

SCOTTISH HOSPITALS INQUIRY

Hearing commencing 24 April 2023

Bundle 8 - Scoring & Correspondence Regarding Issues

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Re-provision of RHSC and DCN at Little France

ACTION NOTES

Meeting Title: RHSC + DCN – Little France – PROJECT STEERING BOARD

Date/Time: Friday 29th November, 14.00 – 16.00

Location: Room 5.4, Fifth Floor, Waverley Gate

Attendees:

Susan Goldsmith	Director of Finance – NHSL (Chair)
Brian Currie	Project Director – NHSL
Jackie Sansbury	Head of Commissioning – NHSL
Carol Harris	Director of Communications – NHSL
Chris Bowring	Director of Finance – NHS Fife
Iain Graham	Director of Capital Planning and Projects – NHSL
Robert Wilson	Non Executive Director – NHSL
Fiona Mitchell	Director of Operations –NHSL
Peter Reekie	Director, Finance and Structures – SFT
Sorrel Cosens	Project Manager – NHSL
<i>For item 1 only:</i> George Curley	<i>Director of Facilities – NHSL</i>
Danny Gillan	<i>Head of Catering – NHSL</i>

Apologies:

Janice MacKenzie	Clinical Director – NHSL
Alex Joyce	Employee Director – NHSL
Jim Crombie	Director of Scheduled Care – NHSL
George Walker	Non-Executive Director – NHSL
Mike Baxter	Deputy Director (Capital + Facilities) – SGHD

1.	<p>Catering Service</p> <p>SG welcomed George Curley and Danny Gillan to discuss proposals from NHSL’s catering review.</p> <p>The Steering Board were asked to note that the catering strategy for NHSL was evolving and to approve the FM Directorate’s proposal for a different model of service for the RHSC and DCN to that previously planned in the new facility.</p> <p>The current design includes a full-production kitchen in the basement, a finishing kitchen in the restaurant, and ward kitchens for local preparation and serving of meals.</p> <p>The proposed service model is for an NHSL off-site kitchen producing cook-freeze or cook-chill catering that will be regenerated in the RHSC and DCN facility. This would provide patient, staff and public catering. There would be three days of supply stored on site for business continuity. Changes to the current specification will include requirements for the basement kitchen, storage, restaurant kitchen, and possibly the ward kitchens. It will also mean a different workforce model.</p> <p>The Steering Board felt that they could not agree this change to the project without understanding the impact on the project, particularly the change in space requirements to be built by Project Co.</p> <p>In the meantime, SG asked GC and DG to fully articulate the proposed model and work with the project team, including technical advisers, to develop and cost the changes to the service model. This includes changes to the brief for accommodation (rooms and corridors) and equipment, and to the workforce. This is to be brought back to the Steering Board in January for consideration; if approved the change will be instructed to the preferred bidder on their appointment in March.</p>	
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	<p>PR asked whether the proposed catering strategy would have additional capital requirement for the off-site kitchen or if it was expected to be realised through savings in this project. It was agreed that although the cost of this change has not been calculated, it was felt that it was unlikely to make savings that would equate to a new facility. It was highlighted that the funding stream for RHSC and DCN would not make money available for a different project and NHSL would need to provide for this in the capital plan.</p> <p>SG noted that the project would proceed at risk if the catering specification for RHSC and DCN changed and the NHSL catering strategy was not yet fully approved and funded. She asked GC to include proposals for an interim solution should an NHSL off-site facility not be functional and fully-tested by May 2017.</p> <p>FM asked how stakeholders would be engaged in this exercise. GC noted that NHSL had performed well in the recent national review of NHS catering, and that the model in the Royal Victoria Building was working well. RHSC, CAMHS and DCN staff and patient representatives had been involved in previous option appraisals for cook-freeze by outside suppliers, and while this was a different proposal that NHSL felt could provide improved quality, it was very different to their clearly preferred option of a full production kitchen. SG asked that the work undertaken by GC and DF with the project team included engaging stakeholder groups again.</p> <p>The Project Steering Board is on 31 January 2014, and papers are due to BC by Monday 27 January.</p>	GC / DC
2.	<p>Previous Action Notes from 25 October 2013</p> <p>The correct name of NHS Fife's hospital in Kirkcaldy is the Victoria Hospital, otherwise the notes were approved as an accurate record.</p>	
3.	<p>Matters Arising from 25 October 2013</p> <p><u>Use of Framework contractors under NEC3 for variations to other projects</u> IG reconfirmed that NEC3 contracts are not acceptable to Consort Healthcare at the RIE site. CB reported that while they had not been used by NHS Fife for practical expedience, the proposal in principle was open for discussion with their PFI operator (Consort Healthcare) in the future.</p> <p><u>SFT discussions with BBCL</u> PR reported that SFT had met with the Balfour Beatty Managing Director for Construction in Scotland and the Scotland Director Balfour Beatty Investments. Their recent increase in resource to meet NHSL's programme of works was discussed. SG confirmed that NHSL was still experiencing problems with delivery of programmes and PR confirmed that they would be happy to follow-up with Balfour Beatty on specific examples.</p> <p><u>Communications with staff re: RIE enabling works</u> Team Brief has included a thank-you to RIE staff for their patience through the works and their help in managing expectations of patients and their families. SG has also passed on the thanks of the Steering Board to M Hornett, and JKS will provide individual names for particular recognition.</p> <p><u>NHSL Finance: representation on Project Steering Board and project roles</u> SG reported that C Marriott starts in post as Deputy Finance Director next week, and his role in the project will be reported to the next Steering Board.</p>	JKS SG

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	<p><u>Full Business Case programme for approvals</u> This will be provided for the December Steering Board.</p> <p><u>Project Agreement drafting on Project Co strategic and management approach</u> IG confirmed that an approach had been agreed with SFT on capturing the high-level approach of bidders to strategic and management issues in contract documentation.</p> <p><u>Progress with charity proposals</u> BC reported in JMack's absence that work was continuing to prioritise potential areas of funding for ELHF and SKFF to focus on, and that she would be attending a further meeting with them in December.</p>	SC
4.	<p>Dashboard</p> <p>BC presented the issues outlined in the executive summary of the circulated report.</p> <p>PR congratulated the project team on their work to secure EIB support.</p> <p>BC reported that since circulation of the dashboard report, NHSL has concluded purchase of the former filling station site adjacent to the project. How this will be incorporated into the scheme and communicated to bidders is being developed with SFT and adviser input.</p> <p>To aid the Steering Board's understanding and progress the 'paper light' proposals for ICT, SG has asked M Egan, Director of eHealth and the project team to provide information for the January meeting.</p> <p>SG requested forecast timelines for clinical enabling works and their related supplemental agreement in more detail for the next meeting.</p>	BC BC
5.	<p>Risk Register</p> <p><u>Risk 29: Insufficient space in RIE to support RHSC/DCN clinical models</u> PR asked for more understanding of the impact of clinical enabling works in the RIE if the Steering Board was to close dialogue with the risk still being red. JKS explained that a feasibility study had confirmed that the proposed redesign in critical care accommodation would be possible. This requires approximately 16 months of work to be completed before March 2017 and so does not give cause for concern.</p> <p>The outstanding risk is the continued delivery of services at the RIE, rather than completion of RHSC and DCN, as suitable space for 70+ displaced staff and related facilities is still to be identified. The Project Team is also managing this knock-on effect of the DCN clinical enabling works and is therefore responsible for resolving it, but it was agreed that the Steering Board was not the governance group to assist with resolving it. This is to be raised to the corporate risk register and management team to be addressed.</p> <p>Members of the Steering Board expressed concern that NHSL would proceed at risk if they closed dialogue without the contract with Consort to deliver clinical enabling works being secured. IG responded that there was a process in place to achieve the required Supplemental Agreement and that this should not delay close of dialogue.</p> <p><u>Risk 28: Delays in completion of clinical enabling works</u> JKS and BC reported that while Consort's programme information and resources had</p>	JKS/SG

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	<p>improved, there was not yet satisfactory reassurance that these works could be delivered to NHSL's programme.</p> <p><u>Risk 8: Programme delay in reaching Financial Close</u> BC raised again the project team's concerns about achieving Financial Close with the Preferred Bidder in six months. PR asked how the planning activities for the preferred bidder period were progressing. BC confirmed that a draft processing agreement was in place with CEC, and that a 6-8 week period of pre-application discussions with determination in August-September was planned. CEC, NHSL and the Bidders confirmed that these timescales were extremely challenging through dialogue. The resultant three months judicial review period will run beyond the programmed financial close date and may adversely influence funders ability to close.</p>	
6.	<p>Procurement progress: Recommendation to Close Dialogue</p>	
	<p>In addition to the progress update circulated, BC spoke to the tabled paper recommending Close of Dialogue. The key outstanding issues were discussed.</p> <ol style="list-style-type: none"> 1. Contract warning notices and termination thresholds have been challenged by all three bidders in dialogue. They have now all accepted the Board's requirements, however they are cautious about funders' support for them. Feedback has been that while the proposed response and rectification times are reasonable, the NHS is pursuing 'aggressive' performance management. The proposals are standard form and not project / NHSL specific. <p>SG requested that project team provide a briefing on the payment mechanism, using realistic scenarios (for example those that have arisen in RIE) to explain the events and actions that could give rise to a warning notice or ultimately the termination of the contract. The Steering Board agreed that this would be very important for wider staff understanding in the future.</p> <ol style="list-style-type: none"> 2. Third-party contamination is an issue for one bidder; the project team have agreed with the SFT lead for the project that a way forward is to identify project-specific contamination for the Board to take the risk on, and the bidder to sign-up to non-project-specific risk. This is being explored. 3. NHSL and SFT are to agree the tax requirements for <i>this project</i>, as there has been a change in position on other NPD Healthcare Projects which is causing some concern that the assumptions are not the same across all bidders. 4. BC informed the meeting that the adjacent former petrol filling station site had been purchased and was now included in the project. Bidders had been made aware of this through dialogue process and all of them propose to use this land for construction traffic. IG confirmed that the risk due to contamination from the former filling station was the Board's risk; it has been decontaminated to a safe level but planning to build on it would require further costly decontamination. The Board is asking bidders to propose soft landscaping as public open space for this area once construction of the main facility is complete. PR asked if the additional land, and risk associated with it, should be a part of the NPD. SG responded that the acquisition contributed to construction and operational phases positively, making a complex site easier to approach and to manage. It was agreed that this would ideally be incorporated in the wider landscape of the site rather than treated as an isolated parcel of land. The City of Edinburgh Council's Planning Team support this view also. <p>This addition means changes to the Project Agreement and the Board's Construction Requirements, which the team are working on, to treat the additional area as retained</p>	IG

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	<p>estate to be handed back on completion (as is planned for 'Hospital Square'). The project team proposes to state a provisional sum for the required decontamination for bidders to include in their tender costs.</p> <p>The Steering Board were unanimous in their support for the inclusion of this additional land in the project.</p> <p>SG asked the Steering Board to confirm their support for closing dialogue as planned on 6 December. PR noted that while the points discussed were outstanding, he saw no reason for them not to be completed in the next week to achieve Close of Dialogue. BC summarised the position that the team had reached, with three affordable bids for designs that met the Board's requirements. The team were to be congratulated on this achievement, and SG asked BC to pass on her thanks to the wider project team.</p> <p>The meeting agreed to the close of dialogue and issue of the Invitation to Submit Final Tender on conclusion of the Key Stage Review.</p> <p>SG agreed to discuss this action with GW who had been unable to attend the meeting.</p>	BC
7.	<p>Design Development from Preferred Bidder to Financial Close</p> <p>BC presented this paper on behalf of JMack, outlining the resource required for completing design with the Preferred Bidder. FM confirmed the CMT for RHSC and DCN supported this in principle, although in reality it would not be possible to backfill some roles. FM noted that some names were already in the frame and asked when the project team needed names for all of the roles. It was agreed that staff were to have at least six weeks notice of meetings, names would be required by mid-January. The project team will develop the detailed programme of meetings for all stakeholders.</p> <p>FM asked for confirmation that resource requirements for the other CMTs had been identified and communicated. The project team will action this, and SG and FM will also raise it at the next Joint Management Team so that the organisation is aware of the importance of this in achieving Financial Close.</p>	JMack JMack SG/FM
8.	<p>Project finance</p> <p>SG asked Steering Board members to note the circulated report, and requested that finance be moved up the agenda for the December meeting.</p> <p>Revenue costs are adrift from those in the OBC and the Steering Board requires to understand this.</p> <p>SG reported that NHSL were managing capital resource closely with MB and Sc Govt. BC reported that ongoing work to develop the equipment plan was spreading costs over different financial years, and a forecasting meeting was planned for 02/12/13.</p>	BC
9.	<p>Update on staff and user engagement</p> <p>CH presented an overview of paper that had been circulated.</p> <p>Communication with SEAT Boards was noted as a priority. SC to contact Jacqui Simpson and request agenda time on the Directors of Finance and Planning meeting in January.</p> <p>CH asked the Scottish Government to confirm whether the appointment of a Preferred Bidder would be a ministerial announcement.</p>	SC

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	Regarding signage on site, SG will raise this with the Joint Management Team when they are considering the BioQuarter proposals.	
10.	RIE Enabling Works – contract particulars Papers by the Board's legal advisers, MacRoberts LLP, on the Supplemental Agreement for the enabling works at Little France have been circulated in response to a request from GW. SG suggested that this was brought back to a future meeting (early 2014) along with the detailed programme and progress on clinical enabling works above.	BC
11.	ANY OTHER BUSINESS	
12.	DATE & TIME OF NEXT MEETING Friday 20 December 2013, 1300 – 1500	

Meeting Title: SPECIAL PROJECT STEERING BOARD

Date/Time: Friday 22 August 2014, 11.00-12.00

Location: MacKinlay Room, 56 Canaan Lane

Attendees:	Susan Goldsmith George Walker Peter Reekie Mike Baxter Brian Currie Iain Graham Sorrel Cosens Richard Osborne Ross Ballingall	Director of Finance + Project Sponsor – NHSL (Chair) Non Executive Director – NHSL Director, Finance and Structures – SFT Deputy Director (Capital + Facilities) – SGHD Project Director – NHSL Director of Capital Planning and Projects – NHSL Project Manager – NHSL Macquarie Capital - IHSL Brookfield Multiplex - IHSL
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Apologies:

1.	Introductions	
	SG welcomed representatives from IHSL, the preferred bidder, and all attendees introduced themselves.	
2.	Programme	
	<p>SG noted that NHSL had significant concern about the project programme and that this meeting was an opportunity for IHSL to discuss progress with the Steering Board. Being a major project the milestones were in the public domain and NHSL need to have confidence in IHSL to deliver to this.</p> <p>BC reported that, in response to concern for the financial close (FC) date, the NHSL Project Team had drafted a revised programme with slippage of 8 weeks. IHSL tabled their programme in response to this (attached). This is not a comprehensive programme of all activities, but highlights the critical path and challenging milestones.</p> <p><u>Planning – reserved matters application</u> Due to the submission for the revised flue design it is anticipated that the planning meeting on 27/08/14 will exclude this. A separate application is required and with the support of the council this may be approved within six weeks; this timescale is dependent on their receiving fewer than six objections otherwise eight weeks is more likely. RO noted that IHSL do not see this as a risk to revised financial close.</p> <p>PR asked for clarification over the change to the design from final tender. RO noted that the energy calculations necessitated an increase in the flue height, and RB acknowledged that this had been a fundamental mistake in the design which should have been captured earlier in dialogue and planning application. RO reiterated that now the design had been re-worked and flue height is closer to that in final tender this change is not a planning risk.</p> <p><u>Cost plan</u> RO explained that they require the capex to be fixed for the Lenders Technical Adviser (LTA) to complete due diligence. He noted the considerable achievement of completing design sign-off with the Board's user groups, and that the PB were now working to confirm the equipment list value for group 1 (to be bought and installed by Project Co). There is a provisional sum of £3.2m in the cost plan.</p>	

The provisional sum of for decontamination / capping of the former petrol filling station is being firmed up through ground investigations.

PR noted that the programme showed six weeks to resolve these two cost plan issues, and asked if the PB would have gone to credit with provisional rather than fixed sums if everything else had been ready. RO agreed that this would have been the case and so these particular items were not a risk to programme.

Production of room data sheets

RB noted that NHSL and the PB had reached agreement on the content of room data sheets (RDS) the day before, and so the production of RDS could begin and that this was on track for completion by 05/09/14. BC noted that NHSL are comfortable that 100% will not be completed for financial close, although the prioritisation of what was definitely required was still to be agreed.

Technical adviser due diligence

RO noted that the legal due diligence is underway with the technical due diligence being most pressing at present. Banks will receive the LTA report at the end of September to comment back within three weeks. RO does not anticipate the banks having concerns as the proposals are standard, and then the proposals will proceed to credit committee. PR agreed with RO that as all potential lenders have seen similar projects and agreements recently the risk was low. The programme allows 7-8 weeks in total, with the risk being that the credit committee process raises an issue there is no allowance for.

MB asked what the impact there would be on the fixed pricing if the process to agree the cost plan and credit were further delayed. RB confirmed that the pricing would be fixed for 90 days from the original financial close date of 02/10/14.

RO noted that at some point all parties will need to agree that the design is sufficiently fixed to confirm operational functionality to the LTA, in order to reassure lenders of a sufficiently low level of risk. Significant changes after this would cause the credit process to stop and start again.

GW asked what the significant worries were that drove the programme slippage. BC noted that engineering drawings to underpin the agreed room layouts agreed with users were not available yet and it was anticipated that these could flag up some challenges. Drawings of the ceiling layouts and wall elevations as specified in the invitation to tender could not be provided in the original timescale, and not all of them in this revised programme either.

RB noted that NHSL were no longer making material changes with conclusion of the user group meetings setting the adjacencies, size and rooms. BC and RB agreed that the building will not get bigger. BC noted that NHSL is seeking confirmation that the design movement up to now has been captured, and sufficient information to assure operational functionality will be provided. RB confirmed that the movement of services within a room after financial close, on walls or ceilings, would not incur cost as design change.

Technical information is to be captured in Project Co's Proposals (PCPs) schedule of the Project Agreement. This is IHSL's response to the Board's Construction Requirements and extensive design development with the preferred bidder. BC noted that these documents are not yet completed, with some way to go in certain areas.

MB asked if IHSL were confident they had the necessary resource in place given the failure to meet the original programme. BC noted that in dialogue and the invitation to submit final tenders NHSL had been clear on the requirements and deliverables for the programme and that IHSL had been slow to get started. SG was concerned that this updated programme would also prove impossible to deliver.

RB stated that there was a genuine mismatch in NHSL's and IHSL's expectations, where IHSL were being asked to deliver much more than on other projects, and considerably more than was required for comfort of operational functionality. He felt that this demonstrated a 'paranoia and lack of trust' in IHSL.

BC noted that NHSL has developed this revised programme in conjunction with IHSL and proposes to be pragmatic as to the level of detail required, but that the NHS governance process means that operational functionality must be satisfied.

SG asked whether IHSL were committed to delivering to the revised financial close date and RB and RO confirmed that this was the case. SG asked for confirmation that they would deliver what was asked for in the tendering process, and RB responded that NHSL needed to be pragmatic or this programme would fail as well.

MB asked if there was a common understanding of the requirements to sign off operational functionality and BC responded that he didn't think this was the case. GW expressed his concern that the programme tabled was not achievable if IHSL were still looking to negotiate terms.

PR noted that changes in design development would always happen, and asked if IHSL had responded with costs to progress discussions. BC noted that the process had recorded all design movements and that IHSL had provided approximately 15% of the costings for discussion to date. Drawings to reflect proposed changes and associated costs have not yet been shared and therefore NHSL is not yet in a position to discuss the impact of those changes. IG noted that the revised programme proposed shows what information NHSL requires to have sufficient information to have comfort of operational functionality of the design, in order to provide the LTA with sufficient confirmation to proceed to credit.

Paymech finalisation

RO noted that NHSL's and IHSL's technical advisers were working together to respond to concerns of senior creditors. The LTA are looking for benchmarking comparisons in England and Europe and these show thresholds as being 4 or 5 times higher than the proposal for this contract. Banks want to understand the level of risk and whether this is comparable to other projects. The LTA is seeking to demonstrate the difference between this NPD and these comparison projects. PR pointed out that because the FM contractor provides a smaller range of services than earlier PFIs, a clear comparison of measurement and penalties is not possible.

RO noted that NHSL and their advisers were working with the LTA to resolve the funders' concerns, but that they were not in agreement yet. IG noted A Bruce was also engaged in this debate and that he saw a collective will between all parties to resolve this issue; a paper is being produced to take this forward in a meeting with IHSL's technical adviser, NHSL, Mott Macdonald and SFT. RO noted that this was scheduled to be resolved by 28/08/14, with the selection of the funding structure after that. It is not proposed to announce the preferred funding structure at this stage.

	<p><u>Interface</u></p> <p>RB noted that six of the seven documents required for Schedule Part 31 had been provided to NHSL to be shared with Consort later that day (22/08/14). This is later than the original programme required and information is outstanding, however IHSL agree with NHSL's position that these should be submitted to start dialogue. The programme shows 30 working days for Consort approval, which is the maximum time for Consort to respond under the terms of SA6.</p> <p>GW was concerned that IHSL did not understand the complexity of the Little France site and Consort relationship, and had not therefore put sufficient resource into progressing the interface proposals. BC and RB disagreed that the level of information NHSL required was included in the tender documents. RO acknowledged that the information is late and missing some of the detail, but that IHSL were sighted on this issue now.</p> <p>RB proposed that, given the lack of confidence in Consort responding and concluding within the 30 day period, the programme tabled should in fact include some float yet still deliver by the end of 2014. MB responded that the programme should be adopted as proposed with no float or opportunity for parties to slow down on the critical path or supporting activities. RO and NHSL attendees agreed.</p>	
3.	<p>Next steps</p> <p>It was agreed that having IHSL attend the Steering Board had been a necessary and positive step in working with NHSL to achieve the shared goal of financial close. IHSL will be asked to attend the following meetings up to the revised financial close date on 27/11/14.</p> <p><i>Post meeting note: At the following meeting of the full Project Steering Board it was suggested that a sub-group composed of those attending this Special Project Steering Board Meeting meet with IHSL. These meetings have been set up as follows:</i></p> <p>26 September 2014 – 12.00-1.00 31 October 2014 – 12.00-1.00 14 November 2014 – 1.00-2.00</p>	

Meeting Title: RHSC + DCN Steering Board Commercial Sub-Group

Date/Time: Friday 31 October 2014, 12:00-13:00

Location: MacKinlay Room, 56 Canaan Lane

Attendees: George Walker Non Executive Director – NHSL (Chair)
 Peter Reekie Director, Finance and Structures – SFT
 Brian Currie Project Director – NHSL
 Iain Graham Director of Capital Planning and Projects – NHSL
 Sorrel Cosens Project Manager – NHSL
 John Ballantyne Commercial Director – IHSL
 Sean Ferm Commercial Manager – Macquarie Capital Group Ltd
 Juan Miguel-Custodio Associate – Macquarie Capital Group Ltd

Apologies: Susan Goldsmith Director of Finance and Project Sponsor – NHSL
 Mike Baxter Deputy Director (Capital and Facilities) – SGHSCD

1.	Introductions and apologies	
	The apologies listed above were noted.	
2.	Previous action notes from 26 September 2014	
	Were agreed as a correct record of the meeting with actions to be reported in IHSL's update on progress.	
3.	Programme to achieve revised target Financial Close date	
	<p>JMC apologised for not providing a programme at this stage, it was still be developed and agreed internally within IHSL.</p> <p>JMC reported that, as previously discussed with BC and IFG for the Board, financial close (FC) on 27/11/14 would not be possible. 12/12/14 was being targeted, but JMC stressed that this would be very challenging, leaving no float in the programme at all. The timescale was very tight for the Lenders' Technical Adviser (LTA) to review all documentation, to provide M&G and EIB with the assurance required to close.</p> <p>JMC also reported that governance processes in December would be restricted by the holiday period; M&G could be flexible, but EIB have said to Macquarie that their flexibility, being a public entity, is limited. All present agreed that if FC before Christmas was not achievable, then the next realistic close date would be in the second half of January.</p> <p>The Board do not wish to see delay in project completion and propose that any further delay to FC be absorbed in the construction period. BC stressed that the Board required the full programme, including construction, to the hospital opening date, and not just the critical path to target FC.</p> <p>GW noted that the Board team required understanding the position and programming dates in advance of NHSL Board meeting on 04/11/14. Similarly, PR would require an agreed position to report to a finance committee at the Scottish Parliament on 05/11/14.</p> <p>JMC committed to share the programme to FC and beyond with the Board by 03/11/14</p>	IHSL

at the latest.

GW stressed the importance of understanding if 12/12/14 was really feasible, as failure to meet this third attempt at FC would make all parties look foolish. PR asked if achieving close before Christmas would have a significant impact on the construction programme. JMC responded that he believed only site set-up was scheduled to start before January now, and that his preference would be to close before the end of 2014. He stressed again that this would be very challenging, and asked what the Board reaction would be to an end of January FC date with the potential for a good news story if it was achieved earlier.

[JB arrived at 12.35]

All agreed that slippage into 2015 would cause significant problems for both the Board and IHSL. Reputational risk was discussed. Significant project costs continue to be incurred by both parties pre-FC. Inflation is due to be factored in if FC falls after the start of January, which is 90 days after the target FC in final tender.

GW stated that he was disappointed by the lack of progress since the previous meeting and reassurances from IHSL, and losing confidence in their ability to propose an honest and realistic programme, and deliver to it.

JB noted that a meeting scheduled for that afternoon was due to review further technical information required for FC. GW asked if the completion of technical documentation was dependant on one meeting, and BC noted that with the completion of capex discussions a week earlier, he did not believe that further discussions were to resolve material matters and this alone should not be treated as the cause of delay. JB responded that the Board would have more certainty through extension of programme and further development of technical information. GW noted that funders also require certainty and line drawn in the sand as technical information would surely continue to develop post-FC.

PR asked JB if, in his opinion the Board had changed what it is asking for since the invitation to tender. JB replied that there was a difference of opinion over the level of detail expected in Project Co's Proposals (PCPs), but the open-ended requirement that 'the Board has to be satisfied' was difficult to achieve. JB acknowledged that the Board had agreed latitude on signing off operational functionality where 100% technical info not yet produced. Also, the Board's Construction Requirements had been updated in dialogue with IHSL, which reduced the extensive list of derogations that would be required of IHSL. These were examples of Board / IHSL negotiation to reach a pragmatic position in technical documentation for FC.

BC noted that if the design development had generated key technical information for review earlier in the process then areas of challenge, such as acoustics and fire, could have been addressed and resolved earlier. JB noted that sign-off of the 1:50 design by the Board had delayed the programme; BC acknowledged this, but that this could only account for two weeks of slippage and all had previously agreed that this particular activity has gone well. The production of the supporting architectural and engineering information has not been as successful.

GW summarised that four months slippage from October to the end of January would breach the inflation cap with cost implications for the Board. PR noted the Scottish Parliament's interest in the construction profile for the 2014/15 year; a start delayed from November to January would halve the construction activity in this year.

	<p>JMC asked JB how flexible the construction programme could be; the response was that the biggest risk is the start of the project, with ground works, piling and basement construction all being dependant on the ground conditions. JMC asked that Brookfield consider what can be absorbed in programme.</p> <p>JMC reiterated that he was supportive but very cautious about committing to FC for 12/12/14, it would only take one element of the programme to slip and they would fail. Due to ongoing internal review he was not happy to provide a detailed programme yet.</p> <p>GW asked what IHSL were going to do over the weekend to deliver a full programme for 03/11/14, and whether it would help for the group to reconvene on 03/11/14 to consider the resulting programme.</p> <p>PR noted that FC should be possible up to and including 19/12/14 and still happen ahead of January and the cut-off of the inflation cap.</p> <p>JMC confirmed that IHSL have shared as much as is ready with the funders; the Project Agreement is with M&G and technical, FM, and interface agreements with Lovells for review already. JMC raised the inflexibility of EIB's governance timescales, and PR offered to discuss this with them if required. JMC would contact EIB to discuss that afternoon, 31/10/14 and report back if SFT input could assist.</p> <p>IG asked that IHSL work with the Board now to plan the collation and production of documentation for FC with sufficient time for due diligence. He stressed that this needed commence almost immediately for any of the FC target dates now being discussed.</p> <p>JMC stated that funders would want comfort in the form of a report from their LTA with regards to the paymech, interface arrangements and technical information. JMC confirmed that the payment mechanism had been finalised and agreed.</p> <p>SF confirmed that in regard to the Consort interface, good progress had been made at a working level in the dialogue between the Board / Consort / IHSL and that the Board and IHSL were comfortable with the level of responses from Consort. The LTA are now reviewing interface documentation. IHSL will need to sit down with the LTA to walk through the interface documentation they are reviewing, as it is unique to this project. There are currently some gaps / conflicts between the PA and IHSL interface proposals and prior to sitting down with the LTA the Board & IHSL need to meet to agree how to close these gaps / conflicts. [Post meeting note: this was done on 06/11/14].</p> <p>SF confirmed that the LTA were reviewing interface documentation and appeared comfortable with the level of information and responses from Consort.</p> <p>SF confirmed that most PCPs had been issued to the LTA, with the exception of civil and structural, BREEAM, and acoustics. JB pointed out that the deadline to close PCPs had been 31/10/14 and that they were unlikely to meet this by the end of the day. BC confirmed that the Board has some technical queries outstanding on PCPs but have advised that these should not be material and therefore should not delay issue to the LTA. PR advised the Board and IHSL to resolve these issues or to ensure that they were captured as reviewable design data post-FC. BC undertook to review the Board's outstanding PCP queries with their technical adviser and collate any such non-material issues into a schedule to be addressed post-FC.</p>	<p>IHSL</p> <p>Board</p>
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	<p>The final list of derogations from the BCRs to be provided by IHSL later that day; the Board will review and respond to these on 03/11/14.</p> <p>BC noted that while drawings feedback had been provided, IHSL had challenged some of these and the Board had met with them to discuss and confirm the position. All outstanding drawings comments are to be issued by the Board on 03/11/14. It was noted that IHSL may want to meet to confirm some of these before they were fully concluded, and this would need to be prioritised in w/c 03/11/14.</p> <p>Conclusion of the energy strategy requires a meeting between the Board and IHSL as soon as possible in the w/c 03/11/14.</p> <p>The capex has been agreed and the opex would be addressed in a meeting scheduled for 05/11/14. BC stated that with completion of this exercise, IHSL should be in a position to confirm all technical documentation to the LTA early in the week commencing 03/11/14.</p> <p>JMC noted that this would have been required for mid-October for a 12/12/14 FC completion and that he was not comfortable with the pressure for the finance team to deliver when the technical info was late. In his opinion, 7weeks was tight and possibly unachievable to deliver FC. However, the finance team have been progressing where they are able, and he would receive by the end of the day the drafted financing agreements. These would need to be reviewed internally before sharing.</p> <p>PR asked whether the resource would be made available to focus a team to work together to achieve FC for 12/12/14. JMC stated that for the legal and financial workstreams this would be happening in London from 03/11/14.</p> <p>GW asked that a similar approach be taken to complete the technical resolution. BC stated that this was happening already with the co-location of Board, advisers and IHSL at the project offices and that the actions discussed would take priority over all other work.</p> <p>GW requested an update on IHSL's programme dates, and progress against the actions above, be shared with the members of this group by close of business on 03/11/14.</p> <p>The group agreed that, regardless of the FC date, IHSL and the Board should proceed to agree finalised technical documentation by 12/11/14 at the latest.</p>	<p>IHSL Board</p> <p>Board</p> <p>IHSL & Board</p> <p>IHSL & Board</p> <p>BC</p>
4.	Any other business	
	None noted.	
5.	Date of next meeting	
	21 November, 2014, 12:00-13.00, 56 Canaan Lane	

RHSC & DCN At Little France

CONFIDENTIAL

Meeting: PDG Meeting

Location: MacKinlay Room

Date and time: Friday 12 September 2014, 1100 – 1300

Meeting Chair: Wallace Weir

Invited Attendees:

Janice MacKenzie	NHSL	JMacK
Iain Graham	NHSL	IG
Sorrel Cosens	NHSL	SC
Stuart Davidson	NHSL	SD
Graeme Greer	NHSL	GG
Michael Pryor	NHSL	MP
Moirra Pringle	NHSL	MPr
Andy Orr	NHSL	AO
Juan Custodio	IHSL	JC
Richard Osborne	IHSL	RO
Wallace Weir	IHSL	WW
Matthieu Dannoot	IHSL	MD
Graham Coupe	IHSL	GC
Alan Keeley	IHSL	AK

Apologies:

Brian Currie	NHSL	BC
Jackie Sansbury	NHSL	JS
Lynn Pentland	NHSL	AO
Brian Saunders	IHSL	BS
John Ballantyne	IHSL	JB
Paul Serkis	IHSL	PS
Steve McDonald	IHSL	SMcD

Distribution (over and above attendees):

Panya Upama	IHSL	PU
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RHSC & DCN At Little France

1.0 Review of previous notes		Action	Target Date
1.1	No amendments		
2.0 Update on programme to FC			
2.1	<p>Reviewed progress to Target FC programme (Rev 09) dated 12th September 2014.</p> <p>RDS list with Board for review. Board have comments and will forward shortly. Target approval 30th September 2014.</p> <p>Pay Mech, agreement with the Banks is running slightly behind. EIB rejected initial paper. Amended paper to be discussed with EIB and the LTA once agreed with the Board. Meeting later today to discuss.</p> <p>Schedule Part 31 Appendices, Initial response from Consort under review. It is anticipated a response from IHSL will be ready by 19th September 2014. It was noted Consort may yet add to the comments and the target for agreement with Consort is within the next three weeks.</p> <p>IT resilience continues to be considered by NHSL. The Board has confirmed the current solution to be progressed with any necessary adjustments to be dealt with as a change post FC.</p> <p>Operational Functionality, Stamp is agreed but caveat is subject to comment by IHSL. IHSL to forward caveat comments to Board.</p> <p>FC Docs, RO confirmed when all FC documentation is agreed Burness will print and make available for review. Venue for review of documents will be clarified in due course.</p> <p>No Material Change, PCPs are ongoing and working towards a position of no material change by 6th October 2014.</p> <p>FM Documents, with the exception of the Energy Strategy all FM documents have been legally verified internally and are now with Burness for review. Documents will be forwarded to MacRoberts by the end of next week.</p> <p>Planning, planning subject to conditions has been received. Condition discharge responsibilities to be assigned and circulated. Flue detail with planning and awaiting feedback.</p> <p>Schedule of Derogations, has been submitted to the Board. A meeting is arranged to review this afternoon.</p> <p>Environmental Matrix, IHSL to confirm proposed format and integration with RDS. It was noted the IHSL environmental matrix is to be read in conjunction with RDSs as available at FC and supplemented through the RDD process during the construction phase.</p> <p>Independent Tester Appointment, RO noted the IT will be appointed within the next two weeks.</p>	<p>-</p> <p>Board / IHSL</p> <p>Board / IHSL</p> <p>GC</p> <p>-</p> <p>IHSL</p> <p>-</p> <p>Board / IHSL</p> <p>IHSL</p> <p>IHSL</p> <p>-</p> <p>IHSL</p> <p>-</p>	<p>-</p> <p>30/09/14</p> <p>-</p> <p>19/09/14</p> <p>-</p> <p>-</p> <p>06/10/14</p> <p>19/09/14</p> <p>-</p> <p>-</p> <p>-</p>
3.0 Documents list for FC including TST / PCP's			
3.1	Technical Schedule Tracker was tabled and reported as progressing as expected.	-	-
3.2	PCP Progress Tracker was tabled and reported as making good headway.	-	-

RHSC & DCN At Little France

1.0 Review of previous notes		Action	Target Date
4.0 Summary Feedback (by exception) from various work streams with actions for PDG			
4.1	IT Group Now part of M & E work stream	-	-
4.2	Project Management Group Nil	-	-
4.3	Community engagement Nil	-	-
4.4	Legal and Insurance Lovell continues to progress documentation. It is anticipated the Design and Build Contract and performance Bond will be available for circulation to the Board by 19 th September 2014. Legal continues to consider updated documents list. Insurance quotations continue to be reviewed by JLT. Collateral Warranty wording. Final comments from Lovell expected shortly. The next weekly legal call will take place on 22 nd September 2014.	- - - -	- - - -
4.5	Interface (Campus) / Construction and Logistics Interface meetings now combined on a weekly basis including the Board, IHSL and Consort. Adult emergency entrance canopy and ambulant entrance to RIE continue to be considered. Siltng of drains identified during condition survey works is being dealt with by Consort pending CCTV review. CCTV survey cannot be completed until drains are cleared. Phase 1 condition surveys have been passed to Consort for review.	- Board / IHSL - -	- - -
4.6	M & E Nil	-	-
4.7	Design Steering Group Discussion took place and there appeared to be a number of design issues that require review by the Design Steering Group (DSG). These included lifts, anti ligature, corridor widths in the context of resting places. The next DSG is scheduled for 6 th October 2014. The Board requested the DSG be brought forward to next week. IHSL to action. Post FC meeting schedule to be clarified in order to allow user input to be arranged. This item has been discussed at PMG and PS will provide a proposed outline schedule. RDD stamp continues to be discussed and progressed.	IHSL - -	19/09/14 - -
4.8	Energy Energy Strategy paper continues to be discussed and progressed.	-	-
4.9	Commissioning Provision for platform for first floor MRI machine replacement was considered by IHSL to be "kit specific" and the extent of IHSL offering was limited to safe route provision as well as upgraded ground level external "pad" as necessary. This matter was to be	JB	29/09/14

RHSC & DCN At Little France

1.0 Review of previous notes		Action	Target Date
	added to the Change log under the heading of Commercial Matters. An update in respect to this item will be provided at the next meeting.		
4.10	FM Equipment list discussions continue in respect to lifecycle. Note Capex to be fixed by 13 th October 2014.	-	-
4.11	Finance Nil	-	-
5.0 AOB			
5.1	HAI Scribe JMacK noted the next stage of HAI Scribe to be considered.	IHSL	-
6.0 Next Meeting			
6.1	The next meeting of this group will take place on 29 th September 2014 in MacKinlay from 1330 – 1530.	-	-

RHSC + DCN - Board commentary on the Technical information requested by the Board and Technical information issued by IHSL

19 November 2014

1. Introduction

This paper considers the level of technical information requested by the Board and the technical information issued by IHSL in the Preferred Bidder period.

2. Technical Information requested by the Board

The level of technical information required and specified by the Board, and confirmed by IHSL is noted below;

- The Board clearly set out the level of information required for each stage of the procurement process in the ITPD and ISFT;
- The Board clearly set out the technical items to be developed further with the Preferred Bidder in the Preferred Bidder letter;
- In accepting the Preferred Bidder letter, IHSL confirmed that they would deliver the requested level of technical information to meet the 02 October 2014 Financial Close date;
- The information requested by the Board is in line with other NPD health projects (two of which have already closed);
- The level of information requested by the Board is considered necessary and appropriate to provide sufficient clarity and assurance at Financial Close, that the Board's quality requirements are likely to be met by the Facilities once complete.

In addition, even though IHSL accepted the level of information required as set out above, in the Preferred Bidder Period the Board has been pragmatic with respect to the level of information requested, this included the following examples;

- Room Data Sheets for all rooms were requested in the ISFT, and the Board has agreed to reduce this to approximately 40% of rooms;
- The Board agreed to reduce the number of drawings required for Operational Functionality, noting a caveat has been added to protect the Board;
- The Board agreed to suspend the development of the Project Co Proposals, and instead create an additional section in the RDD to cover outstanding Project Co obligations.

3. Technical information issued by IHSL

The level of Technical Information issued by IHSL during the Preferred Bidder period is as noted below;

3.1 Project Co Proposals issued by the IHSL

IHSL did not meet its own Project Co Proposals (PCPs) objectives as noted below;

- Following IHSL's issue of a draft PCP structure on the 31 March 2014, the Board provided guidance to IHSL on the type of information that should be contained in the PCPs, for example the Board confirmed that Room Data Sheets do not form part of the PCPs as they have a separate section in the Project Agreement;
- IHSL Original PCP Programme – All Draft 1 documents to be issued 30 May 2014 – only 14 of 30 were issued, and of the 14 issued, none were technically adequate, for example some of the 14 only contained a contents list;
- Concerns were raised by the Board 06 June 2014 that PCPs were not being developed with sufficient urgency given the 02 October 2014 Financial Close date and therefore IHSL issued a revised PCP programme;
- IHSL Revised PCP Programme – Draft 2 (draft 1 for those not submitted 30 May 2014) IHSL confirmed these would be issued on a phased basis (04 July 2014 to 18 July 2014) – only 1 of 32 were issued as per IHSL's revised phased PCP programme;
- No further updated PCP programme was received and IHSL target dates were moved by IHSL as and when the PCPs were issued;
- The drawings included in the PCPs were due to be issued in July / August 2014 were not received until September / October 2014;
- Further details on the actual dates received are included in Appendix A.

In addition to the above programme issues, the quality of the information submitted was not in line with the level expected, this resulted in additional Board reviews and discussion to resolve and reach agreement on the PCP drafting.

3.2 Interface Proposals issued by IHSL

IHSL did not meet the Interface Proposals programme as noted below;

- The Board Highlighted in the Preferred Bidder Letter that Interface Proposals were a “key part of the early stages of the Preferred Bidder period”;
- The first draft of the incomplete Interface Proposals was issued to Consort on 22 August 2014 (5 months after the preferred bidder was appointed);
- Consort confirmed that the Interface Proposals were incomplete and IHSL have since been responding to Consorts comments;
- The commentary on the Interface Proposals is ongoing with unresolved items to be included in a new Part 5 of the Reviewable Design Data.

3.3 General Comments on IHSL programme

IHSL did not meet the programme as noted below;

- The timeframes that were set out in the Preferred Bidder letter were generally not met by IHSL;
- An incomplete Reviewable Design Data tracker was only issued for the Boards consideration on the 25 September 2014;
- An incomplete Schedule of Accommodation was only received on 17 September 2014, this impacted the Boards ability to produce a GSU table directly from the Schedule of Accommodation;
- The Schedule of Derogations was only issued to the Board on 05 September 2014, this resulted in an intensive review period for the Board as the drawings and PCP's were also issued during this period.

Although no specific targets were set for the above, it shows a general “back ending” of the production of the documents.

4. Conclusion

From the above, the following conclusions may be drawn;

- The level of information requested by the Board and accepted by IHSL has been clearly documented;
- The level of information requested is considered reasonable and in line with other projects;
- The Preferred Bidder has been late in providing information at each stage;
- The quality of the information submitted has not been in line with the level expected.

Appendix A – PCP Tracker

No.	Title	PCP Programme Draft 1 (Issued 02/05/2014)			PCP Programme Draft 2 (Issued 27/06/2014)					ACTUAL			Final PCP	
		IHSLDraft 1 PCP submission date	IHSLDraft 2 PCP submission date	IHSLDraft 3 PCP submission date	IHSLDraft 1 PCP submission date	IHSLDraft 2 PCP submission date	IHSLDraft 3 PCP submission date	IHSLDraft 4 PCP submission date	IHSLFinal PCP submission date	IHSL Draft 1 ACTUAL date received	IHSL Draft 2 ACTUAL date received	IHSL Draft 3 ACTUAL date received	Date issued to LTA	Overall Duration (PCP Programme draft 1 to LTA)
4.1	Project Overview	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	09/07/2014	18/08/2014	27/10/2014	21 weeks
4.2	Design Management	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	NOT ISSUED	NOT ISSUED	18/08/2014	27/10/2014	21 weeks
4.3	Construction Methodology	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	25/07/2014	20/08/2014	29/10/2014	21½ weeks
4.4	Architectural and Landscaping	30/05/2014	30/06/2014	31/07/2014	n/a	18/07/2014	01/08/2014	18/08/2014	26/08/2014	02/06/2014	24/07/2014	22/08/2014	28/10/2014	21½ weeks
4.5	Interior Design and Wayfinding	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	07/07/2014	15/08/2014	24/10/2014	21 weeks
4.6	Art Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	NOT ISSUED	07/07/2014	21/08/2014	23/10/2014	21 weeks
4.7	Adaptability, Flexibility and Expansion Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	18/07/2014	01/08/2014	18/08/2014	26/08/2014	02/06/2014	24/07/2014	22/08/2014	23/10/2014	21 weeks
4.8	Civil and Structural Engineering	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	11/07/2014	15/08/2014	29/10/2014	21½ weeks
4.9	Mechanical and Electrical Engineering	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	11/07/2014	25/08/2014	28/10/2014	21½ weeks
4.10	Energy Model and Sustainability	30/05/2014	30/06/2014	31/07/2014	n/a	08/07/2014	22/07/2014	18/08/2014	26/08/2014	NOT ISSUED	25/07/2014	28/08/2014	28/10/2014	21½ weeks
4.11	BREEAM	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	16/07/2014	25/08/2014	31/10/2014	22 weeks
4.12	Fire Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	11/07/2014	25/07/2014	18/08/2014	26/08/2014	NOT ISSUED	14/07/2014	15/08/2014	24/10/2014	21 weeks
4.13	Acoustic Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	NOT ISSUED	07/07/2014	20/08/2014	31/10/2014	22 weeks
4.14	ICT Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	15/07/2014	29/07/2014	18/08/2014	26/08/2014	NOT ISSUED	17/07/2014	15/08/2014	28/10/2014	21½ weeks
4.15	Vertical Transportation Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	09/07/2014	23/07/2014	18/08/2014	26/08/2014	NOT ISSUED	10/07/2014	20/08/2014	28/10/2014	21½ weeks
4.16	Commissioning	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	NOT ISSUED	11/07/2014	NOT ISSUED	29/10/2014	21½ weeks
4.17	Access Control Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	25/07/2014	26/08/2014	29/10/2014	21½ weeks
4.18	Security Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	24/07/2014	28/08/2014	30/10/2014	22 weeks
4.19	Environmental Plan and Waste Management Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	07/07/2014	12/08/2014	23/10/2014	21 weeks
4.20	Quality Management Systems	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	25/07/2014	18/08/2014	28/10/2014	21½ weeks
4.21	Equipment Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	NOT ISSUED	NOT ISSUED	15/08/2014	24/10/2014	21 weeks
4.22	Design Strategies	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014					
4.23	Specifications	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	10/07/2014	n/a	n/a	n/a
	Architecture	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	10/07/2014	20/08/2014	05/11/2014	22½ weeks
	MEP	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	10/07/2014	26/08/2014	04/11/2014	22½ weeks
	C&S	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	10/07/2014	NOT ISSUED	05/11/2014	22½ weeks
4.24	Schedule of Design Drawings	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	07/07/2014	NOT ISSUED	29/10/2014	21½ weeks
4.25	Operational Design Considerations	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	NOT ISSUED	14/07/2014	NOT ISSUED	29/10/2014	21½ weeks
4.26	Helipad Strategy	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	NOT ISSUED	NOT ISSUED	12/08/2014	27/10/2014	21 weeks
4.27	Community Engagement Strategy					18/07/2014	01/08/2014	18/08/2014	26/08/2014	NOT ISSUED	07/07/2014	14/08/2014		
4.28	Health and Safety	30/05/2014	30/06/2014	31/07/2014	n/a	04/07/2014	18/07/2014	18/08/2014	26/08/2014	02/06/2014	NOT ISSUED	19/08/2014	30/10/2014	22 weeks
4.29	Interface (Campus wide) (Appendix A)					10/07/2014	24/07/2014	18/08/2014	26/08/2014					
4.30	Partnership & Collaborative Working (PA Clause 5.6)	30/05/2014	30/06/2014	31/07/2014	n/a	10/07/2014	24/07/2014	18/08/2014	26/08/2014	02/06/2014	10/07/2014	05/08/2014	23/10/2014	21 weeks
4.31	BIM	30/05/2014	30/06/2014	31/07/2014	n/a	18/07/2014	01/08/2014	18/08/2014	26/08/2014	NOT ISSUED	NOT ISSUED	05/08/2014	24/10/2014	21 weeks

FINANCIAL CLOSE DRAWINGS REGISTER	IHSL PCP tracker (draft 3 of the revised PCP programme)	IHSL PMG meeting notes of 20th August	Actual date drawings received
Architectural (excluding UGMs / operational functionality drawings)	01/08/2014	28/08/2014	16/09/2014 - 15/10/2014
Civil & Structural	24/07/2014	28/08/2014	08/10/2014 - 09/10/2014
Mechanical & Electrical	24/07/2014	28/08/2014	18/09/2014 - 16/10/2014

Re-provision of RHSC and DCN at Little France

ACTION NOTES

Meeting Title: RHSC + DCN Steering Board Commercial Sub-Group

Date/Time: Friday 31 October 2014, 12:00-13:00

Location: MacKinlay Room, 56 Canaan Lane

Attendees: George Walker Non Executive Director – NHSL (Chair)
 Peter Reekie Director, Finance and Structures – SFT
 Brian Currie Project Director – NHSL
 Iain Graham Director of Capital Planning and Projects – NHSL
 Sorrel Cosens Project Manager – NHSL
 John Ballantyne Commercial Director – IHSL
 Sean Ferm Commercial Manager – Macquarie Capital Group Ltd
 Juan Miguel-Custodio Associate – Macquarie Capital Group Ltd

Apologies: Susan Goldsmith Director of Finance and Project Sponsor – NHSL
 Mike Baxter Deputy Director (Capital and Facilities) – SGHSCD

1.	Introductions and apologies	
	The apologies listed above were noted.	
2.	Previous action notes from 26 September 2014	
	Were agreed as a correct record of the meeting with actions to be reported in IHSL's update on progress.	
3.	Programme to achieve revised target Financial Close date	
	<p>JMC apologised for not providing a programme at this stage, it was still be developed and agreed internally within IHSL.</p> <p>JMC reported that, as previously discussed with BC and IFG for the Board, financial close (FC) on 27/11/14 would not be possible. 12/12/14 was being targeted, but JMC stressed that this would be very challenging, leaving no float in the programme at all. The timescale was very tight for the Lenders' Technical Adviser (LTA) to review all documentation, to provide M&G and EIB with the assurance required to close.</p> <p>JMC also reported that governance processes in December would be restricted by the holiday period; M&G could be flexible, but EIB have said to Macquarie that their flexibility, being a public entity, is limited. All present agreed that if FC before Christmas was not achievable, then the next realistic close date would be in the second half of January.</p> <p>The Board do not wish to see delay in project completion and propose that any further delay to FC be absorbed in the construction period. BC stressed that the Board required the full programme, including construction, to the hospital opening date, and not just the critical path to target FC.</p> <p>GW noted that the Board team required understanding the position and programming dates in advance of NHSL Board meeting on 04/11/14. Similarly, PR would require an agreed position to report to a finance committee at the Scottish Parliament on 05/11/14.</p> <p>JMC committed to share the programme to FC and beyond with the Board by 03/11/14</p>	IHSL

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Re-provision of RHSC and DCN at Little France

ACTION NOTES

	<p>at the latest.</p> <p>GW stressed the importance of understanding if 12/12/14 was really feasible, as failure to meet this third attempt at FC would make all parties look foolish. PR asked if achieving close before Christmas would have a significant impact on the construction programme. JMC responded that he believed only site set-up was scheduled to start before January now, and that his preference would be to close before the end of 2014. He stressed again that this would be very challenging, and asked what the Board reaction would be to an end of January FC date with the potential for a good news story if it was achieved earlier.</p> <p>[JB arrived at 12.35]</p> <p>All agreed that slippage into 2015 would cause significant problems for both the Board and IHSL. Reputational risk was discussed. Significant project costs continue to be incurred by both parties pre-FC. Inflation is due to be factored in if FC falls after the start of January, which is 90 days after the target FC in final tender.</p> <p>GW stated that he was disappointed by the lack of progress since the previous meeting and reassurances from IHSL, and losing confidence in their ability to propose an honest and realistic programme, and deliver to it.</p> <p>JB noted that a meeting scheduled for that afternoon was due to review further technical information required for FC. GW asked if the completion of technical documentation was dependant on one meeting, and BC noted that with the completion of capex discussions a week earlier, he did not believe that further discussions were to resolve material matters and this alone should not be treated as the cause of delay. JB responded that the Board would have more certainty through extension of programme and further development of technical information. GW noted that funders also require certainty and line drawn in the sand as technical information would surely continue to develop post-FC.</p> <p>PR asked JB if, in his opinion the Board had changed what it is asking for since the invitation to tender. JB replied that there was a difference of opinion over the level of detail expected in Project Co's Proposals (PCPs), but the open-ended requirement that 'the Board has to be satisfied' was difficult to achieve. JB acknowledged that the Board had agreed latitude on signing off operational functionality where 100% technical info not yet produced. Also, the Board's Construction Requirements had been updated in dialogue with IHSL, which reduced the extensive list of derogations that would be required of IHSL. These were examples of Board / IHSL negotiation to reach a pragmatic position in technical documentation for FC.</p> <p>BC noted that if the design development had generated key technical information for review earlier in the process then areas of challenge, such as acoustics and fire, could have been addressed and resolved earlier. JB noted that sign-off of the 1:50 design by the Board had delayed the programme; BC acknowledged this, but that this could only account for two weeks of slippage and all had previously agreed that this particular activity has gone well. The production of the supporting architectural and engineering information has not been as successful.</p> <p>GW summarised that four months slippage from October to the end of January would breach the inflation cap with cost implications for the Board. PR noted the Scottish Parliament's interest in the construction profile for the 2014/15 year; a start delayed from November to January would halve the construction activity in this year.</p>	
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	<p>JMC asked JB how flexible the construction programme could be; the response was that the biggest risk is the start of the project, with ground works, piling and basement construction all being dependant on the ground conditions. JMC asked that Brookfield consider what can be absorbed in programme.</p> <p>JMC reiterated that he was supportive but very cautious about committing to FC for 12/12/14, it would only take one element of the programme to slip and they would fail. Due to ongoing internal review he was not happy to provide a detailed programme yet.</p> <p>GW asked what IHSL were going to do over the weekend to deliver a full programme for 03/11/14, and whether it would help for the group to reconvene on 03/11/14 to consider the resulting programme.</p> <p>PR noted that FC should be possible up to and including 19/12/14 and still happen ahead of January and the cut-off of the inflation cap.</p> <p>JMC confirmed that IHSL have shared as much as is ready with the funders; the Project Agreement is with M&G and technical, FM, and interface agreements with Lovells for review already. JMC raised the inflexibility of EIB's governance timescales, and PR offered to discuss this with them if required. JMC would contact EIB to discuss that afternoon, 31/10/14 and report back if SFT input could assist.</p> <p>IG asked that IHSL work with the Board now to plan the collation and production of documentation for FC with sufficient time for due diligence. He stressed that this needed commence almost immediately for any of the FC target dates now being discussed.</p> <p>JMC stated that funders would want comfort in the form of a report from their LTA with regards to the paymech, interface arrangements and technical information. JMC confirmed that the payment mechanism had been finalised and agreed. SF confirmed that the LTA were reviewing interface documentation and appeared comfortable with the level of information and responses from Consort.</p> <p>SF confirmed that most PCPs had been issued to the LTA, with the exception of civil and structural, BREEAM, and acoustics. JB pointed out that the deadline to close PCPs had been 31/10/14 and that they were unlikely to meet this by the end of the day. BC confirmed that the Board has some technical queries outstanding on PCPs but have advised that these should not be material and therefore should not delay issue to the LTA. PR advised the Board and IHSL to resolve these issues or to ensure that they were captured as reviewable design data post-FC. BC undertook to review the Board's outstanding PCP queries with their technical adviser and collate any such non-material issues into a schedule to be addressed post-FC.</p> <p>The final list of derogations from the BCRs to be provided by IHSL later that day; the Board will review and respond to these on 03/11/14.</p> <p>BC noted that while drawings feedback had been provided, IHSL had challenged some of these and the Board had met with them to discuss and confirm the position. All outstanding drawings comments are to be issued by the Board on 03/11/14. It was noted that IHSL may want to meet to confirm some of these before they were fully concluded, and this would need to be prioritised in w/c 03/11/14.</p> <p>Conclusion of the energy strategy requires a meeting between the Board and IHSL as soon as possible in the w/c 03/11/14.</p>	<p>IHSL</p> <p>Board</p> <p>IHSL Board</p> <p>Board</p> <p>IHSL & Board</p>
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Re-provision of RHSC and DCN at Little France

ACTION NOTES

	<p>The capex has been agreed and the opex would be addressed in a meeting scheduled for 05/11/14. BC stated that with completion of this exercise, IHSL should be in a position to confirm all technical documentation to the LTA early in the week commencing 03/11/14.</p> <p>JMC noted that this would have been required for mid-October for a 12/12/14 FC completion and that he was not comfortable with the pressure for the finance team to deliver when the technical info was late. In his opinion, 7weeks was tight and possibly unachievable to deliver FC. However, the finance team have been progressing where they are able, and he would receive by the end of the day the drafted financing agreements. These would need to be reviewed internally before sharing.</p> <p>PR asked whether the resource would be made available to focus a team to work together to achieve FC for 12/12/14. JMC stated that for the legal and financial workstreams this would be happening in London from 03/11/14.</p> <p>GW asked that a similar approach be taken to complete the technical resolution. BC stated that this was happening already with the co-location of Board, advisers and IHSL at the project offices and that the actions discussed would take priority over all other work.</p> <p>GW requested an update on IHSL's programme dates, and progress against the actions above, be shared with the members of this group by close of business on 03/11/14.</p> <p>The group agreed that, regardless of the FC date, IHSL and the Board should proceed to agree finalised technical documentation by 12/11/14 at the latest.</p>	IHSL & Board
4.	Any other business	
	None noted.	
5.	Date of next meeting	
	21 November, 2014, 12:00-13.00, 56 Canaan Lane	

Re-provision of RHSC and DCN at Little France

ACTION NOTES

Meeting Title: PROJECT STEERING BOARD

Date/Time: Friday 20 June 2014, 13.00-15.00

Location: MacKinlay Room, 56 Canaan Lane

Attendees:

Susan Goldsmith	Director of Finance + Project Sponsor – NHSL (Chair)
Robert Wilson	Non Executive Director – NHSL
Peter Reekie	Director, Finance and Structures – SFT
Brian Currie	Project Director – NHSL
Iain Graham	Director of Capital Planning and Projects – NHSL
Fiona Mitchell	General Manager – Women + Childhood Services - NHSL
Eddie Doyle	Associate Divisional Medical Director – Women, Children and DCN Management Services - NHSL
Janice MacKenzie	Project Clinical Director – NHSL
Tracy Miller	Partnership Representative
Moira Pringle	Head of Strategic Financial Management – NHSL
Margaret di Mascio	Commissioning Manager – NHSL
Sorrel Cosens	Project Manager – NHSL
Carol Harris	Head of Communications – NHSL

Apologies:

George Walker	Non Executive Director – NHSL
Mike Baxter	Deputy Director (Capital + Facilities) – SGHD
Jackie Sansbury	Head of Commissioning – NHSL
Jacquie Campbell	General Manager – Head and Neck
David Farquharson	Medical Director – NHSL
Chris Bowring	Director of Finance – NHS Fife; SEAT representative

1.	Introductions and apologies	
	Apologies listed above.	
2.	Previous Action Notes from 30 May 2014	
	<p>The notes were approved as an accurate record.</p> <p>BC reported that Jacquie Campbell, General Manager, has agreed to the four medical staff interested in the DCN Clinical Lead post for the project being offered a session each to progress aspects of the project. The theatres and critical care Commissioning Manager post has been advertised as a secondment – no response to date.</p> <p>Paper-lite hospitals paper has been postponed due to conflicting priorities for eHealth, but will hopefully be ready for August.</p>	
3.	Executive Summary	
	<p>BC spoke to the circulated summary.</p> <p><u>Programme</u> The team are over half way through the preferred bidder programme to financial close. BC reported on progress and pressure areas:</p> <ul style="list-style-type: none"> - Design development with user groups: the second of three rounds completed. Four complex departments will go to a fourth round, and the team are doing 	

Re-provision of RHSC and DCN at Little France

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<p>everything possible to get all design signed off by 31 July.</p> <ul style="list-style-type: none"> - Drafted interface proposals will be shared with Consort on 27/06/14, later than anticipated. - Technical schedules (Project Co proposals) development is behind programme but now well underway - There has been extensive payment mechanism discussion with Macquarie, Bouygues and lenders technical advisers, to be shared with SFT next week. IHSL are protecting funder, SPV and FM interests in poor performance – NHSL continues to be robust on the tendered position. Discussions need to conclude for funding competition to proceed. <p>BC will report to the July Steering Board on progress and impact on planned financial close at 2 October.</p> <p><u>Enabling works</u> Consort anticipate that the emergency department link will be wind and watertight at financial close, although further internal work will be carried out by Consort to complete the package and external access will still be required. All road works could potentially be complete in January 2015. BC confirmed that step 5 of phase 3b of the works would be complete in July, 2014 allowing full and unfettered access to the site for IHSL post Financial Close.</p> <p>BC reported that he had attended a positive meeting with Jim Crombie and Melanie Johnson on managing enabling and clinical enabling works and their impact at the RIE, identifying accountable officers in services there.</p> <p>BC re iterated his concern in relation to the volume and complexity of construction activity at the RIE particularly in 2015 when both MRI + Endoscopy and additional Assessment Beds projects will run in parallel with this project's clinical enabling works and commencement of the main facility build programme.</p> <p><u>Charity contributions</u> The Edinburgh and Lothians Health Foundation have announced £2m for 'added value' projects and the SKFF Trustees meet on 23/06/14 to consider grant applications for further funding. JMack will report on progress with charitable funds and projects in July. IG reported that the CLO were drafting agreements for charities making donations to / occupying the building to formalise relationships and commitment. Following discussion at the May 2014 meeting, the Project Team are preparing the brief for the retail unit, to be shared with potential charity operators.</p> <p><u>Flood protection</u> The updated off-site flood protection cost estimate were shared and discussed. As BC has previously explained to the Project Steering Board (meeting of 25th April, 2014), this is a legacy issue from the building of the RIE that the project team now must address as a planning condition. The obligation is on NHSL to provide flood prevention to current statutory standards for hospital infrastructure. RW highlighted that Board members will ask why this legacy issue was not previously identified or known. It was agreed that this should be included in the paper to Finance and Resources Committee (F&RC) and the Board accompanying the FBC.</p> <p>The cost increase is due to a number of factors: more complicated engineering requirements (involving alterations to the existing bridge), later programme dates and hence upturn in tender inflation and increased fees all incurred in response to considerable scrutiny and challenge by local residents and elected representatives, and inclusion of VAT (previously excluded). MP reported that MB has confirmed</p>	<p>BC</p> <p>JMack</p> <p>BC/SG</p>
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Re-provision of RHSC and DCN at Little France

ACTION NOTES

<p>SGHSCD will fund these costs, up to a cap. MP is taking advice on the VAT position.</p> <p>BC noted that there had been negative press coverage of the on-site flood piling works, led by local residents and councillors, although Consort are doing this in as considerate a way as possible. The Project Team are working with Communications to respond to the stories and smooth the process; this is likely to continue.</p>	MP
<p>BC confirmed that variations to the on-site flood works are required and the value of these is not yet known. This will be managed and reported back to the Steering Board if they exceed the previously agreed costs.</p>	BC
<p><u>Change management</u> The design process is logging any requested changes to the final tender design. IHSL and NHSL then agree whether these can be classified as design development or should be treated as a change. BC hopes that the genuine changes will be small in number and value, to be confirmed after completion of design at the end of July.</p> <p>SG asked PR how the cost of change would be managed in light of SGHSCD funding. PR acknowledged that change would always be a factor at this stage in a project, and that the aim for all parties was to manage this within the cap. JMacK pointed out that the design development included deletions as well as additions to equipment and so the changes were not all an increase in costs. SG noted that the cap in the OBC funding letter (December 2012) was adjusted downwards at the pre-preferred bidder key stage review to reflect IHSL's final tender, and that further discussion on managing the costs would be required at the Steering Board. Requests for change and costs will be scrutinised by the project team and escalated to the Steering Board where guidance is required.</p>	
<p>SG asked for clarity around the change control process following financial close and BC confirmed that this is formalised in the Project Agreement. SG highlighted that the NHSL scheme of delegation and governance would have to be addressed for any changes to the NPD. This would include the Steering Board until the opening of the hospital in 2017, but increasingly the Clinical Management Teams and Corporate Management Group and the scheme of delegation needed to be developed.</p>	BC/SG
<p><u>University</u> Professor J Seckl has written to the Chief Executive regarding various concerns about the Little France roadworks. The letter suggests that aspects of works are unsafe and do not cater for the University's needs as a higher education campus. This is strongly disputed by NHSL who can confirm that H+S professionals have been engaged in the planning and execution of the works as have representatives from the University and that local authority planning and highways departments have also approved the proposals implemented. This is managed through the Little France Campus Working Group, at which the University is represented. Any further enhancement of Campus infrastructure more in line with the University's needs has always been seen by NHSL as additional phases with additional funding requirements and has been communicated as such to University many times by the project team.</p>	
<p>SG will raise the concern with Professor J Iredale to gauge whether this is a concern of the wider University.</p>	SG
<p>A reply to Prof Seckl's letter is in preparation.</p>	BC/IG

Re-provision of RHSC and DCN at Little France

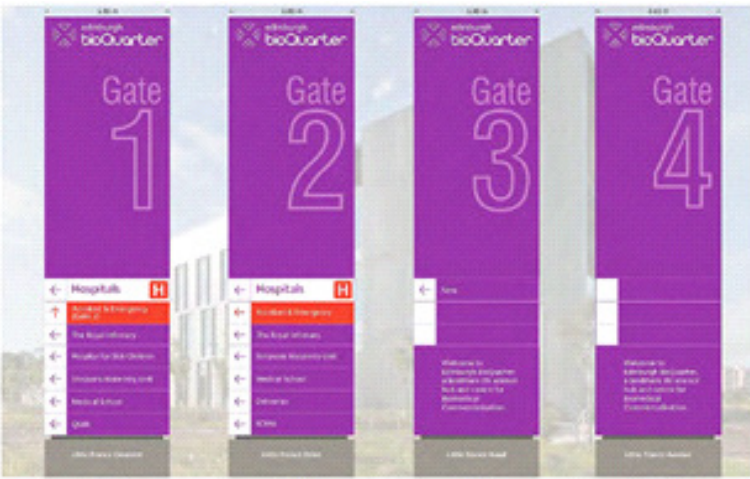
ACTION NOTES

4.	<p>Full Business Case</p> <p>SG reported that the SEAT Regional Planning Group had confirmed on 20/06/14 that all Boards would provide approval of their costs by 27/06/14 if they had not already done so. She noted that the RHSC and DCN was integral to ongoing SEAT discussions around the Little France site as a Trauma Centre, which JKS will attend.</p> <p>MP reported that the increase in non-NPD capital costs since OBC had been discussed with MB, who confirmed on 19/06/14 that the SGHSCD would fund the increase up to a limit. The FBC is to be updated to reflect this agreement before submission to F&RC. NHSL and SGHSCD are to continue discussions re: capital.</p> <p>PR suggested the basis of equipment costs be included in the FBC.</p> <p>ED noted new guidance on hours for doctors in training would have further workforce planning implications for medical and other clinical staff. JKS will address this with the team responsible for workforce planning, which includes SEAT representatives.</p> <p>PR suggested the FBC articulate the current service pressure, bed modelling process and outcome in more detail. This and other minor comments on the FBC to be reviewed and addressed by SC.</p> <p>The Steering Board approved the recommendation that the FBC, with the changes above, be submitted to F&RC and the Board in Private session. SG will discuss the Board meeting with GW, and the proposal that the FBC Executive Summary is taken for the consent agenda.</p>	<p>MP/MB</p> <p>MP</p> <p>JKS</p> <p>SC</p> <p>SG</p>
5.	<p>Business Case for critical care and renal/transplant HDU</p> <p>MdM presented the business case for these clinical enabling works, which summarises the costs known at this stage.</p> <p>PR asked why this FBC was being progressed before tender costs were known. SG noted the level of certainty required to underpin the RHSC and DCN FBC and financial close. BC also drew attention to the critical path to complete these works before RHSC and DCN come on site in 2017.</p> <p>MdiM highlighted the challenge of managing the scope and expectations of users, when this work presented a one-off opportunity to make other changes in critical care. The Steering Board felt that it was sensible to do other works at the same time if this did not compromise the critical timescales or the costs attributable to this project. MdiM confirmed that she had developed a log of developments and requested that Consort provide their latest physical condition survey of Wards 115 to 118, to assess the works that are due to be undertake by Consort in 2015-2017. .</p> <p>TM noted that the project could learn from the experience of the project undertaking the stroke works in medicine of the elderly at RIE. FM highlighted similarities with the neonatal unit work also taking place in the critical care infrastructure. The project team will contact these services about lessons to be learned.</p> <p>NHSL has secured derogation from 100% single rooms and will provide 50% in the new renal and transplant unit. Critical Care will be reconfigured in existing clinical areas, there is no opportunity to increase the single room rate.</p> <p>The revenue costs for the critical care and renal/transplant unit are undergoing scrutiny to the same degree as workforce plans in the RHSC and DCN, including the SEAT group.</p>	<p>MdM</p>

Re-provision of RHSC and DCN at Little France

ACTION NOTES

	<p>SG noted that this updated internal estimate of costs suggests that the clinical enabling around critical care is viable at a price close to that available. MP confirmed that the prices presented are 2014 costs and will be updated to apply inflation.</p> <p>IG noted that although the works have not been contracted with Consort yet, NHSL's position with regard to securing agreement is far more stable than previously, with competitive tendering to manage costs and less risk of funder support delaying decisions.</p> <p>SG asked that the Steering Board note the progress with this business case and recommended that the covering paper to F&RC for the RHSC and DCN FBC describe this position in relation to clinical enabling works. The Steering Board agreed to this.</p>	<p>MP</p> <p>BC/MP</p>
6.	<p>Strategic Delivery Programme</p> <p>BC spoke to the draft programme describing the interdependent workstreams and projects. This is being developed to include detail of</p> <ul style="list-style-type: none"> - RHSC and DCN workstreams to be delivered by the project team, e.g service redesign, clinical enabling, decommissioning - other projects to be delivered by the project team and Estates + Facilities, e.g. RIE additional beds, MRI/endoscopy - projects to be delivered by other teams in NHSL that the service model is dependent on, e.g. paper-light hospitals and off-site catering. <p>The Steering Board agreed that this, once developed, would be a very useful overview of the context for the project. SG asked that detail of commissioning and double-running was incorporated into the next version.</p> <p>Related to decommissioning and disposals, the Steering Board was informed that opportunities for the preservation of two items of historical / artistic value are being explored – the Phoebe Traquair murals in the RHSC, and the Norman Dott theatres in DCN.</p> <p>IG noted the engagement of SFT in the disposal of the RHSC site. NHSL are to confirm that ELHF support the proposal that endowment properties at Sciennes are to be included in the whole-site disposal for the Sciennes site.</p>	<p>BC/JKS</p> <p>IG</p>
7.	<p>AOB</p> <p>MdM requested clarity about when the Pharmacy clinical enabling business case should come to PSB. This will be discussed at the Capital Management Group</p>	<p>SG</p>
8.	<p>DATE & TIME OF NEXT MEETING</p> <p>Friday 18 July 2014, 1300 – 1500, Project Offices, 56 Canaan Lane</p>	



CAMPUS SIGNAGE PROPOSALS

Executive Summary

	Progress	Blockage	Clarification	Next
Time 	<ul style="list-style-type: none"> Off Site Flood Works – Planning Consent granted 24th Sept. Independent Tester appointed – EC Harris. PayMech agreed with EIB. M+G appointed as other Senior Debt Provider. Funder's LTA have (finally) commenced Due Diligence. All "material" design issues closed out. 		<ul style="list-style-type: none"> FC Target date now 12th December due to late delivery of technical info to LTA. This is extremely challenging! Consort Interface Works acceptable to Funders. IHSL await planning consent for revised flue (5th Nov). Interface first phases to be finalised once MRI/Endos contractor appointed and firm o/a completion date for ED works available from Consort. 	<ul style="list-style-type: none"> FC achieved in 2014! Contractual terms to be agreed with all charities. All technical + design information to be progressed for FC. LTA reports to credit committees and funding documentation prepared. Renal / C Care contractor to be appointed by Consort. Off Site Flood Works out to tender – Nov 14.
Cost 	<ul style="list-style-type: none"> Capex agreed with IHSL – Final Tender £146.6m + £2,15m due to Board Change. 		<ul style="list-style-type: none"> Renal / C Care Enabling Works tender return. 	
Quality 		<ul style="list-style-type: none"> Three H&S events have occurred at the RIE (Enabling Works): A serious incident concerning electrical non isolation and two minor hand injuries. 	<ul style="list-style-type: none"> Noise + vibration issues may slow progress with On Site Flood Works. FBC approval awaited. Specific KSR requirements awaited from SFT. 	<ul style="list-style-type: none"> Ensure all contractual documentation for FC is completed and clarity of RDD and comments on drawings and PCP's is adequately recorded.

RIE Campus Redevelopment

- RIE Campus Development**
- Agreement has been reached with Consort to commence fortnightly meetings to coordinate the operational aspects of clinical enabling. These meetings will include clinical and managerial representation from each of the projects as well as infection control, site management, Cofely and the project team.
- RIE 2nd Floor Services (SNBTS, E-health, Haematology, Laboratories Medicine)**
- Plans to free up space on the 2nd floor at RIE to make way for the renal and transplant unit are progressing well.
 - The agreement to lease space at the Bio Quarter has now been finalised.
 - Detailed design around the lab reconfiguration has concluded.
- Renal and Transplant HDU relocation to 2nd Floor RIE and Critical Care Alterations (115/116/117/118)**
- Mid tender review meetings are taking place with 4 construction companies this week.
 - The start of construction may be put back (4 weeks) to May 2015 because of the delay in vacating the 2nd floor.
- Pharmacy (Aseptic Suites, Store and Reception Areas)**
- Detailed design work continues. Work is ongoing with Health Facilities Scotland to procure a temporary aseptic suite and the robotic system.
- Link Building - Ground Floor (Emergency Department Resus Decant Proposal)**
- The envelope is substantially wind and watertight and rendering will start soon.
 - The M&E work has started slowly.
 - The contractor is still reporting progress as 4 weeks behind. There will be no completion before Xmas and x-ray installation has been set to start on 20th January 2015.
 - The instruction to design the SOU refit has been issued.
- Sewer Diversions**
- The reinstatement works are continuing and the grouting up of the old sewer lines has been put back in the programme and is now scheduled to start end of November 2014.
- Service Diversions**
- Nearly all the communication cabling is complete.
 - The CCTV diversions will now start at the end of October 2014.
 - A date has been set for a workshop to review what caused the down time to the main RIE telecommunication lines.
- Road Infrastructure**
- The sections of road works between QMRI and Chancellor's building is substantially complete and is open again to traffic.
 - The focus of the road works has moved onto completing the gas diversion and the road works to the south side of car park B junction. This has resulted in car park B closing and a temporary closure of Little France drive for a period of about 4 weeks. Car park E is temporarily open until FC.
 - The road programme is under review at present with the expectation that this work will end in the beginning of March 2015.
- On Site Flood Works**
- The piling to flood wall B is continuing and will hopefully be complete in a further 3 weeks.
 - As expected the noise from the piling work to wall B has caused concern to some residents but not as much as was expected. The CEC environmental dept continue to monitor noise levels.
 - The reinstatement plan is to be discussed with CEC on the 22nd October 2014.
 - The NHSL has issued the instruction by for additional design for flood alarm, works to burn basin and Back of wall drains. These will affect the target completion date for the flood works.
- Motorcycle Parking**
- As a direct consequence of the site the current parking needs to be re-provided. An area next to car park A has been identified and works have been completed and in use.

Service Redesign & Workforce Planning

Workforce Planning

- Meetings with SEAT Board colleagues have commenced, a template for the service report has been agreed, with the first meeting held this month to review Critical Care & Renal HDU. A number of actions were identified and are being taken forward by the relevant services. The next meeting will be in November to discuss Radiology workforce.

Service Redesign

- The next meeting of the RHSC & DCN Redesign Steering Group is due to take place on 5th November 2014.
- Following approval of the pump priming proposal for a Project Manager for the RHSC OPD workstream the Children's CMT are starting the recruitment process and will be meeting with the Project Team to fully agree actions and timeframes.
- Following the appointment of the DCN Clinical Leads the DCN Redesign Action Plan is being reviewed 24th October 2014.

Procurement & Commercial

Financial

- Position on payment mechanism now agreed with EIB.
- Preferred funder (M+G) now appointed and progress being made towards financial close.

Legal

- Version 5 of the Final Tender (Bidder B) NPD Project Agreement and version 4 of the Gaps List was issued to IHSL on 02.10.14. SFT were not issued with this version of the NPD Project Agreement for approval given that a number of issues still required to be resolved. Now that funders have been appointed, we have requested that the Gaps List is progressed as far as possible at this stage by the funders in order that version 6 of the Final Tender (Bidder B) NPD Project Agreement can be as complete as possible. A response to the Board's response dated 08.09.14 to the funders legal comments was received from Hogan Lovells on 10.10.14. This was a disappointing response given that most initial issues remained on the table. Hogan Lovells have now been asked to engage with the funder to progress matters accordingly. Fortnightly legal calls between the Board and IHSL are now taking place.

Stakeholder Management and Communication

- In order to address concerns about the number of staff parking in patient and visitor spaces at the RIE we have planned concerted communications at the hospital. The 'Your Travel Choices' campaign will include posters, leaflets, internal messages and a week of information stands in the main mall (10-14 November) highlighting alternative methods of getting to and from work.
- Ongoing internal and external communications continue to inform staff and the public about enabling works on site.
- A London based financial services website plan to run a story about the main funder for the project. It is unclear where this information was obtained by the website journalist.
- Plans are being progressed to set up a panel for the RHSC + DCN naming campaign.
- NHS Lothian media guidance has been issued to our charity partners in order to ensure we work together for the benefit of their fundraising efforts and the project.
- Plans for time lapse marketing photography on-site are being progressed with potential suppliers through IHSL.

Additional Capacity Projects RIE

Assessment beds

- Phasing now agreed with consort. Early works planned for Feb/March.

Medical Photography

- The medical photography project will be scoped this week.

Facilities Management

- FM workshop being held this week to consider FM implications of design.
- OPEX costing still underway.

Commissioning

- PCP document in preparation.
- Draft NHSL Programme has been updated.

KSR Process

- Next KSR is pre financial close (December 2014).

RHSC + DCN / RIE (Contract Management)

- Continuing discussions with IHSL in terms of Facilities and Contract Management aspects.
- Continuation of contract monitoring programming, planning and procedures for the operational phase.
- Continuation and progress of developing tools to administer and integrate contract management into the contract e.g. Contract Administration Manual & Management Plan.
- Review of RIE operational aspects including information provisions e.g. Life-Cycle, Building User Guide and review of existing RIE Project Agreements.
- A meeting was held on 22nd August with NHSL and University of Edinburgh to progress the Travel Plan work already undertaken. Further meetings have now been scheduled to progress matters.
- Regular scheduled meetings are continuing to take place between NHSL and IHSL together with Consort. Coordination is taking place with RIE Logistics and the key enabling works to ensure appropriate levels of planning are taking place.

Programme Overview

- See current IHSL programme to Financial Close.

Equipment

- Group 1 (including Board specified) costing agreed with IHSL.
- Group 1 Board specified equipment replacement drafting updated for PA.
- Details of Catering equipment have now been received from IHSL and agreed.

Key Activities over the next 4 weeks

- PB to FC and Construction Programme updated by IHSL.
- IHSL reporting on FC progress to PSB.
- Project delivery group & project management executive meetings being held fortnightly.

ICT

- Still awaiting information from e-health with regard to the technical equipment required for the set-up of seminar/conference/meeting rooms in the building.
- 'Paper Lite' Project Initiation Agreement discussed with RHSC and DCN CMT's. Both CMT's have mandated proposal. Meeting being set up with Finance colleagues to agree funding route prior to PIA being presented at PSB.

Health & Safety / CDMC / Logistics

Health & Safety

- Three incidents reported by Contractor, non-isolated cable and badly cut fingers. No Riddor. Safety related "Observations Photo Library" working well with generally downward trend on local incidents. Visible signs of increased pro-activity in SWH&S meetings.
- Hard work and diligence must continue going forward to achieve required standards.

Logistics

- Lower volume of construction vehicles moving around the campus as activity is still focused on QMRI / Chancellor's / CP B corner with the road closure at Anne Rowling. Piling activities and vehicles are enclosed on the East Side of the campus.
- TAWO 157 (Roads)- campus vehicle circulation is generally good considering the closure outside Anne Rowling with minimal disruption or complaint. Bus Hub has changed the site dynamic in terms of vehicles with some Safety concerns remaining. This is still being closely monitored and discussed with stakeholders. Car Park C opening has also changed the dynamics. Gas main reconnection now expected for 1st November 2014.
- Car Park B now closed with Car Park E reopened temporarily to ease congestion issues.
- TAWO 156 (Flood) - Works are ongoing. Noise and vibration levels being closely monitored.
- Pedestrian movements being closely monitored on east side of campus. Rear or east entrance continues to operate safely due to manned presence. Resource ongoing.
- Generally, logistical issues and challenges are growing and need to be closely monitored during the forthcoming phases of works.

Project Administration

- Processes and communications to finalise contract technical documentation are progressing.

Business Case

- FBC submitted to SCIG for 26th August; NHSL awaiting decision on approval.

Off-Site Flood Defence Works

- Planning consent granted, dated 24 September 2014.
- Draft shortlist of contractors established following PQQ process - references currently being obtained where required.
- Tender documents currently being prepared.

Clinical Design

- Have reviewed all of the relevant PCPs and associated drawings and are in the process of providing comments to IHSL.
- A series of meetings has taken place with IHSL to resolve outstanding design/technical issues e.g. anti-ligature, acoustics, lifts
- The Arts & Therapeutic Design Group are continuing to meet and are progressing a number of projects. Interviews took place on 23rd October with Lighting Designers to take forward the 'added value' project in relation to enhancing the atrium space. A brief is being developed in relation to the controllable environment project and we are having initial discussions about potential research opportunities.

From: Donna Stevenson [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BDBB0EE12BA6498F9DA231A1248FF1BB-DONNA STEVE]
Sent: 31/01/2012 12:11:57
To: Colin Proctor [REDACTED]
CC: Andrew Bruce [REDACTED]
Subject: FW: Edinburgh RHSC/DCD Design Review
Attachments: RE: Edinburgh RHSC/DCD Design Review; FW: NPD Acute Health Projects : Funding Conditions

Colin

Perhaps we could pick up on these Design issues and the process for interface with A&DS/HFS when we meet on Thursday to discuss the KSR/Funding conditions points.

Regards

Donna

Donna Stevenson
Associate Director
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Videoconference facilities available

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From: Heather Chapple [REDACTED]
Sent: 31 January 2012 12:02
To: Henderson Peter (NATIONAL SERVICES SCOTLAND); Donna Stevenson
Cc: Mike.Baxter [REDACTED]; Bettina.Sizeland [REDACTED]; Norman.Kinnear [REDACTED]
Subject: RE: Edinburgh RHSC/DCD Design Review

All

I understand that the reference design may have moved on since the A+DS Design Review panel commented on the Planning Application in the summer and therefore the drawings that Atkins based their report on may be different to those which Pete and I have seen; limiting the extent of detailed consideration. However, there are a number of areas of concern in Atkins' report that chime with the comments the panel had given to the project team in the summer*; specifically:

- Section 7 of Atkins' report raises strong concerns over fundamental design aspects such as clarity and ease of arrival and the internal circulation diagram, recommending that these elements require to be "*significantly developed in the brief for the NPD design teams or considerably further developed in the reference design*".
- Further, it recommends development of a design strategy "*for elements such as orientation of bedrooms for sunlight and connection to the natural environment*" building on evidence based design.

Therefore, in terms of commenting on the report as requested, we'd support it as clearly describing some rather fundamental challenges in the reference design** and areas of significant development in briefing needed to appropriately direct the bidders.

We understand it is expected that the recommendations in relation to the reference design and the brief will be addressed by the Board prior to the ITPD. We would be happy to:

- help the Board capture design quality standards to be incorporated into the brief
- and/or help the pre-ITPD KSR consider if the 'design' recommendations (16-19 & 20 'design shape' being those most within our area) have been addressed before the reference scheme and briefing documents are presented to bidders; and Pete has suggested that HFS can carry out a high level check of the reference scheme against guidance at this point if this is not being done out by others.
- help with evaluating the bidders' responses to the developed design brief: for our part in relation to the design quality standards etc & HFS could carry out a high level check against guidance if this is not being done out by others. Once NHSL come back with their response to the recommendations please let us know how/ when we can help move forward briefing for improvements and evaluating the design responses.

Kind regards

Heather

* report available here <http://www.ads.org.uk/designreview/reports/royal-hospital-for-sick-children>

** one aspect of the development that the report doesn't cover (due to the scope of the commission restricting the review to the NPD element) is the wider masterplanning impact on the RIE campus. The introduction of this new development will affect all users of the campus in terms of circulation and parking. Although plans are being put in place to divert buses and cars to the east of the hospital to ease access to the RIE (addressing the basic mechanics of the issue) it'd be good to see a site wide strategy (landscape, wayfinding) that clarifies and improves the arrival experience for adults coming to the RIE (inc some for the DCN?), and those 'passing through' the site on busses to/from the city, as the full tour of the campus will be a daily experience for many people and an opportunity for the board to create a positive impression of the service. This may be in development....?

Heather Chapple | Health Programme | Architecture and Design Scotland

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From: Henderson Peter (NATIONAL SERVICES SCOTLAND) ██████████

Sent: 27 January 2012 11:04

To: donna.stevenson ██████████

Cc: Mike.Baxter ██████████; Bettina.Sizeland ██████████; Norman.Kinnear ██████████;

Heather Chapple

Subject: Edinburgh RHSC/DCD Design Review

Donna

A42675943

As requested by Mike at last weeks meeting my comments on Atkins report are attached. These mostly reinforce Atkins' comments rather than adding anything new as I haven't seen the latest detailed drawings or specification information. If they have not already prepared one, I think it would be useful for the Board/Design Team to produce a comprehensive schedule of the guidance documents they are following in order for future bidders to be clear on the standards that they are expected to comply with.

Regards

Pete

Peter Henderson
Principal Architect
Property and Capital Planning
Health Facilities Scotland



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Updated since August 2014	No	Title	Description	Project Phase		Mitigated Risk Score					Organisation at Risk Options: NHSL SFT Project Co	Risk Owner (Internal NHSL)	Risk Handler (Internal NHSL)	Risk Allocation (Internal NHSL) Options: NPD Enabling Clinical risk Operational mngt	Controls in place	Adequacy of controls to minimise risk and achieve programme	Risk Open / Closed
				Options: NPD procurement NPD construction NPD Commissioning Enabling (inc Clinical) Operational External / governance	Programme dates	Probability (1-5)	Impact Cost (1-5)	Impact Programme (1-5)	Risk Score	Risk Status							
	1	Insufficient market interest	NHSL are unable to achieve value for money as the contract does not attract sufficient interest to hold competitive dialogue with bidders.	NPD procurement	Dec 2012 - Mar 2013	0	0	0	0	0	NHSL	Susan Goldsmith	Brian Currie	NPD	Market testing exercise completed during OBC phase showing extensive market interest. Project Director and others, including SFT, maintaining communications with interested parties until OJEU release. Comprehensive procurement documentation to inform the market.	Satisfactory. Submissions received on 21/01/13. Invitation to participate in dialogue to be issued to up to three Bidders early March.	Closed
	2	Limited availability of investment for NPD	NHSL fails to appoint an NPD partner as bidders are unable to secure finance or unable to secure affordable finance due to general economic and political climate.	NPD procurement	Mar 2013 - Mar 2014	0	0	0	0	0	NHSL	Susan Goldsmith	Brian Currie	NPD	Market testing exercise showed extensive market interest borne out by PQQ submissions and three bidders in competitive dialogue. Sufficient interest in other NPD pipeline projects; EIB positive about potential finance.	Bidders and EIB indicated sufficient interest.	Closed
	3	Consortium member liquidation	The delivery of the project is delayed, and/or costs increased, due to a supplier going into liquidation.	NPD procurement	Oct 2014 - May 2017	0	0	0	0	0	NHSL	Susan Goldsmith	Iain Graham	NPD	Financial test on evaluation of bidders to determine financial stability.	Satisfactory as monitoring and checks through PQQ process and ongoing in competitive dialogue.	Closed
	4	Project team resources	Inappropriate and insufficient resources to manage a robust procurement process will inhibit NHSL in securing the most economically advantageous tender or robust Financial Close.	NPD procurement		0	0	0	0	0	NHSL	Susan Goldsmith	Brian Currie	NPD	NHSL internal team and external adviser resource approved by F&R committee. SFT satisfied by pre-OJEU KSR, "content with the resourcing which is in place" (Q28). Core Evaluation Team established, with extended team and process for competitive dialogue and tender evaluation, now completed. Procurement resource in place to reach appointment of Preferred Bidder, including operational staff release to complete design development.	Satisfactory at present; evaluation of tenders and preferred bidder appointment completed. Team and programme in place to reach Financial Close.	Closed
RISK RE-OPENED	5	Insufficient revenue resource.	Tendered annual service payment is unaffordable because bidders cannot meet specification within the terms of the funding letter.	NPD procurement	March 2013 - Aug 2014	2	5	5	10	A	NHSL	Susan Goldsmith	Brian Currie	NPD	Reference design costed in line with programme. All tenders came in under affordability cap. Design development with preferred bidder costed and revised capex agreed 22/10/14. Email confirmation from M Baxter on 11/11/14 that revenue associated with increased capex of £2.1m supported by SGHSCD.	Not satisfactory at present; risk re-opened with c. £1m increase in capex associated with potential inflation for FC post 03/01/15.	Open
RISK RE-OPENED	6	Procurement process challenge	Programme is delayed by challenge from an unsuccessful bidder or third party. High cost in programme and fees.	NPD procurement	Mar 2014 - Dec 2014	4	3	5	16	A	NHSL	Susan Goldsmith	Iain Graham	NPD	Comprehensive procurement documentation to inform the market and ensure level playing field. Feedback through competitive dialogue on bidders' proposals. Transparent evaluation process with robust audit trail. Evaluation completed and standstill letters issued. Feedback provided to unsuccessful bidders - written in standstill letters and verbal in meetings.	Not satisfactory at present; risk re-opened due to commercial issues with Preferred Bidder to reach Financial Close, e.g. Paymech, site logistics and establishment, Project Agreement.	Open

Updated since August 2014	No	Title	Description	Project Phase		Mitigated Risk Score					Organisation at Risk Options: NHSL SFT Project Co	Risk Owner (Internal NHSL)	Risk Handler (Internal NHSL)	Risk Allocation (Internal NHSL) Options: NPD Enabling Clinical risk Operational mamt	Controls in place	Adequacy of controls to minimise risk and achieve programme	Risk Open / Closed
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	7	Specification changes pre-Financial Close	Programme is delayed due to Board change to procurement requirements.	NPD procurement	Oct 2014 - Feb 2017	0	0	0	0	0	NHSL	Susan Goldsmith	Brian Currie	NPD	Reference Design and Board requirements to be finalised prior to ITPD. Governance structures in place to manage approval of change. Project / Clinical Management Team would require to make case to Project Steering Board. July 2013 changes to DCN Acute Care and Theatres communicated to bidders and resolved in prolonged design dialogue. Catering strategy changes communicated to IHSL on appointment as PB.	Satisfactory.	Closed
CONTROLS UPDATED	8	Programme delay in reaching Financial Close	Programme delayed due to a) delayed delivery of detailed design sufficient to proceed to financial close; b) impact of holiday period and other events on potential funders' participation in funding competition; c) delayed consent for reserved matters and local town planning applications.	NPD procurement	Dec 2012 - Jan 2015	4	5	5	20	R	NHSL	Susan Goldsmith	Brian Currie	NPD	a) Rigorous and resourced user group engagement and technical adviser input to progress detailed design and technical schedules b) Funding competition now completed, this risk to be removed. c) Final outstanding planning approved 05/11/14, this risk to be removed.	Not satisfactory at present. Revised programme with FC on 23/01/15 has been sghared with NHSL F&RC on 12/11/14. Close management of progress ongoing, including engagement at most senior level in IHSL by Steering Board Commercial sub-group - next meeting on 21/11/14.	Open
	9	Specification changes post Financial Close	Programme is delayed due to Board changing service and accommodation requirements.	NPD construction	Jan 2015 - June 2017	3	4	3	10.5	A	NHSL	Susan Goldsmith	Brian Currie	NPD	Governance structures in place to manage approval of change. Governance structures in place to manage approval of change. Project / Clinical Management Team would require to make case to Project Steering Board. Activity driven bed model is revisited annually and currently being updated to explicitly consider the implications of the above although it should be noted that this would go against NHS Scotland strategy of local access. Provision of shelled bed space in the design and construction specification as well as flexibility from the location of day beds alongside the inpatient facility. Bed modelling for children's services has been undertaken, demonstrating sufficient capacity in design with further options for change of purpose at a later date if required. DCN modelling has commenced.	Adequate at present but may change in future dependant upon changes in strategy. Most likely changes are around need to manage increased activity due to failure of sustainability of local DGH children's services. Some of the potential shelled bed space has been allocated to Specialist Paediatric Biochemistry Laboratory. Review monthly.	Open
CONTROLS UPDATED	10	Vacant possession of site	Programme is delayed as Board unable to provide project site for NPD at Financial Close programme date of January 2015.	Enabling	Sept 2012 - Nov 2014	3	4	4	12	A	NHSL	Susan Goldsmith	Brian Currie	Enabling	SA6 and SA Enabling secured rights to site. Provisional strategic programme has been provided to the Project Steering Board and SFT, with further details requested of Consort. Programme to deliver works will be influenced by requirement for vacant possession.	Satisfactory at present. Consort confirmed that access to site at October 2014 would not be restricted or prevented by enabling works operators, and that only reduced access and hoarded off areas will be required post October 2014 by them in relation to ED link build.	Open

Updated since August 2014	No	Title	Description	Project Phase		Mitigated Risk Score					Organisation at Risk Options: NHSL SFT Project Co	Risk Owner (Internal NHSL)	Risk Handler (Internal NHSL)	Risk Allocation (Internal NHSL) Options: NPD Enabling Clinical risk Operational mamt	Controls in place	Adequacy of controls to minimise risk and achieve programme	Risk Open / Closed
				Options: NPD procurement NPD construction NPD Commissioning Enabling (inc Clinical) Operational External / governance	Programme dates	Probability (1-5)	Impact Cost (1-5)	Impact Programme (1-5)	Risk Score	Risk Status							
CONTROLS UPDATED	11	Site conditions	Programme delayed due to unexpected site conditions.	NPD construction	Jan 2015 - June 2017	3	2	4	9	A	NHSL	Brian Currie	Andrew MacDonald	NPD	Site surveys completed to date. Project Co to undertake their own investigations subsequent to joint agreed SI undertaken by NHSL early in competitive dialogue phase. CEC archaeology programme pre-Financial Close agreed.	Satisfactory at present; review in January 2015.	Open
	12	Damage to existing infrastructure	Running of live hospital services on Little France site disrupted due to damage to utilities or other infrastructure.	NPD construction	Jan 2015 - June 2017	2	2	1	3	G	Project Co	-	-	-	Site surveys and investigations completed and shared with bidders in competitive dialogue; control plans to be finalised with preferred bidder by financial close.	Satisfactory at present.	Open
	13	Major incident	Programme delay due to construction being halted as Little France site responds to a Major Incident.	NPD construction	Jan 2015 - June 2017	1	3	1	2	G	NHSL	Susan Goldsmith	Lyn MacDonald	Operational Management	Major Incident policy to be revised to take account of the new hospital. This needs to be done through liaison between the Little France Campus Working Group, the site H&S Group, and the Site Liaison Committee, responsible for major incident and business continuity planning. Stop notice procedure to halt construction to be in place.	Satisfactory at present. Stop notice procedures discussed in competitive dialogue; major incident plan to reflect construction programme to be developed on appointment of preferred bidder in March 2014.	Open
	14	RIE interface failures	Planned interface construction (e.g. ED link, PTS) does not deliver operational functionality.	NPD construction	Jan 2015 - June 2017	3	5	5	15	A	Project Co	-	-	-	Control plans to be finalised with preferred bidder by financial close.	Adequate at present, IHSL developing survey / access requirements to inform design prior to FC.	Open
	15	RIE interface failures	Construction of areas outside the red line to be handed to Consort are not completed to specification and access to Facility through RIE links is not possible e.g. Hospital Square, ED, theatres links.	NPD construction	Jan 2015 - June 2017	3	5	5	15	A	Project Co	-	-	-	Arrangements in place for Preferred Bidder to join LFCWG from Financial Close and interface with all parties on their delivery of these works.	Adequate at present, IHSL developing proposals for handback programme and protocols.	Open
	16	Site traffic	Increased NPD site traffic results in congestion on Little France site, impeding live hospital services and construction progress.	NPD construction	Jan 2015 - June 2017	4	3	3	12	A	NHSL	Brian Currie	Steve Alderson	Operational Management	NHSL Site Co-ordinator / Logistics Manager appointed and Little France Campus Working Group with all partners established. Review of traffic management across the whole site in progress. Discussions with bidders in competitive dialogue; preferred bidder to join LFCWG from Financial Close.	Satisfactory at present. LFCWG meets monthly.	Open
	17	Impact on RIE productivity	NPD construction causes downtime in RIE accommodation availability, resulting in reduced service but no reduction in unitary charge costs.	NPD construction	Jan 2015 - June 2017	2	4	1	5	G	NHSL	Susan Goldsmith	Brian Currie	Operational Management	Plan and communicate in advance all intended works and access to site co-ordinator for approval to be obtained before implementation. HAI Scribe principles to be adopted at all times.	Not active at this time	Open
	18	Health and safety	Injury on Little France site (outside the construction site) associated with NPD construction to any party, impacting on programme, cost and / or reputation.	NPD construction	Jan 2015 - June 2017	3	1	2	4.5	G	NHSL	Brian Currie	Steve Alderson	Operational Management	Links to Little France H&S group established. Appointment of Construction and Design Management Co-ordinator. H&S capability is a major consideration in selection of Project Co. Preferred bidder to join H&S Group from October 2014.	Satisfactory at present. Site H&S Group meets monthly.	Open

Updated since August 2014	No	Title	Description	Project Phase		Mitigated Risk Score					Organisation at Risk	Risk Owner (Internal NHSL)	Risk Handler (Internal NHSL)	Risk Allocation (Internal NHSL)	Controls in place	Adequacy of controls to minimise risk and achieve programme	Risk Open / Closed
				Options: NPD procurement NPD construction NPD Commissioning Enabling (inc Clinical) Operational External / governance	Programme dates	Probability (1-5)	Impact Cost (1-5)	Impact Programme (1-5)	Risk Score	Risk Status							
RISK AND CONTROLS UPDATED	19	Equipment delays - Groups 2 & 3	Delay to commissioning and commencing service due to failure to meet programme to procure / install / commission NHSL equipment.	NPD Commissioning	June 2017 - Sept 2017	2	2	4	6	G	NHSL	Jackie Sansbury	Neil McLennan	NPD	Health Facilities Scotland is providing technical resources to support equipment procurement. Equipment Steering Group meeting monthly.	Satisfactory at present. Awaiting construction commissioning programme to allow understanding of phasing of fit out.	Open
RISK STATUS INCREASED AND CONTROLS UPDATED	20	Equipment affordability	Increased cost of equipment / changes to timing result in impact on wider Board capital programme.	NPD Commissioning	June 2017 - Sept 2017	3	4	2	9	A	NHSL	Susan Goldsmith	Iain Graham	NPD	Updated costs included in FBC. Managed as part of NHSL overall capital planning process, with specification changes due to changes in technology / clinical practice addressed through existing governance mechanisms for approval of new clinical practices and associated expenditure.	Satisfactory at present. Version 7 indicated an over-commitment but this is subject to review of the equipment list for developments, transferability and proposed procurement which will take place over the next few months.	Open
	21	Equipment transfer and service down-time	Reduced productivity and clinical risk due to unavailability of equipment and services during transfer to new site.	NPD Commissioning	June 2017 - Sept 2017	3	1	5	9	A	NHSL	Jacque Campbell / Fiona Mitchell	Brian Currie	Operational Management	Equipment schedule to be fully developed with preferred bidder from March - Oct 2014. Full review of existing assets to take place to assess condition as part of commissioning planning to inform double-running and commissioning programme to be developed. Potential to hire equipment as opposed to down-time. Annual review of equipment to be transferred.	Not active at this time.	Open
	22	Building defects	Delay in programme or reduction in capacity due to defects identified post-handover requiring rectification.	NPD Commissioning	June 2017 - Sept 2017	2	2	1	3	G	NHSL	Brian Currie	Jackie Sansbury	NPD	Commissioning plan to be agreed one year before handover.	Satisfactory at present; draft outline commissioning plan completed by NHSL ready for development with preferred bidder.	Open
	23	Major incident	Programme delay due to commissioning being halted as NHSL responds to a Major Incident.	NPD Commissioning	June 2017 - Sept 2017	1	3	1	2	G	NHSL	Susan Goldsmith	Lyn McDonald	Operational Management	Major Incident policy. RHSC and WGH local planning to take moves into consideration. Little France Campus Working Group to manage review of local measures to fit with programme. RIE Site Liaison Committee is responsible for major incident and business continuity planning at Little France. Stop notice procedure to halt commissioning to be in place.	Satisfactory at present; draft outline commissioning plan completed by NHSL ready for development with preferred bidder.	Open
	24	NHS staff availability	Programme delay in achieving operational readiness; operational risk if staff are not available for orientation and training in new facility.	NPD Commissioning	June 2017 - Sept 2017	2	1	1	2	G	NHSL	Jacque Campbell / Fiona Mitchell	Jackie Sansbury	Operational Management	Workforce Plan and outline Commissioning Plan to include resources and backfill requirements to be completed February 2014 in advance of FBC.	In preparation.	Open
	25	Service change	Planned function of a room / area becomes obsolete or priorities change due to changes in practice / advances in technology and requires updating before opening.	NPD Commissioning	June 2017 - Sept 2017	3	1	5	9	A	NHSL	Jacque Campbell / Fiona Mitchell	Brian Currie	Operational Management	Governance structures in place to manage approval of change. Project / Clinical Management Team would require to make case to Project Steering Board.	Satisfactory at present. Review monthly.	Open
	26	Health and safety	Failure to co-ordinate and manage build commissioning activities (including equipment transfer and installation and staff orientation) resulting in adverse incidents and risk to safety. Programme delay and costs incurred.	NPD Commissioning	June 2017 - Sept 2017	3	1	2	4.5	G	NHSL	Brian Currie	Jackie Sansbury	Operational Management	Commissioning plan to be agreed one year before handover.	Satisfactory at present; draft outline commissioning plan completed by NHSL ready for development with preferred bidder.	Open

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				Options: NPD procurement NPD construction NPD Commissioning Enabling (inc Clinical) Operational External / governance	Programme dates	Probability (1-5)	Impact Cost (1-5)	Impact Programme (1-5)	Risk Score								Risk Status
RISK AND CONTROLS UPDATED	27	Workforce redesign	The required workforce are not in place to deliver the models of service, resulting in reduced capacity. This could be due to lack of a) funds b) staff to be recruited c) training	NPD Commissioning	June 2017 - Sept 2017	4	4	1	10	A	NHSL	Lynne Khindria	Jacquie Campbell / Fiona Mitchell	Operational Management	Programme of workforce meetings set up with SEAT representation to review workforce proposals for commissioning the new building and the upgraded RIE Critical Care Unit and new Renal and Transplant Unit. Implementation plans for recruitment and training to follow agreement of the workforce required. Governance processes for approval of workforce by NHSL, and for regional elements SEAT, to be established.	Satisfactory at present. Workforce plan once agreed with SEAT representatives, and Redesign Action Plan to be shared with PSB.	Open
RISK SCORE AND CONTROLS UPDATED	28	Delays in completion	Commissioning of services under 'clinical enabling' in RIE are delayed due to late delivery of works.	Enabling	Aug 2013 - Feb 2017	3	2	3	7.5	G	NHSL	Brian Currie	Margaret Dimascio	Operational Management	Clinical enabling programme produced to identify critical path and projects prioritised. Weekly Capital Management Group to escalate pressures / lack of progress to the Director of Finance. Process for the development of SAs is being streamlined.	Adequate at present. The optimism bias % continues to fall as projects progress, therefore reducing the predicted costs. Construction contingency plans well established.	Open
RISK STATUS INCREASED AND CONTROLS UPDATED	29	Insufficient space in RIE to support RHSC/DCN clinical models	Accommodation required in RIE to support service models (e.g. adult critical care) is not feasible. This includes accommodation for the downstream works for transplant and renal critical care and the displaced laboratory / eHealth staff.	Enabling	Aug 2013 - Feb 2017	5	4	4	20	R	NHSL	Susan Goldsmith	Brian Currie	Operational Management	Engagement with Consort and their design team to establish the Renal, Transplant HDU and Critical Care is ongoing. In parallel, commercial / supplemental agreement negotiations has commenced to meet RHSC / DCN programme and mitigate risks. Residual risk remains until all contracts signed and staff relocated; all parties actively pursuing relocations and works to meet the programme. Relocation plans for staff displaced from the above changes are progressing well, with negotiations with Scottish Enterprise for space in EBQ Building Nine now concluded. Detailed Programme of moves being developed.	Not satisfactory at present as move of eHealth team to free up renal/transplant space is dependent on Project Team relocating from Canaan Lane to site accommodation. Delayed until Spring with delay in FC, so alternative location for eHealth is required.	Open
CONTROLS UPDATED	30	Impact on RIE clinical services during construction	Decreased productivity in RIE due to construction of accommodation within the RIE to support RHSC and DCN clinical models resulting in reduced capacity and risk to targets.	Enabling	Aug 2013 - Feb 2017	4	3	2	10	A	NHSL	David Farquharson	Lyn McDonald	Operational Management	Clinical Enabling Works programme and critical path identified. Working Groups established to manage planning, decant and commissioning. Weekly bed reductions to be agreed with CMTs and shared with waiting list and bed management teams.	Satisfactory at present.	Open

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CONTROLS UPDATED	31	Infrastructure damage	Running of live hospital services in RIE disrupted due to damage to utilities or other infrastructure during works within the RIE.	Enabling	Aug 2013 - Feb 2017	2	5	5	10	A	NHSL	David Farquharson	Lyn McDonald	Operational Management	Enabling and Clinical Enabling Works programme and critical path identified. Working Groups established to manage planning, decant and commissioning. Consort takes the risk for damage to 'known utilities', minimising disruption and providing temporary utilities if required. Consort must use reasonable endeavours not to damage 'unknown utilities' and must rectify damage using insurance proceeds if available, but any insurance excess or deductible will be borne by NHSL.	Not satisfactory at present. Inadequate / inaccurate 'as built' information available for the RIE. September 2014 incident where RIE phones cut off due to works underway - debrief and lessons learned to be compiled and addressed by end December. See risk 10 on Consort progress with works.	Open
	32	Insufficient capital resource.	Increased cost of enabling works to deliver RHSC and DCN results in impact on wider Board capital programme.	Enabling	Aug 2013 - Feb 2017	2	2	2	4	G	NHSL	Susan Goldsmith	Iain Graham	Operational Management	Costs identified in OBC, to be confirmed in FBC. Governance structures in place to manage approval of change.	Satisfactory at present; budget costs are reviewed regularly by Project Steering Board.	Open
CONTROLS UPDATED	33	RHSC/DCN interface failures	Planned interface construction (e.g. ED) does not deliver operational functionality.	Enabling	Aug 2013 - Feb 2017	4	1	1	4	G	NHSL	Brian Currie	Andrew MacDonald	Operational Management	Programme of works and Working Group established. Performance specification agreed with Consort through SA6 and SA Enabling.	Satisfactory at present. Review January 2015.	Open
	34	Communicating traffic management and wayfinding.	Failure to inform users of changes to traffic management arrangements resulting in confusion, complaints, adverse incidents and bad publicity.	Enabling	Aug 2013 - Feb 2017	4	2	2	8	G	NHSL	Brian Currie	David Ridd	Operational Management	NHSL Site Co-ordinator / Logistics Manager appointed and Little France Campus Working Group with all partners established. Review of traffic management across the whole site for each phase. Communication plan to ensure public and staff are aware changes.	Satisfactory at present.	Open
	35	Unavailability of Payment Mechanism for areas affected by Enabling Works	Construction causes downtime in RIE accommodation availability, resulting in reduced service but no reduction in unitary charge costs.	Enabling	Aug 2013 - Feb 2017	3	1	1	3	G	NHSL	George Curley	Lyn McDonald	Operational Management	Will be addressed in the SA for clinical enabling with agreement of no financial penalties.	Not satisfactory at present. See risk 10 on Consort progress with works.	Open
	36	Major incident	Programme delay due to construction being halted as Little France site responds to a Major Incident.	Enabling	Aug 2013 - Feb 2017	1	3	1	2	G	NHSL	Susan Goldsmith	Lyn McDonald	Operational Management	Major Incident policy to be revised to take account all works on site. This needs to be done through liaison between the Little France Campus Working Group, the site H&S Group, and the Site Liaison Committee, responsible for major incident and business continuity planning.	Satisfactory at present. Stop notice procedures and major incident plan to reflect construction programme for NPD and enabling to be developed with preferred bidder.	Open
	37	Health and safety	Injury on site associated with Enabling Works to any party, impacting on programme, cost and / or reputation	Enabling	Aug 2013 - Feb 2017	3	1	2	4.5	G	NHSL	Brian Currie	Jackie Sansbury	Operational Management	Construction and Design Management Co-ordinator to be appointed. NHSL Site Co-ordinator / Logistics Manager appointed. Little France Campus Working Group with all partners established, reporting to the RIE site H&S group.	Satisfactory at present. Review monthly.	Open

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CONTROLS UPDATED	38	Equipment delays	Delay to commissioning and commencing service due to failure to meet programme to procure / install / commission equipment.	Enabling	Aug 2013 - Feb 2017	2	2	4	6	G	NHSL	Jackie Sansbury	Neil McLennan	NPD	Equipment schedules for Renal & Transplant HDU & RIE Critical Care now agreed. Pharmacy feasibility study completed & detailed design under way - budget costs for major equipment for Pharmacy updated.	Satisfactory at present. Review monthly.	Open
	39	Infection control	Construction causes an infection control risk in the RIE, resulting in clinical risk and service reduction.	Enabling	Aug 2013 - Feb 2017	4	3	3	12	A	NHSL	Sarah Ballard-Smith	Jackie Sansbury	Clinical Risk	Board requirements and standards clearly specified.. HAI Scribe to be adopted and Infection Prevention and Control sign-off of all works.	Satisfactory at present. Review monthly.	Open
CONTROLS UPDATED	40	RIE failures post-clinical enabling	Operations within the RIE post-clinical enabling works (e.g. transplant and renal patient pathways, pharmacy service to RIE) deliver a reduced service compared to that before changes were implemented.	Operational	June 2017 - Sept 2018	1	1	1	1	G	NHSL	David Farquharson	Lyn McDonald	Operational Management	Redesign to be completed prior to moves to support smooth transition through established Working Groups. Additional capacity being built in for renal and transplant critical care. Benefits management plan for benchmarking and measuring performance one year post-completion.	Satisfactory at present. Redesign and benefits plans to be complete October 2015.	Open
	41	Performance of Project Co	Project Co fail to meet Service Level Specification.	Operational	June 2017 - Sept 2018	1	1	1	1	G	NHSL	George Curley	Stuart Davidson	Operational Management	Board requirements stated clearly in procurement documentation and competitive dialogue. Standard form payment mechanism to hold Project Co to account. Appointment of Contract Manager to monitor and measure performance in dialogue with Project Co.	Satisfactory at this time. Contract Manager engagement in preferred bidder negotiations will be key.	Open
	42	Failure to deliver expected clinical benefits	The new facility and service model do not deliver the expected RHSC, CAMHS and DCN benefits in improved capacity, patient pathways and clinical outcomes.	Operational	June 2017 - Sept 2018	1	1	1	1	G	NHSL	David Farquharson	Jacque Campbell / Fiona Mitchell	Operational Management	Service redesign to plan for capacity and model of care requirements. Service Redesign Reference Group established. RHSC & DCN Redesign Groups established with identified leads for each workstream. Mental Health Board will drive CAMHS redesign and sub-group has been established. Benefits management plan for benchmarking and measuring performance one year post-completion.	Satisfactory at present. Benefits Management Plan to be revisited for FBC.	Open
	43	Infection control	Failure to maintain / improve upon infection rates.	Operational	June 2017 - Sept 2018	1	1	1	1	G	NHSL	Sarah Ballard-Smith	Jacque Campbell / Fiona Mitchell	Clinical Risk	Board requirements and standards specified and incorporated in dialogue to develop designs. Infection Prevention and Control sign-off of design. Use of HAI Scribe. Adherence to SHTM 30. Benefits management plan for benchmarking and measuring performance one year post-completion.	Satisfactory at present. Infection Control fully engaged on post-preferred bidder design development from March 2014.	Open

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	44	Performance of building	Building does not operate to specification e.g. planned energy performance not achieved resulting in additional cost and environmental impact.	Operational	June 2017 - Sept 2018	2	3	1	4	G	NHSL	George Curley	Stuart Davidson	Operational Management	Board requirements stated clearly in procurement documentation and competitive dialogue. Standard form payment mechanism to hold Project Co to account. Appointment of Contract Manager to monitor and measure performance in dialogue with Project Co.	Satisfactory at this time. Contract Manager engagement in preferred bidder negotiations will be key.	Open
	45	Service change	Planned function of a room / area becomes obsolete or priorities change due to changes in practice / advances in technology and requires updating before opening.	Operational	June 2017 - Sept 2018	3	1	5	9	A	NHSL	Jacque Campbell / Fiona Mitchell	Stuart Davidson	Operational Management	Degree of flexibility factored into design to accommodate change. NHSL governance structures in place to manage approval of change - in operational phase Clinical Management Team would require to make case through capital planning procedures. Change protocols for NPD contract defined in the PA.	Satisfactory at present. Ongoing discussion in dialogue and with IHSL.	Open
	46	Campus management	Failure of operations on Little France site due to breakdown between parties.	Operational	June 2017 - Sept 2018	3	3	3	9	A	NHSL	David Farquharson	Lyn McDonald	Operational Management	Continuation of Little France Campus arrangements. NHSL adopting a non-adversarial approach with campus partners to ensure a co-ordinated, well communicated and structured working on the Little France site. Joint Steering Board with Consort established.	Satisfactory at present. Any changes post Financial Close will come with a cost and/or programme implication. Review monthly.	Open
	47	Neuro-oncology provision	De-stabilising current service model by removing DCN from WGH site.	Operational	June 2017 - Sept 2018	1	1	1	1	G	NHSL	Jacque Campbell	Eddie Doyle	Operational Management	DCN Redesign Group. Redesign plan to include management of clinical pathways and links to oncology. Benefits management plan for benchmarking and measuring performance one year post-completion.	Satisfactory at present. Workforce Plan to be completed for FBC.	Open
	48	User dissatisfaction	The new facility and/or service model do not meet with approval from users (e.g. patients, carers, staff) resulting in complaints / grievances / poor publicity / loss of reputation.	Operational	June 2017 - Sept 2018	3	1	1	3	G	NHSL	Jacque Campbell / Fiona Mitchell	David Ridd	Operational Management	Engagement with staff, patients, families and the public throughout the development of the reference design. Bidder designs checked off by lead clinical staff during bidding process with renewed engagement and communication once preferred bidder is appointed. Communication and engagement plan for the move and opening of the new facility. Benefits management plan for benchmarking and measuring performance one year post-completion.	Satisfactory at present. IHSL design widely publicised and well received at Open Staff Sessions. Users and patient representatives are actively engaged in the detailed design at 1:50, as well as ongoing development of interior design, wayfinding, external landscaping and art proposals.	Open
	49	Campus management	Failure to deliver the project due to breakdown between parties / delays in agreement of strategic priorities on the Little France site.	External / governance	Sept 2012 - Sept 2018	3	3	3	9	A	NHSL	Susan Goldsmith	Brian Currie	Operational Management	Continuation of Little France Campus arrangements. NHSL adopting a non-adversarial approach with campus partners to ensure a co-ordinated, well communicated and structured working on the Little France site. Joint Steering Board with Consort established.	Satisfactory at present. Review monthly.	Open

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RISK CLOSED	50	Planning and other statutory consents	Planning and other statutory consents are not granted, resulting in programme delay.	External / governance	Sept 2012 - Nov 2014	0	0	0	0	0	NHSL	Susan Goldsmith	Brian Currie	NPD	Planning risk for RHSC and DCN transferred to Project Co. NHSL will require off-site and on-site flood defence enhancement works detailed planning consent only. Reserved matters and local application submitted as per programme.	Risk closed; final planning application (flue) approved 05/11/14.	Closed
	51	Key stage review completion	SFT do not give approval at key stages / changes to NPD programme resulting in delay to the project.	External / governance	Sept 2012 - Sept 2018	2	1	5	6	G	NHSL	Susan Goldsmith	Brian Currie	NPD	Constant dialogue with SFT, including a fortnightly Working Group. Strategic delivery programme agreed with SFT and SGHD. Planning for close of dialogue KSR in November 2013.	Satisfactory at present. Review monthly.	Open
RISK CLOSED	52	NHS Boards' approval	NHSL and other Boards do not support FBC resulting in programme delay.	External / governance	Sept 2012 - June 2014	0	0	0	0	0	NHSL	Susan Goldsmith	Brian Currie	NPD	Ongoing dialogue via SEAT and informally with other NHS Boards. Regular reporting to NHSL governance committees required to approved FBC in June 2014.	FBC approval secured for submission to SCIG.	Closed
CONTROLS UPDATED	53	Scottish Government approval	Scottish Government do not approve FBC resulting in programme delay.	External / governance	Sept 2012 - Sept 2018	1	5	5	5	G	NHSL	Susan Goldsmith	Brian Currie	NPD	£50m contingent liability will prevail at FBC stage should the project not proceed.	Not satisfactory at present; FBC presented to SCIG on 05/08/14 and considered 26/08/14. Email confirming support for £2.1m increase in capex received 11/11/14. Board to provide detail on RMHC contribution and lab fit-out. Formal confirmation of FBC approval awaited.	Open
	54	Impact of NHSScotland restructuring / Health and Social Care integration	Restructuring of boards and local authorities services results in changes to governance structures and delay to project programme.	External / governance	Sept 2012 - Sept 2018	2	1	5	6	G	NHSL	Tim Davison	Susan Goldsmith	NPD	Project delivery is a priority for NHSL Board and SGHD. Stable project governance. NHSL Corporate Governance and Strategic Planning are advising NHSL on the establishment of the Integration Joint Board and impact on Board governance.	Satisfactory at present. Review position monthly with Corporate Governance up to approval of FBC.	Open
CONTROLS UPDATED	55	Charities input	Failure to achieve aspirations over the base build of stakeholder groups and benefits currently enjoyed due to lack of engagement. E.g. donations, volunteers.	External / governance	Sept 2012 - Sept 2018	3	3	3	9	A	NHSL	Susan Goldsmith	Brian Currie	NPD	Charity interest and enhancement opportunities beyond base build identified. Enhancement projects costed for management as post Financial Close change as third party funding commitment is secured. Standard Heads of Terms is proposed to secure agreement with each charity. Added value projects are being taken forward through the Arts & Therapeutic Design Group led by IHSL with staff, patient and SKFF & EHLF representatives. Charities Forum for organisations associated with the project established, including Board support to manage the message and have sight of fundraising proposals.	Satisfactory at present. Firm commitments of funding from ELHF (£2m), SKFF (£2.9m) and Ronald McDonald (£3.1m).	Open

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	56	Educational institutions input	Failure to maintain the benefits of relations with the University in the current facilities, and to achieve aspirations for education, peer review and research in the future, due to lack of engagement. E.g. clinical research and teaching facilities	External / governance	Sept 2012 - Sept 2018	2	1	1	2	G	NHSL	Susan Goldsmith	Iain Graham	NPD	Executive level structure in place. Little France Campus Working Group established including UoE. User involvement in design development (including where required in dialogue).	Satisfactory. Links back to the Project Steering Board and F&R via the University Non-Exec. Users fully engaged on post-preferred bidder design development from March 2014.	Open
CONTROLS UPDATED	57	Staff governance	Staff action / grievances in response to changes to working / non-compliance with staff governance standards / national campaigns resulting in programme delay. Low staff morale through feeling disempowered.	External / governance	Sept 2012 - Sept 2018	3	1	3	6	G	NHSL	Susan Goldsmith	Alex Joyce	Operational Management	Extensive staff engagement in design development and regular programme of staff communications. Targeted engagement with key areas in competitive dialogue and preferred bidder stage. Communications plan for reviewable design after financial close in development. Human Resources team involvement in quality evaluation of FM criteria in tender submissions. Partnership and HR engaged in workforce planning for FBC and moving into commissioning. Change to partnership representation arrangements for the project from May 2013 - attendance at Steering Board and specific meetings only. Project Team will continue to report to governance forum when required / invited: - Partnership forum - Staff governance forum	Satisfactory, impact of change in approach to Partnership representation from May 2013 to be managed to ensure continuity and continuing governance.	Open
	58	Project team and clinical staff resources	Inappropriate and insufficient resources to deliver the project and associated work.	External / governance	Sept 2012 - Sept 2018	2	2	4	6	G	NHSL	Susan Goldsmith	Brian Currie	NPD	NHSL internal team and external adviser resource approved by F&R committee. Team structure and resources in place for PB to FC phase.	Satisfactory at present, however, Project Team resource remains under pressure, mainly due to 'additional beds' projects underway in RIE.	Open
RISK CLOSED	59	Availability of funding	Programme for funding competition before the independence referendum (18/09/14), and financial close afterwards, gives rise to the risk that the cost of financing could be higher than anticipated, or contractual protection sought by the preferred funder, with funders concerned over the prospect of Scottish independence and the financial covenant or credit rating of a newly independent Scotland.	NPD procurement	Mar 2014 - Oct 2014	0	0	0	0	0	SFT / NHSL	-	-	-	Funding competition complete October 2014 with M&G appointed as funder.	Satisfactory.	Closed
	60	Change in statutory Building Standards	Capex costs increase above OBC technical cost due to the more onerous energy standards to come into force in October 2013.	NPD procurement	Sept 2012 - Oct 2014	0	0	0	0	0	NHSL	Susan Goldsmith	Brian Currie	NPD	Horizon-scanning for anticipated changes. Full review of any new draft regulations to be undertaken by Technical Adviser and design challenges addressed through competitive dialogue.	Satisfactory.	Closed

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	61	Enabling works adverse impact on sewers	A temporary ward facility will be in place for ED decant during construction of the link building. The only location suitable is on top of an existing sewer line. Consort have completed initial discussions with Scottish Water and have agreement to this with certain reassurances.	Enabling	Aug 2013 - Dec 2014							NHSL	Brian Currie	Andrew MacDonald	Enabling	Mitigation is to design robust foundation to suitably bridge the sewer lines and to monitor the site works to ensure very little impact on the sewer lines. In the unlikely event of access to the sewer being required, Vanguard have confirmed that the temporary unit can be moved in 12 hours. NHSL have agreed to facilitating this access. The impact on the Surgical Observation Unit service would be high, with no alternative accommodation being available.	Satisfactory at present. Continue to review as works progress.	Open
RISK CLOSED	62	Planning condition for off-site flood works not delivered due to third party not granting access to land.	There is a risk of local residents not granting permission for NHSL to access or use their property (car park / garden) to complete the off-site works. CEC may not be prepared to proceed and in such a case NHSL will be powerless to act.	Enabling	April 2012 - Oct 2014	0	0	0	0	0		NHSL	Brian Currie	Andrew MacDonald	Enabling	Proactive communications to ensure that residents understand the benefits of the work to themselves as well as NHSL. CEC assistance requested to communicate with residents; pre-planning consultation information events held. Revised construction methodology to be proposed, which would not require consent for access and therefore mitigate risk of challenge.	Consent granted 26/09/14.	Closed
	63	Project team resources	Insufficient specialist resources to deliver the project.	NPD Commissioning	June 2017 - Sept 2017							NHSL	Brian Currie	Jackie Sansbury	NPD	Paper describing the commissioning process discussed by Project Steering Board Nov 2013. Critical care and theatres Commissioning Manager appointed. DCN Clinical Director sessions allocated. Job description for CAMHs Commissioning Manager with HR. Clinical post to support Director of Ops in RIE agreed in principle and with General Manager to progress.	Satisfactory progress at present with further recruitment required.	Open
	64	Accounting treatment	NHSL are unable to submit statutory accounts due to lack of guidance on the NPD accounting model.	Operational	June 2017 - Sept 2018							NHSL	Susan Goldsmith	Moira Pringle	NPD	National short-life working group reporting to NHS Scotland Technical Accounting Group is progressing this issue in line with NHS Grampian project.	Satisfactory; to be resolved for NHS Grampian in advance of NHSL requirement.	Open
	65	Accounting treatment	NHSL do not receive correct category of capital funding for non-NPD capital expenditure.	Enabling	Aug 2013 - Feb 2017							NHSL	Susan Goldsmith	Moira Pringle	Enabling	Working with SGHSCD in respect of classification of Capital Funding between Core Capital and Capital Grants. Reports are being prepared by NHSL Finance to obtain agreement on categorisation of expenditure and previous spend.	Satisfactory; arrangements for future spend in place.	Open

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RISK AND CONTROLS UPDATED	66	Equipment delays - Group 1	Delay to commissioning and commencing service due to failure to meet programme to procure / install / commission Group 1 equipment.	NPD Commissioning	June 2017 - Sept 2017	2	2	4	6	G	Project Co	Jackie Sansbury	Neil McLennan	NPD	Health Facilities Scotland is providing technical resources to support equipment procurement. Equipment Steering Group meeting monthly. Version 7 equipment schedule issued to NHSL and updates / corrections being made. Board specified Group 1 specifications agreed with users and submitted to IHSL. Provisional sum now agreed.	Satisfactory at present.	Open

RHSC & DCN At Little France

CONFIDENTIAL

Meeting: Project Management Group Meeting

Location: Islay

Date and time: 27th August 2014 @ 1230

Subject: Project Management

Meeting Chair: Sorrel Cosens

Attendees:

Sorrel Cosens	NHSL	(SC)
Graeme Greer	NHSL	(GG)
Brian Currie	NHSL	(BC)
John Ballantyne	IHSL	(JB)
Liane Edwards	IHSL	(LE)
Panya Upama	IHSL	(PU)
Sean Ferm	IHSL	(SF)

Apologies:

Matthieu Dannoot	IHSL	(MD)
Richard Osborne	IHSL	(RO)
Paul Serkis	IHSL	(PS)
Kamil Kolodziejczyk	NHSL	(KK)
Maureen Brown	NHSL	(MB)
Wallace Weir	IHSL	(WW)

Distribution (over and above attendees):

Brian Saunders	IHSL	(BS)
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Number	Action	Owner	Date
1.0 Matters Arising			
1.1	2.1 - It was confirmed that IHSL will be responsible for updating and presenting the Technical Schedules Tracker for the PMG.	LE	Weekly
1.2	2.2 - NHSL to review and respond to next iteration of RDS template.	GG	27/08/14
1.3	2.3 - RDD Schedule being populated by IHSL. Update to be provided at next PMG.	LE	03/09/14
1.4	2.4 - Schedule of derogations by IHSL to be issued by 05/09/14.	LE	05/09/14
	2.4 - Schedule of derogations workshop to be organised on 08/09/14.	SC	29/08/14
1.5	2.5 - JB advised that PCP 4.27, Community Engagement Strategy was discussed on 26 th August 2014 and it has been agreed this can be removed from the list of PCPs. IHSL to update the method statement with previous PCP feedback.	LE	03/09/14
1.6	2.7 – Board to provide delta view of updated corporate policies where possible.	SC	03/09/14
1.7	2.8 – Title of Revision D/E of the BCRS is still not resolved. Once clarified, Board to issue as a Transmittal to IHSL, including legal advisers.	GG/LE	27/08/14
2.0 Technical Schedule Tracker			

RHSC & DCN At Little France

2.1	TS and PCP trackers reviewed line by line with status and commentary to be updated by IHSL.	LE	03/09/14
2.2	Board to issue Rev E of BCRs as a Transmittal to IHSL, including legal advisers.	RW	29/08/14
2.3	Meetings to review 4.3 Construction Methodology and 4.16 Commissioning arranged and further meetings requested to review the following: 4.5 Interior Design and Wayfinding & 4.6 Art Strategy (combined); 4.13 Acoustic Strategy; 4.26 Helipad Strategy; and 4.32 Schedule of Derogations.	SC	29/08/14
2.4	Legals to be advised to include both the RDD and Table of Finishes in their gaps list.	WW	29/08/14
2.5	Board cannot find documents for 4.16 Commissioning and 4.23 Specifications (Civil & Structural) on Aconex. LE to investigate.	LE	03/09/14
2.6	JB confirmed that Schedule Part 7 (Programme) will be updated with the revised dates, to be discussed at high level at Construction methodology workstream on 28/08/14.	JB	28/08/14
2.7	Schedule Part 13 (Independent tester) progress update requested.	WW	03/09/14
2.8	LE advised that during a review of the Environmental Matrix a number of discrepancies have been uncovered impacting on RDS production and requested input from NHSL. IHSL to raise RFI.	LE	03/09/14
2.9	Finalisation of paymech Gross Service Units relies on issue of SoA. IHSL to confirm expected timescale for this.	LE	03/09/14
2.10	FM – Schedules Part 12 and Part 16 – almost completed. IHSL to issue final version as Transmittal including legals when workstream satisfied with them. Timescale to be confirmed next week.	PU	03/09/14
3.0 Work Streams			
3.1	Design Steering Group – 01/09/14 – Board will send LE design risks for IHSL to add to the agenda.	GG	28/08/14
4.0 Requests for Information			
4.1	Open RFIs reviewed line by line. All parties to close open RFIs that have been addressed /superseded by subsequent work.	MM / LE	03/09/14
	Future reports will be a single collated sheet of open requests only.	MB	03/09/14
4.2	RIE drawings at interface: IHSL to speak to SC about drawings currently available in the office.	JB	03/09/14
	Board to provide room details (ie name/type) for the area surrounding the interface to identify any areas of sensitivity.	BC	03/09/14
5.0 Programme			
5.1	Following Project Steering Board on 22/08/14 the programme has been updated and all parties should use Revision 8J.	-	-
6.0 Preparation for PDG Meeting			
6.1	PDG meeting notes from 18/08/14 to be issued prior.	JB	29/08/14
	PCPs to be included in the agenda for the 01/09/14 PDG.	JB	29/08/14
7.0 Schedule 31, Interface			
7.1	BC advised on key points from 27/08/14 interface meeting: 1. IHSL to present proposals on the Boundary Wall to South and External Lighting Design to Public Realm	JB	03/09/14
	2. First Floor Link Meeting – IHSL to propose date for meeting	JB	29/08/14
8.0 AOB			
8.1	Petrol Station interpretive report to be issued early w/c 01/09/14.	IHSL	03/09/14
8.2	It was reiterated that the correct lines of communications need to be followed at all times with neither party's subcontractors to contact the other party direct. All communication to go through NHSL/IHSL.	ALL	-
8.3	IHSL to provide proposal for issue and collation of documents for FC. This item to be added to the agenda for next week's PMG meeting.	WW	03/09/14

RHSC and DCN

Mott MacDonald Ltd (Head Office UK)

MAIL TYPE

MAIL NUMBER

REFERENCE NUMBER

General Correspondence

MM-GC-000432

BMCE-RFI-000077

Re: Bedroom Ventilation: HAI Scribe Confirmation

From Maureen Brown - Mott MacDonald Ltd (Head Office UK)
To (2) Ms Janice Mackenzie - NHS Lothian (+1 more...)
Cc (5) Mr David Stillie - Mott MacDonald Ltd (Head Office UK) (+4 more...)
Sent Thursday, January 29, 2015 13:28:11 +0000
Status N/A

ATTRIBUTES

Attribute 1 Stage 2 - Preferred Bid
Attribute 2 33. M&E Building Services

MESSAGE

Hi Ken,

Following your recent RFI, the Board respond as follows:

- The single room with en-suite ventilation design shall comply with the parameters set out in SHTM 03-01.
- The design solution should not rely in any way with the opening windows as these will be opened or closed by patient choice.
- The critical factor from SHTM 03-01 for infection control will be the resultant pressure within the room being balanced with or negative to the corridor.
- Isolation room ventilation shall comply with SHPN 04 Supplement 1.

Kind regards,

Mo

From: K Hall**Sent:** 19/01/2015 9:54:01 AM GMT (GMT +00:00)**To:** Maureen Brown, Janice Mackenzie**Cc:** Colin MacRae, David Stillie, Stewart McKechnie**Mail Number:** BMCE-RFI-000077**Subject:** Bedroom Ventilation: HAI Scribe Confirmation

A42675943

As per meeting of Tuesday 13.01.15 and our request for clarity on negative / positive pressure regime within the bedrooms, we attach the sketches distributed at the meeting and seek confirmation /acceptance from the NHS review with infection control.

Thanks

Ken

From: Stillie, David [REDACTED]
Sent: 14 January 2015 14:28
To: Richards, Janette
Cc: Mackenzie, Janice; Halcrow, Fiona
Subject: RE: Natural ventilation - negative and positive pressure new RHSC/DCN Edinburgh

Thanks Janette

I have passed this to Colin Macrae for comment.

Regards

David

From: Richards, Janette [REDACTED]
Sent: 14 January 2015 13:41
To: Mackenzie, Janice; Stillie, David
Subject: FW: Natural ventilation - negative and positive pressure new RHSC/DCN Edinburgh

Dear Both, Please see response form HPS Ian Stewart re ventilation for the isolation room,
Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse

[REDACTED]

[REDACTED]

[REDACTED]

Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Stewart Ian (NATIONAL SERVICES SCOTLAND) [REDACTED]
Sent: 14 January 2015 09:15
To: Richards, Janette
Cc: O'Brien Geraldine (NATIONAL SERVICES SCOTLAND)
Subject: RE: Natural ventilation - negative and positive pressure new RHSC/DCN Edinburgh

Dear Janette,

I do sympathise with you. At times it seems to me that you are between a rock and a hard place!

I am responding to your voicemail in writing as I will be in a meeting for most of the morning and you will want to close this issue down.

The situation regarding what SHPN 04 Supplement 1 describes as an enhanced single bed room (ie with gowning lobby) is that

- The lobby will have positive mechanical ventilation (over 60 air changes)
- The en suite will have extract ventilation creating negative pressure
- The bed room is “balanced” without any supply or extract directly to/from the room allowing cascading of air from the lobby to the room via a pressure stabiliser and from the room to the en suite via a fixed grille (probably part of the door assembly).

For what it is worth, I wrote this SHPN!

Its philosophy is much simpler than it used to be. The concept of optional positive/negative ventilation, controlled by staff, for the actual bed room is outmoded. Staff were invariably confused as to when they should provide which and this led to human error and unwanted or unintended air-flow patterns.

The logic now adopted is that if a patient is infectious, the positive pressure in the lobby will stop any “infected” air getting into the corridor affecting other patients who are not isolated. If a patient is susceptible to infection, the reverse will occur and the corridor air will not get into the bedroom.

I don't think I know Mr McKechnie but I am surprised at reference to the use of openable windows. This could lead to ingress of unfiltered air or egress of infectious air that could find its way to a nearby openable window (whether or not in an isolation room) or to a nearby air intake. In short, have sealed windows as this will enable air flow patterns to be controlled.

If I have misunderstood anything related to your own situation, no doubt you will let me know.

Kind regards,

Ian Stewart
Consultant
Engineering & Environment
Health Facilities Scotland
NHS National Services Scotland

[Redacted]

[Redacted]

www.hfs.scot.nhs.uk

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From: Richards, Janette [Redacted]
Sent: 13 January 2015 12:33
To: Stewart Ian (NATIONAL SERVICES SCOTLAND)
Cc: 'Stillie, David'
Subject: Natural ventilation - negative and positive pressure new RHSC/DCN Edinburgh

Dear Ian,

The New RHSC is to have Natural ventilation with windows and window trims to allow this. In the isolation rooms with gowning lobby the planned air flow is this

Gowning lobby	Positive pressure ventilation
Actual bed room	Balanced
En-suite facility	Negative pressure ventilation

According to Health Building Note 04-01 Supplement 1 Isolation facilities for infectious patients in acute settings this seems to be what is suggested.

Single bed room accommodation will have positive pressure ventilation with negative in the en-suite facility but there will be no option to make the room negative pressure if infected patient in the room-however my understanding, from speaking with Mr Stuart Mckecnie who used to work with you I believe, is if the window/window grills are open the room then becomes negative pressure. I am concerned that we will not have a local option to have neg/pos pressure ventilation option. Most of the facility will be single room accommodation and if the rooms all have positive pressure then nothing should go into the rooms via the doors so immunocompromised patients should still be protected if they have to go into isolation other than the isolation rooms.

I am sorry to be contacting you at the moment with all these different issues but I get great support from you. As an IPCN I know what we need but my understanding of the mechanics of it all is limited,

Thank you for your help,

Regards
Janette

Janette Richards

Lead HAISCRIBE Infection Prevention and Control Nurse

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[janette.richards](mailto:janette.richards@[Redacted]) [Redacted]

Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

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From: McKechnie, Stewart [REDACTED]
Sent: 19 November 2014 17:03
To: Bushfield, John; Rutherford, Brian
Cc: Glasgow Filing; Glasgow Filing
Subject: FW: Infection control

Told you wouldn't wait till RDDDDDDDDDD !!!

Stewart McKechnie

Director
IEng ACIBSE MIHEEM

TUV SUD Limited

[REDACTED]

[REDACTED]

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-----Original Message-----

From: Ken Hall [REDACTED]
Sent: 19 November 2014 14:53
To: McKechnie, Stewart
Subject: FW: Infection control

Hi Stewart

Can you treat as priority the bedroom sketches for the vent before the door closes and we have no alternative but to comply with infection control requirements.

Realistically I think we need:

- 1.0 Interpretation of SHTM for bedrooms
- 2.0 Air flow movement under a few scenarios, natural vent etc

3.0 And how this impacts on the adjacent corridor ventilation

We will need to chat it through internally then table with infection control.

Any queries can we have a chat.

Cheers

Ken Hall BEng(Hons) MBA CEng MIET MCIBSE MSLM M&E Design Manager

Brookfield Multiplex Europe

[Redacted contact information]

W www.brookfieldmultiplex.com

Please note that my email address has changed to [Redacted] kindly update your address book accordingly.

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-----Original Message-----

From: Liane Edwards-Scott
Sent: 19 November 2014 14:30
To: Ken Hall
Subject: Infection control

Motts have just informed the HAI scribe that the vent system doesn't comply with infection control because it relies on the windows being openable- can you shed some light or offer opinion?
Liane Edwards-Scott ARB
Design Manager

Brookfield Multiplex Construction Europe RHSC & DCN Project Office

[Redacted contact information]

w: www.brookfieldmultiplex.com

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Wallace Whittle

RHSC – DCN Edinburgh

Air Movement Report For Single Bedrooms (Draft)

1.0 Introduction

We have been asked to review the air movement within the single bedrooms under various ventilation scenarios.

1. Windows and trickle vents closed, no natural ventilation, mechanical ventilation only provided to the bedrooms.
2. Windows and window trickle vents open, natural and mechanical ventilation provided to the bedrooms.
3. Some of the windows and window trickle vents open and some closed, mixture of natural and mechanical ventilation to the bedrooms.

2.0 Interpretation of SHTM 03 Ventilation for Healthcare Premises

A single room within Appendix 1 : Table A1 : Recommended air-change rates is given under the ventilation column as supply/extract/natural, with 6 ac/hr and room pressure as zero or negative. The single room WC from the table is 3 ac/hr and room pressure is negative.

Current bedroom ventilation design is supply into the room at 4 ac/hr with opening windows and trickle vents to provide natural ventilation, this gives a balanced room pressure as long as the window is open.

The single bedroom WC extract has been enhanced to 10 ac/hr and the room pressure is negative.

3.0 Ventilation Scenario's

Scenario 1

1. Bedroom is positively pressurised by supply air.
2. En-suite is negative pressure to the bedroom.
3. Excess bedroom air flows to the corridor via doors.
4. Corridor is provided with extract ventilation, pressure is balanced.

Scenario 2

1. Bedroom has balanced pressure.
2. En-suite is negative pressure to the bedroom.
3. Excess bedroom air flows out the open windows and trickle vents.
4. Corridor is provided with extract ventilation, pressure is negative to surrounding bedrooms and other rooms.

Issue	Date	By	Checked
1	27.11.14	BR	JB
2	12.01.15	BR	JB



RHSC – DCN Edinburgh

Air Movement Report For Single Bedrooms (Draft)

Scenario 3

1. Bedrooms with open windows have balanced pressure and bedrooms with closed windows are positively pressurised by supply air.
2. En-suite is negative pressure to the bedroom.
3. Excess bedroom air flows out the open windows or through the bedroom doors if the windows are closed.
4. Corridor is provided with extract ventilation, pressure is negative to surrounding bedrooms.

Refer to Appendix 1 for the Air Flow and Resultant Room Pressure drawings.

The original reference design as detailed within the Environmental Matrix is as follows:-

Bedroom - Supply 4Ac/Hr & Room Pressure Positive.

WC – Extract 10Ac/Hr & Room Pressure Negative.

4.0 Conclusion

Reviewing the three air flow and resultant room pressure scenario drawings G1547/(57)SK01-SK03:

When the windows and trickle vents are utilised for natural ventilation the bedroom pressure is balanced and the corridor becomes negative.

If some of the windows and trickle vents are closed, these bedrooms will become positive and the bedrooms with open windows again will be balanced, where the corridor is negative.

Should all the bedroom windows and trickle vents be closed, the bedroom pressure is positive and the corridor shall be balanced as the corridor extract rate will match the supply air coming from the bedrooms via their doors.

The window trickle vents should be left open when the rooms are occupied, this will ensure that the bedroom pressure is balanced.

By utilising the proposed mixed mode ventilation proposal for the bedrooms, ie. opening windows and trickle vents with the supply air reduced from 6Ac/Hr to 4Ac/Hr direct into the bedroom, this will provide the most energy efficient solution for the space.

We believe that we have complied with the reference design concept as detailed within the original Environmental Matrix.

Issue	Date	By	Checked
1	27.11.14	BR	JB
2	12.01.15	BR	JB

RHSC and DCN at Little France

PQQ Evaluation | Candidate Feedback**CANDIDATE B: IHS Lothian**

About the Candidate:

- Disappointed that their submission documentation was badged for only one part of the project; NHSL is working hard to ensure DCN has equal profile to the children's hospital.
- Note that they fielded strong individuals, although limited specific health PPP experience in the organisations
- Limited evidence of construction contractor and FM provider working together
- Finance: the vast majority of experience cited is that of Macquarie, with little experience provided for Brookfield. Further, Macquarie's experience is considerable internationally but limited in the UK, with few recent projects and only a limited number of projects delivered under current funding conditions. Little evidence of your role in addressing issues and securing funding under current funding conditions.

Construction Contractor: **Brookfield Multiplex**

- Strong focus on holistic approach: recognising the needs of patients, sustainability, partnership working, stakeholder involvement and community benefits.
- Good examples of cost savings in design and value engineering.

FM Contractor: **ETDE FM**

- Good examples of partnership and collaboration, including change management.
- Attention being paid to the impact of the build on lifecycle costs

Designated Organisations: **HLMAD / Wallace Whittle / Robert Bird**

- Experience across most areas, although we note that Wallace Whittle have no health PPP experience. Other examples noted for their relevance and diversity
- No explanation to support statement made in relation to Aberdeen Children's Hospital being 'the most technologically advanced in Europe'

PQQ Section	Candidate Score	Maximum score
Candidate	19	30
Construction Contractor	23	30
Facilities Management	24	30
Designated Organisations	6	10
TOTAL SCORE	72	100

Note: the range of scores was very close from 72 to 75.

RANK	3rd
-------------	-----------------------

90% of referees responded

What feedback do you have for us and SFT on the pre-qualification process?

From: Greer, Graeme [REDACTED]
Sent: 13 November 2014 13:18
To: Currie, Brian
Cc: Halcrow, Fiona; Stillie, David; Macrae, Colin
Subject: FW: Single room ventilation
Attachments: 131114 RHSC + DCN Single bedroom ventilation.docx

Brian,

Further to the Environmental Matrix meeting on Monday, please refer to the email below and attached that summarises the issue with the single bedroom ventilation.

As discussed at the Environmental Matrix meeting we added the following comment on the Environmental Matrix,

- Detailed proposal awaited on bedroom ventilation to achieve balanced/negative pressure relative to corridor.

However this may come down to an dispute over the SHTM requirement / Infection Control requirements.

Might be worth raising this again at the RDD meeting?

Kind Regards
Graeme

From: Stevenson, William
Sent: 12 November 2014 10:20
To: Macrae, Colin
Cc: Greer, Graeme
Subject: RE: Single room ventilation

Colin,

I would tend to agree with your comments.

There is an excess of positive pressure air in the bedrooms.

ProjectCo are stating that the excess air will pass through the ventilator.

That would appear to imply that the ventilator would be required to be open all year round which would have an impact on energy targets – heat would be lost through the ventilators rather than recovered through the heat recovery systems?

There are still issues over them achieving the required 6 air changes in the room as per SHTM 03-01.

Regards

Willie S.

William Stevenson

Technical Director – Building Services

Mott MacDonald

[Redacted]

[Redacted]

W www.mottmac.com

From: Macrae, Colin
Sent: 12 November 2014 09:04
To: Stevenson, William
Cc: Greer, Graeme
Subject: Single room ventilation

Willie

Attached is a summary of Project Co current ventilation strategy for a single bedroom, could I get your comments please.

Regards

Colin,

Colin Macrae

BEng (Hons) CEng MCIBSE
Senior Building Services Engineer



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Single bedroom ventilation

Project Co's current ventilation strategy for the above room is as follows:

Supply air to bedroom at 4 ac/h and $17\text{m}^2 \times 2.4\text{m high} = 40.8 \text{ m}^3 \times 4\text{ac/h} = 163.2\text{m}^3/\text{h}$

Extract air from en-suite at 10 ac/h and $4.5\text{m}^2 \times 2.4\text{m high} = 10.8 \text{ m}^3 \times 10\text{ac/h} = 108\text{m}^3/\text{h}$

This leaves an excess of $55 \text{ m}^3/\text{h}$ supply air to be discharged by other means to achieve balanced ventilation within the bedroom. Project Co have stated that this is satisfied by opening the window or the trickle vent on the window if the window is closed.

Extract from the corridor will reduce the resultant corridor pressure.

SHTM 03-01 Table A1

Room	Ventilation	Air change rate	Pressure	Comment
Single bedroom	supply/extract/natural	6	balanced or negative	
En-suite	extract	3	negative	

Mott MacDonald concern is that the room will be at a slight positive pressure relative to the corridor which would allow infection such as MRSA or Norovirus to spread.

From: Mackenzie, Janice
Sent: 14 January 2015 10:34
To: Halcrow, Fiona
Subject: FW: G1547 Little France - Air Movement Report Single Bedrooms
Attachments: 20141127 air movement.pdf; G1547 Air Flows & Room Pressures.pdf

Hi Fiona

FYI, we discussed this yesterday and what was meant to have been the HAI Scribe Stage 3 workshop but other than the M&E people who were there to talk about the ventilation query the correct people weren't there!!

Anyway David is going to discuss with Colin and Janette with HFS. IHSL do appear to have followed the relevant SHTM, so we await outcome of these discussions.

Can you give me a phone when convenient have a query re paper light and redesign!

Janice

Janice MacKenzie
Clinical Director
RHSC + DCN - Little France

[REDACTED]

E: [REDACTED]

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From: Ken Hall [REDACTED]
Sent: 13 January 2015 14:27
To: Mackenzie, Janice; 'david.stillie [REDACTED]'
Cc: Brown, Maureen [REDACTED]; Little France@WallaceWhittle
[REDACTED]; 'Macrae, Colin'
Subject: FW: G1547 Little France - Air Movement Report Single Bedrooms

Janice / David

As requested email copy of the report from this morning if you could pass a copy to Janette for feedback.

Any questions let me know.

Thanks.

Ken Hall BEng(Hons) MBA CEng MIET MCIBSE MSLL
M&E Design Manager



Brookfield Multiplex Europe
RHSC & DCN Project Office

[REDACTED]

W www.brookfieldmultiplex.com

Please note that my email address has changed to ken.hal kindly update your address book accordingly.

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From: Little France@WallaceWhittle
Sent: 12 January 2015 15:18
To: Ken Hall
Cc: Little France@WallaceWhittle; Glasgow Filing
Subject: RE: G1547 Little France - Air Movement Report Single Bedrooms

Ken,

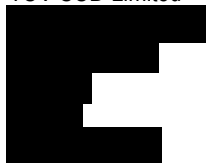
As requested, see enclosed an updated copy of our Air Movement Report for The Single Bedrooms.

Regards,

Brian Rutherford

Senior Mechanical Engineer
IEng ACIBSE

TUV SUD Limited



Fax: +44 (0)141 221 6088

www.tuv-sud.co.uk/wallacewhittle



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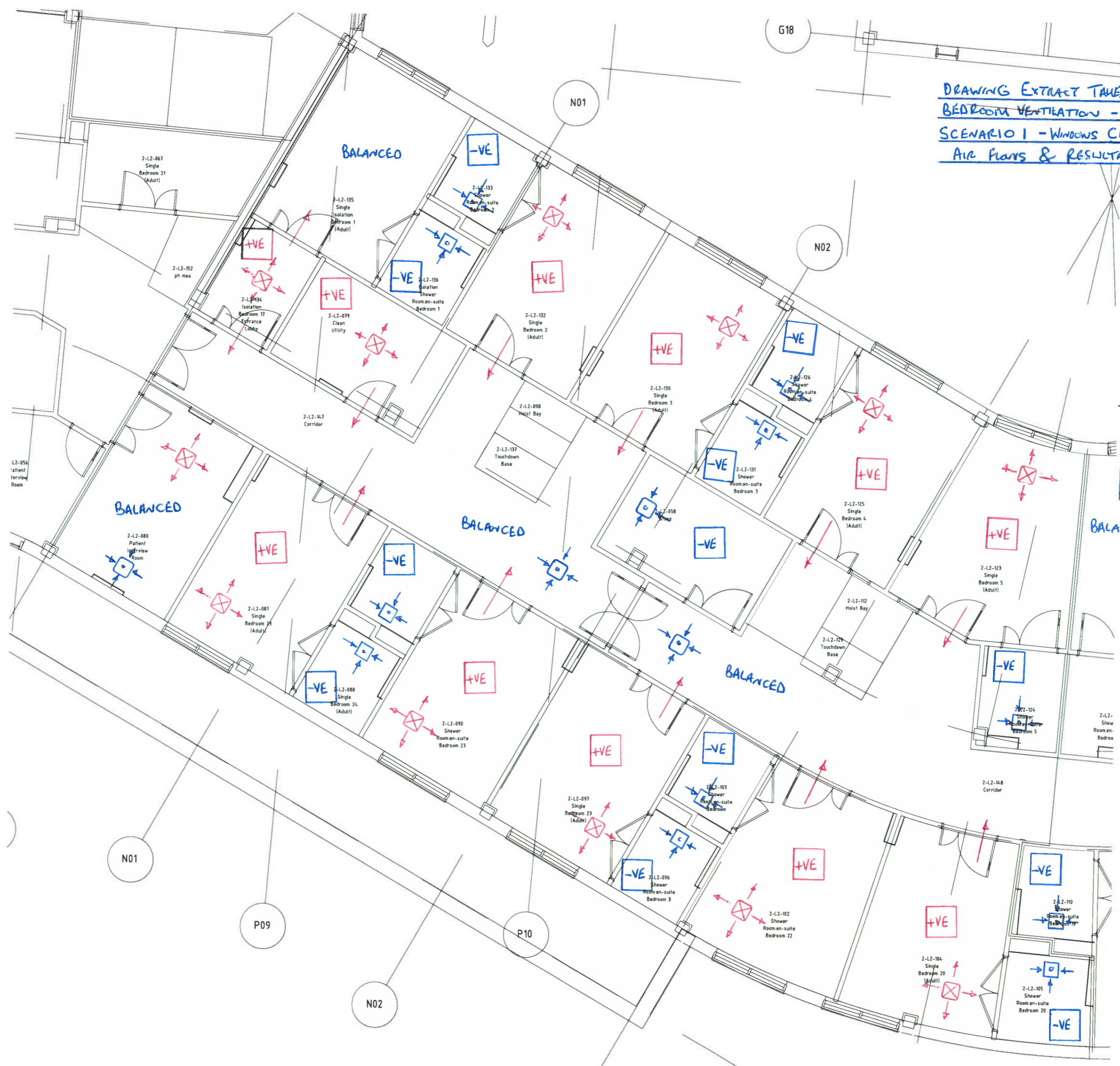
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DRAWING EXTRACT TAKEN FROM LEVEL 2
BEDROOM VENTILATION - MECHANICAL ONLY
SCENARIO 1 - WINDOWS CLOSED
AIR FLOWS & RESULTANT ROOM PRESSURES

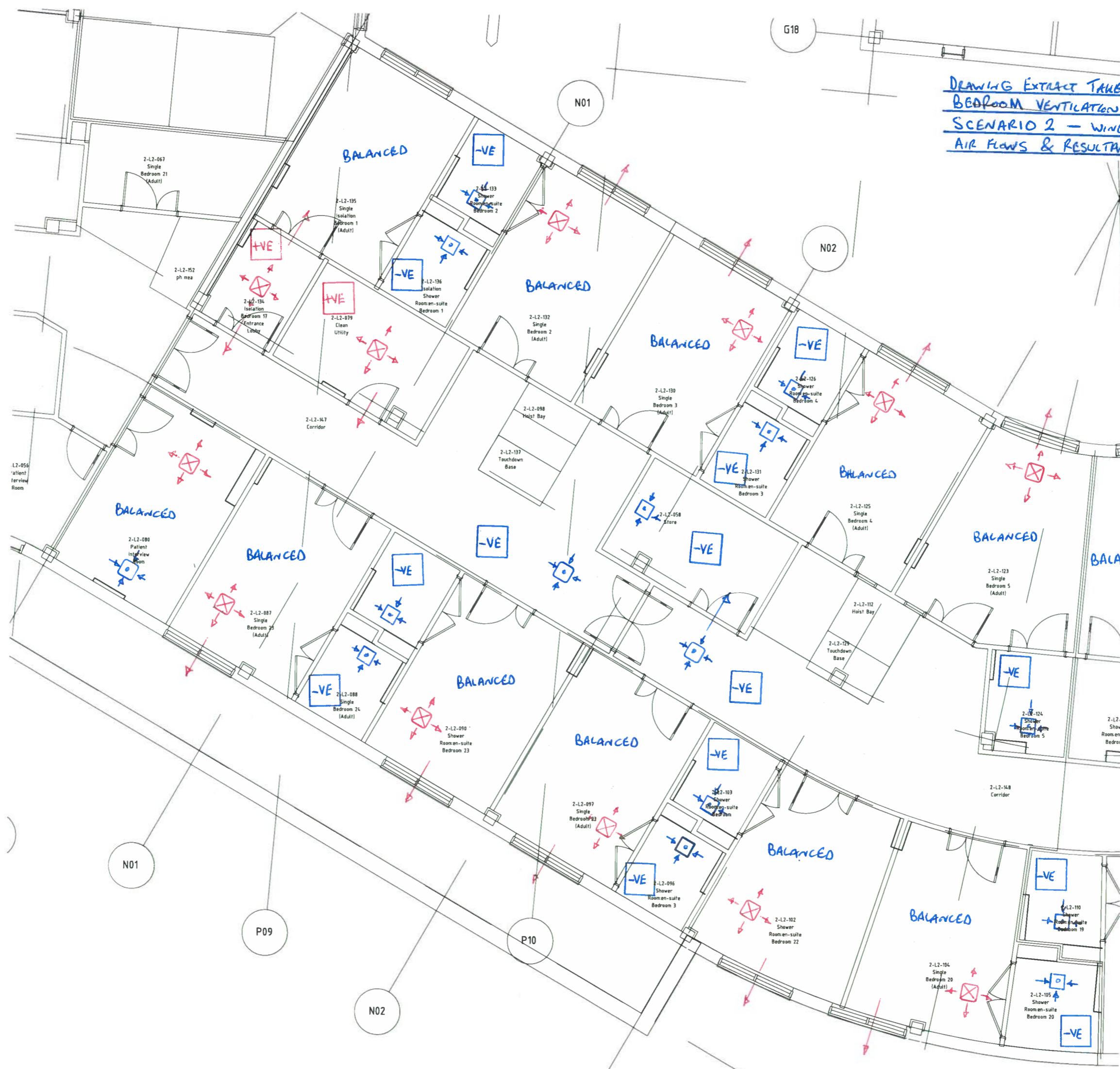


LEGEND

-  - SUPPLY GRILLE
-  - EXTRACT GRILLE
-  - AIR FLOW.
-  - POSITIVE ROOM PRESSURE
-  - NEGATIVE ROOM PRESSURE
-  - BALANCED ROOM PRESSURE

G1547/57)sk01
PHSC & DCN

DRAWING EXTRACT TAKEN FROM LEVEL 2
BEEDROOM VENTILATION - MECHANICAL & NATURAL
SCENARIO 2 - WINDOWS OPEN
AIR FLOWS & RESULTANT ROOM PRESSURES

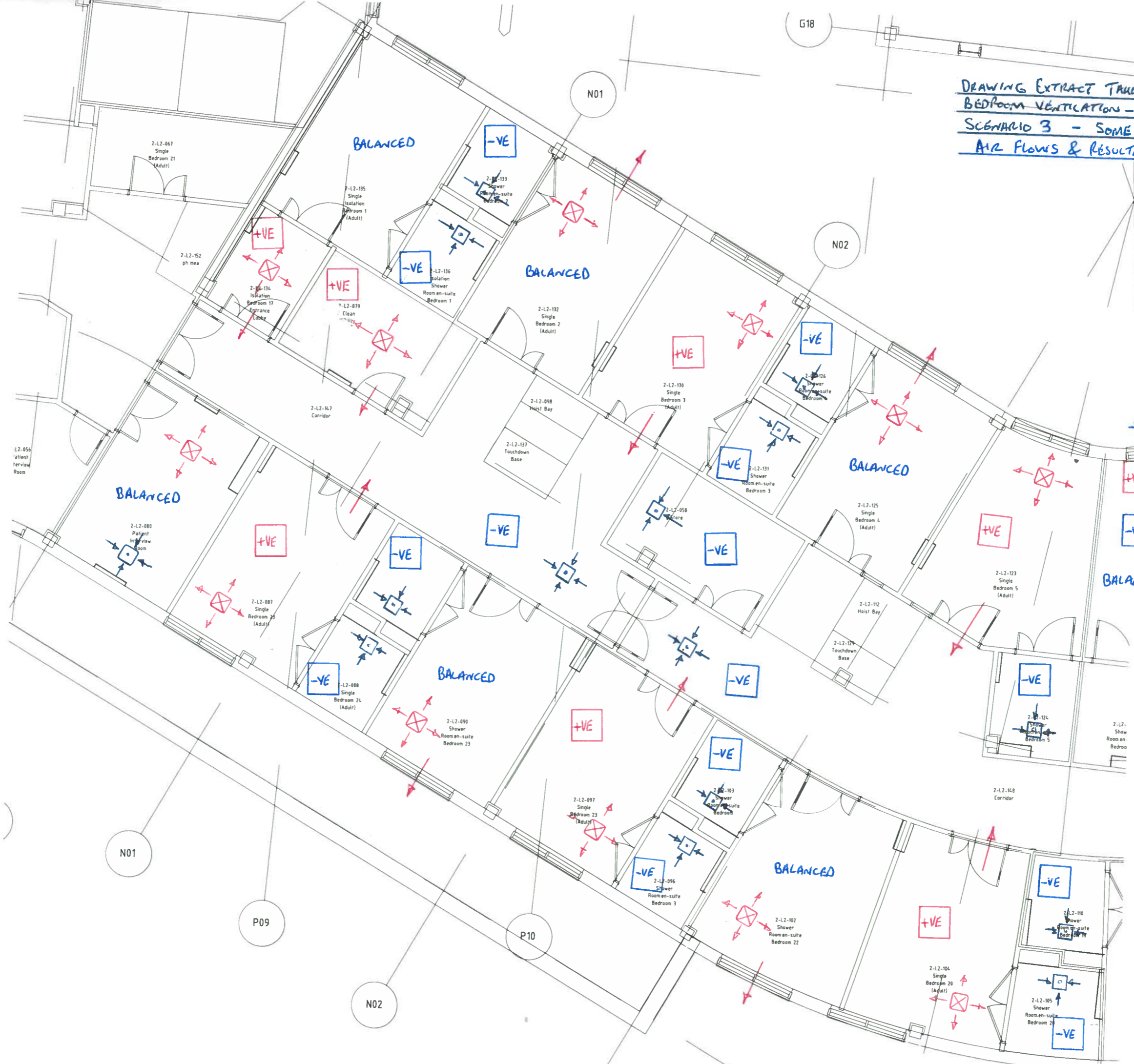


LEGEND







- SUPPLY GRILLE
- EXTRACT GRILLE
- AIR FLOW
- POSITIVE ROOM PRESSURE
- NEGATIVE ROOM PRESSURE
- BALANCED ROOM PRESSURE

G1547/157/SK02
RHSC & DCN.

DRAWING EXTRACT TAKEN FROM LEVEL 2
BEDROOM VENTILATION - MECHANICAL & NATURAL
SCENARIO 3 - SOME WINDOWS OPEN
AIR FLOWS & RESULTANT ROOM PRESSURES



LEGEND

-  - SUPPLY GRILLE
-  - EXTRACT GRILLE
-  - AIR FLOW.
-  - POSITIVE ROOM PRESSURE
-  - NEGATIVE ROOM PRESSURE.
-  - BALANCED - BALANCED ROOM PRESSURE.

G1547/(57)SK03
PHSC & DCN

To: Mr Ken Hall - Brookfield Multiplex Construction Europe [redacted]; Ms Janice Mackenzie - NHS Lothian [redacted]
Cc: Graeme Greer - Mott MacDonald Ltd (Head Office UK) [redacted]; Colin MacRae - Mott MacDonald Ltd (Head Office UK) [redacted]; Mr David Stillie - Mott MacDonald Ltd (Head Office UK) [redacted]; Fiona Halcrow - NHS Lothian [redacted]; Mr Stewart McKechnie - Wallace [redacted]
From: Maureen Brown - Mott MacDonald Ltd (Head Office UK) [redacted]
Sent: Thur 1/29/2015 1:28:11 PM (UTC)
Subject: Re: Bedroom Ventilation: HAI Scribe Confirmation

Hi Ken,

Following your recent RFI, the Board respond as follows:

- The single room with en-suite ventilation design shall comply with the parameters set out in SHTM 03-01.
- The design solution should not rely in any way with the opening windows as these will be opened or closed by patient choice.
- The critical factor from SHTM 03-01 for infection control will be the resultant pressure within the room being balanced with or negative to the corridor.
- Isolation room ventilation shall comply with SHPN 04 Supplement 1.

Kind regards,

Mo

From: K Hall
Sent: 19/01/2015 9:54:01 AM GMT (GMT +00:00)
To: Maureen Brown, Janice Mackenzie
Cc: Colin MacRae, David Stillie, Stewart McKechnie
Mail Number: BMCE-RFI-000077
Subject: Bedroom Ventilation: HAI Scribe Confirmation

As per meeting of Tuesday 13.01.15 and our request for clarity on negative / positive pressure regime within the bedrooms, we attach the sketches distributed at the meeting and seek confirmation /acceptance from the NHS review with infection control.

Thanks

Ken A42675943

From: Richards, Janette
Sent: 28 January 2015 13:07
To: 'Brown, Maureen'
Cc: 'Stillie, David'; 'Greer, Graeme'; 'Macrae, Colin'; Mackenzie, Janice
Subject: RE: RHSC + DCN | Ventilation - M&E drawings comments

Dear All,

I have forwarded the information re isolation room ventilation from HPS, if the ventilation is now being put in place as per these requirements that were sent to David Stillie then I am happy with that.

Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian

[REDACTED]

[REDACTED]

[REDACTED]

Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Brown, Maureen [REDACTED]
Sent: 27 January 2015 17:14
To: Richards, Janette; Richards, Janette
Cc: Stillie, David; Greer, Graeme; Macrae, Colin; Mackenzie, Janice
Subject: RE: RHSC + DCN | Ventilation - M&E drawings comments

Hi Janette,

Just chasing you for your response re the emails below.

Kind regards,

Mo

From: Mackenzie, Janice [REDACTED]
Sent: 26 January 2015 11:57
To: Brown, Maureen
Cc: Stillie, David; Greer, Graeme; Richards, Janette; Macrae, Colin; Richards, Janette
Subject: RE: RHSC + DCN | Ventilation - M&E drawings comments

Thanks Mo, based on what Colin is saying are we therefore saying we are happy with their proposal for the isolation rooms?

If this is the case then I think this seems fine, but would want Janette to confirm she is happy.

Just

Janice

Janice MacKenzie
Clinical Director
RHSC + DCN - Little France



SAVE PAPER - please do not print out this email unless absolutely necessary

From: Brown, Maureen [REDACTED]
Sent: 26 January 2015 11:35
To: Mackenzie, Janice; Richards, Janette; Richards, Janette; Macrae, Colin
Cc: Stillie, David; Greer, Graeme
Subject: RHSC + DCN | Ventilation - M&E drawings comments

Janice/ Janette,

Please see our proposed response to Ken Hall re their query on the ventilation.

Can you please review and confirm you are happy for this to be released.

Kind regards,

Mo

From: Greer, Graeme
Sent: 23 January 2015 17:41
To: Macrae, Colin; Brown, Maureen; Kolodziejczyk, Kamil K
Subject: RE: M&E drawings comments

Can we run this past the Board prior to issue to Ken?

Would be good to get this out before the PDG on Monday.

Thanks
Graeme

From: Macrae, Colin
Sent: 23 January 2015 16:38
To: Brown, Maureen; Kolodziejczyk, Kamil K
Cc: Greer, Graeme
Subject: RE: M&E drawings comments

Kamil/Mo

The definitive answer that Ken is looking for from Tuesday's meeting is as follows:

- The single room with en-suite ventilation design shall comply with the parameters set out in SHTM 03-01.

- The design solution should not rely in any way with the opening windows as these will be opened or closed by patient choice.
- The critical factor from SHTM 03-01 for infection control will be the resultant pressure within the room being balanced with or negative to the corridor.

Regards

Colin

Colin Macrae
BEng (Hons) CEng MCIBSE
Senior Building Services Engineer



Mott MacDonald

[Redacted]

[Redacted]
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From: Brown, Maureen
Sent: 22 January 2015 14:41
To: Macrae, Colin; Kolodziejczyk, Kamil K
Cc: Greer, Graeme
Subject: RE: M&E drawings comments

Cmac,

We are under pressure to get a response to Ken Halls email below, can you please pull together a response that can be issued on behalf of the Board please.

If possible can you aim to get this closed by the end of this week please.

Kind regards,

Mo

From: Ken Hall [Redacted]
Sent: 21 January 2015 16:46
To: Kolodziejczyk, Kamil K
Cc: Macrae, Colin; Brown, Maureen
Subject: RE: M&E drawings comments

Hi Kamil

Thanks for the drawing comments document I have passed this on to WW/Mercury.

I also received the ICT matrix so this has been issued to WW/Mercury also.

The most critical item from yesterday was confirmation of the bedroom ventilation as per the RFI issued if a definitive response could be confirmed taking account of infection control feedback.

I will put a summary list of actions on Aconex.

Ken Hall BEng(Hons) MBA CEng MIET MCIBSE MSL
M&E Design Manager



Brookfield Multiplex Europe
RHSC & DCN Project Office



W www.brookfieldmultiplex.com

Please note that my email address has changed to [redacted] kindly update your address book accordingly.

 Please consider the environment before printing this email.

From: Kolodziejczyk, Kamil K [redacted]
Sent: 21 January 2015 14:28
To: Ken Hall
Cc: Macrae, Colin; Brown, Maureen
Subject: M&E drawings comments

Hi Ken,

As discussed please find attached latest M&E comments dated and issued on Aconex 4th November 14 (ref: MM-GC-000400).

The ICT Matrix has been uploaded to Aconex on 20th January 15 (ref: MM-GC-000423).

Can you please distribute meeting / action notes from yesterday's meeting?

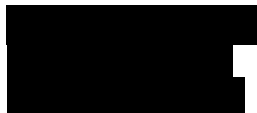
Regards
Kamil

Kamil Kolodziejczyk

MSc, BSc (Hons)



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Re-provision of RHSC and DCN at Little France

Design Risks to the Board to Financial Close

Risk at 28/01/15

The list below contains the principal high, medium and low design risks, and should be read in conjunction with the detailed feedback that has been provided through each Workstream.

Category	Item	Issue	Risk Impact	Current Mitigation Measures	Final Position	Potential Further Mitigation Required post FC.	Person responsible for Risk Closure
M&E	Ventilation		High	<p>The single room with en-suite ventilation design shall comply with the parameters set out in SHTM 03-01.</p> <p>The design solution should not rely in any way with the opening windows as these will be opened or closed by patient choice.</p> <p>The critical factor from SHTM 03-01 for infection control will be the resultant pressure within the room being balanced with or negative to the corridor.</p> <p>Isolation room ventilation shall comply with SHPN 04 Supplement 1.</p>	TBC		
M&E	Incoming water temperature						
Civil / Structural Design / M&E design/ Acoustics	Transfer Beams	IHSL have indicated the transfer beams could impact the operational functionality of clinical areas	High	<p>IHSL to issue summary of the issue to the Board for the Boards consideration.</p> <p>The following comments were raised during the DSG meeting held 24/09/14:</p> <p>1. Ceiling heights - TBC until drawings are submitted for review highlighting extent of services passing through rooms. In addition, Project Co to confirm ceiling height of 2.7m in Social Work room (GD8001).</p> <p>2. Confirmation that duct work cross sections closed at DSG meeting 24/09/14.</p> <p>3. Confirm that the routing of additional trunking will not alter ambient noise levels in the affected rooms or advise additional measures which will be required to meet the prescribed levels. Response by Wallace Whittle and Acoustic Logic: Air velocities shall be limited to ensure the prescribed noise levels are maintained. Where applicable, cross talk attenuators shall be provided to prevent noise interference between two or more connected spaces. <u>To be captured within PCP.</u></p> <p>4. Confirm frequency of access required for repair and maintenance in the affected areas. Response by Bouygues: Most frequent access for ducts are between quarterly, 6 monthly and yearly, however for this, the equipment need to be accessible and not above desk/beds/tables or not put above rails (bed lifts rails) or medical gases and block the access for cleaning or filters replacement. <u>To be captured in the PCP and Derogation response.</u></p> <p>5. Confirm type of ventilation system which will be used in these areas. Response by Wallace Whittle: General supply and extract ventilation system served via AHU located with Level 04 plant area. Closed at DSG meeting 24/09/14.</p> <p>6. Provide a statement confirming that there will be no adverse effect on sensitive medical equipment in the areas or outline measures which will be introduced to</p>	TBC	Will require sign off by CEC Building Control.	BMac/ CMac / JZ/ AM

Category	Item	Issue	Risk Impact	Current Mitigation Measures	Final Position	Potential Further Mitigation Required post FC.	Person responsible for Risk Closure
				mitigate. Response by Wallace Whittle: The redistribution of ductwork services due to restricted void space is not predicted to cause any adverse effects on medical equipment within occupied rooms. To be included within the PCP, noting it must be an absolute obligation rather than predicted.		Closed	
Technical	European emissions	There is a risk that the designs will need to change due to legislative or regulatory changes specific to the Board.	Low	NHSL / MM reviewed the EUETS thresholds. NHSL to confirm with SEPA the interpretation is correct.	TBC		CMac/AW
Geotechnical	Main Site	Lack of evidence of interpretation of Factual SI – and therefore unknown design concept.	Closed	The Board have requested sight of IHSL's Interpretive Report for the main site.	TBC		ED/AM/BMac
Geotechnical	Petrol Station Site	Satisfactory review of IHSL Interpretative Report and remediation proposals.	Closed	Interpretive Report issued and Board comments issued back to Project Co. Meeting held 23/09/14 to discuss recommendations prior to submission to CEC. IHSL to update interpretive report to Board w/e 3/10/14 with workshop meeting TBA w/c 6/10/14.	TBC	Board to ensure that any remedial actions are undertaken by Project Co to required standards and that where necessary validation documentation is submitted to CEC to allow discharge of planning conditions.	ED/AM
Technical	Board's Construction Requirements	A BREEAM score of "very good" was aspired to in the BCRs. Project Co confirmed the BREEAM assessment results show that a score of 61.43% and a 'Very Good' rating will be targeted for the current proposals	Closed	BREEAM meetings have been scheduled during PB - FC stage to ensure this score remains at 'very good'.	TBC		All
PCP / RDS	Environmental Matrix	Content of Environmental Matrix	Closed	Board reviewing internally on 1 st October 2014. Comments to be feedback to IHSL.	TBC		CMac
Board Change	SAS	SAS suggesting changes to the Adult ambulant entrance drop off area.	Closed	Board to check the background to the change. Ongoing internal discussions		Board to confirm changes to Project Co.	BC
Board Change	SAS	Extension to the canopy at the ambulance entrance for the RHSC + DCN	Closed	Board to check the background to the change. Ongoing internal discussions		Board to confirm changes to Project Co.	BC
Fire	Sprinkler suppression required to other areas other than the atrium e.g. vulnerable patient areas	Potential cost increase and delay in design	Closed	Proposed sprinkler provision to be agreed with the approval authorities	TBC	Project Co Risk	JZ
Fire	Proposed provisions for fire brigade access not accepted by the authorities	Potential significant alterations to the site layout required	Closed	Consultation should be sought from the approval authorities and the fire service to agree fire brigade provisions and access	TBC	Project Co Risk	JZ
Fire	Fire Strategy and fire engineered solutions are not approved by the authorities	Delay Construction / Significantly alter the layout and provisions within the building	Closed	Early consultation should be sought with the approval authorities and their comments addressed prior to seeking formal approval IHSL have invited building control to the fire strategy meetings.	TBC	Project Co Risk	JZ
PCP	Vertical Transportation	Lift car sizes - insufficient	Closed	Discussed at DSG due to be held 24/09/14. IHSL to review Board required lift sizes.			DS/ CMac

Category	Item	Issue	Risk Impact	Current Mitigation Measures	Final Position	Potential Further Mitigation Required post FC.	Person responsible for Risk Closure
PCP	Anti-ligature	Lack of definition from IHSL on the Anti-ligature Strategy.	Closed	Board have responded, awaiting IHSL proposals.	TBC		DS
PCP	Acoustics	EFTE atria space – still no defined reverberation time and modelling has not yet been undertaken – this is not a direct derogation from the BCR's, but is Good Industry Practice.	Closed	Still remains a risk following the PCP meeting. Should be 2.5 secs not 3.0 secs as being proposed. Current mitigation measure - IHSL carrying out basic acoustic modelling, results to be feedback to the Board.	TBC		AM
M&E	Combined Heat and Power Plant Sizing	There is concern about the sizing and arrangement of the CHP. IHSL have not provided detailed assessment to show that the use of one large CHP, without a thermal buffer, will actually provide the optimum operation for the Facilities. IHSL have previously stated that the size of the unit has been dictated by compliance with Building Regulations rather than providing an optimised design and this is of high concern, it may be the CHP operates much less than anticipated.	Closed	The Board have received the CHP optimisation paper. The Board still have concerns over the CHP design. Board to respond to IHSL paper 01/10/14.	TBC	Continued updates from IHSL on the CHP sizing and it's suitability to the Facilities. Energy model and CHP selection to be part of the RDD.	AW/CMac
FM	Equipment replacement	Platform to replace the Intra-operative MRI	Closed	Route of replacement has been proposed by IHSL, however indemnities from Group 2B contractor for under taking the work to be agreed in Legal workstream by Iain Graham. The responsibility of the removal and replacement of the external cladding panel to be confirmed.	TBC		JKS
Equipment	Equipment	Board Specified Group 1 Equipment / update of the provisional sum	Closed	Specifications have been issued to IHSL. NHSL to confirm all specifications have been issued. Patrick MacAuley working on specs. There is an issue with U of E specs but this is not a high risk as the make and model are known.	TBC		JKS
M&E	MRI Chillers	Location of chillers	Closed	Current location out with recommended distance. IHSL currently reviewing location with possible relocation in courtyards. Info with potential suppliers- due back 06/10/14.	TBC		JKS/ CMac
M&E	Quench pipes design	Quench pipes design update	Closed	IHSL providing quench pipe space for specialist supplier who will install. Board to review drawings to confirm adequate space has been provided. Info with NHSL potential suppliers- due back 06/10/14.	TBC		JKS/CMac
M&E	Quench pipes design	Quench pipes discharge	Closed	IHSL reviewing location of Quench Pipe discharge on roof. Should be 3m clear of obstruction.	TBC		CMac/SD
Technical	Design	Review of RDS content	Closed	RDS have been submitted for Board Review.	TBC		JMac/DS
Technical	Design	RDS omitted by Project Co at FC	Closed	Board reviewing operational design notes to confirm if there are gaps for the omitted RDS.	TBC		JMac/ DS

Category	Item	Issue	Risk Impact	Current Mitigation Measures	Final Position	Potential Further Mitigation Required post FC.	Person responsible for Risk Closure
Technical	Specifications	IHSL to confirm supplier 'or equal and approved' for the Doors; Cabinetry; Ironmongery and sanitary fittings.	Closed	IHSL will not confirm supplier or 'equal and approved' until post FC.	TBC		DS
PCP	Communication Area & Corridor Widths	Corridor widths and resting areas have not yet been submitted.	Closed	Board to review IHSL proposals. Workshop meeting TBA.			DS
PCP	Acoustics	EFTE atria space (plant noise) – intimating a possible issue but not defined at present	Closed	It was stated in the PCP meeting by acoustic consultant that this could now be looked at. Feedback awaited.	TBC		AM
PCP	Acoustics	Standing Seam roof Light weight roofs (rain noise) – potential derogation that has not been clarified, and IHSL are proposing a retrofit option	Closed	There is a commitment from Project CO to achieve the rain noise performance under lightweight roofs other than the ETFE roof. However they are still optioneering between membrane in the roof build-up or enhanced ceiling so the issue is not completely bottomed out.	TBC		AM
PCP	Acoustics	Rain noise on EFTE Roof	Closed	With the ETFE roof – our understanding from the PCP meeting is that there is a rain noise solution – in the form of a mesh fitted above the roof and that the working assumption is that this solution will be implemented. This should remain a risk if other factors (e.g. light transmission, maintenance etc) are deemed to take precedence over the rain noise issue. The Board has rejected the Derogation. Therefore a netting solution is to be proposed by IHSL.	TBC		AM
M&E	Energy Centre Flue height	Project Co not achieving Planning - Apparently CEC Planning are not accepting the new increased flue height on aesthetic grounds and have communicated this to IHSL. Programme implications	Closed	Revised drawings / information submitted to Planning.	TBC		CMac
Catering	Equipment and costs for catering equipment	IHSL currently reviewing catering equipment options	Closed	IHSL to advise Board ASAP.	TBC		FH/ BC
Geotechnical	Main Site	Lack of evidence of interpretation of Factual SI – it is understood this is a requirement by Building Control.	Closed	The Board have requested sight of IHSL's Interpretive Report for the main site.	TBC		ED/AM
C&S	PCP	General lack of detail in the PCP.	Closed	Information has been requested through relevant Workstream. IHSL to confirm when drawings will be issued for the Boards review. Board to issue comments on C&S drawings	TBC		
Equipment	Gauss Lines	Gauss Lines design update	Closed	Modelling to be undertaken by the Board. Info shared with IHSL on Aconex and discussed at equipment meeting 1/10/14.	TBC		JKS
PCP	Acoustics	Noise surveys – noise survey now undertaken however no consideration of the naturally ventilated areas, with background noise of between 50/ 60 db;	Closed	Not a risk provided that it is confirmed that required minimum ventilation requirements are achieved with windows closed.	TBC		AM

Category	Item	Issue	Risk Impact	Current Mitigation Measures	Final Position	Potential Further Mitigation Required post FC.	Person responsible for Risk Closure
Technical	Design	Agreement on RDS format / content	Closed	RDS content agreed 20 additional rooms TBA prior to FC.	TBC		GG
PCP	Helipad	Helipad Non Clinical Output specification.	Closed		TBC	The Board will rely on the O&M Manuals to define parameters for cleaning operations.	CR / SD
Architectural	Design	Background information on the revised layout of RHSC entrance	Closed	Arrange meeting with IHSL to review the changes	Changes described by IHSL and no further comment from the Board.		
Equipment	Medicine Storage on Hospital In-patient wards	Chief Executive Letter, dated 10/12/13	Closed	Board to ensure Project Co have included the CEL requirements. CEL letter was issued to Project Co.			
Architectural	Design	DCN access to courtyard update	Closed	Board to confirm to Project Co preferred option	TBC	Option to be issued.	JMac/SC
FM	Equipment replacement	Structural Integrity - replacement route of the Intra-operative MRI.	Closed	Route of replacement has been proposed by IHSL, however equipment has not been selected.	TBC		JKS
PCP	Acoustics	No external limit for building services plant – this may be planning issue;	Closed	Still a risk until external limits are proposed and agreed with CEC.	TBC		AM

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From: Currie, Brian
Sent: 23 September 2014 08:33
To: Goldsmith, Susan
Cc: Graham, Iain; Pringle, Moira
Subject: RHSC + DCN - Little France - Progress to FC - Areas of Concern

Importance: High

Susan

In advance of our meeting with Macquarie tomorrow and the PSB on Friday a personal summary of our current status and prospects of getting to Financial Close on the 28th November (Iain/Moira may want to expand on Legal and Financial):

1 Technical

PCP's

These continue to be struggle for IHSL although progress has been made over the last 4 weeks.

We essentially must have the remaining number this Friday for final technical review to enable us to confirm that there will be no "material" changes post the key date of 6th October (the date within IHSL's due diligence that change cannot be introduced without altering FC date).

Difficulties are lack of technical information, outstanding design issues (see 2 below) and little editorial control to ensure consistency by IHSL.

Also, a legal review by IHSL's lawyers is outstanding which whilst not "material" is important. We intend to request Macroberts review one of the PCP's and pass the findings over as a guide.

Drawings

Only a trickle have appeared as yet but we fully expect a deluge shortly.

Our advisers and team will not be able to review in detail by the 6th October. However, we will endeavour to sweep through them to try and spot any significant issues (of particular concern is the building services).

A more detailed review will continue through to FC.

Derogations

We have a draft schedule from IHSL which is considerably longer than that submitted at final tender and we hope to have out technical adviser's view today on how many are significant.

There is a potential risk that under strict procurement rules this extended list could be considered to be so different from IHSL's final tender that another bidder may challenge fairness.

Operational Functionality

Debate continues with IHSL over a caveat that we are insisting on given IHSL are unable to deliver all 1:50's and Room Data Sheets prior to FC as they committed to at final tender.

Room Data Sheets

IHSL have promised 123 RDS's (less than 50% of rooms) prior to FC. Given we will be some way short, our operational design notes will not be evidenced and hence require to be added to our BCR's as a contractual obligation.

We have yet to receive IHSL's environmental matrix promised some time ago.

2 Design

We are meeting with IHSL just prior to our Macquarie meeting tomorrow to discuss the following key design issues which we consider essential to sort prior to 6th October:

Anti Lig
 Communication Spaces
 Structural / Building Services Clash – Duct work running above clinical areas
 CHP Optimisation
 Lifts – wrong sizes
 Acoustics

3 Town Planning

A detailed planning consent is required for the latest flue design.

CEC Environmental Health approval to Former Petrol Filling Station remedial works outstanding

4 Legal

Most annoyingly, IHSL continue to raise issues closed out at final tender.

IHSL Design and Build and FM Contracts still awaited.

5 Financial

EIB are more engaged but no more comfortable with our termination thresholds / triggers.

Difficulty appears to be calibrating or benchmarking against English PFI's

Meeting hopefully next week with EIB to bring to a head one way or other although the view within team members is that we will not get what we want and indeed we have already compromised.

Key programme risk attached to this is that a commercial funder cannot be appointed until we have something agreed with EIB (at earliest end of next week). The recognised timeline of 12 weeks from their appointment to FC would result in FC at the end of December 2014, some 4 weeks beyond our current target.

IHSL continue to question the allowances for Scottish Water sewage works and FPFs Remedial works and appear to be unwilling to fix these allowances as required of them.

The current estimate of change introduced by ourselves post final tender stands at circa £400k with £33k of this recoverable from the Uni of E. The capex figure will be required to be adjusted accordingly.

6 Interface

An "approval" or "acceptance" letter of confirmation will not be forthcoming from Consort Healthcare. However, I consider we are making very positive progress closing out any outstanding points of detail and WIP. We have not proposed and will not introduce in the future any interface proposals which sit outside the principles contained with the SA's.

None of the Consort delivered enabling works currently represent a risk to FC.

So, if we can sort out the design issues this week, have assurance that no big issues are contained within the drawings, see remaining PCP's by the end of the week (and they are in a reasonable state), derogations are all

reasonable and planning consent for the flue does not take a turn for the worst (substantial objections from Little France Mills) then the single biggest threat to target FC date, in my opinion, is late appointment of commercial funder following further protracted negotiations with EIB over the PayMech.

Regards

Brian

Brian Currie
Project Director

[Redacted signature block]

[Redacted signature block]

Category: Quality Evaluation Criteria
 Sub Category: C: Approach to Design and Construction (23%)
 Submission Requirement Reference: C8. Clarity, robustness and quality of M&E engineering design proposals
 Quality Evaluation Basis: Scored
 Quality Evaluation Criteria Weighting: 1.06

Bidders **must** submit proposals setting out their approach to M&E engineering services design. This must be provided as set out in C8.1 – C8.3 below:

Submission Ref: C8.1

Submission Requirement

Bidders **must** submit proposals setting out the engineering services design for each element of the scheme in sufficient detail to demonstrate compliance with the Board's Construction Requirements. For indicative purposes only it is anticipated that Bidders proposals may include (but should not necessarily be limited to) the following:
 i. An engineering design, control and operational philosophy statement;

		Brief Achieved?	
		Y	N
Reviewers Comments	Lacking detail on design philosophy and BCR compliance.		
	ii. Details of principal M&E system selections;	Y	
Reviewers Comments	Satisfactory response, good use of graphics provided.		
	iii. The definition of plant areas and zones both internal and external to the Facilities; and	Y	
Reviewers Comments	Satisfactory response, good level of drawing details provided.		
	iv. Schematics and written proposals for major plant provision.	Y	
Reviewers Comments	Good schematics provided. Water tanks - access to be reviewed.		
Submission Ref	C8.2		
Submission Requirement	Bidders must submit proposals setting out how their design will be developed to include the following: i. Building services which support the Board's business, safety and security and life critical services under supply failure scenarios. Specific details shall be provided relating to standby facilities and mains service redundancy;	Y	
Reviewers Comments	Minimal bullet point statements made / Lacking description. Boiler capacity to be reviewed at PB.		
	ii. An autonomous energy centre and associated plant;	Y	
Reviewers Comments	Minimal criteria met.		
	iii. How temperature, ventilation and comfort for occupants will be maintained in accordance with the minimum criteria and how, if possible, these criteria will be improved;	Y	
Reviewers Comments	Minimal criteria met, lacking detail.		
	iv. How the quality of the environment and prevention of sick building syndrome shall be ensured;	Y	
Reviewers Comments	Basic statement focussing on ventilation issues.		

	v. How mechanical and electrical design is integrated with architectural, structural and civil aspects as outlined above in C2 and C4	Y	
Reviewers Comments	Minimal single statement referring back to C2.		
	vi. How sustainability has been incorporated into their design, including details of the maintenance and operation philosophy for all mechanical and electrical equipment;	Y	
Reviewers Comments	Limited detail, reference to LEDs but actually minimum included, no assessment of size of PV panel array, no detail on savings, no assessment of benefit of CHP which does not appear to be 'optimised' with heat store.		
	vii. Proposals for external services, including details of the main routes (including proposed connections to existing services), intakes and off-site reliance of these services and how this interfaces with adjacent sites (this is also discussed in C18 below);	Y	
Reviewers Comments	Bullet points of services but limited descriptions, cross ref to C18.		
	viii. Details of the main source of heating energy; and	Y	
Reviewers Comments	Limited details provided. Cross referenced to previous section 8.1.		
	ix. Details of mechanical and electrical innovations including costs as described in C4. The following information should be also be provided to help demonstrate the design proposals noted above, including:	Y	
Reviewers Comments	Basic cost information, minimal descriptions.		
	x. An environmental conditions / room provisions matrix for both mechanical and electrical services for each room in the Facilities; and	Y	
Reviewers Comments	No matrix provide, but environmental layout drawings provided.		
	xi. Major plant life cycle statements and design life, including an explanation of the Bidder's lifecycle philosophy to support the lifecycle costing analysis completed in the technical costs proforma;	Y	
Reviewers Comments	Basic statement referring to CIBSE guidance for life cycles. No costs provided.		
Submission Ref	C8.3		
Submission Requirement	Whilst Bidders are required to undertake their own design, the Board has provided a draft Environmental Matrix as part of the ITPD documentation. Bidders must confirm acceptance of the Board's Environmental Matrix, highlighting any proposed changes on an exception basis.	Y	
Reviewers Comments	Good response.		

Lead Reviewer(s):

Support Reviewer(s):

ITPD Response	
Check Point	Reviewer's Comment
Scope and Level of Detail Description of scope and level of detail provided in proposal	Minimal narrative in several sections, whilst addressing the main scope of requirements.
Strong Elements of the Submission What aspects are particularly good and/or innovative? Do the proposals demonstrate quality and provide added value? Are the proposals robust and flexible for future change? If relevant, do the proposals comply with the brief?	Good level of drawings provided.
Weak Elements of the Submission and Areas of Concern List any key issues or areas of concern, including non-compliance with Board requirements, departures from good industry practice and any noted qualifications.	Many sections do not have detailed descriptions or explanations. Two CHP proposed, three would be ideal.
Others to Consider Highlight here any particular aspects that other reviewers should be aware of and/or should consider further.	No comment.
Assumptions List any comments on the relevant assumptions, clarifications and derogations listed in criteria C30 / D14	22 - Fire evacuation - not acceptable at this stage. 23 - Future service capacity - not acceptable at this stage. 24 - Training - not acceptable at this stage. 25 - Sprinklers - not acceptable at this stage. 26 - Fire alarm void protection - not acceptable at this stage. 28 - Patient tagging system - not acceptable at this stage.
Additional Information List here any additional information/clarifications to be sought.	No comment.

Summary	Overall Comment	Scoring Guidance
Satisfactory response, covering the required criteria.		SATISFACTORY
		5 The Bidder's approach: • demonstrates a satisfactory understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs satisfactorily in complying with the Board's requirements.
		GOOD
		6-7 The Bidder's approach: • demonstrates a satisfactory understanding of all aspects of the Board's requirements and a detailed and good understanding of some aspects of the Board's requirements; and/or • proposes a solution which performs well against the Board's requirements
		VERY GOOD
		8-9 The Bidder's approach: • demonstrates a detailed and very good understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs very well against the Board's requirements.
		EXCEPTIONAL
		10 The Bidder's approach: • demonstrates an exceptional understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs very well in complying with the Board's requirements and excels in complying with some of the Board's requirements

OVERALL SCORE	5
----------------------	----------

Issues to Carry Forward to PB Stage
Low temperature HW Capacity UPS Load assessments. Review of modular wiring / pre-wired trunking / supertube proposals. Review and agreement of sub metering strategy.

Status	Review Stage	Reviewer	Date
Final Tender		Evaluation Group meeting	14.2.14

Re-provision of Royal Hospital For Sick Children and Department of
Clinical Neuroscience

M&E Final Tender Feedback Report

Issue and Revision Record:

Rev	Date	Originator	Checked	Approved	Description
A	23 May 2014	Kamil Kolodziejczyk	Colin Macrae	Graeme Greer	Final
B					
C					
D					

Group Disclaimer

"This document is issued for the party which commissioned it and for specific purposes connected with the above-captioned project only. It should not be relied upon by any other party or used for any other purpose.

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<http://pims01/pims/llisapi.dll?func=ll&objId=1558779958&objAction=browse&viewType=1>

IHSL

Mechanical & Electrical engineering design proposal

Final Tender feedback report

Criteria	Feedback on IHSL's response
Engineering services design and compliance with BCRs	<ul style="list-style-type: none"> - IHSL response was lacking detail on design philosophy and compliance with BCRs.
Written proposal for provision of major plant	<ul style="list-style-type: none"> - Access to the water tanks to be reviewed.
Building services, safety and security and life critical services	<ul style="list-style-type: none"> - Limited statements that lack detail description provided on standby facilities and mains service redundancy - Boiler's capacity to be reviewed.
An autonomous energy center and associated plant	<ul style="list-style-type: none"> - More detail required on energy center and associated plant.
Temperature, ventilation and comfort of occupants	<ul style="list-style-type: none"> - More detail required.
Quality of the environment and sick building prevention	<ul style="list-style-type: none"> - Lacking detail description on prevention of sick building syndrome and quality of environment. - Only basic statement focusing on ventilation issues provided.
Mechanical and electrical design integration with architectural, structural and civil aspects	<ul style="list-style-type: none"> - Single statement provided on integration of M&E design with architectural, structural and civil aspects.
How sustainability has been incorporated into the design, including details of the maintenance and operation philosophy for all mechanical and electrical equipment	<ul style="list-style-type: none"> - Limited detail on incorporation of sustainability within the design. - Lacking assessment of size of PV panel array, no

	detail on savings, no assessment of benefit of CHP which does not appear to be "optimized" with heat store
Proposals for external services, including details of the main routes (including proposed connections to existing services), intakes and off-site reliance of these services and how this interfaces with adjacent sites (this is also discussed in C18 below);	- Bullet points with limited description provided.
Details of the main source of heating energy	- Limited details provided
Details of mechanical and electrical innovations including costs.	- Basic cost information provided and minimal description.
An environmental conditions / room provisions matrix for both mechanical and electrical services for each room in the Facilities.	- Environmental drawings provided but no matrix.
Major plant life cycle statements and design life, including an explanation of the Bidder's lifecycle philosophy to support the lifecycle costing analysis completed in the technical costs proforma.	- Basic statement referring to CIBSE guidance for life cycles. - No costs provided.
General comments	- Many sections do not have detail description or explanation.
Assumptions	23 - Future service capacity - not acceptable at this stage. 25 - Sprinklers - not acceptable at this stage. 26 - Fire alarm void protection - not acceptable at this stage. 28 - Patient tagging system - Include as RDD

Lothian NHS Board

RHSC + DCN – Little France
56 Canaan Lane
Edinburgh
EH10 4SG



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Date 5 March 2014
Our Ref RHSC/DCN

PRIVATE & CONFIDENTIAL

John Ballantyne
Integrated Health Solutions Lothian
c/o New South Glasgow Hospitals
Hardgate Road
Glasgow
G51 4SX

Dear John

Royal Hospital for Sick Children and Department of Clinical Neurosciences project (the "Contract")

Thank you for your Final Tender dated 13 January 2014 for the Re-provision of Royal Hospital for Sick Children, Child and Adolescent Mental Service and the Department of Clinical Neuroscience at Little France. We have now completed our evaluation of all the tenders received for this Contract and, on behalf of Lothian Health Board (the "Board") I am pleased to inform you that on this occasion your Final Tender has been evaluated as the most economically advantageous Final Tender.

The table below shows the individual scores given against the award criteria in respect of your submission. Please note that you (and indeed all bidders) achieved a pass against each of the pass/fail assessments.

Tender Scores

SECTION	QUALITY EVALUATION CRITERIA REFERENCE	QUALITY EVALUATION BASIS	YOUR SCORE	QUALITY EVALUATION CRITERIA WEIGHTING
B – Strategic and Management Approach (5%)				
	B1	Scored	6	0.16
	B2	Scored	8	0.32
	B3	Scored	8	0.56
	B4	Scored	8	0.81
	B5	Scored	7	0.32
	B6	Scored	8	0.32
	B7	Scored	8	0.32
	B8	Scored	7	0.57



Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

Chair Mr Brian Houston
Chief Executive Tim Davison
Lothian NHS Board is the common name of Lothian Health Board

SECTION	QUALITY EVALUATION CRITERIA REFERENCE	QUALITY EVALUATION BASIS	YOUR SCORE	QUALITY EVALUATION CRITERIA WEIGHTING
B – Strategic and Management Approach (5%)				
	B9	Scored	8	0.32
	B10	Scored	8	0.32
	B12	Scored	6	0.81
	B14	Scored	8	0.16
Weighted score – section B			3.71	
C – Approach to Design & Construction (23%)				
	C1	Scored	8	2.64
	C2	Scored	8	1.85
	C3	Scored	10	2.64
	C4	Scored	7	2.64
	C5	Scored	7	2.64
	C6	Scored	9	1.06
	C7	Scored	10	2.64
	C8	Scored	5	1.06
	C9	Scored	8	1.06
	C10	Scored	7	1.85
	C11	Scored	7	1.06
	C24	Scored	8	1.85
Weighted score – section C			18.42	
D – Approach to Facilities Management (12%)				
	D1	Scored	7	2.50
	D7	Scored	6	2.50
	D10	Scored	6	4.50
	D12	Scored	6	2.50
Weighted score – section D			7.45	
Weighted Quality Score (40/100)			29.58	
Price Evaluation Mark (60/100)			58.50	
OVERALL SCORE			88.08	

The financial assessment was carried out independently of quality scoring, with the price evaluation mark only being combined with the quality scoring after the completion of the quality evaluation.

Standstill Period

Regulation 32 of the Public Contracts (Scotland) Regulations 2012 requires us to observe what is known as the 'standstill period' – during which we must refrain from entering into a Contract with the winning tenderer. For the purpose of this Contract the standstill period shall run for a period of ten (10) days commencing the day after the date that this letter is despatched to you by email and is anticipated to end on 17th March 2014.

The bringing of court proceedings against the Board during the standstill period will automatically continue a prohibition on the Board entering into a Contract beyond the standstill period until the court proceedings are determined, discontinued or disposed of, or the court, by interim order, brings that prohibition to an end. The remedies that may be awarded by a court before the Contract has been entered into include the setting aside of the decision to award the Contract to the winning tenderer. The bringing of court proceedings against the Board after the Contract has been entered into will not affect the Contract unless grounds for the imposition of special penalties under the 2012 Regulations can be established. Otherwise, the remedies under the Regulations that may be awarded by the courts where the Contract has been entered into are limited to the award of damages.

Separately from providing this statutory standstill period, as you are aware the Board intends to appoint you as successful bidder and therefore the Preferred Bidder and please note that the Board is writing separately to you in that regard. It is envisaged that Preferred Bidder stage will last for seven months and that a contract is, therefore, likely to be entered into in October 2014.

Other Matters

If you require further clarification, please contact us in writing at the above address. We will respond to you within 15 days of receipt of a written request.

Defined terms used in this letter have the meaning given to them in the Invitation to Submit Final Tender.

Yours sincerely



Brian Currie
Project Director



A bright new future: A project to re-provide services from the Royal Hospital for Sick Children, Child and Adolescent Mental Health Service and the Department of Clinical Neurosciences in a single building adjoining the Royal Infirmary of Edinburgh at Little France

“Re-provision of RHSC and DCN at Little France”

Competitive Dialogue Project Plan and Final Tender Evaluation

V 1.5

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Issue and Revision Record

Version	Date	Author	Checker	Approver	Description
1.0	17/04/13	KF	-	-	Initial Draft for comment.
1.1	09/06/13	GG			Draft for comment.
1.2	05/07/13	GG			Finance Comments included
1.3	01/08/13	AGS	GG		Legal and NHSL comments
1.4	14/08/13	AGS	GG		NHSL comments
1.5	03/10/13	AGS	AAD	RDC	SFT comments; NHSL + Fin + Legal mark-up

1. Introduction

Introduction

This manual is intended to provide for all members of the Re-provision of the Royal Hospital Sick Children (RHSC) and Department for Clinical Neuroscience (DCN) at Little France project team a guide on the competitive dialogue process, a guide on undertaking the Draft Final Tender reviews and a step by step guide on the Final Tender evaluation process, their role and what is expected from them during the evaluation as well as the tools necessary in order to undertake their role.

It will set out the dialogue programme and structure along with the project team and supporting resources including their roles and responsibilities and what is expected of them during this stage as well as the tools necessary in order to undertake their role.

Background

The Scottish Government Draft Budget published in November 2010 announced that both the RHSC and DCN projects would be delivered using the Non Profit Distributing (NPD) revenue funded model.

The procurement process was officially launched with the issue of a contract notice in the Official Journal of the European Union (OJEU) on 5 December 2012.

Pre-Qualification Questionnaire (PQQ) responses were received from three Candidates on 21 January 2013. Following evaluation of the PQQ responses all three Candidates were recommended to be invited to participate in dialogue and this was approved by the Project Steering Board on 22 February 2013.

The Invitation to Participate in Dialogue (ITPD) was issued to the three short-listed Candidates (Bidders) on 12 March 2013, which signified the commencement of the Competitive Dialogue period.

The Board will work with the three Bidders to develop their proposals with dialogue closing when the Board is comfortable that one or more solutions are capable of meeting its needs. An Invitation to Submit Final Tenders (ISFT) will be issued at this stage. Following evaluation of Final Tenders, the intention will be to select a Preferred Bidder whose bid represents the most economically advantageous tender whilst meeting the mandatory requirements, including a minimum quality score.

It is envisaged that the Board and the Preferred Bidder shall then proceed towards a position where the NPD Project Agreement can be entered into and signed. Once this position is reached, Financial Close can take place and the contract for the Project can be awarded.

2. Key Project Milestones

The key project milestones are set out in the table below, which have been extracted from the Strategic Development Programme version V14 (dated 13 August 2013). The dates noted below are subject to satisfying the requirements of the various Key Stage Reviews (KSR) carried out the Scottish Futures Trust (SFT) on behalf of the Scottish Government. The KSRs require to be validated by SFT before the next stage can proceed.

Key Project Milestone	Date
Issue ITPD/Commencement of Dialogue	12/03/13
Dialogue Meeting 1	w/c 01/04/13
Dialogue Meeting 2	w/c 29/04/13
Dialogue Meeting 3	w/c 27/05/13
Dialogue Meeting 4	w/c 24/06/13
Dialogue Meeting 4A	w/c 15/07/13
Dialogue Meeting 4B	w/c 22/07/13
Dialogue Meeting 4C	w/c 12/08/13
Dialogue Meeting 4D	w/c 02/09/13
Dialogue Meeting 5	w/c 16/09/13
Dialogue Meeting 5A	w/c 23/09/13
Draft Final Tender submission	21/10/13
Dialogue Meeting 6	w/c 18/11/13
<i>Pre-ISFT Key Stage Review (KSR) with SFT</i>	<i>29/11/13</i>
Close Dialogue	05/12/13
Invitation to Submit Final Tenders	06/12/13
Final Tender submission	06/01/14
<i>Pre-PB KSR with SFT</i>	<i>12/03/14</i>
Appoint Preferred Bidder	13/03/14
<i>Standstill Period</i>	<i>24/03/14</i>
<i>Full Business Case Approval by CIG</i>	<i>30/09/14</i>

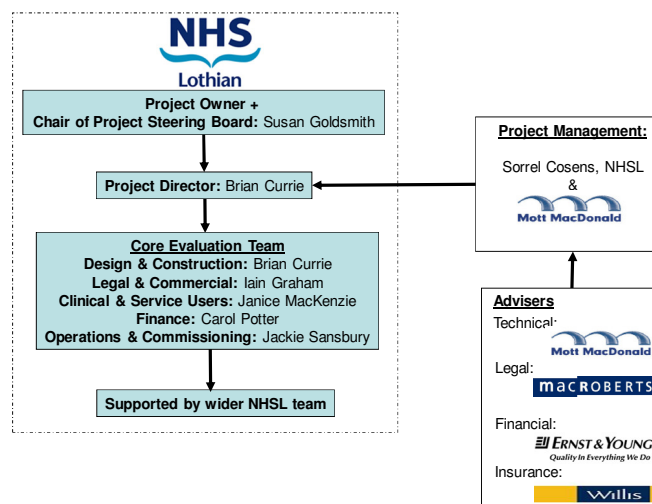
<i>Pre-FC KSR with SFT</i>	30/09/14
Financial Close	02/10/14
Construction commences	03/10/14
Construction completion date (target)	17/02/17
Board commissioning commences	20/02/17
Hospital opening date	15/05/17

3. Project Team Structure

This section outlines the Board's resources for the competitive dialogue and final tender evaluation process and those of the Board's advisers. It also sets out the project structure as well as the roles and responsibilities for the key members of the team.

The structure shows the relationship between a Core Evaluation Team (CET) (that will be consistent throughout the procurement process and will be the principal assessment and evaluation body), the Evaluation Groups (that will provide technical, legal and financial input as required to support the Core Evaluation Team) and the Project Steering Board (that will ratify decisions made by the Core Evaluation Team).

The Procurement Management Team will be responsible for managing and overseeing all aspects of communication and engagement with the CET, Evaluation Groups and Bidders. This will range from meeting management and document control to overseeing the competitive dialogue and final tender evaluation process and processing clarifications and dialogue period queries with Bidders.



3.1 Roles and Responsibilities

3.1.1 Procurement Management Team

The Procurement Management Team (PMT) will be responsible for managing and overseeing all aspects of competitive dialogue process and evaluation of final tender submissions.

The PMT comprises resources from the NHSL and Mott MacDonald:

- Sorrel Cosens (NHSL)
- Maureen Brown (Mott MacDonald)
- Kamil Kolodziejczyk (Mott MacDonald)
- Scott Abercrombie (Mott MacDonald)

The PMT will be supported by NHSL administrative resources:

- Lauren Lynch
- Ashley Riley

The responsibilities of the PMT include:

- Management of the competitive dialogue process;
- Liaise with financial, legal and technical advisers as required;
- Management of Dialogue Period Queries from Bidders;
- Issuing clarifications to Bidders;
- Control and distribution of Bidders submissions;
- Arranging dialogue meetings;
- Preparing and issuing dialogue meeting agendas;
- Recording and issuing dialogue meeting action notes;
- Management of procurement documentation via Conject;
- Document control;
- Single liaison point for all contact with Bidders;
- Management of the draft final tender evaluation;
- Management of the final tender evaluation;

The Procurement Management Team will be responsible for managing and overseeing all aspects of communication and engagement within NHSL and associated stakeholders and will act as the single point of contact for advisers within the procuring body for all matters in relation to procurement coordination.

3.1.2 Core Evaluation Team

The Core Evaluation Team (that will be consistent throughout the procurement process) is the principal assessment and evaluation body, assisted by the Evaluation Groups. The Project Steering Board will approve and sign off recommendations, within delegated authority limits, made by the Core Evaluation Team. A member of the Core Evaluation Team will take the lead in each of the Evaluation Groups.

The Core Evaluation Team comprises key representative of the Board, supported by the Board advisers. The key representative and the evaluation areas on which they will lead are:

- Brian Currie (Project Director)
- Iain Graham (Commercial and Legal)
- Janice Mackenzie (Clinical and Service Users)
- [Carol Potter (Finance)]¹
- Jackie Sansbury (Operations and Commissioning)

Support is provided by the following advisers and their teams:

- Technical: Richard Cantlay (Mott MacDonald)
- Legal: Andrew Orr (MacRoberts LLP)
- Financial: Michael Pryor (Ernst & Young)

Responsibilities of the Core Evaluation Team include:

- Lead on the individual dialogue meetings;
- Lead on the review of Bidders information submissions in advance of each dialogue meeting;
- Referring material issues / queries to Procurement Management Team for issue to Bidders;
- Lead the Evaluation Groups in evaluating all aspects of the final tender submissions in accordance with paragraph 5 (Tender Evaluation and Contract Award Criteria) set out in ITPD Volume 1;
- Final scoring and production of final tender evaluation report;
- Recommendation on Preferred Bidder to the Project Steering Board;

¹ Carol Potter was a Core Evaluation Team member for competitive dialogue meetings 1-4, until leaving NHSL on 12/09/13. Iain Graham will lead on commercial (financial and legal) issues for evaluation.

3.1.3 Evaluation Team

There will be three main areas of evaluation which cover each of the following subject areas:

- Technical;
- Financial; and
- Legal.

The technical evaluation covers 61 criteria across Approach to Strategic Management, Design and Construction, Approach to Facilities Management.

The evaluation of each criteria will be led by a member of the Core Evaluation Team and will include members of the NHS Lothian project team and advisers

The members of the Evaluation Team and the criteria they will be responsible for evaluating are included in Appendix A.

The Evaluation Teams responsibilities during Competitive Dialogue, Draft Final Tender and Final Tender are described in sections, 4, 5, and 6 respectively.

3.2 Summary of key Groups

The table below provides a list of individuals involved in the Evaluation Process

Group	Members	Advisers
Procurement Management Team	Sorrel Cosens (Project Manager)	Maureen Brown (Project Manager) Kamil Kolodziejczyk (Assistant Project Manager)
Core Evaluation Team	Brian Currie (Project Director) Iain Graham (Commercial and Legal) Jackie Sansbury (Operations and Commissioning) Janice Mackenzie (Clinical and Service Users)	Richard Cantlay (Lead Technical Adviser) Michael Pryor (Lead Financial Adviser) Andrew Orr (Lead Legal Adviser)
Strategic and Management	Iain Graham Brian Currie Janice MacKenzie Jackie Sansbury Ruth Kelly (Associate Director of HR) Alex Joyce (Employee Director) Howard Royston (Head of Estates) Eric Drennan (Health and Safety Officer)	Richard Cantlay Carol Thorburn (Technical FM Adviser) Robin Reid (Technical Health and Safety Adviser) Andrew Orr Michael Pryor
Design and Construction	Brian Currie Janice MacKenzie Fiona Halcrow (Service Project Manager)	Richard Cantlay Graeme Greer (Technical Adviser) David Stillie (Technical Architectural)

Group	Members	Advisers
	Ernie Bain (Estates Manager) John Sturgeon (eHealth Head of Programmes and Development) Wayne Clemitson (System Administration Manager) Neil McLennan (Capital Project Manager) James Steers (Clinical Director) To be confirmed (Infection Control) Clive Armstrong (Head of Fire Safety) Lynn Allan (Project Accountant)	Adviser) Colin MacRae (Technical M&E Adviser) Bryan MacKay (Technical C&S Adviser) Stuart Cull (Technical ICT Adviser) Andrew Duncan (Technical Construction Adviser) Fraser Littlejohn (Technical Planning Adviser) Rod Shaw (Technical Cost Adviser) Robin Reid (Technical Health and Safety Adviser) Andrew Orr
Facilities Management	Jackie Sansbury Howard Royston Clive Armstrong (Fire Officer)	Rod Shaw Robin Reid Carol Thorburn
Commercial	Iain Graham Lynn Allan	Michael Pryor Lindsey Crawford (Financial Adviser) Lucy Macarthur (Financial Adviser) Andrew Orr Lynn Pentland (Legal Adviser) Graeme Greer

4. Competitive Dialogue Process

4.1 Overview

The competitive dialogue process is set out more fully in paragraph 4 (Competitive Dialogue Process) of ITPD Volume 1. It is not intended to replicate, in full, the content of that paragraph and therefore all members of the project team should read paragraph 4 of the ITPD to obtain a full understanding of the dialogue process as set out for the Project.

4.2 Competitive Dialogue Programme

Since publication of the ITPD in March 2013, the programme for competitive dialogue has been extended by eight weeks, inserting five additional meetings (4A, 4B, 4C, 4D and 5A). The programme dates below were shared with Bidders on 15 July 2013.

Activity	Week	Bidder A	Bidder B	Bidder C
Dialogue Opens				
Issue ITPD	0	12/03/13		
Briefing \ Q&A	1	Tue 19/03/13	Wed 20/03/13	Thu 21/03/13
Informal Submission 1	2	Mon 25/03/13	Tue 26/03/13	Wed 27/03/13
Dialogue Meeting 1	3	Tue 02/04/13	Wed 03/04/13	Thu 04/04/13
Informal Submission 2	6	Mon 22/04/13	Tue 23/04/13	Wed 24/04/13
Dialogue Meeting 2	7	Tue 30/04/13	Wed 01/05/13	Thu 02/05/13
Informal Submission 3	10	Mon 20/05/13	Tue 21/05/13	Wed 22/05/13
Dialogue Meeting 3	11	Tue 28/05/13	Wed 29/05/13	Thu 30/05/13
Informal Submission 4	14	Mon 17/06/13	Tue 18/06/13	Wed 19/06/13
Dialogue Meeting 4	15	Tue 25/06/13	Wed 26/06/13	Thu 27/06/13
Informal Submission 4A	17	Mon 08/07/13	Tue 09/07/13	Wed 10/7/13
Dialogue Meeting 4A	18	Tue 16/07/13	Wed 17/07/13	Thu 18/07/13
Informal Submission 4B	18	Mon 15/07/13	Tue 16/07/13	Wed 17/07/13
Dialogue Meeting 4B	19	Tue 23/07/13	Wed 24/07/13	Thu 25/07/13
Informal Submission 4C	21	Fri 02/08/13	Tue 06/08/13	Wed 07/08/13
Dialogue Meeting 4C	22	Tue 13/08/13	Thu 15/08/13	Fri 16/08/13
Informal Submission 4D	24	Wed 21/08/13	Thu 22/08/13	Fri 23/08/13
Dialogue Meeting 4D	25	Mon 02/09/13	Tue 03/09/13	Wed 04/09/13
Informal Submission 5	18	Fri 06/09/13	Mon 09/09/13	Wed 11/09/13
Dialogue Meeting 5	26	Mon 16/09/13	Tue 17/09/13	Thu 19/09/13
Informal Submission 5A	27	Wed 18/09/13	Thu 19/09/13	Fri 20/09/13
Dialogue Meeting 5A	28	Tue 24/09/13	Wed 25/09/13	Thu 26/09/13
Draft Final Tender Submission	32	Mon 21/10/13		
Dialogue Meeting 6	36	Tue 19/11/13	Wed 20/11/13	Thu 21/11/13
Close Dialogue	37	Thurs 05/12/13		
Invitation to Submit Final	38	Fri 06/12/13		

Activity	Week	Bidder A	Bidder B	Bidder C
Tenders				
Submission of Final Tenders	43		Mon 06/01/14	

4.3 Dialogue Meeting Structure, Arrangements and Agendas

Each monthly Dialogue Meeting (Dialogue Meetings 1-6) shall involve the Board spending time with each Bidder. The format of such monthly meetings shall be:

- Initial meeting between the Board's full Core Evaluation Team and Bidder's team;
- The initial meeting shall (if required) break out into a series of sub-meetings concentrating on legal, technical and financial aspects of Bidder's proposals;
- The sub-meetings shall re-convene for a final wrap up meeting with the Board's full Core Evaluation Team and Bidder's team.

4.4 Submission Requirements for Each Dialogue Meeting

In advance of each Dialogue Meeting, Bidders are invited to submit specific material related to the agenda topics to be discussed ("Informal Submissions"). These Informal Submissions by Bidders prior to the Dialogue Meetings shall enable the Board and its advisers to:

- review the work undertaken by Bidders since the previous Dialogue Meeting;
- provide any meaningful and relevant comments to the Bidders; and
- avoid any time disconnect between the Board's comments and the development of Bidders' Solutions.

The Informal Submissions above shall be required to be uploaded onto Conject in advance of each Bidder's Dialogue Meeting.

4.5 Information flow and Communications

Refer to Appendix B for the Competitive Dialogue Information flow and Communications

5. Draft Final Tender Review

5.1 Overview

The Draft Final Tender shall not be scored by the Board. The Draft Final Tenders shall be used as a tool for the Board to ensure that bidders have solutions capable of meeting its requirements, thus enabling the Board to proceed to conclude the Dialogue Period. It follows that review of Draft Final Tenders shall focus on whether each bidder's submission meet the Board's requirements set out in the ITPD (as supplemented and clarified by the Board during the Dialogue Period).

Consistent with the Board's requirement to ensure fairness between bidders, there will be no detailed feedback going beyond setting out where that bidder does not meet minimum requirements.

As the Draft Final Tender will contain each bidder's financial information, care needs to be taken to ensure that knowledge of each bidders' price information (sufficient to anticipate a Price Evaluation mark) is not known by those who will be undertaking assessment of quality at Draft Final Tender Stage and detailed assessment and scoring of quality at Final Tender Stage (this would include the financial submission, and submissions for technical criteria C29 and D13). In the absence of ensuring this, the Board risks bidder arguments that quality scoring at Final Tender Stage had been done in the knowledge of Draft Final Tender price (which might well remain the same in Final Tender submissions).

A final Dialogue Meeting (6) will then take place as indicated on the programme. In advance of the final Dialogue Meeting, Bidders will receive written feedback from the Board on the content of their Draft Final Tender as against the Board's minimum requirements and they will have the opportunity to clarify any outstanding points against that feedback in the meeting.

Given the approach that has been adopted, it is crucial for the Board to use the Draft Final Tender Stage and Dialogue 6 as the final point at which it can clearly and precisely identify minimum requirements that a bidder is failing to meet. In the absence of picking such matters up with a bidder prior to Final Tender submission, such that the bidder does not have a clear and precise understanding of minimum requirements, the Board would risk legal challenge under the Regulation if it sought to exclude a Final Tender for failure to meet with minimum requirements.

The technical, financial and legal review of submissions will be reported to the Core Evaluation Team who will finalise the report to go to bidders.

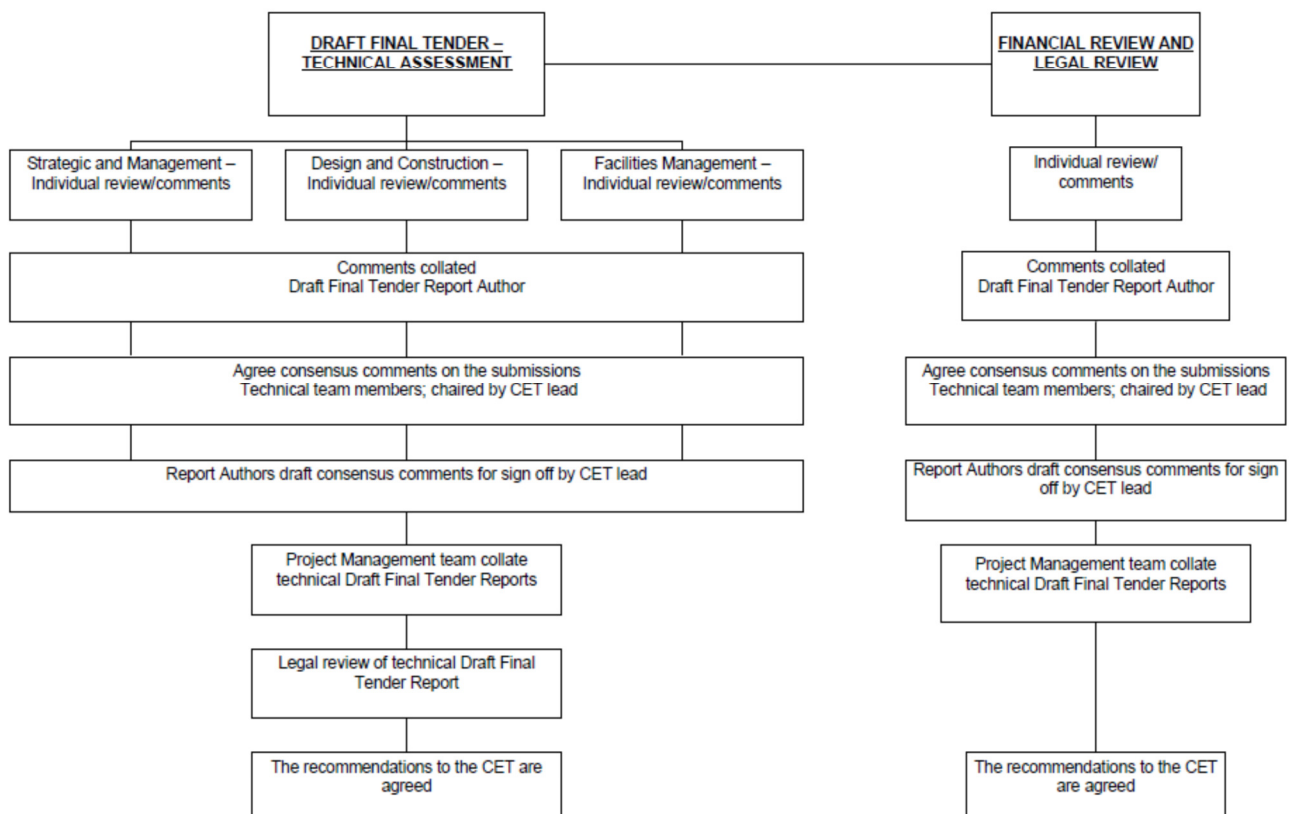
A template for the Draft Final Tender Feedback reports is included in Appendix C. This template includes the following sections;

- Section 1 - Important Notice
- Section 2 – Introduction
- Section 3 – Key Points to be addressed from the Draft Final Tender
- Part A Technical Commentary
 - Sub Section A - Strategic and Management
 - Sub Section B - Design and Construction
 - Sub Section C - Facilities Management
- Part B Financial and Insurance Commentary
- Part C Legal Commentary

The Draft Final Tender Feedback report will form the basis of the agenda and discussion for Dialogue 6. This will include, where applicable, discussing the extent to which the Board has identified any areas in which: (i) a Bidder falls short of minimum requirements, or (ii) the Bidder's submission would otherwise fail to be fully evaluated at Final Tender Stage.

A note of agreed actions at Dialogue 6 will be produced as per all earlier dialogue meetings.

The process to be followed for the Draft Final Tender Assessment is summarised in the chart below:



5.2 Programme for Review of Draft Final Tenders

Activity	Dates
Submission of Draft Final Tenders	Mon 21/10/13
Issuing Submissions to the Evaluation Team	Tues 22/10/13
Review of Technical Submissions	Tues 22/10/13 – Fri 07/11/13
Report -Technical submission:	
- Strategic & Management	Mon 28/10/13
- Design & Construction and ITPD Appendix C(iv) – Interface Proposals	Fri 07/11/13
- Facilities Management	Fri 07/11/13
Review & Report - Financial submission	Tues 22/10/13 – Fri 08/11/13
Review & Report - Legal submission (Sub-set of Financial)	Tues 22/10/13 – Fri 08/11/13
Core Evaluation Team Review	Mon 11/11/13
Issue Evaluation Comments to Bidders	Wed 13/11/13
Dialogue Meeting 6	w/c 18/11/13
Project Steering Board - Project Update	Fri 29/11/13
Pre-Close of Dialogue KSR with SFT	Fri 29/11/13
Close Dialogue	Thurs 05/12/13
Issue ITSFT	Fri 06/12/13

5.3 Technical Review

The Draft Final Tender technical evaluation will comprise the following steps relevant to assessment of whether the Board's requirements are met:

- Individual review and comment by the relevant member of the Technical Team as per the Evaluation Responsibilities Table in Appendix A;
- Comments to be collated by the Draft Final Tender report author (originator) as per the table below;
- For each criteria a meeting will take place with the relevant members of the technical team, chaired by the CET lead, to agree consensus comments on the submission;
- Consensus comments will be drafted by the report authors for CET lead sign off;
- The Procurement Management team will collate the technical Draft Final Tender Reports;
- Legal review of the technical draft final tender report;
- Agree report comments to be recommended to CET.

In the Submission Requirements it is stated at some of the requirements that, in regard to the matter to be evaluated, *'for indicative purposes only it is anticipated that Bidders proposals may include'* – then a list of indicative items is given. It should be noted that it is at the Bidders' discretion whether or not the list is followed in whole, in part or not at all. The purpose is to give bidders guidance. Bids should not be held to be incomplete or non-compliant if responses are not in line with the items listed.

It should be further noted that where Bidders are requested to submit a response *'for information only'*, this should be excluded from the completeness and compliance check and should not be evaluated.

Group	Draft Final Tender Report Authors		
	Originator	CET Lead Sign off	Legal Reviewer
Strategic and Management	Sorrel Cosens	Iain Graham	Andrew Orr
Design and Construction	Graeme Greer	Brian Currie	Andrew Orr
Facilities Management	Carol Thorburn	Jackie Sansbury	Andrew Orr

The following Appendices are attached to this manual and are intended to support the review process:

- Appendix A – Evaluation Responsibilities Table, indicates those individuals and groups responsible for evaluating each of the Bid Response Requirements;
- Appendix C - Template Draft Final Tender Report to be completed by the report Authors;
- Appendix D – Draft Final Tender Evaluation Proforma, provides a document that the evaluation team can populate with comments.

5.4 Legal Review

The Board will review the Draft Final Tender to ensure compliance with the tender requirements. As Bidders are required to accept the Project Agreement in the ISFT, by this stage the Project Agreement should be agreed in all material respects. Derogations should have been received by SFT and Quantifiable Bidder Amendments agreed and notified to each Bidder.

5.5 Financial Review

The financial submission from all three Bidders will comprise written answers to 16 questions set out in the Submission Requirements element of the ITPD document and subsequent revision issued to Bidders on 30 August 2013 updated to reflect the fact that there will be a preferred bidder funding competition rather than fully funded tenders being submitted.

Questions 1-7 relate to the funding of the Bidders' proposals.

Questions 8-16 relate to the assumptions underpinning the financial model that Bidders are required to submit at Draft Final Tender and Final Tender stage.

Financial Model

The finance team will review each financial model using the following steps:

- Application of checklist to ensure compliance with ITPD instructions and required assumptions
- Identification of annual service payment cashflows
- Identification of surplus cashflows
- Identification of equalisation adjustment cashflows (pass through costs) – this may require liaison with technical workstreams to identify any elements of proposals that would impact NHS Lothian's costs eg Soft FM. Any such adjustments will be made known to bidders in the final dialogue round and discussed where required.
- Identification of any quantifiable bidder amendments that require valuation, to be notified to the finance team by technical and legal workstreams – valuation will be done via workshops to be attended by relevant parties. Values derived will be notified to bidders in the subsequent dialogue round, with the logic behind the derivation of these values made clear to bidders so that they have the opportunity to mend their approach

The process of deriving the Price scores will be carried out entirely within the finance workstream and the result not made available to other workstreams.

Instead, the Core Evaluation Team will be provided with a report covering the following:

- Confirmation or otherwise that the financial proposals of each Bidder are affordable, identifying any areas where affordability is at risk or where any element of the price proposals requires further discussion with Bidders;

- Confirmation or otherwise that the information provided by Bidders is sufficient to carry out Price evaluation as set out in the ITPD, identifying any areas of deficiency;
- Identification of any Quantifiable Bidder Amendments to be applied.

The report will be in a format that can be used as the basis for discussion with Bidders on all three areas at the subsequent dialogue round.

Funding proposals

Bidders will set out their approach to funding in response to the relevant questions in the ITPD as amended to reflect the use of a post preferred bidder funding competition and included in the Financial Submission Requirements document of 30 August 2013.

These proposals will be reviewed with reference to the scoring scheme as set out in the revised Financial Submission Requirements document, whereby the Price Evaluation mark for each Bidder is be adjusted according to the deduction, if any, attributed to the adequacy of that Bidder's response to the questions relating to funding approach.

The finance team will agree a provisional score relating to the adequacy of the funding approach of each Bidder and will provide feedback to each Bidder on this provisional score in the subsequent dialogue meeting. This provisional score will form part of the report to be submitted to the Core Evaluation Team.

6 Final Tender Evaluation

6.1 Overview of Evaluation Process

The tender evaluation and contract award process is set out more fully in paragraph 5 (Tender Evaluation and Contract Award Criteria) of ITPD Volume 1. It is not intended to replicate, in full, the content of that paragraph and therefore all members of the project team should read this section to obtain a full understanding of the approach to the evaluation methodology for the Final Tenders.

The Final Tender evaluation will comprise the following steps:

- Completeness and compliance check;
- Compliance with the Stand Alone Requirements;
- Evaluation of all of the Quality Evaluation Criteria on a pass/fail basis;
- Evaluation of those Quality Evaluation Criteria that are evaluated on a scored basis;
- Price Evaluation (including commercial aspects);
- Evaluation of Funding Proposals; and
- Legal Review
- Combination of Price Evaluation Mark and Quality Evaluation Mark, resulting in a mark out of 100 being awarded to each Bidder.

Please note that should a Final Tender fail any of the first three steps above then the Final Tender will be deemed to be non-compliant and no further evaluation will be carried out.

The contract award will be on the basis of the offer, contained in the Final Tender, which is the most economically advantageous.

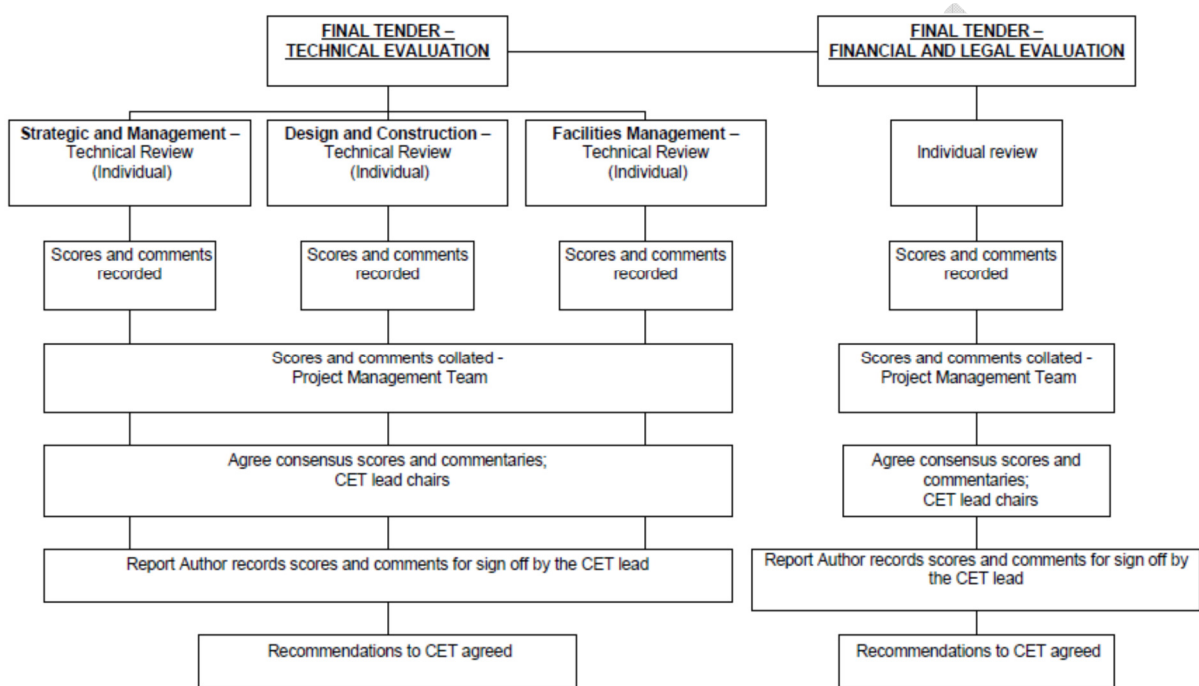
The following Appendices are attached to this manual and are intended to support the evaluation process:

- Appendix E - Final Tender Evaluation Proforma, provides a document that the evaluation team can populate with comments and scores. This also acts as a checklist of submission requirements supplemented by Appendix I which lists the Design Deliverables and Specifications.
- Appendix F - Final Tender Evaluation Scoring Matrix, provides a spreadsheet that when the consolidated score is input, will provide the overall weighted score.

As the Final Tender will contain each bidder's financial information, care needs to be taken to ensure that knowledge of each bidders' price information (sufficient to anticipate price scoring) is not known by those who will be undertaking detailed assessment and scoring of quality at Final Tender Stage (this would include the

financial submission, and submissions for technical criteria C29 and D13). In the absence of ensuring this, the Board risks bidder arguments that quality scoring at Final Tender Stage had been done in the knowledge of Final Tender price.

The process to be followed for the Final Tender Evaluation is summarised in the chart below:



6.2 Programme for Evaluation of Final Tenders

Activity	Dates
Submission of Final Tenders	Mon 06/01/14
Completeness Check	Tues 07/01/14 – Weds 08/01/14
Issuing Submissions to the Evaluation Team	Thurs 09/01/14
Review of Technical Submissions	Thu 09/01/14 – Fri 31/01/14
Report -Technical submission:	tbc
Strategic & Mgt	tbc
Design & Construction	tbc
Facilities Management	tbc
Review & Report -Financial submission	Thu 09/01/14 – Fri 31/01/14
Review & Report - Legal submission (Sub-set of Financial)	Thu 09/01/14 – Fri 31/01/14
Evaluation Group Report	Mon 03/02/14 – Fri 07/02/14
Core Evaluation Team Final Evaluation	Mon 10/02/14 – Wed 12/02/14
CET Report for Project Steering Board	Wed 12/02/14 – Fri 14/02/14
Project Steering Board Approval for PB	Fri 14/02/14
F&R Committee Approval for PB	Wed 12/03/14
Pre-PB KSR with SFT	Wed 12/03/14
Appointed of Preferred Bidder	Thu 13/03/14

6.3 Completeness & Compliance check

The Final Tenders received from all Bidders will firstly be checked by the Procurement Management Team for compliance with the submission requirements and completeness. Non-compliant and/or incomplete Final Tenders submissions may be rejected by the Board.

In the Submission Requirements it is stated at some of the requirements that, in regard to the matter to be evaluated, *'for indicative purposes only it is anticipated that Bidders proposals may include'* – then a list of indicative items is given. It should be noted that it is at the Bidders' discretion whether or not the list is followed in whole, in part or not at all. The purpose is to give bidders guidance. Bids should not be held to be incomplete or non-compliant if responses are not in line with the items listed.

It should be further noted that where Bidders are requested to submit a response *'for information only'*, this should be excluded from the completeness and compliance check and should not be evaluated.

6.4 Compliance with Stand Alone Requirements

The Procurement Management Team, with input from the Board's advisers as required, will check each Final Tender for compliance with the Stand Alone Requirements as identified in paragraph 2.3 (Stand Alone Requirements) of ITPD Volume 1 including ITPD Volume 1 Appendix C (iv) – Interface Proposals. Any Final Tenders which do not comply with the Stand Alone Requirements will result in the Final Tender being deemed non-compliant and therefore rejected by the Board.

6.5 Evaluation of Technical Submission

The Final Tender technical evaluation will comprise the following steps:

- Individual review, recording scores and comments;
- [Submission of score and comments to be collated by the Procurement Management Team]
- Meeting chaired by the CET lead for each criteria to agree consensus score and commentary on the submission
- Scores and comments recorded by the report authors for CET lead sign off
- Collation of technical final tender evaluation to be recommended to CET

Group	Final Tender Report Authors		
	Originator	CET Lead Sign off	Legal Reviewer
Strategic and Management	Sorrel Cosens	Iain Graham	Andrew Orr
Design and Construction	Graeme Greer	Brian Currie	Andrew Orr
Facilities Management	Carol Thorburn	Jackie Sansbury	Andrew Orr

6.6 Guidance on Quality Scoring (Technical)

"Evaluation Guidance" is provided in paragraph 5 (Tender Evaluation and Contract Award Criteria) as set out in ITPD Volume 1 for each of the Quality Evaluation Criteria, particularly Section 5.6.

6.6.1 Pass/Fail tests

In the first instance **all** of the responses to each question will be evaluated on a pass/fail basis. This also includes those responses that are subsequently scored. Provision is made in the Appendix E proforma to record the outcome of this pass fail evaluation. As noted in paragraph 6.1 above should a Final Tender fail this test then the Final Tender will be deemed to be non-compliant and no further evaluation will be carried out.

A detailed evaluation of the scored questions for the submissions that passed the Pass / Fail criteria is then undertaken. Scoring will be done by the Evaluation Groups and the Core Evaluation Team for the questions specified in ITPD Volume 1 Table A at paragraph 5.6.3.

Responses to each question will be scored out of 10. Each score will be based on the degree to which the response covers the range of factors specified in the relevant

Evaluation Guidance and as appropriate / relevant to the question, depth of understanding of the issues and relevance and quality of examples and experience provided as set out in ITPD Volume 1 Table A at paragraph 5.6.3. The scores will then be multiplied by the weighting agreed for each question (as detailed in the Evaluation Table in the ITPD and in Appendix A of this Evaluation Manual) to calculate the final score for each submission.

In the Submission Requirements it is stated at some of the requirements that, in regard to the matter to be evaluated, *'for indicative purposes only it is anticipated that Bidders proposals may include'* – then a list of indicative items is given. It should be noted that it is at the Bidders' discretion whether or not the list is followed in whole, in part or not at all. The purpose is to give bidders guidance. Bids should be evaluated on this basis. It should be further noted that where Bidders are requested to submit a response *'for information only'*, this should not be evaluated.

Using the Final Tender Evaluation Proforma in Appendix E, the Evaluation Group members will each undertake individual evaluation of the relevant evaluation criteria within each Bidders' Final Tender Submissions against the prescribed scoring criteria before meeting with their Group in a workshop, chaired by the Core Evaluation Team member leading that Group, to agree the final consensus scores for each of the evaluation criteria for which that Group is responsible.

Once the evaluation has been completed for each Bidder the Core Evaluation Author and CET Lead will be responsible for preparing the final scoring report using the Final Tender Evaluation Scoring Matrix at Appendix F, with associated commentary, as appropriate. The completed scoring report will be submitted to the Core Evaluation Team to allow the final scores to be checked and verified and the selection of the Preferred Bidder to be made.

Whilst it is envisaged that the Technical Evaluation for all three Bidders will be carried out on the same day, where scoring occurs on separate days, the advice is that this is not prevented by the Public Contracts (Scotland) Regulations 2012 (the Regulations). A potential area of questioning by a bidder might be "was Bidder A marked more/less harshly" on account of being the first and how was objectivity ensured? However, provided all scoring is objective and backed up with reasons for particular marks awarded, there ought not to be a procurement issue with the approach.

Separately, given the different dates for some of the evaluations, it will be important to ensure absolute consistency in the individuals involved in assessing across each of the three bidders. As previously noted, it is strongly recommended that the technical/quality evaluations are demonstrably done without knowledge of financial scoring.

6.7 Legal Evaluation

Bidders shall be awarded a pass if they accept the Final Tender (Bidder Specific) Project Agreement. If a pass is awarded, then Quantifiable Bidder Amendments will be applied.

6.8 Price Evaluation

Economic Cost

The Economic Cost of the Submission will be determined by calculating the Net Present Value (NPV) of each Submission to the Board over the period of the NPD Project Agreement using the following components:

- a) NPV of Annual Service Payment - The proposed total Annual Service Payment stream in the Bidder's Financial Model taken from financial pro forma 1 and verified against the Financial Model, prepared using the assumptions and specifications set out in paragraph [3.9] of the ITPD. The NPV will be calculated using the Treasury real discount rate of [3.5% (6.0875% nominal)];
- b) NPV of Surpluses - The forecast level of surpluses in the Bidder's Financial Model as presented in financial Proforma 2 and verified against the Financial Model will be deducted from the NPV of the total Annual Service Payment. Due to the more uncertain nature of the surplus payments the NPV will be calculated using a real discount rate of 4.39% (7.0% nominal);
- c) Equalisation Adjustment - The additional material related costs and revenues to be borne by the Board as a result of any Final Tender Submission, including energy and utilities, rates and insurance costs. The impact of such costs will be estimated by the Board and expressed as an NPV of the adjustments made, discounted at a real rate of [3.5%]. The result will be added to the NPV of the Final Tender Submission (an '**Equalisation Adjustment**'). Any such adjustments, as identified through the Draft Final Tender review process, will have been discussed with Bidders at the final dialogue round; and
- d) Quantifiable Bidder Amendments - The Economic Cost will include an amount that reflects the deemed value (whether positive or negative) of any a) amendments, caveats or qualifications to the contract or specification that affect the risk profile of the Project or b) elements of the response to the Financial Submission Requirements, that have or, in the reasonable opinion of the Board may have, a significant and quantifiable financial impact on the Board (a '**Quantifiable Bidder Amendment**'). For this purpose, the deemed value of the Quantifiable Bidder Amendment will be the estimated financial impact to the Board of the risk occurring multiplied by the estimated probability of that risk being realised. Such values will be converted to an NPV using the 3.5% real discount rate.

Where any such Quantifiable Bidder Amendments and/or Equalisation Adjustments are identified, these will have been discussed and the deemed value shared with each Bidder during the final dialogue round.

Price Evaluation Matrix

The Economic Cost derived from the components described in sub paragraphs a) – d) above will be scored as shown below, with the Bidder with the lowest Economic Cost scoring the maximum 60 (the **Price Evaluation mark**). This will form the benchmark, with the economic cost of the other Submissions receiving marks in proportion to the difference in price from the lowest according to the example below.

Example:

Bid X	lowest	= 60.00 marks = 60.00%
Bid Y	6% higher	= 54.00 marks = 54.00%
Bid Z	60% higher	= 0.00 marks = 0.00%

Note: marks will be scored to 2 decimal places and that the lowest score possible for price will be capped at zero marks.

Evaluation of Acceptability of Funding Approach

Bidders will set out their approach to funding in response to the relevant questions in the ITPD as amended to reflect the use of a post preferred bidder funding competition and included in the Financial Submission Requirements document of 30 August 2013.

These proposals are to be evaluated on the scored basis as set out in the revised Financial Submission Requirements document. The Price Evaluation mark for each Bidder will be adjusted according to the deduction, if any, attributed to the adequacy of that Bidder's response to the questions relating to funding approach.

6.9 Combining Price and Quality Evaluation

For each Bidder, the mark for the Price Evaluation (out of 60, potentially adjusted downwards for any deduction made in respect of scoring of Bidder responses to questions relating to Acceptability of Funding Approach) will be added to the mark for the Quality Evaluation (out of 40) to give a total mark out of 100. The Final Tender with the highest combined mark will be deemed by the Board to be the most economically advantageous tender.

6.10 Preferred Bidder Recommendation by the Core Evaluation Team

The Core Evaluation Team will agree their recommendation for Preferred Bidder and prepare a report for presentation to the Project Steering Board. The Project Steering Board and NHSL Finance and Resource Committee must approve the Preferred Bidder recommendation.

6.11 Completing Evaluation Reports for each Bidder

The Board will provide each unsuccessful bidder with a 'standstill letter' informing it of its decision to award the contract.

This will include the identity of the successful bidder and the evaluation scores that both it and the successful bidder received against each scored evaluation criterion, and a summary of the characteristics and advantages of the successful bid as against those of the bid which that bidder submitted.

For the summary, the Board will seek to identify principal bid elements in respect of which the successful bid scored highly and corresponding elements of the unsuccessful bid which received relatively low scores.

The Board will consider Bidders requests for further information and seek to provide additional information where this is reasonable.

7. Confidentiality

7.1 Introduction

In order to assist the Board in ensuring that it complies with duties under the Public Contracts (Scotland) Regulations 2012 and underlying European Directives, all persons involved in the evaluation process must act at all times with fairness and transparency and in a way that ensures non-discrimination and equal treatment. In particular, it is essential that the principles set out below are adopted by all.

7.2 Transparency / objectivity of decision making

The Board requires to be able objectively to justify all pass/fail and scoring decisions. To achieve this, the Evaluation Team must ensure that they record reasons for any decision to fail on a pass/fail question and in respect of scores given. In addition, to minimise the risk of potential challenge, there must be consistency in the evaluating and scoring of all Final Tender Submissions in order to minimise the possibility of any divergence in approach or interpretation as between the scoring of each Bidders Final Tender Submission.

7.3 Fairness / equal treatment / non-discrimination - conflicts of interest

The Board requires to be able to demonstrate that the Evaluation Team carried out its evaluation fairly and without preference to any particular Bidder.

7.4 Fairness / equal treatment / non-discrimination – confidentiality

The Board must be in a position to control the flow of information relevant to the procurement at all times and ensure that all Bidders are treated in accordance with obligations upon the Board.

In addition to observing the above and the best practice also set out in this section, each member of the Evaluation Team will require to sign conflict of interest and confidentiality forms (Appendix G), confirming that they have no conflict of interest in carrying out their evaluation role and that they shall ensure confidential treatment of all information relevant to the procurement process.

Failure to observe the above and the best practice below may prejudice the procurement process and result in disciplinary action for employees of the Board or legal action against the individual / organisation providing evaluation input as part of professional services to the Board.

7.5 Best Practice

Evaluators should also be aware of and adhere to the best practice. The framework for ensuring that best practice is in place in regard to the storage and management of

information and files is outlined in Appendix H – Protocol for Storage and Management of Files. The following also summarises other areas of best practice guidance to be followed:

- The evaluation process is to be carried out by the co-located team (NHSL Project Team and all advisers) at the Project Office, 56 Canaan Lane, Edinburgh wherever possible;
- Details of the Bidder's submissions should not be discussed outwith members of the Evaluation Team at any time;
- Discussions on Bidders' submissions should only take place in secure areas e.g. project / adviser offices;
- Hard copies of Bidders' Submissions should not be removed from secure areas;
- A dedicated and secure room will be provided within the Project Office for storage of all documents / material received or prepared in connection with the competitive dialogue and final tender evaluation process. Key access will be strictly controlled.
- Electronic copies of Bidders' Submissions or evaluation material should not be transmitted electronically via email or other means to anyone outwith the Evaluation Team. Appropriate protections, for example use of password protected documents, server areas and personal computers are essential and should be used for all evaluation material stored electronically;
- When working on evaluation of Bidders' Final Tender Submissions, all computers should be locked when away from desks;
- No electronic copies should be made of Bidders' Submissions and no electronic documentation / information is to be taken off site (from the Project Office); and
- Where competitive dialogue and/or final tender evaluation material / notes are being disposed of, this should be done by means of shredding in the first instance then through confidential waste.

Appendix A – Evaluation Responsibilities Table

CONFIDENTIAL

Appendix B – Information Flow and Communications during Dialogue

CONFIDENTIAL

Appendix C – Template Draft Final Tender Report

CONFIDENTIAL

Appendix D – Draft Final Tender Evaluation Proforma

CONFIDENTIAL

Appendix E – Final Tender Evaluation Proforma

CONFIDENTIAL

Appendix F - Final Tender Evaluation Scoring Matrix

CONFIDENTIAL

Appendix G – Confidentiality Form (to be completed by all Evaluators)

CONFIDENTIAL

Appendix H – Protocol for Storage and Management of Files

CONFIDENTIAL

Appendix I – Design Deliverables and Specifications

<p>Appendix AP1.1</p>	<p>Design Deliverables</p> <p>Bidders shall provide the following design submission requirements (as given in the Volume 1 of the ITPD):</p> <p>1. Project Overview</p> <p>1.1 - Bid Drawings Schedule</p> <p>2. Approach to Design & Construction - Architectural & Landscaping Design</p> <p>2.1 - Architectural Drawings Schedule</p> <p>2.2 - Outline Architectural Specification supporting the design concept and setting out the proposed materials, finishes and components to be used. Outline Specification shall be included for all components as detailed in the BCIS Elemental Analysis</p> <p>2.3 - Development Control Plan</p> <p>2.4 - 1:1000 Site Plans</p> <p>2.5 - 1:500 Location/Site Plan</p> <p>2.6 - 1:200 Site Layouts</p> <p>2.7 - Landscaping Proposal Specifications</p> <p>2.8 - Landscaping Proposal Drawings</p> <p>2.9 - 1:200 Architectural general arrangement floor plans, sections and elevations</p> <p>2.10 - 1:500 Architectural departmental adjacencies</p> <p>2.11 - 1:100 Architectural elevations including building elevation/facade showing appropriately rendered:-fenestration, exterior materials, louvers and cast shadows</p> <p>2.12 - 1:100 Architectural sections denoting floor to ceiling heights, suspended ceilings, raised access floors and floor levels</p> <p>2.13 - 1:100 Departmental and 1:50 room layouts</p> <p>2.14 – 1:200 Architectural drawings detailing (i) movement strategy, (ii) user flow diagrams at all principal circulation locations, (iii) movement interfaces and (iv) analysis of key nodal points.</p> <p>2.15 - 1:50 Architectural sections through Roof and Plant Room</p> <p>2.16 - 1:100 Architectural proposals relative to the clinical requirements and infection control.</p> <p>2.17 - 1:200 Architectural drawings in support of fire engineering proposals and how the proposals support the design concept and meet the requirements of the relevant code.</p> <p>2.18 - DDA Proposals including drawings, analysis and proposals.</p>
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	<p>2.19 - AEDET assessment drawings</p> <p>2.20 - 1:50 Architectural design response detailing interfaces with existing RIE</p> <p>2.21 - 1:100 Architectural drawings and visualisations for the Pod proposals</p> <p>2.22 – 1:50 Architectural elevations and visualisations showing the Entrances</p> <p>3. Approach to Design & Construction - Interior Design Proposals</p> <p>3.1 - Quality, appropriateness and proposals for RHSC interior design supported by architectural drawings of how the layout and the design proposed addresses:</p> <p>3.1.1 - Signage</p> <p>3.1.2 - Patient, communal and public areas</p> <p>3.1.3 - Appropriateness of facilities for users</p> <p>3.2 - Loaded 1:50 room layout drawings for the RHSC indicating interior design proposals and demonstrating the coordinating aspects of all design disciplines, including floors, walls, ceilings, façade ventilation, mechanical and electrical services.</p> <p>3.3 - Quality, appropriateness and proposals for DCN interior design supported by architectural drawings of how the layout and the design proposed addresses:</p> <p>3.3.1 - Signage</p> <p>3.3.2 - Patient, communal and public areas</p> <p>3.3.3 - Appropriateness of facilities for users</p> <p>3.4 - Loaded 1:50 room layout drawings for the DCN indicating interior design proposals and demonstrating the coordinating aspects of all design disciplines, including floors, walls, ceilings, façade ventilation, mechanical and electrical services.</p> <p>3.5 - Internal Perspectives at eye level that demonstrate form and setting of the key internal architectural areas, distinguishing or innovative features which demonstrate the design quality of the proposals</p> <p>3.6 – Drawings and visualisations to demonstrate the integration of Artwork into the interior design concept.</p> <p>3.7 – Sample boards to demonstrate the proposed interior finishes, colour and textures. Boards to include RHSC and DCN wards, the Pod, Atrium and CAMHS.</p> <p>4. Approach to Design & Construction - Civil & Structural Proposals</p> <p>4.1 - Structural Drawings Schedule</p> <p>4.2 - Civil Engineering Drawings Schedule</p> <p>4.3 - Outline Structural Specification supporting the design concept including proposed materials and components to be used. Outline</p>
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	<p>Specification shall be included for all components as in accordance with the NBS Specification</p> <p>4.4 - 1:500 Site plan layout indicating all manholes, gully positions for all site drainage</p> <p>4.5 - 1:500 Site plan layout indicating all positions for surface water drainage</p> <p>4.6 - 1:500 Site plan layout indicating all positions for foul water drainage</p> <p>4.7 - 1:500 Site plan layout indicating all positions for water mains</p> <p>4.8 - 1:500 Site plan layout indicating all positions for roads, footpaths and finished levels</p> <p>4.9 - 1:100 structural general arrangement foundation plans</p> <p>4.10 - 1:100 structural general arrangement plans including floor and roof plans indicating all column and beam locations and sizes and all structural elements</p> <p>4.11 - 1:100 structural sections through the building showing structural elements and service zones</p> <p>4.12 - Confirmation of Geotechnical surveys, reports, studies undertaken in addition to the Geotechnical survey in the data room</p> <p>4.13 - Confirmation of other site surveys, reports, studies undertaken in addition to the information already located in the data room</p> <p>4.14 - Confirmation of any vibration monitoring / prevention proposals.</p> <p>4.15 - 1:100 drawings for Helipad</p> <p>4.16 - Outline Structural Specification supporting the Helipad design concept including proposed materials and components to be used. Outline Specification shall be included for all components in accordance with the NBS Specification</p> <p>5. Mechanical & Electrical Services</p> <p>5.1 - Building services (mechanical) drawings schedule</p> <p>5.2 - Building services (electrical) drawings schedule</p> <p>5.3 - Outline Building services (mechanical) Specification supporting the design concept including proposed materials and components to be used. Outline Specification shall be included for all components in accordance with the NBS Specification</p> <p>5.4 - Outline Building services (electrical) Specification supporting the design concept including proposed materials and components to be used. Outline Specification shall be included for all components in accordance with the NBS Specification</p> <p>5.5 - 1:500 site plan layout indicating all mechanical services , utilities supplies, natural gas mains, water supply and fire mains</p> <p>5.6 - 1:500 site plan layout indicating all electrical utilities supplies, electrical</p>
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	<p>mains, data and communications ducts</p> <p>5.7 - 1:200 internal services concept schematic and zoning plans for both heating and ventilation; indicating of heating and ventilation in each room</p> <p>5.8 - 1:100 mechanical general arrangement floor plans showing extent of services, distribution routes, mechanical plant acoustic treatment, plant areas, etc</p> <p>5.9 - Mechanical schematic layouts and report (co-ordinated and consistent with all drawings and design information contained within the Bid Submission Requirements) denoting details and extent of proposed :</p> <p>5.9.1 - Plant strategy</p> <p>5.9.2 - Distribution strategy</p> <p>5.9.3 - Incoming gas and water services (including metering and sub-metering)</p> <p>5.9.4 - Environmental design considerations</p> <p>5.9.5 - Heat sources</p> <p>5.9.6 - Natural Ventilation strategy</p> <p>5.9.7 - Mechanical Ventilation strategy</p> <p>5.9.8 - Mechanical cooling</p> <p>5.9.9 - Mechanical air conditioning</p> <p>5.9.10 - Specialist ventilation strategy</p> <p>5.9.11 - Domestic hot and cold water system</p> <p>5.9.12 - Space Heating System</p> <p>5.9.13 - Space Cooling System</p> <p>5.9.14 - Building Energy and Management System</p> <p>5.9.15 - Dry Risers</p> <p>5.9.16 - Soil and Waste System (above and underground)</p> <p>5.9.17 - Rainwater pipework and distribution</p> <p>5.9.18 - Specialist drainage</p> <p>5.9.19 - Sanitary ware and appliances</p> <p>5.9.20 - Dry Risers</p> <p>5.9.21 - Natural Gas Installations including Laboratory Gases</p> <p>5.9.22 - Medical Gas Installations</p> <p>5.9.23 – Pneumatic Tube System</p> <p>5.9.24 - Mechanical Commissioning Strategy</p> <p>5.10 - 1:100 electrical general arrangement floor plans showing extent of services, distribution routes, plant areas, etc</p> <p>5.11 - Electrical schematic layouts and report (co-ordinated and consistent with all drawings and design information contained within the Bid Submission Requirements) denoting details and extent of proposed:</p> <p>5.11.1 - Incoming electrical services</p>
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	<p>5.11.2 – Metering and Sub-metering</p> <p>5.11.3 - Mains distribution including standby generation facilities</p> <p>5.11.4 - Earthing, Bonding and Lightning protection</p> <p>5.11.5 - Containment systems</p> <p>5.11.6 - Small power installation</p> <p>5.11.7 – Lighting and Emergency Lighting</p> <p>5.11.8 - Specialist lighting</p> <p>5.11.9 - Lighting control systems</p> <p>5.11.10 - Uninterruptible Power Supplies</p> <p>5.11.11 - Telecommunications and I.T.</p> <p>5.11.12 - Nurse Call System</p> <p>5.11.13 - Fire Detection and Suppression System</p> <p>5.11.14 - Staff Attack / Induction Loop</p> <p>5.11.15 - Security system</p> <p>5.11.16 - Access Control system</p> <p>5.11.17 - CCTV system</p> <p>5.11.18 - Public address system</p> <p>5.11.19 - Digital TV and Radio Installation</p> <p>5.11.20 – Patient / Equipment Tagging</p> <p>5.11.21 – Induction Loop</p> <p>5.11.22 – Bedhead Services</p> <p>5.11.23 - Electrical Commissioning Strategy</p> <p>5.12 - 1:50 mechanical and electrical services sections to illustrate use of ceilings, natural daylight, ventilation strategies, cooling and heating strategies, lighting strategy, acoustic strategy, specialist installations strategy, services concept</p> <p>6. Lift Provisions</p> <p>6.1 - Lift and Escalator Drawings Schedule</p> <p>6.2 - Outline Building Services (lift and escalator provision) Specification supporting the design concept including proposed materials and components to be used. Outline Specification shall be included for all components in accordance with the NBS Specification. Traffic flow analysis to be included.</p> <p>7. Environmental Services and Energy Management Strategy</p> <p>7.1 - Natural Ventilation drawings and proposals</p> <p>8. Fire Strategy</p> <p>8.1 - 1:100 Fire Strategy drawings in support of fire engineering proposals and how the proposals support the design concept and meet the requirements of the relevant code.</p> <p>8.2 - Outline Fire Strategy Specification supporting the design concept</p>
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	<p>including proposed materials and components to be used. Outline Specification shall be included for all components in accordance with the NBS Specification</p> <p>9. Security Strategy</p> <p>9.1- 1:100 Security drawings in support of security strategy and how the security proposals support the design concept</p> <p>9.2 - Outline Security Specification supporting the design concept including proposed materials and components to be used. Outline Specification shall be included for all components in accordance with the NBS Specification</p> <p>10. Acoustic Strategy</p> <p>10.1 - Outline Acoustic Specification supporting the design concept including proposed materials and components to be used. Outline Specification shall be included for all components in accordance with the NBS Specification</p> <p>11. Adaptability, Flexibility and Expandability Strategy</p> <p>11.1 - Architectural adaptability drawings in support of the overall adaptability strategy.</p> <p>11.2 - Strategy and drawings showing how the design of the new RHSC and DCN demonstrates innovation, flexibility, consideration of whole life design and is capable of absorbing reasonable change in the future without excessive public, patient or clinical disruption.</p>
AP1.2	<p>Specifications</p> <p>Bidders shall provide specific details on their proposed suite of specifications for the Works. These details shall include, but not be limited to the following:</p> <ul style="list-style-type: none"> i. The industry recognised specifications proposed, with specific commentary on the extent of application of those to each main discipline (civil / structural, M&E, architectural etc); ii. Inclusion of either Project specific specifications for each main discipline, or example specifications used on other projects that are representative of the level of detail and clearly demonstrate the proposed level of quality that will apply to this scheme: and iii. A statement confirming that all such specifications (including fully completed framework specifications) will be fully drafted by the Preferred Bidder prior to Financial Close. <p>For the avoidance of doubt, the Board is expecting Bidders to adopt both general, and where required, specific specifications to cover all</p>

	<p>components, materials, workmanship etc. For example the NBS framework could be utilised for mainstream building elements, however may need to be supplemented by specific standards and specifications relevant to particular Bidder proposals (e.g. piling, steelwork erection, infrastructure works).</p>
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Appendix J – Glossary

[To be reviewed and updated as necessary]

Term	Meaning
“Bidder”	B3 (referred to as Bidder A); Integrated Health Solutions (Lothian) referred to as Bidder B); and Mosaic (referred to as Bidder C)
“Board”	means Lothian NHS Health Board (usually written as NHS Lothian) which is the common name of Lothian Health Board;
“Construction Contractor”	means the design and build contractor or contractors to be appointed by Project Co in respect of the Project;
“DBFM Contract”	means the project agreement to be entered into between the Board and Project Co in relation to the design, construction, financing and maintenance of the Project;
“FM Service Provider”	means the entity or entities to be appointed by Project Co to provide the facilities management in respect of the Project;
“NPD”	Means non-profit distributing
“Project”	means the design, build, finance and maintenance of a joint building to re-provide the Royal Hospital for Sick Children, Child and Adolescent Mental Health Service and the Department of Clinical Neurosciences on the Royal Infirmary of Edinburgh campus at Little France;
“Project Co”	means the special purpose company to be formed to enter into the DBFM Contract to design, build, finance and maintain the Project;
“PPP”	includes NPD, PFI and other similar initiatives utilising similar financing methods;
“SFT”	means Scottish Futures Trust Limited, having a registered office at 1 st Floor, 11-15 Thistle Street, Edinburgh EH2 1DF
“Investor”	means any organisation which is to subscribe for or lend a share of subordinated debt or mezzanine finance in or to Project Co once it is incorporated.

Category: Quality Evaluation Criteria
 Sub Category: C: Approach to Design and Construction (23%)
 Submission Requirement Reference: C10. Clarity, robustness and quality of energy management proposals
 Quality Evaluation Basis: Scored
 Quality Evaluation Criteria Weighting: 1.85
 Bidders **must** submit proposals setting out their approach to energy management. This should be provided as set out in C10.1 and C10.2 below.

		Brief Achieved?	
		Y	N
Submission Ref	C10.1		
Submission Requirement	Bidders must submit an energy model, complete with supporting information, demonstrating how their design solution will achieve an optimum level of energy and utility conservation (linked with the requirement for a sustainable development in C4) and show that their design fulfils the following: i. The building energy performance will achieve a minimum of 6 credits for ENE.01 in the BREEAM assessment.	Y	
Reviewers Comments	Response states 11 credits could be possible with supporting BREEAM calculations. Compliance energy model provided.		
	ii. The water consumption for the Facilities will not exceed 170,000 litres/bed/annum (Part 6 Section 3: The Board's Construction Requirements);	Y	
Reviewers Comments	Good response providing a 10% improvement over the target.		
	iii. 20% of energy is provided by renewable energy sources (Part 6 Section 3: The Board's Construction Requirements); and	Y	
Reviewers Comments	Good response, providing a good understanding of the requirement for renewables. Bidder sought derogation on meeting 20% renewable target. Good response in providing 800sqm in PV. Design includes a heat dump facility (up to 50% of heat)		
	iv. The inclusion of passive design strategies for ventilation and thermal control. The environmental control system is to be co-ordinated and integrated with the design of the structure and the occupied areas in order to maximise the control and flexibility of the installations.	Y	
Reviewers Comments	Satisfactory response. Naturally ventilated room depths minimised to ensure effectiveness of single sided ventilation. U values improved over minimum acceptable standard.		
	In addition Bidders must submit an analysis of their design solution which demonstrates energy consumption proposals along with cost estimates of specific measures or innovations to be introduced.	Y	
Reviewers Comments	Good response providing good examples including overall building energy consumption/ utility costs (based on compliance model) provided.		
Submission Ref	C10.2		
Submission Requirement	For information purposes only in addition to the model referred to above a dynamic thermal energy model is to be submitted which should comply with the parameters set out in Appendix F of the ITPD Volume 1.	Y	
Reviewers Comments	This model was for information only.		

Lead Reviewer(s):
 Support Reviewer(s):

ITPD Response	
Check Point	Reviewer's Comment
Scope and Level of Detail Description of scope and level of detail provided in proposal	Good level of scope and detail
Strong Elements of the Submission What aspects are particularly good and/or innovative? Do the proposals demonstrate quality and provide added value? Are the proposals robust and flexible for future change? If relevant, do the proposals comply with the brief?	Good response, providing a good understanding of the renewables requirement. Good response in providing 800sqm in PV. 11 BREEAM credits
Weak Elements of the Submission and Areas of Concern List any key issues or areas of concern, including non-compliance with Board requirements, departures from good industry practice and any noted qualifications.	CHP includes a heat dump facility but not accounted for in the energy calculations.
Others to Consider Highlight here any particular aspects that other reviewers should be aware of and/or should consider further.	No comment.
Assumptions List any comments on the relevant assumptions, clarifications and derogations listed in criteria C30 / D14	No comment.
Additional Information List here any additional information/clarifications to be sought.	No comment.

Summary	Overall Comment	Scoring Guidance
<p>Performed very well for BREEAM credits. Good design with regards to renewables.</p>		<p>SATISFACTORY</p> <p>The Bidder's approach: • demonstrates a satisfactory understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs satisfactorily in complying with the Board's requirements.</p>
		<p>GOOD</p> <p>The Bidder's approach: • demonstrates a satisfactory understanding of all aspects of the Board's requirements and a detailed and good understanding of some aspects of the Board's requirements; and/or • proposes a solution which performs well against the Board's requirements</p>
		<p>VERY GOOD</p> <p>The Bidder's approach: • demonstrates a detailed and very good understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs very well against the Board's requirements.</p>
		<p>EXCEPTIONAL</p> <p>The Bidder's approach: • demonstrates an exceptional understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs very well in complying with the Board's requirements and excels in complying with some of the Board's requirements</p>
		<p>5</p>
<p>6-7</p>	<p>8-9</p>	<p>10</p>

OVERALL SCORE	7
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Issues to Carry Forward to PB Stage
CHP QA accreditation should be sought. Solenoid shut off valves to patient bedrooms. Confirmation that optimised CHP is being considered.

Status	Review Stage	Reviewer	Date
Final Tender		Evaluation Group meeting	14.2.14

Bidder A

ITPD Evaluation Criteria - Calibration Scoring Matrix	
Scoring Summary:	Overall Weighted Score
B - Strategic & Management Approach	3.68
C - Design & Construction	14.53
D - Facilities Management	7.90
TOTAL QUALITY SCORE	26.11
Maximum Possible Score	40.0
	65.31%

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B - Strategic and Management Approach [13%]				
Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
B1	Clarity, robustness and quality of understanding of policy framework and approach to addressing these	0.10	7	0.71
B2	Clarity, robustness and quality of approach to contribution to delivering the Board's "vision" and associated performance management regime	0.32	7	2.24
B3	Clarity, robustness and quality of understanding of Project outcomes and approach to contribution of delivering these	0.00	8	0.00
B4	Clarity, robustness and quality of approach to partnership and collaborative working with the Board and its partners	0.81	7	6.47
B5	Clarity, robustness and quality of approach to staff development including recruitment, training, induction and HR issues	0.32	8	2.56
B6	Clarity, robustness and quality of approach to delivering community benefits	0.32	8	2.56
B7	Clarity, robustness and quality of approach to integration of design with facilities management considerations	0.32	8	2.56
B8	Clarity, robustness and quality of approach to consortia management arrangements including approach to sub-contractors	0.07	7	0.49
B9	Quality of proposed personnel	0.32	8	2.56
B10	Clarity, robustness and quality of approach to continuity throughout the project	0.32	7	2.24
B11	Acceptable organisational diagrams for each stage of the Project	Pass / Fail	Pass	
B12	Clarity, robustness and quality of approach to health and safety	0.81	7	6.47
B13	Acceptable approach to environmental, quality and health and safety management systems	Pass / Fail	Pass	
B14	Clarity, robustness and quality of approach to management of design development including integration with the Board and its Partners	0.10	7	0.71
B15	Acceptable programme from appointment as Preferred Bidder to Financial Close	Pass / Fail	Pass	
		5.0	89	3.68

C - Approach to Design & Construction [25%]				
Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
C1	Clarity, robustness and quality of approach to meeting the stakeholders requirements in their design	2.04	6	1.22
C2	Clarity, robustness and quality of approach to design quality	1.85	7	1.29
C3	Clarity, robustness and quality of architectural and landscape design	2.04	6	1.22
C4	Clarity, robustness, quality of approach to delivering innovation	2.04	6	1.22
C5	Clarity, robustness and quality of approach to adaptability and flexibility	2.04	7	1.63
C6	Clarity, robustness and quality of way finding and signage proposals	1.00	6	0.60
C7	Clarity, robustness and quality of interior design proposals	2.04	6	1.22
C8	Clarity, robustness and quality of M&E engineering design proposals	1.00	6	0.60
C9	Clarity, robustness and quality of natural and artificial lighting proposal	1.00	6	0.60
C10	Clarity, robustness and quality of energy management proposals	1.85	6	1.11
C11	Clarity, robustness and quality of equipment proposals	1.00	7	0.70
C11A	Compliance with minimum level of Group 1 Equipment	Pass / Fail	Pass	
C12	Compliance with Mandatory Reference Design Requirements	Pass / Fail	Pass	
C13	Acceptable approach to achieving planning permission	Pass / Fail	Pass	
C14	Acceptable vertical and horizontal movement strategy	Pass / Fail	Pass	
		21.1	69.00	13.24

D - Approach to Facilities Management [12%]				
Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
D1	Clarity, robustness and quality of approach to management and administration of the Services and Contract	2.50	6	1.50
D2	Acceptable approach to integration with Board policies and operation	Pass / Fail	Pass	
D3	Acceptable approach to ensuring quality management	Pass / Fail	Pass	
D4	Acceptable approach to ensuring environmental management	Pass / Fail	Pass	
D5	Acceptable approach to ensuring health & safety management	Pass / Fail	Pass	
D6	Acceptable approach to interfacing with the Board for undertaking works outside of access times	Pass / Fail	Pass	
D7	Clarity, robustness and quality of approach to partnership and resources including liaison, resources and supply chain management	2.50	6	1.50
D8	Acceptable approach to business continuity planning	Pass / Fail	Pass	
D9	Acceptable life/safety policies and procedures	Pass / Fail	Pass	
D10	Clarity, robustness and quality of approach to performance and information management including: helpdesk, programme maintenance lifecycle, performance monitoring, monitoring and records, regular reports and information requests, building services and statutory testing	4.00	7	2.80
D11	Acceptable approach to un-programmed maintenance	Pass / Fail	Pass	
D12	Clarity, robustness and quality of approach to service elements including: utilities management and grounds maintenance services	2.50	7	1.75
D13	Robustness of technical costs	Pass / Fail	Pass	
D14	Acceptable list of summary assumptions, clarifications and derogations	Pass / Fail	Pass	
D15	Acceptable approach to mobilisation of Facilities Management services	Pass / Fail	Pass	
		23.0	76.00	14.53

E - Approach to Financial Close [10%]				
Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
E1	Acceptable approach to financial close	1.00	6	0.60
E2	Acceptable approach to financial close	1.00	6	0.60
E3	Acceptable approach to financial close	1.00	6	0.60
E4	Acceptable approach to financial close	1.00	6	0.60
E5	Acceptable approach to financial close	1.00	6	0.60
E6	Acceptable approach to financial close	1.00	6	0.60
E7	Acceptable approach to financial close	1.00	6	0.60
E8	Acceptable approach to financial close	1.00	6	0.60
E9	Acceptable approach to financial close	1.00	6	0.60
E10	Acceptable approach to financial close	1.00	6	0.60
		10.0	60.00	6.00

Bidder B

ITPD Evaluation Criteria - Calibration Scoring Matrix

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Scoring Summary:	
B - Strategic & Management Approach	3.71
C - Design & Construction	16.42
D - Facilities Management	7.45
TOTAL QUALITY SCORE	29.58
Maximum Possible Score	40.0
	73.95%

B - Strategic and Management Approach [5%]

Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
B1	Clarity, robustness and quality of understanding of policy framework and approach to addressing these	0.16	6	0.10
B2	Clarity, robustness and quality of approach to contribution to delivering the Board's 'Mission' and associated performance management regime	0.32	8	0.26
B3	Clarity, robustness and quality of understanding of Project outcomes and approach to contribution of delivering these	0.56	8	0.45
B4	Clarity, robustness and quality of approach to partnership and collaborative working with the Board and its partners	0.81	8	0.65
B5	Clarity, robustness and quality of approach to staff development including recruitment, training, induction and HR issues	0.32	7	0.22
B6	Clarity, robustness and quality of approach to delivering community benefits	0.32	8	0.26
B7	Clarity, robustness and quality of approach to integration of design with facilities management considerations	0.32	8	0.26
B8	Clarity, robustness and quality of approach to consortia management arrangements including approach to sub contractors	0.57	7	0.40
B9	Quality of proposed personnel	0.32	8	0.26
B10	Clarity, robustness and quality of approach to continuity throughout the project	0.32	8	0.26
B11	Acceptable organisational diagrams for each stage of the Project	Pass / Fail	Pass	
B12	Clarity, robustness and quality of approach to health and safety	0.81	6	0.49
B13	Acceptable approach to environmental, quality and health and safety management systems	Pass / Fail	Pass	
B14	Clarity, robustness and quality of approach to management of design development including integration with the Board and its Partners	0.16	8	0.13
B15	Acceptable programme from appointment as Preferred Bidder to Financial Close	Pass / Fail	Pass	
		5.0	90	3.71

C - Approach to Design & Construction [23%]

Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
C1	Clarity, robustness and quality of approach to meeting the stakeholders requirements in their design	2.64	8	2.11
C2	Clarity, robustness and quality of approach to design quality	1.85	8	1.48
C3	Clarity, robustness and quality of architectural, and landscape design	2.64	10	2.64
C4	Clarity, robustness, quality of approach to delivering innovation	2.64	7	1.85
C5	Clarity, robustness and quality of approach to adaptability and flexibility	2.64	7	1.85
C6	Clarity, robustness and quality of way finding and signage proposals	1.06	9	0.95
C7	Clarity, robustness and quality of interior design proposals	2.64	10	2.64
C8	Clarity, robustness and quality of M&E engineering design proposals	1.06	5	0.53
C9	Clarity, robustness and quality of natural and artificial lighting proposal	1.06	8	0.85
C10	Clarity, robustness and quality of energy management proposals	1.85	7	1.30
C11	Clarity, robustness and quality of equipment proposals	1.06	7	0.74
C11A	Compliance with minimum level of Group 1 Equipment	Pass / Fail	Pass	
C12	Compliance with Mandatory Reference Design Requirements	Pass / Fail	Pass	
C13	Acceptable approach to achieving planning permission	Pass / Fail	Pass	
C14	Acceptable vertical and horizontal movement strategy	Pass / Fail	Pass	
		21.1	86.00	16.94

D - Approach to Facilities Management [12%]

Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
C15	Acceptable ICT Strategy and Bidders proposals, compliant with Board's requirements	Pass / Fail	Pass	
C16	Acceptable fire planning strategy	Pass / Fail	Pass	
C17	Acceptable structural design proposals	Pass / Fail	Pass	
C18	Acceptable services, utilities and infrastructure proposals	Pass / Fail	Pass	
C19	Acceptable approach to achieving required BREEAM rating	Pass / Fail	Pass	
C20	Acceptable post Preferred Bidder stage design development proposals and design programme	Pass / Fail	Pass	
C21	Compliance with Board's Construction Requirements	Pass / Fail	Pass	
C22	Acceptable design life proposals	Pass / Fail	Pass	
C23	Acceptable construction programme and approach to monitoring	Pass / Fail	Pass	
C24	Clarity, robustness and quality of construction methodology	1.85	8	1.48
C25	Acceptable approach to commissioning and handover	Pass / Fail	Pass	
C26	Acceptable approach to quality and environmental management systems	Pass / Fail	Pass	
C27	Acceptable approach to health and safety management	Pass / Fail	Pass	
C28	Acceptable approach to compliance with CDM regulations	Pass / Fail	Pass	
C29	Robustness of technical costs	Pass / Fail	Pass	
C30	Acceptable list of summary assumptions, clarifications and derogations	Pass / Fail	Pass	
C31	Acceptable interface proposals	Pass / Fail	Pass	
		23.0	94.00	18.42

D - Approach to Facilities Management [12%]

Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
D1	Clarity, robustness and quality of approach to management and administration of the Services and Contract	2.50	7	1.75
D2	Acceptable approach to integration with Board policies and operation	Pass / Fail	Pass	
D3	Acceptable approach to ensuring quality management	Pass / Fail	Pass	
D4	Acceptable approach to ensuring environmental management	Pass / Fail	Pass	
D5	Acceptable approach to ensuring health & safety management	Pass / Fail	Pass	
D6	Acceptable approach to interfacing with the Board for undertaking works outside of access times	Pass / Fail	Pass	
D7	Clarity, robustness and quality of approach to partnership and resources including liaison, resources and supply chain management	2.50	6	1.50
D8	Acceptable approach to business continuity planning	Pass / Fail	Pass	
D9	Acceptable fire safety policies and procedures	Pass / Fail	Pass	
D10	Clarity, robustness and quality of approach to performance and information management including: helpdesk, programme maintenance lifecycle, performance monitoring, monitoring and records, regular reports and information requests, building services and statutory testing	4.50	6	2.70
D11	Acceptable approach to un-programmed maintenance	Pass / Fail	Pass	
D12	Clarity, robustness and quality of approach to service elements including: utilities management and grounds maintenance services	2.50	6	1.50
D13	Robustness of technical costs	Pass / Fail	Pass	
D14	Acceptable list of summary assumptions, clarifications and derogations	Pass / Fail	Pass	
D15	Acceptable approach to mobilisation of Facilities Management services	Pass / Fail	Pass	
		12.0	25.00	7.45

Bidder C

ITPD Evaluation Criteria - Calibration Scoring Matrix

Commercial In Confidence

Scoring Summary:	
B - Strategic & Management Approach	3.52
C - Design & Construction	16.81
D - Facilities Management	9.60
TOTAL QUALITY SCORE	29.93
Maximum Possible Score	40.0
	74.83%

B - Strategic and Management Approach [5%]

Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
B1	Clarity, robustness and quality of understanding of policy framework and approach to addressing these	0.16	5	0.08
B2	Clarity, robustness and quality of approach to contribution to delivering the Board's "vision" and associated performance management regime	0.32	7	0.22
B3	Clarity, robustness and quality of understanding of Project outcomes and approach to contribution of delivering these	0.56	8	0.45
B4	Clarity, robustness and quality of approach to partnership and collaborative working with the Board and its partners	0.81	7	0.57
B5	Clarity, robustness and quality of approach to staff development including recruitment, training, induction and HR issues	0.32	6	0.19
B6	Clarity, robustness and quality of approach to delivering community benefits	0.32	8	0.26
B7	Clarity, robustness and quality of approach to integration of design with facilities management considerations	0.32	8	0.26
B8	Clarity, robustness and quality of approach to consortia management arrangements including approach to sub contractors	0.57	6	0.34
B9	Quality of proposed personnel	0.32	8	0.26
B10	Clarity, robustness and quality of approach to continuity throughout the project	0.32	6	0.19
B11	Acceptable organisational diagrams for each stage of the Project	Pass / Fail	Pass	
B12	Clarity, robustness and quality of approach to health and safety	0.81	7	0.57
B13	Acceptable approach to environmental, quality and health and safety management systems	Pass / Fail	Pass	
B14	Clarity, robustness and quality of approach to management of design development including integration with the Board and its Partners	0.16	9	0.14
B15	Acceptable programme from appointment as Preferred Bidder to Financial Close	Pass / Fail	Pass	
		5.0	85	3.52

C - Approach to Design & Construction [23%]

Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
C1	Clarity, robustness and quality of approach to meeting the stakeholders requirements in their design	2.64	7	1.85
C2	Clarity, robustness and quality of approach to design quality	1.85	7	1.30
C3	Clarity, robustness and quality of architectural and landscape design	2.64	8	2.11
C4	Clarity, robustness, quality of approach to delivering innovation	2.64	8	2.11
C5	Clarity, robustness and quality of approach to adaptability and flexibility	2.64	7	1.85
C6	Clarity, robustness and quality of way finding and signage proposals	1.06	7	0.74
C7	Clarity, robustness and quality of interior design proposals	2.64	8	2.11
C8	Clarity, robustness and quality of M&E engineering design proposals	1.06	8	0.85
C9	Clarity, robustness and quality of natural and artificial lighting proposal	1.06	7	0.74
C10	Clarity, robustness and quality of energy management proposals	1.85	7	1.30
C11	Clarity, robustness and quality of equipment proposals	1.06	7	0.74
C11A	Compliance with minimum level of Group 1 Equipment	Pass / Fail	Pass	
C12	Compliance with Mandatory Reference Design Requirements	Pass / Fail	Pass	
C13	Acceptable approach to achieving planning permission	Pass / Fail	Pass	
C14	Acceptable vertical and horizontal movement strategy	Pass / Fail	Pass	
		21.1	81.00	15.70

D - Approach to Facilities Management [12%]

Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
C15	Acceptable ICT Strategy and Bidders proposals, compliant with Board's requirements	Pass / Fail	Pass	
C16	Acceptable fire planning strategy	Pass / Fail	Pass	
C17	Acceptable structural design proposals	Pass / Fail	Pass	
C18	Acceptable services, utilities and infrastructure proposals	Pass / Fail	Pass	
C19	Acceptable approach to achieving required BREEAM rating	Pass / Fail	Pass	
C20	Acceptable post Preferred Bidder stage design development proposals and design programme	Pass / Fail	Pass	
C21	Compliance with Board's Construction Requirements	Pass / Fail	Pass	
C22	Acceptable design life proposals	Pass / Fail	Pass	
C23	Acceptable construction programme and approach to monitoring	Pass / Fail	Pass	
C24	Clarity, robustness and quality of construction methodology	1.85	6	1.11
C25	Acceptable approach to commissioning and handover	Pass / Fail	Pass	
C26	Acceptable approach to quality and environmental management systems	Pass / Fail	Pass	
C27	Acceptable approach to health and safety management	Pass / Fail	Pass	
C28	Acceptable approach to compliance with CDM regulations	Pass / Fail	Pass	
C29	Robustness of technical costs	Pass / Fail	Pass	
C30	Acceptable list of summary assumptions, clarifications and derogations	Pass / Fail	Pass	
C31	Acceptable interface proposals	Pass / Fail	Pass	
		23.0	87.00	16.81

D - Approach to Facilities Management [12%]

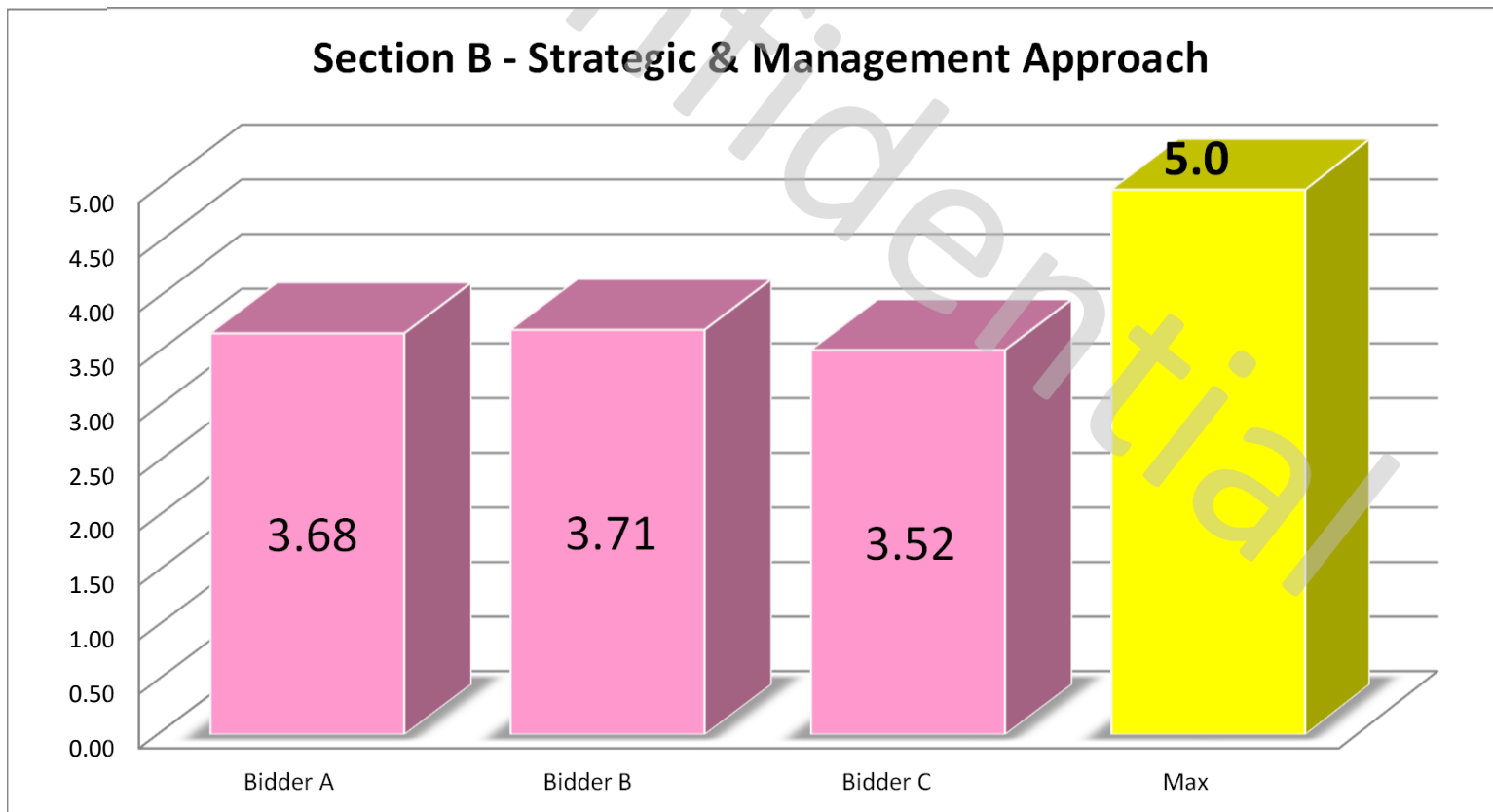
Ref.	Evaluation Criteria	Score Impact per Question	Score (0-10)	Overall Weighted Score
D1	Clarity, robustness and quality of approach to management and administration of the Services and Contract	2.50	8	2.00
D2	Acceptable approach to integration with Board policies and operation	Pass / Fail	Pass	
D3	Acceptable approach to ensuring quality management	Pass / Fail	Pass	
D4	Acceptable approach to ensuring environmental management	Pass / Fail	Pass	
D5	Acceptable approach to ensuring health & safety management	Pass / Fail	Pass	
D6	Acceptable approach to interfacing with the Board for undertaking works outside of access times	Pass / Fail	Pass	
D7	Clarity, robustness and quality of approach to partnership and resources including liaison, resources and supply chain management	2.50	8	2.00
D8	Acceptable approach to business continuity planning	Pass / Fail	Pass	
D9	Acceptable fire safety policies and procedures	Pass / Fail	Pass	
D10	Clarity, robustness and quality of approach to performance and information management including: helpdesk, programme maintenance lifecycle, performance monitoring, monitoring and records, regular reports and information requests, building services and statutory testing	4.50	8	3.60
D11	Acceptable approach to un-programmed maintenance	Pass / Fail	Pass	
D12	Clarity, robustness and quality of approach to service elements including: utilities management and grounds maintenance services	2.50	8	2.00
D13	Robustness of technical costs	Pass / Fail	Pass	
D14	Acceptable list of summary assumptions, clarifications and derogations	Pass / Fail	Pass	
D15	Acceptable approach to mobilisation of Facilities Management services	Pass / Fail	Pass	
		12.0	32.00	9.60

Appendix F

RHSC DCN ITPD Evaluation Criteria

B - Strategic and Management Approach [5%]

Bidder	Score (%)
Bidder A	3.68
Bidder B	3.71
Bidder C	3.52
Max	5.0

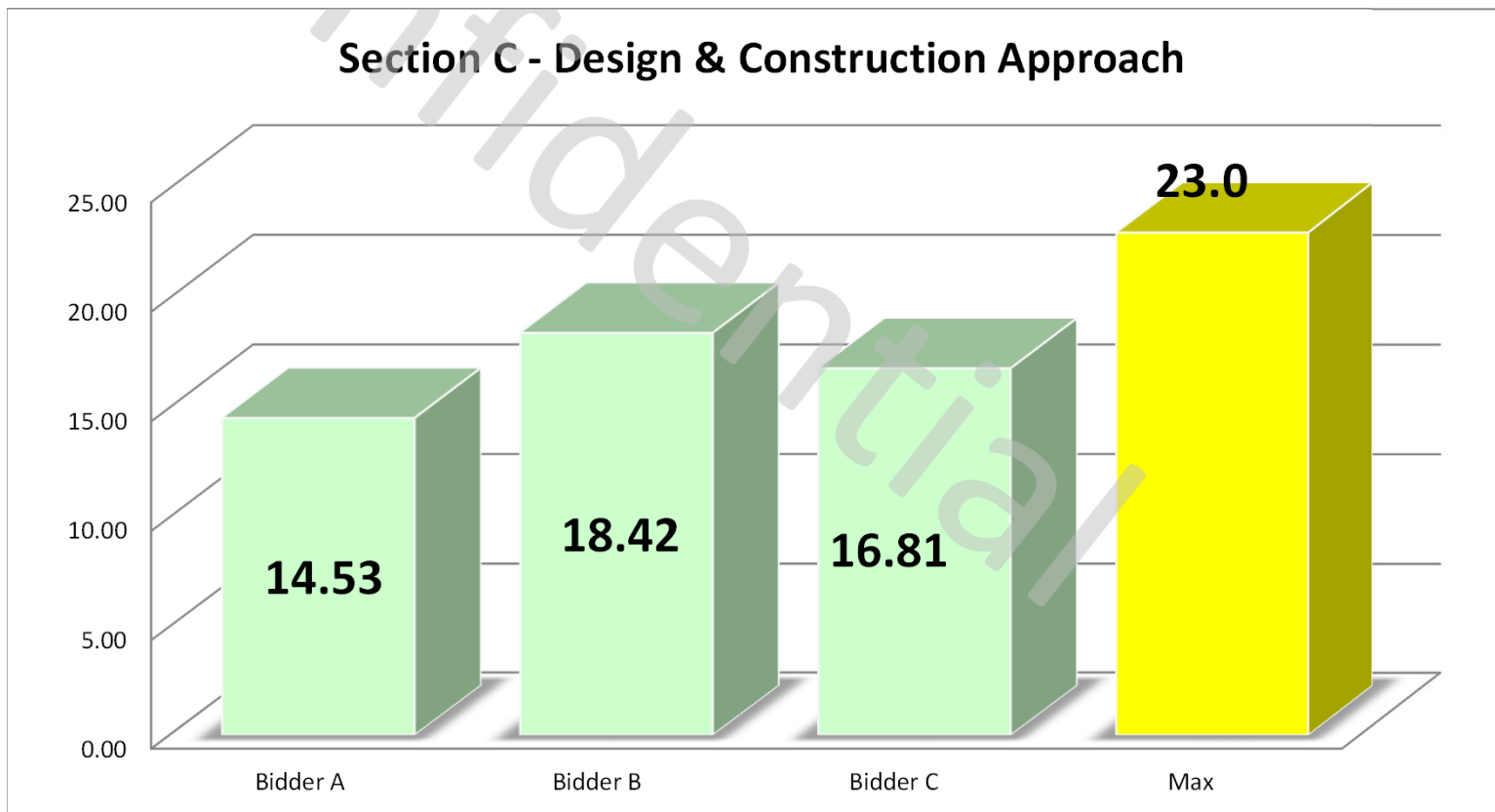


Appendix F

RHSC DCN ITPD Evaluation Criteria

C - Approach to Design & Construction [23%]

Bidder	Score (%)
Bidder A	14.53
Bidder B	18.42
Bidder C	16.81
Max	23.0

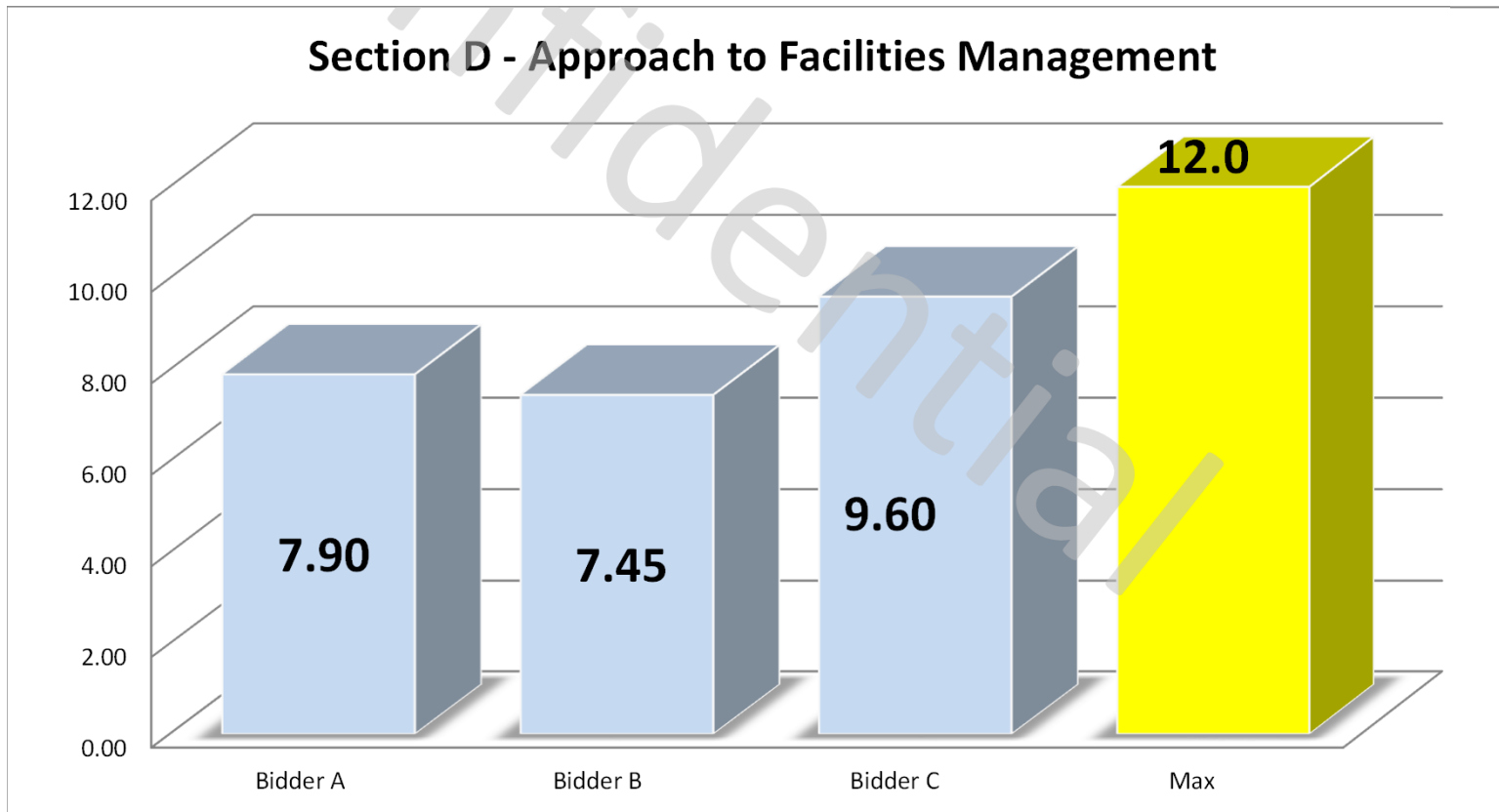


Appendix F

RHSC DCN ITPD Evaluation Criteria

D - Approach to Facilities Management [12%]

Bidder	Score (%)
Bidder A	7.90
Bidder B	7.45
Bidder C	9.60
Max	12.0

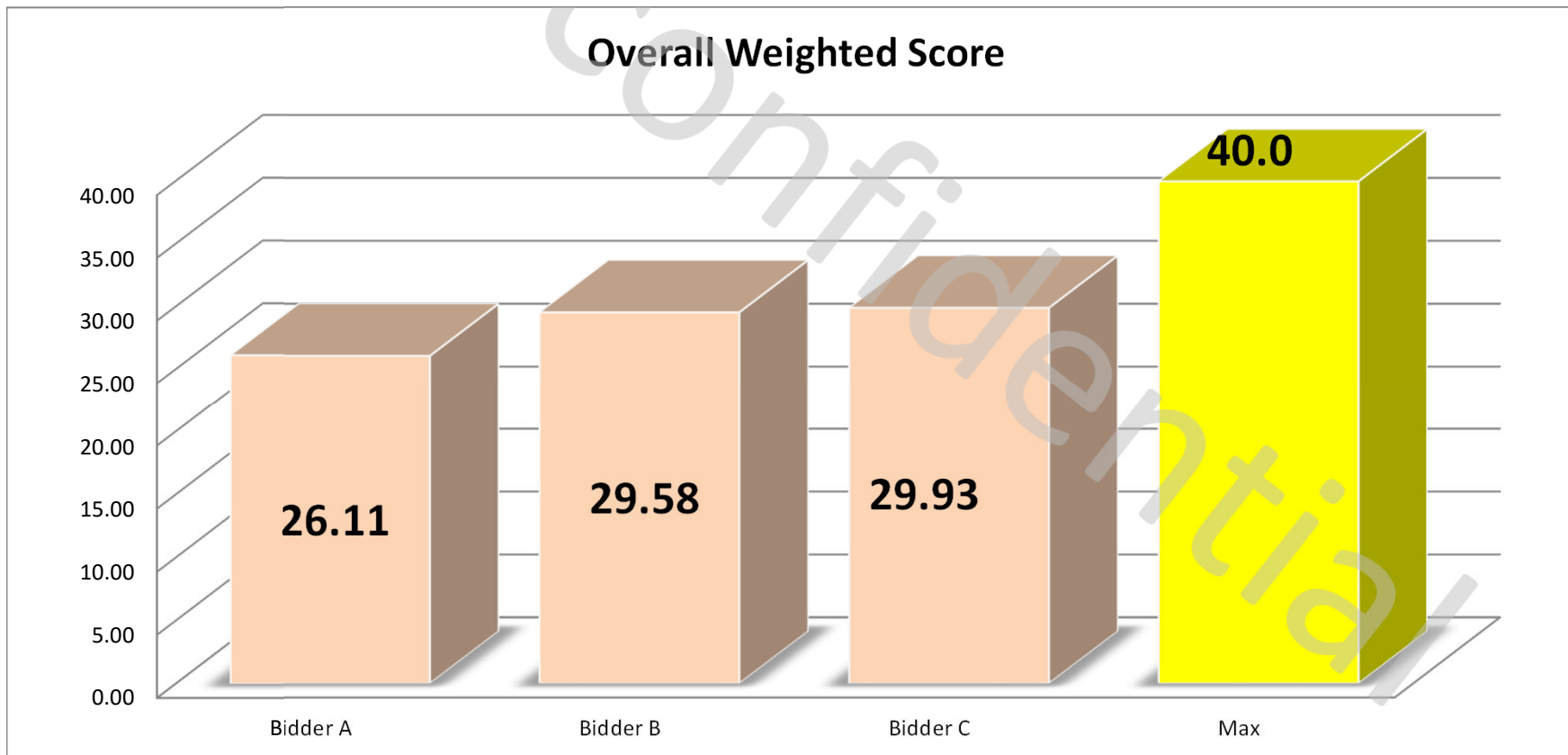


Appendix F

RHSC DCN ITPD Evaluation Criteria

Overall Weighted Score (40%)

Bidder	Total Quality Score (%)
Bidder A	26.11
Bidder B	29.58
Bidder C	29.93
Max	40.0



**Re-provision of RHSC and DCN at Little France
Evaluation Details Summary comparison with the Successful Tender**

**Section C –
Approach to Design and Construction (23%)**

Criteria	Bidder A Strengths	Weaknesses	Bidder B Strengths	Criteria	Bidder C Strengths	Weaknesses
C1	Good response with regards to the range of stakeholders.	Response focused on RHSC and less on DCN. Not all external areas are accessible. Page 11 - DCN - bullet point 4 : this should not just be for DCN patients but equally import for RHSC & CAMHS. No specific mention of art strategy for DCN in this response. Lacking in mention of neighbouring buildings. Lack of detail about meeting staff needs associated with security. Length of access to DCN lifts from entrance. Fixed sofa bed across windows Lack of natural light to ozone/ atrium. There is no physical separation from the Ozone to the main circulation route which could be seen as a security risk.	Very good design response internally and externally. Design adequately provides security. Strong consideration of Stakeholders. Stakeholders needs considered by way of providing specific courtyards.	Lacking in detail with regards to people with disabilities. Lacking in detail regarding security on external site.	Good proposal. Development of communication strategy with stakeholders. Level of detail provide about HAI Scribe.	Concern over design of Pod and the ability to deliver all the functions required. Picture of CAHMS bedroom, page 7, still shows WHB which is not required. CAMHS courtyard heavily shaded.
	Evaluation Sheet Summary: 6	Satisfactory understanding demonstrating a good understanding of the boards requirements whilst considering the majority of stakeholders, however lacking on some detail with certain groups. Submission focused mainly on RHSC and not DCN.	Evaluation Sheet Summary: 8	<i>Comprehensive response demonstrating a very good understanding of stakeholder requirements.</i>	Evaluation Sheet Summary: 7	Good comprehensive response identifying range of stakeholders and a good range of examples. The focus of their response is related to RHSC & CAMHS, and very few of the illustrations provided relate to DCN. Section (iv) – no specific mention of DCN other than one illustration. Section on safety and security for vulnerable patients focuses on RHSC & CAMHS. Good level of detail provided about HAI Scribe.
	Characteristics and relative advantages of the successful tender:	The tenderer has submitted a good response to this question demonstrating a good knowledge of the range of stakeholders. The response focuses more strongly on RHSC and less on DCN. The successful tenderer provided a very good response which demonstrates a good understanding of the sensitivities around the co-location of the services and clearly demonstrates an appreciation of the needs of the	Characteristics:		Characteristics and relative advantages of the successful tender:	The tenderer has submitted a good response to this question demonstrating knowledge of the stakeholder groups and proposals to develop a communications strategy with stakeholders. A strong section on HAI SCRIBE. The successful tenderer provided a very good response which demonstrates a good understanding of the sensitivities around the co-location of the services and clearly demonstrates

Bidder A		Bidder B		Bidder C		
Criteria	Strengths	Weaknesses	Strengths	Criteria	Strengths	Weaknesses
		full range of stakeholders and what constitutes a nurturing, healing, engaged and safe environment for these stakeholders.				an appreciation of the needs of the full range of stakeholders and what constitutes a nurturing, healing, engaged and safe environment for these stakeholders.
C2	Good BIM execution plan. Commitment to using BIM 6D during operational stage. Future proofing	Design does not take full advantage of natural light to main non clinical spaces e.g. the Pod. RHSC entrance could be viewed as intimidating by children.	<i>Very good understanding. Design quality reviews with site champion. Full integrated and comprehensive design. Comprehensive site analysis.</i>	<i>No comment</i>	Their philosophy of a 'no surprise culture' through a close collaboration, weekly meetings and consistency checking. Good presentation of HAIscribe proposals. Their extensive use of prefabrication	CAMHS courtyard heavily shaded. Segregation of Pod looks heavy handed.
	Evaluation Sheet Summary: 7	Have linked their design proposal to local and national strategic drivers and how this meets stakeholder requirements and have shown a good understanding of the board requirements.	Evaluation Sheet Summary: 8	<i>A very thorough response addressing all the issues and providing reassurance that the bidder understands a holistic approach to design quality. Very good understanding of all key issues.</i>	Evaluation Sheet Summary: 7	Good level of detail provided, key principles of quality provided.
	Characteristics and relative advantages of the successful tender:	The tenderer has delivered a good comprehensive response linked to local and national strategic drivers with a good analysis of the design requirements. The BIM execution plan is well set out and the commitment to using BIM in the operational phase is noted. The successful tenderer has submitted a very good response addressing all the issues and providing reassurance to the Board that the tenderer will deliver a holistic approach to design quality.	Characteristics:		Characteristics and relative advantages of the successful tender:	This submission provides a good level of detail and identifies the key principles of quality. The 'no surprise culture' through a close collaboration, weekly meetings and consistency checking is well considered. There is a good section on HAI SCRIBE issues and the Board recognised the extensive use of prefabrication within the proposal. The CAMHS courtyard is heavily shaded and it was felt that the Pod was poorly handled. The successful tenderer has submitted a very good response addressing all the issues and providing reassurance to the Board that the tenderer will deliver a holistic approach to design quality.
C3	North façade. Use of Boards design statement to demonstrate how they believe their design is meeting our requirements. Some of the art proposals for RHSC e.g. Art Shed.	Statements in relation to their design delivering 'world class' architecture ref. C3.1 i & ii not demonstrated / confirmed in proposals. Lack of day light in ozone and associated courtyard. Lack of detail on juxtaposition of externals. Limited external landscaping Limited reference to DCN focus of response related to RHSC.	<i>Public realm - excellent articulation. Stakeholder requirements fully addressed. Excellent segregation of flows. Design of Reception desks. Attractive range of interiors and colours. Efficient lighting proposals. Attractive entrances. Structural glass. Transparent roof to atrium. Strong emphasis on art work. Healing Art strategy proposal. Strong submission in Landscaping/ externals/ public realm</i>	<i>No specific weak elements identified.</i>	Very good public realm and courtyards. Tattooed finish of façade at ground level. Very good response on HAI SCRIBE Good comprehensive response on external cladding.	North and West façades - too many materials on top of façade i.e. curtain walling and vertical metal fins. Potential impact of totem pole lighting for individuals that are visually impaired. Pod - Ability to deliver all of the requirements within a confined space and issues with safety of the pods; ventilation to be considered. Shape and size of Energy Centre.

Criteria	Bidder A Strengths	Weaknesses	Bidder B Strengths Sustainability.	Criteria	Bidder C Strengths	Weaknesses
	Evaluation Sheet Summary: 6	Satisfactory response however the statements made on the merits of the design not demonstrated / confirmed in proposals.	Evaluation Sheet Summary: 10	<i>Excellent submission and development from Reference Design. Strong architectural concepts. Layout of building takes full advantage of surrounding buildings. Takes full advantage of lighting technically and economically. Maximises landscaping particular courtyards. High quality materials on externals. Excellent segregation and integration of surrounding areas in Ozone area. Excellent Integration of reception desk and art work.</i>	Evaluation Sheet Summary: 8	Very good comprehensive response, clear architectural concepts. Very good landscaping proposals. Well proportioned courtyards.
	Characteristics and relative advantages of the successful tender:	The tenderer has submitted a good response to this question. The tenderer's design has changed a number of the departmental adjacencies set out in the Reference Design. The re-orientation of the DCN OPD is the least successful and the knock-on effect on the position of the DCN entrance creates certain access concerns. The redesigned RHSC OPD works well but the waiting area/"O" zone is potentially dark with external play on the north east of a four storey building. There is also a concern in terms of security of the children in the "O" zone as there is no physical separation from the main circulation route. The response is light on DCN and there is a reliance on a landscape solution to improve the aspect of PARU. In terms of the above the successful tenderer's design is a clear development of the Reference Design and maintains many of the attributes of that design. Preferred location of entrances maintained. Improved aspect for PARU. Physical separation of the POD from main circulation route at ground floor with improved day lighting and dramatic upper level circulation. Provision of dedicated courtyards of innovative landscape design. Proposals focused on both RHSC and DCN.	Characteristics:		Characteristics and relative advantages of the successful tender:	The tenderer has submitted a very good response to this question. The tenderer's design has dramatically changed the footprint of the Reference Design which has brought some advantages in terms of courtyards and public realm. However the design and impact of the Energy Centre detracts from the southern aspect of the Facilities. Some attempt has been made to improve the aspect of PARU and the proposals for the street stops and external materials are very good. The five storey façade to hospital square is overpowering and the elevational treatment around CAMHS and the RHSC entrance is confused. The lowered roof in the Pod whilst bringing certain advantages in terms of roof access from the accommodation on level 3 appears very claustrophobic over the first floor of the "peas in the pod". The illustrations of the Pod do not give confidence that all the proposed uses can be accommodated successfully. In terms of the above the successful tenderer's design is a clear development of the Reference Design and maintains many of the attributes of that design. Improved aspect for PARU. Improved day lighting and dramatic upper level circulation in the Pod and Atrium.

Criteria	Bidder A Strengths	Weaknesses	Bidder B Strengths	Criteria	Bidder C Strengths	Weaknesses
C4	Clear explanations. BIM 6D modelling on asset management. Minor enhancements to reference design proposed, e.g. DCN handrail from bed to bathroom	Majority of proposals were enhancements / added value rather than real innovation.	<i>Landscaping innovation, e.g. public realm "piazzas"</i> <i>Proposed interactive technology for communications and entertainment.</i> <i>Multi-vista as built electronic survey records as part of handover information.</i> <i>Interior design, in particular, reception desks.</i>	<i>No specific weaknesses identified; overall a good standard of submission.</i>	Clearly explained audit trails from ideas through to delivery; goes well beyond best practice deliverables. Clear links made to relevant research and evidence-base. Strong elements of innovation in relation to FM. Potential for equipment innovation included. Evidence of Bidder being at leading edge of off-site manufacture and fabrication for construction.	Some of the proposals were enhancements / added value rather than real innovation.
	Evaluation Sheet Summary: 6	Overall a good explanation of the Bidders' definition of innovation across all areas of the BCRs. There is little room for real innovation, however there are a limited number of good proposals in this submission.	Evaluation Sheet Summary: 7	<i>A good response with good detail around sustainability, public realm and internal design features. The latter two are innovative applications in the healthcare sector.</i>	Evaluation Sheet Summary: 8	Overall a very good response highlighting some leading edge proposals for consideration. Strong submission on sustainability and potential cost savings.
	Characteristics and relative advantages of the successful tender:	<i>The Board considers that although this was a good clear response there was little real innovation beyond proposed enhancements which it is recognised would add value. The proposal to use BIM throughout the operational phase was noted.</i> <i>The successful tenderer also provided a good response which addressed issues around sustainability and demonstrated an innovative landscape approach within courtyards and the public realm.</i>	Characteristics:		Characteristics and relative advantages of the successful tender:	<i>The tenderer has provided a very good response to this question with clearly stated links to relevant research. Other strong elements of the submission included innovation in FM provision and the potential to introduce innovation in relation to the treatment of clinical waste.</i> <i>The successful tenderer provided a good response which addressed issues around sustainability and demonstrated an innovative landscape approach within courtyards and the public realm.</i>
C5	Roof top expansion. Future adaptability and good future proofing. Good response on distribution space	Submission mainly describes mechanical systems with little comment on electrical systems.	<i>Roof top expansion possible, but area not confirmed.</i> <i>Good illustrated examples.</i> <i>Adaptability of way finding strategy and 4 bedded bays.</i> <i>Flexible grid.</i> <i>Strong structural response.</i>	<i>Some of the responses to C5.2 was brief e.g. response C5.2 iii.</i>	Ground level expansion possible at entrances. Opportunity to expand different departments. Well planned service routes. Displaced non clinical areas. 5.2.3 - good response.	M&E submission light on detail and spare capacity not confirmed. M&E - Spare capacity not confirmed.
	Evaluation Sheet Summary: 7	Good response covering all requirements on building terms but light on M&E.	Evaluation Sheet Summary: 7	<i>Roof top expansion possible.</i> <i>Adaption of internal areas of non clinical accommodation.</i> <i>Good response with supporting drawings.</i>	Evaluation Sheet Summary: 7	Good response covering all requirements on building terms but light on M&E. Ground level expansion possible at entrances. Opportunity to expand different departments. Well planned service routes. Displaced non clinical areas.
	Characteristics and relative advantages of the successful tender:	<i>The tenderer has provided a good submission showing clearly how the design provides the ability to adapt through rationalisation of the</i>	Characteristics:		Characteristics and relative advantages of the successful tender:	<i>The tenderer's response is good, covering all requirements in building terms but is light on M&E content. Potential areas of</i>

Bidder A		Bidder B		Bidder C		
Criteria	Strengths	Weaknesses	Strengths	Criteria	Strengths	Weaknesses
		building footprint, structure and services and has provided examples to support this. The submission in M&E terms mainly describes mechanical systems with little comment on electrical systems. Rooftop expansion is illustrated and the design incorporates a good level of future proofing. The successful tenderer also submitted a good response to this question demonstrating potential areas of rooftop expansion and possible adaptation of non-clinical accommodation. The response is strong in terms of the building structure and is supported by appropriate drawings.				expansion at ground level are shown together with possible opportunities to expand individual departments. Routing of services is well planned. The issue of the re-provision of non-clinical spaces when these are used for expansion of clinical departments is not addressed. The successful tenderer also submitted a good response to this question demonstrating potential areas of rooftop expansion and possible adaptation of non-clinical accommodation. The response is strong in terms of the building structure and is supported by appropriate drawings.
C6	Set aside budget to develop their 'Moving Home' film further to support wayfinding to the new site.	Presents familiar wayfinding in healthcare facilities without reflecting the needs of the Board specific to this project. Limited innovation or creativity in proposals. Limited proposals to ingrate arts and lighting into wayfinding. Proposals to use very vibrant colours in certain locations may have a negative impact with some patient groups.	Age appropriate examples, carrying theme across all patient groups. Strategy creates a journey that ties into the interior design proposal. Very good wayfinding concept. External building colours replicated in interior - very good use of colour and themes across both patient groups for orientation and segregation purposes. Timeless proposals that will not age / date. Signage proposals are adaptable / flexible for future change in the building.	No specific weaknesses identified; overall a very good response.	Proposing interactive signage in children's areas. Bespoke wayfinding for the project. Detail provided on patient journeys.	Signage could be complex and confusing, particularly department entrances and floor numbering which do not link to coherent strategy.
	Evaluation Sheet Summary: 6	A good submission which reads well and meets the criteria but did not provide specific detail of the Bidder's wayfinding proposals in this response.	Evaluation Sheet Summary: 9	The strong architectural concept lends itself to an obvious and direct wayfinding strategy that is understandable and links well with the interior design and arts strategy. Excellent concept in terms of colours, graphics and imagery, being appropriate, timeless and memorable. The proposals meet the needs of all different patient groups. Very good that proposed signage is adaptable to change in the building.	Evaluation Sheet Summary: 7	A good response with very good evidence around patient journeys. A very detailed and thorough wayfinding strategy, however the use of themes and colours could be confusing. Overly-complex proposals that contrive zoning in the building that is inconsistent with departmental geography.
	Characteristics and relative advantages of the successful tender:	The tenderer provided a good response to this question but did not address the project specific needs of the Board. There is limited innovation or creativity in the proposed solution. The successful bidder submitted a very good, obvious and direct way finding strategy based on an	Characteristics:		Characteristics and relative advantages of the successful tender:	The tenderer provided a good response to this question with proposals for a bespoke way finding scheme. The concept appeared over complicated with sub-zoning of the building proposed. The concept for the departmental entrances and floor numbering did not seem to fit with

Criteria	Bidder A Strengths	Weaknesses	Bidder B Strengths	Criteria	Bidder C Strengths	Weaknesses
		excellent concept in terms of colours, graphics and imagery which is appropriate, timeless and memorable. The proposals meet the needs of all different patient groups.				the remainder of the signage concept. The successful bidder submitted a very good, obvious and direct way finding strategy based on an excellent concept in terms of colours, graphics and imagery which is appropriate, timeless and memorable. The proposals meet the needs of all different patient groups.
C7	Provision of Sample boards detailing proposed interior design for the different areas of the new hospital.	No indication of type/ quality of furniture. Satisfactory strategy but one that lacked in inspiration. Lacked detail in specification of the common components e.g. windows/ balustrading/ ceilings and doors.	<i>Sophisticated design solution. Quality of bespoke furniture proposed e.g. Solid acrylic reception desk. Art proposals integrated with wayfinding provide a holistic feel. Community feel, encouraging a sense of different usage of space. 'Ageless' wayfinding strategy in relation to use of graphics/ colours/ labelling demonstrating very good intergration with way finding proposals.</i>	<i>No weakness identified.</i>	Very good strategically placed 'street stops'. Identification of potential areas for transferring artwork fom the exisiting hospital Interesting artificial lighting and art proposals being proposed. Very good use of illustrations.	Difficulties in maintaining and cleaning the 'peas in the pod'. Lowered roof over the pod doesn't help the flow of the atrium space - too much happening in this area. Way finding - No integration with RIE. Cluttered and potentially confusing way finding. Full height aerial view on wall of DCN waiting could be disturbing for those with perception issues.
	Evaluation Sheet Summary: 6	Satisfactory strategy but one that lacked in inspiration. Within the submission response there could have been a wider range of graphic illustrations to support the clarity, robustness and quality of the interior design proposals for all areas of the building, Proposal restricts natural light in some areas. Specification of the common components e.g. windows/ balustrading/ ceilings and doors not provided.	Evaluation Sheet Summary: 10	<i>Excellent response providing a sophisticated interior design solution which is integrated with wayfinding and art proposals. The proposals clearly meet the needs of the different patient groups.</i>	Evaluation Sheet Summary: 8	Very good comprehensive response providing a good range of illustrations and graphics in support of all of their interior desing proposals.
	Characteristics and relative advantages of the successful tender:	The response to this question whilst good was disappointing in that it presented proposals which in the Board's view represent a standard hospital interior design solution. The successful tenderer submitted an excellent response providing a sophisticated interior design solution which is integrated with the way finding and art proposals and clearly meets the needs of the different patient groups.	Characteristics:		Characteristics and relative advantages of the successful tender:	The tenderer provided a very good response to this question which identified areas where transferred art work could be displayed. Strong elements of the submission include interesting proposals for artificial lighting and art work and the submission is very well illustrated. A number of negative issues were identified in relation to the Pod. The successful tenderer submitted an excellent response providing a sophisticated interior design

Bidder A		Bidder B		Bidder C		
Criteria	Strengths	Weaknesses	Strengths	Criteria	Strengths	Weaknesses
						solution which is integrated with the way finding and art proposals and clearly meets the needs of the different patient groups.
C8	LEDs Reference to award winning design at Victoria Hospital, Kirkcaldy as evidence of how proposals have operated on a similar project. BREEAM costs are clear and concise.	Some technical information submitted barely legible. CHP and boiler generating medium have not been specified. No renewables energy source proposed. Two CHP units proposed, where three would be better.	<i>Good level of drawings provided.</i>	<i>Many sections do not have detailed descriptions or explanations. Two CHP proposed, three would be ideal.</i>	Second mains water supply. Good concise narrative with good graphics. Optimised CHP with three units.	Adiabatic cooling water supply. More detail on external services and interfaces would be beneficial.
	Evaluation Sheet Summary: 6	Good submission that would have benefited more from specific detailed descriptions of proposals and demonstrating compliance with BCRs to give confidence in proposals.	Evaluation Sheet Summary: 5	<i>Satisfactory response, covering the required criteria.</i>	Evaluation Sheet Summary: 8	Very good narrative descriptions on most elements providing a good level of detail to demonstrate compliance.
	Characteristics and relative advantages of the successful tender:	Good response making good use of examples of another successfully delivered healthcare project. [scored higher than PB]	Characteristics:		Characteristics and relative advantages of the successful tender:	Very good narrative descriptions on most elements providing a good level of detail to demonstrate compliance. Strong design elements included the provision of a second water supply and an optimised multi-unit CHP system. [scored higher than PB]
C9	Proposed use of LED lighting for internal and external. Aiming for 'Level A exemplary'. 4 bedded areas in the majority of the wards reconfigured to allow daylight.	Bidder appears to be using BS EN 12464 instead of CIBSE LG2 code for interior lighting as the lead design guidance. Limited harnessing of natural light in non clinical areas. Satisfactory artificial lighting.	<i>Good feature lighting to key spaces and low energy lighting to low vibrant areas at night. Integration of artwork. Proposed use of LED lighting in specified areas. Extensive analysis of day lighting using the BIM model. Location of luminaires to avoid light spillages at night.</i>	<i>Bidder should be designing to LG2 guidance levels and not going up to 10% below.</i>	The use of coloured lighting to enhance design.	Glare not considered. Consideration of natural lighting e.g. main public spaces. The use of coloured lighting to enhance design - but needs to be used appropriately. Brief response to section 4 i.e. 'aesthetically pleasing environment'
	Evaluation Sheet Summary: 6	Good approach to the artificial lighting but satisfactory approach to day lighting.	Evaluation Sheet Summary: 8	<i>Very good proposal demonstrating a very good understanding of the Boards needs.</i>	Evaluation Sheet Summary: 7	Good engineering proposal. Design does not lend itself to natural day lighting. Use of coloured lighting, but must be used appropriately
	Characteristics and relative advantages of the successful tender:	Bidder appears to be using BS EN 12464 instead of CIBSE LG2 code for interior lighting as the lead design guidance. Limited harnessing of natural light in non-clinical areas. Satisfactory artificial lighting.	Characteristics:		Characteristics and relative advantages of the successful tender:	Good response, however in comparison to the preferred bidder's response, the proposals: <ul style="list-style-type: none"> • Were limited in terms of the use of natural light in public areas • Gave less consideration to glare • Were limited in the response to how an aesthetically pleasing environment will be produced.

	Bidder A		Bidder B		Bidder C	
Criteria	Strengths	Weaknesses	Strengths	Criteria	Strengths	Weaknesses
C10	Robustness of data provided. Good analysis of design solution and associated costs. Design clearly evaluated against minimum and best practice benchmarks.	Renewables not included within proposal. Maximum in water consumption have not been enhanced from BCRs.	<i>Good response, providing a good understanding of the renewables requirement. Good response in providing 800sqm in PV. 11 BREEAM credits</i>	<i>CHP includes a heat dump facility but not accounted for in the energy calculations.</i>	Good comparisons against alternative design solutions and payback in energy consumption for the PV and CHP. Significant improvement on water consumption.	Method for averaging the absorption chiller efficiency for the compliance calculation.
	Evaluation Sheet Summary: 6	Satisfactory response with good supplementary evidence.	Evaluation Sheet Summary: 7	<i>Performed very well for BREEAM credits. Good design with regards to renewables.</i>	Evaluation Sheet Summary: 7	Good response with very good in water consumption with good analysis provided.
	Characteristics and relative advantages of the successful tender:	<i>Satisfactory response with good supplementary evidence, however in comparison to the preferred bidder's response, the proposals achieve:</i> <ul style="list-style-type: none"> o fewer BREEAM ENE 01 credits; o smaller (none) estimated reduction of maximum allowable water consumption; o smaller (none) provision of/contribution from on-site renewable energy generation. 	Characteristics:		Characteristics and relative advantages of the successful tender:	<i>Good response with very good water consumption reduction proposals and good analysis provided. Bidder achieved the same score for this question as the preferred bidder.</i>
C11	Good use of visualisations to convey principles. Comprehensive suppliers policy.	Generic literature provided e.g. Manufacturer's standard literature.	<i>Good level of detail, majority of rooms loaded with equipment from the boards schedule.</i>	<i>Lacking detail in some areas of narrative eg. 11.1 (i)</i>	Quality process well developed. Competent response.	Minimal visualisations provided. No reference to use of BIM. Manufacturers literature information provided - only general info provided.
	Evaluation Sheet Summary: 7	Good narrative descriptions provided. Comprehensive response identifying areas where they have added to group 1 equipment and have provided all the requested information.	Evaluation Sheet Summary: 7	<i>Good submission with supporting evidence.</i>	Evaluation Sheet Summary: 7	Competent submission, providing an alternative proposal for procurement of non Group 1 equipment. Good narrative descriptions provided but minimal visualisations provided.
	Characteristics and relative advantages of the successful tender:	<i>Good narrative descriptions provided. Comprehensive response identifying areas where they have added to group 1 equipment and have provided all the requested information. Bidder achieved the same score for this question as the preferred bidder.</i>	Characteristics:		Characteristics and relative advantages of the successful tender:	<i>Competent submission, providing an alternative proposal for procurement of non-Group 1 equipment. Good narrative descriptions provided. Bidder achieved the same score for this question as the preferred bidder.</i>
C24	Interface works phasing. Detailed management structure. Neighbourhood liaison officer / Considerate Contractor Scheme.	Handover 3 month post preferred handover date. Lacking detail in sections e.g. water egress/ dust control.	<i>Comprehensive management team and day to day management provided. Good environmental and</i>	<i>Lacking detail re off site waste disposal.</i>	Prefabrication and off site manufacturing. Good systems defined e.g. environmental coordinator/ waste	Site traffic impact from heavy reliance on off site fabrication and proprietary systems. Lacking detail on Management

Criteria	Bidder A Strengths	Weaknesses	Bidder B Strengths	Criteria	Bidder C Strengths	Weaknesses
	Good site waste management plan provided.	Limited narrative on prevention / mitigation of waste through design. Good site access foot bridge proposed, however potentially deemed a H&S and vandalism issue. Noted separate site establishment for NHSL personnel and SPV/ Contractor.	<i>sustainability management plan provided. Very good response confirming NHSL site accommodation. Good site establishment proposed i.e. within site boundary as opposed to off site. Good utilisation of off site storage and call off 'just in time deliveries'. Very good construction methodology and processes proposed. Good honest response covering all aspects of criteria e.g. addressing day to day interface issues.</i>		management plan / WRAP. Good example of noise reduction. Good response covering common concerns e.g. good disaster recovery plan.	team structure and the day to day management. Submission does not reference the requirements set out in BCRs - 4.5.12. Using former filling station for access and egress. Note CEC have approved for egress only, bidder to negotiate at their risk. Lacking detail on site accommodation and site welfare facilities.
	Evaluation Sheet Summary: 7	Good comprehensive and thorough response meeting all aspects of criteria with further issues to be discussed at PB stage.	Evaluation Sheet Summary: 8	<i>Very good comprehensive submission covering all aspects of criteria in detail.</i>	Evaluation Sheet Summary: 6	Good detailed response lacking detail in some areas with satisfactory generic examples provided.
	Characteristics and relative advantages of the successful tender:	Bidder A provided a detailed response with good management arrangements. Mitigation of water, dust, debris or microbiological contamination out of the Site and site accommodation were well defined. Preferred Bidder has its site accommodation within the Site reducing the construction impact on Little France Crescent. Bidder A's completion of the Works and Handback of Compound/Car Park E are later than set in ISFT.	Characteristics:		Characteristics and relative advantages of the successful tender:	The Bidder provided an adequate to good response. Mitigation of water, dust, debris or microbiological contamination out of the Site and control of noise were well defined. However the day to day management was not covered in as much detail as Preferred Bidder. In addition Preferred Bidder's approach to storage of materials was better defined as was the approach to integrate with and not inhibit vehicles and pedestrians to the RIE Facilities. Preferred Bidder has its site accommodation within the Site reducing the construction impact on Little France Crescent. Also the Site accommodation provision was better defined by Preferred Bidder.

Category: Quality Evaluation Criteria
 Sub Category: C: Approach to Design and Construction (23%)
 Submission Requirement Reference: C8. Clarity, robustness and quality of M&E engineering design proposals
 Quality Evaluation Basis: Scored
 Quality Evaluation Criteria Weighting: 1.06

Bidders **must** submit proposals setting out their approach to M&E engineering services design. This must be provided as set out in C8.1 – C8.3 below:

		Brief Achieved?	
		Y	N
Submission Ref	C8.1		
Submission Requirement	Bidders must submit proposals setting out the engineering services design for each element of the scheme in sufficient detail to demonstrate compliance with the Board's Construction Requirements. For indicative purposes only it is anticipated that Bidders proposals may include (but should not necessarily be limited to) the following: i. An engineering design, control and operational philosophy statement;	Y	
Reviewers Comments	Very good response confirming BCR compliance.		
	ii. Details of principal M&E system selections;	Y	
Reviewers Comments	Low temperature HW supply proposed with flow running at 90 degrees - this requires further explanation. Adiabatic cooling proposed - this requires notification and further discussion. Good use of schematics		
	iii. The definition of plant areas and zones both internal and external to the Facilities; and	Y	
Reviewers Comments	High voltage transformers proposed - further discussion r.e. ventilation. Good response.		
	iv. Schematics and written proposals for major plant provision.	Y	
Reviewers Comments	Good response and good use of graphics.		
Submission Ref	C8.2		
Submission Requirement	Bidders must submit proposals setting out how their design will be developed to include the following: i. Building services which support the Board's business, safety and security and life critical services under supply failure scenarios. Specific details shall be provided relating to standby facilities and mains service redundancy;	Y	
Reviewers Comments	Good detailed descriptions provided.		
	ii. An autonomous energy centre and associated plant;	Y	
Reviewers Comments	Good response and good use of graphics.		
	iii. How temperature, ventilation and comfort for occupants will be maintained in accordance with the minimum criteria and how, if possible, these criteria will be improved;	Y	
Reviewers Comments	Potentially very good system proposed. Improvement on SHTM requirements.		
	iv. How the quality of the environment and prevention of sick building syndrome shall be ensured;	Y	
Reviewers Comments	Adequate response provided. Bidder has identified noise as an issue.		

	v. How mechanical and electrical design is integrated with architectural, structural and civil aspects as outlined above in C2 and C4	Y	
Reviewers Comments	Adequate description of integration.		
	vi. How sustainability has been incorporated into their design, including details of the maintenance and operation philosophy for all mechanical and electrical equipment;	Y	
Reviewers Comments	Good description on sustainability. No mention of maintenance and operation.		
	vii. Proposals for external services, including details of the main routes (including proposed connections to existing services), intakes and off-site reliance of these services and how this interfaces with adjacent sites (this is also discussed in C18 below);	Y	
Reviewers Comments	Minimal descriptions provided and cross refers to C18.		
	viii. Details of the main source of heating energy; and	Y	
Reviewers Comments	Good description with good examples provided.		
	ix. Details of mechanical and electrical innovations including costs as described in C4. The following information should be also be provided to help demonstrate the design proposals noted above, including:	Y	
Reviewers Comments	Good narrative but no cost detail provided. Chiller needs to be consistent with proposals and energy model.		
	x. An environmental conditions / room provisions matrix for both mechanical and electrical services for each room in the Facilities; and	Y	
Reviewers Comments	Well detailed matrix provided with proposed amendments highlighted.		
	xi. Major plant life cycle statements and design life, including an explanation of the Bidder's lifecycle philosophy to support the lifecycle costing analysis completed in the technical costs preformat;	Y	
Reviewers Comments	Adequate narrative provided but no cost info provided.		
Submission Ref	C8.3		
Submission Requirement	Whilst Bidders are required to undertake their own design, the Board has provided a draft Environmental Matrix as part of the ITPD documentation. Bidders must confirm acceptance of the Board's Environmental Matrix, highlighting any proposed changes on an exception basis.	Y	
Reviewers Comments	Draft Energy model provided.		

Lead Reviewer(s):

Support Reviewer(s):

ITPD Response	
Check Point	Reviewer's Comment
Scope and Level of Detail Description of scope and level of detail provided in proposal	Very good narrative descriptions on most elements providing a good level of detail to demonstrate compliance.
Strong Elements of the Submission What aspects are particularly good and/or innovative? Do the proposals demonstrate quality and provide added value? Are the proposals robust and flexible for future change? If relevant, do the proposals comply with the brief?	Second mains water supply. Good concise narrative with good graphics. Optimised CHP with three units.
Weak Elements of the Submission and Areas of Concern List any key issues or areas of concern, including non-compliance with Board requirements, departures from good industry practice and any noted qualifications.	Adiabatic cooling water supply. More detail on external services and interfaces would be beneficial.
Others to Consider Highlight here any particular aspects that other reviewers should be aware of and/or should consider further.	No comment
Assumptions List any comments on the relevant assumptions, clarifications and derogations listed in criteria C30 / D14	8.3 - requires to be amended and agreed. 8.7.1 - BMS control system - to be reviewed at PB stage. 8.14 - Spare capacity provision - to be reviewed at PB stage.
Additional Information List here any additional information/clarifications to be sought.	No comment

Summary	
Overall Comment	Scoring Guidance
<p>Very good narrative descriptions on most elements providing a good level of detail to demonstrate compliance.</p>	<p>SATISFACTORY</p> <p>5</p> <p>The Bidder's approach: • demonstrates a satisfactory understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs satisfactorily in complying with the Board's requirements.</p>
	<p>GOOD</p> <p>6-7</p> <p>The Bidder's approach: • demonstrates a satisfactory understanding of all aspects of the Board's requirements and a detailed and good understanding of some aspects of the Board's requirements; and/or • proposes a solution which performs well against the Board's requirements</p>
	<p>VERY GOOD</p> <p>8-9</p> <p>The Bidder's approach: • demonstrates a detailed and very good understanding of all aspects of the Board's requirements; and/or • proposes a solution which, performs very well against the Board's requirements.</p>
	<p>EXCEPTIONAL</p> <p>10</p> <p>The Bidder's approach: • demonstrates an exceptional understanding of all aspects of the Board's requirements; and/or • proposes a solution which performs very well in complying with the Board's requirements and excels in complying with some of the Board's requirements</p>

OVERALL SCORE	8
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Issues to Carry Forward to PB Stage
<p>Low temperature HW supply proposed with flow running at 90 degrees - this requires further explanation.</p> <p>Adiabatic cooling proposed - this requires notification and further discussion.</p> <p>High voltage transformers proposed - further discussion re ventilation.</p> <p>Further discussion on foul water pumping proposal from basement.</p> <p>Cost benefit of chiller to be reviewed PB to FC.</p> <p>8.7.1 - BMS control system - to be reviewed at PB stage.</p> <p>8.7.16 - Special water services - to be reviewed at PB stage.</p> <p>8.14 - Spare capacity provision - to be reviewed at PB stage.</p> <p>Agreement on content and compliance with Environmental matrix</p> <p>Clarification regarding AHUs with future steam provision.</p> <p>Extent and category of sprinkler coverage.PFC Provision to be reviewed.</p> <p>Lighting levels and strategy to comply with LG2 in the first instance.</p> <p>Confirm compliance with BS7671 section 710.</p> <p>Confirmation of Group 2 areas.</p> <p>Fire suppression systems in main HV & LV switchrooms.</p> <p>Power supply arrangement to comply with SHTM06-01 (Generator configuration).</p>

Status	Review Stage	Reviewer	Date
Final Tender		Evaluation Group meeting	14.2.14



SCOTTISH HOSPITALS INQUIRY
Hearing commencing 24 April 2023
Bundle 8 - Scoring & Correspondence Regarding Issues