT

JOINT PROJECT TEAM MEETING

**Friday 5th June 2009 22nd May 2009 at 1.30pm in the
Conference Room – Hillington Project Office**

Present:

Alan Seabourne	Project Director – New South Glasgow Hospitals Project, NHS Greater Glasgow & Clyde	AS
Peter Moir	Head of Major Projects, NHS Greater Glasgow & Clyde	PM
Douglas Ross	Commercial Director, NHS Greater Glasgow & Clyde	DR
Mairi Macleod	Project Manager – New Children's Hospital, NHS Greater Glasgow & Clyde	MM
Frances Wrath	Project Manager – Enabling Works	FW
Iain Buchan	Director, Buchan Associates	IB
David Hall	Senior Project Manager, Currie & Brown	DH
Harry Smith	Associate, HLM Architects	HS
Robert Menzies	Architect – BMJ Architects	RB
Heather Griffin	Project Manager – Adult Hospital	

Apologies:

Hugh McDermott	Project Manager, NHS Greater Glasgow & Clyde	HM
Jim Hackett	Project Director, Currie & Brown	
Fiona McCluskey	Lead Nurse Advisor, New South Glasgow Hospitals Project, NHS Greater Glasgow & Clyde	FM
Mark Baird	Divisional Director, Currie & Brown	
Alan McCubbin	Head of Finance – Capital & Planning, NHS Greater Glasgow & Clyde	AM
Stephen Gallacher	New Adult Hospital Project – Medical Director	SG

1. Welcome and Apologies

Apologies were noted from the above.

2. Design Dialogue

DH highlighted the issues raised by the bidders and updates were given

Bidder A

1.2 – It was noted that the neuro and neonatal drawings had been uploaded on BIW

1.3 – David reported that URS were providing this information

1.9 – It was noted that this item had not come through as an RFI

Bidder C

1.2 – FWr advised that a meeting with the Radiation Protection Advisors was due to commence that pm

1.3 – FWr reported that the draft SHTMs had been uploaded on BIW

1.5 – HS reported that the holding area drawings had been passed to SFrew and DH agreed to check whether these had been uploaded on BIW

1.12 – DH advised that he had received the lift analysis information and was checking this prior to uploading

DH updated on the outstanding items. He reported that the flood risk and Scottish Water report would be uploaded on BIW that pm.

Logistics Dialogue

Bidder A

- 1.4 – It was noted that the walkround for the neonatal build had to be arranged
- 1.16 – FWr reported that this information would be available to upload onto BIW

Bidder B

- 1.33 – FWr reported that surveys were to be uploaded on the removal of ducts from the existing site

Bidder C

- 1.26 – It was noted that bidders A and B were to be notified regarding the NHS buying power to the site.

Outstanding Items from Logistic Dialogue 2

Bidder A

- 2.22 – FWr advised that the DSSR drawing identifying the services that would remain on site post enabling works would be uploaded on Tuesday 9th June 2009
- 2.31 – It was agreed that the potential dates to visit the site would be pursued

Bidder B

- 2.14 – AS reported that either he or PM would consult with the pilot on the use of the Ogilvie site for the helipad

Bidder C

- 2.10 – It was agreed that information regarding (outline planning consent – item 34) would be advised to all bidders
- 2.24 – It was noted that HG was clarifying the helicopter numbers for a year
- 2.31 – It was noted that the electricity quote received did not include “housing” and it was agreed that AS and DH would check the information provided

3. Site Visits

It was agreed that the Board would look at arranging site visits in week commencing 13th July 2009.

It was also agreed that an additional design day would be arranged for 15th June 2009 where the focus of discussions would be on health planning and architecture.

4. RFIs

AS asked for any items which were causing particular difficulties.

HG reported that whilst the Board had included overall net areas for medical illustration and bio-engineering further detail was being looked for in these areas. It was agreed that the Board would advise that this level of detail was not available and therefore bidders should make their own judgement on whether or not the allowances were too big or too small and therefore from that decide on costings.

HS advised that information was being sought on the retail space. It was agreed that the Board would respond that 5 units measuring 50m² each would be required.

IB commented that a number of the RFIs requested information which had been included in the Clinical Output Specs. In these cases he recommended referring bidders back to the Clinical Output Specs.

The issue of TV requirements was also raised and it was agreed that the response should indicate that containment, cabling, power and IT requirements were needed.

5. Retained Estate Update

FWR reported that she was meeting with Currie and Brown on Monday to discuss the report which had been submitted. She reported that a presentation would be given to the Joint Project Team in due course.

FWR updated that the boilers would be taken down on the SG site by the end of June 2009. She advised that workshops on the site would be moved the following week and that Scottish Power would commence work in w/c 8th June.

6. Competitive Dialogue Update – Commercial

AS reported that the main issues raised through commercial dialogue were costs and risk. On cost he commented that bidders were raising the issue of the difference between the scheduled area and that drawn. DR commented that Currie and Brown had priced on the drawn areas.

AS reported that an additional commercial meeting was being arranged for Wednesday 10th June for discussion with the internal team and external advisors.

On the risks AS reported that the Health Board was reviewing the projects risks to ensure that costings were in line.

7. Masterplan

AS reported that the application for the labs town planning would need to be available by the end of June 2009 to meet the project timetable. PM reported that there had been no negative feedback from the Council to date.

On the Fastlink it was noted that a date had been scheduled on 17th June to look at the revised Fastlink proposals.

It was agreed that FWR would be asked to check the balance of car parking on the SG site once the new car park was completed and to provide an overall site plan of existing parking on the site.

7. HAI Scribe

AS asked that Annette Rankin was approached to HAI scribe compliance in terms of the planning phase of the project. He suggested that a future Joint Project Team date would be used facilitate these discussions.

AS highlighted that one of the bidders asked if an ADET would be conducted with them and the team. It was agreed that ADET would be conducted on all the proposals but these would be held internally and would take place post competitive dialogue.

8. Evaluation

AS reported that the commercial team continued to discuss the evaluation of the bids and it had been proposed that the design logistics and lab groups would provide summary reports on their recommendations which would be submitted to the commercial group with others included for evaluation. It had also been agreed that members of the commercial group would populate and chair each of the streams of work.

AS reported that evaluation training would be provided by Currie and Brown and this would be provided prior to the workshops which would be held in w/c 11th September 2009.

HG asked about user involvement and it was agreed that this would be considered further by the commercial group

9. **SAS/Water Board Local Acquisition**

PM reported that visits were being scheduled to the Johnstone and Leverndale sites for the Scottish Ambulance Service.

He reported that he continued to have difficulties in pursuing discussions with Scottish Water.

10. **AOCB**

a. Isolation Rooms

HG reported that the information relating to the reduction in isolation rooms for the adult hospital had been uploaded on BIW. She commented that in terms of the HEPA Filter in haemato-oncology areas H13 99.5% was being recommended.

She reported that infection control had raised an issue regarding legionella risks in the renal and haemato-oncology design. It was agreed that this would be forwarded to the technical advisors for clarification.

11. **Date of Next Meeting**

12th June 2009 at 2pm in the Project Offices – Hillington

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Friday 12th June 2009 at 2pm
in the Meeting Room, Hillington Project Offices**

Present:

Alan Seabourne	Project Director	AS
Alan McCubbin	Head of Finance (Capital and Planning)	AM
Morgan Jamieson	Project Medical director – New Children's Hospital	MJ
Douglas Ross	Commercial Manager – Currie & Brown	DR
Fiona McCluskey	Senior Nurse Advisor	FM
Heather Griffin	Project Manager – New Adult Hospital	HG
Jim Hackett	Project Director – Currie & Brown	JH
Mairi Macleod	Project Manager – New Children's Hospital	MM
Stephen Gallacher	Medical Director – New Adult Hospital	SG
Frances Wrath	Project Manager – Enabling	FW
Hugh McDerment	Project Manager	HM
Mark Baird	Divisional Director – Currie & Brown	MB
Iain Buchan	Healthcare Planner	IB

Apologies:

Harry Smith	Associate - HLM	HS
Peter Moir	Head of Major Projects	PM
David Hall	Executive Project Manager – Currie & Brown	DH

In Attendance:

Allyson Hirst	Acute Planning PA (minutes)	AH
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|-----------|-----------------------|--|---------------|
| 1. | Apologies | | ACTION |
| | Apologies noted above | | |

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|-----------|--|--|--|
| 2. | Notes of Previous Meeting 12th June 2009 | | |
| | Noted as an accurate record | | |

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|-----------|------------------------|--|--|
| 3. | Matters Arising | | |
|-----------|------------------------|--|--|

Design Dialogue - AS talked through the design dialogue items that were noted at the last meeting of this group. There were no issues requiring further discussion as all were being dealt with by the relevant member of the project team or technical advisor.

Site Visits – Site visits to Peterborough, Fourth Valley were in the process of being arranged by the various bidders for w/c 13th July 2009.

Retained Estate – FWr supported by C&B agreed to present to the group at the next Joint Project Team meeting. **FWr/C&B**

Risk – AS requested a meeting be arranged with himself, JH, DR and PM to review the risks submitted by the bidders. It was planned to try and have this next week before AS goes on holiday.

Masterplan – AS reported that a meeting was scheduled with Glasgow City Council for 17th June. Where the latest version of the mater plan will be discussed

Fastlink – AS noted that the final document was with Glasgow City Council. Although there were still a few minor issues AS did not envisage there being any further delay.

Car Parks – FWr agreed to feedback to the group a balance of car parking spaces for next weeks meeting. **FWr**

HAI Scribe – Annette Rankin carry out HAI Scribe risk assessment for planning at Joint Project Team in 2 weeks.

SAS/Water Board Local Acquisition – AS noted that PM and DH were meeting with Scottish Water at the moment to discuss the acquisition of the required land. PM/DH had a planned meeting with SAS on 18th June when it was hoped a resolution could be reached – it was noted though there is a deadline to be met and would require to be met so that the project programme would not be altered.

Isolation Room – Isolation room in adult ward areas now concluded and up-loaded in BIW.

Critical Care - Jane Grant and team agreed critical care will be designed similar to Golden Jubilee Hospital regarding single room with two glass walls with open front with appropriate wash hand basin layout.

4. Helipad – contingency plan

PM/AS had raised the issue of tower cranes being on the site and the implications of helicopter landings. After discussions with the chief pilot of the Scottish Ambulance Service he appeared to have no issue with helicopter landings during the building period. It was noted however that there had been no discussions with the Air Sea Rescue, Army and Navy who also use the site. This was being completed next week. AS raised his concerns that there would need to be a protocol in place before the labs project commences as there could be health and safety issues.

5. Sensitivity Analysis on Target/Maximum Price

DR has now completed sensitivity analysis regarding target and maximum price. AS advised DR to circulate to PG and AMcI for their consideration. **DR**

6. SAS/Scottish Water Land Acquisition

Already discussed under Matters Arising.

7. Area Schedule to Bidders

DR agreed at competitive dialogue meetings he would send appropriate information to bidders to produce an efficient fit to the footprint. **DR**

8. Business Cases for Investment

AMcC noted that Jane Grant had instructed that a Business Case for all projects should be completed. AMcC indicated that the projects would be OK as they already had an Outline Business Plan in place.

9. Contract Issues Progressed

JH noted that C&B were working with S&W and the potential bidders and this was going well.

10. Evaluation Process Structure

AS noted that he had compiled a paper to be taken to the New South Glasgow Hospitals and Laboratories Executive Group to consider. AS noted that once the dialogue process was complete nominated leads from each of the CD groups would evaluate, summerise and feedback via presentations. These will then be taken to the Boards Evaluation Group and scored. AS was currently working on a programme of events for the next stage. He also noted that staff side representatives were to be invited to participate in this process as they had been for the CD sessions but unfortunately had been unable to

attend. AS reported to the group that he was looking at accommodation this pm for the next stage of the decision process and would feedback to the group at the next meeting.

11. Damages/Retention

C&B had agreed to write up a summary of issues from the bidders. This has still to be completed by C&B. **C&B**

12. Competitive Dialogue

RFI Comments – there have been varying comments so far from the bidders

The group requested that they have sight of the bidders presentations to study more carefully. C&B agreed to ask the bidders for copies of these and these will be passed to Shiona Frew. It was however noted that these should not be shared outside of those participating in dialogue. The group noted that it may be helpful for a brief 5 minute feedback before each of the CD sessions along with a copy of the minute of the last meeting.

General Comments - DR acknowledged that each bidder has submitted an RFI to request if FM service would be considered if not part of the labs development

MB informed the group of the number and status of the RFIs received

Bidder A 36 with 4 outstanding, 3 with URS and 1 recently added

Bidder B 36 with 1 outstanding and 1 query – it should be noted that 24 had been received today and were distributed accordingly

Bidder C 17 all answered with the exception of 1 or 2 which are currently being dealt with via S&W in RFIs and lawyers meetings.

13. AOCB

IB asked how much more input would be required from them before bid submission. The NCH would require some further meetings but it was anticipated that the healthcare planners would not be required at this time - MM/IB and MJ would discuss this further.

MB noted that the term preferred bidder is not to be used in discussions as it could be misleading to the potential bidders. The project team should use chosen contractor or avoid where possible to dispel confusion.

14. Date and Time of Next Meeting

The next meeting of the group should take place on Friday 19th June in the Project Offices at 1.30pm

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Friday 19th June 2009 at 2pm
in the Meeting Room, Hillington Project Offices**

Present:

Alan Seabourne	Project Director	AS
David Hall	Executive Project Manager – Currie & Brown	DH
Morgan Jamieson	Project Medical director – New Children's Hospital	MJ
Douglas Ross	Commercial Manager – Currie & Brown	DR
Fiona McCluskey	Senior Nurse Advisor	FM
Jim Hackett	Project Director – Currie & Brown	JH
Mairi Macleod	Project Manager – New Children's Hospital	MM
Harry Smith	Associate - HLM	HS
Frances Wrath	Project Manager – Enabling	FW
Hugh McDerment	Project Manager	HM
Mark Baird	Divisional Director – Currie & Brown	MB

Apologies:

Peter Moir	Head of Major Projects	PM
Heather Griffin	Project Manager – New Adult Hospital	HG
Stephen Gallacher	Medical Director – New Adult Hospital	SG
Alan McCubbin	Head of Finance (Capital and Planning)	AM
Iain Buchan	Healthcare Planner	IB

In Attendance:

Allyson Hirst	Acute Planning PA (minutes)	AH
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|-----------|-----------------------|--|---------------|
| 1. | Apologies | | ACTION |
| | Apologies noted above | | |

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|-----------|--|--|--|
| 2. | Notes of Previous Meeting 12th June 2009 | | |
| | Noted as an accurate record | | |

- | | | | |
|-----------|------------------------|--|--|
| 3. | Matters Arising | | |
|-----------|------------------------|--|--|

Design Dialogue - AS reported that Design Dialogue appeared to be going well with the potential bidders.

Site Visits – Site visit organisation was underway – AS noted it was imperative that John Green, Health and Safety attend the visits and that participants make themselves available where possible on the arranged dates.

Retained Estate – FWr supported by C&B agreed to present to the group at the next Joint Project Team meeting.

FWr/C&B

Risk – DR/AS were pulling together common risk for the Board. During AS annual leave DR/HMcD would meet to discuss further.

DR/HMcD

Masterplan – AS noted that the meeting with GCC went well and no issues were raised. It was hoped that planning consent would be through within 4 months. Road access was still being discussed and may require detailed design for the proposed junctions.

Fastlink – AS informed the group that the meeting to discuss Fastlink had gone well. GCC had agreed the Section 75 document but required further feedback from SPT. However, SPT had inputted to the

document therefore were no concerns that this would cause any issues

Car Parks – FWr agreed to feedback to the group on a balance of car parking spaces at the next meeting. **FWr**

Scottish Ambulance Service (SAS) – AS reported that he and PM had visited the sites at Johnston and Leverndale with representatives of the Scottish Ambulance Association. They appeared to be very happy with the proposals. The next move would be for the project team to meet with financial reps from SAS in the next couple of weeks to discuss the finer details. AS noted that Helen Byrne and Robert Calderwood had been informed of the progress.

Scottish Water – AS reported that PM had met with Scottish Water to discuss the land required and the move of the telecoms mast. AS noted that the meeting had gone well and the Scottish Water representative was supportive and was investigating the next stage in the process. PM would meet with them again in a few weeks.

Helipad – AS reported that Ronnie Clinton was meeting with relevant people next week and would report back to the project team on the outcome.

Sensitivity Analysis – DR is to feedback to Robert Calderwood and Helen Byrne

DR

Business Cases – AS noted that there would need to be business cases prepared for all the enabling works and for the future planned car parks.

4. Retained Estate

The group had a lengthy discussion on the retained estate of the SGH – DH presented to the group some preliminary drawings of how the space could be used. There were questions raised around the building warrants for change of use, facilities etc and it was noted that this would all be dealt with once the plans were finalised. DH noted that there was still work required on the use of rooms and this would be progressed by next Friday.

MM/HG are to double check the number of staff involved and where they could be “slotted in”. Concern was raised around the moves and what services were moving – this would need to be clarified with Sharon Adamson. AS requested an update on return from his annual leave.

MM/HG

5. Site Investigation Summary

GA presented to the group the findings of the recently carried out bore hole investigations on the SGH site. A summary of the findings are noted below

The ground is made of various types of material and a varying depth throughout the testing area although no issues were found with the soil type, bedrock etc although it was noted there was a small amount of peat found – this would be removed in excavation and should not cause any issues. No significant areas of contamination were found in the test areas although GA did note that all materials removed will have to be further tested. Japanese Knotweed was found on the site but the NHS were aware and treating. GA noted that the ground water levels were at varying levels throughout the site and it would be advisable to make the bidders aware of this. There were two or three indications of gas on the site but further investigation was underway and should not impact the current project. GA did note that for basements and underground tunnels water proofing would be required. GA advised that bidders are not given the full report as this was not common practice and they would be carrying out their own surveys but they should be given all the factual information gleaned from the investigation.

6. Evaluation Process

AS reported that he had completed a paper with details of the proposed programme for the evaluation process – he noted that this was a first pass at this and there would be a requirement for further detailed work. AS reported that he had included a programme of training in the process for all involved.

Accommodation for the meetings – AS had looked a few venues but could not find anything suitable. He noted that Jubilee Court may be available for this process and HMcD would follow this up to conclusion whilst AS was on annual leave.

HMcD

7. Car Park

FWr will present to the group next week on the numbers of spaces.

AS noted that he would be speaking to John Scott to get clarification on dates on the schedules for the car park.

It was reported that GCC had not feedback on any issues around planning consent for the car parks. AS requested an update on his return.

8. RFIs

MB reported to the group the numbers of RFIs raised with each bidder, they were as follows :-

Bidder A – 42

Bidder B – 77

Bidder C – 24

There were a couple of outstanding issues for each bidder but MB noted they were being dealt with quickly and turned around. It was noted that included in these figures were also legal issues.

9. Transfer of FM to Main Building

There was a lengthy discussion between the group on the positives and negatives of the potential of having FM situated under the main building instead of with the laboratory building. The issues raised included : the levels of traffic involved, impact on patients, links to INS and maternity as well as the access link between the labs and the main hospital builds.

The group agreed that it would be necessary to reiterate to the bidders the implications of this not only to the laboratory project but the impact on the other hospitals links and synergies.

FWr and HMcD were meeting with Alex McIntyre on Tuesday of next week to get further clarification on the implications for FM. It was also noted that this may impact on the planning consent from the Council.

AS instructed C&B to chase up the RFI for this particular item and get response back from all bidders.

C&B

10. ADB Code

It was noted that the codes were now complete and would be uploaded onto the BIW system that day. Equipment lists have been forwarded to Robert Stewart for final check and will be uploaded next week.

11. AOCB

Arts Strategy Group – It was agreed that MM/MJ would be discussing the role and remit and membership with the NCH Management Group. It was proposed that the Arts Strategy Group will report to the project team.

12. Date and Time of Next Meeting

The next meeting of the group should take place on Friday 26th June in the Project Offices at TBC

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Friday 26th June 2009 at 1.30pm
in the Meeting Room, Hillington Project Offices**

Present:

Peter Moir	Head of Major Projects	PM
Morgan Jamieson	Project Medical director – New Children's Hospital	MJ
Alan McCubbin	Head of Finance (Capital and Planning)	AM
Fiona McCluskey	Senior Nurse Advisor	FM
Jim Hackett	Project Director – Currie & Brown (Chair)	JH
Mairi Macleod	Project Manager – New Children's Hospital	MM
Harry Smith	Associate - HLM	HS
Frances Wrath	Project Manager – Enabling	FW
Hugh McDerment	Project Manager	HM
Mark Baird	Divisional Director – Currie & Brown	MB
Iain Buchan	Healthcare Planner	IB
Helen Byrne	Director of Acute Services Strategy, Implementation and Planning	HB

Apologies:

Alan Seabourne	Project Director	AS
David Hall	Executive Project Manager – Currie & Brown	DH
Douglas Ross	Commercial Manager – Currie & Brown	DR
Heather Griffin	Project Manager – New Adult Hospital	HG
Stephen Gallacher	Medical Director – New Adult Hospital	SG

In Attendance:

Allyson Hirst	Acute Planning PA (minutes)	AH
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1. **Apologies** **ACTION**
Apologies noted above

2. **Notes of Previous Meeting 19th June 2009**
Were noted as an accurate record with the exception of item 9 Transfer of FM to Main Building it was noted that this action should be for the Project Team.

3. **Matters Arising**
Risk - A meeting had previously been held with HMcD, Tony Coccozza and DR – it was agreed that the notes of the meeting should be written up and the list of Board risks be progressed. **HMcD/DR**

Helipad – Ronnie Clinton was meeting with the appropriate people next week. It was reported that there were an estimated 54 landings by the Royal Navy. Scottish Ambulance figures will be available next week.

Evaluation – The group were informed that the facilities at Jubilee Court were being made available to host the evaluation meetings. JH, DR, PM and AS would meet to clarify the structure of this process. **AS/PM/JH /DR**

4. **Laboratories Planning Application**
 FWr reported that there had been a meeting with the City Council planners last week which had been positive and the relevant pieces of information were being pulled together to submit a planning application on the 13th July.
 Road layout proposals were currently being discussed with the bidders and they would have ideas back by next week.

The question was raised about lead clinical input to the laboratory project. FWr agreed to seek clarity from Jim Crombie about who should be involved in the process.

FW

5. Land Purchases

Scottish Ambulance Services

PM reported that he and AS had met with representatives of Scottish Ambulance last Friday and had visited the sites at Leverndale and Johnstone.

It was noted that the Johnstone site appeared to be of the specification required by the SAS and would require little upgrade unfortunately the Leverndale site proved to be slightly smaller than the SAS had required but could be rectified with a small extension to the building. However spaces for the ambulances was a problem. PM reported that Moira Anderson would be taking this matter up to investigate other potential sites. HB noted that information she had received from Callum McLeod had indicated that there was no space available at Leverndale to accommodate the SAS especially ambulance parking. The group noted that it was essential that this matter be progressed. PM noted that all the information was now passed to Moira Anderson who would keep PM updated on progress.

PM

Scottish Water

PM reported that he, C&B and URS had met with representatives of Scottish Water who seemed open to the idea of the land purchase. PM noted that he had sent the appropriate drawings to Scottish Water and the mobile phone mast owners to show the options. It was noted that if the mobile phone mast could be moved it would be better if it could be moved to the Scottish Water site but it was noted that the proximity of the mast to the FM build may have an impact on the masts effectiveness. PM did not expect the issues around this particular area to be resolved any time soon but commented that it had also been passed to Moira Anderson to pursue.

PM

6. Equipment Schedule

FWr reported that final comments had been received on the equipment lists although some specialist equipment had still to be added. FWr agreed to finalise these as soon as possible and it was noted that the lists could be uploaded next week and the specialist items added as an addendum as soon as they were prepared. It was reported that ADB codes were now checked and loaded.

FW

7. Retained Estate

An update was received from C&B but it was noted that further indepth work was required get the finer details worked out including the requirement for meeting rooms and the like. Work was also required on the building regulations ie fire exits, ventilation etc.

C&B

Concern was raised about paediatric staff who would be on based on the site before the retained estate buildings were available and it was noted that no accommodation had yet been sourced or costed. Ideas and feasibility options will be sought and costed as soon as possible.

C&B

8. Car Park 1

FWr reported that the new workshops were now complete. She noted that estates had been informed and should be moving in the next day or so. The delays to the boilerhouse demolition have now been resolved and should be down by the end of July. Construction on car park 1 will begin in October 2009.

FW

9. Commercial Matters

The group had a discussion on performance bonds and on the payments schedules proposed by bidders. JH outlined the current position and way forward in regard to Performance Bonds, Retention, Payment Terms, Performance Damages, and Delay Damages and advised that this would be progressed and the group updated.

10. CD/RFI Update

MB gave a brief update on the RFIs

Bidder A – 58 received 16 outstanding

Bidder B – 81 received 10 outstanding

Bidder C – 24 received

MB reported that the Logistics meetings were complete; site visits were in the planning stage, the labs sessions were complete although 1 bidder requires some further discussion. MB noted that separate community engagement meetings were planned.

Presentations from the bidders were planned at the end of July when their proposals would be finalised and immediately following bid submission. Relevant nominees from the Board would be invited.

11. AOCB

Arts Strategy Group – It was agreed that Jackie Sands and Anna Baxendale will be involved in this group.

It was reported to the Group that the Board had agreed the YCF carry out an appeal for the children's hospital although there were some finer details to be prepared before the appeal is made public. MM and MJ had recently met with the Teenage Cancer Trust charity who were happy to be involved this include various other charities involved with the hospital at present. The JPT to be kept advised on progress and any specific proposals.

PM reported that himself and HMcD had met with staff of HMS Ganet to discuss the helipad option in the new hospital. In summary it was felt by the Navel staff that if possible it would be preferable to have the helipad on a section of ground as there were many health and safety issues and training as well as the high costs of maintaining all the safety equipment and training of staff.

PM

It was agreed that PM would pull together all the relevant people to discuss the options from the facilities and medical teams and pull together their findings and feedback to the project team. It was thought that feedback from hospitals that have helipads in operations would be advisable to get a feel for the pros and cons of this.

There was some discussion on the opening times now programmed for the two hospitals – originally there was a delay of several years between the adult and the children's but it is now planned that both open simultaneously. MJ agreed to speak to the NCH Management Group in order for them to get this information out during the already planned roadshows for staff being held in the hospital on various dates in June and July.

MJ

HB indicated how important keeping the website up to date was so that members of the public were kept well informed at all times.

12. Date and Time of Next Meeting

The next meeting of the group should take place on Friday 3rd July in the Project Offices at TBC

New South Glasgow Hospital & New Children's Hospital Project

Acute Services Strategy Implementation and Planning

Joint Project Team Meeting

**Notes of the meeting held on Friday 10th July 2009 at 2.30pm
in the Meeting Room, Hillington Project Offices**

Present:

Alan Seabourne	Project Director	AS
David Hall	Executive Project Manager – Currie & Brown	DH
Peter Moir	Head of Major Projects	PM
Fiona McCluskey	Senior Nurse Advisor	FM
Jim Hackett	Project Director – Currie & Brown	JH
Mairi Macleod	Project Manager – New Children's Hospital	MM
Harry Smith	Associate - HLM	HS
Frances Wrath	Project Manager – Enabling	FW
Hugh McDermott	Project Manager	HM
Mark Baird	Divisional Director – Currie & Brown	MB
Heather Griffin	Project Manager – New Adult Hospital	HG
Alan McCubbin	Head of Finance (Capital and Planning)	AM
Helen Byrne	Director – DASSIP	HB

Apologies:

Douglas Ross	Commercial Manager – Currie & Brown	DR
Stephen Gallacher	Medical Director – New Adult Hospital	SG
Iain Buchan	Healthcare Planner	IB
Morgan Jamieson	Project Medical director – New Children's Hospital	MJ

In Attendance:

Allyson Hirst	Acute Planning PA (minutes)	AH
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1. **Apologies** **ACTION**
Apologies noted above
2. **Notes of Previous Meeting 26th June 2009**
Noted as an accurate record
3. **Matters Arising**

Risk – AS noted that all registers has now been received and that HMcD/DR will meet to discuss the risks to the Board. **HMcD/DR**

Helipad – AS reported that he and PM were scheduled to meet with Pauline Howie and Jim Kerse from Scottish Ambulance Service later the following week to discuss the helipad use during the construction of the Laboratory and car parks and later when the hospital buildings were in the construction phase. AS would report back to the JPT. **AS**

Evaluation Process – HMcD would be inspecting accommodation at Gartnavel early next week .

Equipment Lists – FWr informed the group that the equipment lists and ADB were all uploaded.

Car Park 1 – FWr reported that the boilerhouse was scheduled to come down in the first week of Aug 09 with building works starting in October 09 and due for completion in Aug 2010. FWr reported that the only hold up at present was the maintenance staff moving out but that this was in hand. FWr also reported that there were still checks being done on the chimney and as long as there was no asbestos it would be demolished to plan.

Arts Strategy - it was reported that the bidders had been informed of the Arts Strategy and had incorporated this in their discussions and meetings with the project team. Anna Baxendale and Jackie Sands had attended commercial dialogue meeting with the bidders and had agreed a positive response from the bidder teams. It was noted that the bidders had included artists in their design teams and the group agreed to keep this in the forefront of design discussions. Anna Baxendale would be responsible for grant applications.

Building Timeline – The group were informed that Rosslyn Crockett was aware that the construction timelines were now the same 2015 and appeared to be satisfied as, it was hoped, would the consultant staff who were now aware through various channels that the NCH would not be running in the middle of a building site.

The charitable appeal for the NCH was now agreed and plans were being put into action to build the appeal so that during construction monies could be raised for the betterment of the NCH.

4. **Laboratories**

Progress on Planning – PM reported that he was due to meet with the planners on Tuesday of the following week to bottom out any issues.

FWr informed the group that all the relevant paperwork had been completed and was ready to be presented to the planning department.

FWr and PM were due to meet with BMJ to go over and do a final check.

FWr did not that there was a slight movement in the position of the lab building of 3.9m on the recommendation of URS and this would be reflected in the master plan. It was not anticipated to cause any problems with the planners

Lead Clinical – the group were informed that Rachel Greene – Associate Medical Director would be the lead clinical person on the laboratory project.

5. **Land Acquisition**

Scottish Water – PM met with Scottish Water and representatives from Orange. They agreed to get back to PM with information re costs, legal fees, construction etc.

PM advised that Moira Anderson would be taking this forward and arrange for a Heads of Terms to be put in place.

Scottish Ambulance Service – PM advised that the SAS would fit into the space offered at Leverdale although there were still some issues around the parking spaces for ambulances. As the SAS building would be positioned very closely with the Rehabilitation unit it would be necessary to inform Mental Health about the proposals. AS agreed to show a preliminary document to Callum Mcleod and give his feedback to the group.

AS

6. Commercial Issues

Dialogue Process – AS reported to the group that the legal team were currently working on some issues and would be meeting up next week to work on the finer details.

It would be necessary to have a level of protection at each stage of the construction process and to look at scenarios and there potential outcome and possible risks for the board.

7. Retained Estate

Plans have now been drawn up with further details than the last proposed shown at a previous JPT meeting. Included are meeting rooms staff space, toilets etc. The plans have only been drawn up for 1 floor per proposed building.

FWR and Currie and Brown will be meeting at the end of July to pull together a presentation for the Directors which is due to take place 1st week in Aug 09. It was noted that there was potentially around 300 spaces short of expected requirements.

8. RFIs

MB reported to the group the numbers of RFIs raised with each bidder, they were as follows :-

Bidder A – 70

Bidder B – 88

Bidder C – 38

RFIs will continue throughout but it would be necessary to inform the bidders in such a way to make clear MB the type of RFIs that would be acceptable. MB and S&W would meet to get this wording correct.

9. Architecture and Design Scotland Report

AS informed the group that an interim report had been received from A&DS and he and PM were reviewing.

PM reported that this would form part of his discussions with Frances McClearney next week.

10. Conclusions of Design Dialogue

AS reported that the team had met to review the design dialogue at its end point. AS informed the group that it was intended for the bidders to present in 2 hour slots to the project team and relevant others at the end of July. Due to annual leave of key people it may be necessary to push this process into August but AS AS would be finalising this as soon as possible. AS also reported that all dialogue had progressed well and that loose ends would be tied up by Currie and Brown.

11. AOCB

AS reported on new staff due to join the team in the next few weeks :-

Sam Sudesi
Karen Connolly
Anette Rankin

HB reminded the group that Business Cases need to be completed for all projects – AMc and FWr noted that all Business Cases had been completed.

SAS were to be asked at the meeting planned for next week if they had a contingency plan in place for flooding or road blocking. PM and DH would discuss this in more detail. **PM/DH**

Scottish Power - ??? other bids

JH agreed to complete a report on the competitive dialogue – issues raised, conclusion and lessons learnt **JH**

HMcD reported that it may be possible to raise grant applications for the energy centre and he would look into this and report back to the group. **HMc**

12. Date and Time of Next Meeting

The next meeting of the group should take place on Friday 17th July in the Project Offices at TBC

Joint Project Team Meeting

Notes of Meeting held on 7th August 2009 at 1.30pm in the Project Offices, Hillington

Present:

Alan Seabourne – Project Director, NHS Greater Glasgow & Clyde	AS
Peter Moir, Head of Major Projects, NHS Greater Glasgow & Clyde	PM
Fiona McCluskey, Project Lead Nurse Advisor, NHS Greater Glasgow & Clyde	FM
Mark Baird, Currie & Brown	MB
David Hall, Senior Project Manager, Currie & Brown	DH
Frances Wrath, Project Manager – Enabling Works, NHS Greater Glasgow & Clyde	FW
Alan McCubbin, Head of Finance – Capital & Planning, NHS Greater Glasgow & Clyde	AM
Robert Menzies, Architect, BMJ Architects	RM
Graham Annandale, URS Corp	GA
John Bushfield, Wallace Whittle	JB
Iain Buchan, Buchan Associates	IB
Helen Byrne, Director of Acute Services Strategy, Implementation and Planning	HB

Apologies:

Hugh McDermont, Project Manager, NHS Greater Glasgow & Clyde	HM
Mairi Macleod, Project Manager – Children's Hospital, NHS Greater Glasgow & Clyde	MM
Morgan Jamieson, Project Medical Director (Children's), NHS Greater Glasgow & Clyde	MJ
Harry Smith, Associate, HLM Architects	HS
Douglas Ross, Commercial Director, Currie & Brown	DR
Heather Griffin, Project Manager – Adult Acute, NHS Greater Glasgow & Clyde	HG
Jim Hackett, Divisional Director, Currie & Brown	JH
Sam Suddese, Project Manager, NHS Greater Glasgow & Clyde	SS
Stephen Gallacher, Project Medical Director – New Adult Hospital	SG

In Attendance

Shiona Frew, Acute Planning PA (Notes)	SF
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1. Apologies

Apologies were noted as above.

2. Notes of Previous Meeting – 10th July 2009

The notes of the previous meeting were accepted as a true and accurate record.

3. Matters Arising

- Car Park 1

The Board have been asked by the Scottish Government to identify potential slippage in the Capital Plan to be handed back. A potential scheme identified was the delay to the start of Car Park 1. HB asked for confirmation of the deadline date for the car park to be up and running. PM confirmed that the date for which the car park had to be up and running was October 2010. HB reported that £4m will be slippage from this year to next therefore the funding for the current year would be £8.2m and for the following year would be £5.5m. HB would discuss this with T Curran.

HB

DH reported that due to the demolition works there was a need to identify a way to demolish buildings without losing spaces. FW suggested that appropriate phasing of demolitions would ensure that spaces were not lost however the management annexe demolition may require a reduction in spaces. AS reported that the team were currently trying to locate space on the site for A McIntyre and trying to ensure that overall spaces are not lost. Need to try to keep a balance of spaces on the site

AS

DH reported that the programme required the demolition of the Library and Walton Centre for the early start to the diversion of the culvert. HB agreed to feedback to T Curran that the final date for finalisation of the Car

HB

Park 1 would be October 2010.

- Commercial Issues

AS advised that a paper identifying the contractual/commercial issues had been presented at the NSGH&LP Executive Board meeting on 3rd August and the Exec Board had approved the proposed way ahead. -

- RFI's

AS advised that the team had just had a session to go through the RFI's and that there were not many RFI's outstanding. -

The team were advised that the bid teams were just about to confirm that the Competitive Dialogue phase had been extended until the 14th August 2009 in order to provide the bid teams with a Labs wrap session. -

- A&DS

HB enquired if A&DS were appropriately briefed to assist the project to achieve the necessary approvals. AS advised that the A&DS enabler was aware of all the issues. DH suggested that the enabler had adopted the Exemplar as the exemplar and had provided comments on the bidder proposals against which suggested that she did not have any issues with the Exemplar. -

- Board Risks

AS reported that an exercise had been undertaken to identify risks from the 3 bidders matrices which the Board would be willing to accept. The register of risks had been sent to A McIntyre for sign-off. Subsequent to sign-off the Board will issue to the bidders and confirm the risks identified that the Board are willing to accept and those which they are not. The risks would also be sent to M McVeigh in order that they could be priced up. AS

AS advised that he had just been advised that the Labs Project had its own risk register and these would be reviewed and as necessary incorporated into the proposed Board Risk Register. HB requested that the risk log be presented to a future meeting of the NSGH&LP EB. AS suggested that the risk register would be reported to the NSGH&LP as part of the Currie & Brown update of the bids. FW/SS

- Helipad

PM advised that progress on the helipad solution was on-going. It had been confirmed that the Helipad could stay on site until January 2011. Work to identify interim options/sites was on-going. A review of alternative options to having a rooftop helipad was being undertaken. Conversations were still progressing in relation to the Thales sites. -

HB suggested that R Calderwood had intimated that any medium term solution may also become the final solution. PM reported that in relation to the Helipad that thought needed to be given to getting a management FM plan on the SGH site. PM

AS advised that a report on the pro's/cons and costs had been undertaken in relation to the rooftop helipad. -

- Retained Estate

DH advised that the exercise in terms of the drawings had been completed and were ready to be issued. The budget would also be available for issue on the 10th August 2009. The no's had been marginally improved and there was now about a 200 shortfall. FW advised that the plans had been reviewed to ascertain if there were areas which could be rationalised to create more space. A meeting to discuss the exercise results had been arranged with Currie & Brown the following week. At first glance the space available appeared to be okay however it may mean staff working in a more open plan environment that they were used to previously. DH
FW

AS enquired if an update could be provided on the status of A McIntyre's transfer plan. FW reported that an exercise was being undertaken to phase the demolitions however this plan would depend on the staff decanting. HB suggested that a meeting should be held with A McIntyre to discuss. AS advised that he would arrange to meet with A McIntyre. DH reported that it was important to get the Walton and Library demolished AS

as soon as possible in order to advance enabling works i.e. bring forward the culvert diversion.

4. Competitive Dialogue Presentation – Feedback

A draft paper was tabled which collated all the comments received thus far. The comments received would not be seen by anyone else however the comments would be used to point the bidders in the correct direction/re-guide in relation to the requirements, i.e. Indicating where the plans are at odds with requirements not where they would be scored down. The feedback to the bidder might just be a generic statement and this was still to be decided.

AS

The team members were asked to check that the comments as collated in the documents related to the correct bidder as there had been confusion during the collation as some comments had been provided in running order.

ALL

The team members provided HB with a verbal resume of their comments. AS reported that it was important to remember that there is still 1 year of design development to be undertaken. DH reported that it would appear that some decisions have been made on a commercial basis.

-

PM suggested that it should perhaps be clarified to the bidders that what they put into their bid is all priced.

-

5. HB Feedback

HB advised that she would not be staying for the detail of the evaluation process. She thanked the team members for their contribution to the project to date. It was advised that the recent NSGH&LP EB meeting had been a very good meeting. There had been an acknowledgement of the work and time which had been put into the Competitive Dialogue Process and also the significant chunk of time still required.

-

A series of NSGH&LP EB formal and sub-group meetings had been scheduled to take place throughout the evaluation process and these would be key meetings. The team may be required to work between the 22nd October and 26th October and 3rd November 2009.

-

Meetings of the 3 bidders senior teams had been arranged with R Calderwood and herself over the next few weeks.

-

It was stressed that the Site Programme Co-ordination Group and Capital Planning Group meeting dates were critical to the project timescales.

-

DH enquired what was the latest timescales for the decant of the Management Accounts team and it was reported that they would be unable to move from the end of January through to beginning of June.

-

6. Planning

- Labs Planning Application

FW advised that the Planning Application for the Labs facility had been submitted and a letter had been received back confirming that it had been registered. The application had been submitted before the 3rd August and therefore there was no requirement for public consultation as per the new planning application process. Raj Deb had an informal discussion with the planners and it had been intimated that the planners would make a decision within the 3 months.

-

FW reported that the room layouts for biochemistry, haematology and pathology had been issued to the users. A meeting with the genetics reps had been arranged for the following week.

FW

All the final labs information was being pulled together for release to the bid teams on the 21st August 2009.

FW

AS enquired about the commencement of the Labs Business Case and FW confirmed that J Crombie had

FW

already started preparing the Labs Business Case.

6. Planning (cont'd)

- Strathclyde Fire Brigade

PM advised that a meeting had been held with Commander O'Brien to provide him an overview of the project. It would be useful if R Deb could forward the Labs information to Commander O'Brien. Commander O'Brien had indicated that he was keen to get involved at the design development stage.

FW/RD

JB suggested that there were a couple of bits of the Labs build which did not meet building regulations, i.e. mortuary, and it would be worthwhile highlighting these aspects to the Fire Officer.

FW/RD

The draft site masterplan has also been submitted.

-

- Section 75

AS advised that the Section 75 Agreement had been finalised.

-

7. Land Acquisitions

- Scottish Water

PM advised that Scottish Water were keen to progress the land acquisition. A new mast would be required for the new mast site which would cost circa £150k. The height for the new mast would be increased BY 20/30M due to the height of the new labs facility. There was a desire to position the new mast on one of the site main entrance roads however this proposal was being resisted and required further discussion. JB enquired if £150k was the total cost for the mast and it was confirmed that the £150k was the total cost including the services and power.

-

- Scottish Ambulance Service

PM advised that he had met recently with SAS reps at the Leverndale Site. The Primary Care Services had indicated that they do not want the SAS on the site. A costing on the building identified potentially for SAS had been undertaken which had indicated that the refurbishment costs were circa £1.2m. Another area at the top of the Leverndale site was now being investigated. The discussions are progressing slowly. The Johnstone Hospital proposal was also being progressed.

-

AS reiterated that SW land acquisition was now do-able however the SAS land acquisition remained an issue. In order to address the issue consideration should be given to having plans which showed the Car Park turned.

-

DH enquired if SW would be willing to make a planning application for the re-location of the mast. PM advised that he was awaiting confirmation from Blair Greenock as to whether the mast re-location could be bolted onto the Labs Application without causing delay.

-

8. 33kV Substation

AS advised that he had an internal meeting with FW and PM to discuss the 33kV. A meeting with JB to discuss the substation would need to be arranged for early next week. AS advised that they were wanting sign-off by 1st September 2009 but that this could not be achieved.

AS/FW/JB

FW advised that she had spoken to the contact at Scottish Power and they had intimated that the signing off could be put back. JB advised that Scottish Power had been pushed for date to ensure available for power on date. PM suggested that as the industry had quietened down there was potential to reduce the lead time therefore was now looking at December. This would be discussed at the meeting the following week. AS reported that a decision on whether to put the substation on the Board's land would need to be considered.

AS/FW/JB

9. RFI – Progress

MB advised that the RFI responses were on track with only a few to chase down. Due to the number of RFI's received in respect to Labs the additional Labs Technical Dialogue Session had been arranged to take place on Friday 15th August 2009. -

AS reported that the Bidder B Arts Rep had been liaising directly with Jackie Sands and this had now been stopped. Jackie has been informed that the bid teams must use the RFI process. -

DH stated that the Bidder Presentations had provided varying information on which teams/who would be turning up on the site and that he would review information to get a clearer steer on this. DH

10. Evaluation Process

AS advised that a draft paper had been submitted to the NSGH&LP EB. The paper had been agreed and had been further updated in order to provide to the bidders. The evaluation process had been revised to include a moderation stage which consisted of the Commercial Group ratifying the reports from the other work-stream evaluations. -

The Commercial Group would then present the bids to the NSGH&LP EB at their workshop on the 22nd October. The recommendation would be submitted to the formal NSGH&LP EB at their meeting on 26th October. After ratification of the recommendation by the NSGH&LPEB it would then be submitted to the NHS Board Performance Review Group (PRG). The Scottish Government Capital Investment Group would most likely receive the recommendation at the same time as the PRG. -

The bid evaluators/group memberships had been identified with the exception of a staff-side rep. The staff side rep input had been discussed with the Board's Chief Executive whereby it was agreed that the process would not include a staff-side rep as it would be unfair and inappropriate. AS advised that he would discuss this with the employee director. AS

The programme was indicative and the 2 sub-group meetings had been arranged in case there was formal direction required, i.e. taking bids at £650m. The programme also included 2 main NSGH&LPEB dates for formal progress reporting on appropriate matters. AS requested that the team provide comments on the Evaluation Paper. ALL

AS advised that he had done a detailed task list and requested MB to provide comment on. MB advised that thought would be required in respect of the final bid presentation structure and attendees. He enquired if the date should be communicated to the bid teams. AS suggested that the final presentation required consideration on the format. DH enquired about the Labs Business Case being submitted to the Scottish Government Capital Investment Group (SGCIG). AS confirmed that the Labs Business Case excluding the financial information would be submitted to the SGCIG meeting immediately prior to the 3rd November and then on the 3rd November the Business Case would be re-submitted including the financial information. The process had been agreed with the Scottish Government. AS

11. AOCB

PM tabled a programme which picked up various pieces of work which still needed to be resolved and the links of these to the critical path. PM requested that the TA review the programme and provide comments to Sam Suddese.

He advised that SS also had figures on the car parking over the next 12 months i.e. losing 88 spaces.

12. Date and Time of Next Meeting

Friday 14th August 2009 at 1.30pm, Hillington Project Offices.

NOTES FROM MEETING WITH DAVID HALL HELD ON 11TH AUGUST 2009

PRESENT: Stephen Gallacher, Fiona McCluskey, Heather Griffin

PURPOSE OF MEETING

Given the request by the Medical Director that the Medical Manpower Planning is completed (end of September) before AAU/ED and Critical Care User Groups are started the Adult Team were looking to identify options to give the User Groups more time before their first meeting with the successful bidder.

Purpose of the meeting was therefore to:-

- Understand the timescales and key milestones between the appointment of the successful bidder and sign off of the design.
- Understand options for the order in which the bidder will undertake the work.
- Review the action plan and identify which tasks are crucial to the detailed design and their priority.

OUTCOME

Timetable

- On the 3rd November the recommendations for the successful bidder will be submitted to Health Board and Government.
- If authorisation to proceed given there will be a 10 day standstill during which the unsuccessful bidders can lodge appeals i.e. 3rd November to 13th November.
- 14th November – Likely to be the first meeting with the successful bidder (contractor) to :
 - a) review the 1:500s - DH thinks it is likely that the contractor will not get beyond the 1:500s in the period from 14th November to end of December.
 - b) remind the contractor that 6 weeks notice is required for the user meetings.
 - c) request a programme of meetings from the contractor - (with the programme the project team should be able to inform users early on of when they will be required to attend meetings for both the 1:200s and 1:500s).
- Anticipate an average of 3 iterations for the 1:200s for each Department and 3 iterations of the 1:500s.
- DH gave reassurance that the Board will be able to influence the order in which the Departmental User meetings take place. *(Post meeting note – suggest we negotiate AAU/ED, critical care and theatre user meetings to be in the latter part of the programme)*

- The Ward User Group however is likely to be one of the first user meetings as it impacts upon the structure. AAU & Critical Care however should be able to be left till later on in the programme as they do not impact on structure. (It was noted that in Balfour's mock timetable AAU is one of the last User Group meetings).
- Overall the 1:200s are likely to start in January 2010 and be finished before the end of summer 2010 with most finished by the end of June.
- Likely format for each User Group is 2 or 3 meetings with the bidders plus approximately 2 extra internal meetings with the Project Team to discuss the drawings.
- With each set of drawings presented the Users/Health Board will be given 2 weeks to respond with comments.
- The 1:50's will probably start in late May/June 2010 with meetings continuing to December 2010. Format will be very similar to that described above.
- Bed numbers are being reviewed in Renal, CCU and MHDU and also the size of the outpatient Renal Dialysis Unit. DH advised that these bed numbers etc will be required by the end of October 2009.
- Ward stacking - will be of high interest to the contractor and therefore thoughts on tower stacking will be needed in early November.
- Reviewing Balfour's mock timetable as a guide the first meeting is the Generic Wards which is scheduled for week 10. (i.e. suggests mid January for the first User meetings). It was noted however that the contractor was scheduled to commence the drawings in week 6 (ie mid December) therefore any changes to the current 1:200s need to be flagged up before this point. NB. According to Balfour's timetable work on AAU would not take place with week 22 (i.e. beginning of April).

TASKS

- DH advised that the podium User Groups should get the opportunity prior to their first meeting with the contractor to review the contractors 1:500s and 1:200s, submitted as part of the bid - (i.e. could set up meetings and /or event for mid November to mid December (could also use the web share point).
- Ideally Project Team keen to keep the numbers of user reps for each specialty small

Review of Ward Tasks

Reviewed the wards tasks, DH's advice as follows:

- Reception areas and number of hoists will have a direct impact on the 1:200s and therefore a priority.
- socialisation space, worth confirming that the exemplar (ie a single social space near the nurse base) is the best option - bidders have varying locations
- FM Aspects Each bidder will have a different design therefore any work undertaken now should focus on the principals rather than the design itself.

- IT is a key issue, the bidder will provide the infrastructure only, team need to confirm the strategy e.g. using patient's entertainment system, mobile trolleys etc.
- Design of the rooms and dementia aspects involve finishes, colours, locks, alarm system etc and will be part of the ongoing developmental process rather than work which is required at this point.
- Releasing Time To Care (RTTC) a) Early thoughts on this may be useful for evaluation (need to be able to assess layout and impact upon staffing).
b) IF RTTC is potentially going to influence layout then will need further information on this prior to contractor architect undertaking drawings (ie mid December)

Review of General Outpatient Department Tasks

Tasks identified under Outpatient Department are the sub dept co-locations and how the whole department will work - important to have this information prior to the contractor architectural starting the drawings.

AAU

DH advises that, from a detailed design point of view the 4 key tasks are:-

- Location of the control room
- Use of the secondary entrance
- Layout/relationship of the AAU clusters
- Location of the Out of Hours

Theatres

- Tasks listed were
 - a) Pathways for the 'same day admission' area (AODOS),
 - b) Interaction with Endoscopy,
 - c) finalising details for Stock and TSSU.
- DH's advice is to leave a) and b) above until beginning November and discuss them in the context of the contractor's 1:200 drawings. However need to complete c) before 14th November.

Critical Care

- Review of the CCU and MHDU beds required to be complete by end of October - if the beds in the podium are going to change need to inform the contractor at the 14th November meeting.
- Need to confirm location of the admin support area before contractor architect starts drawings.

Completion of SofAs

Completion of S of A needed for Decontamination, Clinical Physics, Aseptic, decontamination for A&E by end of October 09.

Medical Day Unit

MDU bed spacing - will need this by end of October 09.

NSGH ADULT HOSPITAL ACTION PLAN TO NOVEMBER 2009 – Revised post DH meeting

NO	OBJECTIVE	LEAD	SUPPORT	START DATE	COMPLETION DATE
1. User Representative structure	Liaise with Directors/ASR Redesign meeting to establish/confirm nominated reps to meet with successful bidder in developing detailed design	HG - All Directorates except wards FMcC - Wards	-	Meet all Directors by 3 rd week in August 09	Named reps to be identified by end October
2. Generic Ward	Reception Areas – currently one reception per ward – could these be reduced to one per 2 wards ? Overhead Hoists – number and location IT Strategy for the ward ? FM principals for the ward Socialisation space – confirm exemplar as optimum re location and format RTTC (Releasing Time To care) –any impact of RTTC upon the location of facilities eg store within the wards?	FMcC -	HG/KC	20/08/09	Mid December 2009
3. Outpatients	How whole department will function, patient pathways Generic & Specialist Clinics Co-locations	HG	FMcC Janis Hughes ? (Sharon Adamson to confirm)	18 th August 2009	Mid December 2009
4. AAU/ED	<u>Priorities</u> a) Engage with reps from ED, Surgical, Ortho, Urology & DME , confirm patient pathways for the different specialties b) Agree use/location of Control Room - interaction with bed mgt, hospital at night, health records	SG	HG / FMC Heather McVey	W/C October 19 th	Query Feb 2010 if negotiate AAU/ED to be at the end of the programme of user meetings

	c) Agree use of secondary entrance d) Layout/relationships of clusters e) Location of Out Of Hours service FM interface Interaction with Discharge Lounge ED/AAU protocols for contingency Patient pathways to imaging, critical care, theatres Pharmacy interface Activity flows & impact on Imaging	HMcvVey/SG			
AAU – longer term	Longer term - Workforce of the AAU - medical and nursing - to feed into FBC	Brian Cowan & Rory Farrelly leads Working with FMcC & SG			To be completed by Aug /Sept 2010 to feed into Nov 2010 FBC
5. Theatres	Stock/TSSU	HMCD	HG/FMcC/KC	August 09	Beginning of November 09
	Pathways for Same Day Admission Interaction with Endoscopy	FMcC	HG	Beginning November 2009 using contractors 1:500's and 1:200's	January 2010
6. Critical Care	Confirm bed model/ CCU beds & HDU beds	SA/Planning Team ? (Sharon to confirm)	HG		End October 2009
	Use of Central admin/support area - best location	FMcC	HG		Mid December 2009
	Inter-relationships of ICU/HDU/CCU	FMcC /SG	HG		Mid December 2009
	Use of technology/IT	FMcC			End Dec 2009 ?
Critical Care – longer term	Staffing for the Critical Care facility – particularly the new Medical HDU	FMcC /SG (working with B			August / Sept 2010 to feed into FBC

		Cowan and R Farrelly)			
7. Complete SoAs	Decontamination Endoscopy Clin Physics Aseptic Decontamination - A&E	HMCD/FW MM/FW HM/HMcD HG /FW	KC		Complete by end October 2009 for all.
8. Medical Day Unit	Review research on risk of infection to Confirm bed spacing	Annette Rankin			End of October 2009
9. Renal Dialysis	Confirmation of Renal Stations by Directorate	HG			End of October 2009
10. Bed Model	Confirm Renal beds Confirm MHDU beds Confirm CCU beds Contingency beds breakdown Tower Stacking	Sharon Adamson ?S A or Medical Directorate ?S A or Medical Directorate Sharon Adamson HG	HG FMcC		End of October 2009
11. Entrance Hall	Review entrance hall	KC	HG		Beginning November 2009
12. Bed management	Breakdown of 50m ² footprint	HG	FW	Pick up during AAU work	Beginning November 2009
13. IT	IT Strategy for the New South Hospital	FMcC	HG		January 2010

Joint Project Team Meeting

Notes of Meeting held on Friday 21st August 2009 at 1.30pm in the Project Offices, Hillington

Present:

Alan Seabourne – Project Director, NHS Greater Glasgow & Clyde	AS
Hugh McDermott, Project Manager, NHS Greater Glasgow & Clyde	HM
Fiona McCluskey, Project Lead Nurse Advisor, NHS Greater Glasgow & Clyde	FM
Mairi Macleod, Project Manager – Children's Hospital, NHS Greater Glasgow & Clyde	MM
David Hall, Senior Project Manager, Currie & Brown	DH
Frances Wrath, Project Manager – Enabling Works, NHS Greater Glasgow & Clyde	FW
Alan McCubbin, Head of Finance – Capital & Planning, NHS Greater Glasgow & Clyde	AM
Iain Buchan, Buchan Associates	IB
Helen Byrne, Director of Acute Services Strategy, Implementation and Planning	HB
Harry Smith, Associate, HLM Architects	HS
Douglas Ross, Commercial Director, Currie & Brown	DR
Heather Griffin, Project Manager – Adult Acute, NHS Greater Glasgow & Clyde	HG
Jim Hackett, Divisional Director, Currie & Brown	JH
Sam Suddese, Project Manager, NHS Greater Glasgow & Clyde	SS
Karen Connelly – FM Manager – NHS Greater Glasgow & Clyde	KC

Apologies:

Peter Moir, Head of Major Projects, NHS Greater Glasgow & Clyde	PM
Mark Baird, Currie & Brown	MB
Robert Menzies, Architect, BMJ Architects	RM
Graham Annandale, URS Corp	GA
John Bushfield, Wallace Whittle	JB
Morgan Jamieson, Project Medical Director (Children's), NHS Greater Glasgow & Clyde	MJ
Stephen Gallacher, Project Medical Director – New Adult Hospital	SG

In Attendance

Allyson Hirst, Acute Planning PA (Notes)	AH
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1. Apologies

Apologies were noted as above.

2. Notes of Previous Meeting – 17th August 2009

In general the notes were accepted as an accurate record of the previous meeting with the exception of Matters Arising – Car Park 1 the funding should be recorded as £4.2M not £8.2M.

3. Matters Arising

Labs

It was noted that there was a further 4 weeks waiting for a final decision on planning.

Car Park 1 - Slippage

SS tabled a paper which the group discussed. It was noted that the temporary loss of spaces would have an impact on the already congested site at SGH – there were a few suggested resolutions to this problem – one being the levelling off of the current Balfour site. AS hopes to receive 3 quotes for this work in the next few days.

AS

Thales Site

AS reported that he had had discussions with representative of the Thales site who have enquired if NHS GGC would wish to lease the land. AS noted that he would discuss this further with PM and SS AS/PM/SS

Enabling Works and Culvert

The divert of the culvert would have an impact on other enabling works on the site – it is still the opinion that the culvert work should take place during the summer months as there is less water running through at this time.

It was suggested that the Management Building, Management Annexe staff could be moved in January and the Library staff could be moved around May. It was noted that the Walton and Library needs to be demolished March/April to allow the culvert work to be carried out during the summer months and to move from stage 3 and into enabling. It was noted that the winning builder would be pricing the culvert move in their bid.

FWR is to discuss the movement of staff from the Walton and Library with AMcIntyre and report back to AS. FWR/AMcI

Competitive Dialogue

AS reported that feedback on the process had been very positive and well managed.

Architect and Design Scotland

AS reported to the group that A&D Scotland would no longer be involved with the project in an enabling capacity.

Helipad

AS reaffirmed that during the building phase that there would be no helipad on site – it was noted that this was a SAS issue to resolve and not for GGC to work on. AS noted that the Thales site planning application for a new Heliport was due to be submitted along with the sale of land to SECC.

The issue of the waste being close by the helipad during the early construction – the group recognised the need for close management of this due to the health and safety issues around loose waste being moved during take off and landing.

Retained Estate

FWR reported that she was participating in a meeting to discuss the retained estate further next week and had hoped to report to conclusion by early September.

A meeting was to be called with FWR/DH/AMcI/PM to discuss the plans for the retained estate – due to holidays and diary commitments this meeting would take place during the week beginning 14th September.

4. Labs – Update from Meeting with Bidders on 14th August 2009

A clarification meeting with Bidders, TAs and project team had taken place last Friday in order to clarify a few issues. FWR noted that all drawings for rooms and area etc had been submitted. FWR also noted that Room Data Sheets were prepared and would be uploaded for the bidders on Monday 24th August. It was noted that there were some gaps in information provided but the team were aware of these and was dealing with missing information.

5. Evaluation process/Programme – Update

AS reported that the session on Friday had gone well and was happy that the team were all confident in what was expected from them during the evaluation process. The programme of evaluation had been distributed to all relevant staff for diaries.

6. 33kV Sub-Station

AS noted that there were three bidders for the sub-station – Energetics, Scottish and Southern and Scottish Power. All three companies were capable of carrying out the work. AS had requested John Bushfield to review the proposals and feedback to AS. This had been carried out and the final bids are expected from the companies by Friday 28th August at noon. It was noted the Scottish and Southern had already been approached by the bidding teams but the project team had requested that they do not provide them with a cost to which they had agreed.

7. RFIs

DH noted that this was still on-going but it was due to conclude today Friday 21st August with the final responses required by the following Friday 28th August and that the project team and TAs were just finalising and double checking RFIs received and responded to. AS and DH intended to have a short meeting after the JPT meeting to discuss the RFIs received after the bidders presentations in early August.

DH noted that the bathroom pod was ready to be seen – HG agreed to arrange a date and time to visit. DH reminded HG that there were to be no comments given.

DH noted that RFI trackers were all checked and any outstanding issues are being resolved.

8. Site Visits

AS reported to the group that the recent site visits to Forth Valley, Pinderfield and Peterborough had all been very worthwhile. He reported that all sites had been well managed and support good Health and Safety operations.

9. Scottish Water and SAS

AS reported that the land acquisition and the relocation and increase in height of the telephone mast would incur a cost of around £500,000 (estimated). He reported that PM had been in discussion but that the deal had not been concluded as this would only proceed dependent on the bidder picked after evaluation.

Regarding the possibility of SAS moving to Leverndale there were now 2 options for consideration one is the pharmacy area (which now seems unlikely) the other is a piece of ground at the opposite end of the site. AS and PM to meet with Calum McLeod on his return from holiday. The estimated cost is £1.5M.

AS/PM

10. Timetable of Work with User Group

HG spoke to the group and summarised her discussion with DH at an earlier meeting. It was agreed that a timetable of meetings would need to be drawn up but this would not be possible until the bidder evaluation was complete as the meetings would be dependent on the final design of the buildings. HG noted that initial meetings had taken place this week with ward and out-patient groups.

HG/FMcC

HG and FMcC agreed to work on an early version of the timetable in the meantime.

11. Design Programme with New Contractor

AS requested that the design programme, was identified to enable a user group timescale to be pulled together. DH advised this would happen immediately after the bidder selected.

12. AOCB

AS apologised and introduced Karen Connelly and Annette Rankin to the group. He intended to meet with them formally on Monday 24th August.

12. Date and Time of Next Meeting

Friday 28th August 2009 at 1.30pm, Hillington Project Offices.

Joint Project Team Meeting

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Hugh McDermott, Project Manager, NHS Greater Glasgow & Clyde	HM
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David Hall, Senior Project Manager, Currie & Brown	DH
Frances Wrath, Project Manager – Enabling Works, NHS Greater Glasgow & Clyde	FW
Alan McCubbin, Head of Finance – Capital & Planning, NHS Greater Glasgow & Clyde	AM
Iain Buchan, Buchan Associates	IB
Helen Byrne, Director of Acute Services Strategy, Implementation and Planning	HB
Harry Smith, Associate, HLM Architects	HS
Douglas Ross, Commercial Director, Currie & Brown	DR
Heather Griffin, Project Manager – Adult Acute, NHS Greater Glasgow & Clyde	HG
Jim Hackett, Divisional Director, Currie & Brown	JH
Sam Suddese, Project Manager, NHS Greater Glasgow & Clyde	SS
Karen Connelly – FM Manager – NHS Greater Glasgow & Clyde	KC

Apologies:

Peter Moir, Head of Major Projects, NHS Greater Glasgow & Clyde	PM
Mark Baird, Currie & Brown	MB
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Graham Annandale, URS Corp	GA
John Bushfield, Wallace Whittle	JB
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Architect and Design Scotland

AS reported to the group that A&D Scotland would no longer be involved with the project in an enabling capacity.

Helipad

AS reaffirmed that during the building phase that there would be no helipad on site – it was noted that this was a SAS issue to resolve and not for GGC to work on. AS noted that the Thales site planning application for a new Heliport was due to be submitted along with the sale of land to SECC.

The issue of the waste being close by the helipad during the early construction – the group recognised the need for close management of this due to the health and safety issues around loose waste being moved during take off and landing.

Retained Estate

FWR reported that she was participating in a meeting to discuss the retained estate further next week and had hoped to report to conclusion by early September.

A meeting was to be called with FWR/DH/AMcI/PM to discuss the plans for the retained estate – due to holidays and diary commitments this meeting would take place during the week beginning 14th September.

4. Labs – Update from Meeting with Bidders on 14th August 2009

A clarification meeting with Bidders, TAs and project team had taken place last Friday in order to clarify a few issues. FWR noted that all drawings for rooms and area etc had been submitted. FWR also noted that Room Data Sheets were prepared and would be uploaded for the bidders on Monday 24th August. It was noted that there were some gaps in information provided but the team were aware of these and was dealing with missing information.

5. Evaluation process/Programme – Update

AS reported that the session on Friday had gone well and was happy that the team were all confident in what was expected from them during the evaluation process. The programme of evaluation had been distributed to all relevant staff for diaries.

6. 33kV Sub-Station

AS noted that there were three bidders for the sub-station – Energetics, Scottish and Southern and Scottish Power. All three companies were capable of carrying out the work. AS had requested John Bushfield to review the proposals and feedback to AS. This had been carried out and the final bids are expected from the companies by Friday 28th August at noon. It was noted the Scottish and Southern had already been approached by the bidding teams but the project team had requested that they do not provide them with a cost to which they had agreed.

7. RFIs

DH noted that this was still on-going but it was due to conclude today Friday 21st August with the final responses required by the following Friday 28th August and that the project team and TAs were just finalising and double checking RFIs received and responded to. AS and DH intended to have a short meeting after the JPT meeting to discuss the RFIs received after the bidders presentations in early August.

DH noted that the bathroom pod was ready to be seen – HG agreed to arrange a date and time to visit. DH reminded HG that there were to be no comments given.

DH noted that RFI trackers were all checked and any outstanding issues are being resolved.

8. Site Visits

AS reported to the group that the recent site visits to Forth Valley, Pinderfield and Peterborough had all been very worthwhile. He reported that all sites had been well managed and support good Health and Safety operations.

9. Scottish Water and SAS

AS reported that the land acquisition and the relocation and increase in height of the telephone mast would incur a cost of around £500,000 (estimated). He reported that PM had been in discussion but that the deal had not been concluded as this would only proceed dependent on the bidder picked after evaluation.

Regarding the possibility of SAS moving to Leverndale there were now 2 options for consideration one is the pharmacy area (which now seems unlikely) the other is a piece of ground at the opposite end of the site. AS and PM to meet with Calum McLeod on his return from holiday. The estimated cost is £1.5M.

AS/PM

10. Timetable of Work with User Group

HG spoke to the group and summarised her discussion with DH at an earlier meeting. It was agreed that a timetable of meetings would need to be drawn up but this would not be possible until the bidder evaluation was complete as the meetings would be dependent on the final design of the buildings. HG noted that initial meetings had taken place this week with ward and out-patient groups.

HG/FMcC

HG and FMCC agreed to work on an early version of the timetable in the meantime.

11. Design Programme with New Contractor

AS requested that the design programme, was identified to enable a user group timescale to be pulled together. DH advised this would happen immediately after the bidder selected.

12. AOCB

AS apologised and introduced Karen Connelly and Annette Rankin to the group. He intended to meet with them formally on Monday 24th August.

12. Date and Time of Next Meeting

Friday 28th August 2009 at 1.30pm, Hillington Project Offices.

Joint Project Team Meeting

Notes of Meeting held on Friday 4th September 2009 at 1.30pm in the Project Offices, Hillington

Present:

Alan Seabourne – Project Director, NHS Greater Glasgow & Clyde
 Hugh McDermott, Project Manager, NHS Greater Glasgow & Clyde
 Fiona McCluskey, Project Lead Nurse Advisor, NHS Greater Glasgow & Clyde
 Mairi Macleod, Project Manager – Children's Hospital, NHS Greater Glasgow & Clyde
 David Hall, Senior Project Manager, Currie & Brown
 Frances Wrath, Project Manager – Enabling Works, NHS Greater Glasgow & Clyde
 Alan McCubbin, Head of Finance – Capital & Planning, NHS Greater Glasgow & Clyde
 Iain Buchan, Buchan Associates
 Helen Byrne, Director of Acute Services Strategy, Implementation and Planning
 Harry Smith, Associate, HLM Architects
 Douglas Ross, Commercial Director, Currie & Brown
 Heather Griffin, Project Manager – Adult Acute, NHS Greater Glasgow & Clyde
 Jim Hackett, Divisional Director, Currie & Brown
 Sam Suddese, Project Manager, NHS Greater Glasgow & Clyde
 Karen Connelly – FM Manager – NHS Greater Glasgow & Clyde
 Peter Moir, Head of Major Projects, NHS Greater Glasgow & Clyde
 Mark Baird, Currie & Brown
 Robert Menzies, Architect, BMJ Architects
 Graham Annandale, URS Corp
 John Bushfield, Wallace Whittle
 Morgan Jamieson, Project Medical Director (Children's), NHS Greater Glasgow & Clyde
 Stephen Gallacher, Project Medical Director – New Adult Hospital
 Tony Coccozza –Capital Planning ASR Accountant (on behalf of Alan McCubbin)

In Attendance

Allyson Hirst, Acute Planning PA (Notes)

	Attendance
AS	Attended
HM	Apology
FM	Apology
MM	Attended
DH	Attended
FW	Attended
AM	Apology
IB	Apology
HB	Attended
HS	Attended
DR	Attended
HG	Attended
JH	Apology
SS	Attended
KC	Attended
PM	Attended
MB	Apology
RM	Apology
GA	Apology
JB	Apology
MJ	Apology
SG	Attended
TC	Attended
AH	

1. Apologies

Apologies were noted as above.

2. Notes of Previous Meeting – 28th August 2009

The previous minutes were recorded as an accurate record.

3. Matters Arising

- Car Park

AS reported that the costs for the temporary car park on the Balfour site would cost around £80,000 + VAT creating around 150 spaces with building in Jan-Mar 2010. AS reported that Mary Anne Kane was now aware of the proposal. AS planned to meet with Alex McIntyre to discuss the costs and charging.

AS

- Staff Moves

FWR reported that she was meeting with David McGowan to review this and then a further discussion with Alex McIntyre to finalise once he had returned from annual leave – mid September.

FWR

- Land Acquisition

SAS

The group discussed further the potential proposals for land at Leverdale (second option) – there were issues around this as the plans would required to be included in the master plan and passed through the City Council Planning Department – there was a risk that this may not happen as it was part of the greenbelt site. The masterplan for the site was due to be submitted to the Council in April 2010 for the already planned works. If this proposal was going ahead the Project Team would require to finalise their plans for inclusion. Timing was imperative to allow the SAS to move according to the plans for the new South Glasgow site in the 1st ¼ of 2010. The question of was raised around asking the Council informally of their opinion on the plans – this would not be possible as they would have to see them in the context of the entire site. AS reported that he and PM were scheduled to meet with Callum McLeod on the 11th September and would report back to the JPT.

AS/PM

Scottish Water

PM reported that this process had gone as far as was possible at the moment without knowing the builders plans. It was noted that this was detailed in a paper AS had prepared for the ASR Programme Board.

- Thales Site

PM reported that he met with XXX from the site who stated that they would not be selling the land for the foreseeable future and would be willing to lease it to the Board. It was thought this land could be used as a temporary car parking area and an area could be given over to the builder, via a let agreement. AS agreed to work on the costs for this and report back. SS reported that they could fit around 250 car parking spaces but that it would require a bit of preparation. Costs were also to be sought for this.

AS

SS

- Clinical User Groups

HG reported that presentations re AAU were being given to the Surgical Board on 7th September and Medical Directorate Team meeting on 9th September and that dates are being arranged with the Rehabilitation Directorate. Following this AAU User Group meeting will commence on 29th and 30th October with user reps nominated by their respective Directorate..

- Mock Bedroom

PM reported that he and HS had visited the mock bedroom and reported that it was of good solid construction, spacious with a good range of finished – there were some small issues noted with the toilet layout but they could be clarified if this was the chosen building.

- Waste Compound

As yet no alternative site had been found. There were some suggestions but none that could be used for the full term of the building works on site. There was also the option of using the builder waste site but that would need investigation. SS/FWr were to work on other options and report back.

FWr/SS

- Boilerhouse

FWr reported that work was on schedule but had to be postponed today due to weather conditions. FWr noted that everything was in place to carry out the demolition but it would be very dependent on weather conditions as it was unsafe for the steeplejacks to be on the chimney if the weather was predicted to be windy. HB requested that FWr report back to her on a daily basis to keep her informed of the situation.

FWr

4. RFI – Completion

DH reported that a summary of the RFIs received had been issued. There had been a few last minute requests but these had been dealt with and responded to and there was nothing further to report on this matter.

5. Evaluation

- Programme

A revised programme was issued to the group with just a few adjustments to the previous issue. DH handed out a timetable of the plan in the lead up to the start of the evaluation and reviewed with the team. He reported that there would be procurement and planning staff available from 2pm to record the opening of the bids and the details of the process to follow in order that the documentation would be ready for review by the project team by lunch time on Monday 14th September. DH reported that all Evaluation Training had taken place with the exception of Rachel Green which was in hand.

It was reiterated to the group that the Boards policy on Loss of Documentation would be strictly adhered to and everyone should review the policy which was electronically forwarded to them previously.

A disk version of all the bids would be transferred to the Currie & Brown IT fire safe for safety and one paper version would be stored within the project offices under lock and key – all commercial information extracted before evaluation starts will be held in the Gartnavel site in a locked room until evaluation is completed.

It was noted that there were some changes to the groups evaluating and Gordon Beattie would attend the evaluation meetings as an observer.

The bidders would be presenting to the evaluation team on the 21st September and the order had been picked as Bidder B, Bidder A and Bidder C. A timetable of the day would be issued and the Glynhill Hotel has been booked for this.

- Evaluation Base

The bidders had received directions and a map to the drop off for their tender documentation with details of the time that this would be open and reaffirmed the closing time of 12 noon on the 11th September.

- Housekeeping

Car parking at the evaluation site has been arranged and SF was preparing notices for cars for those involved. Computers would be available for staff to check e-mails during the day and for access to BIW . All the relevant locks are being changed on the unit and additional locks added to doors that now require it.

SF noted that all meetings will take place at the Gartnavel site with the exception of the Design Meetings which will take place at the GG&C Contact Centre at Jubilee Court, Hillington.

6. Enabling Works – General Update

FWr reported that the HV power up will be complete to the surgical block in October.

The bids for the 33kVa was due in today (3) and the winner of this bid would be used in the New South Glasgow Project.

FWr reported that the medical gases at the maternity which were installed last year were now being made live on the 15th September . ??

FWr reported that she was working on preparation of all the relevant warrants etc for the forthcoming demolition works including the preparation of the method statements in order to be ahead of the paperwork and to ensure that everything was in place as and when required.

FWr noted that site investigations were still on-going as part of the Boards work to provide a clean site for the builder as part of the Boards risks.

7. AOCB

HB reported that she and Robert Calderwood had met with representatives of Laing O'Rourke as part of the process of meeting with the Directors of all the bidders involved and had reported that their meeting had been a positive one.

8. Date and Time of Next Meeting

There would be no further Joint Project Team meetings for the present time as the team would be involved in Evaluation . Members would be informed when these are to begin again.

GREATER GLASGOW AND CLYDE NHS BOARD

ACCOMMODATION MEETING

Notes of the meeting held on Friday 6th November 2009
Conference Room, Project Offices, Hillington



Present: Alan Seabourne, Project Director
Fiona McCluskey, Senior Nurse Advisor
Frances Wrath, Project Manager – Enabling Projects
Heather Griffin, Project Manager – New Adult Hospital
Karen Connelly, Commissioning Manager
Mairi Macleod, Project Manager – New Children's Hospital
Morgan Jamieson, Project Medical Director - New Children's Hospital
Peter Moir, Head of Major Projects
Stephen Gallacher, Project Medical Director – New Adult Hospital

In attendance: Shiona Frew, PA – Acute Planning (notes)

ACTION

1. **Cabinet Secretary Announcement**

AS advised that the Cabinet Secretary had announced earlier that day that Brookfield Europe LP were the preferred contractor for the New South Glasgow Hospitals Project.

2. **SGH Plans**

AS advised that in going forward an understanding of the accommodation/offices on the SGH Campus was required.

He reported that he needed to report on the following:

- Number of offices by building
- Accommodation shortfall
- Reasoning for shortfall
- Options to overcome the shortfall including the costs
- Timescales for office moves
- Interim plans for office moves

A design group would be established to take forward the design. Members of the design group would include Stephen Gallacher, Morgan Jamieson, Frances Wrath, Karen Connelly, Mairi Macleod and Heather Griffin and they responsible for working as a group to take forward both the clinical and non-clinical aspects of the design.

AS reported that it would be key to identify those staff members on the SGH site who:

- Were on the site
- Would need to remain on the site
- Would need to move off the site
- Would need to transfer back onto the final site.

KC was asked to progress this piece of work.

AS advised that plans would need to be put in place for the demolition of the Management Annexe. KC was requested to liaise with Alex McIntyre's team to ascertain what the plans are for staff moving off the site.

A plan identifying which staff would be coming back on to the site was also required. This plan should include when they would be coming back onto the site and also what would be on the site at that time.

Interim Plan:

FW advised that areas had been identified in the maternity building, penthouse, pharmacy and chest clinic to house decanted staff in the interim. She had prepared a pack of this information of the work completed to date for handover to KC.

There would also be areas in the Victoria and Queen Mother's which could be utilised for staff decants.

It was advised that there was a need to check which staff were already on the SGH site and of these which staff needed to remain in the site.

FW advised that from a technical perspective everything was in order as the demolition warrant had already been obtained.

AS requested that the accommodation plan detailed to show which buildings were being demolished and when.

2015 Moving In Plan:

FW reported that work had been undertaken to identify the number of office required on the SGH in 2015. Currie & Brown had detailed out the desk numbers for each area. A third pass to achieve the numbers required had been undertaken however there was still a shortfall. A meeting with Velda had been arranged for the following week to further progress the work to date. It was felt that departmental staffing for 2015 should be addressed at this point. The specific disciplines should be analysed as the staff numbers needed further refining. HG advised that the staff from the Victoria and SGH would be would be the current total whereas the Western would be proportional. AS advised that it would be important to identify those staff involved in the operational clinical care. FW advised that the numbers still needed refining to assist in identifying how people are moved in, temporary decants, etc. AS advised that FM had the bones of a commissioning plan. FW suggested that input was required from the users or a manpower plan. AS stressed that the accommodation plan was now required and therefore there was not the time to wait on a manpower plan being completed. MM intimated that the current numbers should be and this was agreed.

AS requested that a session be arranged for FW and KC to present the accommodation plans initially to the project team and thereafter to Alex McIntyre's teams. The presentation should include year by year phasing indicating:

- interim plans
- staff going off-site and where going
- staff staying on-site and where going
- staff needing to come on to the site and where going

NHS Training Centre:

AS advised that a new home still needed to be found for the existing Walton and Library services. FW advised that an interim plan for the training service had been identified and it was also planned that the Library would move into the Management Building in the interim and then the literature would be integrated with the John Brodie library.

AS enquired if it was known when the Management Team would be moving out of the Management Building. He reported that the accommodation presentation should flag up any tensions.

Academic Centre:

AS reported that plans for the Academic Unit re-provision were also required. The plans should identify:

- what would be needed on the site if only for NHS use
- what would be needed on the site if the academics come onto the site
 - as a minimum
 - all encompassing

It should be noted that the plans for a 500 seat auditorium should continue to be included.

AS enquired where the Yorkhill Academic Centre was going. If it was not moving to beside the NCH then what would be the minimal academic requirements on the site.

MM advised that there were two options for the Yorkhill Academic Centre: a) NHS and Joint App and b) 5th year medical students. AS advised that he had an email which listed their wants. AS advised that MM would progress the work on the Academic Centre and asked that she a) ascertained the NHS commitment to treatment and b) to check with Brian Cowan for a view on Clinical Skills.

FM advised that Clinical Skills was mostly for trainees. Other staff undertook Practice Development which was already planned to be re-provided on the site. SG reported that there are different scales for clinical skills i.e. resuscitation training rooms. The Surgeons also currently use the centre at Stirling and the Colleges.

3. Scottish Ambulance Centre

PM advised that this remained a key strand of work. Another meeting of the Board with Pamela McLauchlan, SAS, should be arranged in order to test out the planning issue.

It will be necessary to check if the work would need to be tendered or whether the SAS Framework could be utilised. A Heads of Terms Agreement needs to be established. There is a need to get them off the Hardgate Road site by the end of 2010. In order to move them off the site by end of 2010 there was potential to move them to the Savings bank in the interim.

A note should be sent to AMc to indicate:

- the project would be taking on the commissioning
- it would be a charge to the £842m
- giving an indication of cost

AS stressed that it will be important to capture whenever the team spend money.

4. Helipad

PM advised that the Helipad was to remain in operation prior to removal by mid 2011. The SAS CE will take responsibility for relocating the Helipad.

A discussion would need to take place in respect to the rooftop helipad in terms of clinically and operationally.

5. Programme

PM advised that in terms of the programme a solution to the siting of the NHS Waste Compound was still to be achieved. It was enquired if there were any potential solutions and it was advised that the current proposal could not work due to the proximity to the Helipad. Other potential solutions were being investigated.

AS enquired re the interim small car park whether the solution was still to cover a piece of ground to give AMc space and this was confirmed.

PM advised that a conversation would need to be had with Ronnie Clinton and Alistair Maclean.

AS reported that an early discussion on the Waste Compound with Brookfield Europe should also take place.

PM suggested that relocating the Waste Compound could be a risk in terms of City Council Planning however it was felt that as the waste compound relocation was a part of the development that the waste compound should be moved without consulting the City Council Planning.

6. Scottish Water

PM advised that the acquisition of the strip of Scottish Water would now be progressed. Agreement with Moira Anderson was required as to whether to use Moira and the Board's Legal Advisors or whether to use another Property Advisor in conjunction with Shepherd & Wedderburn.

7. Bidder Feedback

AS advised that the Bidder Feedback sessions had been arranged for Monday 9th November (Balfour) and Tuesday 10th November (Laing). HG was requested to attend both the feedback sessions and MM was requested to attend the Laing feedback session.

A feedback session with Brookfield Europe LP Had been organised for Thursday 12th November which PM was leading on. A 2 day session to agree the contract was to be arranged. The Project Team should identify items which should be checked against the contract.

8. Labs FBC

AS reported that the Scottish Government would be requesting clarity and/or further information on the recently submitted FBC. MM was requested to lead and co-ordinate the questions to ensure that timeous responses were provided thus enabling the FBC to be quickly signed-off. MM was advised that if required she should utilise the Project Team and link into Jim Crombie and Alex McIntyre.

9. Away Day – 16th November

AS advised that the Corporate Away Day was an all day session planned for the 16th November. FM was taking forward the planning of the event and would link into Sharon Adamson.

The aim of the event was to take the internal planners through the plans for the new hospitals.

10. AOCB

AS asked MM to liaise with Emma Gregory (Corporate Comms) to get the press pack circulated to all staff.

AS requested that PM and FW provide an update on the enabling works.

AS requested a meeting with PM to discuss the FBC for the New Hospitals Project.



Bundle of documents for Oral hearings commencing from 13 May 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

**Bundle 42 - Volume 3
Joint Project Team Meeting Notes and Minutes**

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