

SCOTTISH HOSPITALS INQUIRY

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

Bundle 43 – Volume 7

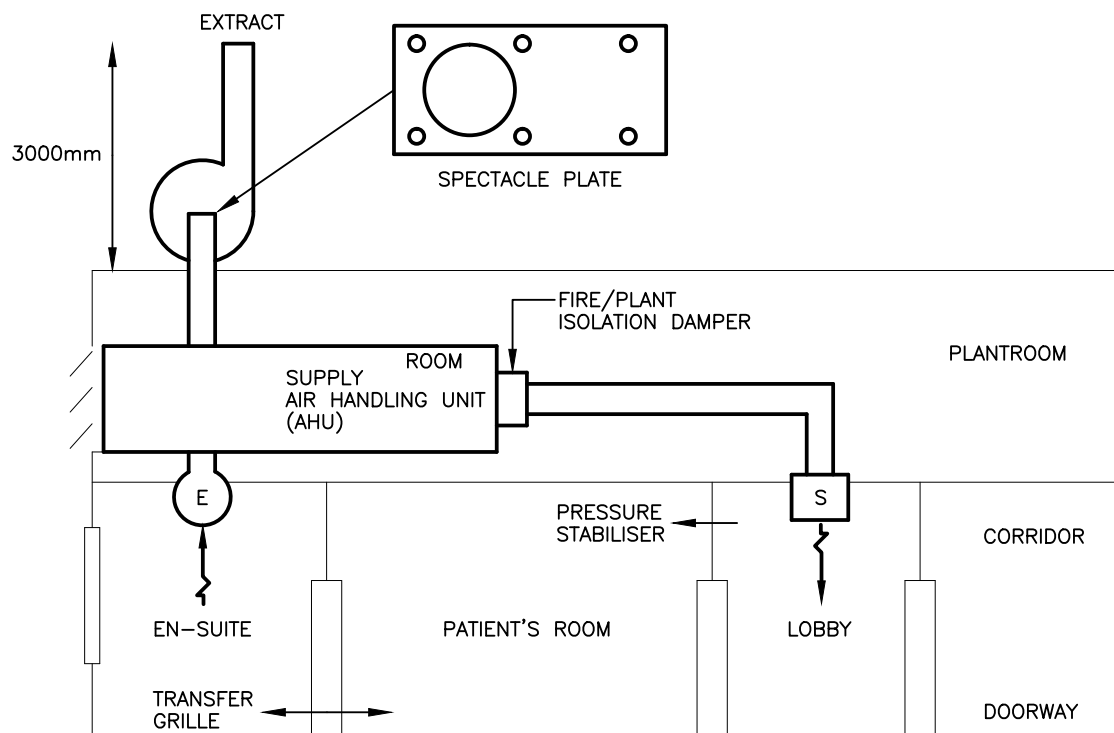
Procurement, Contract, Design and Construction, Miscellaneous Documents

This document may contain Protected Material within the terms of [Restriction Order 1](#) made by the Chair of the Scottish Hospitals Inquiry and dated 26 August 2021. Anyone in receipt of this document should familiarise themselves with the terms of that Restriction Order as regards the use that may be made of this material.

The terms of that restriction order are published on the Inquiry website.

Table of Contents

1.	A35762164	Isolation Suites - Ventilation system - Plantroom above - Wallace Whittle - NSGACL-G1274_M(57)02-A4_iss1_rev - April 2009	Page 3
2.	A35185524	Typical Adult Ward Tower - Ventilation Schematic - Wallace Whittle - NSGACL-G1274_M(57)03-A1_iss1_rev - April 2009	Page 4
3.	A35762159	Isolation Suites - Plant Room Adjacent - Ventilation systems - Wallace Whittle - NSGACL-G1274_M(57)01-A3_iss1_rev - April 2009	Page 5
4.	A36437007	New South Glasgow Hospitals Executive Board - Meeting Minutes - 14 January 2009	Page 6
5.	A36437005	Procurement and Finance Group - Meeting Minutes - 9 February 2009	Page 11
6.	A52747139	Joint New South Glasgow Executive Board/Procurement and Finance Group - Meeting Minutes - 24 April 2009	Page 15
7.	A52837159	Brookfield Bid Feedback Report - November 2009	Page 19
8.	A52825459	Acute Services On The Move Programme Board - Draft Meeting Minutes - 20 February 2014	Page 72
9.	A51666615	Email chain from Mark Harris to Colin Brindlay and others - re Lobbied side rooms in NSGH - 5 January 2015	Page 76



ROOM	PARAMETER	NOMINAL DESIGN VALUES
LOBBY	ROOM VOLUME BED ACCESS LOBBY (5M2 X 2.7M) PERSONNEL ACCESS LOBBY (4M2 X 2.7M)	13.5 M3 10.8 M3
	PRESSURE DIFFERENTIAL TO CORRIDOR	NOMINALLY 10 PASCALS
	SUPPLY AIR FLOW	BED ACCESS LOBBY - 238 L/S PERSONNEL ACCESS LOBBY - 208 L/S
	AIR CHANGE RATE	BED ACCESS LOBBY - 63 PER HOUR PERSONNEL ACCESS LOBBY - 69 PER HOUR
ISOLATION ROOM	ROOM VOLUME (19M2 X 3M)	57M3
	PRESSURE DIFFERENTIAL TO CORRIDOR	NOMINALLY ZERO
	ROOM AIR FLOW	158 L/S
	AIR CHANGES RATE	10 PER HOUR
EN-SUITE	ROOM VOLUME (6M2 X 2.7M)	16.2M3
	PRESSURE DIFFERENTIAL TO ISOLATION ROOM	NEGATIVE
	EXTRACT AIR FLOW	158 L/S (IF EXTRACT IS FITTED IN THE ISOLATION ROOM THIS REDUCES TO 45L/S IN THE EN-SUITE WITH 113L/S EXTRACT IN THE ISOLATION ROOM.)
	AIR CHANGES RATE	AT LEAST 10 PER HOUR

REFER TO M(57)01 FOR PLANT ROOM OPTION

WALLACE WHITTLE

Consulting Engineers

8 Elmbank Gardens, Glasgow, G2 4NQ.
Tel: 0141 221 9866 Fax: 0141 221 6088
e-mail: glasgow@wallacewhittle.com
Web: www.wallacewhittle.com

Aberdeen Belfast Dublin Donegal Edinburgh Leeds London

Service **MECHANICAL**

Status **DESIGN CONCEPT**

Eng./CAD **BR/AT**

Chk. **KJM/BB**

Scale **NTS @ A4**

Date **APR. 2009**

Project **NEW SOUTH GLASGOW HOSPITALS**

Title **ISOLATION SUITE
VENTILATION SYSTEM
PLANTROOM ABOVE**

Drg. No.

G1274/M(57)02

Rev.

A52942007

1. TRANSFER GRILLES TO BE INSTALLED WHERE REQUIRED AND TAKE COGNISANCE OF FIRE STRATEGY.
2. ACTIVATED CARBON FILTRATION TO BE PROVIDED IN ALL MECHANICAL AIR SUPPLY UNITS.
3. REFER TO DRAWING C1274/M(57)01 & D2 FOR ISOLATION UNIT DETAILS.
4. HEAT RECOVERY CAN BE PROVIDED BY AIR-TO-AIR HEAT EXCHANGERS SUCH AS THERMAL WHEEL OR RUN-AROUND COIL. IN ACCORDANCE WITH THE SHTM'S.
5. AIR HANDLING PLANT AND INSTALLATION TO BE IN COMPLIANCE WITH SHTM'S.
6. AHU'S TO BE CAPABLE OF PROVIDING COMFORT COOLING & HEATING.
7. HUMIDIFIER SECTIONS ON THE GENERAL WARD VENTILATION AHU'S MAY NOT BE REQUIRED.
8. VERTICAL DUCTWORK TO BE LOCATED WITHIN SERVICE RISERS.
9. HORIZONTAL DUCTWORK TO BE LOCATED WITHIN THE CEILING.
10. FOR CORE AREAS THE AHU'S WILL BE LOCATED LOCALLY TO SUIT THE ARCHITECTURAL LAYOUT.



Rev.	Date	Description	Eng.	App.

Drawing number:	Rev.
G1274/M(57)03	

Client: GREATER GLASGOW & CLYDE NHS

Architect:
**BOSWELL MITCHELL & JOHNSTONE
& HLM ARCHITECTS**

Project:
NEW SOUTH GLASGOW HOSPITALS

Service
MECHANICAL

Drawing Status	DESIGN CONCEPT
----------------	----------------

WALLACE WHITTLE

Consulting Engineers
8 Elmbank Gardens, Glasgow, G2 4NQ.
Tel: 0141 221 9866 Fax: 0141 221 6088
e-mail: glasgow@wallacewhittle.com
Web: www.wallacewhittle.com

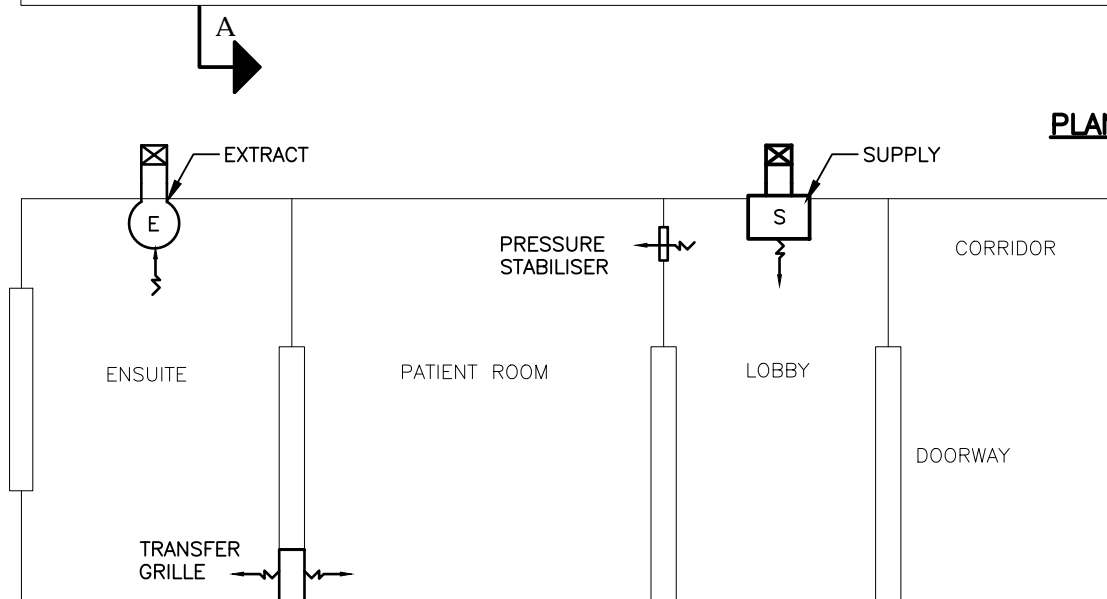
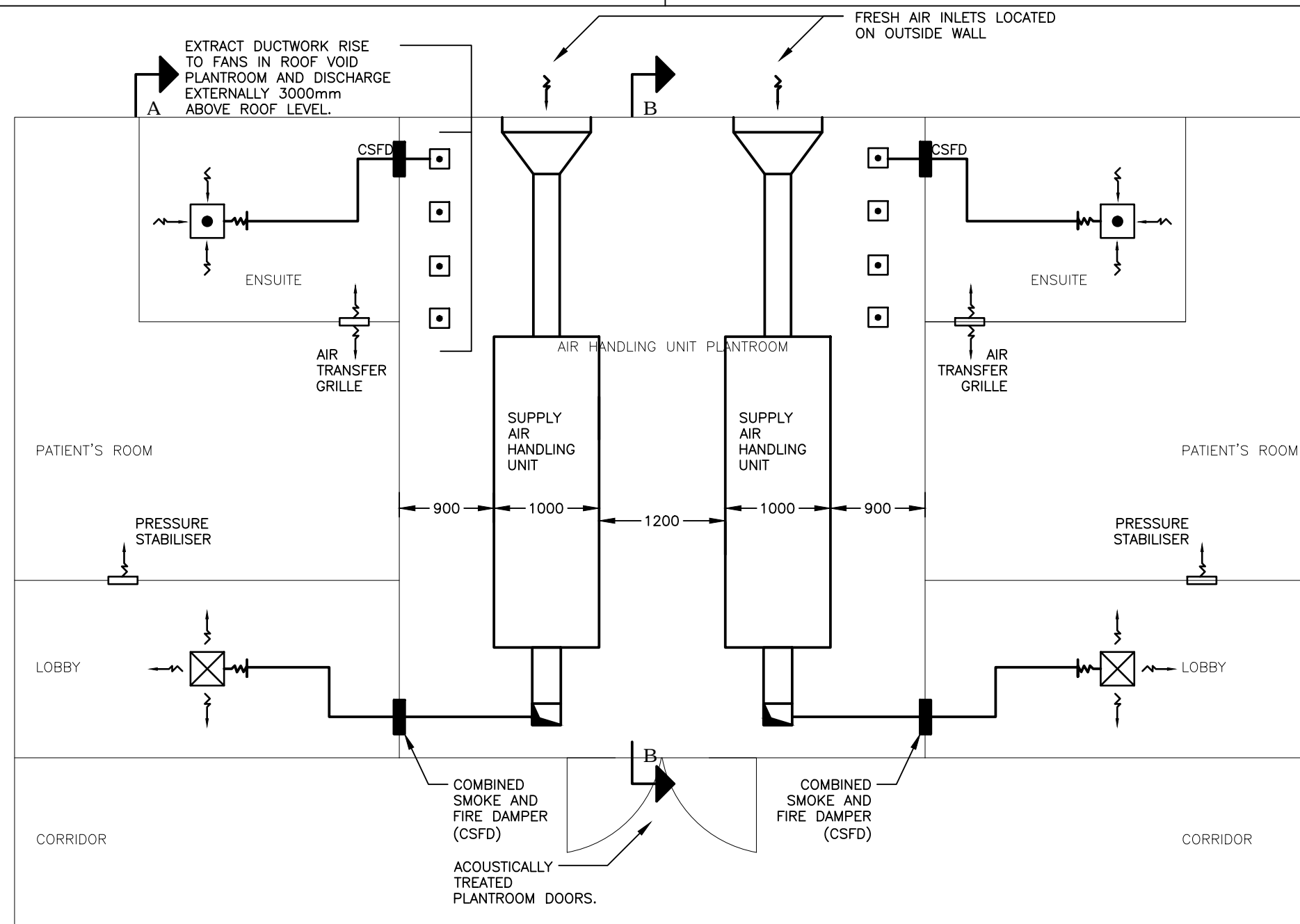
Aberdeen	Belfast	Dublin	Donegal	Edinburgh	Leeds	London
Eng./CAD			Checked: KJM/BB			
BR/DOM						

Title:

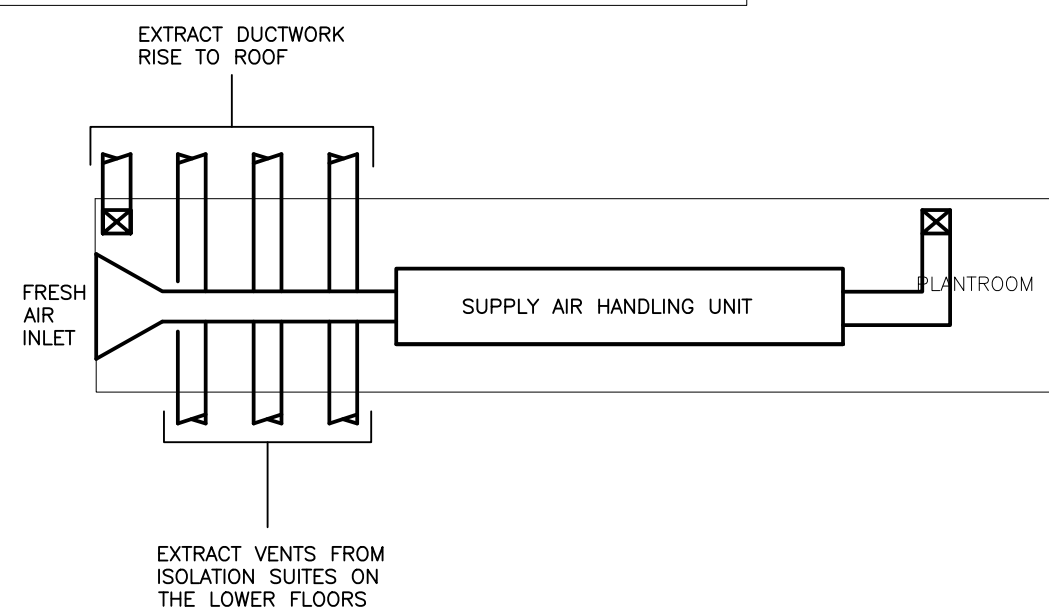
TYPICAL ADULT WARD TOWER
VENTILATION SCHEMATIC

Scale(s): NTS @ A1	Date: APR. 2009
--------------------	-----------------

Drawing number:	Rev.
G1274/M(57)03	



TYPICAL ISOLATION SUITES
SECTION A-A
 Not To Scale



TYPICAL PLANTROOM
SECTION B-B
 Not To Scale

SERVICE INFORMATION ONLY TO BE TAKEN FROM THIS DRAWING. Use figure dimensions – DO NOT SCALE FROM THIS DRAWING. Where Architects details are shown on this drawing, these are indicative and reference should be made to the appropriate Architect's drawing.

Rev.	Date	Description	Eng.	App.

Client:
 GREATER GLASGOW & CLYDE NHS

Architect:
 BOSWELL MITCHELL & JOHNSTONE & HLM

Project:
 NEW SOUTH GLASGOW HOSPITAL

Service
 MECHANICAL

Drawing Status
 DESIGN CONCEPT

WALLACE WHITTLE

Consulting Engineers
 8 Elmbank Gardens, Glasgow, G2 4NQ.
 Tel: 0141 221 9866 Fax: 0141 221 6088
 e-mail: glasgow@wallacewhittle.com
 Web: www.wallacewhittle.com
 Aberdeen Belfast Donegal Edinburgh Abu Dhabi London

Eng./CAD BR/DOM Checked: KJM/BB

Title:
 ISOLATION SUITES
 PLANT ROOM ADJACENT
 VENTILATION SYSTEMS

Scale(s): NTS @ A3 Date: APR. 2009

Job number
G1274/M(57)01

Rev.

GREATER GLASGOW AND CLYDE NHS BOARD



NEW SOUTH GLASGOW HOSPITALS EXECUTIVE BOARD

Notes of the meeting held on Wednesday 14th January 2009
in the Conference Room, Management Building, SGH.

Present: Helen Byrne, Director of Acute Services Strategy, Implementation and Planning (Chair)
Robert Calderwood, Chief Operating Officer
Brian Cowan, Medical Director
Rosslyn Crocket, Director of Women and Children's Services
Jim Crombie, Director of Diagnostics
Rory Farrelly, Director of Nursing (Acute)
Douglas Griffin, Director of Finance
Alex McIntyre, Director of Facilities
Alan Seabourne, Project Director, New Hospitals' Project Team

Apologies: Peter Gallagher, Director of Finance (Acute)

In attendance: Shiona Frew, Acute Planning PA (minutes)

1. Apologies	ACTION
Apologies were noted from the above.	-
2. Notes of the previous meeting held on 12 th November 2008	
The notes of the previous meeting were accepted as an accurate record.	-
3. Matters arising	
<ul style="list-style-type: none"> Education and Skills Centre 	
Clinical Skills Centre – Robert advised that a meeting to discuss the Clinical Skills Centre for Glasgow had taken place with NES. NES had indicated that they would prepare a paper outlining their aspirations. Rory is co-ordinating this work.	RF
Education Centre – Robert advised that the work previously undertaken by Mairi Macleod which identified what would be lost from the current Western, Yorkhill and Southern General Hospital sites is being collated for review by Brian and himself in order to identify a) what would be an aspirational replacement and b) what would be a diminimous replacement.	RC/BC
Academic Centre – Robert advised that Professor Barlow had indicated that the University is preparing a paper for submission to the University Court as soon as possible. Turner Townsend had finalised the preparation of 2 schedules of accommodation. The first schedule is perceived as the minimum required and the second schedule is aspirational. The University had indicated that they expected to obtain early approval from the University Court. The University would still wish to pursue a joint educational build as this would enable a better build through the synergies of the two projects merging. No further progress would be made until the costings from the Board's partners had been received.	-
<ul style="list-style-type: none"> Mental Health 	
Adult/Perinatal – Alan advised that a range of simple drawings and plans indicating potential site locations had been forwarded to Calum MacLeod. Calum had responded by requesting 3D drawings and illustrations and he had been informed to contact Tony Curran's team as the Mental Health Unit would be a project as part of the capital plan.	-

3. Matters arising (cont'd)

• Architecture and Design Scotland (A&DS)

Helen advised that email correspondence had been recently received from Heather Chapple requesting further involvement in the project. The level of involvement requested by A&DS could cause difficulties to the programme due to the potential to cause delay to the decision making. Alan intimated that it would be important to maintain A&DS involvement in the project due to the linkages of Master planning to the Outline Planning conditions and to A&DS Master Planning but that it would need to be timely. A meeting with Mike Baxter and Heather Chapple to discuss increased involvement of A&DS with the project would be arranged.

SF

Robert suggested that in the current financial climate it would be critical to ensure the project remained within budget and timescale and that the draw-down from the cash envelope concurred with the current Government's approvals. Utilisation of general funding for the Labs/Energy Centre would be crucial to ensure cashflow. Robert reported that focus should be given to completing "mission critical" pieces of work instead of progressing bits of work. The current focus should be concentrated on obtaining the Labs commitment. Alan advised that the main focus had been on completing the Employer's Requirements tender documentation which required resolution of issues such as levels, design and clinical adjacencies to be confirmed. Robert advised that the Directors were keen to be involved to conclude this part of the project.

-

4. New South Glasgow Hospitals Update

a) Project Programme (Phase 1a)

Alan circulated a revised project programme which had been revised since the papers were issued and provided an update to the project. Alan advised that

- The first Technical Advisers progress report to cover the period mid December 2008 to Mid January 2009 had been received. The report had yet to be reviewed in detail however at first glance it appeared to be positive.
- The key tasks being taken forward were a) the Masterplan, b) the Employer's Requirements and c) the Exemplar Design.
- The Clinical and FM Output Specification documents were making good progress with the team working with 92 groups to finalise the specification documents. This work feeds into the Schedules of Accommodation.
- The OJEU would be issued during the 1st week February 2009 (subject to the outcome of the Gateway Review). Work is being undertaken to review, refine and finalise the OJEU, Memorandum of Information, Pre-Qualifying Questionnaire and Employer Requirements.
- Key areas being progressed are Wards, Theatres, FM, Critical Care, Labs and Energy Centre – all areas well progressed and advancing the project towards completing the Master plan.
- The final proposal would require to be cost assessed.
- The critical issue for the Adult Hospital would be the podium layout. The potential layouts, schedules of accommodation, functional requirements and cross functional requirements for Critical Care and Theatres had been prepared. A meeting with these user groups would take place at end of January whereby finalise approval should be gained.
- A number of ward options still remained and work is progressing to agree the ward option. A meeting to review the ward options had been scheduled to take place on 23rd January 2009. Work on the ward options would continue to be based 112 beds per wards. Configuration of the wards would be based upon staffing, how it would work. A review meeting had been arranged for the 23rd January 2009.
- Theatres – undergoing changes since not BARN theatres. A meeting to discuss had been scheduled to take place on 2nd February 2009.
- The A&E depts continue to cause issues i.e. the length of the A&E's, and work is ongoing to resolve the issues. A meeting with the A&E users group would be scheduled in the near future to finalise the depts.

-

-

-

-

-

-

-

-

-

-

4. New South Glasgow Hospitals Update

a) Project Programme (Phase 1a) – cont'd

- The New Children's Hospital Theatres and Theatre Activity is being reviewed in order to finalise the Theatre Plan. -
- Day Surgery had intimated an issue over the size proposed for the unit. -
- Child Psychiatry has been built into the overall design for the NCH. The Clinical Output Specification documents for both Day Surgery and Child Psychiatry are both slightly behind in the process however this delay was being managed effectively. All other children's clinical output specs are progressing to programme. -
- Laboratory – Biochemistry and Haematology well advanced with good agreement on the layouts and schedules of accommodation. The Mortuary (incorporating a City Morgue) is also well advanced and good agreement had also been reached on the layouts and schedules. Pathology and Genetics schedules of Accommodation developed for discussion at user meetings which would be arranged shortly. The Labs, FM and Main Generating centre would be co-located on the Master plan. -
- Energy and Utilities – work on-going to with the Carbon Trust to develop the energy requirements. Striving to meet BREEAM excellence standard. Utilities - the power station would be on-site as Scottish Power would not allow it to be put off-site. -
- FM/Goods – work progressing well. Good requirements developed and good sign off achieved. Work on-going in respect of Yard and Waste Management. -
- Master planning – a further 2 meetings to finalise the Master plan had been scheduled to take place on 19th and 23rd January 2009. -

Rory suggested that in finalising the ward sizes consideration would need to be given to workforce requirements. -

b) Gateway Review

Alan advised that the Gateway Review Planning meeting had taken place earlier that day (Wednesday 14th January 2009). The focus of the Gateway Review 2 is procurement. The Gateway Review 2 has a very rigid agenda. The structure for the 3 review days had been agreed. The structure for day 1 involved providing the team with a major presentation which would be focussed on the agreed procurement process and the background to identifying the procurement process. The remainder of day 1 would be focussed on interview Senior Board Officers. Helen confirmed that the focus of the interviews would be on procurement process hence the number of advisers being interviewed. However, others would be interviewed to ensure that the project had a high level of clinical buy-in. A paper on the outcome of Gateway would be submitted to the next meeting of the NHS Board.

AS

5. New Laboratory Build

a) Update on Laboratory Strategy

Jim advised that he would provide an brief update on the 3 workstreams which had been identified to be progressed from the previous meeting

- 1) Paper to be submitted to the ASR Programme Board – the attached paper had been submitted to the ASR Programme Board meeting held on the 17th December 2008 and it was agreed that the strategy should proceed. -
- 2) Outline Business Case – an full Outline Business Case for the Labs was submitted and lodged with key members of the ASR on the 18th December 2008. -
- 3) Outstanding Issue for Laboratory Design – this had been the city morgue and a meeting has been arranged to take place the following week with the Head of Strategic Planning for Crown Office and the Lead Procurator Fiscal to review the availability of capital to support this. The current Labs design showed the City Morgue however this had been incorporated as an annexe which could easily be removed should the proposal for the combined city morgue not come to fruition. -

Robert suggested that Kenneth Hogg may be able to assist at the Scottish Government in discussions to progress the City Mortuary proposal.

JC

5. New Laboratory Build (cont'd)

Robert reported that a few high level issues had been raised from the recent master planning session, a) car parking b) impact on the ambulance depot and c) new entrance road, and enquired how these needed to be resolved to get a flexible approach to master planning. Alan advised that meetings had been set-up with Scottish Water and the Scottish Ambulance Service.

-

Rosslyn enquired whether the timeline for the new Children's Hospital opening remained at December 2013. Alan reported that there would be a need to consider what the bidders indicated in their programme when bids are received.

-

Alan advised that the procurement process for the Labs Technical Design Team had changed to a more traditional method and subsequently the tender is progressed to a higher level of design i.e RIBA - stage H. The OJEU notice for the laboratory facility design had been intimated on 19th December 2008 and therefore would be appointed by mid March 2009. There had been a large volume of interest in this tender.

-

6. Risk Log

Alan advised that the important dates to note from the project risk log were those which provided the dates of a) last update and b) next review/update. This risk log would next be updated by the Joint Project Team at its meeting scheduled to take place on Thursday 15th January 2009. Robert suggested that a number of risks should be reduced and one should be removed. Douglas reported that the risk scorings needed to take account of Senior Board Officers and enquired why the log did not include the risk associated with impact the recent CEL had on the percentage single rooms for the new Children's Hospital. Alan advised that this was not a risk as the CEL did not impact upon the new Children's Hospital as the OBC had already been agreed by the Scottish Government.

-

After discussion it was agreed that the risk log be updated by the Joint Project Team at its next team meeting then sent to Robert, Douglas and Helen for further review with the amendments to be provided to Alan.

AS/HB,
RC, DG**7. Minutes of Meetings for Noting**

- ASR Systems Redesign Group - 7th November 2008

Helen reported that the focus of the last ASR Systems Redesign meeting had been learning from elsewhere, writing up the learning and playing ideas from visits into the thinking for the plans for the new hospitals. Commitment had been given by Rory to present workforce information to a future meeting and Niall McGrogan continued to update the group on transport issues.

RF

- Procurement & Finance Group (PFG) - 15th December 2008

Robert advised that the main decision at the PFG had been a) the TA services for the Labs Project would go to tender and b) NEC would be the form of contract. Key tasks arising from the meeting were a) obtaining agreement from Mike Baxter to build the new Lab facility and b) being able to show that the recommendations from Gateway Review 1 had been taken on board.

-

8. AOCB

Frequency of Meetings – Helen enquired whether the frequency of the New South Glasgow Executive Board should be bi-monthly. The group agreed that the frequency of meetings be changed to bi-monthly. An invite should be extended to James Stewart for the March meeting as he would have been attending the February meeting which would now not take place.

-

9. Date and Time of Next Meeting

The next meeting will be held on 9th March 2009 at 3pm in the Conference Room, SGH.(Date to be confirmed)

-

Acute Services Strategy & Implementation Planning Directorate

Procurement and Finance Group

Note of meeting held at 9.30am on Monday 9th February 2009 in the Board Room,
Southern General Hospital

Present:	Robert Calderwood	RC	Chief Operating Officer – Acute Services
	(Chair)		
	Helen Byrne	HB	Director of Acute Services Strategy Implementation and Planning
	Peter Gallagher	PG	Director of Finance – Acute Services
	Tony Curran	TC	Head of Capital Planning and Procurement
	Alan Seabourne	AS	Project Director New South Glasgow Hospitals Project
	Peter Moir	PM	Major Projects/PPP Projects Manager
	Alan McCubbin	AMcC	Head of Finance
	Jim Hackett	JH	Divisional Director - Currie and Brown
	James Stewart	JS	PUK
Apologies	Jane Grant	JG	Director of Surgery and Anaesthesia
	Alex McIntyre	AM	Director of Facilities
	Mike Baxter	MB	Scottish Government
Minutes by	Tony Coccozza	AC	Capital & Planning ASR Accountant

1. **Welcome/Apologies**

RC welcomed the group, and advised that James Stewart of Partnership UK (PUK) had joined the Group. Each Member of the Group introduced themselves.

Apologies as above.

2. **Notes of the previous Meeting**

The notes from the previous meeting on 15th December 2008 were accepted as an accurate record and were approved.

3. **Matters Arising**

AS advised the Group that 25 tenders had been received for the Laboratory Technical Advisors bid and that the evaluation process would commence the following week.

There were no other matters arising from the minutes that were not included on the agenda.

Action

4. Project Update

4.1 Gateway Review

HB advised the Group that the Gateway review had taken place between the 27th and 29th January and that a final report had now been received. The Gateway report shows “amber” status due to the benefits realisation section not being updated to reflect changes to the Project. Overall though the report was very positive with the remaining areas being assessed as “green”. The report highlighted significant improvement in the risk management process but raised a concern that the TA team should play the lead role in managing risk in the future.

The report also suggested that the Board should consider recruiting a Deputy Director for the Project.

The report will go to the Board on 24th February 2009 and then shared widely across the Board. The report has already been shared with Mike Baxter and HB thanked all those involved in the review. It was noted that the next Gateway Review will be 2010.

4.2 Cost Report

The cost report was tabled by JH who took the Group through the salient points.

JH highlighted the following:

- Adult Clinical Output Specifications almost complete resulting in reasonably robust Schedule of Accommodation Rev 7
- Children’s Clinical Output Specification developing with items arising to date having no significant impact on the last Schedule of Accommodation Rev 3E
- Changes in Children’s requirements have increased single bed provision from 50% at OBC stage to 83%.
- Laboratory Building Schedule of Accommodation has continued to develop and although not finalised is reasonably robust as key items have been agreed.
- Overall the present cost reviews continue to indicate that the Adult, Children and Laboratory can be delivered within the original OBC budget.
- There was potential risk around circulation areas which was currently being reviewed. C&B would have detailed elemental cost for the Laboratory project by end of February 2009 and for the Adults and Children’s Project by the end of March.

C&B

The Group acknowledged that enabling costs as tabulated below were not included with the main Project budget.

- Culvert Diversion £ 1.2m
- Site Wide Carpark £22.0m
- Helipad £ 2.0m
- Refurbishment £16.0m

AMcC advised the Group the Capital plan provide the following sums:

- Culvert Diversion £ 890k

- Car park 1&2 £22.5m
- Helipad £ 2.5m
- Refurbishment £ 16.8m

[Subsequent to the meeting, it was confirmed that the Site Wide Car Park figure of £22.0m tabled by C&B represented the cost estimate of car parking, excluding Car Park 1. The comparative figure currently contained within the indicative Capital Plan is therefore £12.5m, which leaves a forecast shortfall of £9.5m in respect of Car Park provision.]

In response to a question raised by RC in respect of the City Morgue, JH confirmed that the costs for the Laboratory included the City Morgue however the associated funding has not yet been reflected in the overall project budget.

JH

JS suggested that inflation assumptions should be reviewed and it was agreed that C&B would present a paper on inflation at the next Procurement and Finance Group.

JS also enquired as to the accuracy of the cost report as it currently stands. JH stated that by the end of March 2009 C&B would have a firmer view on costs.

4.3 Target Price Model

JH tabled a discussion paper on the Target Price Model.

The paper highlighted key project dates from OJEU through to Stage 3 completion and Operational phases.

The paper suggested that on Target Price the Board adopt the following principles:

- Costs greater than 100% - Contractor takes 100% of risk.
- Costs 95% to 100% of Target Price -Contractor and Employer share Gain 50:50.
- Costs less than 95% of Target Price – Employer takes 100% of Gain below 95%

The Group discussed and agreed that the above would not incentivise the bidding process and that the concept of the contractor retaining 100% risk on costs did not embrace the principles of Partnering.

A workshop will be arranged to review the process with a possible sharing of risk over the 100% target price.

JH

PG asked the Group if the Laboratory element of the project would assume the same contracting methodology as the Adult and Children's Hospital. The Group discussed and agreed that the Laboratory project did not require to have the same contract structure.

It was noted that regulatory steps for the awarding of the Laboratory contract required to be agreed with Mike Baxter and this would be required by October 2009.

JS suggested that HB and JH should speak to the MOD regarding their experience on Target Pricing.

HB/JH

4.4 Programme (phase1)

The programme for phase 1 of the project was tabled and JH advised the Group that

there were no changes to the programme.

It was noted that there will be an Industry Day on 16th February and that Mike Baxter will also be attending.

AS is pulling together the necessary schedules and presentations for the meeting.

AS

5 **SGH Arts and Design Capacity Bid**

AS and HB discussed the need for an Arts Co-ordinator for the first phase of the ASR arts strategy. The estimated cost of this is £65k. RC reiterated that there are no additional funds available and that funding could only be drawn from the revenue budget allocated to the ASR Project Team. AS would review the current budgets and determine if there is any scope to accommodate the Arts co-ordinator costs.

AS

HB would in the mean time prepare a paper on the benefits of the Arts strategy.

HB

6 **AOCB**

6.1 AS met with both the Water Board and Scottish Ambulance Service regarding the potential purchase of additional land. AS informed the group that the land in question currently has a telecoms mast which will require to be moved. AS also advised that the SAS were very positive regarding the move but on the condition that we undertake any refurbishment work they may require.

6.2 JS suggested that RC/HB should now consider inviting potential bidders for informal discussions regarding the project.

There was no other business discussed.

7 **Date of Next Meeting**

The next formal meeting is scheduled for 9.30am on 24th April 2009 in the Neurology Consultants Lounge - Southern General Hospital.

GREATER GLASGOW AND CLYDE NHS BOARD

JOINT NEW SOUTH GLASGOW EXECUTIVE BOARD/ PROCUREMENT & FINANCE GROUP

Notes of the meeting held on 24th April 2009 in the Conference Room, Management Building, SGH

Present: Helen Byrne, Director of Acute Services Strategy Implementation and Planning (Chair)
 Grant Archibald, Director of Emergency Care and Medical Services
 Robert Stewart representing Gordon Beattie, Head of Procurement
 Robert Calderwood, Chief Executive
 Joanne Frame representing Richard Copland, Director of Health Information and Technology
 Jim Crombie, Director of Diagnostics
 Simon Fraser, Shepherd & Wedderburn
 Peter Gallagher, Director of Finance - Acute
 Jane Grant, Director of Surgery and Anaesthetics/Acting Chief Operating Officer
 Douglas Griffin, Director of Finance
 Jim Hackett, Project Director – Currie & Brown
 Juliet Haldane, Shepherd & Wedderburn
 Norman Kinnear, Scottish Government Health Department
 Alan McCubbin, Head of Finance – Capital & Planning
 Alex McIntyre, Director of Facilities
 Michael McVeigh, Ernst & Young
 Peter Moir, Head of Major Projects
 Douglas Ross, Commercial Manager – Currie & Brown
 Alan Seabourne, Project Director, New Hospitals' Project Team
 James Stewart, Chief Executive – Partnerships UK
 Gerard Flannigan, Regional Director – WS Atkins
 Ian Tempest - WS Atkins

Apologies: Richard Copland, Director of Health Information and Technology
 Rory Farrelly, Director of Nursing (Acute)
 Rosslyn Crocket, Director of Women and Children's Services
 Tony Curran, Head of Capital Planning and Procurement
 Gordon Beattie Head of Procurement
 Brian Cowan, Medical Director

In attendance: Tony Coccozza, Capital and Planning ASR Accountant (notes of meeting)

1. **Apologies and welcome**

H Byrne welcomed everyone to the meeting and apologies were noted from the above.
 H Byrne introduced both Gerry Flannigan and Ian Tempest of WS Atkins to the Group. WS Atkins were invited to present a report on the "Red Day Review" which incorporated an independent review of the ITPD documentation and process.

2. **Notes of previous meetings**

The notes from the previous meeting were accepted as an accurate record.

3 **Matters Arising**

HB advised the Group that as stated in the last set of notes dated 8th April the combining of New South Glasgow Executive Board and the Procurement & Finance Group was still progressing and that the new governance arrangements would be submitted to the May PRG for approval.

RC enquired about the Mental Health debate and asked if there was any update. HB stated there were no changes to the assumptions around Perinatal beds and supporting Mental Health services to be provided on the SGH site.

AS confirmed that the 3 successful bidders for the New South Glasgow Hospitals project have now been notified. These were

- Balfour Beatty Group Ltd;
- Brookfield Europe Ltd;
- Laing O'Rourke Construction Ltd.

ACTION

HB

PM updated the Group on the Scottish Ambulance discussions and advised that scenario planning together with potential costs of moving to various hospital sites are currently being worked up and ongoing discussions and updates are continuing with the Ambulance Service. PM also stated that discussions with Scottish Water are being taken forward by the Board's Property Manager and that the key issues remain:

- a) the relocation of the telephone mast;
- b) re provision of a single track road within Scottish Water;
- c) Way Leave agreement between Scottish Water and the Board – this refers to Land either side of Govan Rd which the Board may purchase.

4a Presentation on Evaluation Methodology (MEAT)

A presentation was provided by MMcV. The presentation gave an overview of the "Most Economical Advantageous Tenders" (MEAT) evaluation methodology. This methodology was defined as the Standardised Estimate of outputs over the Total likely cost to the public sector. The presentation suggested that the appointment of the final contractor would be based upon the above evaluation methodology and that the process presented benefits including good precedence for the use of benefits cost ratio's, allowing for the tracking of parameters through the dialogue phase and providing a transparent and simple measure of performance.

The Group discussed the presentation including:

- How the Board could ensure contractor risks remained with the contractor after the selection phase.
- How much were the Board willing to pay if any for "advanced quality" as opposed to £s,
- Value for Money (Vfm) and how this would be assessed?
- Were there any views on weighting life cycle costs as part of the evaluation?

EY

It was acknowledged that the evaluation methodology still required to be completed and cognisance of the above discussions would be incorporated into the evaluation. A further meeting involving the Chief Executive, Board Director of Finance, Acute Director of Finance, Director of Acute Services and Service Implementation Plan (DASSIP), Project Director and external advisors (Legal, Technical and Financial) convened on 30th April 2009 to review the detailed work prior to the ITPD documentation being available on 1st May 2009.

4b Review of Invitation to Participate in Dialogue (ITPD)

Ian Tempest of WS Atkins gave a presentation on their independent review of both the ITPD process and documentation. The presentation included updating the Group on their review which included a high level review of process together with an assessment of risk and to ensure that mechanisms were in place to demonstrate Vfm and audit trail.

The conclusions arrived at by WS Atkins after the review were:

- There was a well experienced team in place;
- There was appropriate documentation for procurement arrangements;
- There was a pro-active approach to risk management;
- The Competitive Dialogue process provides flexibility to NHSGG&C

It was also noted however that there were matters that required to be closed down before the ITPD documents could be issued to bidders including agreeing the Evaluation methodology and incentivisation arrangements as acknowledged in 4a above.

ALL

4c Cost Update.

DR tabled an updated cost report which now incorporated Microbiology. The major cost movements from the last report issued to the group were:

- Inclusion of Microbiology build (excludes any equipment allowance)
- TV installation to Adult Hospital
- Increase size to Energy centre – now capable of accommodating plant to provide a

site wide energy solution. It was noted that the increased plant costs are excluded and are still being reviewed.

Overall the estimated cost of the project remains at £842m.

JS asked if the current value of Optimism Bias (10%) was considered sufficient at this stage of the project. DR confirmed that in his opinion it was however it was agreed that a review of the Optimism Bias allowance would be carried out together with an audit trail on the use of the Optimism Bias allowance to date.

DR

JS also suggested that a review of cash-flow in terms of affordability should be carried out given the fact we now have an updated expenditure cash-flow. This would allow the Group to ascertain if there was a potential problem in cash-flow terms before the issuing of the ITPD documentation.

DG

PG asked MMcV would it be possible to construct a PSC type Target/Maximum price model. DR informed the Group that he will be calculating a Target / Maximum threshold figure which hopefully would give an indication of the likely bid values.

DR

4d Approval to proceed to Tender

The Group acknowledged that there were outstanding areas of work to be completed before the ITPD documentation could be sent out. It was also suggested that if required the Evaluation Methodology could be sent out a week later than the other ITPD documents without this having any impact on the overall ITPD timescales.

The Group granted approval to proceed to tender subject to the completion of the outstanding issues as noted above. (See 4a)

5 Programme of Meetings to Align Governance Arrangements

A paper headed "Meeting Schedule for New South Glasgow Hospitals Project" was tabled by AS. The schedule highlighted key dates as follows:

- Start of Competitive Dialogue Process 12th May 2009. Ending 17th July 2009.
- Receive bids 11th September 2009.
- Complete Bid Evaluation by 23rd October 2009.
- NHS Board Meeting for Recommendation and Approval 3rd November 2009.

6 Master Planning Progress

PM provided an update on progress to develop the site masterplan which was currently in development and would be issued as part of the exemplar design proposals contained within the Board's bid documentation.

Condition 1 of the conditional outline planning consent, secured in January 2008, required the development of a masterplan document to support and inform all planning applications to be made within the campus. The masterplan would also assist the preferred bidder team who would eventually take their scheme through a full detailed application.

The Council have accepted and processed planning applications for the new Maternity Unit at the Southern General Hospital, and more recently an application for Car Park 1 which is currently under consideration by the Council. These applications had and were being processed without the masterplan being complete and Council officers were wary of future applications such as the Laboratory Block proceeding through the planning process without a draft masterplan to support and inform the application. The Project team are meeting regularly with Council to ensure that the planning timetable is achieved and to keep Officers fully sighted on the masterplan as it develops. The Project team have agreed to develop the masterplan document in draft so that it will be available by the time the Laboratory Block planning application is submitted by mid summer 2009. Work to develop the draft document will include the development of an electronic model of the site and surrounding locale, bidders for the new hospitals who will be developing their design proposals through the

PM

summer will have access to this model which will help the Board team evaluate the design proposals. In summary the Project team are maintaining regular meetings with the City Council planning department to maintain our planning timetable.

7 AOCB

There were no further items for discussion.

8 Date and Time of Next Meeting

Monday: 1st June 2009

Time: 2pm

Venue: Board Room SGH Management Building

NHS Greater Glasgow and Clyde
New South Glasgow Hospitals (NSGH) Project
BID EVALUATION FEEDBACK REPORT
BROOKFIELD EUROPE LP

Private & Confidential



November 2009

Contents

Executive Summary

- 1.0 Introduction**
- 2.0 Evaluation Report – Design**
- 3.0 Evaluation Report – Logistics**
- 4.0 Evaluation Report – Commercial**
- 5.0 Final Qualitative Score**
- 6.0 MEAT Score**

Appendices

- Appendix A Qualitative Summary**

Executive Summary

Subsequent to the return of tenders on 11 September 2009, the Board has completed the evaluation process in accordance with Volume 3 of the Invitation to Participate in Competitive Dialogue (ITPD), with bids evaluated against the Exemplar design of the Board and the Employer's Requirements. As is noted in Volume 3 of the ITPD, the Board will award the contract on the basis of the most economically advantageous bid.

In this regard, the outturn MEAT Scores are as follows (your score is underlined):

417.2

377.5

369.6

The MEAT Score is determined by dividing the Qualitative Score by the expected outturn price. The component parts of your Qualitative Score may be summarised thus:

Workgroup	Maximum Score*	Benchmark Score**	Brookfield Europe LP Score
Design (weighting x 50)	275,000 pts	165,000 pts	169,000 pts
Logistics (weighting x 30)	82,500 pts	49,500 pts	49,200 pts
Commercial (weighting x 20)	35,000 pts	21,000 pts	20,200 pts
Totals	392,500 pts	235,500 pts	238,400 pts

* Maximum Score = Maximum Available Score (per Workgroup) = 'Excellent' score of '10' for all items.

** Benchmark Score (per Workgroup) = 'Adequate' score of '6' for all items.

1.0 Introduction

The Feedback Report addresses the various component parts of the bid evaluation and, as such, is structured in order to provide a summary of the outcome of each area of assessment followed by the relevant detail in support.

In this regard the evaluation/scoring of the Qualitative elements are detailed in the following sections:

- Design (Section 2)
- Logistics (Section 3)
- Commercial (Section 4)

Further, the outturn price utilised to calculate your MEAT score is identified in Section 5.

Finally, a summary of your scored and weighted Qualitative elements are incorporated at Appendix A.

2.0 Evaluation Report – Design

The Design element of the Qualitative Score has a Technical Weighting of 50 out of the 100 total. The Individual Weighting contained in Design is 550 and is sub-divided as follows:

Design Workgroup

Heading	Individual Weightings
Space	20
Drawing Information	250
Design Strategy	155
Sustainability	75
AEDET Review	50
Design Total	550

The Maximum Available Score for Design is therefore 275,000pts (550 x 10 x 50), with a Benchmark Score of 165,000 pts (550 x 6 x 50).

Each of the 44nr items that comprise the Design element of the evaluation are listed in the following tables.

In summary your Design score is as follows:

Workgroup	Maximum Score*	Benchmark Score**	Brookfield Europe LP Score
Design (weighting x 50)	275,000 pts	165,000 pts	169,000 pts

* Maximum Score = Maximum Available Score (per Workgroup) = 'Excellent' score of '10' for all items.

** Benchmark Score (per Workgroup) = 'Adequate' score of '6' for all items.

	DESIGN REVIEW EVALUATION NOTES		Bidder Ref - 1		(BROOKFIELD)
	ITPD Evaluation	Individual	Technical	Score	Commentary
	Criteria	Weighting	Weighting		
	DESIGN	550	50		
	Space	20			
Item # 1	The design should achieve appropriate clinical space standards as required by the ITPD Schedule of Accommodation	10		6	<p><i>Reviewed Against:</i> <i>Schedule of Accommodation and proportions of clinical spaces + SHPNs</i></p> <p>HLM Evaluation Notes for consideration:</p> <p>HBNs, SHPNs, HTMs etc</p> <p>HLM are satisfied that this bidder is complying with the 'non-engineering' documentation.</p>

Item # 2	The circulation, communication & plant space should be adequate and optimised	10		<div>6</div> <div>Reviewed Against: Schedule of Accommodation (circulation, communication and plant spaces) Break out spaces (no 'race tracks' and 'dead ends') Sections 4.2, 4.4, 7.3, 7.4, 7.10, 8.3.32</div> <div>Evaluation Notes:</div> <table><thead><tr><th></th><th>Brief</th><th>Bidder 1 - Brookfield</th><th>%age to Brief</th></tr></thead><tbody><tr><td>1.0 Accommodation Schedule - Combined</td><td></td><td></td><td></td></tr><tr><td>Gross Departmental Area (includes circ, planning & eng)</td><td>109,785</td><td>125,893</td><td>115%</td></tr><tr><td>Net Departmental Area (excludes circ. planning & eng)</td><td>81,884</td><td>88,909</td><td>109%</td></tr><tr><td>1.1 Net Area - room by room, incl. ducts, pipe boxes & service zones</td><td></td><td>Y</td><td></td></tr><tr><td>1.2 Circulation area</td><td>24,474</td><td>29,800</td><td>122%</td></tr><tr><td>%age Circulation (of Net)</td><td>30%</td><td>34%</td><td>112%</td></tr><tr><td>Planning & Engineering Allowance (calculated)</td><td>3,427</td><td>7,184</td><td>210%</td></tr><tr><td>%age Planning & Engineering Allowance</td><td>4%</td><td>8%</td><td>193%</td></tr><tr><td>1.3 Communication & plant space area</td><td>32,386</td><td>41,065</td><td>127%</td></tr><tr><td>%age Communication & Plant</td><td>29%</td><td>33%</td><td>111%</td></tr><tr><td>1.4 Total Gross Floor Area - combined</td><td>142,944</td><td>166,958</td><td>117%</td></tr></tbody></table>		Brief	Bidder 1 - Brookfield	%age to Brief	1.0 Accommodation Schedule - Combined				Gross Departmental Area (includes circ, planning & eng)	109,785	125,893	115%	Net Departmental Area (excludes circ. planning & eng)	81,884	88,909	109%	1.1 Net Area - room by room, incl. ducts, pipe boxes & service zones		Y		1.2 Circulation area	24,474	29,800	122%	%age Circulation (of Net)	30%	34%	112%	Planning & Engineering Allowance (calculated)	3,427	7,184	210%	%age Planning & Engineering Allowance	4%	8%	193%	1.3 Communication & plant space area	32,386	41,065	127%	%age Communication & Plant	29%	33%	111%	1.4 Total Gross Floor Area - combined	142,944	166,958	117%
	Brief	Bidder 1 - Brookfield	%age to Brief																																																	
1.0 Accommodation Schedule - Combined																																																				
Gross Departmental Area (includes circ, planning & eng)	109,785	125,893	115%																																																	
Net Departmental Area (excludes circ. planning & eng)	81,884	88,909	109%																																																	
1.1 Net Area - room by room, incl. ducts, pipe boxes & service zones		Y																																																		
1.2 Circulation area	24,474	29,800	122%																																																	
%age Circulation (of Net)	30%	34%	112%																																																	
Planning & Engineering Allowance (calculated)	3,427	7,184	210%																																																	
%age Planning & Engineering Allowance	4%	8%	193%																																																	
1.3 Communication & plant space area	32,386	41,065	127%																																																	
%age Communication & Plant	29%	33%	111%																																																	
1.4 Total Gross Floor Area - combined	142,944	166,958	117%																																																	

					<p>Note 'green' numbers have been provided by bidder. All other numbers have been calculated from info given.</p> <p>From the above table, we can see that in terms of Net Departmental area, Bidder 1 is providing more than the scheduled (briefed) area (9% more) which is what we would expect for a building of this nature.</p> <p>They provided Net areas on a room by room basis.</p> <p>The %age circulation, planning and engineering areas have been worked through on a measured basis as this bidder has drawn all departments at 1:200. This gives a high degree of accuracy for the areas noted – and therefore reduces risk to the Board.</p> <p>The %age Communication & Plant is similar to what we would expect in terms of Communication</p> <p><u>Internal Environment</u> Hierarchy of space attempts to create space rather than achieving purely functional requirements. This primarily refers to the 'public spaces' e.g. Entrance Atrium</p> <p><u>Ceiling Heights – scored under HTMs</u> Volume 4 Section 3 confirms ceiling heights as per ERs</p> <p><u>Corridor Widths – scored under HTMs</u> Generally Satisfactory Bidder 1 confirms compliance with SHTM 00-04 : Common Activity Spaces - circulation areas.</p> <p><u>Interior Design – Break out/dead ends</u> Views out and break out spaces well considered – e.g. end of wards</p> <p>Summary and Considerations</p> <ul style="list-style-type: none"> • Circulation, Communication & Plant is scheduled at a %age which is around what we would expect. • High degree of certainty because all 1:200s have been drawn
--	--	--	--	--	---

	Drawing information:-	250			
Item # 3	1:500 scale Masterplan proposals	30		7	<p><i>Reviewed Against:</i> <i>Section 1.2 - Accommodation Overview</i> <i>Section 3.0 - The Site (Whole Section)</i> <i>Section 4.0 - General Design Requirements (Whole Section)</i> <i>Section 5.1 - Minimum Standards for Design & Construction</i> <i>Section 5.5 – Sustainability</i> <i>Section 5.7 - Design for Disability</i> <i>Section 5.12.4 - Flexibility & Adaptability</i> <i>Section 7.1 – Masterplan</i> <i>Section 7.13 - Landscape Design</i> <i>Section 7.14 - Soft Landscaping Requirements</i> <i>Section 7.15 - Wayfinding & Signposting</i> <i>Section 7.17 - Integration of Healing Arts Strategy</i> <i>Section 7.18 - Secure by Design</i> <i>Section 8.3.3.7 - External Lighting.</i> <i>Appendix A - The Site</i> <i>Appendix D - Outline Planning</i> <i>Appendix G - Site Masterplan</i> <i>Appendix X - Critical Failures.</i></p> <p>Evaluation Notes:</p> <p><u>Accommodation Overview</u> All provided and generally positioned in accordance with Masterplan.</p> <p><u>The Site</u> Relocation of Car Park 2 to provide 'Children's Park' is improvement on exemplar.</p> <p>Children's park located well and is larger as a result of the relocation and re-orientation of the multi-storey car park. This will be a major improvement to the exemplar.</p> <p>Improved pedestrian link between the hospitals and the labs through the 'arrival square'.</p> <p><u>General Design Requirements</u> Bidder 1 is allowing for resurfacing areas of Langlands Drive. Road Re-alignment at Boiler House 'by others'</p>

					<p><u>Minimum Standards for Design & Construction</u> FM Flows around the site work well – generally in accordance with the exemplar Masterplan</p> <p><u>Design for Disability</u> Distance of Disabled Car Parking from Main Entrance is greater than the exemplar because the entrance adjacent to MS Car Parks 1A & 1B is an exit from Discharge Lounge (compliance to be confirmed if bid successful).</p> <p><u>Flexibility & Adaptability</u> Future Expansion Space into Park is possible because there is no separation of building and central park.</p> <p><u>Masterplan</u> Overall breadth of vision and approach is excellent and commensurate with the scale and importance of the project.</p> <p>Size of the park is maximised and taken right up to the entrance of the hospital, linking it with the entrances and avoiding vehicular conflict.</p> <p>Covered walkway route provided to main entrance.</p> <p>Linking canopy and walkway in relation to the entrance arrival square and the park well placed.</p> <p>Good use of roof space on the children's hospital for a dedicated roof garden and consideration of privacy through the provision of canopies is a good idea</p> <p><u>Wayfinding & Signposting</u> Good sense of entrance and arrival. Children's/Adults plaza/square clear and legible. High quality public realm suggested with pedestrian priority</p> <p><u>Secure by Design</u> Good open views and clearly structured routes.</p> <p><u>Outline Planning</u> As Bidder 1's Masterplan generally reflects the exemplar, we would envisage that the Outline Planning Consent will be satisfied once Transportation issues are resolved.</p>
--	--	--	--	--	--

					<p><u>Critical Failures</u> No critical failures identified. Submission is similar to the masterplan in terms of resilience and routes through the site.</p> <p><u>Transportation</u> Main transport infrastructure broadly follows the exemplar layout. This solution provides good drop-off facility along the front of the hospital and the children's hospital.</p> <p>The design provides an 'arrival square' which will provide a central space which will allow access to the three components (Adult Hospital, Children's Hospital & Labs) from a single space. However, we do not believe this bid fully provides a 'travel hub' and it does not provide a viable solution for Fastlink stops in both directions - but the design has improved the 'drop off' since the CD meetings but Fastlink still requires a piece of work to resolve:</p> <ol style="list-style-type: none"> 1. Route in from Hardgate Road – it seems to share service access route and 2. Fastlink stop coming in from Hardgate Road not provided? 3. Access/lay-by and drop-off provision for labs – how is this possible without using the currently indicated dedicated fast link carriageway? <p>New cycle route to hospital from the A739/Moss Road and associated improvements are unclear. New cycle route terminates at a lay-by associated with the patient drop-off on the hospital which is not good.</p> <p>Limited bike shelter locations – 2No. for the whole park. The park bike shelters are reasonably remote from building entrances.</p> <p><u>Other Observations/Comments</u></p> <p>Fastlink operation doesn't operate to / from Hardgate Road Conflict in traffic flows between Fastlink and vehicle drop-off areas Wrong-way circulation implied for private vehicles using drop off and u-turning towards east car parks Not overly clear how priority is given to Fastlink Manoeuvre left when leaving the east car parks not possible with this layout No priority provision at junctions for Fastlink. Other bidders have addressed this.</p>
--	--	--	--	--	--

					<p>Summary and Considerations</p> <p>Improvements to the Exemplar Masterplan are:</p> <ul style="list-style-type: none"> • Turning Multi Storey Car Park 2 through 90 degrees to create Children's Park directly accessible from Children's Hospital • Central Park 'touches' the Hospital Building – more accessible as no road to cross • Arrival Square goes some way to meeting the 'Transport Hub' requirement – although further work required. • Good drop-off facilities to Adult & Children Hospitals • Good covered walkway from Car Parks • Use of sheltered children's roof garden • Possible Future Expansion achieved <p>To be further developed if successful:</p> <ul style="list-style-type: none"> • Fastlink route/transport hub to be fully resolved • Cycle routes and shelters to be further developed
Item # 4	1:500 departmental relationship drawings for all levels indicating functional relationships & main circulation routes	45		6	<p><i>Reviewed Against:</i></p> <ul style="list-style-type: none"> • <i>Adjacency Matrix</i> • <i>Interdepartmental Flows and Travel Distances</i> • <i>Clinical Output Specifications</i> <p>Evaluation Notes:</p> <p>Level – 01 (Basement) Negatives</p> <ul style="list-style-type: none"> • Resilience partially compromised by removal of complete 'loop' <p>Level 00 (Ground) Positives</p> <ul style="list-style-type: none"> • Children's OPD all on one floor • Direct helipad link to resus via lift • Effective design of Children's play adjacent to main children's entrance

					<p>Level 01 (First) Positives</p> <ul style="list-style-type: none"> Stroke Ward is immediately adjacent to 1st floor Neuro Link and Critical Care Critical Care Department is contiguous Good adjacencies between Nuclear Medicine, Children's & Adult Radiology <p>Level 02 (Second) No comments for report</p> <p>Level 03 (Third) Positives</p> <ul style="list-style-type: none"> Significant opportunity for Children to access Roof Terrace/Play Area Innovative Medi-Cinema Design <p>Level 04 (Fourth) Positives</p> <ul style="list-style-type: none"> Bed flexibility over floor-plate demonstrated (Adult Renal Specialty)
Item # 5	1:200 departmental layouts reflect the required space standards and functionality	40		5	<p><i>Reviewed Against:</i></p> <ul style="list-style-type: none"> <i>Clinical Output Specifications</i> <i>Schedule of Accommodation</i> <i>Exemplar Layouts including Flows</i> <p>Evaluation Notes:</p> <p>Acute Assessment Unit Positives</p> <ul style="list-style-type: none"> Secondary entrance well located Good flexibility between clusters Good adjacency to discharge lounge <p>Negatives</p> <ul style="list-style-type: none"> Deep plan with unnecessarily complex layout Observation compromised by layout <p>Radiology No comments for report</p>

					<p>Critical Care Department Positives</p> <ul style="list-style-type: none"> • More rooms with daylight than exemplar <p>Negatives</p> <ul style="list-style-type: none"> • Observation compromised by layout • Lack of flex between clusters <p>NCH Emergency Observation Ward Positives</p> <ul style="list-style-type: none"> • Improved adjacency to ED • Opportunity to flex staff between ED and Observation Ward <p>NCH Theatres Negatives</p> <ul style="list-style-type: none"> • Location of Cardiac Theatres and Interventional Radiology/Cardiac Catheter Lab • Cross-flows between Pre and Post-Op patients <p>NCH Radiology No comments to report</p>
Item # 6	1:200 departmental drawing for Accident & Emergency Department, fully Annotated	10		5	<p><i>Reviewed Against:</i></p> <ul style="list-style-type: none"> • <i>Clinical Output Specifications</i> • <i>Schedule of Accommodation</i> • <i>Exemplar Layouts including Flows</i> <p>Evaluation Notes:</p> <p>Positives</p> <ul style="list-style-type: none"> • Good links to CT & MRI • Separation of Minors & Majors well defined <p>Negatives</p> <ul style="list-style-type: none"> • Major Procedure rooms are not contiguous to Resus • Minors not arranged round central staff base
Item # 7	1:200 departmental drawing for Adult Theatres Department, fully Annotated	10		6	<p><i>Reviewed Against:</i></p> <ul style="list-style-type: none"> • <i>Clinical Output Specifications</i> • <i>Schedule of Accommodation</i>

					<ul style="list-style-type: none"> <i>Exemplar Layouts including Flows</i> <p>Evaluation Notes:</p> <p>Positives</p> <ul style="list-style-type: none"> All theatres receive natural daylight Direct Emergency Route – ED to Theatre and to Critical Care <p>Negatives</p> <ul style="list-style-type: none"> Inconsistent Theatre Layouts
Item # 8	1:200 departmental drawing for Adult Ward, fully annotated	10		9	<p><i>Reviewed Against:</i></p> <ul style="list-style-type: none"> <i>Clinical Output Specifications</i> <i>Schedule of Accommodation</i> <i>Exemplar Layouts including Flows</i> <p>Evaluation Notes:</p> <p>Positives</p> <ul style="list-style-type: none"> Ward layout enables efficient and effective functionality Offers significant opportunity to provide flexibility over 4 wards Every room looks outwards providing more daylight and better views / privacy Improved daylight (interlocking en-suites) Improved security & control of access to ward
Item # 9	1:200 departmental drawing for Children's Ward, fully annotated	10		9	<p><i>Reviewed Against:</i></p> <ul style="list-style-type: none"> <i>Clinical Output Specifications</i> <i>Schedule of Accommodation</i> <i>Exemplar Layouts including Flows</i> <p>Evaluation Notes:</p> <p>Positives</p> <ul style="list-style-type: none"> Access to Roof Terrace/Play Configuration of 4 bed wards enhances privacy and dignity and maximizes bed spacing Provides good flexibility over wards Provides good views out of bedrooms

Item # 10	1:200 departmental drawing for Children's A&E, fully annotated	10		9	<p><i>Reviewed Against:</i></p> <ul style="list-style-type: none"> • <i>Clinical Output Specifications</i> • <i>Schedule of Accommodation</i> • <i>Exemplar Layouts including Flows</i> <p>Evaluation Notes:</p> <p>Positives</p> <ul style="list-style-type: none"> • Excellent adjacency to Observation Ward • Front Door to Triage & Resus is well resolved • Routes to Imaging are optimal • Efficient & Flexible Design for staffing • Child Protection well located and has discrete access • Natural daylight to all offices
Item # 11	1:50 room layout and wall elevations fully developed	10		6	<p><i>Reviewed Against:</i> 4.0, , 5.1, 5.2, 5.4, 5.6, 5.7, 5.8, 5.12, 7.2, 7.3, 7.4, 7.5, 7.6, 7.9, 7.10, 7.11 <i>AppE</i> <i>AppJ + M&E Integration with Ceiling Design</i></p> <p>Evaluation Notes:</p> <p><u>General Design</u> Provided a 'guide to reading Room Layout Drawings' – useful for users. Generally layouts are well developed. Layouts show ceiling finishes and ceiling mounted equipment.</p> <p><u>Minimum Design Standards</u> Critical Dimensions provided on the rooms drawn.</p> <p><u>Integration of Design</u> 1:50s illustrate good integrated design solutions</p> <p><u>Control of Infection</u> Architectural Design Strategy P19 says Apron/Glove dispenser outside rooms – but shown inside the rooms on the 1:50s – flag to Infection Control</p> <p><u>DDA – scored under 1:200s</u></p>

					<p><u>Equipment Requirements</u> Rooms drawn appear to provide adequate space for equipment.</p> <p><u>Flexibility & Adaptability</u> Rooms drawn are regular shapes which allow for future flexibility/adaptability.</p> <p><u>Exemplar C Sheets</u> No significant discrepancies identified</p> <p><u>Ceiling Heights – Scored under HTMs etc</u></p> <p><u>Doors & Screens</u> Good large observation window(screen) to wards (1450 wide x 1120 high)</p> <p><u>Windows</u> Provide good views out and light in.</p> <p><u>Finishes – Scored under 1:200 Departmental Layouts</u></p> <p><u>Interior Design – scored under 3d images</u></p> <p><u>Architectural Hardware – Scored under Door & Ironmongery Schedules</u></p>
--	--	--	--	--	--

Item # 12	1:200 Elevations – incorporating external signage proposals	5		7	<p><i>Reviewed Against:</i> 4.2, 4.3, 4.5, 5.1, 5.9, 5.10, 7.1, 7.2, 7.7, 7.15 App M&E 3-2.26 AppD</p> <p>Evaluation Notes:</p> <p><u>General Design</u> Clear architectural expression of the podium (dock), tower (beacon) and children's hospital (vessel) which provides an Iconic Design Proposal Clarity of Entrances & Signage</p> <p><u>Minimum Standards</u> Satisfied</p> <p><u>Materials</u> Robust Materials Identified</p> <p>Note suggesting 'Reused sandstone from existing buildings'</p> <p><u>Energy Strategy – scored under sustainability</u></p> <p><u>Masterplan & Exemplar</u> Design is further developed than the exemplar (as expected) but follows similar principles in massing. Proposal responds well within the masterplan without over-shadowing other buildings on the site</p> <p><u>Building Envelope – scored under 1:200 sections</u></p> <p><u>Way Finding & Signposting</u> Patient journey images are good Example of 'site plan' for visitors illustrates a clarity of design and wayfinding Intuitive wayfinding throughout the proposal 2 colours used for tower – this may require to be further developed by the Board</p>
--------------	--	---	--	---	--

Item # 13	1:200 Exemplar sections	5		6	<p><i>Reviewed Against:</i> 4.2, 4.4, 5.1, 5.4, 5.10, 7.2, 7.3, 7.7, 7.12, <i>M&E (plant & distribution)</i> <i>STRUCT e.g. flat slab?</i> 9.5</p> <p>Evaluation Notes:</p> <p><u>General Design</u> Sections adequately demonstrate the proposals</p> <p><u>Internal Environment</u> Sections demonstrate good use of atria within the children's and adult hospitals</p> <p><u>Minimum Standards</u> Satisfied</p> <p><u>Integration of Design</u> Sections demonstrate the scheme has eliminated the transfer slab requirement thus demonstrating a well integrated solution</p> <p><u>Exemplar</u> Sections demonstrate an improved natural lighting solution within the main adult atrium</p> <p><u>Ceiling Heights & Voids</u> Satisfactory</p> <p><u>Building Envelope</u> Building Envelope meets ERs</p>
--------------	-------------------------	---	--	---	--

Item # 14	3D images / perspective (internal & external) indicating the following:- <ul style="list-style-type: none"> Architectural vision – space, height, form, composition, scale, character and use of materials Hospital Main Entrance / atrium / public space proposals / visuals 	20		9	<p><i>Reviewed Against:</i> 4.2, 4.3, 4.4, 4.5, 5.9, 7.2, 7.2.10 + 7.2.22, 7.9, 7.10, 7.15, 7.17 <i>AppD Masterplan Document</i></p> <p>Evaluation Notes:</p> <p><u>Spaces</u> Good use of internal and external spaces – Atriums and Parks</p> <p><u>Citizen Satisfaction</u> Strong sense of place and arrival illustrated</p> <p><u>Internal Environment</u> 3d images are used well to demonstrate patient pathway and wayfinding options Atriums are well presented and ‘iconic’</p> <p><u>Urban & Social Integration</u> Strong concept assists in the integrated solution within the existing site context and provides social integration within internal and external spaces (dining are located in main atrium & park spaces address the building well)</p> <p><u>Materials & Finishes</u> Proposals illustrate high quality finish and materials</p> <p><u>Entrances</u> Strong Identity for both hospitals Entrances are well located off of arrival square Strong sense of arrival within each hospital</p> <p><u>Wayfinding – scored under wayfinding (comment only)</u> Spaces allow intuitive wayfinding</p> <p><u>Art Integration – scored under Arts Strategy</u></p>
--------------	--	----	--	---	--

Item # 15	1:500 site hard & soft landscaping proposals indicating:- <ul style="list-style-type: none"> ▪ Soft landscaping strategy ▪ Hard landscaping strategy 	10		6	<p><i>Reviewed against:</i> 4.1, 4.2, 4.3, 4.5, 7.1, 7.13, 7.14, 7.15, 7.17, 7.18 9.12, 9.13, 9.14</p> <hr/> <p>Hirst Evaluation Notes:</p> <p><u>Landscape Design</u> Outline design of the park and the proposed activities appear to be well considered and provide a good mix of uses and functions for the whole campus.</p> <p>Strong landscape framework/structure to the whole masterplan - a gradation hierarchy of public spaces to entrances is very clear.</p> <p>Maternity arrival and link through to children's play park better developed than the exemplar and looks to be more user friendly – less vehicular orientated.</p> <p>Some benches are identified on the drawings at the hospital entrance but no seating indicated anywhere else. Benches require to have a back.</p> <p><u>Soft Landscaping Requirements</u> Large area given over to Reed beds for SUDS</p> <p>URS Evaluation Notes: No drawings to indicate what has been allowed for in the refurbishment of roads in the Campus. Exemplar sought for existing roads which were retained and sections of off-site roads to be upgraded Indicative signalised layouts provided in limited detail. Had been expecting bus priority measures to be incorporated at junctions.</p>
--------------	---	----	--	---	--

15contd/	<ul style="list-style-type: none"> Car Parking arrangements with distribution of spaces and use identified Areas of differing Carriageway Construction Road, footway and cycle way geometry Indicative Signalised layouts at external roads 				<p><i>Reviewed Against:</i> 5.7, 7.1</p> <p>Evaluation Notes:</p> <p><u>Disability Access</u> Layout of elements within masterplan generally considers DDA however DDA will need to be fully developed as design progresses.</p> <p><u>Car Parking shown on Masterplan</u> Rotation of Car Park 2 creates space for Children's Park Distribution of spaces as per masterplan</p>
15contd/	<ul style="list-style-type: none"> Retention / protection of existing trees 				<p><i>Reviewed Against:</i> Hirst TPO Planning Conditions</p> <p>Evaluation Notes:</p> <p>Arrangement of the new main avenue/fast link access road indicates tree planting very close to existing buildings.</p>
15contd/	<ul style="list-style-type: none"> Incorporation of art 				<p><i>Reviewed Against:</i> 7.17</p> <p>Evaluation Notes: Positive:</p> <ul style="list-style-type: none"> Added value in relation to the highly developed vision and role in developing sustainable partnerships & research agenda. Significant & sophisticated programme with level of external brokerage & external focus out-with requirements.
15contd/	<ul style="list-style-type: none"> Special features 				<p><i>Reviewed Against:</i> <i>additional special features not provided on exemplar</i></p> <p>Evaluation Notes: Key design approach has created the 'Children's Park' and also children's roof terrace.</p>

15contd/	▪ Courtyards				<p><i>Reviewed Against: 7.13.19</i></p> <p>Evaluation Notes: Good to see a couple of the courtyards developed/indicated for functional therapy use.</p>
Item # 16	Finishes Schedule for 11 Departments, and key circulation & communication routes, and main entrances	10		6	<p><i>Reviewed Against: 5.6, 7.9, 7.10</i></p> <p>Evaluation Notes: Generally meets ERs</p>
Item # 17	Door & ironmongery Schedule for 11 Departments, key circulation & communication routes, and main entrances	10		6	<p><i>Reviewed Against: 7.11.1, 8.3.26</i></p> <p>Evaluation Notes: Generally meets ERs</p>
Item # 18	Roof level: Typical layout indicating structure, including helipad (Acute Adults & Children's)	5		6	<p><i>Reviewed Against: Roof requirements and helipad requirements.</i></p> <p>Evaluation Notes: Adequate provision made</p>
Item # 19	Architectural design strategy statement in support of drawing information	5		7	<p><i>Reviewed Against: 4.0 Masterplan Document</i></p> <p>Evaluation Notes: Strong Design Concept and Identity shines through the entire submission. Design decisions have improved on and enhanced exemplar design and retained key drivers e.g. Children's Park, Atrium space, Children' Hospital Identity</p>
Item # 20	Wayfinding strategy	5		7	<p><i>Reviewed Against: 7.15</i></p> <p>Evaluation Notes: 3d images are used well to demonstrate patient pathway and wayfinding options</p>



					Intuitive Wayfinding Strategy demonstrated throughout the design
--	--	--	--	--	--

	Design Strategy	155			
Item # 21	Acoustic Strategy & Report	5		5	<p><i>Reviewed Against: Appendix S</i></p> <p>Evaluation Notes:</p> <p>Positive:</p> <ul style="list-style-type: none"> • Helicopter noise is considered in detail and reflected in design solutions • Control of construction noise and vibration is dealt with in detail • Acoustic detailing of larger spaces, Atrium, Lecture Theatres etc are described in detail <p>Negative:</p> <ul style="list-style-type: none"> • Not clear how rain noise is addressed • Details of how vibration is addressed could have been more comprehensive • Service penetrations not caulked
Item # 22	Arts Strategy	5		7	<p><i>Reviewed Against: ER 7.17</i></p> <p>Evaluation Notes:</p> <p>Positive:</p> <ul style="list-style-type: none"> • Added value in relation to the highly developed vision and role in developing sustainable partnerships & research agenda. • Significant & sophisticated programme with level of external brokerage & external focus out-with requirements.

Item # 23	Fire engineering design strategy including drawings	5		6	<p><i>Reviewed Against:</i> 5.11 <i>AppR</i></p> <p>Evaluation Notes:</p> <ul style="list-style-type: none"> • Report has a good layout, logical but no section numbers. • Objectives well outlined • Noted that it is an intention to follow the guidance within the Employer's Requirements • It is noted that the bidder has established a relationship with Glasgow City Council's Building Standards and had discussions about their scheme • It is acknowledged that WSP have been involved in the consultation process for the new SHTM81 and that the Fire Strategy Report reflects current guidance • Detection and alarm system aspect covered at this stage • Technical justification for extended travel distance • Separation distance between stairs within children's hospital exceeds 64m • Strategy for the use of escape bed lifts well covered. Although, there is no mention of standard evacuation lifts • Atrium spaces section refers to BS5588. This is not the most up to date guidance (now BS 9999) • Noted that fire engineered solution proposed for atrium design, utilising an ETFE roof which will fail in the event of a fire and the atrium space will therefore be treated as an external area. • Extended compartment areas (2000m²) • Technical justification being provided for the placement of operating theatres above a kitchen • Technical justification for the non-provision of 1m strips at compartment/external wall junctions • Fire/smoke dampers not all that well covered. Reference is only made to dampers in compartment and sub-compartment walls, no protected routes. Transfer grilles in doors mentioned • Fire hose coverage exceeds 60m in some areas. Technical justification provided on the basis of sprinklers • Fire fighting shafts not accessible from the outside (accessed off street). Major regulatory risk. • Fire Safety Management Section • Helipad fire safety strategy covered • Sprinklers are being used as a trade off for many of the technical justifications. Reliance on sprinklers to be reviewed.
-----------	---	---	--	---	--

Item # 24	Structural Engineering design strategy including outline design drawings demonstrating structural philosophy	5		7	<p><i>Reviewed Against: Engineering ERs.</i></p> <p>Evaluation Notes: Positive observations</p> <ul style="list-style-type: none"> - No transfer structure – savings on cost and programme - Smaller basement construction – savings on cost and programme - Clean, simple, effective structure <p>Other observations SI – repeated URS report from June 2009-10-15</p> <p>Superstructure</p> <ul style="list-style-type: none"> - in-situ rc flat slab with precast rc cols, - cores provide stability - Full 3d model including labs has been undertaken - MRI field modelling - no sec support structure for cladding - roof plantroom – steel frames - pre cast stairs - steel link bridge structures - riser opening in slabs, no edge beams cast in channels for suspension of equipment - exceptional load acknowledged but no specifically identified - rc frame to energy centre - lateral stability provided by cores & bracing - disp collapse – acknowledged - MJ's acknowledged but not located <p>Sub structure</p> <ul style="list-style-type: none"> - Fluid supported rotary cast in situ piles - More SI needed - Triple pile caps thus no ground beams <p>Basements</p> <ul style="list-style-type: none"> - hard/soft secant pile walls
-----------	--	---	--	---	--

Item # 25	Drainage design strategy including 1:1250 (or greater) plans showing drainage provision in support of SUDS and Drainage Strategy 1:500 scale plans showing:- <ul style="list-style-type: none"> Layout of roads and buildings Layout of sewers, outfalls, underground storage, and SUDS features 	5		6	<p><i>Reviewed Against:</i> <i>ER requirement</i></p> <p>Evaluation Notes: Strategy in line with URS Drainage Strategy Report. No adverse comments to make. No elements which would suggest that more will be provided. Recognises the need for further hydraulic assessment. Bidder has undertaken survey of burn to confirm diversionary elements of the works, which is a positive.</p>
Item # 26	Main incoming utilities design / connection strategy including Schematic for Main Services distribution from Energy Centre to Main Hospital Building – tunnel cross sections and 1:200 Energy Centre Services	5		5	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.18 - 8.1.15 - 8.1.16 - 8.1.19 - 8.1.23 - 8.3.5.14 - 8.3.9 - 9.18 - 9.5 - 9.7.5), drawings and appendices</i></p> <p>Evaluation Notes: Electrical input estimated at 1MVA above ER's due to footprint. Incoming utilities as ER's with request for MPG rather than SGN proposed LPG. Updated quotation required for gas to suit retained estate loads Services all run in common trench no services tunnel AGV tunnel width appears tight. 150mm water main pipe may require to be up-rated</p>
Item # 27	Water Services Strategy including Hot & Cold Water Services Schematic, Filtered Water Schematic and Renal Water Schematic	5		4	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.28 - 8.29 - 8.2.10), drawings and appendices</i></p> <p>Evaluation Notes: Water storage reduced to 12 hour All pipework stainless steel</p>
Item # 28	Heating design strategy including MTHW Schematic & LTHW Schematic	10		6	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.2.7), drawings and appendices</i></p> <p>Evaluation Notes: Two port control proposed in lieu of three port.</p>

Item # 29	Ventilation & air treatment design strategy including Schematic drawings	10		6	<p><i>Reviewed Against</i> Vol. 2/1 sect 8 (including 8.2.11 - 5.6 - 5.10 - 8.2.13 - 8.2.14 - 8.2.15 - 8.2.21.2 - 8.2.22.2 - 8.2.20.0 - 8.3.36), drawings and appendices</p> <p>Evaluation Notes: Two port control proposed in lieu of three port. Carbon filters included Active chilled beams with sealed windows for tower Thermal wheel heat exchangers will be incorporated within extract air plants handling uncontaminated air</p>
Item # 30	Mains and Sub-mains power distribution design strategy including MV Power Schematic and LV Power	10		6	<p><i>Reviewed Against</i> Vol. 2/1 sect 8 (including 8.1.16 - 8.1.21 - 8.3.2 - 8.3.31 8.1.1.13 - 8.1.12.5 - 8.3.30), drawings and appendices</p> <p>Evaluation Notes: Dual-unified power distribution network proposed Engineering hub cabinets, 2KVA, 10 minute autonomy FM office engineering hub, to suit load, 1 hour autonomy BMS front end, to suit load, 1 hour autonomy BMS outstations, to suit load, 1 hour autonomy Generator/HV network control and monitoring system Central UPS for Server Rooms, 15 minutes autonomy Central UPS for IPS units, to suit load, 15 minutes autonomy, except for theatres 60 minutes</p>
Item # 31	Lighting design strategy	10		5	<p><i>Reviewed Against</i> Vol. 2/1 sect 8 (including 8.3.3), drawings and appendices</p> <p>Evaluation Notes: Basic standalone lighting controls proposed</p>
Item # 32	Lift Engineering design strategy	10		5	<p><i>Reviewed Against</i> Vol. 2/1 sect 8 (including 8.3.34, 7.12.4), drawings and appendices</p> <p>Evaluation Notes: Lift analysis based on exemplar Machine room less lifts proposed rather than conventional FM Lift ratings not all provided 1.6 m/s speed proposed for tower</p>

Item # 33	Communication design strategy	5		6	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.3.5 - 8.3.6 - 8.3.7), drawings and appendices</i></p> <p>Evaluation Notes: Back bone network included for FM Meshed Fibre included PA system included Audio induction loops included Patient entertainment system infrastructure included in document Patient entertainment system wired in Cat 6 nit Cat 6A as main data cabling for future proofing and interchangeability of patch leads etc.</p>
Item # 34	Protective systems design strategy including Sprinklers schematic and Fire alarm & damper controls Schematic	5		6	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.2.19-8.2.30-8.2.31-8.2.32-8.3.4-8.3.27-8.3.28), drawings and appendices</i></p> <p>Evaluation Notes: CCTV system wired in Cat 6 (Option to be provided to fit CAT6A as main data cabling for future proofing and interchangeability of patch leads etc.) Personal attack system included Repeater panels only provided at certain staff bases (ER's call for text displays at all staff bases) Extinguishants system in two main comms rooms (Not details in sub-stations) Sprinkler Installation not pre-action type Wet risers provided</p>
Item # 35	Medical gases design strategy including schematic drawings	5		5	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.1.22), drawings and appendices</i></p> <p>Evaluation Notes: New compounds to be established (Location to be agreed)</p>

Item # 36	Pneumatic tube system design strategy including schematic drawings	5		7	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.1.31), drawings and appendices</i></p> <p>Evaluation Notes: Pneumatic tube proposal is Swiss log text, ten zone 92 stations, System records last 20,000 transactions Requirements to be updated once layout specific requirements area available</p> <p>22 Swiss log units proposed for Automated Handling units</p>
Item # 37	Plant room design strategy	5		6	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.1.3.10 - 8.1.4.2 - 8.1.5 - 8.3.32.2 - 8.3.36), drawings and appendices</i></p> <p>Evaluation Notes: 4 hour Fire separation added in energy centre for resilience Ground Floor – oil storage for standby generators, boilers and retained site. First Floor – standby generators and 11kV switchgear Second floor – MTHW heating boilers and CHP units, absorption cooling plant Roof – main chillers and associated transformers, absorption chiller dry air coolers, wind turbines General air handling plant rooms well distributed</p>
Item # 38	Control systems including BMS schematic	5		6	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including 8.2), drawings and appendices</i></p> <p>Evaluation Notes: Open System Integration framework solution with transfer of information to and from certified field devices. This system for the hospital will be a software solution of two parts: The Integration of field systems The Graphical User Interface (GUI) Power Management System Overview The demand side will be dealt with via the Building Management System (BMS) and the supply side, consisting of on site generating capacity and also connected capacity from the national grid, be dealt with by the Power Management System (PMS).</p>

Item # 39	Helipad M&E services design strategy	5		6	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including), drawings and appendices</i></p> <p>Evaluation Notes: Helipad M&E services appear to have been fully integrated, sealed windows for three floor, foam fire Extinguishants, link to cradles and alarms etc</p>
Item # 40	Maintenance & major plant replacement strategy	35		5	<p><i>Reviewed Against</i> <i>Vol. 2/1 sect 8 (including), drawings and appendices</i></p> <p>Evaluation Notes: WW Evaluation Notes: The bidder has provided detailed drawings of the main plant rooms and has included aspects of the ER's Reliance on Heavy duty scaffolding for removal of heavy plant from upper floors of Energy Centre – this requires further development</p>
	Sustainability	75			
Item # 41	Sustainable design statement	25		6	<p>Reviewed Against : Sections :3.20 & &8.2</p> <p>Has addressed the topic comprehensively and gone beyond the employer's requirements in a number of instances.</p> <p>Bidder is able to meet operational carbon output target of 80kg/CO2/m sqr. p.a.and has demonstrated calculation of how this will be achieved with reasonable clarity.</p>
Item # 42	BREEAM scoring schedule	25		6	<p>Reviewed Against: Section 3.21</p> <p>-Bidder has asserted with minimal qualification that their design would achieve BREEAM Excellent.</p> <p>-Minor variance from exemplar.</p>

Item # 43	Energy strategy including approach to renewables, sustainability	25		6	<p>Reviewed Against : Sections 3.20 & 8.2</p> <p>-Bidder asserted that they would better mandatory NHS energy targets.</p> <p>-SPP6/PAN84 compliance will be achieved.</p> <p>-Low projected energy costs.</p> <p>-Has included additional renewable power source from exemplar.</p>
	AEDET Review	50			
Item # 44	Overall AEDET review score	50		6	<p>Reviewed against 4.6</p> <p>Evaluation Notes: AEDET Review of Exemplar scored 47.5 AEDET Review of Bidder 1 scored 47.3</p>

3.0 Evaluation Report – Logistics

The Logistics element of the Qualitative Score has a Technical Weighting of 30 out of the 100 total. The Individual Weighting contained in Logistics is 275 and is sub-divided as follows:

Logistics Workgroup

Heading	Individual Weightings
Project Management	90
Construction Approach	20
Site Management	80
Programme	40
Commissioning & Handover	45
Logistics Total	275

The Maximum Available Score for Logistics is therefore 82,500pts (275 x 10 x 30), with a Benchmark Score of 49,500 pts (275 x 6 x 30).

Each of the 22nr items that comprise the Logistics element of the evaluation are listed in the following tables.

In summary your Logistics score is as follows:

Workgroup	Maximum Score*	Benchmark Score**	Brookfield Europe LP Score
Logistics (weighting x 30)	82,500 pts	49,500 pts	49,200 pts

* Maximum Score = Maximum Available Score (per Workgroup) = 'Excellent' score of '10' for all items.

** Benchmark Score (per Workgroup) = 'Adequate' score of '6' for all items.

	DESIGN REVIEW EVALUATION NOTES – CURRIE & BROWN			Bidder Ref - 1	BROOKFIELD EUROPE
	ITPD Evaluation	Individual	Technical	Score	Commentary
	Criteria	Weighting	Weighting		
	LOGISTICS	275	30		
	Project Management	90			
Item # 1	Structure & Approach	10		7	<p><i>Reviewed Against</i> <i>Vol. 2/1 Section 2.2: Responsibilities of the Contractor</i> <i>Vol. 3 Section 10.1 Project/Site Management</i></p> <p>Evaluation Notes: All of the Contractor's Responsibilities, as set out in Vol. 2/1 Section 2.2 are adequately reflected in the bidder's response with the proposed Management structures being well thought through and resourced.</p> <p>There is a clear objective to comply with 2.2.2 "Meeting all of the requirements of the Board stated in the Works Information".</p> <p>The bidder has clearly embraced 2.2.5 "Working with the Board and its advisers in fulfilling all of the requirements and good practice inherent in the NEC3 contract". It is in this area that the bidder is deemed to have "Performed well on all key factors and offers some additional benefits"</p> <p>Examples are:</p> <ul style="list-style-type: none"> - The inclusion of Board staff and their advisers in the global Project Management Structure within Steering Group and Peer Review Team - Collaboration Organigram showing a partnership approach to design development and delivery <p>It is the Evaluation Team's carefully considered view that the Bidder's approach to Design Development clearly evidences their ability to work as a partner in future stages. This is reinforced by the client testimony received in relation to their on-going project at Peterborough.</p>

Item # 2	Site Management Team	5		6	<p><i>Reviewed Against:</i> <i>Vol. 3 Section 10.1 Project/Site management</i></p> <p>Evaluation Notes: The bidder has submitted comprehensive details of their proposed Site Management Team which is based on their Bid Team augmented by staff principally with experience of Healthcare projects and currently involved at Peterborough. The exception to this is the Dunne's team, which is not involved at Peterborough. Concern was expressed by the Evaluation Team around the management of the transition from Peterborough to NSGH, but the bidder has clarified their strategy, which involves the bid team, already largely released from Peterborough working with the Dunne's Team to commence the Labs project and the main hospitals design. The staff currently retained on Peterborough would be phased into the team as required during Stage 2 and into stage 3.</p>
Item # 3	Design Team	5		6	<p><i>Reviewed Against:</i> <i>Vol. 3 Section 10.1 Project/Site management</i></p> <p>Evaluation Notes: Widely experienced Consultant Design Team, led by John Ko and two Design Managers. Integrated with principal supply chain to provide early build-ability comment and input. Similar concern was again expressed about transfer of staff from Peterborough, but the bidder has provided a comprehensive strategy to manage this.</p>
Item # 4	Community Engagement	60		6	<p><i>Reviewed Against:</i> <i>Vol.2 Section 11</i> <i>Vol. 2 Appendix V</i></p> <p>Evaluation Notes:</p> <ul style="list-style-type: none"> demonstrates commitment to engaging communities and creating a legacy Have established a principle of commitment from main supply chain partners.

					<ul style="list-style-type: none"> Meets 10% target for training and recruitment with labour histograms useful tool to assist in planning and evidence of deliverability. <p>Negatives:</p> <ul style="list-style-type: none"> Overall meets requirements but could have been stronger on SMEs/SEs.
	Construction Approach:-	20			
Item # 5	There should be minimal impact upon service delivery	10		6	<p><i>Reviewed Against:</i> <i>Vol. 2 Section 6.4 Live Hospital Site</i></p> <p>Evaluation Notes: The Bidder has identified all of the key elements where the project could potentially impact upon the live hospital site and has in many cases provided, in detail, methodology for mitigation. This includes consideration of temporary road re-alignment out-with the construction boundary to maintain the existing blue light route and through traffic at all times. Demolition of existing link and construction of new is also identified, although detailed methodology will require to be developed.</p>
Item # 6	The construction exploits any innovation benefits from standardization and prefabrication	10		5	<p><i>Reviewed Against:</i> <i>Vol. 2 Sections 6.5 and 6.6</i></p> <p>Evaluation Notes: Pre-fabrication appears to be restricted to M&E installations, with pre-fab riser shafts, vertical and horizontal distribution and sections of plant rooms. No modular elements, such as bathrooms or bedrooms are proposed.</p>

	Site Management:-	80			
Item # 7	Temporary Accommodation Proposals	15		6	<p><i>Reviewed Against:</i> <i>Vol. 2 Section 6.1 Temporary Accommodation & Welfare</i></p> <p>Evaluation Notes Comprehensive and clear response to how the Bidder proposes to meet the requirements of the Employer's Requirements as developed during the competitive dialogue programme. This includes consideration of the timescales set by the Board for the handover of the land currently owned by Scottish Ambulance Service. The proposed location, on the site of the children's park, has been selected to provide minimal impact upon the construction whilst maintaining efficiency of the workforce by being located close to the site. The bidder has also, usefully, provided a programme for the temporary accommodation.</p>
Item # 8	Logistics Proposals	10		6	<p><i>Reviewed Against:</i> <i>Vol. 2 Section 3.6</i></p> <p>Evaluation Notes: Comprehensive strategy out-lined for managing overall logistics to deliver the project. Concern expressed by the Evaluation Team that the stated objective of "construction vehicles will not be allowed to lay-up along Hospital of adjacent public roads" may be difficult to achieve when aligned to a just in time delivery strategy.</p>
Item # 9	Traffic Management	10		6	<p><i>Reviewed Against:</i> <i>Volume 2 Section 6.1 Site Welfare & Board Accommodation</i></p> <p>Evaluation Notes: Clear separation of staff and construction vehicles both within the site boundaries and on approach identified Various measures identified for the reduction of operatives vehicles arriving at the site, but no depth of detail, although bidder has identified that the increased workforce will impact upon existing public transport capacity and they propose to discuss this with SPT.</p>

Item # 10	Car Parking	10		5	<p><i>Reviewed Against:</i> <i>Vol. 2 Section 6.1 Site Welfare & Board Accommodation</i></p> <p>Evaluation Notes: Concern noted that the bidder has no fixed solution for Stage 3 (construction) parking. There is a potential significant impact upon both the existing live hospital site and the surrounding neighborhood if not resolved adequately. Bidder suggestion is early construction of Car Park 2, which may be possible, subject to availability of funding, due to the relocation of the car park of the land currently owned by Scottish Ambulance Service.</p>
Item # 11	Staff Movement	5		6	<p><i>Reviewed Against:</i> <i>Vol. 2 Section 6.1 Site Welfare & Board Accommodation</i></p> <p>Evaluation Notes: Well developed plan, aided by proximity of site accommodation to the construction site. Full security control of access points utilizing turnstiles etc.</p>
Item # 12	Site Security & Safety	10		6	<p><i>Reviewed Against:</i></p> <p>Evaluation Notes: Considered proposals, including liaison with NHS GG&C Facilities Management, deemed to comply with Employer's Requirements.</p>
Item # 13	Site Interfaces	10		6	<p><i>Reviewed Against:</i> <i>Vol. 2 Section 6.4</i></p> <p>Evaluation Notes: Proposals cover VIE, services connections, links, and evidence an awareness of operational and in particular, critical activities</p>
Item # 14	Waste management	10		6	<p><i>Reviewed Against:</i> <i>WRAP</i></p> <p>Evaluation Notes: Detailed proposals including consideration of re-use of Surgical Block sandstone etc. in landscaping. Waste/m2 ratio noted as higher than for off-site modular fabrication. WRAP Net Waste tool to be utilized. Use of recycled elements in construction, e.g. recycled aggregates.</p>

	Programme	40			
Item # 15	Master Programme	5		6	<p><i>Reviewed Against:</i> <i>Vol.1 Section 7.0 Programme</i></p> <p>Evaluation Notes: The programme submitted by the Bidder has two significant variances from the expectations of the Board:</p> <ul style="list-style-type: none"> - Stage 2 Design Development programme contains unrealistic sign off target dates, relative to likely availability of Board staff, clinical and non-clinical. This is the direct result of the bidder including a 12 week "Judicial Review" period - Stage 3 Construction programme has been reduced by seven months, principally by reducing the clear commissioning period beyond construction completion (Clarification and amended through evaluation process).
Item # 16	Stage 1 Laboratory Programme	10		6	<p><i>Reviewed Against:</i> <i>Vol.1 Section 7.0 Programme</i></p> <p>Evaluation Notes: Fully compliant with the Employer's Requirements</p>
Item # 17	Stage 2 Design Development to FBC Programme	10		5	<p><i>Reviewed Against:</i> <i>Vol.1 Section 7.0 Programme</i></p> <p>Evaluation Notes: Following a request for clarification the bidder has submitted a revised design development programme, omitting the Judicial Review period and this appears to provide more realistic sign off timescales, although the detail of groupings and timings remain unclear.</p>
Item # 18	Stage 3 Construction Programme	10		6	<p><i>Reviewed Against:</i> <i>Vol.1 Section 7.0 Programme</i></p> <p>Evaluation Notes: Technical Commissioning periods are largely within the construction period with only a short clear commissioning period beyond close out. This would limit any float within the programme and suggests limited environmental proving.</p>

Item # 19	Stage 3A External Works Completion Programme	5		6	<p><i>Reviewed Against:</i> <i>Vol.1 Section 7.0 Programme</i></p> <p>Evaluation Notes: Fully compliant outline programme meeting all target dates.</p>
	Commissioning & Handover				
Item # 20	Commissioning Plans, including Building Services Testing & Commissioning	15		6	<p><i>Reviewed Against:</i> <i>Vol. 2 6.7 Witnessing & Testing</i> <i>Vol. 2 6.8 Commissioning & Handover</i></p> <p>Evaluation Notes: Comprehensive response – shows understanding of requirements and generally has appropriate responses in place.</p> <p>Based on PPP processes and recent/current experience.</p>
Item # 21	Handover Process	15		6	<p><i>Reviewed Against:</i> <i>Vol. 2 6.8 Commissioning & Handover</i></p> <p>Evaluation Notes: See comments to item 20</p>
Item # 22	Extended Defects Requirement	15		6	<p><i>Reviewed against:</i></p> <p>Evaluation Notes: Suitable response to requirement</p>

4.0 Evaluation Report – Commercial

The Commercial element of the Qualitative Score has a Commercial Weighting of 20 out of the 100 total. The Individual Weighting contained in Commercial is 175 and is sub-divided as follows:

Commercial Workgroup

Heading	Individual Weightings
Contract	25
Pricing	150
Commercial Total	175

The Maximum Available Score for Commercial is therefore 35,000pts (175 x 10 x 20), with a Benchmark Score of 21,000 pts (175 x 6 x 20).

Each of the 13nr items that comprise the Commercial element of the evaluation are listed in the following tables.

In summary your Commercial score is as follows:

Workgroup	Maximum Score*	Benchmark Score**	Brookfield Europe LP Score
Commercial (weighting x 20)	35,000 pts	21,000 pts	20,200 pts

* Maximum Score = Maximum Available Score (per Workgroup) = 'Excellent' score of '10' for all items.

** Benchmark Score (per Workgroup) = 'Adequate' score of '6' for all items.

	COMMERCIAL REVIEW EVALUATION NOTES			Bidder Ref – 1	BROOKFIELD
	ITPD Evaluation Criteria	Individual	Commercial	Score	Commentary
		Weighting	Weighting		
ITEM	COMMERCIAL	175	20		
	Contract	25			
Item # 1	Compliance with Contract Conditions	5		6	<p><i>Reviewed Against:</i> <i>Volume 1 Appendix C The Contract Documents PART 2 THE CONTRACT</i></p> <p>Evaluation Notes: Marked up contract documentation submitted had minimal drafting changes and reflected requirements and discussions during Competitive Dialogue Period</p>
Item # 2	Insurances	5		6	<p><i>Reviewed Against:</i> <i>Volume 1 Appendix C The Contract Documents PART 2 THE CONTRACT;</i> <i>Contract Data Part One Clause 8</i></p> <p>Evaluation Notes: Insurance information provided is accordance with ITPD requirements</p>
Item # 3	Performance Bond	10		6	<p><i>Reviewed Against:</i> <i>Volume 1 Appendix C The Contract Documents PART 2 THE CONTRACT – as amended and issued during Bid Evaluation / Clarification Period</i></p> <p>Evaluation Notes: Bond requirements are acceptable</p>

Item # 4	Collateral Warranties	5		6	<p><i>Reviewed Against:</i> <i>Volume 1 Appendix C The Contract Documents PART 2 THE CONTRACT; Sun-contractors and Consultants Collateral Warranty</i></p> <p><i>Evaluation Notes:</i> Warranty terms acceptable, and proposed list of Sub-contractors and Consultants providing warranty as noted in Bid Returns and confirmed during Competitive Dialogue is acceptable</p>
	Pricing	150			
Item # 5	Statement on Commercial proposals, operation of Target Pricing, Open Book audit	5		6	<p><i>Reviewed Against:</i> <i>Volume 1 Appendix C The Contract Documents; Project Guidance Manual</i></p> <p><i>Evaluation Notes:</i> Understanding of requirements noted in bid submission</p>
Item # 6	Target/Maximum Price Assessment	20		6	<p><i>Reviewed Against:</i> <i>Volume 3 Section 2.1 Budget Target and Affordability Ceiling</i></p> <p><i>Evaluation Notes:</i> Target Price below Budget Target and Maximum Price below Affordability Ceiling</p>
Item # 7	Priced Risk Register and Risk Allocation	55		6	<p><i>Reviewed Against:</i> <i>Volume 1 Appendix C The Contract Documents; Project Guidance Manual Section 4.7</i></p> <p><i>Evaluation Notes:</i> Comprehensive Risk Registers for each Stage. No amendment to Employer Risk Position. Risk Acceptance and transfer position as required by the ITPD</p>

Item # 8	Stage 1 Laboratory Design & Construction detailed elemental cost & resource plans	5		6	<p><i>Reviewed Against:</i> <i>Volume 3 Bid Deliverables & Evaluation Appendix A Bid Deliverables Item 12.3</i></p> <p>Evaluation Notes: Elemental Cost Plans are comprehensive and in line with what was expected</p>
Item # 9	Stage 1 Laboratory Design & Construction Priced Activity Schedules, Cashflow & Payment Proposals	5		6	<p><i>Reviewed Against:</i> <i>Volume 3 Bid Deliverables & Evaluation Appendix A Bid Deliverables Item 12.4</i></p> <p>Evaluation Notes: Payment proposals reflect ITPD and discussions during Competitive Dialogue. Activity Schedules align with programme and cash flow matches works profile</p>
Item # 10	Stage 2 FBC Stage Priced Activity Schedules including supporting detailed costed resource plan, Cashflow & Payment Proposals	10		6	<p><i>Reviewed Against:</i> <i>Volume 3 Bid Deliverables & Evaluation Appendix A Bid Deliverables Item 12.4</i></p> <p>Evaluation Notes: Payment proposals reflect ITPD and discussions during Competitive Dialogue. Activity Schedules align with programme and cash flow matches works profile</p>
Item # 11	Stage 3 Adult / Children's / Site Works Design & Construction detailed elemental cost & resource plans	5		6	<p><i>Reviewed Against:</i> <i>Volume 3 Bid Deliverables & Evaluation Appendix A Bid Deliverables Item 12.3</i></p> <p>Evaluation Notes: Elemental Cost Plans are comprehensive and in line with what was expected</p>

Item # 12	Stage 3 Adult / Children's / Site Works Design & Construction Priced Activity Schedules, Cashflow & Payment Proposals	5		6	<p><i>Reviewed Against:</i> <i>Volume 3 Bid Deliverables & Evaluation Appendix A Bid Deliverables Item 12.4</i></p> <p>Evaluation Notes: Payment proposals reflect ITPD and discussions during Competitive Dialogue. Activity Schedules align with programme and cash flow matches works profile</p>
Item # 13	Project Whole Life Cycle Cost Plan	40		5	<p><i>Reviewed Against:</i> <i>Volume 2/1 Employers Requirements (Hospitals) Section 5.3</i></p> <p>Evaluation Notes: Pros: Comprehensive Response – shows understanding of requirements and has appropriate responses in place</p> <p>Cons: FM and Utilities cost data response less than expected – not clear that FM requirements reviewed as part of Design process – Bidder Responses to Technical Clarifications did not adequately reflect/answer queries raised.</p>

5.0 Final Qualitative Score

The Final Qualitative Score is total of the score for the three Workgroups, comprising Design, Logistics and Commercial.

The component parts of your Qualitative Score, identified in detail in the preceding sections, may be summarised thus:

Workgroup	Maximum Score*	Benchmark Score**	Brookfield Europe LP Score
Design (weighting x 50)	275,000 pts	165,000 pts	169,00 pts
Logistics (weighting x 30)	82,500 pts	49,500 pts	49,200 pts
Commercial (weighting x 20)	35,000 pts	21,000 pts	20,200 pts
Totals	392,500 pts	235,500 pts	238,400 pts

* Maximum Score = Maximum Available Score (per Workgroup) = 'Excellent' score of '10' for all items.

** Benchmark Score (per Workgroup) = 'Adequate' score of '6' for all items.

6.0 MEAT Score

The Outturn price for MEAT score calculation was determined as follows:-

	Reason For Adjustment	Costs
Clarified Bid Base Cost (excludes Overhead & Profit)		£542,449,979
Deductions		
Stage 3 Element 5 Fittings Furnishings & Equipment – Renal Dialysis Machines	Should not have been identified as Group 1	(£1,364,000)
Catering Equipment Allowance	Requirements not defined, omit for comparison with other bids	(£2,600,000)
Adjusted Base Cost		£538,485,979
Overhead	3.98% calculated as average for all Stages	£21,435,858
Profit	2.06% calculated as average for all Stages	£11,511,620
Adjusted Target Price – assessed Outturn Price		£571,433,458

In addition, to support the above outturn price adjustment, statistical modelling on price and risk was undertaken, and approach to pain / gain considered. This review concluded that it was more than likely that the above price would be achieved or beaten. The above price adjustments to derive outturn price were nominal and had no impact on ranking of MEAT score had the bid submission price been utilised

Appendix A Qualitative Summary

ITPD Evaluation Criteria	Individual Weighting	Technical Weighting	Brookfield Score	Individual Weighted Score	Technical Weighted Score
DESIGN	550	50			
Space	20				
The design should achieve appropriate clinical space standards as required by the ITPD Schedule of Accommodation	10		6	60	3000
The circulation, communication & plant space should be adequate and optimised	10		6	60	3000
Drawing information:-	250				
1:500 scale Masterplan proposals	30		7	210	10500
1:500 departmental relationship drawings for all levels indicating functional relationships & main circulation routes	45		6	270	13500
1:200 departmental layouts reflect the required space standards and functionality	40		5	200	10000
1:200 departmental drawing for Accident & Emergency Department, fully Annotated	10		5	50	2500
1:200 departmental drawing for Adult Theatres Department, fully Annotated	10		6	60	3000
1:200 departmental drawing for Adult Ward, fully annotated	10		9	90	4500
1:200 departmental drawing for Childrens Ward, fully annotated	10		9	90	4500
1:200 departmental drawing for Childrens A&E, fully annotated	10		9	90	4500
1:50 room layout and wall elevations fully developed	10		6	60	3000
1:200 Elevations – incorporating external signage proposals	5		7	35	1750
1:200 Exemplar sections	5		6	30	1500
3D images / perspective (internal & external) indicating the following:-					
▪ Architectural vision – space, height, form, composition, scale, character and use of materials					
▪ Hospital Main Entrance / atrium / public space proposals / visuals	20		9	180	9000
1:500 site hard & soft landscaping proposals indicating:-					
▪ Soft landscaping strategy					
▪ Hard landscaping strategy					
▪ Car Parking arrangements with distribution of spaces and use identified					
▪ Areas of differing Carriageway Construction					
▪ Road, footway and cycle way geometry					
▪ Indicative Signalised layouts at external roads					
▪ Retention / protection of existing trees					
▪ Incorporation of art					
▪ Special features					
▪ Courtyards	10		6	60	3000
Finishes Schedule for 11 Departments, and key circulation & communication routes, and main entrances	10		6	60	3000
Door & ironmongery Schedule for 11 Departments, key circulation & communication routes, and main entrances	10		6	60	3000
Roof level: Typical layout indicating structure, including helipad (Acute Adults & Childrens)	5		6	30	1500
Architectural design strategy statement in support of drawing information	5		7	35	1750
Wayfinding strategy	5		7	35	1750

ITPD Evaluation Criteria	Individual Weighting	Technical Weighting	Brookfield Score	Individual Weighted Score	Technical Weighted Score
Design Strategy	155				
Acoustic Strategy & Report	5		5	25	1250
Arts Strategy	5		7	35	1750
Fire engineering design strategy including drawings	5		6	30	1500
Structural Engineering design strategy including outline design drawings demonstrating structural philosophy	5		7	35	1750
Drainage design strategy including 1:1250 (or greater) plans showing drainage provision in support of SUDS and Drainage Strategy 1:500 scale plans showing:-					
▪ Layout of roads and buildings					
Layout of sewers, outfalls, underground storage, and SUDS features	5		6	30	1500
Main incoming utilities design / connection strategy including Schematic for Main Services distribution from Energy Centre to Main Hospital Building – tunnel cross sections and 1:200 Energy Centre Services Layout	5		5	25	1250
Water Services Strategy including Hot & Cold Water Services Schematic, Filtered Water Schematic and Renal Water Schematic	5		4	20	1000
Heating design strategy including MTHW Schematic & LTHW Schematic	10		6	60	3000
Ventilation & air treatment design strategy including Schematic drawings	10		6	60	3000
Mains and Sub-mains power distribution design strategy including MV Power Schematic and LV Power Schematic	10		6	60	3000
Lighting design strategy	10		5	50	2500
Lift Engineering design strategy	10		5	50	2500
Communication design strategy	5		6	30	1500
Protective systems design strategy including Sprinklers schematic and Fire alarm & damper controls schematic	5		6	30	1500
Medical gases design strategy including schematic drawings	5		5	25	1250
Pneumatic tube system design strategy including schematic drawings	5		7	35	1750
Plant room design strategy	5		6	30	1500
Control systems including BMS schematic	5		6	30	1500
Helipad M&E services design strategy	5		6	30	1500
Maintenance & major plant replacement strategy	35		5	175	8750
Sustainability	75				
Sustainable design statement	25		6	150	7500
BREEAM scoring schedule	25		6	150	7500
Energy strategy including approach to renewables, sustainability	25		6	150	7500
AEDET Review	50				
Overall AEDET review score	50		6	300	15000
Design Score	550	50		3380	169000

ITPD Evaluation Criteria	Individual Weighting	Technical Weighting	Brookfield Score	Individual Weighted Score	Technical Weighted Score
DELIVERABILITY AND APPROACH	275	30			
Project management:	90				
Structure & approach	20		7	140	4200
Site Management Team;	5		6	30	900
Design Team;	5		6	30	900
Community Engagement	60		6	360	10800
Construction Approach:	20				
There should be minimal impact on service delivery;	10		6	60	1800
The construction exploits any innovation benefits from standardisation and prefabrication;	10		5	50	1500
Site Management:	80				
Temporary Accommodation proposals	15		6	90	2700
Logistics proposals	10		6	60	1800
Traffic management	10		6	60	1800
Car Parking	10		5	50	1500
Staff Movement	5		6	30	900
Site Security & Safety	10		6	60	1800
Site interfaces	10		6	60	1800
Waste Management	10		6	60	1800
Programme:	40				
Master programme	5		6	30	900
Stage 1 Laboratory programme	10		6	60	1800
Stage 2 FBC sub programme	10		5	50	1500
Stage 3 Construction programme	10		6	60	1800
Stage 3A Hard & landscaping completion programme	5		6	30	900
Commissioning & Handover	45				
▪ Commissioning plans, including Building Services testing & commissioning	15		6	90	2700
▪ Handover process	15		6	90	2700
▪ Extended defects requirement	15		6	90	2700
Logistics Score	275	30		1640	49200

ITPD Evaluation Criteria	Individual Weighting	Commercial Weighting	Brookfield Score	Individual Weighted Score	Technical Weighted Score
COMMERCIAL	175	20			
Contract:	25				
Compliance with Contract Conditions	5		6	30	600
Insurances	5		6	30	600
Performance Bond	10		6	60	1200
Collateral Warranties	5		6	30	600
Pricing	150				
Statement on Commercial proposals, operation of Target Pricing, Open Book audit	5		6	30	600
Target / Maximum Price assessment	20		6	120	2400
Priced Risk Register & Risk Allocation	55		6	330	6600
Stage 1 Laboratory Design & Construction detailed elemental cost & resource plans	5		6	30	600
Stage 1 Laboratory Design & Construction Priced Activity Schedules, Cashflow & Payment Proposals	5		6	30	600
Stage 2 FBC Stage Priced Activity Schedules including supporting detailed costed resource plan, Cashflow & Payment Proposals	10		6	60	1200
Stage 3 Adult / Childrens / Site Works Design & Construction detailed elemental cost & resource plans	5		6	30	600
Stage 3 Adult / Childrens / Site Works Design & Construction Priced Activity Schedules, Cashflow & Payment Proposals	5		6	30	600
Project Whole Life Cycle Cost Plan	40		5	200	4000
Total Commercial Score	175	20		1010	20200

Total Score	238400
--------------------	---------------

NHS GREATER GLASGOW AND CLYDE

Draft Minute of Meeting of the Acute Services On The Move Programme Board held on **20 February 2014** in the Conference Room, Management Building, Southern General Hospital at 10.00am.

Present

Mr G Archibald (chair)
 Mr J Best
 Mr P Cannon
 Mrs A Crumley
 Mr R Farrelly
 Mr G Forsyth
 Mr P Gallagher
 Mrs H Griffin
 Mrs L Hamilton
 Ms A Harkness
 Mr K Hill
 Mrs M A Kane
 Professor P Knight
 Mrs F Lyall
 Ms E McColl
 Ms M MacLeod
 Mrs A MacLennan
 Mrs A MacPherson
 Dr S Rodger
 Mr B Sillers
 Dr D Stewart
 Mrs M Stewart

Lead Director for Acute Services
 Director, Regional Services
 Head of Administration
 Head of Organisational Development
 Nurse Director
 Project Manager, Teaching & Learning Centre
 Finance Director
 Project Manager, new Adult Hospital Project
 Project Manager, On The Move Programme
 Director, ECMS
 Director, Women & Children's Services
 Interim Director of Facilities
 Associate Medical Director, RAD
 Partnership representative
 HI&T Programme Manager, new Hospitals Project
 Project Manager, new Children's Hospital Project
 Director, Diagnostic Services
 Associate Director of Human Resources (Acute)
 Associate Medical Director, Regional Services
 Acting Head of Acute Planning
 Lead Director for Acute Medical Services
 Head of Applications, HI&T

1) Apologies& opening Remarks

Apologies for absence were intimated on behalf of Mr McCubbin, Dr Raeside, Dr Green, Mrs Murray, Mr McGrogan, Mr Welch, Ms Farrell, and Mr Loudon.

Mr Archibald also welcomed Mr Graham Forsyth, Project Manager for the Teaching & Learning Centre development.

2a) Minute

The draft minute of the meeting of 16 January 2014 was submitted and approved as a correct record.

2b) Rolling Actions List

Members noted the Rolling Action List which was discussed and will be updated separately.

3) Service Redesign**a) Project update**

Mrs Hamilton provided a verbal update in relation to the key developments within the Project, which included an update on discussion at the CEG on 17 January 2014, the planned workshop on 25 March 2014, an update in relation to her and Dr Stewart's visit to the South Glasgow GP Sub Committee, and issues discussed at the two MEG meetings held since the last OTM meeting.

The update was noted.

b) Workstream Updates

(i) Elective In Patients

Members received a written update from the workstream which was presented by Mr Archibald. It was noted that good progress was being maintained and that this will be accelerated once further discussions on the bed model are concluded, particularly in relation to nursing workforce modelling and theatre allocations.

It was however suggested that with around 90% of the general nursing ward models established it should be possible to assemble the data and information to cover at least 90% of the beds within the new Hospital in the next stage of moving to detailed ward by ward, department by department models. Mrs Hamilton was asked to start to assemble this data.

LH

Members noted the detailed update.

(ii) Paediatrics / New Children's Hospital

Members received a written update from the workstream which was presented by Mr Hill. It was noted that progress was being maintained in relation to the 3rd / 4th floor redesign project which came into effect in late January 2014, and that similar progress was being made around the provision of out patient clinics in ACHs.

It was also noted that discussions were being taken forward with Dr Gaw in relation to the provision of OOH services for children in the new Hospital by analysing current attendances at the RHSC ED to identify the number of patients who could be seen in the OOH service.

Also attached to the regular report was a list of questions raised about the new Office Accommodation, which will form the basis of a FAQ sheet so that these issues can be addressed and cascaded throughout the Division.

Members noted the detailed update.

(iii) Out Patients, Day Cases and Ambulatory Care

Members received a written update from the workstream which was presented by Mr Best. It was noted that work in relation to the development of a Volunteering Strategy and the Medical OOH cover in ACH's were being developed and would be presented to the MEG in the first instance. It was also noted that good progress was being maintained in joint working with the Ambulance Service over Dialysis issues.

In relation to self check in and reception flows of patients it was noted that work was being taken forward by Marilyn Horne and Eleanor McColl, to ensure that reception desks were sufficiently supported, and that the technology to allow self check in can be piloted.

Members noted the detailed update.

(iv) Clinical Support Services & Buildings

Members received a written update from the workstream which was presented by Mrs MacLennan.

Mrs MacLennan provided an update in relation to the procurement discussion underway involving Glasgow University around the provision of CT and other scanners.

In relation to IT, it was noted that Ms McColl was taking forward a review of applications that will be required for different staff groups. It was also noted that discussions were ongoing with Glasgow University about a shared access protocol for wireless networking.

In terms of Travel Planning it was noted that a Travel Planning Group has been established to ensure that Section 75 conditions are fulfilled.

Members noted the detailed update.

(v) Capacity & Emergency Flow

Ms Harkness provided a verbal update. It was noted that progress was being maintained in relation to the mapping out of clinical pathways, and Ms Harkness drew attention to examples of this covering gynaecology and surgical linkages, and EPAS.

It was also noted that detailed discussions were taking place within the workstream in support of the wider migration debate.

Ms Harkness also highlighted the need to refresh patient communication over the changes which will impact on the Victoria MIU, and that colleagues in corporate communications and community engagement were advising on the timing and content of a refreshed local programme of engagement.

Members noted the detailed update.

(vi) Co-ordinated Patient Pathways

Members received a written update from the workstream which was noted in Ms Farrell's absence. Mr Archibald encouraged colleagues to contact Ms Farrell outwith the meeting if there were any issues requiring clarification or discussion.

Members noted the detailed update.

(vii) Workforce Advisory Group

Members received a written update from Mrs MacPherson covering the HR sub Group and the Employability Sub Group which was noted.

Mr Archibald also highlighted that Mrs MacPherson will be undertaken a new role within the overall project as HR Director.

Members noted the detailed update.

Overarching issues

Mr Archibald highlighted that each workstream now needs to take account of the new dates for the handover of the new Hospitals, which had been confirmed by the Board as 26 January 2015, and that workstream updates should increasingly focus on the rate of progress being made, with a RAG system to support exception reporting.

ALL

b) Service Issues

(i) Clinical Research Facility - update

Mrs MacLennan provided a verbal update on progress which was noted. It was highlighted that the facility should be completed in May 2014 and that it was a very exiting and positive development within the campus.

Members noted the update.

c) Key Performance Indicators

(i) Update

Members received a written update from Mr Sillers showing performance against ALOS and DC rate KPIs in adult and paediatric services.

It was agreed that the revised bed model should be used and trajectories embedded, rather than to continue to benchmark 2a and 2b bed models.

BS

Members noted the detailed update.

4) New South Glasgow Hospitals Project

Members received a written update from Mr Loudon which was presented by Ms McLeod in his absence. Ms MacLeod took colleagues through the report in detail. Colleagues were also provided with a supplementary powerpoint presentation which provided arial and inter building photographs to illustrate the progress described in the written update.

It was noted that Stage 2 design is progressing on programme and that there had been no recent changes to record. In relation to Stage 3 works it was noted that formal confirmation had been provided by the Board that the handover date was 26 January 2015.

In relation to the Office Accommodation block it was noted that SIG approval had been provided and the works were underway.

Members noted the detailed update, and Mr Archibald thanked Mrs MacLeod for taking colleagues through the powerpoint presentation, and the progress being maintained.

5) Date of Next Meeting

Thursday 20 March 2014, 10.00am, Conference Room, SGH Management Building.

From: [David Hall](#)
To: [Loudon, David](#)
Cc: [Wrath, Frances](#); [McCluskey, Fiona](#); [Moir, Peter](#)
Subject: Lobbied side rooms in NSGH
Date: 05 January 2015 16:38:55
Attachments: [image002.png](#)
[image003.jpg](#)
[SHPN 4 Supplement 1.pdf](#)

David,

Further to your note prior to Christmas, I tasked Brookfield & their design team with reviewing the guidance document 'The Prevention and Control of Tuberculosis in the United Kingdom' with particular reference to ANNEX D ENVIRONMENTAL CONTROLS: VENTILATION.

As you will note below, they have confirmed that, in their professional opinion, they see no reason as to why the isolation rooms cannot be used under the guidance as they have been designed in accordance with SHPN 04 supplement 1, attached.

Regards

David

David Hall
 FCIOB/MAPM
Director
Currie & Brown

Email: [REDACTED]
 Building 3, 2 Parklands Avenue, Maxim Office Park, Eurocentral
 Lanarkshire ML1 4WQ
 United Kingdom

Tel: [REDACTED]
Mobile: [REDACTED]
Fax: [REDACTED]
Website: www.curriebrown.com

Currie & Brown UK Limited
 Registered in England and Wales
 Registered Number 1300409
 Registered Office: Dashwood House, 69 Old Broad Street, London, EC2M 1QS

From: Colin Grindlay [REDACTED]
Sent: 05 January 2015 16:24
To: David Hall
Cc: Darren Pike
Subject: FW: Christmas Reading

David,

Please see attached correspondence from Wallace Whittle advising the Isolation rooms throughout the hospital have been designed in line with SHPN 04 Supplement 1.

Wallace Whittle see no reason as to why the isolation rooms cannot be used under the guidance issued previously by NHS.

Regards,

Colin Grindlay
 M&E Manager - Construction



Brookfield Multiplex Europe
 New South Glasgow Hospitals Project
 Hardgate Road
 Glasgow, G51 4SX, United Kingdom
 T [REDACTED]
 E [REDACTED]
 W www.brookfieldmultiplex.com

 Please consider the environment before printing this email.

From: Harris, Mark [REDACTED]
Sent: 05 January 2015 09:31
To: Colin Grindlay
Cc: Darren Pike; Julie Miller; Ken Hall; Malcolm Ross; London Filing
Subject: RE: Christmas Reading

Colin,

ANNEX D of the document generally refers to negative pressure isolation rooms but states that ante rooms help to reduce the escape of droplet nuclei during opening and closing of the isolation room door. The isolation rooms in level 1 ZG & ZD have lobbies which provide protection for the patient and help to prevent reverse airflow when opening and closing the isolation room doors.

The air pressures are also monitored by magnehelic gauges with relays to the nurse base as recommended in the Prevention and Control of Tuberculosis document.

In summary, the Isolation rooms throughout the hospital have been designed in line with SHPN 04 Supplement 1 and we see no reason that the isolation rooms cannot be used under the guidance attached.

A copy of SHPN 04 supplement 1 is attached.

Regards,
 Mark Harris
 Associate Engineer
 BEng (Hons) MCIBSE

TUV SUD Limited
 18 Buckingham Gate
 London
 SW1E 6LB
 United Kingdom

Tel: [REDACTED]

[REDACTED]
www.tuv-sud.co.uk/wallacewhittle

Registered in Scotland at Scottish Enterprise Technology Park, East Kilbride, Glasgow, G75 0QF. Registration Number: SC215164
 TUV SUD Ltd is a member of the TUV SUD Group Company.

 Help cut carbon... please don't print this email unless you really need to

This message, together with any attachments, is confidential and may also contain legally protected information. If you are not the addressee or an intended recipient, you are hereby notified that any use, review, distribution or copying of this message or attachments is strictly prohibited. Please notify the sender immediately by email and delete this message and any attachments from your system.

From: Colin Grindlay [REDACTED]
Sent: 22 December 2014 16:44

A52942007

To: Harris, Mark
Cc: Darren Pike; Julie Miller; Ken Hall; Malcolm Ross
Subject: {Disarmed} FW: Christmas Reading
Importance: High

Mark,

Can you please review 'The Prevention and Control of Tuberculosis in the United Kingdom' attached and advise if there are any specific items within the documentation. Specifically ANNEX D ENVIRONMENTAL CONTROLS: VENTILATION, NEGATIVE PRESSURE ISOLATION ROOMS, TENTS AND BOOTHS, AIR FILTRATION AND UVGI which Wallace Whittle feel the Isolation Wards on Level 1 ZD&ZG do not comply with.

Can you please also confirm which standards and current legislation the Isolation Wards in Level 1 ZD & ZG are designed to for clarity?

The reason we ask is the NHS Infection Control Dept. have produced this document and want BMCE to confirm they can use these rooms under the guidance attached.

Your help would be greatly appreciated.

Regards,

Colin Grindlay
M&E Manager - Construction



Brookfield Multiplex Europe
New South Glasgow Hospitals Project
Hardgate Road
Glasgow, G51 4SX, United Kingdom
T [REDACTED] F [REDACTED]
E [REDACTED]
W www.brookfieldmultiplex.com

 Please consider the environment before printing this email.

From: David Hall [REDACTED]
Sent: 22 December 2014 15:33
To: Colin Grindlay
Cc: Darren Pike
Subject: Christmas Reading

Colin,

When I mentioned the meeting re isolation ventilation I didn't realise how long the guidance would be!

What did you agree to do with it? Review and advise on compliance?

David

David Hall
FCIOB/MAPM
Director
Currie & Brown

A52942007

Email: [REDACTED]
Building 3, 2 Parklands Avenue, Maxim Office Park, Eurocentral
Lanarkshire ML1 4WQ
United Kingdom

Tel: [REDACTED]
Mobile: [REDACTED]
Fax: [REDACTED]
Website: **MailScanner has detected a URL mismatch from "amxprd0310.outlook.com" claiming to be www.curriebrown.com**

Currie & Brown UK Limited
Registered in England and Wales
Registered Number 1300409
Registered Office: Dashwood House, 69 Old Broad Street, London, EC2M 1QS

This email is privileged information and confidential to the named recipient. However, the employer/company reserves the right to monitor the content of the message and any reply sent back. Should you receive it in error, it must not be copied, distributed or used in any way but should be immediately destroyed. I would appreciate you notifying me should you have received it in error.

This email has been scanned for email related threats and delivered safely by Mimecast.
For more information please visit <http://www.mimecast.com>

Message protected by MailControl: e-mail anti-virus, anti-spam and content filtering.
<http://www.mailcontrol.com>

Please consider the environment before printing this e-mail.

This email and any attachments are confidential and may be legally privileged (in which case neither is waived or lost by mistaken delivery). The contents of this email, including any attachments, are intended solely for the use of the individual or entity to whom they are addressed. Any unauthorised use is expressly prohibited. We do not waive any privilege, confidentiality or copyright associated with it. Brookfield collects personal information to provide and market our services (see our privacy policy at <http://www.au.brookfield.com> for more information about use, disclosure and access). Brookfield's liability in connection with transmitting, unauthorised access to, or viruses in this message and its attachments, is limited to re-supplying this message and its attachments

Message protected by MailControl: e-mail anti-virus, anti-spam and content filtering.
<http://www.mailcontrol.com>

This email is privileged information and confidential to the named recipient. However, the employer/company reserves the right to monitor the content of the message and any reply sent back. Should you receive it in error, it must not be copied, distributed or used in any way but should be immediately destroyed. I would appreciate you notifying me should you have received it in error.

This email has been scanned for email related threats and delivered safely by Mimecast.
For more information please visit <http://www.mimecast.com>



SCOTTISH HOSPITALS INQUIRY
**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 43 – Volume 7
Procurement, Contract, Design and Construction, Miscellaneous Documents**