

# SCOTTISH HOSPITALS INQUIRY

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

**Bundle 46 – Volume 2**

**Correspondence on Potentially Deficient  
Features**

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

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

## Table of Contents

1.	A52445923	Email on behalf of M Macleod - Clinical Migration and Commissioning Group - 09 October 2014	Page 10
1.1		Terms of Reference – Clinical Migration & Commissioning Group	Page 12
1.2		Activity_Work Packages for 12 week commissioning – updated 02.10 14	Page 15
2.1	A52447204	Water Management Table	Page 21
2.2	A52447204	NSGH PPM - Undated	Page 22
3.	A52445384	Email from E McNeil to M Boyd and others - SCART Updated Questionsets - 17 October 2014	Page 53
3.1		Pressure Systems – Final	Page 55
3.2		Medical Gases – Final	Page 60
3.3		Water Safetyl	Page 67
3.4		Asbestos – Final	Page 78
4.	A52445153	Email from E McNeil to M Boyd and others - Policy Document - Water Safety - 21 October 2014	Page 89
4.1		Water Safety Policy Document	Page 91
4.2		Operational Procedures Written Scheme Item 9	Page 106
5.	A52444829	Email Chain - A Gallacher, M Kane, D Loudon, D Pace and others - HFS Energy Reports - 3 October 2014 to 22 October 2014	Page 116
5.1		NHS HFS NHSGGC Energy Audit Report 0.2	Page 118

5.2		ExecutiveSummaryforDirector	Page 379
6.	A52446322	Email chain from I Storrar to B Barr and others - HV Group meeting 3rd November - 22 October 2014	Page 382
6.1		Agenda for 03 11 14	Page 383
6.2		HV Group Notes	Page 384
7.	A52447096	Email Chain - A Gallacher, I Powrie, W Hunter and others - First PPM and Breakdown Flowcharts - 27 October 2014	Page 387
7.1		FC_11.1_Planned_Maintenance_Flowchart	Page 389
7.2		FC_12.1_Breakdown_Flow_Chart	Page 390
8.	A52446970	Email Chain - I Powrie to I Stewart - Cold Water Storage Tank Supports - 9 October 2014 to 28 October 2014	Page 391
8.1		EFA-2013-004	Page 393
9.	A52446232	Water Management Table - Undated	Page 397
10.	A52444951	Email from A MacPherson to several - Leave Guidance for Staff - 31 October 2014	Page 398
10.1		Leave Guidance for Staff	Page 399
11.	A52445930	Email Chain - I Storrar, I Powrie, I Stewart, D Hall, P Moir and D Loudon - Cold Water Tanks Support - 30 October 2014 to 11 November 2014	Page 402
12.	A52447100	Email Chain - A Gallacher to I Powrie, M Kane, W Hunter and others - PPM Action Plan - 3 November 2014 to 13 November 2014	Page 404
12.1		PPMAAction Plan13Nov14	Page 406
13.	A52446239	Email from D Loudon to Several - Building Tours - 13 November 2014	Page 410
14.	A52447626	Email from I Powrie to D Pike - Meeting Setup for Zutec Handover - 13 November 2014	Page 411
15.	A52447238	Email Chain - B McCormack, I Powrie and J McFadden - Water and Legionella Training - 14 November 2014 to 16 November 2014	Page 412

15.1		3 Management Strategy Appendix 3 Management responsibilities-AP Duties	Page 415
15.2		4 Maintenance Strategy Appendix 4 Organogram	Page 416
16.	A52446244	Email from I Powrie to J Guthrie and others - Ventilation Commissioning of 22AHU09 and 22AHU10 - 17 November 2011	Page 417
17.	A52444062	Email Chain - D Loudon to A Fernie and D Pike - Renal Commissioning report - 13 November 2014 to 17 November 2014	Page 419
17.1		Commissioning of a new water treatment plant	Page 421
18.	A52446172	Email Chain - D Macdonald, R Anderson, I Powrie, W Hunter - FM OTM Paper - 17 November 2014 to 18 November 2014	Page 430
18.1		FM OTM Summary	Page 433
19.	A52446166	Email Chain - R Anderson, D Macdonald, I Powrie - FM OTM Summary - 17 November 2014 to 18 November 2014	Page 438
19.1		FM OTM Summary	Page 440
20.	A52447042	Email to Estates SMT Group - Minute from Meeting held 9 October - 19 November 2014	Page 443
20.1		Minutes 09 10 14	Page 444
21.	A52446061	Email to D Wilson to D Hall - Drawing - 25 November 2014	Page 448
21.1		ME-ZJ-02-PL-520-533_C[1]	Page 450
22.	A52445014	Email Chain - J Calderwood to J Best and others - November Q&P - Agenda and Papers - 12 November 2014 to 25 November 2014	Page 451
22.1		Item 00 – Nov Agenda	Page 453
22.2		Q&P Nov papers – full set	Page 456
23.	A52441531	Email from B Howat to D Loudon - Job Descriptions - 26 November 2014	Page 891
23.1		GM for Capital Project Delivery SS10023	Page 892



23.2		GM for Planning & Devt Captl Projects SS10024	Page 901
23.3		GM for Property & Asset Mgt SS10029	Page 910
23.4		Head of Estates (Estates Manager) jd Sg NO 1268	Page 920
24.	A52447173	Email Chain - W Hunter, I Powrie, S Wallace and others - SGUH Estates Manager Post - 26 November 2014 to 27 November 2014	Page 926
25.	A52447219	Email from E McNeil to I Powrie - Joitn South and Clyde Sector Water Safety Group Meetings - 27 November 2014	Page 928
25.1		Terms of Reference Board Group Item 3	Page 929
25.2		Minutes 17 07 13	Page 930
25.3		Minutes 16 10 13	Page 934
25.4		Minutes 03 02 14	Page 936
25.5		Minutes 15 05 14	Page 938
25.6		Minutes 17 09 14	Page 940
26.	A52447598	Email chain from J Norman to I Powrie - Water Quality Testing for SGH - 21 November 2014 to 27 November 2014	Page 942
27.	A52443929	Email chain from A Turnpenny to D Loudon - Project Planner Specifications - 26 November 2014 to 01 December 2014	Page 949
27.1		Draft Project Planner Spec 051114	Page 952
28.	A52444913	Email Chain - J McFadden, M Kane and W Hunter - Legislative Requirements - 14 October 2014 to 2 December 2014	Page 953
29.	A52444714	Email from A Gallacher to W Hunter, I Powrie, M Kane and others - PPM Action Plan - 4 December 2014	Page 954
29.1		PPMAAction Plan4Dec14	Page 955
30.	A52447631	Email from I Powrie to A McRobbie and D Loudon - NSGH Water system details: Transmission No 1 - 08 December 2014	Page 959

30.1		Water Services Presentation 24-11-2014	Page 961
30.2		141105_Dump Valve Schedule	Page 991
30.3		171105_End Of Line Sensors Schedule	Page 992
31.	A52446528	Risk Register: NSGH Capital Equipping Project - 08 December 2014	Page 994
31.1		Risk Register 081214	Page 996
32.	A52446746	Email Chain - J Norman to I Powrie - SGH RO - 05 December 2014 to 09 December 2014	Page 1004
33.	A52444781	Email Chain D Loudon, M Kane, W Hunter, R Anderson and others - FMS Presentation - 10 December 2014	Page 1008
34.	A52447578	Email from I Powrie to D Hall - Water System Commissioning, Microbiological Testing - 10 December 2014	Page 1010
35.	A52447233	Email from A McRobbie to I Powrie, D Watson and M Kinghorn - Legionella Risk Assessment and Written Scheme - 16 December 2014	Page 1011
35.1		Q33553 GG&C New SGH Building L8 RA	Page 1013
36.	A52444292	Email chain from I Matthewson to M Macleod and others - NSGH - Initial Draft Programme for Phase 1 of the Overall Close out Programme - 18 December 2014	Page 1017
36.1		Microsoft Office Project – NSGH Phase 1 Close Out Prog	Page 1020
37.	A52445597	Email chain from Robert Anderson to Mary Anne Kane - Workforce Papers - 19 December 2014	Page 1021
37.1		Item 6 Workforce Adjustments	Page 1022
37.2		Item 7 Workforce Opportunities	Page 1035
37.3		Item 8 Workforce Transition	Page 1045
38.	A52446221	Email I Powrie to S Wallace - Invitation for Volunteers - 31 December 2014	Page 1057
38.1		Invitation for Volunteers – 05 01 15	Page 1058

39.	A52441839	Email Chain - D Hall, C Grindlay, D Pike, M Harris, D Loudon, F Wrath and others - Lobbied Side Rooms in NSGH - 22 December 2014 to 5 January 2015	Page 1059
39.1		SHPN 4 Supplement 1	Page 1063
40.	A52444765	Email Chain - I Wilson, A Forsyth, A Maclean, D Cleaver, W Hunter and others - Theatre 1 - Ultra Flow Canopy - 7 January 2015	Page 1098
41.	A52444729	Email to FM Migration Planning Group - Meeting Papers - 13 January 2015	Page 1100
41.1		FM Migration Planning Group Minutes 191214	Page 1101
42.	A52444693	Email from M Kane to W Hunter and A Gallacher - PPM Schedules - 13 January 2015	Page 1105
43.	A52445537	Email from J Green to A Gallacher and others - Water Systems Safety Policy Audit - 13 January 2015	Page 1106
43.1		Water Systems Safety Audit Tool v3	Page 1107
44.	A52444560	Email to Domestic and Quality Systems Group - Meeting 21 January 2015	Page 1109
44.1		DQSG Minutes 17_07_2014 Final	Page 1110
45.	A52444556	Email from J Green to T Foley and M Kane - Reporting Systems within NHS GGC - 16 January 2015	Page 1115
45.1		GAP Analysis – Water Systems Safety Audit Tool v3	Page 1117
45.2		Water Systems Safety Audit Tool v3	Page 1120
46.	A52445615	Email Chain - M Kane to R. Anderson, W Hunter and S Wallace - Workforce Adjustments, Workforce Developments & Opportunities and Workforce Transition for New South Glasgow Hospitals	Page 1122
46.1		Workforce Adjustments 2	Page 1125
46.2		Workforce Opportunities	Page 1139
47.	A52444302	Extract of NHS GGC Board Meeting Paper - Scheme of Delegation to Integration Joint Boards - 20 January 2015 (Page 8)	Page 1148

48.	A52443480	Email Chain - D Hall to P Moir, D Loudon and F Wrath - New South Glasgow Hospitals - URGENT - 20 January 2015	Page 1149
48.1		Implementation Plan2	Page 1151
49.	A52444907	Email Chain - G Hardie, S Wallace and M Kane - Job Descriptions - 21 January 2015	Page 1152
49.1		General Manager Facilities Clyde BW	Page 1153
49.2		General Manager Facilities South AM	Page 1161
49.3		1868JD Operational Estates Manager South	Page 1171
50.	A52443494	Email from I Matthewson to M Macleod and others - Draft NSGH Phase 2 Close-out / NHS Commissioning Period Programme - 21 January 2015	Page 1178
50.1		NSGH Phase 2 Close-out Programme (ref. NHS Commissioning Period) – Rev 0	Page 1179
51.	A52444609	Email to Estates SMT Group - Papers for Meeting Scheduled 27 January - 23 January 2015	Page 1181
51.1		Agenda 27 01 15	Page 1182
51.2		Estates SMT Rolling Action List Updated October 2014	Page 1183
52.	A52444289	Email from C Fulton to A MacLennan - Diagnostics / Project Team 6 Weekly Meeting - Notes 09 01 15 - 23 January 2015	Page 1186
52.1		Diagnostic Project team Agenda 30 01 15wm	Page 1187
52.2		Group 5 Equipment Programme Rev 7	Page 1188
52.3		Meeting notes 09 01 15 (2)	Page 1192
52.4		NSGH – Project Plan V1.6	Page 1195
53.	A52439705	Email to Quality and Performance Committee - Draft Minutes Meeting 20 January 2015 - 26 January 2015	Page 1198
53.1		Extract of Item 03 – Jan Q&P Mins (Sections 11 & 12)	Page 1199

54.	A52444721	Email Chain - M Kane, W Hunter, A Gallacher and others - PPM Action Plan - 04 December 2014 to 26 January 2015	Page 1214
55.	A52444550	Email Chain - NSS, M Kane, W Hunter, A Gallacher and Others - Draft Terms of Reference for Estates and Facilities Benchmarking Leads/Deputies - 25 September 2014 to 26 January 2015	Page 1216
55.1		E&F Leads Terms of Reference v0.1	Page 1217
56.	A52438928	Email from I Matthewson - Delivery and Deployment Summary Schedule for NHS Commissioning Period - 26 January 2015	Page 1225
56.1		D&D Summary Schedule for NHS Commissioning Period – 260115 rev0	Page 1226
57.	A52436914	Email chain from I Matthewson - Phase 1 Close-out Programme - Progress Updates - 05 January 2015 to 26 January 2015	Page 1228
57.1		050115 NSGH Phase 1 Close-out Programme v2 final update 260115	Page 1232
58.	A52444631	Email to Estates SMT Group - Papers for Meeting scheduled 19 May - 15 May 2015	Page 1234
58.1		Agenda 19 05 15	Page 1235
58.2		Minutes 17 03 15	Page 1236
58.3		Estates SMT Rolling Action List Updated March 2015	Page 1240
59.	A52444525	Meeting Invitation - SMT/CRES - Undated	Page 1243
59.1		SCART Compliance Overall Report October 2015	Page 1244
59.2		Minutes 18 08 15	Page 1245

**From:** [Craig, Carol](#)  
**To:** [Powrie, Ian](#); [Magee, James](#); [McCafferty, Annette](#); [Turnpenny, Annette](#); [McSweeney, Karen](#); [Forsyth, Graham](#); [Naismith, Eleanor](#); [Macdonald, David](#)  
**Cc:** [Connelly, Karen](#); [Griffin, Heather](#); [Macleod, Mairi](#)  
**Subject:** Clinical Migration & Commissioning Group  
**Date:** 09 October 2014 11:17:00  
**Attachments:** [Terms of Reference - Clinical Migration & Commissioning Group.docx](#)  
[Activity Work Packages for 12 week commissioning - updated 02.10.14.xlsx](#)

---

**\*\*Sent on behalf of Mairi Macleod\*\***

Dear All

Following discussion with David Loudon it has been agreed that the remit of the Clinical Migration Group will now be expanded to include the work that has previously been conducted within the 12 Week Commissioning Workshops. This change of focus reflects the stage of the project and also acknowledges that most of the Clinical Migration is now conducted within the Logistics Group.

The dates for the future meetings of the Group are:

10 am Monday 20 October

10 am Monday 17 November

10 am Tuesday 16 December

All meetings will be held in the Project Offices and I would be grateful if you could make every attempt to attend as this is a crucial area of work for the Commissioning of the new build.

I have attached the draft Terms of Reference for the group for your information.

For those who have not yet completed the detail for the work packages assigned to them, attached is the 12 Week Commissioning Programme. Could you please complete this as soon as possible and return it to Carol Craig. Thank you.

Kind regards

*Mairi*

*Mairi Macleod*  
*Project Manager New Children's Hospital*  
*Brookfield Site Offices*  
*Hardgate road*  
*Govan*



PS. I've signed up to improving our email culture

**NHS GREATER GLASGOW AND CLYDE****NEW SOUTH GLASGOW HOSPITALS PROJECT****TERMS OF REFERENCE – CLINICAL MIGRATION & COMMISSIONING GROUP****Purpose**

The Clinical Migration and Commissioning Group is the main forum for discussion about the co-ordination of the Clinical Migration and 12-week Commissioning of the building post handover from the contractor. The Group will report to the Migration Steering Group

The Clinical Migration and Commissioning Group will (within the overall strategies and policies set by the Project and the NHS Board):

- Ensure that the new hospitals are ready to receive the first staff groups and patients into the new build
- Using the Migration Logistics Group's Migration Plans for the transfer of services - ensure that areas of works required to be carried out post-handover of the build are completed timeously
- Monitor the various work packages for New South Glasgow Hospitals Project post hand over of the build
- Oversee the Project Plans for all the Commissioning workstreams to ensure that there are no conflicts of activity in areas of the build
- Oversee the Migration Workbook process
- Ensure that there is cognisance of workstreams, deliveries and staffing requirements for the new Offices and Teaching & Learning builds
- To review and maintain a risk register
- Consider and manage key areas of clinical and non-clinical risk, drawing any significant issues to the attention of the Migration Steering Group.
- To review and maintain an issues log
- To review and maintain a programme of activities to deliver the 12 week commissioning workstream

**Membership**

The membership of the Group will comprise:

- Project Manager, Facilities Management
- Project Manager, New Adult Hospital
- Project Manager, New Children's Hospital
- Project Manager, Capital Planning
- Senior Nurse Advisor
- Medical Equipment Advisor
- Sector Estates Manager
- New South Glasgow Hospital HI&T Programme Manager
- Senior Infrastructure Development Consultant
- Transport Manager
- Facilities Manager, Catering
- Facilities Manager, Domestic Services
- Equipping Project Manager
- Telecomms General Manager
- Project Manager, Offices and Teaching & Learning Builds
- Project Manager, Agile Working



- Senior Buyers
- Project Manager – Removals Contractor

The Administration Manager will ensure provision of secretariat support.

### **Chair**

The Project Manager, Facilities Management will chair the Group. In her absence either the Project Manager for the New Children's Hospital or the Project Manager for the New Adult Hospital will assume the Chair.

The Chair will have responsibility for:

- Ensuring attendance at meetings;
- Ensuring focused discussion around the agenda items;
- Ensuring effective communication within the Group;
- Identifying actions, work-plans and time-scales arising from items discussed.

### **Meeting Structure**

The Group will meet monthly on the third Monday day of each month or at other times by agreement.

The meeting will have defined start time (currently 10.00am).

Members must plan diaries so that they can attend full meeting and avoid interruptions and working on other issues during the meeting. In the event of a Member being unable to attend, apologies for absence should be sent to the Secretariat. A named deputy may attend in the absence of a Member and this should be notified to the Secretariat at the same time as the apologies for absence.

The Secretariat will maintain a forward planner of items due for discussion at future meetings and this will form an agenda item at each meeting. The Secretariat will provide all Members with the opportunity to place items on the agenda.

**The agenda and papers should be circulated to members seven calendar days before the meeting to ensure that members have adequate time to give the papers due consideration prior to the meeting.**

**Members should therefore provide the secretariat with all papers for consideration at the meeting at least 7 calendar days in advance of the meeting. Papers should follow the prescribed format.**

### **Quorum**

A quorum will constitute one third of the membership of the Group.

### **Confidentiality**

All Members of the Group shall be responsible for maintaining the confidentiality of all discussions and documentation considered by the Group. However, when preparing papers for circulation, Members should be aware that only in very limited circumstances will information circulated to the Group be exempt from disclosure under the Freedom of Information (Scotland) Act 2002.

**Communication**

Group Members should ensure effective two-way communication between the Group and relevant interests within their area of responsibility.

**Review**

As this is a short life working Group, until June 2015 (the last Migration of Services), these Terms of Reference are unlikely to require review.

**ACTIVITY / WORK PACKAGES**  
**NSGH COMMISSIONING PERIOD**  
**26/1/15 - 23/4/15**







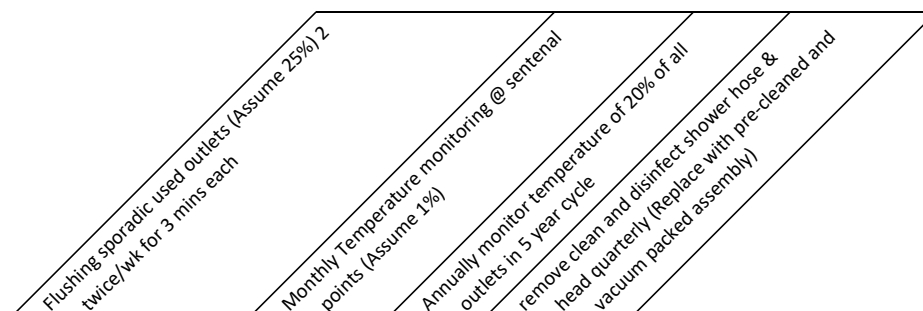
[illegible]

[illegible]





## Water Management

[illegible]

							WTE Man power\week				
				Ltrs/commissioning						Man	
	7109 Time (Mins)	Flow (ltrs/min)	Ltrs/wk	No Weeks	period		Cost @ 2/m3	mins	Hours	days/wk	WTE\Wk
2/wk	11020	3	6	198360	12	2,380,320	█	33,060	551	74	15
						-					
WC,s	2600	1	6	15600	12	187,200					
					<b>m3</b>	<b>2567.52</b>					

PPM Task Code	Parent System	Sub System or Equipment	PPM Task Sheet Number	PPM Description	Task Description	Frequency Unit	Frequency	Resource Group	Resource Type	IN/OUT of hours	Manning Level [minutes]	Source of requirement	Risk Assessment	COSHH Assessment	Barcode Number
1	Ventilation	Air Handling Units	1002	Air Handling Units Inspection 1 MONTHLY	Inspection	MONTHLY	1	Mechanical	General	Out of Hours	30	HTM03-01			
2	Ventilation	Air Handling Units	1002	Air Handling Units Inspection and Disinfection 6 MONTHLY	Inspection and Disinfection	MONTHLY	6	Mechanical	General	Out of Hours	180	HTM04-01			
3	Lifts	Lifts	1003	Lifts Inspection 1 WEEKLY	Inspection	WEEKLY	1	Mechanical	General	Normal Hours	30	HTM 08-02			
4	Lifts	Lifts	1004	Lifts Subcontractor Maintenance 1 MONTHLY	Subcontractor Maintenance	MONTHLY	1	Mechanical	Specialist	Normal Hours	180	HTM 08-02			
5	Lifts	Lifts	1005	Lifts Insurance Inspection 6 MONTHLY	Insurance Inspection	MONTHLY	6	Mechanical	Specialist	Normal Hours	120	HTM 08-02			
6	Lifts	Lifts	1006	Lifts Third Party Audit 1 YEARLY	Third Party Audit	YEARLY	1	Mechanical	Specialist	Normal Hours	180	HTM 08-02			
7	Domestic Hot & Cold Water	Outlets - Closed Departments	1007	Outlets - Closed Departments Routine Flushing 3 DAILY	Routine Flushing	DAILY	3	Mechanical	General	Normal Hours	5	HTM04-01, L8			
8	Domestic Hot & Cold Water	Outlets - Sporadically Used	1008	Outlets - Sporadically Used Routine Flushing 3 DAILY	Routine Flushing	DAILY	3	Mechanical	General	Normal Hours	5	HTM04-01, L8			
9	Domestic Hot & Cold Water	Outlets - Sentinel and Representative	1009	Outlets - Sentinel and Representative Temperature Checks 1 MONTHLY	Temperature Checks	MONTHLY	1	Mechanical	General	Out of Hours	10	HTM04-01, L8			
10	Low Voltage (LV)	PAT	1010	PAT Portable Appliance Testing 1 YEARLY	Portable Appliance Testing	YEARLY	1	Electrical	General	Normal Hours	5	HTM06-02			
11	Low Voltage (LV)	Surgeons Panel	1011	Surgeons Panel Inspection and Maintenance 6 MONTHLY	Inspection and Maintenance	MONTHLY	6	Electrical	General	Out of Hours	60	HTM06-02			
12	Low Voltage (LV)	Surgeons Panel	1012	Surgeons Panel Annual Service 1 YEARLY	Annual Service	YEARLY	1	Electrical	Specialist	Out of Hours	120	HTM06-02			

# New South Glasgow Hospital Lab's

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Ventilation**INSTRUCTION REFERENCE: **2**SUB SYSTEM: **Air Handling Units**FREQUENCY: **M** **6M**

(circle as appropriate)

**Asset Code:** \_\_\_\_\_ (Bar code number if available)

**Description:** \_\_\_\_\_ (ie. Equipment type, serving, etc..)

**Location:** \_\_\_\_\_ (description or room number)

### Background information

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

### Before undertaking this PPM task

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

### 6 Monthly Task Specific information

This task is associated with Legionella prevention, therefore it is essential that a record is made.

Maintenance and cleaning must be in accordance with HTM03-01 and O and M requirements. If in doubt review these documents.

When handling chlorine solutions, take the appropriate precautions as per the COSHH risk assessment referenced below.

Cleaning should be carried out with a 5ppm Chlorine solution applied to the surfaces as instructed until thoroughly wetted. The solution once applied should be left to stand for a minimum of two hours. Rinse the surfaces with sufficient water to remove the Chlorine solution.

### Monthly Task Instructions

1. Confirm plant is on line and record the inverter speed (where applicable): \_\_\_\_\_
2. Identify if any plant warning lights or faults are illuminated on control panel.
3. With unit in operation, visually examine entire unit and check for correct operation, note defects.
4. Check and record the filter pressure drop manometer readings;  
 Primary Filter Pressure Drop Reading: \_\_\_\_\_  
 Secondary Filter Pressure Drop Reading (if applicable): \_\_\_\_\_  
 Tertiary Filter Pressure Reading Drop Reading (if applicable): \_\_\_\_\_
5. If the reading has reached the prescribed pressure drop limit (225Pa for panels 250Pa for Bags), report any
6. Examine flexible connections, ensure security of retaining bands.
7. Examine for any undue noise, vibration or overheating and report accordingly.
8. Confirm that the fan motors are running satisfactorily, belts are satisfactory and that fan and belt guards are in place and secure.
9. Observe internal illumination (ducts and plant) to identify failed lamps, replace as necessary.
10. Examine all coils (Frost, Cooling, Humidifier, Heat Recovery) and confirm they are clean and free from debris.

# New South Glasgow Hospital Lab's

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Ventilation**INSTRUCTION REFERENCE: **2**SUB SYSTEM: **Air Handling Units**FREQUENCY: **M** **6M**

(circle as appropriate)

11. Examine and ensure all fan casing drain points, drip trays and drain pipe work are clean and free from ponding, obstruction and rust.
12. Examine fluid connections for leaks and trapped air.
13. Check that unit inlet damper is open and that the supply ducting is clean and free of ponding.
14. Check condense is draining correctly.
15. Check water level in condensate traps is clean and between correct levels. If traps are dirty, clean and refill with chlorine solution.
16. Examine and ensure all access panels/doors are secure and air tight.
17. Examine the floor area around AHU and ducting is clean, free from debris and is dry.

### 6 Monthly Task Instructions

1. Carry out all monthly tasks detailed above.
2. Shut down unit on BMS and isolate and lock off electrical power supply. Display warning signs.
3. Isolate fluid feeds. Display warning signs.
4. Remove fan and filter section covers.
5. Check internal and external paint work for corrosion and record findings.
6. Install dagger plates to prevent carry over from maintenance activities.
7. Remove filters (if dirty). If replaced record below in comments.
8. Removed filters are to be sealed in plastic bags and disposed of correctly.
9. Examine drive for condition, alignment and tension, adjust to manufacturer's recommendation and replace belts as required.
10. Examine fan and motor unit and ensure pulleys, scrolls, keys, bolts, locknuts are secured.
11. Examine condition of filters retaining supports, fixing and access door gaskets, replacing fixing and gaskets as necessary.
12. Clean fan impellers and scroll housing with chlorine solution (then rinse with water).
13. Clean casings, air holes and impeller of drive motors.
14. Lubricate fan and motor bearing as required to manufacturer's instructions.
15. Test and ensure correct operation and security of all controls, controllers, damper motors and associated components, recalibrate as required.
16. Check and ensure security, free movement and correct setting of control linkage vane and damper blade assemblies, adjusting repairing and lubricating as required.
17. Check all electrical connections to unit for security.
18. Test continuity of conductor.
19. Check condition of safety devices. Perform insulation resistance and earth continuity tests, record results.  
Insulation Resistance: \_\_\_\_\_  
Earth Continuity: \_\_\_\_\_
20. Report if less than 1 megohm.
21. Examine all coils (Cooling, Humidifier, Heat Recovery) and clean with chlorine solution (then rinse with water).
22. The section of ductwork containing the humidifier may need to be cleaned also.
23. Remove the coil drip pan and examine to ensure that the coil drip pan is clean and the drain pipe work is clean and free from obstruction.
24. Disinfect drain pan with chlorine solution (then rinse with water) and reassemble.
25. Remove and clean condensate drain traps with chlorine solution (then rinse with water) glass traps should be used.

# New South Glasgow Hopsital Lab's

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Ventilation**INSTRUCTION REFERENCE: **2**SUB SYSTEM: **Air Handling Units**FREQUENCY: **M** **6M**

(circle as appropriate)

26. Reassemble and fill trap with chlorine solution.
27. Replace air filters, tape upstream filter joints to prevent leakage.
28. Remove dagger plates.
29. Replace fan and filter section covers, close all access doors.
30. Open fluid feeds and remove warning signs.
31. Check pressure drop instrument, where a differential pressure gauge is used, ensure that it reads zero, where fluid type manometers are used, check the fluid level, top up as required.
32. Reinstall electrical supply and remove warning signs.
33. Restore unit back to normal BMS operation.
34. Examine and ensure all access panels/doors are secure and air tight.
35. Check that unit inlet damper is open.
36. Check and record motor running current\_\_\_\_\_
37. Record the inverter speed (where applicable):\_\_\_\_\_
38. Check condense is draining correctly.
39. Check water level in drainage trap is clean and between correct levels.
40. Check and record the filter pressure drop manometer readings;  
Primary Filter Pressure Drop Reading:\_\_\_\_\_
- Secondary Filter Pressure Drop Reading (if applicable):\_\_\_\_\_
- Tertiary Filter Pressure Reading Drop Reading (if applicable):\_\_\_\_\_
41. Wipe down all panels and casings.
42. Notify local department that the plant is now operational

**Note any comments below****PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number\_\_\_\_\_

**Sign Off**

Tradesman Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Finish Time: \_\_\_\_\_

New South Glasgow Hopsital Lab's  
PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Ventilation**

INSTRUCTION REFERENCE: **2**

SUB SYSTEM: **Air Handling Units**

FREQUENCY:     **M**       **6M**  
(circle as appropriate)

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: <b>0</b>	M	6M
COSHH Assessment: <b>0</b>	Guide Time [minutes per asset]: <b>30</b>	<b>180</b>

# New South Glasgow Hospital Lab's

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **3**SUB SYSTEM: **Lifts Weekly Checks**FREQUENCY: **W**

(circle as appropriate)

**Asset Code:**

(Bar code number if available)

**Description:**

(ie. Equipment type, serving, etc..)

**Location:**

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

The installer's user manual should provide instructions for work that can be carried out by site maintenance staff such as:

- cleaning of surfaces;
- cleaning bottom tracks;
- replacing lighting units etc.

If any faulty item might, in the opinion of the maintenance staff, affect safety, the staff member should take all necessary precautions, remove the lift from service and report their actions to the Authorised Person (Lifts) immediately.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

**Weekly Task Instructions**

1. Ride car from the bottom to top, note any unusual noises or vibration. Listen for any squeaks or scraping sounds. Check smoothness of starting and stopping of the lift car.
2. Check car lights, including emergency lights, for correct operation.
3. Check all car and landing indicator lights for correct operation.
4. Check the 'car to floor' level on all floors, and ensure that tracks are clear and door safety edges firmly fixed.
5. Where fitted, check emergency phone with call to switchboard or auto dialer.
6. Check alarm bells and batteries and that it functions.
7. Check door closure.
8. Check for any judder as doors operate.
9. Test the operation of car door safety devices.
10. Check condition of life floor and report any defects
11. Ensure that the lift identification is present and clearly visible (if voice announcements are given check that they are audible).
12. Confirm safety signs and pictograms are in place and correct.
13. Check lift motor room ventilation, lighting and heating equipment is functioning correctly and that the temperature is not excessive.

**New South Glasgow Hopsital Lab's**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **3**SUB SYSTEM: **Lifts Weekly Checks**FREQUENCY: **W**

(circle as appropriate)

14. Without entering the pit, check shaft floor is clear of water, oil and rubbish (DO NOT ENTER PIT) and report as necessary.
15. Where applicable, test the evacuation function on the lift cars.
16. Check a selection of push-button controls are operative.
17. Ensure that the car and landing-door bottom tracks are free of obstructions and are clean.
18. Check the cleanliness of car doors, car interior and landing fixtures.
19. Record observations and comments on this form.

**Note any comments below****PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

**Sign Off**

Tradesman Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: **0****W**COSHH Assessment: **0**Guide Time [minutes per asset]: **30**



**New South Glasgow Hopsital Lab's**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **4**SUB SYSTEM: **Lifts Monthly Maintenance**FREQUENCY: **M**

(circle as appropriate)

Asset Code:

(Bar code number if available)

Description:

(ie. Equipment type, serving, etc..)

Location:

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

Lift maintenance should be coordinated in the context of the written scheme/insurance inspection reports.

A key term of reference for maintenance in operation is specialist services standard HTM 08-02: Lifts.

Whenever (a) a lift is taken out of service and landing doors are opened or (b) work is carried out on controller cabinets positioned on lift landings, adequate and suitable barriers must be erected (see also paragraphs 5.68–5.71).

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

**Monthly Task Instructions**

1. Arrange for specialist contractor to attend site and carry out maintenance on a monthly basis (as per the requirements defined in HTM 08-02). At each visit, the contractor should;
  - report to the Authorised Person (Lifts) prior to starting work.
  - provide a written report including the work conducted, recommendations and any remedial work required.
  - Inspect and clean of detritus, waste, dirt etc from all lift pits, car tops and machine rooms
  - Use a safety sign conforming to BS 7255 should be displayed whenever a lift is taken out of service.

Although this is a monthly PPM, in practice, this means that although each unit should be visited each month, a complete service of the whole installation does not necessarily have to be carried out at every visit. A systematic approach is more practical, with the number and frequency of maintenance checks to be adjusted to suit the use and condition of the lift system.
2. The work conducted should include but not be limited to the following checks;
 

General appraisal:

# New South Glasgow Hopsital Lab's

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **4**SUB SYSTEM: **Lifts Monthly Maintenance**FREQUENCY: **M**

(circle as appropriate)

The first duty of a service engineer on a routine visit is to make a general appraisal of the condition of the lift. Make a full ascent and descent to assess the quality of the ride at all points. Make a second full journey, stopping at every floor to check operation of car and landing doors and/or gates and also floor levelling. In the case of an automatic lift making a call from each floor, at intermediate floors, the car should be called when it is both above and below the floor in question. Check operation of indicator system at each floor. During routine visits, both the general condition of the installation and the particular condition of units and components should be assessed. Repair and/or replacement needs may be identified. If so, they should be reported and the client's instructions obtained before the work is started. Such work may not be urgent, for example where the strands of a suspension rope are noticeably worn, replacement within a given period of time may be recommended.

### Lifting machine

Check level and condition of the oil in gearbox and note the following; If the worm is beneath the wormwheel, the oil need only cover the worm. If the worm is above the wormwheel, the oil level should be approximately 100 mm above the bottom of the wormwheel. If topping up is required, only the recommended type of oil should be used. Gearbox oil should be changed at intervals as recommended by the lift manufacturer. Examine the gearbox and oil seals for leaks. Tighten glands as necessary and clean up any surplus oil. Run the machine repeatedly in both directions, observing the operation of the motor and check for: Excessive movement in the bearings. Excessive backlash in the gears.

### Drive motor

Check motor terminals; Ensure that the windings are free from dust and foreign matter; Check and lubricate bearings, where necessary; Ensure that coupling bolts and shaft keys are secure.

### Brakes

The brake shoes should be checked for wear and clearance adjusted to comply with the manufacturer's specifications. Adjust brake action to give the correct floor levelling and: Check that the brake drum is clean, smooth and free of oil and grease; Check that the brake operation complies with manufacturer's specification and adjust as necessary; Check brake linings for wear, and lubricate all pins as required (examine condition of lining surface and check for proud rivets); Check that brake fixing bolts and electrical connections are secure and the settings of brake contacts complies with manufacturer's specifications; At the specified maintenance interval, remove the solenoid brake plunger. Check for wear, and clean and lubricate to comply with manufacturer's specification.

### Traction

With the lift car empty and at one limit of travel, mark a chalk line across the suspension ropes and sheaves. Move the lift car to the other limit and back again and check the marks, If the indication is that no suspension rope has slipped by more than 10 mm, the traction may be considered satisfactory. If all suspension ropes have slipped by the same amount, the rope tension equaliser may be considered effective. Visually check the condition of grooves to ensure that ropes are correctly seated.

### Inspection of controller

Examine the vee sheave and shaft for cracks or damage and check on the security of the key. Make a general check that fixing bolts are tight and properly locked. Refer to general information - Lifts A thorough examination of the various controller components should be carried out.

### Switches

# New South Glasgow Hopsital Lab's

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **4**SUB SYSTEM: **Lifts Monthly Maintenance**FREQUENCY: **M**

(circle as appropriate)

Check contacts for signs of wear and pitting; Check mechanical action and ensure that faces make maximum contact. Clean, adjust or replace in accordance with manufacturer's specifications. Check security of electrical terminations Overheating and deterioration of terminations and insulation. The wiring and components should be checked for signs of overheating, such as: a. deformation of components; b. discoloration; c. charring of cables; c. charring of cables; d. flaking or blistered paint; e. acrid smell. Particular attention should be paid to the bolts holding the winding machine to the bed plate and the bed plate to the floor All terminations should be checked for deterioration due to loose nuts or screws which can cause local hotspots and oxidation. The wiring insulation resistance should be checked and results tabulated for reference purposes.

### Fuses

Fuses should be maintained as follows: Switch off and isolate electrical supply. Remove fuse carrier. Check rating. Examine for signs of overheating or oxidation. Clean carrier and fuse. If necessary, replace with wire or cartridge of correct rating; Replace fuse carrier.

### Thermal overloads

A guidance procedure to test the operation of these devices is as follows: Set thermal overload at minimum current; Stall the motor and check that the overload trips within specified time; Check that tripping does not occur when the lift is moved between two floors all the way at low speed.

### Resistors and capacitors

These components should be checked visually for physical damage and any signs of overheating.

### Transformers

Transformers should be checked for physical damage and signs of overheating. Any ducts passing vertically through the windings and any spaces between the windings and the core should be checked for clogging.

### Rectifiers

Rectifiers should be checked for physical damage and signs of overheating. The voltage should be checked for compliance with manufacturers specifications.

### Overspeed governor and switch

A guidance procedure to test the operation on of this device is as follows: Switch off and isolate the electrical supply. Check operating mechanism for free movement. Check condition of the safety rope and lubricate sheave bearings. Check that the switch is free to operate before the jaws grip the governor rope. Clean and lubricate moving parts as necessary. Check the switch and service the contacts if required. Reset electrical and mechanical trips ready for normal operation. Ensure that the safety cover is replaced.

### Diverting pulleys

A guidance procedure to test the operation of these pulleys is as follows: Check pulley is secure on shaft. Examine pulley for cracks and damage. Check fixing bolts, tighten if necessary. Lubricate bearings, if necessary.

### Terminal switches

Guidance to service these switches is as follows: Isolate electrical supply. Check security of the switch box mounting. Remove the cover. Inspect the switch for mechanical wear and the condition of contacts and terminations. Inspect the roller. Lubricate the roller bearing and arm pivot. Clean and adjust contacts as necessary. Clean interior of the box. Replace the cover.

### Limit switches

# New South Glasgow Hospital Lab's

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **4**SUB SYSTEM: **Lifts Monthly Maintenance**FREQUENCY: **M**

(circle as appropriate)

Guidance for inspection and service is similar to that for terminal control lift over-travel conditions switches.

Proximity switches (inductor type)

This type of switch is used to initiate various functions such as slowing down, levelling or stopping the lift car.

They can also operate door zone and shaft opening gear. Check alignment and security of vanes.

Tape heads

The tape head is normally fitted to the top of the lift car and is operated by magnets attached to a steel tape running the full height of the lift shaft. The following are recommended: Check security of tape head and carry out a visual inspection. Check tape head guides for wear.

Rope chains and tapes

A visual examination for rope wear is recommended for all suspension has been correctly installed. It can be ropes along the full length which passes over the sheave in a complete journey stated generally that the single of the car. Check for: greatest factor affecting the rope life; a. broken strands; b. deformation of rope; such bending; c. corrosion; d. security of anchorage.

Compensating ropes of chains, rope anchorages/terminations and tensioning

Check for wear, deformation and corrosion. If tension equalisers are not fitted, suspension ropes should be checked to ensure that the load is being properly distributed. Adjust at screwed anchorage as necessary. Where tension equalisers are fitted, they should be inspected and the pivots lubricated. Ensure that the equalising mechanism is not at the limit of its movement.

Guides and guide shoes

Check the condition of the car and counter weight guides. Check the security of the fishplates and clips at all joints. Inspect upper guide shoes (from the top of car) and lower guide shoes (from the lift pit) and check for: (i) security of fixings; (ii) amount of side play; (iii) action of springs (where fitted); (iv) condition of linings (where fitted). d. if lubricators are fitted on top of the car, the reservoir should be topped up with the correct grade of lubricant

Car/counterweight buffers

Check that all fixings are square and secure. For spring buffers, the following is recommended: Springs are not distorted; Coils are free from obstructions. If the buffer is of the spring return type, depress as far as possible and check that the buffer returns the spring to its normal position. For oil buffers, the oil level should be checked and topped up if necessary. Check operation of the switch.

Travelling cables

The following checks are recommended: The tension frame is not touching the lift pit floor. Oil all bearings and pivot points on the tension frame. Check rope stretch. Check that the slack rope switch functions correctly and ensure that the weights move freely. Check security of attachment of the governor rope to the safety gear on the lift car. Refer to general information - Lifts Position car above lowest landing served to allow access to bottom of car from pit. Render car inoperative by operating the emergency pit switch to the off position. Ensure the landing doors remain in the open position and that the entrance is adequately protected. From the pit, carry out an inspection of the under-car anchor point to ensure that the cable is secure and that there is no sign of deterioration or chafing of cable. From the top of the car, inspect the lift well anchor point and remainder of cable.

Landing door locks

**New South Glasgow Hopsital Lab's**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **4**SUB SYSTEM: **Lifts Monthly Maintenance**FREQUENCY: **M**

(circle as appropriate)

It is recommended that the fitting at every landing is tested to ensure that doors are mechanically locked and the following should be carried out: Check security of fixings. Check correct operation in relation to door travel in accordance with manufacturer's specifications. Check contacts and electrical terminations. Lubricate moving parts and service contacts if necessary. Check operation of emergency door release where fitted.

**Car door interlock**

The following checks are recommended: Check security of fixings. Check correct operation in relation to door travel in accordance with manufacturer's specifications. Check contacts and electrical terminations. Lubricate moving parts and service contacts if necessary.

**Inspection of the lift car**

Ensure that the top of the lift car is clean and clear of any debris. Check the condition of all ropes, and examine for signs of wear or deterioration. Check rope anchorages on both the lift car and counterweight for movement and alignment. Check the condition of the multiplying pulleys and bearings. Lubricate if necessary. Check the security of the governor rope anchorage and the tensioning of the governor rope and safety line. Ensure that all components are clean and free from rust.

**Inspection of safety gear**

For progressive( wedge clamp) safety gear, the following are recommended: Position the car so that the safety gear can be examined from the pit. Render the car inoperative by operating the emergency pit switch to the off position. Check that in their normal position, the safety shoes are clear of the guides. Check the link rods and ensure that hat all moving parts are well lubricated. Reset safety gear for normal operation. For instantaneous safety gear, the following are recommended: Position the car so that the safety gear can be examined from the pit. Render the car inoperative by operating the emergency pit switch to the off position. Inspect the safety gear, which is on the underside of the car, and ensure that there is adequate clearance between the roller and guide. Check operating levers and ensure that moving parts are well lubricated.

**Door operators**

Take the car to each floor and check the full door operation. Check that the landing doors will cease closing when obstructed. Check the security of all door operator components and the alignment of the door coupler or skate. d. lubricate all moving parts as required by the manufacturer's specifications and service electrical contacts, if necessary, Check condition of door gear motor and drive.

**Mechanical door protection device (safety edge)**

Check condition of door gear motor and drive. Refer to general information - Lifts Check all cables and pivots are free. When the safety edge is operated, the door reopens. After operation and removal of obstruction, the safety edge re-sets and the door closes normally.

**Lift car operating panel**

Check that all position indicators work correctly. Where a communication system is fitted, check that it functions correctly. Ensure that the alarm is clearly audible when the alarm button is depressed. Check the operation of the car push buttons (floor buttons). If these are of the illuminated type, replace any faulty lamps ensuring that the replacements are of the correct voltage and watt rating. Check that the lift doors open when the "door open" button is depressed.

**Emergency arrangements**

Check that the car emergency flaps or access panels can be opened or removed. Ensure that associated electrical interlocks prevent the car from being moved. If emergency lighting is fitted, check that it operates when the normal supply is switched off.

**New South Glasgow Hospital Lab's**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **4**SUB SYSTEM: **Lifts Monthly Maintenance**FREQUENCY: **M**

(circle as appropriate)

**Light fittings**

Check that all lamps are in working order. Clean the diffuser with a clean, damp cloth. Check the security of the diffuser frame.

**Landing entrances**

Check that the floor in the immediate vicinity of the landing door is in a clean and safe condition. Check doors, gates and architraves for mechanical damage. Ensure that there is nothing which can catch a passenger's clothing. Check that the clearance between the doors or gates and the architraves is to manufacturer's specification. Clean the top and bottom tracks. Lubricate as necessary. Check the setting of the eccentric retaining rollers, where fitted, on the top of door hangers. Check the adjustment of the linkage between associated door panels. Check the security of the door bottom shoe fixing. Check that the apron attached to car sill is in good condition and firmly fixed.

**Push buttons**

Check the correct operation of all push buttons. Remove covers and clean interior of boxes. Replace any faulty lamps found in illuminated push buttons with lamps of correct voltage and watt rating.

**Position indicators**

Check that all indicators are working properly. Remove covers and clean interior of boxes. Replace faulty lamps with ones of correct voltage and watt rating.

**Fire Safety**

It is essential that all lifts used as part of the fire safety strategy be maintained in optimum conditions. HTM 08-02 – 'Lifts' provides guidance on this issue. Testing of the control and communication systems that would be employed in the event of an evacuation. Firemans control switches and emergency recall switches should be tested.

3. The contractor must provide a report detailing the work undertaken, any recommendations and any remedial actions required.
4. Review the contractors report and arrange for any remedial actions to be undertaken by raising an reactive job card and recording this below.

**Note any comments below**

**PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

New South Glasgow Hopsital Lab's  
PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: <b>Lifts</b>	INSTRUCTION REFERENCE: <b>4</b>
SUB SYSTEM: <b>Lifts Monthly Maintenance</b>	FREQUENCY: <b>M</b> <small>(circle as appropriate)</small>

Sign Off

Tradesman Name: _____	Start Date: _____
Signature: _____	Start Time: _____
Date: _____	Finish Time: _____

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: <b>0</b>	M
COSHH Assessment: <b>0</b>	Guide Time [minutes per asset]: <b>180</b>

**New South Glasgow Hopsital Lab's**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **5**SUB SYSTEM: **Lifts Insurance Inspection**

FREQUENCY:

**6M**

(circle as appropriate)

**Asset Code:**

(Bar code number if available)

**Description:**

(ie. Equipment type, serving, etc..)

**Location:**

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

This inspection should be coordinated with the lift maintenance works to allow access to be granted and remedial actions to be efficiently undertaken. Works required should be shared with lift maintainer and prices sort to close out any defects to the complete satisfaction of the inspector.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

**6 Monthly Task Instructions**

1. Obtain a copy of the referenced asset list/schedule of lifts on site.
2. Arrange for specialist contractor to attend site and conduct Insurance inspection of the lifts (and where appropriate escalator) in accordance with the Written Scheme, LOLER and HTM 08-02 requirements. The contractor is required to provide a written report including the work conducted, recommendations and any remedial work required.
3. Review the contractors report and arrange for any remedial actions to be undertaken by raising an reactive job card and recording this below.

**Note any comments below****PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)



New South Glasgow Hopsital Lab's  
PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Lifts**

INSTRUCTION REFERENCE: **5**

SUB SYSTEM: **Lifts Insurance Inspection**

FREQUENCY: **6M**

(circle as appropriate)

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

**Sign Off**

Tradesman Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: **0**

**6M**

COSHH Assessment: **0**

Guide Time [minutes per asset]: **120**

**New South Glasgow Hopsital Lab's**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Lifts**INSTRUCTION REFERENCE: **6**SUB SYSTEM: **Lift Third Party Maintenance Audit**

FREQUENCY:

**Y**

(circle as appropriate)

**Asset Code:**

(Bar code number if available)

**Description:**

(ie. Equipment type, serving, etc..)

**Location:**

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

NOTE: lift maintenance should be coordinated in the context of the written scheme/insurance inspection reports.

NOTE: A key term of reference for maintenance in operation is specialist services standard HTM 08-02: Lifts.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

**Yearly Task Instructions**

1. It is the duty holder's responsibility to periodically check the competence and effectiveness of the lift maintenance company contracted to carry out maintenance on the lifts. While not an absolute confirmation, the thorough examination report under LOLER can give an indication as to whether maintenance is being carried out properly (see HSE's INDG 339).
2. At least once a year, the Authorising Engineer (Lifts) should carry out, or have carried out by a third party, a maintenance audit of each lift. This should comprise:
  - a. physical check of maintenance work (includes assessment of housekeeping, lubrication,
  - b. measurement of operating times (includes individual door-operating times, flight times, performance
  - c. subjective evaluation of lift ride quality and general appearance;
  - d. identification of any works required under health and safety legislation;
  - e. identification of any works completed under health and safety legislation.

3.

The Authorising Engineer (Lifts) should discuss with the maintenance contractor any recommendations provided within the audit report and ensure that an action plan is devised to rectify any necessary remedial work.

**Note any comments below**

New South Glasgow Hopsital Lab's  
PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: Lifts	INSTRUCTION REFERENCE: 6
SUB SYSTEM: Lift Third Party Maintenance Audit	FREQUENCY: Y
(circle as appropriate)	

PPM Close out

Is any remedial work required? YES/NO (delete as appropriate)  
If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number

Sign Off

Tradesman Name:	Start Date:
Signature:	Start Time:
Date:	Finish Time:

Tradesman Name:
Signature:
Date:

Risk Assessment: 0	Y
COSHH Assessment: 0	Guide Time [minutes per asset]: 180

**New South Glasgow Hospital Lab's**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Domestic Hot & Cold Water**INSTRUCTION REFERENCE: **7**SUB SYSTEM: **Outlets - Closed Departments**FREQUENCY: **3D**

(circle as appropriate)

**Asset Code:**

(Bar code number if available)

**Description:**

(ie. Equipment type, serving, etc..)

**Location:**

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

HTM04 requires that during temporary closure of wards or departments, a procedure for flushing the hot and cold water service systems should be instituted, including opening all taps and showers and flushing WC cisterns etc on a twice-weekly cycle.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

**3 Daily Task Instructions**

1. Obtain a list of rooms and departments from the trust which are currently closed.
2. Obtain or generate an asset list/schedule of outlets for each area defined as closed.
3. In turn, locate each outlet referenced on check sheet.
4. Take precautions where required to obtain run off to avoid flooding.
5. During flushing measure the temperature of the water. Measurements can be made by means of surface temperature probes.
6. Open tap wide and allow to run for a period of three minutes.
 

Cold Water: The water temperature should equilibrate below 20oC after draw-off for 2 minutes. If the cold water temperature is >20 Deg C after 2 minutes, then continue to run the outlet and record the time taken to achieve 20 Deg C.

Hot Water: The water temperature should equilibrate to at least 50oC after draw-of for 1 minute.
7. Close tap and record action on check sheet.
8. COMPLETED AND SIGNED OFF CHECK SHEETS ARE TO BE ATTACHED TO THIS INSTRUCTION AND RETURNED TO RP FOR REVIEW AND FILING.
9. Flush W/C's and sluices where fitted.

**Note any comments below**

SYSTEM: Domestic Hot & Cold Water	INSTRUCTION REFERENCE: 7
SUB SYSTEM: Outlets - Closed Departments	FREQUENCY: 3D
(circle as appropriate)	

PPM Close out

Is any remedial work required? YES/NO (delete as appropriate)  
If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.  
Reactive jobcard number

Sign Off

Tradesman Name:		Start Date:	
Signature:		Start Time:	
Date:		Finish Time:	

Tradesman Name:	
Signature:	
Date:	

Risk Assessment: 0	3D
COSHH Assessment: 0	Guide Time [minutes per asset]: 5

## PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Domestic Hot & Cold Water**INSTRUCTION REFERENCE: **8**SUB SYSTEM: **Outlets - Sporadically Used**FREQUENCY: **3D**

(circle as appropriate)

Asset Code:

(Bar code number if available)

Description:

(ie. Equipment type, serving, etc..)

Location:

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

For clinical and public areas this PPM must be conducted twice a week or every 3 days

For non clinical and non public areas such as FM areas (plant rooms etc), this PPM must be conducted at least once a week.

Sporadically-used outlets includes taps, shower heads and hoses.

Where it is difficult to carry out flushing to the recommended frequency, advise the user that stagnant and potentially contaminated water from within the outlet and associated dead-leg should be purged to drain immediately before the appliance is used without the release of aerosols.

**3 Daily Task Instruction**

1. Obtain a list of rooms and departments from the trust which are currently classed as sporadically used.
2. Obtain or generate an asset list/schedule of outlets for each area.  
Obtain a copy of the sporadically used outlets list for FM Areas.
3. In turn, locate each outlet referenced on check sheets.
4. Take precautions where required to obtain run off to avoid flooding.
5. During flushing measure the temperature of the water. Measurements can be made by means of surface temperature probes.
6. Open tap wide and allow to run for a period of three minutes.  
Cold Water: The water temperature should equilibrate below 20oC after draw-off for 2 minutes. If the cold water temperature is >20 Deg C after 2 minutes, then continue to run the outlet and record the time taken to  
Hot Water: The water temperature should equilibrate to at least 50oC after draw-of for 1 minute.
7. Close tap and record action on check sheet.
8. COMPLETED AND SIGNED OFF CHECK SHEETS ARE TO BE ATTACHED TO THIS INSTRUCTION AND RETURNED TO RP FOR REVIEW AND FILING.
9. Flush W/C's and sluices where fitted.

**Note any comments below**

PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: Domestic Hot & Cold Water	INSTRUCTION REFERENCE: 8
SUB SYSTEM: Outlets - Sporadically Used	FREQUENCY: 3D
(circle as appropriate)	

**PPM Close out**  
Is any remedial work required? YES/NO (delete as appropriate)  
If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

**Sign Off**

Tradesman Name: _____	Start Date: _____
Signature: _____	Start Time: _____
Date: _____	Finish Time: _____

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: 0	3D
COSHH Assessment: 0	Guide Time [minutes per asset]: 5

PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: Domestic Hot & Cold Water	INSTRUCTION REFERENCE: 9
SUB SYSTEM: Outlets - Sentinel and Representative	FREQUENCY: M
(circle as appropriate)	

Asset Code:	(Bar code number if available)
Description:	(ie. Equipment type, serving, etc..)
Location:	(description or room number)

Background information

Complete the relevant task's detailed below as applicable to the frequency indicated above.  
Where indicated, record on this sheet, measurements and conditions as instructed.  
On completion of the task instructions, sign and date the record in the space provided.  
Once completed return this record sheet to the project office.

Before undertaking this PPM task

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

This PPM must be applied to the SENTINEL OUTLETS every month.

This PPM must be applied to the REPRESENTATIVE OUTLETS on a rotational basis, Representative outlets include conventional and mixed-temperature taps; A twelfth of the total number installed outlets throughout the premises should be tested monthly on a rotational basis so that all taps have been checked every year.

Monthly Task Instructions

- Obtain a copy of the referenced asset list of sentinel and representative outlets for the building for which this instruction has been issued.
- In turn, locate each outlet referenced on check sheets.
- Take precautions where required to obtain run off to avoid flooding.
- Cold Water Outlets:
  - Open sentinel and representative cold water outlet and record temperature after running the water for two minutes. The cold water temperature observed at the outlet should equilibrate / stabilise after 2 minute's and should be below 20 deg C.
  - If the cold water temperature is >20 deg C after 2 minutes, then continue to run the outlet and record the time taken to achieve 20 deg C.
- Hot Water Outlets:
  - Open sentinel and representative hot water outlets and record initial temperature; continue running tap and again record temperature after running the water for one minute.
  - The hot water temperature observed at the outlet should be at least 50 deg C.
- Mixed (Blended) Water Outlets:
  - In the case of mixing outlets, place a surface temperature monitoring device on the hot and cold supply pipework upstream of the mixing valve.
  - Select the hot setting on the outlet, open the outlet wide and record the initial temperatures of both the outlet water and the hot and cold supply pipework.



**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Domestic Hot & Cold Water**

INSTRUCTION REFERENCE: **9**

SUB SYSTEM: **Outlets - Sentinel and Representative**

FREQUENCY: **M**

(circle as appropriate)

c) Continue running the outlet for a period of one minute and then record both temperatures of the outlet and the hot supply pipework.

d) The hot water temperature observed on the supply pipework should be at least 50 deg C. The temperature observed at Wash hand basins and showers should be 41 deg C, Baths 44 deg C and Bidets 38 deg C maximum.

e) Continue running the outlet for a period of one minute and then the temperature of the cold supply pipework.

f) If the cold water temperature is >20 deg C after 2 minutes, then continue to run the outlet and record the time taken to achieve 20 deg C.

7. Close the outlet and record action on check sheet.

8. COMPLETED AND SIGNED OFF CHECK SHEETS ARE TO BE ATTACHED TO THIS INSTRUCTION AND RETURNED TO RP FOR REVIEW AND FILING.

**Note any comments below**

**PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

**Sign Off**

Tradesman Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: Domestic Hot & Cold Water

INSTRUCTION REFERENCE: 9

SUB SYSTEM: Outlets - Sentinel and Representative

FREQUENCY: M

(circle as appropriate)

Date: \_\_\_\_\_

Risk Assessment: 0

M

COSHH Assessment: 0

Guide Time [minutes per asset]: 10

**PETERBOROUGH PFI HOSPITAL**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Low Voltage (LV)**

INSTRUCTION REFERENCE:

SUB SYSTEM: **Portable Appliance Testing**FREQUENCY: **Y**

(circle as appropriate)

**Asset Code:**

(Bar code number if available)

**Description:**

(ie. Equipment type, serving, etc..)

**Location:**

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

Adequate user notice will be needed to give time to allow the PC's and similar equipment to be shut down for the test.

PAT will be performed in accordance with The Electricity at Work Act 1989

All electrical equipment brought onto site by patients or staff will be PAT tested.

**Yearly Task Instructions**

1. Obtain a copy of the Portable Appliance asset list/schedule for the site. If one does not already exist, produce a Portable Appliance asset list/schedule and a Testing program based on a systematic approach to testing of all items on site, recognizing that departments will need notice to allow work to be undertaken.
2. Refer to the Portable Appliance Testing programme for the site and arrange for a specialist contractor to attend site and conduct a PAT test on all applicable equipment on site (as per the Portable Appliance Register). The contractor is required to provide a report detailing the work undertaken, results of any tests and recommendations or remedial actions. The following checks should form part of the work scope undertaken:
  - a) Systematically test (to IEE standards and or current best practice) all portable items of equipment (where permission is provided) in all areas this should include areas such as stores and plant rooms as these may have equipment stowed away.
  - b) Visual inspection, prior to testing each item, a visual inspection is carried out. This incorporates the following:
    - i. Plugs; Checking that the plug top is not cracked and is in a safe condition. Cord grips must be in good condition and properly adjusted. Correct fuse must be fitted (to BS1362) or replaced if necessary.
    - ii. Flexible cords, All flexible cords must have adequate insulation and must be in good condition. An inspection of both ends of any detachable cord is necessary to ensure the appliance is safe. Flexes shall be replaced or re-terminated if necessary.
    - iii. Equipment enclosures; All enclosures must be fit for purpose showing no signs of damage or wear and tear. Live parts must only be accessible with specialist tools and all screws / bolts must be securely fastened
  - c) The following specific tests can be carried out, where appropriate for that appliance:

**PETERBOROUGH PFI HOSPITAL**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

Page 48

SYSTEM: **Low Voltage (LV)**

INSTRUCTION REFERENCE:

SUB SYSTEM: **Portable Appliance Testing**FREQUENCY: **Y**

(circle as appropriate)

- i. Earth continuity test
- ii. Insulation test (or instead an earth leakage measurement)
- iii. Flash test
- iv. Load test
- v. Operation test
- vi. Earth leakage test
- d) Labelling and identification; An identification label specifying testers company name, appliance ID number (unique) and date for renewal of the test (assume annual), will be provided for each and every item tested. The labels are discreet and will be prominently affixed to each item / asset. All old test labels will be removed.
3. If items fail remove from use and inform user.
4. Update PAT register to include the results of the tests and any new items. Where items could not be found or could not be tested, advise the Trust/user and arrange for an alternative time to test the equipment (if appropriate).
5. Append the completed register to this PPM.

**Note any comments below****PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

**Sign Off**

Tradesman Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: **0****Y**COSHH Assessment: **0**Guide Time [minutes per asset]: **5**

**PETERBOROUGH PFI HOSPITAL**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Low Voltage (LV)**

INSTRUCTION REFERENCE:

SUB SYSTEM: **Surgeons Panel**FREQUENCY: **6M**

(circle as appropriate)

Asset Code:

(Bar code number if available)

Description:

(ie. Equipment type, serving, etc..)

Location:

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

**6 Monthly Task Instructions**

1. Co-ordinate with the user to gain access to carry out the required test's.
2. Operate Lamp Test button and ensure all indicators are functioning.
3. Operate IPS test button (Press and hold) Normal and Fault status will be indicated. Audible alarm will sound in event of a fault.
4. Check and if necessary, adjust time.
5. Check filaments on indicators on panel.
6. Check functionality of lighting back up and auto changeover.
7. Clean all panels and devices externally using a soft cloth.
8. Ensure all ventilation grilles are clear.
9. Replace tubes in X-Ray viewers (as required).
10. Replace filaments in the intensifiers (as required).
11. Check functionality of all controls and indicators.
12. Advise the user that the works are completed. If any faults are found that could not be rectified as part of this PPM, raise a reactive job with the Helpdesk to cover the additional work and advise the user.

**Note any comments below****PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)

PETERBOROUGH PFI HOSPITAL  
PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: <b>Low Voltage (LV)</b>	INSTRUCTION REFERENCE:
SUB SYSTEM: <b>Surgeons Panel</b>	FREQUENCY: <b>6M</b>
(circle as appropriate)	

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

Sign Off

Tradesman Name: _____	Start Date: _____
Signature: _____	Start Time: _____
Date: _____	Finish Time: _____

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: <b>0</b>	6M
COSHH Assessment: <b>0</b>	Guide Time [minutes per asset]: <b>60</b>

**PETERBOROUGH PFI HOSPITAL**  
**PLANNED PREVENTATIVE MAINTENANCE TASK SHEET**

SYSTEM: **Low Voltage (LV)**

INSTRUCTION REFERENCE:

SUB SYSTEM: **Surgeons Panel**FREQUENCY: **Y**

(circle as appropriate)

Asset Code:

(Bar code number if available)

Description:

(ie. Equipment type, serving, etc..)

Location:

(description or room number)

**Background information**

Complete the relevant task's detailed below as applicable to the frequency indicated above.

Where indicated, record on this sheet, measurements and conditions as instructed.

On completion of the task instructions, sign and date the record in the space provided.

Once completed return this record sheet to the project office.

**Before undertaking this PPM task**

Contact the user before undertaking any work to establish any access restrictions and or specific local risks that should be considered.

Read risk assessment as referenced at the bottom of this instruction set. If there are unusual conditions or the risks have changed, stop work and discuss with your supervisor.

**Yearly Task Instructions**

1. Obtain a copy of the asset list of Surgeons Panels on site.
2. Co-ordinate with user and arrange for specialist contractor to attend site to undertake an annual service of the Surgeons panels on the asset list. The contractor is required to produce a detailed report covering the work undertaken and the recommended actions and any remedial work required. The service should be in accordance with the manufacturers recommendations and must include the following;
  - o Requirements of HTM 06-02.
  - o Test to insure proper operation of the panel.
  - o Check filaments on indicators on panel.
  - o Replace tubes in X-Ray viewers.
3. Review the contractors report and arrange for any remedial work to be undertaken by raising an reactive job

**Note any comments below****PPM Close out**

Is any remedial work required? YES/NO (delete as appropriate)

PETERBOROUGH PFI HOSPITAL  
PLANNED PREVENTATIVE MAINTENANCE TASK SHEET

SYSTEM: **Low Voltage (LV)**

INSTRUCTION REFERENCE:

SUB SYSTEM: **Surgeons Panel**

FREQUENCY: **Y**

(circle as appropriate)

If remedial work is required, summarise this below and raise an reactive jobcard with the helpdesk.

Reactive jobcard number \_\_\_\_\_

**Sign Off**

Tradesman Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Time: \_\_\_\_\_

Date: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Tradesman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Risk Assessment: **0**

**Y**

COSHH Assessment: **0**

Guide Time [minutes per asset]: **120**



**From:** [McNeil, Elaine](#)  
**To:** [Boyd, Moira](#); [Campbell, Margaret](#); [Cleaver, Don](#); [Fulton, Tom](#); [Gallacher, Alan](#); [Green, John](#); [Hamilton, Andrew](#); [Hunter, William](#); [Kane, Mary Anne](#); [Macleod, Alistair](#); [McFadden, Jim](#); [McIlwee, Joseph](#); [McIlwee, Joseph \(NHSmail\)](#); [McLean, Ken](#); [Menzies, John](#); [Pace, David](#); [Powrie, Ian](#); [Shaw, David](#); [Stewart, Alan](#)  
**Cc:** [Gallacher, Alan](#); [Bonner, Natalie](#); [Clark, Andrew](#); [Frame, May](#); [Gardner, Andrew](#); [Hagan, Cathy](#); [Matheson, Fiona](#); [McPhail, Pamela](#); [Speirs, Karen](#)  
**Subject:** SCART Updated Questionsets  
**Date:** 17 October 2014 15:55:32  
**Attachments:** [Pressure Systems - Final.pdf](#)  
[Medical Gases - Final.pdf](#)  
[Water Safety1.pdf](#)  
[Asbestos - Final.pdf](#)  
[image001.jpg](#)

---

## Sent on Behalf of Alan Gallacher

All,

I am sure you are aware that HFS has been in the process of updating several of the SCART questionsets. To date, SETAG have signed off the core Engineering questionsets above and HFS have agreed to move these onto the current version of SCART. This work is almost complete. I attach copies of the new questionsets for Pressure Systems, Medical gases, Asbestos and Water Systems.

These pdf's contain the revised questionsets to let you see how they have changed. These revised questionsets have more questions to answer, are more in-depth and are also risk weighted which will allow us to target the areas where highest risk exists. It is also felt that these are now in a position to withstand scrutiny from the HSE.

HFS will support the Boards with the following around the new SCART system over the coming months:

- training staff in the SCART methodology;
- support for implementing new questionsets and
- implementing and embedding SCART to ensure that all NHS Boards will be assessing compliance in the same way.

HFS will start liaising with NHS Boards over the next month or so to set up the roll-out programme.

If you have any questions about this information please contact me.

Regards,

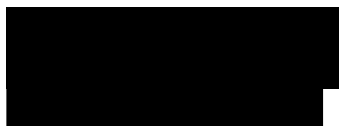
*Alan*

A. G. Gallacher *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
 Corsebar Road

Inverclyde Royal Hospital  
 Education Centre Rm 1.03

Paisley  
PA2 9PN



Larkfield Road  
Greenock  
PA16 0XN



# Pressure Systems

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Overall Policy Issues																		
1	Does the NHS Board have a Competent Person appointed / accepted in writing as defined in the Pressure Systems Regulations PSSR 2000?	5	5	25	5	5	25	5	5	25	5	5	25	2	5	10		
2	Has a Written Scheme of Examination in line with PSSR 2000 been prepared by the Competent Person (PSSR)? (Regulation 8 refers)	5	5	25	5	5	25	5	5	25	5	5	25	2	5	10		
3	Does the NHS Board have a readily accessible asset list of component parts as required by engineering survey? (Regulation 9 refers)	5	5	25	5	5	25	5	5	25	5	5	25	2	5	10		
4	Has the NHS Board made arrangements for statutory examinations to be carried out by the Competent Person at intervals set down in the Written Scheme? (Regulation 9 refers)	5	5	25	5	5	25	5	5	25	5	5	25	2	5	10		
5	Has the NHS Board retained on file all historical maintenance records in accordance with the Board's records management policy including repairs or modifications to systems for the lifespan of the equipment? (Regulation 14 refers)	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
6	Does the NHS Board analyse all inspection records in conjunction with previous reports to verify any deterioration trend or area of concern that could lead to failure?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		

# Pressure Systems

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Overall Policy Issues continued																		
7	Does the NHS Board have in place a safe operating procedure for pressure systems?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
8	Are there written instructions for Control of Contractors?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
9	Does the NHS Board have procedures in place to react to reports of imminent danger received from the Competent Person / engineering surveyor? (Regulation 10 refers)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
10	Does the NHS Board specify compliance with PSSR 2000 and Pressure Equipment Directive for all equipment and components intended to be part of a pressure system and ensure that appropriate certification to that effect is received from designers, manufacturers and suppliers. (Regulation 4 refers)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
11	Are there adequate numbers of suitably trained staff available on site to fulfil the requirements of PSSR 2000 and cover eventualities such as sickness, training and holidays?	5	4	20	4	4	16	3	4	12	2	4	8	1	4	4		
12	Are operational and maintenance guidance for pressure systems reviewed after any changes to the pressure system or any pressure equipment alterations or changes to guidance to ensure that local safety procedures and still in good order and valid?	5	4	20	4	4	16	3	4	12	2	4	8	1	4	4		

# Pressure Systems

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Overall Policy Issues continued																		
13	Has the NHS Board retained on file all manufacturers' records supplied with new plant)? (Regulation 14 refers)	5	4	20	4	4	16	3	4	12	2	4	8	1	4	4		
14	Is there an Authorised Person appointed / accepted in writing in charge of the pressure system or network, who can issue a Permit-to-Work or sanction to carry out repairs to the system?	5	3	15	5	3	15	5	3	15	5	3	15	1	3	3		
15	Does the NHS Board have a policy for dealing with pressure systems?	5	3	15	5	3	15	5	3	15	5	3	15	1	3	3		
16	Have all NHS Board estates staff or individuals with roles and responsibilities for pressure systems, as described in the Board's policy, been appointed in writing with acceptance confirmed in writing?	5	3	15	5	3	15	5	3	15	5	3	15	1	3	3		
17	Does the NHS Board have arrangements in place for an audit of high risk activity to be undertaken by an Authorising Engineer or equivalent, including reporting on safe systems of work and safety procedures?	5	3	15	5	3	15	5	3	15	5	3	15	1	3	3		
18	Does the NHS Board have a training needs analysis or training plan in place for all staff who work on Pressure Systems?	5	3	15	5	3	15	5	3	15	5	3	15	1	3	3		
19	Does the NHS Board have an accurate schematic diagram for all relevant pressure systems?	5	3	15	4	3	12	3	3	9	2	3	6	1	3	3		

## Pressure Systems

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Overall Policy Issues continued																		
20	Does the NHS Board have, or have access to, a manual or electronic maintenance management system for all pressure systems?	5	3	15	4	3	12	3	3	9	2	3	6	1	3	3		
21	Does the NHS Board maintain records for all pressure systems inspection certificates?	5	3	15	4	3	12	3	3	9	2	3	6	1	3	3		
Practical Issues																		
22	Are all relevant systems compliant and operated in accordance with HSE Guidance.	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
23	Does the NHS Board arrange for modifications and repairs to be monitored and validated to avoid danger or cause impairment of protective devices or inspection facilities? (Regulation 13 refers)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
24	Have safe operating limits for all pressure systems been provided by designers or suppliers and labelled clearly and legibly as required? (Regulations 5 & 7 refer)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
25	Has the NHS Board provided all information and procedures to ensure that systems are operated safely? (Regulation 11 refers)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
26	Has the NHS Board provided any special procedures to ensure that systems can be operated in emergency? (Paragraph 152 of PSSR 2000 ACoP refers)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		

# Pressure Systems

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Practical Issues continued																		
27	Where equipment is not owned (e.g. leased) by the NHS Board, are maintenance requirements and responsibilities defined and recorded?	4	5	20	4	5	20	4	5	20	4	5	20	1	5	5		
28	Are NHS staff trained in PSSR 2000 familiar with the safe operating limits (pressure & temperature) of the systems?	5	5	25	4	5	20	3	5	15	2	5	10	1	5	5		
29	Does the NHS Board ensure that all boilerhouse, pressure vessels, plant rooms and distribution systems networks are secured against unauthorised access and / or operation?	5	5	25	4	5	20	3	5	15	2	5	10	1	5	5		
30	Does the NHS Board ensure that the installed systems are properly maintained in good repair so as to prevent danger? (Regulation 12 refers)	5	5	25	4	5	20	3	5	15	2	5	10	1	5	5		
31	Does the NHS Board monitor the possibility of unwitting creation of pressure vessels, e.g. due to blockages of vents to atmosphere. (Regulation 15 refers)	5	5	25	4	5	20	3	5	15	2	5	10	1	5	5		

## Medical Gases Pipeline Services

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Operational Management																		
1	Is there a current and applicable MGPS policy?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
2	Are the MGPS operational procedures site-specific?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
3	Has the Operational Procedures Document been reviewed or updated in the past two years to reflect changes in current policy?	3	3	9	3	3	9	3	3	9	3	3	9	1	3	3		
4	Have the Operational Procedures been reviewed or updated in the past two years to reflect changes in guidance?	3	3	9	3	3	9	3	3	9	3	3	9	1	3	3		
5	Is there a Medical Gas Committee in place?	4	2	8	4	2	8	4	2	8	4	2	8	1	2	2		
6	Is the Co-ordinating Authorised Person a participant in key Medical Gas Committee decisions reached with respect to MGPS?	4	2	8	4	2	8	4	2	8	4	2	8	1	2	2		
7	Are there contingency plans in place to deal with major plant failure or a major incident arising?	5	4	20	5	4	20	5	4	20	5	4	20	2	4	8		
8	Is there an Independent Authorising Engineer (MGPS) under contract to provide Authorised Person (MGPS) appointment recommendations and technical advice to the Healthcare Provider? (SHTM 00 refers)	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		



# Medical Gases Pipeline Services

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Operational Management continued																		
9	Is there a registered Quality Controller (MGPS) appointed in writing?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
10	Has the site Authorising Engineer (MGPS) audited the site operating procedures in the last 12 months?	3	3	9	3	3	9	3	3	9	3	3	9	1	3	3		
Record Drawings																		
11	Are accurate MGPS 'as fitted' drawings available?	4	5	20	4	5	20	3	5	15	3	5	15	1	5	5		
12	Are accurate schematic or isometric drawings available?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		
13	Are accurate working drawings available as paper copies for use in emergencies?	5	5	25	5	5	25	4	5	20	3	5	15	2	5	10		
Permit to Work Procedures																		
14	Is there a Permit to Work system in existence?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
15	Does the Site have only one low- and one high-hazard permit-to-work book currently in use?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
16	Are completed Permit to Work books retained on file for the lifetime of the system?	4	2	8	4	2	8	4	2	8	4	2	8	1	2	2		

# Medical Gases Pipeline Services

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Permit to Work Procedures continued																		
17	Are the Quality Controller (MGPS) identity and purity certificates of test recorded and retained on file for the lifetime of the system?	4	2	8	4	2	8	4	2	8	4	2	8	1	2	2		
18	On issue of High Hazard permits are they supported by an Authorised Person (MGPS) method statement and pipeline / valve layout diagram?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
19	Has the site fire action plan been updated to include information for the Fire and Rescue Service giving clear instructions and a site plan identifying sources of supply/points of isolation?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
Roles & Responsibilities (MGPS)																		
20	Has a Co-ordinating Authorised Person (MGPS) been appointed in writing?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
21	Is the compliment of Authorised Persons considered sufficient for the management of MGPS relative to hospital size and scale of systems?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
22	Have APs following recommendation by the AE been appointed in writing by the Chief Executive, Executive Director or a Delegated Representative?	4	2	8	4	2	8	4	2	8	4	2	8	1	2	2		

## Medical Gases Pipeline Services

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Roles & Responsibilities (MGPS) continued																		
23	Does the Capital Services Project team have procedures in place to obtain the AE & APs(MGPS) agreement for modifications, upgradings or additions to the system at planning stage?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
24	Have the CPs been appointed in writing and verified by an in-house AP?	4	2	8	4	2	8	4	2	8	4	2	8	1	2	2		
25	Does the Estates Department have a maintenance contract with a qualified and BS ENISO 9001/BS EN ISO 13485 registered contractor?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
26	Are maintenance reports by the external contractor provided for the AP (MGPS)?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
27	Are there written site instructions for Control of Contractors?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
Training																		
28	Do you retain MGPS Training Records for APs & CPs?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
29	Is the re-validation of Responsible Persons (MGPS), as defined in the SHTM 02-01, carried out every 3 years?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
30	Is appropriate first aid training provided to APs and CPs?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		

## Medical Gases Pipeline Services

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Training continued																		
31	Do the Nursing and/or Medical staff receive basic training in cylinder handling and use?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
32	Do the Nursing and/or Medical staff receive basic training in use of MGPS?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
33	Is there a training process in place for training all appropriate Estates staff in manual handling, cylinder identification, transporting of cylinders to ward/theatre and replacement of manifold cylinders and use of PPE?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		
Operational Cylinder Management																		
34	Does Pharmacy maintain records of liquid oxygen supplies and all cylinder supplies, usage, replacement returns etc.?	2	2	4	2	2	4	2	2	4	2	2	4	1	2	2		
35	Are the medical gas cylinder storage facilities in accordance with SHTM 02-01 Part B Section 8?	4	4	16	4	4	16	4	4	16	4	4	16	2	4	8		
36	Is the MGPS plant accommodation in accordance with SHTM 02-01 Part A Section 14?	4	5	20	4	5	20	4	5	20	3	5	15	1	5	5		
37	Are all manifoldcylinder changes recorded in a log book and retained in the manifold room?	2	2	4	2	2	4	2	2	4	2	2	4	1	2	2		

## Medical Gases Pipeline Services

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Operational Management - Maintenance																		
38	Is there an Operations & Maintenance Manual with all plant and system components technically detailed with fault conditions identified and remedial guidance contained within your site O & M Manual?	4	4	16	4	4	16	4	4	16	4	4	16	2	4	8		
39	Has a Written Scheme of Examination in line with the Pressure Systems Safety Regulations 2000 been prepared by the Competent Person (PSSR) (Insurance Company)? (see pressure system regs)	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
40	Is all maintenance carried out by Competent Persons under a PPM schedule?	4	5	20	4	5	20	4	5	20	4	5	20	2	5	10		
41	Are all maintenance records logged and filed?	4	4	16	4	4	16	4	4	16	4	4	16	2	5	10		
42	Are all maintenance records 'signed off' by the AP (for external contractors)?	4	5	20	4	5	20	4	5	20	4	5	20	2	5	10		
43	Following remedial action, under a Permit to Work, to a fault condition, is it verified by an AP (MGPS)?	4	4	16	4	4	16	4	4	16	4	4	16	2	4	8		
Design, Installation, Validation & Verification																		
44	Is plant or new works subject to specification (minimum MES C11) prior to tender or purchase?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		

## Medical Gases Pipeline Services

Questions		Response Risks (likelihood x severity)															
		0%			25%			50%			75%			100%			Evidence mode/location Remarks
		0			1			2			3			4			
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R	
Design, Installation, Validation & Verification continued																	
45	Has a Compliance Survey been carried out by an AE?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4	
46	Have all defects identified from the Compliance Survey been rectified?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4	
47	Are Design Review, Installation, Validation & Verification Documentation available for all new works, recorded and filed.	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4	
48	Are the services of the AE/CSO utilised when validating or verifying new works?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4	

## Water Safety

Questions		Response Risks (likelihood x severity)																
		0%			25%			50%			75%			100%			Evidence mode/location Remarks	
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Generic Issues																		
1	Have the domestic hot & cold water systems been installed according to the principles set out in SHTM 04-01?	3	5	15	3	5	15	3	5	15	3	5	15	2	5	10		
2	Are domestic hot & cold water systems being maintained according to the principles set out in SHTM 04-01?	4	5	20	4	5	20	4	5	20	4	5	20	2	5	10		
3	Are domestic hot & cold water systems operational and maintenance guidance reviewed after a change in environmental use, a system alteration or a change to guidance to ensure they remain appropriate?	3	5	15	3	5	15	3	5	15	3	5	15	2	5	10		
4	Are records, logbooks etc., regarding commissioning date, management routines and PPM retained and available for inspection?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
5	Have all individuals with roles and responsibilities, as defined in the guidance, been appointed with acceptance confirmed in writing?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
6	Are management roles and responsibilities reviewed periodically (i.e. not exceeding 3-year intervals) and recorded?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
7	Are appropriate governance arrangements in place to ensure that the Estates Department is represented on the appropriate committees?	2	1	2	2	1	2	2	1	2	2	1	2	1	1	1		

# Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Generic Issues continued																		
8	Are adequate numbers of competent staff available to fulfil the requirements of SHTM 04-01 and cover for eventualities (sickness, holidays?)	2	3	6	2	3	6	2	3	6	2	3	6	1	3	3		
The Risk Assessment																		
9	Do all water systems have a current applicable <i>Legionella</i> Risk Assessment to BS 8580?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
10	Was the person carrying out the Risk Assessment competent (BS 8580) or accredited to do so?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
11	Were the significant findings of the Risk Assessment identified, prioritised and recorded?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
12	Is there a real time Action Plan to address the significant findings of the Risk Assessment?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
13	Are all relevant staff aware of the Action Plan?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
14	Have the high risks in the Action Plan been mitigated/implemented?	5	5	25	4	5	20	3	5	15	2	5	10	1	5	5		
15	Have the medium risks in the Action Plan been mitigated/implemented?	5	4	20	4	4	16	3	4	12	2	4	8	1	4	4		
16	Have the low risks in the Action Plan been mitigated/implemented?	5	3	15	4	3	12	3	3	9	2	3	6	1	3	3		



## Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Managing the Risks: Roles and Responsibilities																		
17	Is there a current and up-to-date Control of <i>Legionella</i> Policy?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
18	Have all individuals with Roles & Responsibilities for specific Written Schemes been appointed in writing?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
19	Have all individuals with Roles & Responsibilities received appropriate up-to-date training?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
20	Are contact details for these people readily available?	2	2	4	2	2	4	2	2	4	2	2	4	1	2	2		
21	Is there regular annual review of Written Schemes to take cognisance of the risks associated with new technologies?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
Domestic Hot and Cold Water Services																		
22	Is there a Written Scheme (Operational Procedures) in use for Control of Legionella in each Domestic Water System?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
23	Are there accurate 'As-Fitted' drawings of all the Domestic Water Systems in the Written Scheme?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
24	Does the Written Scheme (Operational Procedures) contain clear and specific instructions for the safe management of each domestic water system?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		

# Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Design and Construction - General																		
25	Have you ensured that all components within the Domestic Water Services systems are Water Byelaws compliant and listed in the Water Fittings and Material Directory as published by the Water Research and Advisory Service (WRAS)? (Ref SHTM 04-01Part A, P14 Para 1.10)	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
26	Are thermostatic mixing valves sited as close as possible to the point of use?	4	5	20	4	5	20	2	5	10	2	5	10	1	5	5		
Design and Construction - Cold Water Systems																		
27	Are low use cold water service outlets installed prior to high use outlets?	4	5	20	4	5	20	3	5	15	2	5	10	1	5	5		
28	Has cold water storage been optimised i.e. holds enough for a day's operational use only?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4		
29	Is the cold water system pipework insulated where possible?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4		
30	Is the cold water system pipework kept away from heat sources where possible?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4		
31	Does the cold water storage tank comply with the Water Bye-Laws?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4		

# Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks
		0%			25%			50%			75%			100%			
		0			1			2			3			4			
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R	
Design and Construction - Cold Water Systems continued																	
32	Is the cold water system designed and constructed to ensure that it is maintained at 20C or below?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	
33	Is the water temp pick up less than 2C from tank to furthest away sentinel tap?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	
Design and Construction - Domestic Hot Water Systems																	
34	Is the hot water generator storage at no less than 60C?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	
35	Does the normal daily storage capacity of domestic hot water meet the requirements of the minimum fluctuations in temperature of domestic hot water (i.e. a max of 20 mins temperature recovery time)?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	
36	Is a minimum temp of no less than 55C maintained at furthest away domestic hot water point?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	
37	While in use, is the return temperature of the domestic hot water maintained at no less than 50C at the hot water generator?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	
38	Are the hot water distribution pipes insulated?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	
39	Does the Domestic Hot Water generating plant comply with the relevant paragraphs of Section 9 of SHTM 04-01 Part A, (9.9 et seq) ?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4	

# Water Safety

Questions		Response Risks (likelihood x severity)																Evidence mode/location Remarks	
		0%			25%			50%			75%			100%					
		0			1			2			3			4					
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R			
Operation and Maintenance																			
40	If the water supplied to your site is not from mains supply (i.e. it is from a private supply), has the water been pre-treated to make sure it is of the same quality as specified in the European Drinking Water Directive?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4			
41	Are the entire contents of the heat generating equipment, including the base, heated to 60C for an hour each day, for example by using a de-stratification pump?	3	4	12	2	4	8	2	4	8	1	4	4	1	4	4			
42	Are all outlets that are no longer required cut back as far as the main circulating pipe-run with branch tee removed and straight coupling substituted?	4	4	16	2	4	8	2	4	8	1	4	4	1	4	4			
43	Are there arrangements in place to incorporate standby equipment, for example heat generating equipment and pumps into routine use?	4	4	16	3	4	12	2	4	8	1	4	4	1	4	4			
44	If infrequently used outlets have not been removed, are there formal arrangements in place to flush them through on at least a twice-a-week flushing cycle?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4			
45	Is there a log kept of the frequency of flushing of infrequently used outlets?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4			
46	Where thermostatic mixing valves are fitted, are they included in the maintenance schedule?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4			

## Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Operation and Maintenance continued																		
47	Where thermostatic mixing valves are fitted, are they maintained as per the schedule and recorded?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
Water Treatment Programme																		
48	Is there a water treatment regime in place, including thermal disinfection?	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
49	Are Risk Assessments carried out prior to implementing any form of water disinfection regime ? (Ref SHTM 04-01 Part A, P 83 Section 15 Para 15.1)	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
50	Do you control, monitor & record any water disinfection (and any associated treatment) regime(s) you have in place?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
Monitoring - Temperature Control Method																		
51	Is the temperature of sentinel hot and cold outlets checked on a monthly basis and recorded? (For cold water the temp should be <20C within 2 mins; for hot water > 50C within 1 min)	4	4	16	4	4	16	3	4	12	2	4	8	1	4	4		
52	Is the domestic hot water temperature of the outlet and return pipes of the heat generating equipment checked on a monthly basis and recorded (60C hot outlet, 50C minimum return)?	4	4	16	4	4	16	4	4	16	2	4	8	1	4	4		

# Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Monitoring - Temperature Control Method continued																		
53	Is the temperature of the incoming domestic cold water supply checked on a six-monthly summer / winter basis and recorded?	4	4	16	4	4	16	4	4	16	2	4	8	1	4	4		
54	Is the temperature of at least 20% of all domestic hot and cold water outlets checked on an annual basis and recorded over a 5 year programme?	4	4	16	4	4	16	4	4	16	2	4	8	1	4	4		
Monitoring - Microbiological																		
55	Are there procedures in place to identify circumstances when either general microbiological monitoring or sampling for legionella would be appropriate (i.e. in the Written Scheme (Operational Procedures))?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
56	If there are procedures in place, do these identify where samples should be taken, and the frequency and actions required?	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
Cleaning and Disinfection																		
57	Have you ensured that there is an Action Plan in place to address any disinfection requirements such as system alterations, outbreak, high <i>Legionella</i> counts, recorded temperatures outwith parameters or new works, etc? (Ref SHTM 04-01Part A,)	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		

# Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Scalding and Burns																		
58	Do you have monitoring procedures in place, authenticating and recording TMV types and discharge temperatures from all appliances? (Ref SHTM 04-01 Part A, P11&12)	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
59	If a TMV is fitted, is the temperature of the water supply the TMV checked on a six-monthly basis? Where duplication refer to other question	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
60	Have you ensured that all warning signs for “Caution Very Hot Water” are legible, highly visible and securely attached, close by to relevant outlet points? (Ref SHTM 04-01 Part A, p12)	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4		
61	If there is a risk of scalding (for example anywhere the young, elderly, disabled or staff may use the outlets), are TMVs fitted?	4	5	20	4	5	20	4	5	20	4	5	20	1	5	5		
62	Has the NHS Board made arrangements for low surface temperature emitters* to be located in areas occupied by vulnerable patients and staff? * NB This would include ceiling-mounted emitters	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
Contingency Planning																		
63	Do you have a regime to deal with emergency failure of incoming water supply? (Ref SHTM 04-01 Part A, p18, Para 2.3)	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		

# Water Safety

Questions		Response Risks (likelihood x severity)																
		0%			25%			50%			75%			100%			Evidence mode/location Remarks	
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Environment																		
64	If there is a requirement for a Contaminated Land Schedule for this site, do you have one? (ref SHTM 04-01 Part A, P19 Para 2.7)	4	4	16	4	4	16	4	4	16	4	4	16	1	4	4		
The following apply to Neonatal Units and Adult & Paediatric Intensive Care Units																		
65	Has the NHS Board established a Water Safety Plan in accordance with Guidance for neonatal units (NNUs) adult & paediatric intensive care units (ICUs) to minimise the risk of <i>Pseudomonas aeruginosa</i> infection from water?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		
66	Has the NHS Board established a Water Safety Group with appropriate representation from all stakeholders to ensure that a coordinated approach is pursued between IPCT, clinical staff and Estates/Facilities on all water issues?	2	5	10	2	5	10	2	5	10	2	5	10	1	5	5		
67	Have the roles and responsibilities of the members of the Water Safety Group been clearly set out and recorded?	2	5	10	2	5	10	2	5	10	2	5	10	1	5	5		
68	Has the Water Safety Group taken steps to ensure that splashes from water outlets are minimised?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		
69	Does the Water Safety Group have systems in place to ensure that flushing of all taps is being performed for 1 minute daily?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		



# Water Safety

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
The following apply to Neonatal Units and Adult & Paediatric Intensive Care Units continued																		
70	Has the Water Safety Group identified, in conjunction with the relevant Senior Charge Nurse, those wash hand basins that are infrequently used ( i.e. once per day)?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		
71	Has the Water Safety Group set up a documented flushing regime for these infrequently used wash hand basins?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		
72	Has the Water Safety Group made arrangements for all redundant branches from circulating mains to be removed including plugged tee-pieces?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		
73	Has the Water Safety Group made arrangements to locate TMVs as close as possible to outlets?	3	5	15	3	5	15	3	5	15	3	5	15	1	5	5		
74	Has the Water Safety Group made arrangements for all new taps to be capable of having point-of-use filters retrofitted?	3	4	12	3	4	12	3	4	12	3	4	12	1	4	4		

# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Management																		
1	Has the NHS Board identified and appointed in writing duty holder(s) to ensure asbestos is managed as per Regulation 4 CAR 2012? <div>[In most cases the duty holder is the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises].</div>	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
2	Have the duty holder(s) [and all persons with delegated responsibilities] Asbestos Management roles and responsibilities been made clear and presented in the Asbestos Management Plan (or supporting documents)? <div>[Multiple managerial work roles play a part in Asbestos Management e.g. IT, Comms, Facility Managers, Maintenance Managers, Project Managers, Estate Officers, Health and Safety Managers etc and as such share the duty to manage asbestos].</div>	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
3	Has the NHS Board prepared an Asbestos Management Plan which includes measures to manage and control the identified risk?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
4	Is the Asbestos Management Plan reviewed annually?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
5	Does the NHS Board ensure that all staff training requirements relevant to roles and responsibilities are identified, arranged and reviewed on an annual basis?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		

# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Management continued																		
6	Is a competent person/group specifically tasked with monitoring the ongoing implementation of the Asbestos Management Plan [by means of audit etc] to ensure all identified risks are being recorded, managed, monitored and controlled in a consistent fashion across the portfolio?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
7	Has the NHS Board identified and recorded all buildings within their portfolio that are UNLIKELY to contain any asbestos i.e. built 2000 onwards?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
8	Has the NHS Board identified and recorded all buildings within their portfolio that have the potential to contain Asbestos i.e. constructed pre 2000?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
9	Where buildings have potential to contain Asbestos [pre 2000 construction], have arrangements been made to identify and verify the condition of any ACM's [within reasonably accessible areas] by means of an asbestos survey?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
10	Has the Board arranged for audit surveys of maintenance areas within their portfolio to give a reflection of, and to ensure that, current and/or historic survey data is both reliable and consistent, by means of a Management Survey?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
11	Is there a process in place by which ongoing surveys are independently audited to ensure accuracy/consistency?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		

# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks
		0%			25%			50%			75%			100%			
		0			1			2			3			4			
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R	
Management continued																	
12	Are "awkward access or inaccessible" areas (as identified by asbestos surveying companies or NHS Board) presumed to contain Asbestos and managed as such until planned surveys take place?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
13	Does the NHS Board arrange (or ensure) a Refurbishment Survey (or Demolition where appropriate) is undertaken prior to any intrusive works?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
14	Are surveyors or surveying companies appointed by the NHS Board competent as proved by relevant accreditation or certification (e.g. via UKAS accreditation)? [N.B. HSE strongly recommends the use of accredited or certificated surveyors for asbestos surveys]	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
15	Where a surveyor with no accreditation is being used by the NHS Board, can competency be demonstrated by means of a CV detailing training and experience in all aspects of survey work including survey planning, resources, technical specification, quality control and ACM assessment criteria?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
16	Has the NHS Board prepared an Asbestos Register identifying the location and condition of identified or presumed Asbestos-containing Materials (ACMs)? [There is an expectation that the register will be in an electronic format]	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	

# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Management continued																		
17	Is the Asbestos Register referred to above available to anyone liable to work on, disturb it or work in the vicinity of Asbestos Containing Materials?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
18	Are all known Asbestos-Containing Materials (ACMs) locations identified on easily accessible plans? [There is an expectation that this information will in an electronic format]	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
19	Does the Asbestos Register display [for each positive or presumed positive sample] the Material and Priority risk alongside the overall combined [rankable] risk (as per HSG 227)?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
20	Does the NHS Board undertake a regular (at least every 6-12 months) condition inspection review of identified Asbestos-Containing Materials (ACMs) on their premises?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
21	Has the NHS Board appointed a named person to manage and update the Asbestos Register to reflect any change in condition and/or status of ACM's as identified by conditional inspection or other means?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
22	Are all condition and/or status changes of identified ACM's logged ideally in an auditable timeline format?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		

# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Management continued																		
23	Has the NHS Board prioritised work for those Asbestos-Containing Materials (ACMs) that required to be sealed, encapsulated or repaired?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
24	Has the NHS Board prioritised work to remove those Asbestos-Containing Materials (ACMs) that cannot be managed in situ?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
25	Has the NHS Board risk assessed "general access" within areas containing Asbestos Containing Materials (ACMs) which present significant risk? (This refers to areas where asbestos maybe in poor condition but needs to be accessed in the event of an emergency such as a steam or water leak).	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
26	Does the NHS Board risk assess all physical disturbance "work tasks" within areas containing Asbestos Containing Materials (ACMs) which present significant risk? (Comments as per question 25)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
27	Does the NHS Board control access into areas containing asbestos [which presents significant risk]? e.g. Permit 2 Work, lock change. (Comments as per question 25)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
28	Where appropriate, are entry points to such areas fitted with warning signage to inform staff of the access requirements in place? (Comments as per question 25)	5	5	25	4	4	16	3	3	9	2	2	4	1	1	1		

# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)																Evidence mode/location Remarks	
		0%			25%			50%			75%			100%					
		0			1			2			3			4					
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R			
Management continued																			
29	Have Asbestos Materials been labelled and/or identified as per NHS Board Asbestos Management Plan labelling strategy?	5	5	25	4	4	16	3	3	9	2	2	4	1	1	1			
30	Are the NHS Board relevant staff and contractors aware of the labelling/warning signage strategy?	5	5	25	4	4	16	3	3	9	2	2	4	1	1	1			
31	Are NHS Board relevant staff aware of the process by which materials/areas are labelled and/or identified as containing asbestos?	5	5	25	4	4	16	3	3	9	2	2	4	1	1	1			
32	Does the NHS Board operate an auditable system (paper or electronic) to control all asbestos Essential Task related work?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5			
33	Are all relevant staff competent and trained in managing and using the auditable system? [This refers to local emergencies that do not involve external agencies]	5	5	25	4	5	20	3	5	15	2	5	10	1	5	5			
34	Are there plans in place to deal with asbestos emergencies? [This refers to local emergencies that do not involve external agencies]	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5			
35	Are relevant persons aware of the asbestos emergency plan?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5			

# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Management continued																		
36	Are all incidents or events involving ACM's reported, investigated [where appropriate] and held on a NHS central incident database? e.g. Datix	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
37	Does the NHS Board have a system in place for staff to deputise in the event of sickness, holidays etc with regards to the day to day management of asbestos?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
38	Do relevant Estates Staff have access to asbestos consultants for surveys, bulk sampling, air testing or specialist advice in the event of an incident and/or other requirement?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
39	Where the NHS Board has selected staff to undertake asbestos Essential Task work, have arrangements been made for a suitably Competent Person to assess each asbestos task to determine whether it is Licensed work (i.e.for Licensed company only), Non-Licensed Work (NLW) or Notifiable Non-Licensed Work (NNLW)?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
40	Does the NHS Board ensure that all Asbestos Essential Non-Licensed work is supervised, checked, signed-off and recorded upon completion?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		



# Asbestos - The Control of Asbestos Regulations 2012

Questions		Response Risks (likelihood x severity)															Evidence mode/location Remarks	
		0%			25%			50%			75%			100%				
		0			1			2			3			4				
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R		
Management continued																		
41	Does the NHS Board ensure that all NHS staff who undertake Asbestos Essential "Non-Licensed and/or Notifiable Non-Licensed" work have been face-fit tested for appropriate Respiratory Protective Equipment (RPE)? [RPE must have an Assigned Protection Factor of 20 or more. Suitable types of RPE are: disposable respirators to EN149 standards (type FFP3) or EN1827 (type FMP3), half-mask respirator (to standard EN140) with P3 filter or semi-disposable respirator (to EN405) with P3 filter].	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
42	Where NHS Board staff undertake asbestos Essential Task work are there arrangements in place for undertaking [and keeping records of] RPE maintenance? [This does not apply to disposable respirators]	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
43	Does the NHS Board ensure that all relevant new starts' inductions include asbestos awareness and labelling/signage information?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		
44	Does the NHS Board ensure that all contractors' inductions include appropriate asbestos awareness and labelling/signage information?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5		

# Asbestos - The Control of Asbestos Regulations 2012

45	Does the NHS Board ensure all contractors working on site have attended appropriate half day asbestos awareness training with certificates available? (Where the NHS Board uses one company on a regular basis, an annual check would suffice).	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
Questions		Response Risks (likelihood x severity)															
		0%			25%			50%			75%			100%			Evidence mode/location Remarks
		0			1			2			3			4			
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R	
Management continued																	
46	Does the NHS Board have arrangements in place so that staff who have concerns about asbestos exposure have access to the occupational health department?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
47	Does the NHS Board retain records of asbestos exposure for 40 years?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
48	Does the NHS Board have a system for checking the asbestos removal contractor's documentation (licence, insurance(s), medical records, training records)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
49	Does the NHS Board ensure that all Licensed asbestos work is supervised, checked, signed-off and recorded upon completion?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
50	Does the NHS Board have a system for issuing details of the work required for an asbestos removal/remediation contract in writing, including location of the work, work required, access/egress to the site, sensitivity of the work area, location of associated services (ie decontamination unit (water drainage, electricity) waste skip & mess facilities)	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	

# Asbestos - The Control of Asbestos Regulations 2012

51	Does the NHS Board have a system for checking the method statement, risk assessment and ASB5 for each asbestos removal contract?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
Questions		Response Risks (likelihood x severity)															
		0%			25%			50%			75%			100%			Evidence mode/location Remarks
		0			1			2			3			4			
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R	
Management continued																	
52	Is there a process in place to arrange any necessary isolations e.g. steam, fire alarms, electrics etc prior to remedial works commencing?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
53	Other than on small or a series of repetitive work(s) does the NHS Board have a system for ensuring the enclosure within which the removal / remedial work will be undertaken is satisfactory, smoke-tested and independently witnessed? [Where the Board has no representative (or analyst) on site to witness the smoke test the contractors self-certification must be made available].	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
54	Does the NHS Board have a system for auditing the performance of the asbestos removal contractor on site?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
55	Does the NHS Board have a system for checking that the analytical (air testing/sampling) organisation has UKAS accreditation, insurance(s)?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
56	Does the NHS Board appoint the analyst responsible for carrying out the testing and issuing of the clearance certification?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	

# Asbestos - The Control of Asbestos Regulations 2012

57	Does the Board ensure that any potential caveats are discussed/agreed [or eliminated] by means of a pre start meeting with all relevant parties (NHS person(s), analyst and removal contractor) prior to work commencing?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
Questions		Response Risks (likelihood x severity)															
		0%			25%			50%			75%			100%			Evidence mode/location Remarks
		0			1			2			3			4			
		L	S	R	L	S	R	L	S	R	L	S	R	L	S	R	
Management continued																	
58	Upon completion of a removal job are agreed [or unplanned] caveats included in the Asbestos Register, and locations labelled?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
59	Does the Board ensure the analyst has access where available to agreed areas [adjacent rooms, floors above etc] for positioning of pumps for leak testing during removal projects?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	
60	Does the Board arrange audits of completed asbestos removal works after signed off by UKAS analytical company to ensure accuracy/consistency?	5	5	25	5	5	25	5	5	25	5	5	25	1	5	5	

**From:** [McNeil, Elaine](#)  
**To:** [Boyd, Moira](#); [Campbell, Margaret](#); [Cleaver, Don](#); [Fulton, Tom](#); [Gallacher, Alan](#); [Green, John](#); [Hamilton, Andrew](#); [Hunter, William](#); [Kane, Mary Anne](#); [Macleod, Alistair](#); [McFadden, Jim](#); [McIlwee, Joseph](#); [McIlwee, Joseph \(NHSmail\)](#); [McLean, Ken](#); [Menzies, John](#); [Pace, David](#); [Powrie, Ian](#); [Shaw, David](#); [Stewart, Alan](#); [Bonner, Natalie](#); [Clark, Andrew](#); [Frame, May](#); [Gardner, Andrew](#); [Hagan, Cathy](#); [Matheson, Fiona](#); [McPhail, Pamela](#); [Speirs, Karen](#)  
**Cc:**  
**Subject:** FW: Policy Document - Water Safety  
**Date:** 21 October 2014 09:39:55  
**Attachments:** [Water Safety Policy Document.doc](#)  
[image001.jpg](#)  
[Operational Procedures Written Scheme Item 9.pdf](#)  
**Importance:** High

---

**Sent on Behalf of Alan Gallacher**

All,

Please find attached the NHSScotland draft 'Water Safety Policy' which has been produced by combining the Water Safety Policies of NHS GG&C and NHS Grampian. I have been asked to circulate and return comments by 4 November to the HFS National Water Safety Group so that they can formalise and submit to SETAG for ratification.

It has been agreed by SETAG that all SHTMs will now have national policies put in place to support the SHTM to allow Boards to either 'adopt' the national policy as their own or to use the national Policy as a 'template' and modify the national Policy to suit their operational requirements. It is hoped that by going down this route that all policies will be similar in content.

It would be appreciated if any comments are forthcoming before the aforementioned deadline date to allow me to respond.

I have also attached Operational Procedures for the Written Scheme for discussion of agenda item 9 for today's meeting.

Regards,

*Alan*

**A. G. Gallacher** *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
 Corsebar Road  
 Paisley  
 PA2 9PN

Inverclyde Royal Hospital  
 Education Centre Rm 1.03  
 Larkfield Road  
 Greenock  
 PA16 0XN





## **Policy Document Water Safety**

## Contents

---

	<i>Page</i>
<b>Acknowledgements .....</b>	<b>3</b>
<b>1. Scope of this policy .....</b>	<b>Error! Bookmark not defined.</b>
<b>2. Introduction .....</b>	<b>5</b>
<b>3. Approach to prevention and control of waterborne bacteria .....</b>	<b>6</b>
<b>4. Management responsibilities and designated staff functions .....</b>	<b>8</b>
<b>5. Training .....</b>	<b>Error! Bookmark not defined.3</b>
<b>6. Planned preventive maintenance .....</b>	<b>14</b>

### Disclaimer

The contents of this document are provided by way of general guidance only at the time of its publication. Any party making any use thereof or placing any reliance thereon shall do so only upon exercise of that party's own judgement as to the adequacy of the contents in the particular circumstances of its use and application. No warranty is given as to the accuracy, relevance or completeness of the contents of this document and Health Facilities Scotland, a Division of NHS National Services Scotland, shall have no responsibility for any errors in or omissions therefrom, or any use made of, or reliance placed upon, any of the contents of this document.



## Acknowledgements

---

This Document has been derived from a policy and procedures documents produced by NHS Greater Glasgow & Clyde and NHS Grampian which has been adapted into generic form for use throughout NHS Scotland. Permission to make use of these versions is gratefully acknowledged.

**Note:** NHS Boards are invited to adopt or adapt the Policies set out in this document to suit individual circumstances and premises.

## 1. Scope of this Policy

---

- 1.1 The NHS Board's Policy is designed to ensure that Hot and Cold Water, Supply, Storage and Distribution Systems are maintained and operated in accordance with:
- Scottish Health Technical Memorandum (SHTM) 04-01.
  - Health & Safety Executive technical guidance HSG 274 Part 2 published May 2014.
  - Other relevant legislation and guidance.
  - HPS/HFS Guidance for neonatal units (NNUs) (levels 1,2 & 3), adult & paediatric intensive care units (ICUs) in Scotland to minimise the risk of *Pseudomonas aeruginosa* infection from water, as relevant to the hospital water delivery system.

### Management Guidance

- 1.2 The NHS Board Chief Executive Officers and Managers accept responsibility to ensure that their premises comply with all statutory requirements.
- 1.3 All personnel will be made fully aware of their safety responsibilities, as required by statute and given the necessary information and training to understand and carry them out properly. This also applies to organisations and individuals to whom work has been contracted.

### Policy Review

- 1.4 This policy will be reviewed every 3 years, or as new knowledge on the subject evolves and subsequent guidance is issued.

**Note:** No changes to this policy or the associated procedures shall be made without the agreement of the NHS Board's Designated Person, Responsible Person, Water Safety Control Group and Infection Control Manager.

## 2. Introduction

---

- 2.1 The NHS Board is committed to the creation of an environment which achieves health, safety and environmental excellence through the management and control of *Legionella*, *Pseudomonas* Spp and other harmful bacteria and recognises these principles as a core value.
- 2.2 The NHS Board attaches the greatest importance to the health, safety and welfare of staff, patients and visitors. It is considered essential that management and staff work together positively to achieve an environment compatible with the proper provisions of services to patients, where health hazards to staff and others are reduced to a minimum.
- 2.3 This Policy sets out the objectives, supporting management responsibilities and organisational arrangements in respect of management and control of *Legionellosis* and water safety risks. It sets out an appropriate framework in keeping with statutory and mandatory requirements to ensure identification and effective management control of these risks from potential exposure.
- 2.3 The Health & Safety Commission's technical guidance HSG 274 Part 2 and the Scottish Health Technical Memorandum SHTM 04-01 – Water Safety provide the necessary strategy to achieve this relative to the hazards imposed.
- 2.4 The NHS Board expects management and staff to do all that is reasonably practicable to achieve compliance with the relevant legislation and other guidance with regard to the prevention and control of *Legionella* and other waterborne organisms.
- 2.5 The NHS Board will provide training and information on local actions to be taken to ensure the provision of safe water systems. It is the intention of the NHS Board to ensure the effective implementation of this Policy and to keep it under consideration in all aspects of health practice and decision making.

### 3. Approach to prevention and control of waterborne bacteria

---

#### *Legionellosis*

##### Primary Objectives

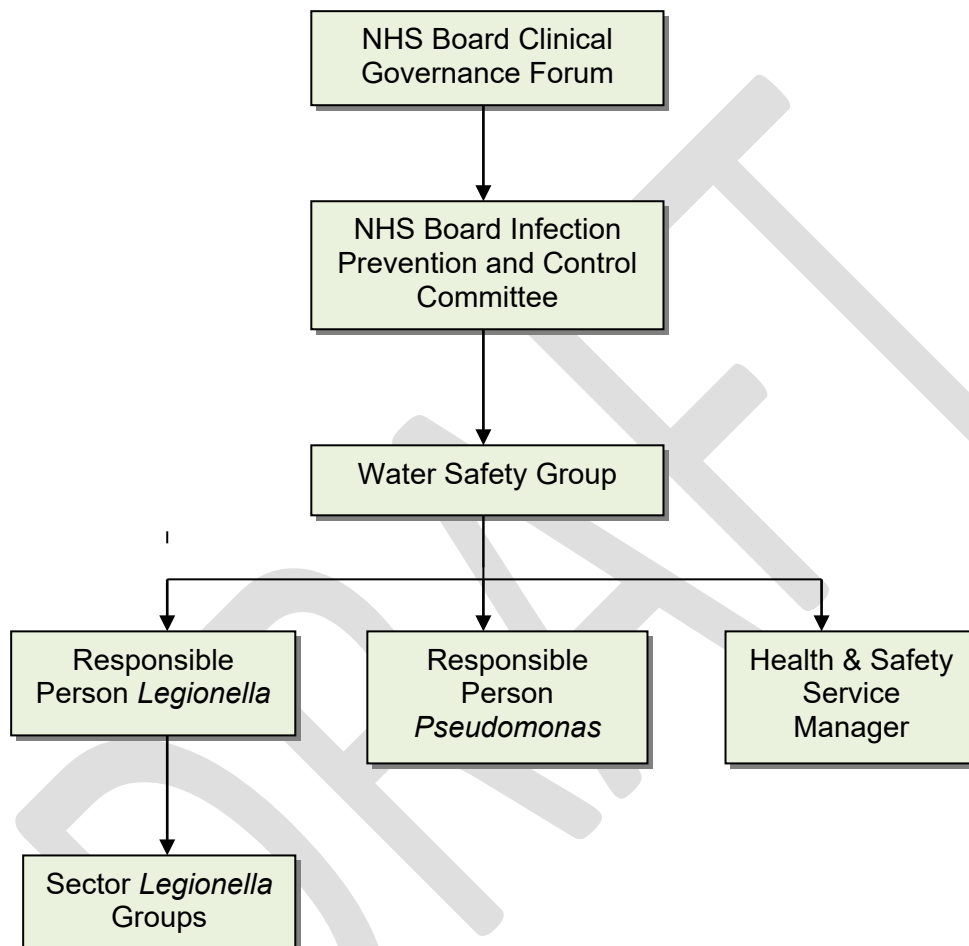
- 3.1 The NHS Board's primary objective is to maintain the management procedures, consequently ensuring that the system compliance is continuing and not notional thus providing safe systems for the benefit of the patient, staff, visitors and the environment.
- 3.2 The NHS Board shall ensure that the primary objective is obtained and achieved by the following:
- Appointment by the Director of Facilities, in writing, of a Designated Person (*Legionella*), Responsible Person and Deputy, as appropriate, for each Sector, with duties defined in paragraph 3.4.
  - Formulating a specific Operational Procedure/Written Scheme to ensure the overall integrity of domestic water systems and equipment in compliance with HSG 274 Part 2 and the relevant parts of SHTM 04-01.
  - Surveying and carrying out a risk assessment of all relevant systems and equipment to establish any items of non-compliance in accordance with the Operational Procedure/Written Scheme.
  - Establishing a programme of modification or upgrade of such systems and equipment to work towards compliance.
  - Ensuring the design of relevant building services for new, refurbished or modified systems is such as to comply with SHTM 04-01 (Part A).
  - Maintaining as-fitted drawings of all existing and new domestic water pipework systems. Where this is not possible, representative schematic diagrams will be available as a minimum.
  - Maintaining operation and maintenance manuals for domestic water services plant and equipment.
  - Implementing a programme of staff training to ensure that those appointed to devise strategies and carry out control measures are appropriately informed, instructed and trained and should be assessed as to competency.

### Roles and Responsibilities

- 3.3 The framework of accountability and responsibility for managers and staff on the implementation of this policy follow that laid out within the NHS Board's Health and Safety Policy.

### Governance Structure for Water Systems Management

3.4



### *Pseudomonas Spp*

- 3.5 The NHS Board ensures that specific guidance published by National Services Scotland is adhered to. This relates to neonatal units (NNUs) (levels 1, 2 & 3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of *Pseudomonas aeruginosa* infection from water.

## 4. Management responsibilities and designated staff functions.

**Note:** Management is defined as the owner, occupier, employer, general manager, chief executive or other person who is ultimately accountable, and on whom the duty falls, for the safe operation of healthcare premises.

- 4.1 The NHS Board policy requires that persons intending to fulfil any of the staff functions specified below should be able to prove that they are competent by possessing qualification, sufficient skills, knowledge and experience to be able to perform safely the designated tasks.

The Key Personnel who have specific responsibilities within SHTM 04-01 are: -

### Infection control Manager

- 4.2 The Infection Control Manager, the Infection Prevention and Control Doctor (also known as the Infection Control Doctor) and the Consultant Microbiologist are nominated by management to advise on infection control policy and to have responsibility for the provision of advice on the maintenance of water quality.

### Responsible Person (Water)

- 4.3 The Responsible Person will be appointed in writing by management to devise and manage the necessary procedures to ensure that the quality of water in healthcare premises is maintained. The Responsible Person is a Manager or Director or have similar status or sufficient authority to ensure that all operational procedures are carried out in an effective and timely manner. The Responsible Person will be required to liaise closely with other professionals in various disciplines. In addition, the Responsible Person will possess a thorough knowledge of the safe management of hot and cold water systems and will ideally be a Chartered Engineer, microbiologist or other similar professionally qualified person.

- 4.4 This role, in association with the nominated sector infection control doctor and maintenance staff, involves:

- Advising on the potential areas of risk and identifying where systems do not adhere to this guidance.
- Liaising with the water authority and environmental health departments and advising on the continuing procedures necessary to ensure acceptable water quality.
- Monitoring the implementation and efficacy of those procedures.

- Approving and identifying any changes to those procedures.
- Ensuring equipment that is to be permanently connected to the water supply is properly installed.
- Ensuring adequate operating and maintenance instructions exist and adequate records are kept.

4.5 The NHS Board expects Implementation of an effective maintenance policy to incorporate preparation of fully detailed operating and maintenance documentation and introduction of a logbook system. The Responsible Person shall appoint a deputy in writing to whom delegated responsibilities may be given. The deputy will act for the Responsible Person on all occasions when the Responsible Person is unavailable.

4.6 The Responsible Person requires to be fully briefed in respect of the cause and effect of harmful water-borne bacteria. The NHS Board considers that appointment of an engineer is appropriate for this role as it can extend to the operation and maintenance of associated plant. It is recognised that the Responsible Person cannot be an expert on all matters and must be supported by specialists in specific subjects such as water treatment and microbiology, but he/she must undertake responsibility for calling upon and coordinating the activities of such specialists.

4.7 The Responsible Person should be aware that manufacturers, importers, suppliers, installers and service providers have specific responsibilities that are set out in the Health and Safety Commission's technical guidance HSG 274 Part 2.

#### **Designated Person**

4.8 The Designated Person provides the essential senior management link between the organisation and its professional support, which also provides independence of the audit-reporting process. The Designated Person will also provide an informed position at NHS Board level.

#### **Authorising Engineer (Water)**

4.9 The NHS Board retains the services of an Authorising Engineer (Water) to act as its independent professional advisor, appointed with a brief to provide services in accordance with Scottish Health Technical Memorandum (SHTM) guidance.

4.10 The Authorising Engineer (Water) also acts as an assessor, making recommendations for the appointment of Authorised Persons (Water), monitoring the performance of the service and providing an annual audit to the NHS Board's Designated Person.

### Legionella Risk Assessor

- 4.11 The NHS Board appoints in writing a Legionella Risk Assessor with terms of reference to provide services in accordance with BS 8580, SHTM 04-01 and HSE guidance under this Policy.

### Authorised Person (Water)

- 4.12 The Authorised Person (Water) has the key operational responsibility for the service, qualified and sufficiently experienced and skilled for the purpose. He/she will be nominated by the Authorising Engineer (Water) and be able to demonstrate:
- His/her application through familiarisation with the system and attendance at an appropriate professional course.
  - An appropriate level of experience.
  - Evidence of knowledge and skills.
- 4.13 The NHS Board will expect the Authorised Person's role to include the maintenance of records, quality of service and maintenance of system safety (integrity).
- 4.14 The Authorised Person (Water) will also be responsible for establishing and maintaining the roles and validation of Competent Persons (Water) who may be employees of the NHS Board or appointed contractors.

**Note:** Larger sites may require more than one Authorised Person (Water) for a particular service.

### Competent Person (Water)

- 4.15 The Competent Person (Water) provides skilled installation and/or maintenance of the specialist service. He/she will be appointed, or authorised to work (if a contractor) by the Authorised Person Water). He/she will demonstrate a sound trade background and specific skill in the specialist service, working under the direction of the Authorised Person (Water) in accordance with operating procedures, policies and standards of the service.

### Maintenance Tradesman

- 4.16 A Maintenance Tradesman is someone who has sufficient technical knowledge and the experience necessary to carry out maintenance and routine testing of the water supply, storage and distribution system.



### Tradesperson

- 4.17 A Tradesperson is appointed in writing by the Responsible Person to carry out, under the control of the Maintenance Tradesman, work on the water supply, storage and distribution system.

### Installer

- 4.18 An Installer is the person or organisation responsible for the provision of the water storage and distribution system.

### Contractor

- 4.19 A Contractor is the person or organisation designated by management to be responsible for the supply, installation, validation and verification of hot and cold water services, and for the conduct of the installation checks and tests in relation to the control of *Legionella*. The NHS Board will expect potential contractors to have suitable qualifications (for example companies/individuals who are members of the *Legionella* Control Association).

### Contract Supervising Officer

- 4.20 The Contract Supervising Officer is the person nominated by the management to witness tests and checks under the terms of contract. He/she should have specialist knowledge, training and experience of hot and cold water supply, storage, distribution and mains services.

### Ward and Department Staff

- 4.21 Ward and Departmental staff shall review and consider incorporation of flushing regimes and management manual holders' responsibilities
- 4.22 They will be expected to have knowledge of the following:
- Awareness of the hot and cold water risk assessments within Estates and any implications for them as individuals.
  - Knowledge that they have a responsibility to self-report any suspected adverse health effects to the NHS Board's Estates Department or Responsible Person.
  - Knowledge that they can obtain Health and Safety advice and support as required.
  - Full cognisance having to be duly taken of the NHS Board's Health and Safety Control Book, which incorporates relevant operational procedures, method statements and risk assessments.

### Record of Appointments

- 4.23 The Director of Facilities will keep a record, in writing of appointments of Designated Persons.
- 4.24 The Designated Person will hold and maintain a file recording the appointment of the Responsible Person(s) within the NHS Board. The Responsible Person for each sector (as appropriate) will hold and maintain a file recording all other appointments as required by HSG 274 Part 2 and SHTM 04-01.
- 4.25 The Responsible Person will maintain a file and record of all other appointments as required by HSG 274 Part 2 and SHTM 04-01.

DRAFT

## 5. Training

---

- 5.1 All training received by Personnel with responsibilities within this policy will be recorded in the individual's personal training file.
- 5.2 The NHS Board's requirements for training will be the successful completion of approved courses, run by an approved training organisation and/or the manufacturers of the equipment.
- 5.3 The NHS Board expects the Responsible Person or his/her Deputy to undertake routine system training and familiarisation, in accordance with HSG 274 Part 2 /SHTM 04-01.

## 6. Planned Preventive Maintenance

---

- 6.1 The NHS Board has many premises varying in size, type, age and complexities. Each System is described in the Site Operational Maintenance Plan for each facility.
- 6.2 This general Operational Procedure/Written Scheme will apply to all buildings. However, each building will have a system/building-specific *Legionella* risk assessment which should be consulted in order to create the planned preventive maintenance programme required for the individual property. Written Schemes will be developed in accordance with SHTM 04-01 Part G.
- 6.3 This will be carried out through a combination of direct labour and specialist contractors. PPM is based on periodic inspections recommended in Suppliers Operating and Maintenance Manuals, HSG 274 Part 2, SHTM 04-01 and on the findings of the *Legionella* Risk Assessments.
- 6.4 The Responsible Person will ensure that a list and description of the main plant and equipment is available and that instructions to start, operate, control and shut down the systems are all known and fully understood by the Technician(s) and Trade Person(s)/Contractor(s).
- 6.5 A planned preventive maintenance database/planner is used to record and forecast planned maintenance activities for all hot and cold water systems and their associated equipment. This is separately set out in Unified Procedures guidance.

### Evaluation of Control Measures

- 6.6 Review Procedures are implemented to ensure the correct implementation of this Policy and the Operational Procedures/Written Scheme for the NHS Board's properties are being managed effectively.

### Annual Compliance Review/Audit

- 6.7 The Responsible Person ensures that an annual review meeting is held at which all members of the *Legionella* Control Team, Responsible Persons (and Deputies) and any other relevant parties will attend. Recommendations arising out of the review are recorded and implemented at the soonest available opportunity.
- 6.8 The Annual review includes a review of the NHS Board's Policy and Operational Procedures/Written Scheme.

- 6.9 A review of the most recent *Legionella* Risk Assessment will be a standing item on the meeting agenda including an assessment of progress on the implementation of the Action Plan arising from the Risk Assessment.

#### Quarterly Compliance Review/Audit

- 6.10 This is undertaken by the Responsible Person through a designated deputy(s), making inspections and checks to establish that the necessary PPM measures (control measures) are in place and effective. Records of inspections and checks are held and signed off by the Responsible Person.
- 6.11 Inspections and Checks will include:
- Progress assessment of Action Plans.
  - Confirmation and evidence that all testing regimes are in place and functioning.
  - Confirmation and evidence that all planned and corrective maintenance actions are being completed.
  - Assessment of incomplete Incident Reports (i.e. those where remedial actions identified have not been fully auctioned).
- 6.12 In the event of a breakdown of the control measure occurring, a DATIX report will be completed by the Responsible Person (or designated deputy), detailing the nature of the breakdown and retained on file.

**Note:** Where NHS Board staff or representatives are required to occupy of work in or on non NHS Board-owned premises or sites, this Policy equally applies in conjunction with the site owner's individual statutory responsibilities (and in accordance with the lease agreement).

## 1. Operational procedures for the Written Scheme

---

### General Overview

- 1.1 Premises used by the NHS for the delivery of healthcare are dependent upon water to maintain hygiene through a safe and comfortable risk assessed environment for all who may use, interface and support the delivery of functional healthcare.
- 1.2 NHS Board has a Management and Control of Water Safety Policy, which requires all management and staff across the organisation to be aware of statutory regulations, NHS Scotland mandatory guidance documents and responsibilities with specific arrangements.
- 1.3 In the healthcare delivery environment, there are a number of reasonably foreseeable risks leading from potential exposure in the use of water that have to be avoided, as far as is reasonably practicable.
- 1.4 With respect to the responsibilities and duties identified in the Management and Control of Water Safety Policy devolved to the General Manager, Facilities and Estates, this document sets out in writing the scheme to manage and control the risks from potential exposure.

### Introduction and Legislative Context

- 1.5 Legionnaires' disease is a potentially fatal form of pneumonia which can affect anybody but which principally affects those who are susceptible because of age, life-style, illness, or immuno-suppression. It is caused by the bacterium *Legionella pneumophila* and related bacteria. *Legionella* bacteria are common and can be found naturally in environmental ground and water sources such as rivers, lakes and reservoirs, usually in low numbers.
- 1.6 *Legionella* can survive under a wide variety of environmental conditions and have been found in water at temperatures between 6°C and 60°C. Water temperatures in the range 20°C to 45°C seem to favour growth. The organisms do not appear to multiply below 20°C and will not survive above 60°C. The organisms may, however, remain dormant in cool water and multiply only when water temperatures reach a suitable level. Temperatures may also influence virulence. *Legionella* bacteria held at 37°C have greater virulence than the same *Legionella* bacteria kept at a temperature below 25°C.
- 1.7 *Legionella* bacteria also require a supply of nutrients to multiply. Sources include commonly encountered organisms within water systems, such as algae, amoebae and other bacteria. The presence of sediment, sludge, scale and other materials within the system together with biofilms play an important role in harbouring and providing favourable conditions in which the *Legionella* bacteria may grow. A biofilm is a thin layer of micro-organism which forms a slime on

surfaces which are in contact with water. Sludge, scale and biofilms can protect *Legionella* bacteria from temperatures and concentrations of biocide that would otherwise kill or inhibit these organisms if they were freely suspended in water.

- 1.8 *Pseudomonas aeruginosa* is a Gram negative organism most commonly found in soil and water. It can be isolated from any moist environment. It is often termed an 'opportunistic pathogen'. Water within systems can periodically be contaminated with these organisms. Although mains supplied water is treated and disinfected, it contains at the point of use, only residual (relatively low) levels of disinfectant chemicals (e.g. chlorine). Water is therefore not sterile and has a (highly variable) background level of micro-organisms, measured in terms of the Total Viable Count (TVC). Levels of TVC organisms in water samples give an indication of the effectiveness of residual disinfection and consequently the likelihood of finding potentially pathogenic micro-organisms.

**Note:** An opportunistic pathogen is one which normally only causes an infection in a person with a weakened immune system.

- 1.9 Where TVCs are higher, there may be an increased risk that water systems are colonised by opportunistic pathogens (e.g. *Pseudomonas* Spp). However, clinical problems are only likely to arise if *Pseudomonas* Spp or other water borne organisms are present in significant numbers in association with biofilms. There is a combination of factors that may have facilitated *Pseudomonas* Spp becoming a clinical problem. These factors include any or all of the following:

- water system materials which may have facilitated biofilm formation (e.g. plastic pipework, plastic and rubber components in TMVs and flexible hose liners etc);
- water outlets with thermostatic mixer valves (TMVs) designed to regulate water temperature and minimise the risk of scalding, which may also have increased the risk of other waterborne pathogens;
- the increased number of wash hand basins / sinks in clinical areas, combined with the increased use of alcohol based hand rubs (ABHRs) which may have resulted in a decreased use of water at individual wash hand basins / sinks;
- the use of non touch (sensor) water fittings, resulting in low water volumes flowing through outlets. This combined with a column of standing water left in the pipework provides an ideal condition for bacterial growth.

- 1.10 There are a number of Regulations involved in the management and control of *Legionella*, *Pseudomonas* Spp and other similar harmful bacteria. The main requirements are covered in:

- The Health and Safety at Work etc Act 1974;
- The Control of Substances Hazardous to Health 2002;
- The Management of Health and Safety at Work Regulations 1999;
- The Water (Scotland) Act 1980.

1.11

The following documents are cited under these regulations (*statutory guidance*) and require to be read and used in conjunction with the policy:

- L5 ACOP The Control of Substances Hazardous to Health Regulations 2002;
- L8 ACOP The Control of *Legionella* Bacteria in Water Systems 2000;
- Water Byelaws (Scotland) 2004.

Also relevant are:

- HSE – OC 255/12 Control of *Legionella*: Investigation of Outbreaks (and Single Cases) of *Legionellosis* from Water Systems;
- BS7592: 2008 Sampling for bacteria in water systems;
- BS8580: 2010 Water Quality – Risk Assessments for *Legionella* Control – Code of Practice.

Reference should be made also to the healthcare specific guiding principles contained in the following NHS Scotland mandatory guidance documents:

- SHTM 03-01 'Ventilation for healthcare premises';
- SHTM 04-01 'The control of *Legionella*, hygiene, 'safe' hot water, cold water and drinking water systems' Parts A – F;
- HPN2 'Guidance on Management of *Legionella* Incidents, Outbreaks and Clusters in the Community';

**Note:** SHTN 2 'Domestic hot and cold water systems for Scottish Healthcare Premises' to which reference is widely made, has been withdrawn and the relevant sections are included in Part E of SHTM 04-01.

1.12

NHS Board is committed to meeting the requirements of the relevant current statute and associated guidance. The purpose of this document is to detail the Scheme, set out in writing the principles and procedures by Facilities and Estates in compliance with the above, to manage and control the *Legionellosis* and water safety risks and in 'so far as is reasonably practicable' with respect to other requirements.

Responsibilities of the General Manager, Facilities and Estates (The Designated Person [Water]) appointed by the Duty Holder

 1.13

These comprise:

- ensuring the Chief Executive (The Duty Holder) and Management Teams (Duty Holders) and their devolved staff are aware of and co-ordinate with the policy and are familiar with their devolved responsibilities, duties and relevant procedures;
- Identifying water safety risks and non-compliance;



- providing adequate facilities, resources and competency training to support, implement and maintain all aspects of the policy;
- providing management and annual performance reports to Chief Executive, Management Teams, Infection Prevention & Control, Occupational Health & Safety, and Risk Management;
- reviewing the effectiveness of the policy across *NHS Board*;
- establishing a Water Safety Group to provide appropriate expertise, to support, co-ordinate and review operational management and controls in accordance with statutory and mandatory requirements;
- seeking support from a consultant medical microbiologist in the event of suspected exposure to *Legionella*, *Pseudomonas* Spp and other similar harmful bacteria;
- appointing in writing an independent professional advisor to act as "**Authorising Engineer**" with a brief to provide services in accordance with SHTM and HSE guidance under the policy;
- appointing in writing an independent professional assessor to act as "**Legionella Risk Assessor**" with a terms of reference to provide services in accordance BS8580, SHTM and HSE guidance under this policy;
- appointing in writing appropriate Managers to act as "**Responsible Person (Water)**" as defined in appointment letters, to adopt day to day responsibility for controlling and managing any identified risk from potential exposure to *Legionella*, *Pseudomonas* Spp and other similar harmful bacteria under the policy.

**Note:** The Head of Maintenance (or appointed deputy) is the "**Responsible Person (Water)**" managing day-to-day risks and will be the estates lead in the event of an operational incident;

- appointing in writing appropriate deputies and "**Authorised Persons (Water)**" who have sufficient authority, competence and knowledge of the water systems and installations to ensure that all operational procedures and SHTM 04-01 requirements are carried out in a timely and effective manner. The Scheme will involve "**Competent Persons**", "**Maintenance Technicians**", "**Tradespersons**", "**Installers**", "**Contractors**" and "**Contract Supervising Officers**" co-ordinated with **Duty Holders** in accordance with SHTM and HSE guidance under the policy;
- The organisational structure for *NHS Board* inclusive of the above-mentioned local arrangements for the management and control of risk from potential exposure to *Legionella*, *Pseudomonas* Spp and other similar harmful bacteria under the Policy are now expanded as shown below and in **Table 1**, overleaf:

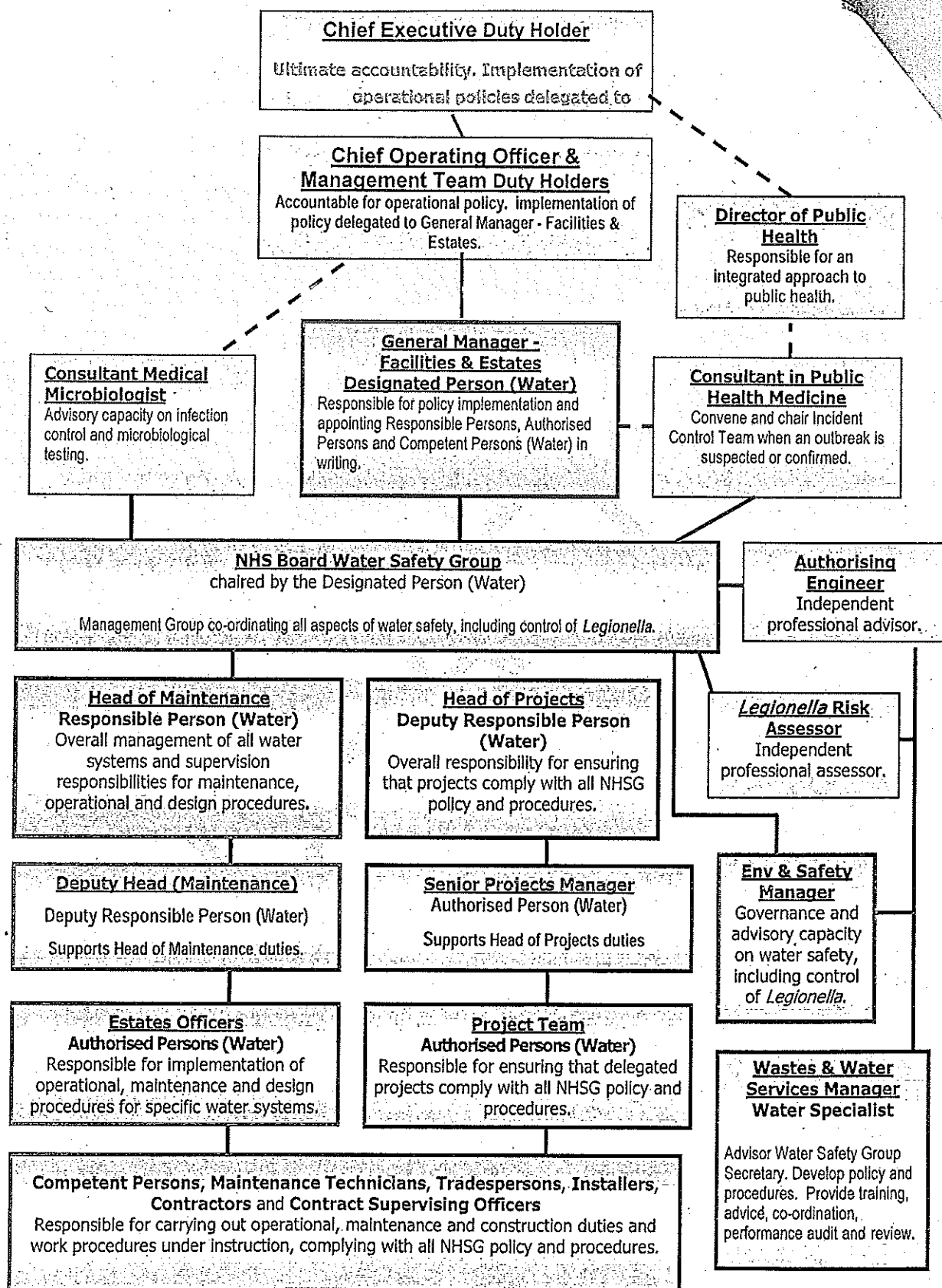


Table 1: Role Holders

Authorised Persons (Water) will be selected from Table 1 and appointed to specific Written Schemes (as shown on Table 2).

Legionella Role	Name	Appointment	Generic Title	Phone
The Duty Holder			Chief Executive	
Duty Holders			Chief Operating Officer	
.. ..			General Manager <i>Enter General Managers for each site or division as appropriate</i>	
Designated Person (Water)		In writing by Chief Operating Officer for Chief Executive on xx	General Manager, Facilities and Estates	
Deputy Designated Person (Water)		In writing by Chief Operating Officer for Chief Executive on xx	Head of Soft FM	
Authorising Engineer (Water)		In writing by General Manager Facilities & Estates on xxx	Technical Director of Independent appointed organisation	
Legionella Risk Assessor		In writing by General Manager Facilities & Estates on xxx	To be Appointed	
Responsible Person (Water) AP <i>Add date of training</i>		In writing by General Manager Facilities & Estates on xxx	Head of Maintenance	
Deputy Responsible Person (Water) AP <i>Add date of training</i>		In writing by General Manager Facilities & Estates on xxx	Head of Projects	
Deputy Responsible Person (Water) AP trained Sept 2010		In writing by General Manager Facilities & Estates on xxx	Deputy Head of Maintenance	
Authorised Person (Water) AP <i>Add date of training</i>		In writing by General Manager Facilities & Estates on xxx	Estates Officer, Supervisor or Projects Manager <i>Enter names of all Authorised Persons as appropriate for sites or divisions</i>	
Competent Person (Water) New staff for AP training		In writing by General Manager Facilities & Estates on xxx	CAD Operator	
Competent Person (Water) AP <i>Add date of training</i>		In writing by General Manager Facilities & Estates on xxx	Plumber / TSS Plumber <i>Enter names of all Competent Persons as appropriate for sites or divisions</i>	

Others Involved				
Infection Prevention & Control			Consultant Medical Microbiologist	
Legionella Role	Name	Appointment	Generic Title	Phone
Laboratory Services			Biomedical Scientist	
Governance and Advisor			Environment and Safety Support Team Manager	
Water Specialist Advisor			Wastes & Water Services Manager	
Public Health			Consultant in Public Health Medicine	
O H & S Auditor			Health & Safety Auditor	
HSE	Health and Safety Executive			

**Note:** The names of any member of staff yet to receive relevant training should be entered separately.

- 1.14 All training and competency assessments provided to and received by all NHS Board personnel involved in water systems will be recorded in the individual's personal training file and the national NHS eKSF system.
- 1.15 The **Authorising Engineer** shall conduct a regular annual assessment review of competency and training requirements and shall make Training Programme recommendations to the **Responsible Person (Water)** for approved courses run by approved training organisations and where appropriate by the manufacturers of equipment.
- 1.16 **Authorised Persons (Water)** shall be selected from Table 1 and appointed in writing. They will be given the role of the named person with sole responsibility for the water system(s) identified in specific Written Schemes. (Table 2 refers).
- 1.17 The Authorised Person shall conduct and record induction and familiarisation with Estates staff and any new Competent Persons, Maintenance Technicians, Tradespersons, Installers, Contractors and Contract Supervising Officers being introduced to water systems. The Authorised Person shall conduct a regular annual review of system familiarisation, operational maintenance, monitoring issues and report recommendations to the Responsible Person (Water).

## NHS Board Sites and Blocks with Water Systems

1.18

Table 2 extracted from the Property & Asset Portfolio, details where there are known applicable piped water distribution systems in owned and leased premises. It is anticipated that additional systems will become evident within the various premises, as the risk assessments and Written Schemes (WS) are compiled. Non-applicable Sites, Blocks and Systems are shaded in red.

WS Ref No.	NHS Site Code	Site Name	Block No.	Block Name	GIA m <sup>2</sup>	Potential Water Distribution Systems (normally each with 1 CW system & 1 DHW system)	WS Contact
WS1-6						6 systems	
WS7						1 system	
WS8-9						2 systems	
WS243						1 system	
WS244						1 system	

## 2. Managing the risks

### Water systems

- 2.1 NHS Board has a property and asset base of circa xx sites (owned and leased) with circa xxx building blocks (including hospitals, health centres, clinics and support premises) ranging from large multi-hospital campus to small areas within shared buildings, covering circa xxx,000m<sup>2</sup> with a wide range of construction, age and condition criteria (e.g. which can include asbestos, contamination, PPE requirements, confined spaces, access restrictions, permit to access/work).
- 2.2 Most building blocks will have their own individual water system, although some systems may cover more than one building block and some building blocks may have multiple water systems.
- 2.3 Water used in the each building block will be controlled to that of the Temperature Control Regime (as outlined in HSE ACOP L8) with full temperature control as advocated in SHTM 04-01 to temperatures in the various parts of the water system.
- 2.4 Each Building Block has a Water Safety Log Book (located in the Estates Department Offices at xxxxxxxxx Campus and xxxx Hospital and Site Estates Offices) containing details of the specific local water system(s). This includes:
  - confirmation of the location with site name, building block name, system name and the **Authorised Person (Water)** who has been appointed in writing as the sole person with knowledge and full control of the identified water system;
  - the applicable Written Scheme;
  - the current applicable *Legionella* Risk Assessment with summary details of system, equipment, safe operation criteria, precautions to be taken and an Action Plan for any remedial works or routine control measures that may be required to control *Legionellosis* and water safety risks;
  - an up to date plan of the system identifying all system plant, to include:
    - water softeners, filters, strainers, pumps, non-return valves and all outlets including showers, wash hand basins, sinks, baths and equipment – such as ice-making machines, drinking fountains etc and any external connections to hoses, mobile units or equipment;
    - all standby equipment such as spare pumps, with details for incorporating into use;
    - all associated pipework and piping routes (including flexible hoses, residual dead legs, blind stub-ends and plugged tee-pieces);
    - all associated storage and header tanks;

- details of the origin of the water supply;
  - any parts that may be out of use temporarily;
  - thermostatic mixing valves;
  - sentinel hot and cold water outlets;
  - schematic and detailed drawings of the system are also available at the Estates Department, xxxxxxx, and viewable electronically > Shared on Yaren > *Legionella* > Site Drawings;
  - Plans must be kept up to date to include any alterations made to the water system. Notify xxxxxxx on tel 0xxxxxxx0 to make any changes to schematics or detailed drawings;
- insurance examination reports (where applicable) by the Competent Person (Pressure Systems);
  - any hazard and Safety Action Notices and/or operational restrictions;
  - any depreciation and condition reports highlighting actions for planned (in whole or component parts) system replacement;
  - a clear detailed description of the correct and safe operation of the system;
  - the precautions to be taken in respect of any identified risks;
  - the checks to be carried out to ensure efficacy of the scheme and the frequency of the checks;
  - the remedial action to be taken in the event that the scheme is shown not to be effective.

**Note:** The Written Scheme Template to be used for specific locations is detailed in Appendix B.

**From:** [Kane, Mary Anne](#)  
**To:** [Maclean, Alistair](#); [Pace, David](#); [Hunter, William](#)  
**Cc:** [Gallacher, Alan](#); [Anderson, Robert](#); [McIntyre, Hazel](#)  
**Subject:** FW: HFS Energy Reports for NHS GG&C  
**Date:** 22 October 2014 14:30:00  
**Attachments:** [NHS HFS NHS GG&C Energy Audit Report 0.2.pdf](#)  
[ExecutiveSummaryforDirector.doc](#)  
[image001.jpg](#)

---

I am not sure if this was previously circulated to GM's.

I have been spending a fair bit of time going through each project described in this document - however GRI is missing as are some other units.

Can I ask GM's to have a quick look at this please? There are some interesting things we can do locally in this at little cost as part of local ownership of carbon.

The matters like insulation in plant rooms have very high paybacks which we should look to address. There are a couple of capital costs that could be bolted onto existing capital schemes as well without much impact - which we also need to stay focused on.

Boiler replacement is something we need to tie into EEAMS in terms of risk as well to get the right offsets.

Billy (and others) please look at the RAH theatre comments Project number G1418H-9

Interesting reading

Mary Anne

---

**From:** Gallacher, Alan  
**Sent:** 03 October 2014 13:19  
**To:** Kane, Mary Anne; Loudon, David  
**Cc:** Anderson, Robert  
**Subject:** HFS Energy Reports for NHS GG&C

All,

Full document with summary. Again it's a large document to print.

Regards,

*Alan*

**A. G. Gallacher** *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
 Corsebar Road  
 Paisley  
 PA2 9PN

Inverclyde Royal Hospital  
 Education Centre Rm 1.03  
 Larkfield Road  
 Greenock  
 PA16 0XN

























































































































































































































































































































































































































































































































































































































**From:** [Storror Ian \(NATIONAL SERVICES SCOTLAND\)](#)  
**To:** [Barr Bruce \(NHS HIGHLAND\)](#); [Bennett David \(NHS TAYSIDE\)](#); [Bryden Ian \(NHS DUMFRIES & GALLOWAY\)](#); [Fyffe Ronald \(NHS TAYSIDE\)](#); [Powrie Ian](#); [Jack Chalmers](#); [John Rayner](#); [Dunn Kelth](#); [MacLeod Torquil \(NHS HIGHLAND\)](#); [Martin Graham \(NHS HIGHLAND\)](#); [Hogg Paul \(NHS NATIONAL WAITING TIMES BOARD\)](#); [Phil Christie](#); [Stirton Trevor \(NHS GRAMPIAN\)](#); [Storror Ian \(NATIONAL SERVICES SCOTLAND\)](#); [Wilson Alan \(NHS FIFE\)](#)  
**Subject:** meeting 3rd November  
**Date:** 22 October 2014 10:01:49  
**Attachments:** [image001.png](#)  
[Agenda for 03 11 14.docx](#)  
[HV Group Notes.doc](#)

---

Colleagues

The next meeting of the Group is scheduled for 3<sup>rd</sup> November in Room G8 of Meridian Court at 10:00.

Attached is the agenda and the notes of the previous meeting.

I look forward to seeing you there

Regards

Ian


**Ian Storror**  
Principal Engineer - Health Facilities Scotland  
Procurement, Commissioning and Facilities  
**NHS National Services Scotland**  
3rd Floor  
Meridian Court  
5 Cadogan Street  
Glasgow  
G2 6QE



[www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

**Register now for the Scottish Healthcare Conference 2014**  
**Shaping the Future, Driving Change: Facilities for 2020**

**6th and 7th November 2014, Crieff Hydro Hotel**

[Visit our website](#) to find out more, book your places and register for updates or follow us 

Please consider the environment before printing this email.

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. [www.nhsnss.org](http://www.nhsnss.org)  
<http://www.nhsnss.org/>

\*\*\*\*\*

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmail is the secure email and directory service available for all NHS staff in England and Scotland  
NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and GSi recipients  
NHSmail provides an email address for your career in the NHS and can be accessed anywhere

\*\*\*\*\*

## National Heating & Ventilation Services Advisory Group

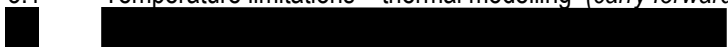
### MEETING

Friday 3<sup>rd</sup> November 2014, 10.00am

Room G8 Meridian Court, Glasgow

Chairman: Ian Bryden

### AGENDA

1. **Apologies for absence.** (Already received from Ian Storrar and Dave Bennett)
2. **Approval of Action Points from meeting held on 14<sup>th</sup> May 2014.**
3. **Matters arising:**
  - 3.1 **Temperature limitations – thermal modelling (*carry forward*)( DBB);**  

4. **SHFN 30: Progress with publication and training.**
5. **Unified procedures: (*update*).**
6. **SCART 2 (*update*).**
7. **AE representation on H&V Advisory Group.**
8. **SHTM 03-01 required updates.**
  - 10.1 Include handover checklist as addendum (see below)
  - 10.2 Refer to clearance beneath AHUs
  - 10.3 Clearer definition of air change rates for wards
  - 10.4 Tightening of specification for maximum temperatures
  - 10.5 Humidity control for clean rooms
9. **Handover checklist for ventilation systems**
10. **Any other competent business**
11. **Date & Time of next meeting:**

•

## National Heating & Ventilation Services Advisory Group

**Chairman: Ian Bryden**

**Main issues discussed at meeting 15<sup>th</sup> August 2014**

**Apologies:** Received from Ian Storrar, Dave Bennett, Keith Dunn, Alan Wilson, Trevor Stirton and Ron Fyffe.

1. Approval of Action Points from meeting held on 14<sup>th</sup> May 2014. Agreed as a true record.
2. **Matters arising:**
  - 2.1 Temperature limitations and thermal modelling. This was carried forward in the absence of Dave Bennett.
  - 2.2 Ventilation Validation Contractors: IGMS confirmed that the Group's list of preferred Validation Contractors had been circulated to SETAG.
  - 2.3 [REDACTED]
  - 2.4 Ventilation systems shut-downs: The justification paper had been submitted to SETAG and had been endorsed by that Group. This policy was therefore acceptable practice and would result in substantial energy savings. A copy of the justification paper is attached to this record. **Action:** IGMS
3. **SHFN 30:** IGMS confirmed that the revised HAI-SCRIBE guidance would retain this number and would be published in three parts:
  - **Part A:** comprising a Manual with information to assist in completing Part B.
  - **Part B:** comprising the Implementation Strategy, including questionsets, pro-formas, etc
  - **Part C:** consisting of questionsets and pro-formas for downloading or photocopying.

In addition to web-based information, Parts A&B would be published in book form. The documentation had been circulated for wider circulation and comments received had been incorporated as required. It had been proof-read and awaited final sign-off. Arrangements would be made following a launch for HFS to provide training sessions for all NHS Boards.

4. **Unified procedures:** IGMS confirmed that 15No, having been circulated among appropriate Groups and SETAG, were in preparation for posting on the HFS website as part of wider consultation. This was expected during September. Other Unified Procedures were in the offing.
5. **SCART II:** The proving of the IT back-up had been completed and found to be robust. The enhanced questionset for core subjects, having been signed-off were due to be launched shortly and arrangements were in hand for mentoring to be provided to NHS Boards on request.
6. **Authorising Engineer (Ventilation):** IGMS reported that there was very little evidence of the Framework provider having been appointed by any NHS Boards but stressed, again, that Boards opting to use other providers would require to adhere to the Framework specification / job description.
7. **AE representation on Advisory Group:** IGMS advised that he had been approached by Turner FM (the only AE (Ventilation) provider within the NP procurement process) seeking the views of the Advisory Group with a view to their AE (Nick Crew) attending meetings. After discussion it was agreed that he should be invited to the next meeting as there was precedence for AEs participating in other Groups (Electrical and MGPS). There had been an offer from Turners for NHSScotland to make use of some their procedures which could be adopted or adapted for incorporation into the Unified Procedures suite.  
**Action:** IGS to issue invitation.
8. **Handover checklist for ventilation:** This had been circulated for comment and several constructive suggestions had been received. These were reviewed at the meeting and most were incorporated. The consolidated document is attached to these notes and the Group agreed to recommend to SETAG that this should be incorporated into SHTM 03-01 as an Appendix.  
**Action:** IGS.
9. **SHTM 03-01 update:** A number of issues had been raised through the Group regarding potential amendments to wording in the SHTM, as follows:
  - 9.1 **Clearance beneath AHUs**, etc for maintenance and inspection:  
It was agreed that the wording was adequate, albeit generic and, rather than stipulate a minimum dimension, wording could be added to the effect that a contractor could be asked to demonstrate that adequate space had been provided for all likely activities.  
**Action:** IGS
  - 9.2 An issue had arisen in the briefing of a new project comprising all **single-bed rooms** (20m<sup>2</sup>) where the SHTM guidance was being taken as requiring 6 air changes via mechanical ventilation. The SHTM does not require this, offering several solutions arising from computer simulation/ thermal modelling

techniques. This resulted in derogations being listed by contractors/designers which were not wanted. Concern was expressed regarding possible discomfort from patients arising from draughts and the impact of future flexibility. It was agreed that the SHTM guidance should not be altered at this stage but the issue should be raised at SETAG or with other NHS Boards to verify how recent hospital construction projects had addressed this.

9.3 **Specifying temperature limitations:** It was felt that the existing wording should remain unchanged at this time.

9.4 **Provision of humidity control:** After discussion, it was agreed that the current policy of not providing this by default should continue and that any such case for installing humidification plant would require to be justified.

## 10. Any other competent business:

10.1 **Emergency flue for biomass boiler:** This had been raised by Dave Bennett in connection with the installation of an 850kW biomass boiler at Stracathro Hospital. The boiler manufacturer has requested the inclusion of an 'emergency stack'. This was 'to ensure the safe operation of the boiler under emergency conditions..... (to) relieve any pressure build-up with the flue system to prevent the failure or any build up of pressure which could lead to a major incident'. A copy of Technical Note ELP1752-TD01-A is attached to these notes.

No one attending the meeting had encountered this requirement and it was agreed that the Chairman would raise the issue with SETAG. **Action:** IB

10.2 The Chairman recorded his **appreciation to Keith Dunn** (NHS GG&C) for the excellent work done in arranging CP Course and regretted that they had not been better supported. It was noted that a need for these would likely arise when the implications of SCART II were more widely appreciated.

10.3 Following a derogation request from a bidding Contractor the Group took the opportunity to re-affirm its view, also stated in SHTM 03-01 that **separate extract ventilation systems** should be provided as stated in paragraph 2.6: *'Separate extract ventilation will be required for sanitary facilities, lavage areas, dirty utilities and in rooms where odorous, but non-toxic fumes are likely, in order to ensure air movement into the space'.*

10.4 **Ian Stewart:** This being the last meeting attended by Ian Stewart as Principal Engineer (acting or otherwise) the Chairman insisted that these notes should record appreciation for his administering and looking after the Group.

11. **Date and time of next meeting:** This will be held on Monday 3<sup>rd</sup> November 2014 at 10.00am in Room G8, Meridian Court.

**From:** [Gallacher, Alan](#)  
**To:** [Powrie, Ian](#); [McFadden, Jim](#)  
**Cc:** [Hunter, William](#)  
**Subject:** FW: FMFirst PPM & Breakdown Flowcharts  
**Date:** 27 October 2014 17:53:39  
**Attachments:** [FC 11.1 Planned Maintenance Flowchart.doc](#)  
[FC 12.1 Breakdown Flow Chart.doc](#)  
[image001.jpg](#)  
[image002.jpg](#)  
**Importance:** High

---

FYI

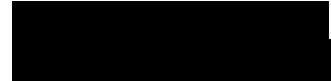
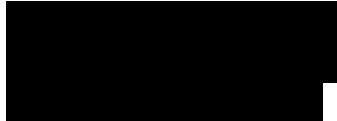
Regards,

*Alan*

**A. G. Gallacher** *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
 Corsebar Road  
 Paisley  
 PA2 9PN

Inverclyde Royal Hospital  
 Education Centre Rm 1.03  
 Larkfield Road  
 Greenock  
 PA16 0XN




---

**From:** Bradbury, Gail  
**Sent:** 27 October 2014 09:33  
**To:** Bratney, David; Dowson, Cyril; Gallacher, Alan; Gardiner, Ronnie; George Walsh; McCormack, Bill; McFadden, Jim; McFall, Phil; Mclean, Ken; McNeil, Elaine; Menzies, John; Middler, Alan; Morrison, Patrick; Muir, David; O'Rourke, John; Powrie, Ian; Purdon, Colin; Shaw, David; Smyth, Eugene; Walsh, George  
**Subject:** FW: FMFirst PPM & Breakdown Flowcharts  
**Importance:** High

Hi all:

Please see Alan Gallacher's email below. Can you review the attached documents and provide me with your comments by Nov 7th please?

Thanks

***Gail Bradbury***

Business Information Systems Coordinator, Facilities Directorate | NHS Greater Glasgow and Clyde  
 | Ground Floor, New Laboratory Building, Southern General Hospital, 1345 Govan Road, Glasgow

G51 4TF|t. [REDACTED]

<http://www.nhsggc.org.uk/content/>



---

**From:** Gallacher, Alan  
**Sent:** 27 October 2014 09:21  
**To:** Bradbury, Gail  
**Subject:** FMFirst PPM & Breakdown Flowcharts  
**Importance:** High

Gail,

Can you send these flowcharts out to the FMFirst Group for comment. This is a first attempt to produce an agreed route to deliver both PPMs and Breakdowns and to tie these down to specific times for completion. Any comments to be back before next FMFirst User Group Meeting. Thanks

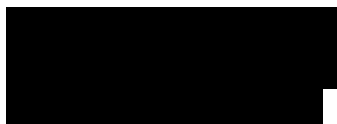
Regards,

*Alan*

A. G. Gallacher    *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

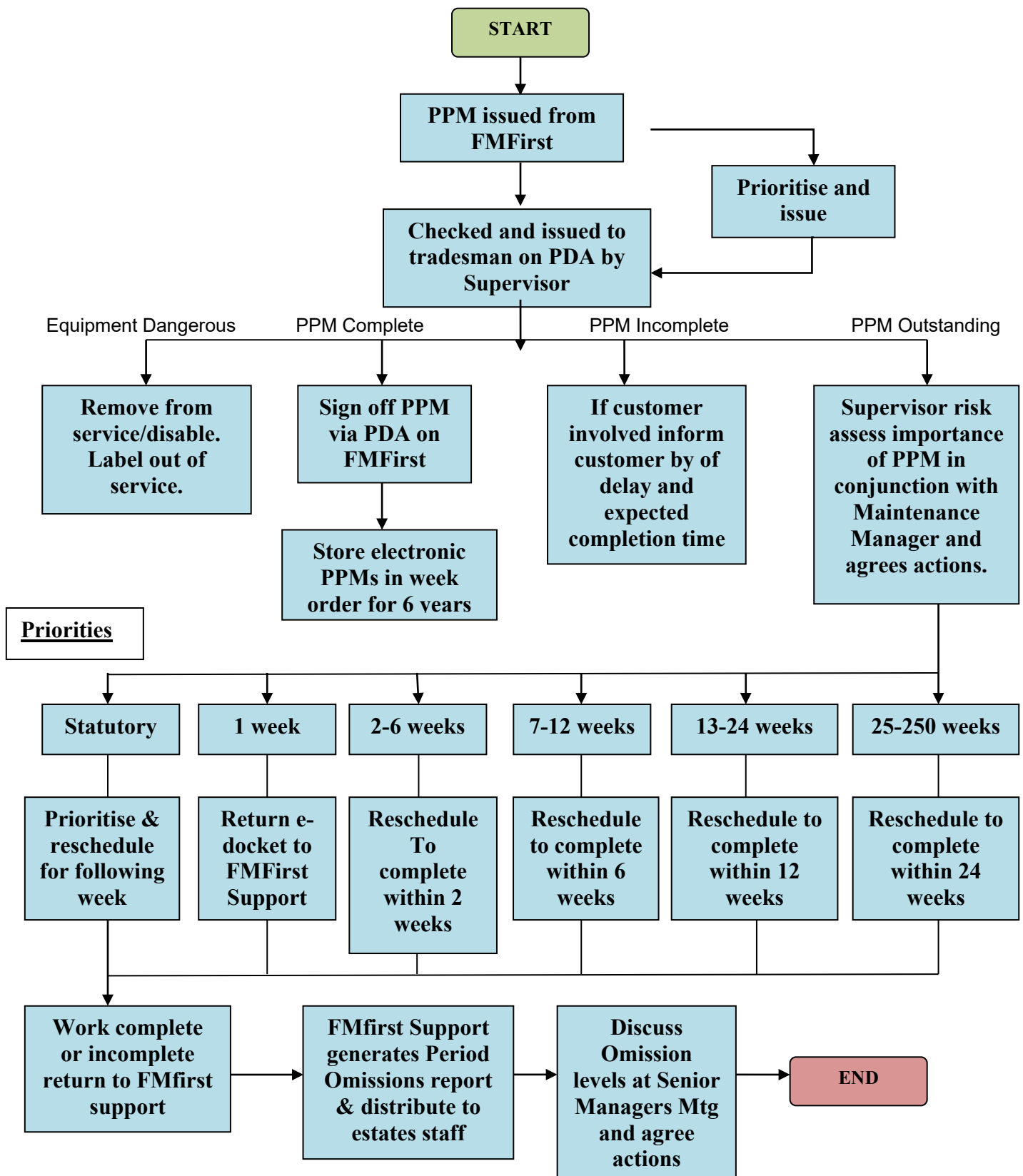
Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN

Inverclyde Royal Hospital  
Education Centre Rm 1.03  
Larkfield Road  
Greenock  
PA16 0XN

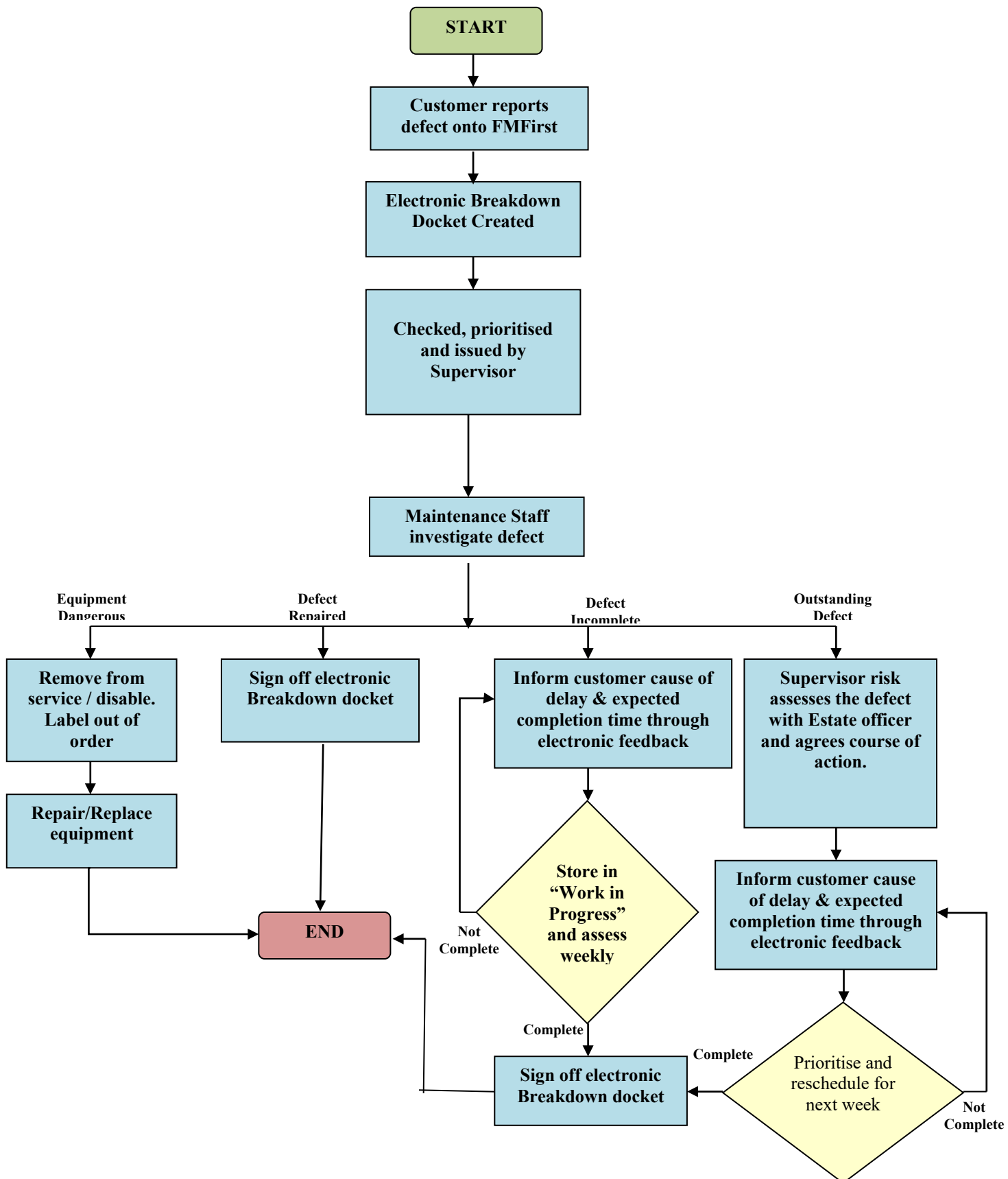




## Preventative Maintenance



## Breakdown Flowchart



**From:** [Powrie, Ian](#)  
**To:** ["Stewart Ian \(NATIONAL SERVICES SCOTLAND\)"](#)  
**Subject:** RE: Cold water storage tank supports  
**Date:** 28 October 2014 17:09:00  
**Attachments:** [EFA-2013-004.pdf](#)

---

Hi Ian,

I hope you are well.

I have tried to call you as a gentle reminder about the above issue, have you had time to consider this proposed solution below in light of the recommendation of the attached action notice?

We now need to conclude this matter in time to carry out the alterations before the handover date 26<sup>th</sup> Jan 2015, therefore are running out of time. Central support on this matter would be greatly appreciated.

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Powrie, Ian  
**Sent:** 09 October 2014 12:10  
**To:** 'Stewart Ian (NATIONAL SERVICES SCOTLAND)'  
**Subject:** Cold water storage tank supports

Morning Ian,

I would be grateful for your advice on the above Alert notice, I issued this notice via the NSGH project team to the principle contractor (Brookfield Multiplex) at the time the notice was originally issued to verify that the status of the tanks used in the NSGH development, where it was established that this is indeed the support method employed in the new installations for this project.

Brookfield have recently proposed the following modification for these supports to address the recommendations of the above Alert notice:

***"Drilling 10mm diameter holes at 300mm centres, two per level, over the full height of the***

**100mm diameter pipe with 4 slots (90 degrees between them) 10mm wide x 100mm high at the base.**

**The intention is that this will allow circulation and avoid contaminant build up in the base."**

Can you advise if this proposed solution would adequately address the issues and actions raised in the above alert notice?

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)

Project Team, New South Glasgow Hospitals,

Southern General Hospitals Construction Site,

2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

# Estates and Facilities Alert

## Action

Ref: EFA/2013/004

Issued: 19 November 2013

## Device

### Cold water storage tanks

## Problem

The use of uncapped PVC-U pipes (or similar) within cold water tanks as a support structure for the lid is likely to lead to stagnation and harbouring of harmful micro-organisms.

## Action

- Inspect suspect tanks for hollow pipes used as a support structure.
- Replace with solid structures as the preferred option.
- Alert tank manufacturers / installers who use hollow pipe supports.

## Action by

- Managers and staff responsible for the procurement, supply and maintenance of cold water tanks.
- Water Safety Groups

## Contact

Enquiries about specific cold water tanks should be directed to the relevant supplier, installer or contractor.

## Problem

1. Contamination of water supplies has been found in two recent projects within NHS Scotland. Extensive testing traced the source to the cold water storage tanks which gave TVC (Total Viable Count) readings for *Pseudomonas* readings in excess of 500cfu/100ml (after 72-hour incubation). TVC readings fell to 0cfu/100ml immediately after disinfecting the tanks but reverted to high levels following re-testing later.
2. Construction of the tanks utilised vertical 4 inch PVC-U pipes to support the lid, held in position by strategically placed cross-members (see Appendix, Photo 1), a permanent tank design adopted by at least three manufacturers.
3. The pipes were saw-cut to length with the top supporting the lid and the base sitting directly on the tank floor. Since the ends of the pipes were not sealed, water was able to seep into and out of the pipes as the tank water level varied, providing near stagnant conditions for micro-organism growth while at the same time preventing effective disinfection. When the tank was drained and a pipe dislodged, detritus spilled out, further supporting the conclusion that this was almost certainly the source of the contamination.
4. Replacing the pipes with solid supports proved successful in eliminating the source of contamination (see Appendix, Photo 2).

## Action

5. If there is any reason to suspect a water tank as a source of micro-organism contamination, it should be inspected for uncapped and semi-submersed hollow pipes (or similar) used as a support structure. These should be removed to eliminate possible contamination and replaced with 'clean' solid supports, i.e. ones without cavities, crevices or details allowing water to stagnate and harbour micro-organisms.
6. Tank manufacturers and installers who employ hollow pipe supports in their cold water tanks should be alerted to the issues highlighted in this alert.

## Suggested Onward Distribution

- |   |                             |                           |
|---|-----------------------------|---------------------------|
| • Authorising Engineers (Water)                       | • Capital Planning & Design | • Infection Control Staff |
| • Responsible, Authorised & Competent Persons (Water) | • Estates/Facilities        | • Risk Management         |
|   | • Health & Safety           |                           |
|   | • Hospices                  |                           |

## Appendix



**Photo 1**

Cold water storage tank interior as constructed  
(uncapped vertical PVC-U pipe held in position by cross members)



**Photo 2**

Cold water storage tank as altered  
(solid vertical lid supports)

## Additional information for Scotland

**The above sections of this Alert were compiled by Health Facilities Scotland and distributed nationally without modification.**

Useful guidance in Scotland may be found in:

- 1) Guidance for neonatal units (NNUs) (levels 1, 2 & 3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of *Pseudomonas aeruginosa* infection from water: HFS, HPS and *Pseudomonas aeruginosa* and Water (Scotland) Group  
<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/pseudomonas-2013-06.pdf>
- 2) CEL 08 (2013) *Water sources and potential infection risk to patients in high risk units – revised guidance*, The Scottish Government, 3 May 2013  
[http://www.sehd.scot.nhs.uk/mels/CEL2013\\_08.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2013_08.pdf)
- 3) Scottish Health Technical Memorandum SHTM 04-01 *Water safety for healthcare premises* Part A: *Design, installation and testing*; Part B: *Operational management*, Health Facilities Scotland, NHS National Services Scotland, March 2013  
<http://www.hfs.scot.nhs.uk/publications/1367575681-Part%20A%20version%201.4.pdf> and  
<http://www.hfs.scot.nhs.uk/publications/1367575758-Version%201.4%20Part%20B.pdf>

All requests regarding return, replacement or modification of the equipment mentioned in this alert should be directed to the relevant supplier or manufacturer. Other enquiries (and adverse incident reports) in Scotland should be addressed to:

### **Incident Reporting & Investigation Centre (IRIC)**

NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

Tel: 0131 275 7575 Fax: 0131 314 0722 Email: [nss.irc@nhs.net](mailto:nss.irc@nhs.net)

Report options are available on the HFS website at <http://www.hfs.scot.nhs.uk/online-services/incident-reporting-and-investigation-centre-iric/how-to-report-adverse-incidents/>

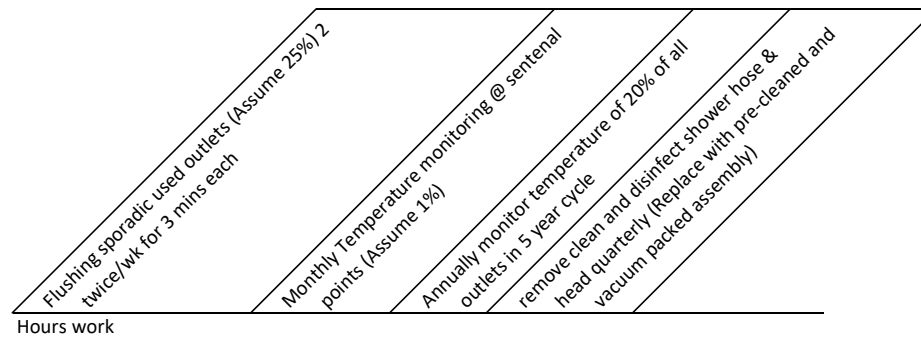
Further information about reporting incidents can be found in [CEL 43 \(2009\)](#) or by contacting IRIC at the above address.

© Crown Copyright 2013

Addressees may take copies for distribution within their own organisations



## Water Management



Shower	1331				887
Whb	3881	97			
Sink	282				
Bath	16				
TMV's	6811		17	227	

221.8333 73.94444 1.9718519

	7109 Time (Mins)	Flow (ltrs/min)	Ltrs/wk	No Weeks	Ltrs/commissioning period
2/wk	11020	5	6	330600	12
					3,967,200
WC,s	2600	1	6	15600	12
					187,200
					<b>m3</b>
					<b>4154.4</b>

Cost @ 2/m<sup>3</sup>

WTE Man power\week			
	Man		
mins	Hours	days/wk	WTE\Wk
55,100	918	124	25

**From:** [Wright, Margaret](#) on behalf of [MacPherson, Anne](#)  
**To:** [Loudon, David](#); [Adamson, Sharon](#); [Archibald, Grant](#); [Best, Jonathan](#); [Brown, Joyce](#); [Crumley, Ann](#); [Farrell, Marie](#); [Gallagher, Peter](#); [Harkness, Anne](#); [Hill, Kevin](#); [Kane, Mary Anne](#); [MacLennan, Aileen](#); [Stewart, David](#); [Curran, Brian](#); [Dall, David](#); [Farrelly, James](#); [Leslie, Sarah](#); [McGeough, Jacqui](#); [Smith, Joan](#); [Wallace, Stephen](#); [Burt, Elaine](#); [Love, Elaine](#); [McNamee, Sandra](#); [Meikle, Lesley](#); [Mohammed, Toby](#); [Stenhouse, Eleanor](#); [Stuart, John](#); [Beattie, Jim](#); [Gallacher, Stephen](#); [Green, Rachel \(NHSmal\)](#); [Knight, Paul](#); [Raeside, David](#); [Rodger, Stuart](#); [Smith, Michael](#); [Welch, George](#); [Boyd, Michelle](#); [Bretherton, Jim](#); [Carr, Michelle](#); [Groom, Susan](#); [Hunter, William](#); [Jenkins, Gary](#); [Kennedy, John](#); [Little, Julia](#); [Maclean, Alistair](#); [McCallum, Neil](#); [McColgan, Melanie](#); [McFadyen, Susan](#); [McFarlane, Cath](#); [McLauchlan, Michelle](#); [Neil, Isobel](#); [Nicol, Jacqueline](#); [Pace, David](#); [Parr, Antoinette](#); [Redfern, Jamie](#); [Ross, Lynn](#); [Smith, Anne](#); [Walker, Susan](#)  
**Cc:** [Burnside, Stuart](#); [Campbell, Garry](#); [Campbell, Garry \(NHSmal\)](#); [Colleen Ferguson](#); [Duncan, Tricia](#); [Galbraith, Anne](#); [Griffin, Heather](#); [Hamilton, Lynda](#); [Hardy, Jennifer](#); [Hollowell, Frances](#); [Horne, Marilyn](#); [Lauder, Lyndsay](#); [MacDonald, Moira](#); [McClure, Anne](#); [McCluskey, Fiona](#); [McColl, Eleanor](#); [McKenzie, Kirstin](#); [Pencovitch, Laura](#); [Pender, Jonathan](#); [Rose, Raymond](#); [Tracey, Kenny](#); [Wilson, David](#)  
**Subject:** Leave Guidance for Staff  
**Date:** 31 October 2014 10:48:03  
**Attachments:** [Leave Guidance for Staff.docx](#)

---

Dear Colleagues,

As you are aware, we are finalising the migration of services to the new south hospitals. The transfer of services occurs over an agreed period of time where we will be required to ensure we have maximum resources available to support the transfer. The enclosed guidance is aimed at ensuring all leave requests are carefully considered and that, similar to the Commonwealth Games this year, leave may not be granted during the key transfer period.

I would ask that you circulate this guidance widely within your units. Where areas are coming together from different sites it will be key to ensure that the whole area is considered together when leave requests are granted.

**Anne MacPherson**  
**Workforce Director -New South Hospitals**



## NHS GREATER GLASGOW AND CLYDE

### On The Move South Glasgow Hospital

#### Leave Guidance for Staff

#### 1 Background

- 1.1 The new South Glasgow Hospitals (nSGH) will commence their 12 week commissioning period on the 26<sup>th</sup> January 2015. The commissioning of and transfer to the new hospitals will require input from a variety of sites and services as we maintain health care for patients.
- 1.2 The service transfer period will commence in April 2015 and be completed by the end of June 2015. During this period we will see the migration of Southern General Hospital, The Victoria Infirmary, The Mansionhouse, The Western Infirmary, Royal Hospital for Sick Children and various other services into the largest healthcare campus in Scotland. There will also be some staff transferring to Glasgow Royal Infirmary.
- 1.3 This transfer of services will be timetabled and closely controlled during the migration period and the Board recognise that the success of this exercise will rely on the commitment of our staff in order to deliver a safe transfer of services.
- 1.4 As a Hospital site transfers services cover may be required from other Hospitals and services in alternative locations.
- 1.5 As we enter the winter of 2014 many staff will be planning their leave, particularly, for the spring and summer of 2015. This is directly in line with the migration period to the new hospitals.
- 1.6 At other periods of peak demand for health care such as during periods of inclement weather or during major events within the Board area there has been guidance issued in relation to annual leave. In particular, if we reference the most recent large event in Glasgow, the Commonwealth Games.
- 1.7 In the period of the migration to the New South Glasgow Hospitals, the principals contained within the Commonwealth Games guidance will be applied.

## **2. Annual Leave Policies**

- 2.1 It should be recognised that there is no intention to alter local annual leave policies but to ensure we have adequate managerial and service capacity at all times during the migration period to ensure we are able to cope with the potential demands placed on our services during the migration period.

## **3 Guidance for Managers**

- 3.1 Managers are encouraged to forward plan leave requests and in particular consider restricting leave in services, immediately prior to and following a departments transfer date, but also be mindful for the need for contingency planning should a major accident occur.
- 3.2 The full migration schedule will detail dates and times for transfers. Once this is received Line Managers can ensure the appropriate staffing levels can be delivered during the key times. It's key that upon publication of the agreed migration schedule line managers discuss this with staff in their unit. The level of annual leave supported within each department will vary depending on circumstance and therefore each line manager must detail staffing levels required to support migration.
- 3.3 Members of staff requiring leave must discuss with their manager, as soon as possible, all leave requests including annual leave, special unpaid leave or study leave - to ascertain if this can be granted. Managers will be required to gather all requests before approving, to ensure there is fairness and equity in approving leave.
- 3.4 If staff affected by migration are unable to utilise their entire annual leave entitlement within the leave year April 2014/March 2015, we may consider the authorisation of additional untaken days being carried into April '15 to March '16 leave the following year beyond the normal limit of 5 days carry forward.

## **4 Guidance for Staff**

- 4.1 All staff will retain their normal annual leave entitlement but must comply with the leave arrangements provided in this guidance.
- 4.2 All staff must ensure that any annual leave requested during the hospital transfer period is approved prior to making personal arrangements as staff cannot assume the leave will be granted.
- 4.3 All staff are encouraged to identify if they require leave from March 2015 until end June 2015 by the end of December 2014.
- 4.4 Sickness absence during the transfer period will also be closely monitored and sickness absence management procedures adhered to. Normal special leave and emergency leave policies will apply for all staff.
- 4.5 Staff who may be adversely affected by this guidance due to childcare or other dependence care commitments should advise managers at the earliest opportunity of their desired leave requests.
- 4.6 We will aim to ensure that all leave requests are approved by the end of January 2015. In exceptional circumstances, managers will consider authorising individual requests for leave from affected staff on a case by case basis.

**5 Medical Staff**

- 5.1 It is recognised that the Board require Medical staff to provide at least six weeks notice of leave. The requirement set out above will apply to Medical staff and therefore a notice period longer than 6 weeks maybe required.

**From:** [Moir, Peter](#)  
**To:** [Powrie, Ian](#)  
**Cc:** [Loudon, David](#)  
**Subject:** RE: Cold water tanks supports  
**Date:** 11 November 2014 11:58:09  
**Attachments:** [image001.png](#)

---

Ian

Can you get me a few para's on this so I can issue the PMI

Thanks

Peter

---

**From:** Powrie, Ian  
**Sent:** 04 November 2014 15:56  
**To:** Moir, Peter  
**Cc:** Loudon, David; David Hall  
**Subject:** RE: Cold water tanks supports

Peter

That's good news, I am more comfortable with this solution.  
 I will produce a summary report as requested.

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
 Project Team, New South Glasgow Hospitals,  
 Southern General Hospitals Construction Site,  
 2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX




---

**From:** Moir, Peter  
**Sent:** 04 November 2014 15:51  
**To:** Powrie, Ian  
**Cc:** Loudon, David; David Hall  
**Subject:** RE: Cold water tanks supports  
**Importance:** High

Ian

I have discussed this with David and he is supportive to have the current supports replaced and solid supports installed.

He has asked that you provide a few paragraphs to support this, suggest an outline of issue, summary of HFS new guidance and its impact and reason for solid supports and risk reduction.

If you can get the response to me by early next week I will try and get the ball rolling with Brookfield.

Regards

Peter

---

**From:** Powrie, Ian  
**Sent:** 30 October 2014 11:08  
**To:** 'David Hall'; Moir, Peter  
**Subject:** FW: Cold water tanks supports  
**Importance:** High

David\Peter

Please see response below from HFS regarding my attached enquiry regarding the cold water storage tank support proposal from BMCL?  
 I am not sure that this provides clear guidance, other than the statement that **"supports should be ones without cavities"**.

Concerns 2 & 3 raised by HFS are premised on the works being carried out in situ?

My concern would be; assuming that the tank rarely falls below the 50% level the head of water in the tank would act to hold a static column of water in the hollow support pipes to this level allowing for stagnation and supporting the development of Biofilm on the internal surfaces and cut edges? Which in the correct circumstances could allow Legionella bacteria to multiply and grow out on the exposed surfaces of the tank, potentially contaminating the tank contents?

My preference would be to avoid this risk and replace with solid structures as the preferred option as detailed in the Alert.  
Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Storrar Ian (NATIONAL SERVICES SCOTLAND) [REDACTED]  
**Sent:** 30 October 2014 08:43  
**To:** Powrie, Ian  
**Cc:** Stewart Ian (NATIONAL SERVICES SCOTLAND)  
**Subject:** Cold water tanks supports  
**Importance:** High

Ian

Both Ian and I have been discussion the proposal for the water tanks at some length.

The concern regarding the proposal from the contractor is that there is the possibility that:-

- The water column may not change frequently (depending on tank outlet location and conditions)
- There will be swarf generated which may end up in the system or may provide a host for biofilm
- The rough edges may allow development of bio-film

EFA/2013/004 advises that supports should be ones without cavities, crevices etc.

Other Health Boards have adopted either "unistrut" supports (NHS Fife) or split PVC pipe in a back-to-back C configuration (NHS Grampian).

Did the contractor make the tank manufacturer aware of EFA/2013/004

Regards

Ian

**Ian Storrar**  
Principal Engineer - Health Facilities Scotland  
Procurement, Commissioning and Facilities  
**NHS National Services Scotland**  
3rd Floor  
Meridian Court  
5 Cadogan Street  
Glasgow  
G2 6QE

[REDACTED]

[www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

**Register now for the Scottish Healthcare Conference 2014**  
**Shaping the Future, Driving Change: Facilities for 2020**

**6th and 7th November 2014, Crieff Hydro Hotel**

[Visit our website](#) to find out more, book your places and register for updates or follow us 

Please consider the environment before printing this email.

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. [www.nhsnss.org](http://www.nhsnss.org)  
<<http://www.nhsnss.org>>

\*\*\*\*\*

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it.  
Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents:  
to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmial is the secure email and directory service available for all NHS staff in England and Scotland  
NHSmial is approved for exchanging patient data and other sensitive information with NHSmial and GSi recipients  
NHSmial provides an email address for your career in the NHS and can be accessed anywhere

\*\*\*\*\*

**From:** [Gallacher, Alan](#)  
**To:** [Gallacher, Alan](#); [McGorry, Pat](#); [Hunter, William](#); [Kane, Mary Anne](#); [Smyth, Eugene](#); [Powrie, Ian](#); [McFadden, Jim](#)  
**Cc:** [Bradbury, Gail](#); ["Phil Wright"](#)  
**Subject:** FMFirst - PPM Action Plan  
**Date:** 13 November 2014 17:30:39  
**Attachments:** [PPMAction Plan13Nov14.docx](#)  
[image001.jpg](#)

---

All,

Following on from our meeting yesterday please find attached the latest PPM Action Plan. This now takes into account the additional time and resources needed to correct the anomalies currently on the system around Asset nomenclature and also modifications to PPM Templates. The plan also incorporates the current nSGH plan to ensure there is only one overall PPM implementation plan for the whole of NHS GG&C including the nSGH campus.

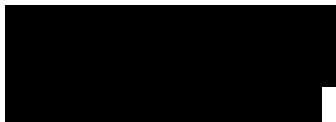
Regards,

*Alan*

A. G. Gallacher *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
 Corsebar Road  
 Paisley  
 PA2 9PN

Inverclyde Royal Hospital  
 Education Centre Rm 1.03  
 Larkfield Road  
 Greenock  
 PA16 0XN




---

**From:** Gallacher, Alan  
**Sent:** 03 November 2014 19:47  
**To:** Lafferty, Eugene; McGorry, Pat; Hunter, William; Kane, Mary Anne  
**Cc:** Bradbury, Gail; 'Phil Wright'; Powrie, Ian  
**Subject:** RE: FMFirst - PPM Action Plan

All,

I had an on site meeting with Asckey on Friday therefore please find attached the latest PPM Plan.

After spending some time with them on Friday (4hrs plus) and accessing the test



system to attach PPMs to Assets and proving the system can deliver, I need to highlight a major issue around Asset nomenclature (naming) which is not standard across GG&C and which makes the alignment of PPM schedules to Assets that much more difficult. I will spend some additional time looking at this problem and discuss further with Asckey however there may not be an easy solution and it might come down to looking at each site individually in an effort to match the PPM to the asset which will be time consuming. Should this be the case the target deadline to achieve full PPM implementation will almost certainly go to the right and a phased approach, either by Asset type across GG&C or site by site may need to be pulled together. Notwithstanding the above I am confident that there will be some PPMs being delivered out of the FMFirst by end November with a roll out which will need to include the issues highlighted above.

We need ensure the PPM information from the FMFirst system is as accurate as possible to try and install confidence from the users and to prevent any negative responses from them.

On another issue whilst on the system there was definitely issues around speed. Can I suggest at the meeting in Billy's office on 11th November we discuss the way ahead with the Server set up/PDAs/Training etc as these areas will also be a catalyst for positive/negative comments from the users which I would like to negate ASAP.

Regards,

*Alan*

A. G. Gallacher *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
 Corsebar Road  
 Paisley  
 PA2 9PN

Inverclyde Royal Hospital  
 Education Centre Rm 1.03  
 Larkfield Road  
 Greenock  
 PA16 0XN



Notes & Action	Action	Target Date	Status
<b>Note 1:</b> It was agreed that the best way forward was to generate a generic list of PPMs which could potentially be used throughout GG&C. The best way to generate this list is to be based on the SHTMs as this points to the base requirement and takes account of legal and statutory requirements			
<b>Action 1:</b> Generate a list of statutory/mandatory assets based on SHTM and other 'legal' requirements and distribute to all on FMFirst Steering Group, SEMs and Site Maintenance Managers for input and agreement.	AG	7 Sept 14	<b>Complete</b>
<b>Note 2:</b> The frequency of the PPMs needs to be added to the lists which would take into account, where required, recommendations from manufacturers.			
<b>Action 2:</b> Frequency of PPMs to be added after being circulated and agreed by FMFirst Group, SEMs and SMMs. This to happen out of meeting to accelerate process.	AG	15 Sept 14	<b>Complete</b>
<b>Note 3:</b> At this stage it was agreed that the data could be imported into the system. The data would need to be in a standard import format and all mandatory items need to be populated.			
<b>Action 3:</b> Askey to issue standard import sheet	PW	23-Sept-2014	<b>Complete</b>
<b>Note 4:</b> Conference Call			
<b>Action 4:</b> Discussion required with Askey as to how alignment of assets to PPM templates can best be delivered in the short term.	AG/IP/ES	25 Sept 14	<b>Complete:</b> Askey reply - PPM templates are assigned to multiple Asset by using the 'Task Create Schedules' view in the system. You pick the template required then list the required assets and the system will generate a schedule of work based on the template for each asset. Askey have offered to come on site to assist with this when next in Glasgow (15 Oct). What

			about Asset genealogy?
<b>Note 5:</b> New Items codes			
<b>Action 5:</b> New Item Codes to be loaded onto FMFirst 'Test System' and a mapping exercise to be carried out against 'old item codes'	IP/ES	27 Nov 14	<b>Ongoing</b> – These codes will be ready by 13 Nov and will go out for consultation to the FMFirst User Group to comment with a return date of 27 November 14.
<b>Action 6:</b> Asckey to check and import restriction identifying any cost implications for this service.	PMcG/PW	5 Dec 14	<b>Ongoing</b> – Once Action 5 is complete Asckey to complete this action. PMcG to enquire about costs to carry out this task.
<b>Action 7:</b> Asckey to assist in assigning PPM templates to Assets; <ul style="list-style-type: none"> <li>Stage 1 – Asckey to carry out data check around frequencies on templates;</li> <li>Stage 2 – Asckey to adjust/move schedule text accordingly against frequency;</li> <li>Stage 3 – PPMs templates and Item codes to be loaded onto FMFirst 'Test System' and tested by Asckey/NHSGG&amp;C;</li> <li>Stage 4 – Asckey to visit NHSGG&amp;C and demonstrate to users outputs from 'real' data on system.</li> </ul>	PW	16/17 Oct 14	<b>Complete</b>
	PW	20 Oct 14	<b>Complete</b>
	PW	27 Oct 14	<b>Complete</b> - PPM Templates loaded onto Test System 30/10. Awaiting Item Code conversion (ES/IP)
	PW	5 Dec 14	<b>Ongoing</b> - Demonstrated to AG, Further visit required to demonstrate (with documentation) to User Group. Date to be agreed.
<b>Note 6:</b> Once the data is in the system the process of attaching the PPMs to the asset can take place. Asckey has offered to help with this process.			
<b>Action 8:</b> Asckey to support GG&C on attaching PPM to Asset and produce and list of 'errors' where name/nomenclature does not match. <ul style="list-style-type: none"> <li>GG&amp;C to identify assets which have correct nomenclature and attach appropriate PPM schedule;</li> </ul>	AG	17 Nov 14	

<ul style="list-style-type: none"> <li>GG&amp;C to review current asset names from current asset list and agree a phased approach for standardisation;</li> <li>GG&amp;C with support from Asckey to modify PPM template (and schedules) or create new templates to suit new Asset terminology;</li> <li>GG&amp;C with support from Asckey to attach revised PPM templates to Asset;</li> <li>GG&amp;C to roll out remaining PPMs throughout Board in a phased approach;</li> </ul>	AG	1 Dec 14	
	AG/PW	15 Dec 14	
	AG/PW	20 Jan 15	
	AG/PW	End Feb 15	
<b>Action 9:</b> Asckey to start roll-out of PPM on an agreed site by site basis providing guidance and support to local site FMFirst co-coordinators/planning supervisors. To be completed by end Nov 14 for existing GG&C sites (excluding NSGH campus only)	Asckey/Local Site Co-ordinators	Mid mar 15	Prioritisation of sites needed. Approx ½ day per site. 5 days maximum required split over a number of weeks.
<b>Note 7:</b> SGH retained estate asset review to be completed by Currie & Brown (C&B)			
<b>Action 10:</b> C&B SGH retained estate asset review completed	C&B/IP	28 Nov 14	Pilot Build Complete awaiting sign off
<b>Action 11:</b> Once Action 10 complete and signed off remainder of SGH to be completed	C&B/IP	31 Jan 15	
<b>Action 12 –</b> Brookfield supply nSGH Asset list and PPM Templates to GG&C/Asckey on FMFirst Template	PW/IP	Mid Feb 15	
<b>Action 13 –</b> Asckey to test Data on Migration Model	PW	End Feb 15	
<b>Action 14 –</b> Asckey to communicate with Zootec on any errors raised.	PW	End Feb 15	
<b>Action 15 –</b> Once data validated Asckey to upload onto live system	PW	Early Mar 15	
<b>Action 16 -</b> Asckey to start roll-out of PPM at nSGH campus by providing guidance and support to local site FMFirst co-	PW/IP	Mid Mar 15	

coordinators/planning supervisors. To be completed by end Mar 14.			
<b>Note 8:</b> Control/lockdown – once the PPM have been agreed and attached to the assets a change process needs to be agreed on (a) who can make changes to the PPM and (b) what approval route for signoff for changes needs o take place.			

**From:** [Loudon, David](#)  
**To:** [Archibald, Grant](#); [David.Hal \[REDACTED\]](#); [MacPherson, Anne](#); [Harkness, Anne](#); [MacLennan, Aileen](#); [Kane, Mary Anne](#); [Wright, Robin](#); [Renfrew, Catriona](#); [Garascadden, Roy](#); [Stewart, David](#); [Crocket, Rosslyn](#); [Armstrong, Jennifer](#); [Best, Jonathan](#); [Hill, Kevin](#); [Hamilton, John \(Admin\)](#); [Farrell, Marie](#); [Reid, Ian](#); [Barnes, Andrew](#); [Ben Pentland](#); [Blackie, Robbie](#); [Carnie, Frank](#); [Allan, Christine](#); [Connelly, Karen](#); [Craig, Carol](#); [Douglas Ross](#); [Douglas Wilson](#); [Forsyth, Graham](#); [Frew, Shiona](#); [Gallacher, Stephen](#); [Graeme Thomson](#); [Forsyth, Graham](#); [Greig, Mark](#); [Griffin, Heather](#); [Hirst, Allyson](#); [John Redmond](#); [Loudon, David](#); [Macleod, Mairi](#); [McAllister, Mark](#); [McCluskey, Fiona](#); [McColl, Eleanor](#); [McDermott, Hugh](#); [McGarrahy, John](#); [McSweeney, Karen](#); [Moir, Peter](#); [Paul Fairie](#); [Powrie, Ian](#); [Smith, Alastair](#); [Stewart, Graham](#); [Struthers, Allan](#); [Taylor, Maureen](#); [Turnpenny, Annette](#); [Wrath, Frances](#)  
**Cc:** [Calderwood, Robert](#); [Robertson, Andrew](#)  
**Date:** 13 November 2014 17:50:32

---

All,

Can you please note that general tours of the buildings will be unavailable after the end of November. BM are currently locking down areas in the buildings to enable them to complete quality control checks, commissioning of services, and cleaning.

Tours which have already been accepted will be honoured but I regret that we are unable for the reasons noted above to accept any more.

David

David W. Loudon, MCIOB, CBIFM, MBA  
Project Director - South Glasgow Hospitals Development / Director of Facilities and Capital Planning - Designate  
NHS Greater Glasgow & Clyde  
New South Glasgow Hospital Site Offices  
Top Floor, NHS Offices  
Hardgate Road  
Glasgow  
G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Powrie, Ian](#)  
**To:** [Darren Pike](#)  
**Subject:** Zutec hand over  
**Date:** 13 November 2014 18:13:00

---

Hi Darren

David Loudon has asked me to set up a meeting next week to progress the handover requirements of Zutec to allow the Board to operate the building effectively from the date of hand over. The date that suites both David Hall and I best is Wednesday 19<sup>th</sup> between 9am and 12 noon, are you available at this time?

Agenda issues

- Asset definition.
- Asset tagging.
- Asset schedule.
- PPM schedule (inc):
  - Status “Statutory, NHS mandatory, manufacturers recommendations”
  - Frequency
  - Task list per cycle
- Asset template
- Asset, PPM schedules & associated PPM task list migration to FM first.
- Asset & PPM delivery dates.
- Soft landing options\duration.
- Manufacturers documentation\as fitted drawings
- Training programme
- AOCB

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX



**From:** [Powrie, Ian](#)  
**To:** [McCormack, Bill](#)  
**Cc:** [McFadden, Jim](#)  
**Subject:** RE: Water/Legionella training.  
**Date:** 16 November 2014 09:17:00  
**Attachments:** [3 Management Strategy Appendix 3 Management responsibilities-AP Duties.pdf](#)  
[4 Maintenance Strategy Appendix 4 Organogram..pdf](#)

---

Bill

In order to provide you with some back ground to the future structure, roles & duties I have attached the high level management strategy and Estates department Organogram.

Within the management strategy document the red tick indicates the named person who will act as lead AP\duty holder for any particular service\duty. you will also see that other officers with a black tick will be AP's for the same services\duties, this is to ensure sufficient resilience\cover, as well as shared burden of multiple support requirements at any one time across the geographic areas of responsibility.

For example you will see that your matched post (post No 3) is designated as lead AP for Legionella as well as Hot water & surface temperatures (water services Management). My aim here is to group lead duties within service disciplines allowing the lead AP, over time to become expert in that group of similar fields of responsibility.

I have also included duty managers with key AP duties to ensure a 24/7 continuity of AP service cover for defect and emergency response.

I have also included supervisors for selected AP duties within their core trade competencies, with potential to expand their multi disciplinary duties over time reflecting experience.

Therefore to answer your specific question:

1. Responsible Persons training:
  - a. The SEM will be the Responsible Person (Legionella), As per Board Policy.
  - b. The Site Facilities Manager (Estates) will act as Depute Responsible Person\AP (Legionella) Note: this post holder will also require AP training.
2. AP Training:
  - a. Senior FM Estates (Energy Centre\Laboratory\Retained Estate): Lead AP.
  - b. Senior FM Estates (A&C \Maternity)
  - c. FM Estate Retained Estate.
  - d. FM Estates (A&C + BMS Controls & integrated systems).
  - e. Duty Managers (5 Off)
  - f. Co-ordinating Supervisors (3 off)
    - i. Retained Estates
    - ii. EC& Labs
    - iii. A&C
3. Competent Persons:
  - a. Plumbing Technicians (6 off)
  - b. Rotary Shift Plumbing Technicians (5 off)



- c. Rotary Shift Mechanical Technicians (5 off)
- 4. Competent Persons (Restricted Duties)
  - a. Maintenance assistants (8 off) - Restricted duties inc:
    - i. Water flushing (seldom used outlet)
    - ii. Routine temperature monitoring and recording
    - iii. Collection and preparation of water samples
    - iv. Removal\service and sanitisation of TMT's & Shower hoses

Can you please advise me of the intended delivery period for your proposed training programme, as we will need to co-ordinate for the staff identified as migrating to the NSGH, the training will also need to avoid conflicting with the migration period, therefore would need to be carried out for my team before end March 2014.

You will also need to co-ordinate with me to ensure that your proposed training dates do not clash with the training programme for the stage 1 staff transfer currently redeployed to the NSGH .

I am currently arranging for HV\LV AP\CP training can you please advise me if you undertaken AP (LV) training? And the status of your AP (HV) refresher training?

Please feel free to call and discuss any issues you may have regarding these plans?

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow,G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** McCormack, Bill  
**Sent:** 14 November 2014 09:23  
**To:** Powrie, Ian  
**Cc:** McFadden, Jim  
**Subject:** Water/Legionella training.

Ian, I know that you have not been involved with the Action Learning Group that has been set up and who meet on a regular basis.

I have been tasked to put together training to cover Responsible Persons, their deputies, Authorised persons and Competent persons.

Have you had any time to plan ahead to look at the new teams to see what you might need in the way of training for the above.

Look forward to hearing from you.

Bill McCormack. I eng. MIHEEM  
Site Estates Manager.  
Victoria Infirmary.

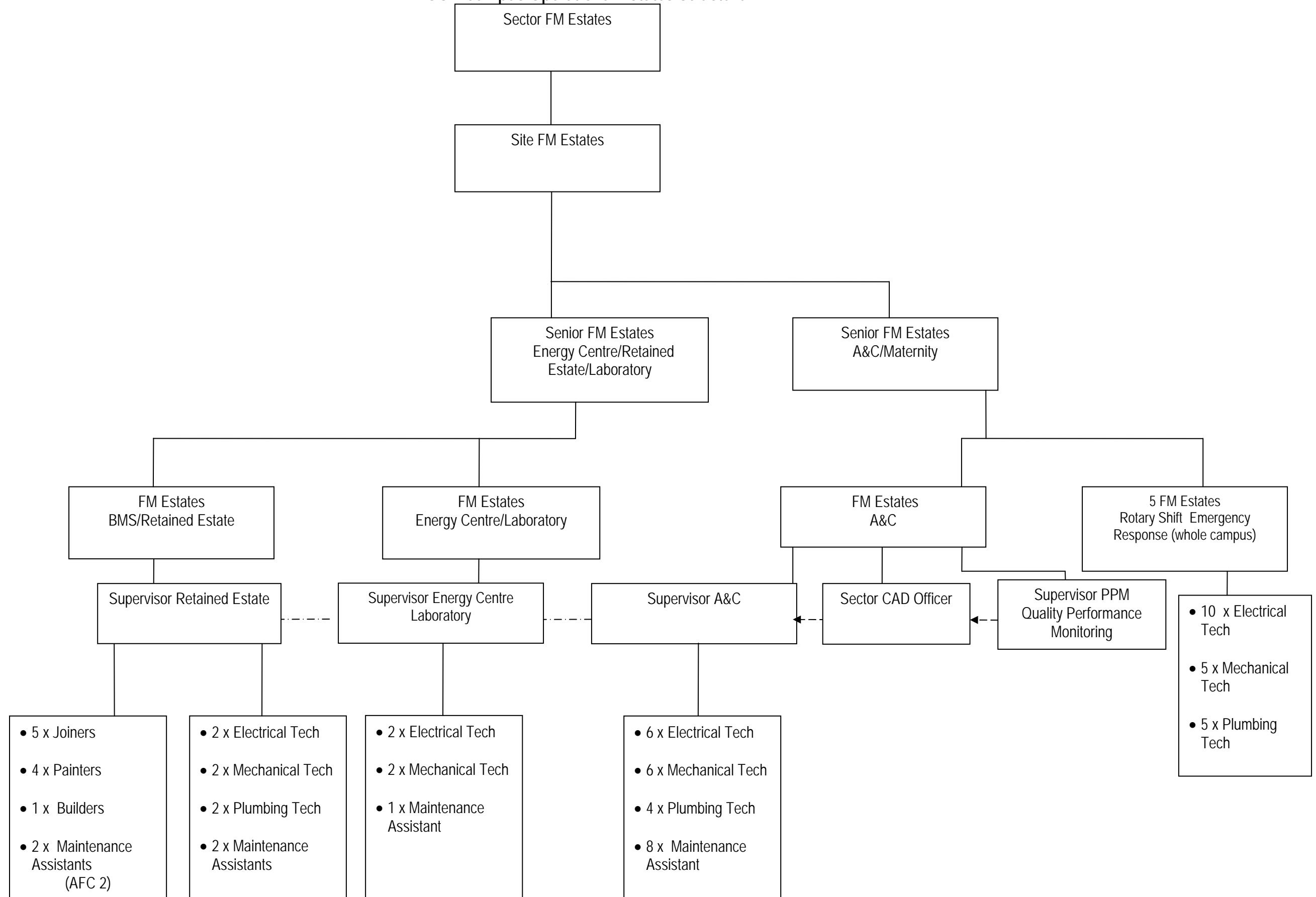
[REDACTED]  
[REDACTED]

NSGH  
Estates Managers Structure

					Operational AP Duties (Training Require)															
	Post	Responsible person/AP	EAWR	SHTM 06:01	LV Authorised Person (AP) SHTM 06:02	HV Authorised Person (AP) SHTM 06:03	Natural Gas Safety	Oil storage regs	Legionella	Hot Water & Surface Temp (Safe)	Ventilation In Health Care Premises	LOLER	MGPS Authorised Person (AP) SHTM 02:01	Pressure Systems Safety Regulations 2000	Dangerous Substances and Explosive	Asbestos	Working at Heights Regulations 2005	Confined Spaces Regulations 1997	COSSH	Bed Head Services
1	Site FM Estates				✓	✓			✓				✓			✓				
		Zutec Document management administration																		
2	Senior FM Estates (A&C \Maternity)		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
		Ventilation in Healthcare Premises (incorporating SHTM 2025)																		
		Medical Gas Pipeline Systems (MGPS) Senior AP																		
		Pressure Systems Safety Regulations 2000																		
3	Senior FM Estates (Energy Centre\Laboratory\Retained Estate)		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
		Legionella Control of in Healthcare Premises incorporating SHTM 2040 & HSE GN L8																		
		Hot Water & Surface Temperatures (Safe) Scottish Health Guidance Note SHGN																		
		Lifting Operations & Lifting Equipment (LOLER) Regulations 1998 (incorp. SHTM 2024 (Lifts)																		
4	FM Estates Energy Centre & Laboratory medicine		✓	✓	✓	✓	✓	✓						✓	✓	✓	✓	✓		
		Electricity at Work Regulations 1989 (EAWR)																		
		Electrical Services Supply & Distribution SHTM 06:01																		
		LV Network Senior AP SHTM 06:02																		
		HV Network Senior AP SHTM 06:03																		
		Natural Gas Safety (Installation and Use) Regs 1998																		
		Oil Storage Regs 2006																		
		PPC Environmental Compliance mgt																		
5	FM Estate Retained Estate		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		
		Asbestos - The Control of Asbestos at Work Regulations 2006																		
		Working at Heights Regulations 2005																		
		Confined Spaces Regulations 1997																		
		Dangerous Substances and Explosive Atmospheres Regulations 2002																		
6	FM Estates (A&C + BMS Controls & integrated systems)		✓		✓	✓			✓	✓	✓				✓	✓	✓	✓		✓
		Responsible Person BMS/integrated services																		
		Energy Performance liaison with Energy team																		
		Bed Head Services																		
7 - 11	Rotary Shift Manager (5 Off)		✓	✓	✓	✓			✓		✓		✓			✓				
		Reactive & Planned Maintenance management, Emergency response & Out off hours site responsibility.																		

Notes:

Facilities Directorate  
NSGH Campus Operational Estates Structure



**From:** [Powrie, Ian](#)  
**To:** [Conner, Darryl James](#); [Guthrie, James](#); [MacMillan, Melville](#); [Paul McAllister](#); [Romeo, Thomas](#)  
**Date:** 17 November 2014 17:50:00  
**Attachments:** [image001.png](#)

---

Jim

Arrangements have been made for witnessing the ventilation commissioning of 22 AHU09 and 22AHU10 on Wednesday 19th November at 11am.  
Meeting at P31 Core G (see attached location map)

I have nominated team 3 to attend, In Tommy's absence can you please lead this team and ensure that they are at the meeting point at the above time.

**Jim Guthrie**

Duncan Fraser
---------------

Gordon Harvey
---------------

Regards

Ian

cid:image001.png@01D0028A.E862B5F0



*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,

Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX



**From:** [Loudon, David](#)  
**To:** ["Alasdair Fernie"; "Darren Pike"](#)  
**Cc:** [David.Hal](#); [Moir, Peter](#); [Barnes, Andrew](#)  
**Subject:** FW: Renal Commissioning report  
**Date:** 17 November 2014 14:32:00  
**Attachments:** [Commissioning of new water treatment plant.docx](#)

---

Alasdair

Andy has prepared the attached report which highlights some of the challenges we have faced when commissioning renal water systems.

Can I suggest that Darren and Andy have a short meeting to go through the report. As you know, the commissioning of renal systems sits high our risk register especially as we are transferring existing renal installations to the NSGH and I recommend that we need to meet to pull together a detailed method statement for this critical piece of work. At present, we don't have a plan B if the event that we have significant challenges with the commissioning.

David

David W. Loudon, MCIOB, CBIFM, MBA  
Project Director - South Glasgow Hospitals Development / Director of Facilities and Capital Planning - Designate  
NHS Greater Glasgow & Clyde  
New South Glasgow Hospital Site Offices  
Top Floor, NHS Offices  
Hardgate Road  
Glasgow  
G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Barnes, Andrew  
**Sent:** 13 November 2014 09:14  
**To:** Loudon, David  
**Subject:** Renal Commissioning report

Hi David,

Please find attached a copy of the commissioning / lessons learned report for renal. As discussed yesterday, once I have the cost's form the labs I will email you the final copy.

Let me know if any further information is required.

Regards  
Andy

Andrew Barnes

A52717249



Project Team, NSGH  
Southern General Hospital Construction Site  
2<sup>nd</sup> Floor, Modular Building  
Off Hardgate Road  
G51 46X



**Contents:**

1. **Background**
2. **Previous Commissioned Facilities**
3. **Validation**
4. **Conclusion**

## 1. Background

The water treatment facilities for the South Glasgow University Hospital and Royal hospital for Sick Children will be the largest within Greater Glasgow and Clyde. The two water treatment facilities will provide dialysis water to around 154 points of use with max of 81 simultaneous treatments within the following areas:

- Adult renal dialysis outpatients, ready for use and Technicians workshop.
- Adult renal dialysis In-patient area.
- Intensive Care Unit
- Children's Inpatients & Outpatients Dialysis area.

The two water treatment facilities will include the following:

Plant room 32 will hold the following:

- 1 x Holding Tank
- 2 x Booster pumps
- 2 x Softeners
- 1 x Salt Tank
- 2 x Carbon Column
- 2 x Double pass Reverse Osmosis units, 1x Heat Disinfect/ Nephrosafe filter feeding 1 x supply loop to adult in patient ward area (88 points of use).
- 1 x Double pass Reverse Osmosis units, 1x Heat Disinfect/ Nephrosafe filter feeding 1 x supply loop to adult Out-patients area (23 points of use).
- 1 x Double pass Reverse Osmosis units, 1x Heat Disinfect/ Nephrosafe filter feeding 1 x supply loop to adult Out-patients area (23 points of use).

Plant Room PLT2-001 will hold the following:

- 1 x Holding Tank
- 2 x Booster pumps
- 2 x Softeners
- 1 x Salt Tank
- 2 x Carbon Column
- 1 x Double pass Reverse Osmosis units , 1x Heat Disinfect/ Nephrosafe filter feeding 1 x supply loop to Children's Inpatient / Out-patients area( 8 points of use).
- 1 x Double pass Reverse Osmosis units , 1x Heat Disinfect/ Nephrosafe filter feeding 1 x supply loop to Children's Inpatient / Out-patients area and Adult ICU ( 12 points of use).

There is also a central concentrate system with storage tanks within the basement plant room and a holding tank on level 2 to supply the Adult renal dialysis out-patient area.

In order to complete the validation of the treatment facilities prior to migration of renal dialysis patients we should look at past experiences to plan ahead.

## **2. Previous Commissioned Facilities**

In recent years several of Greater Glasgow and Clyde's Renal Dialysis water treatment facilities have been installed, commissioned and validated. These include the facilities at the following Hospitals:

- Western Infirmary
- Stobhill ACH
- Victoria Infirmary ACH
- Inverclyde Royal Hospital

At each of these sites the validation period has ran over causing delays in the use of the new facilities, postponing moving into new ACH or decommissioning of old equipment . In some cases there were several reasons that contributed to the delay however one of the consistent ones is failing to meet the water quality.

The most recent installation of a water treatment facility with heat sanitisation capabilities was at Inverclyde Royal Hospital, renal dialysis unit with 22 points of use with max of 22 simultaneous treatments. This was to replace the obsolete water treatment facility whilst still continuing dialysis treatment in the unit.

The validation process was started at the end of April 2013 and after six false starts the process was not complete until November 2013.

Some of the contributing factors to the failed Validations are:

- Reverse Osmosis units automatically shut down during generator run.
- Aquatic Valves failed on Carbon column resulting in water failures, Reverse osmosis units shutting down.
- Heat sanitisation failures.
- Loss of feed water, Problem with Hospital supply.
- Leaks in flowmeters.
- Failure to meet TVC limits of <0.1CFU /ml.
- TVC samples take 7 days to cultivate resulting in a delay to act upon and failed samples.

Clinicians then delayed the changeover until January 2014 due to staff training, familiarisation with the new heat sanitisation system. During that delay there were failures with equipment resulting in reverse osmosis unit's being shut down. This then lead to several months failing to consistently produce dialysis water to ultrapure quality.

### 3. Validation

The guidelines used within Greater Glasgow and Clyde, suggests several recommendation when installing, commissioning and validating a new Water treatment facility for renal. This can be found in the UK Renal Association and Association of Renal Technologists: [Guideline on water treatment facilities, dialysis water and dialysis fluid quality for haemodialysis and related therapies](#) dated 20/01/2012. .

Within the document it suggests that the suppliers/contractors should agree on a validation plan with renal services, see section: 3.1.2 below:

*“The validation process should provide documentary evidence that the system will consistently produce water, dialysis fluid, or substitution fluid meeting the quality requirements of ISO 13959 or ISO 11663. The contractor or supplier of the water treatment system should draw up the validation plan, which must be submitted to and approved by a member of the renal services with responsibility for clinical care of the patient”.*

The validation plan is made up of three sections Initial qualification, Operational Qualification and Performance Qualification. See below for requirements:

1. **Initial Qualification:** ( Section 3.1.3 & 3.1.4 of guideline)

**Completion of installation of water treatment facility**

The water treatment facility when completed should be confirmed to have met all aspects of the design specification. This needs to be agreed and signed off by the manufacturer/installer, commissioning team and by the person within the renal service with responsibility for clinical governance of the water treatment facility (Guidelines 1.2 and 1.3)

**Initial qualification**

On completion of installation, full system documentation should be available including system flow diagrams, layout, log books and operator's manuals. Following completion of the installation, an installation qualification is performed. The purpose of this is to define and provide documented proof that the system has been installed in accordance with the approved plans and the manufacturer's technical requirements and specifications.

Problems have arisen from a lag between completion of the installation process and the commencement of the validation process. To avoid such problems, it is imperative that the water treatment plant and distribution system are not left for any period during which there is fluid present in the system but there is no flow through the system.

Furthermore, it is highly desirable that the entire system is run for short periods on a daily basis. If this is not possible then suitable alternate approaches will need to be established and discussed with a designated technical expert. If the designated technical expert is not part of the renal team, this should be clearly indicated on the documentation together with signed approval from a member of the renal team.

2. **Operational Qualification**( Section 3.1.5 of Guideline)

The initial qualification of the water treatment system is followed by an operational qualification, the purpose of which is to verify the proper operation of the system, including operating range, set point, interlock and functional testing. On completion the following information should be available:

- test records;
- set up record;
- calibration schedule;
- sampling procedures;
- maintenance plans (e.g. disinfection, filter changes, etc.) and monitoring plans (e.g. conductivity, microbiological analysis);
- record of operator(s) training.

3. **Performance Qualification** (Section 3.1.6 of guideline)

**Performance qualification**

Performance qualification generally follows a successful completion of the validation plan. The purpose of the performance qualification is:

- a demonstration that the plant has been installed in accordance with the design plans and follows the manufacturer's procedures for installation (i.e. Installation Qualification);
- a demonstration that the system performs all the required actions and can be operated in accordance to relevant technical manuals (i.e. Operational Qualification).

The Performance Qualification includes periodic assessment of a set of physical, chemical and microbiological parameters to demonstrate that a consistent performance pattern can be achieved for the specific system design and performance requirements. The sampling and testing pattern can be relaxed during the monitoring phase (normal operation) provided it can be demonstrated that the system consistently yields high quality results over an extended period and that continuously monitored parameters provide full surveillance of the system performance. Under these assumptions, the following scheme may be adopted:

The first phase requires a full chemical and microbiological analysis of the dialysis water, followed by weekly microbiological analyses during the first month, to demonstrate consistent quality in the interval between disinfections. During this period all the information about the system behaviour should be collected and fine-tuning of the action levels performed. In this phase the testing frequency of the microbiological parameters is kept at a higher level to create a 'trend analysis' and to identify any deviations to ensure patient safety.

The achievement of at least three consecutive results, consistently below the action level allows the start of the second phase where the final testing of microbiological parameters and the disinfection plan are implemented. Attainment of results within the action level for two consecutive months allows the successful completion of the Performance Qualification and the start of routine monitoring operations.

**NOTE:** If at any time a water sample fail's the performance qualification the 4week process will need to restart again.

To complete the performance qualification of the water treatment facility, weekly water test's would need to be performed the estimated number of tests / cost's are:

Weekly Water Samples				
Test's	Analysis Centre	Cost Each	Qty	Total Cost
Microbiology (TVC)	SNBTS	£19.80	13	£257.40
Endotoxins	SNBTS	£26.75	13	£347.75
*Chlorine	Renal Technologists or External Test centre	***	12	***
**Chemical analysis	External Test Centre	***	12	***
	Total Weekly ( Ex VAT)			

These are based on the draft sampling regime, See Appendix 1; this will need to be confirmed by GG&C Regional Service / Renal Technologists.

\*Due to the number and frequency of these tests for validating the treatment facility i would suggest they are sent to an external accredited analysis centre.

\*\*Since SGUH & RHSC is a new facility we need to establish the level of contaminants in the incoming water. This can be achieved by obtaining water results from Scottish water for water provided to the site and performing a full chemical analysis on the incoming and dialysis water. Once it has been demonstrated chemical contaminants in section 5.2, table 2 &3 of guidelines are consistently low these can be omitted. Returning to monitoring Mandatory chemical contaminants in section 5.2, table 1.

\*\*\* Cost's to be finalised.

#### 4. Conclusion

The water treatment facilities for the South Glasgow University Hospital and Royal hospital for Sick Children will be the largest within Greater Glasgow and Clyde. In order to plan ahead to have the system validated and ready for the migration, we should adhere to the guidelines set out in the "Guideline on water treatment facilities, dialysis water and dialysis fluid quality for haemodialysis and related therapies". We should also use the experiences we have gained with previous validations and plan for these outcomes. Some suggestions from the Inverclyde royal hospital experience are:

- Agree with the supplier product testing centres for all samples, sample point and techniques. This prevents any waiting time evaluating sampling techniques if validation fails.
- Agree with the supplier additional test to be carried out before validation starts. E.g. run RO's during a generator run to confirm there's no effects, Note the time taken to cancel a heat sanitisation >85 deg C, Sanitisation etc. This will prevent validation failure due to a preventable action.
- Agree with supplier on work instruction for the actions to be taken when:
  - parts are replaced
  - Failure or continual failure of validation attempts.
  - Action level's for Chemical sanitisation of the system.
  - Failures causing water to become stagnated.
  - Cleaning procedure including Chemical to be used e.g. use the most effective process for cleaning system, efficient chemical or chemical heat mixture etc.

Planning and agreeing on procedures to follow for failures, no discussion will need to take place as everyone is aware of the procedures to follow.

- Heat sanitisation system to be set up as in normal operational use during validation process. If the system is set up to perform every night it is not giving a true reflection on the quality of water produced during normal use.
- Either check the treatment facilities daily or have an automated system in place to highlight any failure or if the facility is not operating as specified. Prevents water becoming stagnant resulting in biofilm growth in the system.
- Check water treatment facilities daily to note normal operational pressures, temperatures, noise level etc. Familiarisation with the equipment can help identify early warnings of potential problems.
- Draw off dialysis water from the treatment facility simulating normal use, putting everything under demand to highlight any problems. Running the system this way will help maintain water quality and highlight any teething problems prior to migration.
- Agree with supplier fault reporting system e.g. numbers to contact and guaranteed parts / response time during the validation.
- Have materials available to replace pipe work sections in the event leaks on flow meters etc to prevent loops being shut down. This will keep the system running while waiting on spare parts.

## **Appendix 1**

### **Plant Room 32, Test's required**

Holding Tank: ( This is a reference to know the quality of incoming water)

- TVC
- Endotoxin
- Chemical Contaminants
- Chlorine

Output at each Water softener to be sampled for:

- Chemical Contaminants

Output at each carbon Column to be sampled for:

- Chlorine

### **Reverse Osmosis (RO's) units & Loops**

#### **In-patients**

- Output at each RO to be sampled for: TVC & Endotoxins.
- Output at each RO to be sampled for: Chemical Contaminants.
- Output at each RO to be sampled for: Chlorine.
- TVC & Endotoxins from return & Mid Point of supply Loop's.

#### **Out-Patients**

- Output at each RO to be sampled for: TVC & Endotoxins.
- Output at each RO to be sampled for: Chemical Contaminants.
- Output at each RO to be sampled for: Chlorine.
- Return at each RO to be sampled for: TVC & Endotoxins.

### **Plant Room PLT2-001**

Holding Tank:

- TVC
- Endotoxin
- Chemical Contaminants
- Chlorine

Output at each Water softener to be sampled for:

Chemical Contaminants

Output at each carbon Column to be sampled for:

Chlorine



Reverse Osmosis (RO's) units & Loops

- Output at each RO to be sampled for: TVC & Endotoxins.
- Output at each RO to be sampled for: Chemical Contaminants.
- Output at each RO to be sampled for: Chlorine.
- Return at each RO to be sampled for: TVC & Endotoxins.

DRAFT

**From:** [Powrie, Ian](#)  
**To:** [Macdonald, David](#); [Anderson, Robert](#)  
**Cc:** [Hunter, William](#)  
**Subject:** RE: FM OTM Paper  
**Date:** 18 November 2014 17:44:00  
**Attachments:** [FM OTM Summary.doc](#)

---

Rob

Please attached FM OMT summary including SGUH Estates elements.

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Macdonald, David  
**Sent:** 18 November 2014 09:25  
**To:** Anderson, Robert; Powrie, Ian  
**Cc:** Hunter, William  
**Subject:** RE: FM OTM Paper

Hi Rob

Here's my completed paper now including narrative relating to Double Running.

Ian - as indicated in earlier email, see my complete version attached for inclusion of Estates related narrative.

Regards

David

---

**From:** Anderson, Robert  
**Sent:** 17 November 2014 16:10  
**To:** Macdonald, David  
**Subject:** Re: FM OTM Paper

Hi David,

This looks fine. Input from Ian on estates would be useful. I will add in comments on utilities.

Cheers

Rob

Sent from my iPhone

On 17 Nov 2014, at 14:26, Macdonald, David <[REDACTED]> wrote:

Rob

Initial draft attached with detail around Decommissioning, Migration & Commissioning - hope to get Double Running done a bit later but thought you might want to comment on content so far. Please note I've inserted nothing about Estates other than what I'm aware of in relation to Decommissioning so maybe Ian needs to put Estates related detail in here also?

David

---

**From:** Anderson, Robert  
**Sent:** 17 November 2014 09:30  
**To:** Macdonald, David  
**Subject:** RE: FM OTM Paper

Hi David,

9 weeks for decommissioning as per your rotas I think.  
Probably yes to both options until we know for certain which one is the goer.

Cheers

Rob

---

**From:** Macdonald, David  
**Sent:** 17 November 2014 09:14  
**To:** Anderson, Robert  
**Subject:** FM OTM Paper

Morning Rob

Just so I get the paper I'm working on matching your costings can you clarify a couple of queries for me please:

- What period/timescale have you costed Decommissioning over
- For double running do you want me to include detail about WIG and Yorkhill options - that was my plan

Thanks

David

David Macdonald  
Facilities Manager  
Southern General Hospital



<FM OTM Summary.doc>

## Facilities Directorate - FM OTM Summary

### Decommissioning, Migration, Commissioning, Double Running

#### 1. Introduction

This paper outlines the rationale associated with the components and activity relating to Decommissioning, Migration, Commissioning & Double Running.

Activity	Sites Affected
Decommissioning	Western Infirmary, Victoria Infirmary, Mansion House, Yorkhill, Southern General
Migration	Western Infirmary, Victoria Infirmary, Mansion House, Yorkhill, Southern General
Double Running	Western Infirmary, Victoria Infirmary, Mansion House, Yorkhill
Commissioning	New South Glasgow University Hospital

#### 2. Decommissioning

Decommissioning resource requirements are based currently upon a 7 day per week activity over a 2 month period for all demitting sites.

The Decommissioning Working Group is currently undertaking a variety of site surveys to determine a range of site related decommissioning plans such as specialist equipment removal, asbestos and structural risks and engaging with Resource Efficient Scotland in order to determine potential disposal strategies for a variety of redundant equipment. Local Facilities Management lead Decommissioning Groups have commenced the development of action plans on all demitting sites, focusing predominantly upon clearing areas of a variety of general waste.

##### 2.1 Western Infirmary (WIG)

###### Pay Costs

- Estates  
Based on Estates presence to facilitate services disconnections.
- Facilities  
Porters supporting general site clearance; Domestic staff cleaning/decontaminating cleared areas.
- Security  
Presence immediately following patient migration to maintain secure environment. WIG have suggested a model of staffing based on utilizing Porters/Supervisors covering 24/7

###### Non-Pay Costs

Non-Pay costs for WIG are potentially significant in relation to specialist waste disposal. A number of basement duct areas, currently full of a variety of historical patient and clinical services records and equipment are potentially asbestos contaminated.

In addition there are a number of attic areas, particularly within G Block that are structurally unsound making access to remove equipment a risk.

A series of environmental and structural surveys are being commissioned to determine the levels of contamination and also access limitations.

A number of associated non-pay costs around contaminated waste disposal and also specialist equipment disposal have been estimated pending clarification and confirmation of accurate costs.

## 2.2 Victoria Infirmary (VI)/Mansion House (MHU)

### Pay Costs

As per WIG above

- Security  
Based on 24/7 presence of 4 staff at VI and 2 staff at MHU

### Non-Pay Costs

Allowance included for an element of contaminated waste however not anticipated to be an issue on the scale of WIG currently.

Includes costs for general waste removal via skip hire.

Includes costs (estimated) for specialist equipment waste disposal

Includes estimated cost for site boarding

## 2.3 Yorkhill

### Pay Costs

As per WIG above

- Security  
Based on 24/7 presence of 4 staff on site

### Non-Pay Costs

As per VI above

## 3. Migration

FM migration support is based predominantly around the Clinical Migration Timetable (V5 Timetable attached).

The main FM related activities at all demitting sites relates to the following:

### 3.1 Pay Costs - All Demitting Sites

- Bed Cleaning  
Resource allocated to each demitting site is based on the number of beds required to be cleaned immediately following patient migration. Bed cleaning relates to a single bed space and incorporated bed, chairs, locker and over bed table. Following cleaning/decontamination, bed space equipment is transferred to NSGH to pre-equip ward areas for the following patient migration scheduled. Cleaning is calculated on the basis of 45 mins per bed space
- Patient Transfer Support  
Based on a team of Porters at demitting sites and a team of receiving Porters at NSGH to support SAS patient movement.

### 3.2 Non-Pay Costs - All Demitting Sites

- Peroxide Decontamination  
An estimate for decontamination of bed space equipment has been included
- Fuel  
Based on SGH Transport team who will facilitate patient movement from SGH locations in to NSGH

#### 4. Commissioning

In relation to the New South Glasgow University Hospital (NSGH) and based on a 13-week Commissioning programme commencing January 19th 2015. Note 1 week added at commencement of programme to facilitate a variety of staff training etc.

##### 4.1 Pay Costs - Commissioning

- Week -1  
FM staff training

##### Domestic Staffing

- Weeks 1 to 6  
Domestic staffing based on general Commissioning support activity predominantly Ground & 1<sup>st</sup> Floor, setting up DSRs, filling dispensers etc
- Weeks 7 to 10  
Domestic presence within all areas undertaking maintenance cleaning and cleaning following variety of fixtures retrofitting and bed making.
- Weeks 11 & 12  
Full staffing compliment (Adult Acute) - undertaking location familiarization and maintenance cleaning

##### Porter Staffing

- Weeks 1 to 10  
General support team 7 days per week throughout Commissioning Phase
- Weeks 11 & 12  
Phased introduction to full staffing

##### Procurement Staffing

- Weeks 1 to 12  
Incoming goods team Monday to Friday co-coordinating equipment receipt and distribution  
Ward Pre-stocking team dealing with local areas stock

##### Catering Staffing

- Weeks 1 to 12
- Monday to Fri presence to provide catering service to Commissioning team and associated staff

##### Administrative Support

- Weeks 1 to 12
- Support with general administrative tasks, staff orientation and ID badges

##### Fire Support

- Weeks 1 to 12
- Fire Officer support to undertake Fire Risk Assessments and associated action plan development.

### Estates Services

Staged; redeployment of staff to undertake building orientation, building services plant & equipment familiarization training on the lead up to patient services migration.

Including double running cost to maintain adequate support services on the demitting sites prior to migration.

## **4.2 Non-Pay Cost - Commissioning**

Non-pay costs incorporate aspects such as cleaning materials, waste disposal, stationery, disposables, ID badges, hospitality etc.

## **5. Double Running**

For the purposes of identifying double running related impacts and associated resource this is defined as the period following demitting sites patient migration to NSGH.

Double running impacts potentially affect the following sites:

- Western Infirmary
- Victoria Infirmary
- Yorkhill

### **5.1 Western V Yorkhill Options**

#### **5.1.1 Western Infirmary Option**

Based on the original intention to retain a variety of clinical services on the Western Infirmary site pending development of outpatient locations at Gartnavel General for a circa two year period, the Western Infirmary Double Running costing option reflects this model.

Stage 1 WIG Double Running - the period during which F&G Blocks are subject to refurbishment. During this period and following patient migration, a number of areas within the site remain functional which include: Levels 2 & 4 of Phase 1, Blocks E&G and a variety of Departments.

Stage 2 - WIG Double Running - the period following F & G refurbishment at which stage Phase 1 is subject to decommissioning. Areas operational within Stage 2 are:

F Block: OPD, Cardiology, Maternity, Ortho, 3<sup>rd</sup> Floor offices, Clinical Physics (in basement), Minor Injuries, GP Out of Hours (using Mat Clinic).

G Block: Radiology, Ultrasound, CT, Physio, G9 Dermatology, Various Offices, OPD Church St Radionuclide, Production Pharmacy

#### WIG Pay Costs

The pay costs outlined are based on Facilities and Estates staffing requirements to support the above Stage 1 & 2 schedules

#### WIG Non-Pay Costs

Based on existing non-pay budget aligned to retained square meterage.

#### **5.1.2 Yorkhill Option**



On the basis that Yorkhill will be the preferred site to temporarily host outpatient activity following Western Infirmary patient migration and handover of the Western site to Glasgow University, a costed option has been considered.

It should be noted that there is little detail available at this time to enable an accurate cost forecast and costs shared are provisional and liable to change.

The following assumptions have been made in relation to this option:

- Enabling works will take circa 3 months minimum following Yorkhill patient migration mid June 2015
- WIG double running and associated costs will remain on the basis of WIG Stage 1 costs until the transfer of services to Yorkhill
- It is not known at this stage what extent of the Yorkhill site will be utilized and if staff currently based within the Victoria Infirmary's McQuaker and Queen's Park House buildings will also be temporarily located on the Yorkhill site. Please note - Costs within the Yorkhill option do not include provision for use of Yorkhill's upper levels, Queen Mother's building or external residence areas as office accommodation.

## 5.2 Victoria Infirmary

Double Running in relation to the Victoria Infirmary is based on the potential retention of McQuaker & Queen's Park House and associated boiler plant to service these areas.

It should be noted that Telecoms costs in respect of installing a replacement switch and redirecting BT cabling are significant.

## 6.0 Estates Training and Enabling.

Cost Impact of mandatory training and development of redeployed staff to undertake statutory roles, duties and responsibilities for the safe operation and maintenance of this new state of the art Hi tech, resilient and complex hospital facility, while developing a revised Business Focus Maintenance (BFM) model combined with a Condition Based Monitoring (CBM) approach from expiry of the 2 year warranty period.

HIT hardware cost to support mobile access the Hi tech building services via the fully converged networking arrangements as well as upgrading AutoCAD equipment to support ongoing maintenance of electronic as fitted plans and records.

Combined with the cost of compliance with; the Pollution Prevention Control (PPC) Regulations (Scotland) 2012, under PPC permitted conditions applied to the South Glasgow Hospitals campus by the Scottish Environment Protection Agency (SEPA) as authorizing agency.

**From:** [Macdonald, David](#)  
**To:** [Powrie, Ian](#)  
**Cc:** [Anderson, Robert](#)  
**Subject:** FW: FM OTM Paper  
**Date:** 18 November 2014 08:33:07  
**Attachments:** [FM OTM Summary.doc](#)

---

Morning Ian

Would you be able to add some narrative to attached that provides rationale behind your Estates related bids. I'm just working on the double running section and will share my completed version later this morning. Rob is looking for this for tomorrow if that's possible?

Regards  
David

---

**From:** Anderson, Robert  
**Sent:** 17 November 2014 16:10  
**To:** Macdonald, David  
**Subject:** Re: FM OTM Paper

Hi David,

This looks fine. Input from Ian on estates would be useful. I will add in comments on utilities.

Cheers

Rob

Sent from my iPhone

On 17 Nov 2014, at 14:26, Macdonald, David <[REDACTED]> wrote:

Rob

Initial draft attached with detail around Decommissioning, Migration & Commissioning - hope to get Double Running done a bit later but thought you might want to comment on content so far. Please note I've inserted nothing about Estates other than what I'm aware of in relation to Decommissioning so maybe Ian needs to put Estates related detail in here also?

David

---

**From:** Anderson, Robert  
**Sent:** 17 November 2014 09:30  
**To:** Macdonald, David  
**Subject:** RE: FM OTM Paper

Hi David,

9 weeks for decommissioning as per your rotas I think.

Probably yes to both options until we know for certain which one is the goer.

Cheers

Rob

---

**From:** Macdonald, David  
**Sent:** 17 November 2014 09:14  
**To:** Anderson, Robert  
**Subject:** FM OTM Paper

Morning Rob

Just so I get the paper I'm working on matching your costings can you clarify a couple of queries for me please:

- What period/timescale have you costed Decommissioning over
- For double running do you want me to include detail about WIG and Yorkhill options - that was my plan

Thanks

David

David Macdonald  
Facilities Manager  
Southern General Hospital  
Email: [REDACTED]  
[REDACTED]

<FM OTM Summary.doc>

Hi David,

Can you pull together a summary paper describing the main rationale for each of our 'bids' for funding in commissioning, migration and transition (double running) and also the Facilities costs included in Decommissioning. Most of that is already available so should be a cut and paste. I'm seeing Margaret at Dykebar at 11.00 am tomorrow with several Finance folk, happy if you want to come along if you can make it.

Cheers

**Rob Anderson**

**Head of Finance, Facilities**  
**NHS Greater Glasgow & Clyde**

## Facilities Directorate - FM OTM Summary

### Decommissioning, Migration, Commissioning, Double Running

#### 1. Introduction

This paper outlines the rationale associated with the components and activity relating to Decommissioning, Migration, Commissioning & Double Running.

Activity	Sites Affected
Decommissioning	Western Infirmary, Victoria Infirmary, Mansion House, Yorkhill, Southern General
Migration	Western Infirmary, Victoria Infirmary, Mansion House, Yorkhill, Southern General
Double Running	Western Infirmary, Victoria Infirmary, Mansion House, Yorkhill
Commissioning	New South Glasgow University Hospital

#### 2. Decommissioning

Decommissioning resource requirements are based currently upon a 7 day per week activity over a 2 month period for all demitting sites.

The Decommissioning Working Group is currently undertaking a variety of site surveys to determine a range of site related decommissioning plans such as specialist equipment removal, asbestos and structural risks and engaging with Resource Efficient Scotland in order to determine potential disposal strategies for a variety of redundant equipment. Local Facilities Management lead Decommissioning Groups have commenced the development of action plans on all demitting sites, focusing predominantly upon clearing areas of a variety of general waste.

##### 2.1 Western Infirmary (WIG)

###### Pay Costs

- Estates  
Based on Estates presence to facilitate services disconnections.
- Facilities  
Porters supporting general site clearance; Domestic staff cleaning/decontaminating cleared areas.
- Security  
Presence immediately following patient migration to maintain secure environment. WIG have suggested a model of staffing based on utilizing Porters/Supervisors covering 24/7

###### Non-Pay Costs

Non-Pay costs for WIG are potentially significant in relation to specialist waste disposal. A number of basement duct areas, currently full of a variety of historical patient and clinical services records and equipment are potentially asbestos contaminated.

In addition there are a number of attic areas, particularly within G Block that are structurally unsound making access to remove equipment a risk.

A series of environmental and structural surveys are being commissioned to determine the levels of contamination and also access limitations.

A number of associated non-pay costs around contaminated waste disposal and also specialist equipment disposal have been estimated pending clarification and confirmation of accurate costs.

## 2.2 Victoria Infirmary (VI)/Mansion House (MHU)

### Pay Costs

As per WIG above

- Security  
Based on 24/7 presence of 4 staff at VI and 2 staff at MHU

### Non-Pay Costs

Allowance included for an element of contaminated waste however not anticipated to be an issue on the scale of WIG currently.

Includes costs for general waste removal via skip hire.

Includes costs (estimated) for specialist equipment waste disposal

Includes estimated cost for site boarding

## 2.3 Yorkhill

### Pay Costs

As per WIG above

- Security  
Based on 24/7 presence of 4 staff on site

### Non-Pay Costs

As per VI above

## 3. Migration

FM migration support is based predominantly around the Clinical Migration Timetable (V5 Timetable attached).

The main FM related activities at all demitting sites relates to the following:

### 3.1 Pay Costs - All Demitting Sites

- Bed Cleaning  
Resource allocated to each demitting site is based on the number of beds required to be cleaned immediately following patient migration. Bed cleaning relates to a single bed space and incorporated bed, chairs, locker and over bed table. Following cleaning/decontamination, bed space equipment is transferred to NSGH to pre-equip ward areas for the following patient migration scheduled. Cleaning is calculated on the basis of 45 mins per bed space
- Patient Transfer Support  
Based on a team of Porters at demitting sites and a team of receiving Porters at NSGH to support SAS patient movement.

### 3.2 Non-Pay Costs - All Demitting Sites

- Peroxide Decontamination  
An estimate for decontamination of bed space equipment has been included
- Fuel  
Based on SGH Transport team who will facilitate patient movement from SGH locations in to NSGH

#### 4. Commissioning

In relation to the New South Glasgow University Hospital (NSGH) and based on a 13-week Commissioning programme commencing January 19th 2015. Note 1 week added at commencement of programme to facilitate a variety of staff training etc.

##### 4.1 Pay Costs - Commissioning

- Week -1  
FM staff training

##### Domestic Staffing

- Weeks 1 to 6  
Domestic staffing based on general Commissioning support activity predominantly Ground & 1<sup>st</sup> Floor, setting up DSRs, filling dispensers etc
- Weeks 7 to 10  
Domestic presence within all areas undertaking maintenance cleaning and cleaning following variety of fixtures retrofitting and bed making.
- Weeks 11 & 12  
Full staffing compliment (Adult Acute) - undertaking location familiarization and maintenance cleaning

##### Porter Staffing

- Weeks 1 to 10  
General support team 7 days per week throughout Commissioning Phase
- Weeks 11 & 12  
Phased introduction to full staffing

##### Procurement Staffing

- Weeks 1 to 12  
Incoming goods team Monday to Friday co-coordinating equipment receipt and distribution  
Ward Pre-stocking team dealing with local areas stock

##### Catering Staffing

- Weeks 1 to 12
- Monday to Fri presence to provide catering service to Commissioning team and associated staff

##### Administrative Support

- Weeks 1 to 12
- Support with general administrative tasks, staff orientation and ID badges

##### Fire Support

- Weeks 1 to 12
- Fire Officer support to undertake Fire Risk Assessments and associated action plan development.

##### 4.2 Non-Pay Cost - Commissioning

Non-pay costs incorporate aspects such as cleaning materials, waste disposal, stationery, disposables, ID badges, hospitality etc.

**From:** [McNeil, Elaine](#)  
**To:** [Boyd, Moira](#); [Cleaver, Don](#); [Forsyth, Ewen](#); [Fulton, Tom](#); [Gallacher, Alan](#); [Hunter, William](#); [Kane, Mary Anne](#); [Maclean, Alistair](#); [McFadden, Jim](#); [McIntyre, Hazel](#); [Mclean, Ken](#); [Menzies, John](#); [Pace, David](#); [Powrie, Ian](#); [Wallace, Stephen](#)  
**Cc:** [Matheson, Fiona](#); [Gardner, Andrew](#); [McPhail, Pamela](#); [Speirs, Karen](#); [Frame, May](#); [Hagan, Cathy](#)  
**Subject:** Estates SMT Group Meeting 9 October 2014  
**Date:** 19 November 2014 14:52:30  
**Attachments:** [Minutes 09 10 14.doc](#)

---

Dear Colleagues


I have attached the minute from the Estates SMT Group meeting held on 9 October 2014.

The next meeting is scheduled for Thursday 11<sup>th</sup> December 2014 at 1.00pm in Meeting Room L1/A/008b, 1st Floor, New Labs Building, Southern General Hospital.

Regards

*Elaine McNeil*

Facilities Department  
PA/Administrative Officer to Billy Hunter General Manager - Facilities, Clyde & South Sector &  
Alan Gallacher, Sector Estates Manager, Clyde Sector  
1<sup>st</sup> Floor Estates Building  
Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN



**Facilities Directorate  
Estates Senior Management Team (SMT) Meeting  
9<sup>th</sup> October 2014 at 1.00pm  
Meeting Room L1/A/008b, New Labs Building, Southern General Hospital**

**Present:**

Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
Moir Boyd (MB)	–	Asbestos Manager
Don Cleaver (DC)	–	Senior Estates Manager, West
Ewen Forsyth (EF)	–	Commodity Manager
Billy Hunter (BH)	–	General Manager, South & Clyde
Alistair MacLean (AMacL)	–	General Manager, North East & West
Jim McFadden (JMcF)	–	Sector Estates Manager, South
Ken McLean (KMcL)	–	Sector Estates Manager, Partnerships
John Menzies (JM)	–	Senior Estates Manager, VoL
David Pace (DJP)	–	General Manager, Partnerships
Ian Powrie (IP)	–	Sector Estates Manager, NSGH
Stephen Wallace (SW)	–	Head of HR, Facilities

**Apologies:**

Tom Fulton (TF)	–	Site Estates Manager, GRI
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde

**In Attendance:**

Sarah Cockram (SC)	–	Senior Commodity Officer
--------------------	---	--------------------------

**1. Apologies Action**

As noted above.

**2. Pricewaterhousecooper PwC Presentation  
National Procurement Presentation  
West of Scotland Intensive Improvement Activity Group Presentation**

National Procurement and West of Scotland Intensive Improvement Activity Group delivered presentations at 12.30pm to the Sector Estates Managers.

Pricewaterhousecooper delivered a presentation and tabled a paper on Internal Audit Terms of Reference 2014/15 Estates to the group and explained the scope, timetable and policy and procedures across Sectors as follows:

The timetable from 20 – 29 October 2014 1 hour meetings with SEM's, will be arranged with Gary from PwC to document evidence, collate findings and have discussion to which a report will be submitted to MAK and EF. Estates Officers (EO) may be required to be involved in the process as the EOs undertake the bulk of the buying and can provide supporting evidence. MAK noted that when dates have been agreed to ensure that a portfolio of evidence is available. EF and SC will arrange the meetings with PwC and will forward the information on what will be required.

MAK noted that an investigation is currently underway within one of the Sector's and the contract registers are being scrutinised.

The scope of the audit will be used as an indicator to help teams develop a workplan.

Once the audit is complete an action plan will be produced and sent to the Audit Committee for review. The Audit Committee may seek further details. The details will be processed through the Board.

**3. Minutes from Previous Meeting (19 August 2014)**

The minute was agreed as an accurate record.



#### 4. Matters Arising/Rolling Actions

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

#### 5. Asbestos Management Update

MB tabled a copy of the Asbestos Update and provided the group with an update as follows:

- The next meeting with HSE is scheduled for 27 October 2014. HSE are monitoring progress against the action plan and the action plan must be delivered. The expectation from HSE is that all data is to be reviewed before it is entered into the live database.
- The Surveying/analytical Framework is now in place from Monday 13 October 2014 we will be using the new database.
- 285 projects have been collated reviewing reports and questioning issues with the relevant companies.
- Checklist had been issued regarding CLASP buildings with confirmation to be submitted to MB.
- Process flowcharts for CLASP properties has been issued, if assistance is required MB will support.
- 500 reports are outstanding on the database, database is now live and being used.
- Duty to Manage will commence 13 October 2014, survey works will commence at SGH, Blythwood House and GGH. MB will contact Estates teams to be made aware to assist with access to areas. **MB**
- AMP has been issued for comment, MB will re-issue 10 October 2014 for final comment and will be raised at the Health & Safety meeting in November 2014. **MB**
- Secondree has been procured on a secondment via the framework.
- Asbestos training – annual sessions to be arranged for November, December and January with Capital, IT and telecoms colleagues to be included. **MB**
- Demolitions at SGH is being managed by David Loudon's Team to undertake removals in a programmed manner.
- DATIX is now included and feedback will be provided to the individual who raised the DATIX. Issue at Barrhead, KMCL's team are dealing with, it was noted that paper trails are required.

MAK noted that need to ensure that Estates Teams are informed of the survey works arriving on site, MB will distribute a property list to check what access is required. MAK reiterated the need to keep focused as we are still under immense scrutiny from the HSE.

#### 6. NewSGH Job Matching Update

SW noted that the job matching for the Duty Manager and Supervisor posts, the interviews will be held on 16 October 2014.

There is only 3 displaced staff which are maintenance assistants to complete the process, internal vacancies will become available on completion of the process. Backfill issues will arise relating to the staff who have been redeployed.

SW sought information from group members relating to staff on long term sickness and who are due to retire. Group members to forward the information to SW. **ALL**

Vacancies will be released in the next few weeks on completion of the job matching process for the NSGH.

#### 7. Estates Strategy Roll Out

BH and DP have provided proposals, BH noted that the Clyde Sector proposal requires further work to include more information, need to move forward in order for vacancies to be released.

To meet formally with staffside to discuss how to progress the Clyde Sector, this leaves GRI and GGH to finalise. Job descriptions are required by end of March 2015 and the need to be using a standardised approach by 31 March 2015.

PPMs and data from FMFirst to be looked at and to be demonstrated with the need to defend the position and justify. MAK has held discussion with Grant Archibald, Chief Operating Officer and Peter Gallagher, Director of Finance regarding asset surveys to be undertaken and also dialogues with Mike Baxter. DP noted that NHS Lanarkshire is way ahead of NHSGG&C regarding EAMS etc. MAK to notify the Board there may be a risk and that we are almost there on completion.

MAK

## 8. On-Call Compensatory Rest Arrangement

SW noted that issues/concerns have been raised on how we are applying the compensatory rest requirements. SW has summarised in the paper circulated to the group the minimum daily rest and the weekly daily rest. Minimum daily rest equates to ½ day if contacted up to 11pm or a full day if contacted after 11pm. Any telephone calls are classed as working. If on call at the weekends with no telephone calls, staff are not required as working

If no calls are received throughout the weekend and no work undertaken: No Compensatory Rest requires to be provided in lieu. If calls are received which prevent the employee from having uninterrupted 35 hours rest during the weekend. The employee should receive the next Friday as time in lieu. (which will maintain an uninterrupted 70 hour rest in a fortnight). Other Directorates may not have picked up on the AfC 35/70 hours.

MAK noted that within one Sector the Estate Officer's (EO's) receive the first call which is then forwarded to a Tradesman. Looking for a different way in receiving the telephone calls e.g. triage. KMCL noted that there are still issues within Partnerships and Partnerships should be using Section C of the summary. There are challenges within several Sectors that require to be rectified.

MAK/SW

## 9. Water Systems Safety Policy

MAK noted at the last Board Water Safety Group the Written Scheme SHTM-01 Part G requires to be reviewed. The Sector minutes were checked and it was noted that water testing is not noted within the minutes. DC noted that a quarterly report is produced for the West Sector and discussed at the Infection Control meetings. DP noted that testing is not undertaken within Partnerships. MAK noted that from a governance perspective testing is required to be noted within the Sector minutes.

SEMs

MAK noted the recent situation within Partnerships where the AE provide different advice from the Microbiologist. The AE has been appointed to provide expert advice to NHSGG&C. KMCL concluded the situation with taking the AE's advice.

DP noted the issues of the hot and cold water system within the new build at Leverndale Hospital, expert engineers are on site and will monitor the situation. Remedial work is underway, on completion will dose and then test, the guidance is contained within the SHTM.

IP noted the need for a baseline to work from. IP noted that HFS will be taking forward the scenario of the NSGH Tap Low Straighteners Risk Assessment as discussed at the Board Water Safety Group meeting on 2 October 2014. The written schemes etc require to be reviewed. It was suggested to liaise with the company who deals with asbestos in order to develop modules.

MAK reiterated that the NSGH will be paperlite.

DP asked regarding the Compliance Manager post that has been discussed previously. It was noted that the post will be discussed at the SCART Steering Group meeting.

## 10. Authorising Engineers Update

Deferred to next meeting.

**11. HAI Scribe Update**

Completed in June 2014.

**12. Lifts****Response Times to Entrapment**

Discussion took place at the previous Estates SMT meeting on 19 August 2014 regarding concerns on whether NHSGG&C train our own employees to release entrapments. The group agreed that the entrapments should be undertaken by the Contractor.

The national contract is a 1 hour response time, MAK noted for a variation to contract to be administered to amend the response time to ½ hour, EF to negotiate with the new supplier.

IP noted that the response time for the NSGH is 2 hours, MAK noted to involve Brookfield to negotiate to ½ hour.

**New Lift Contract (Commences 1 November 2014)**

Group members noted the commencement of the new lift contract from 1 November 2014.

**13. AOCB****MA Apprenticeship**

MAK noted that the next cohort of MA's is due to commence. NHSGG&C requires to have a more structured and centralised approach to the development of staff. MAK suggested to put a hold on the recruiting of MA's this year, due to the requirement for fully qualified staff. Rob Anderson has confirmed that monies are available for the recruitment of MA's although the challenge being that we have to sacrifice qualified posts to recruit MA's. Group members agreed not to recruit MA's this year.

**14. Date & Time of Next Meeting**

The next meeting is scheduled for Thursday 11<sup>th</sup> December 2014 at 1.00pm in Meeting Room L1/A/008b, 1<sup>st</sup> Floor, New Labs Building, Southern General Hospital.

**From:** [David Hall](#)  
**To:** [Powrie, Ian](#)  
**Subject:** FW: Drawing  
**Date:** 25 November 2014 16:18:54  
**Attachments:** [image001.jpg](#)  
[ME-ZJ-02-PL-520-533\\_C\[1\].pdf](#)

---

As discussed

---

**From:** David Wilson [REDACTED]  
**Sent:** 25 November 2014 16:14  
**To:** David Hall  
**Subject:** Drawing

**David Wilson**  
Commissioning Manager - Construction

brookfield\_multiplex\_logo



**Brookfield Multiplex Europe**  
New South Glasgow Hospitals Project  
Hardgate Road  
Glasgow, G51 4SX, United Kingdom

[REDACTED]  
W [www.brookfieldmultiplex.com](http://www.brookfieldmultiplex.com)

 Please consider the environment before printing this email.

Please consider the environment before printing this e-mail.

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

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

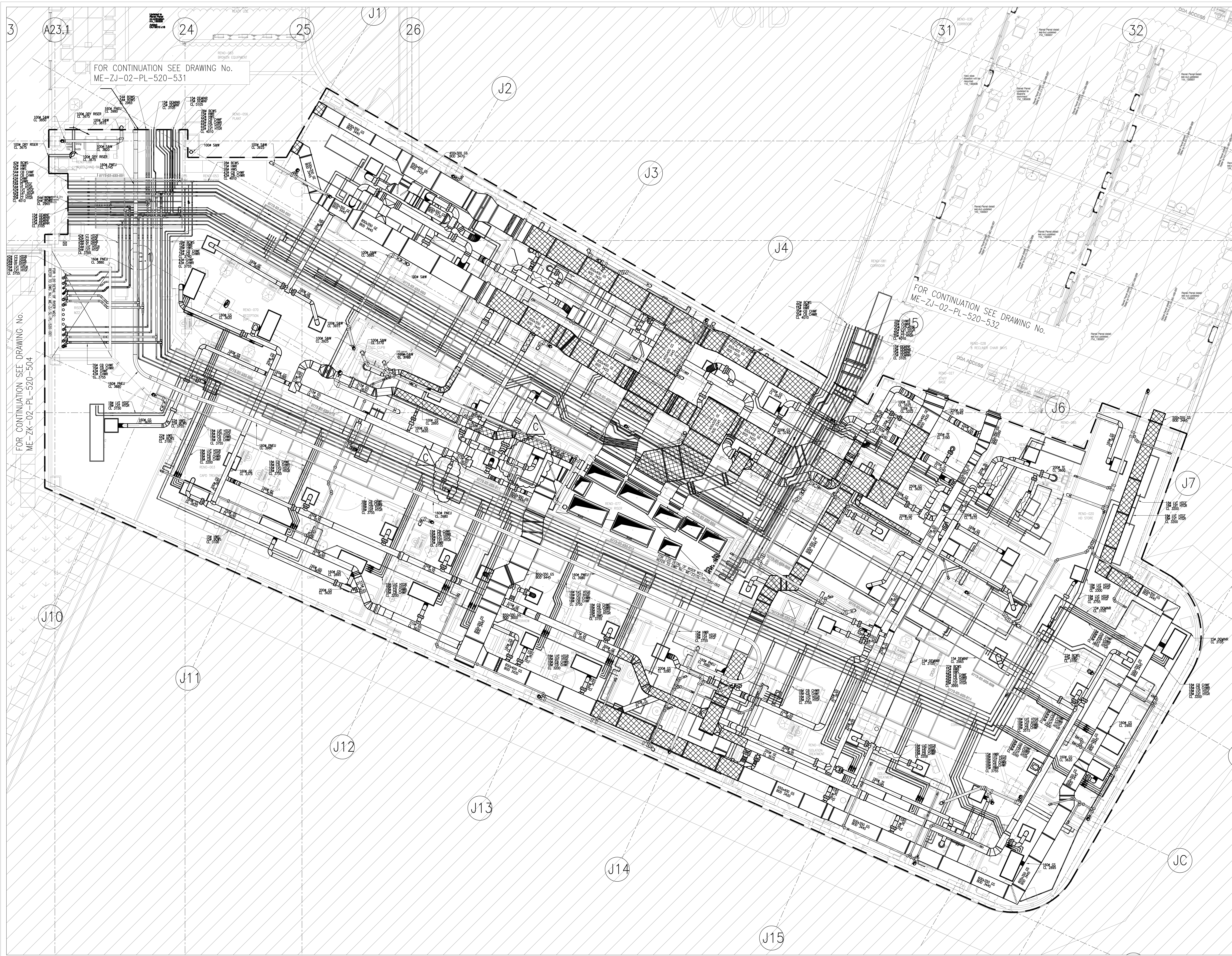
---

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

---







Notes:

- This drawing is copyright
- Do not scale dimensions from this drawing
- All discrepancies on this drawing are to be reported to the architect.
- Do not modify any element of this drawing
- Use drawing only for purpose(s) issued.

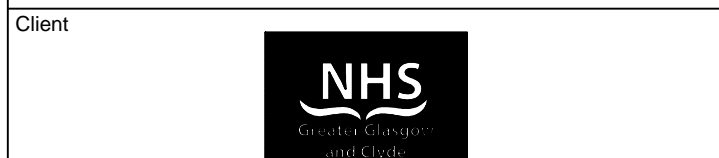
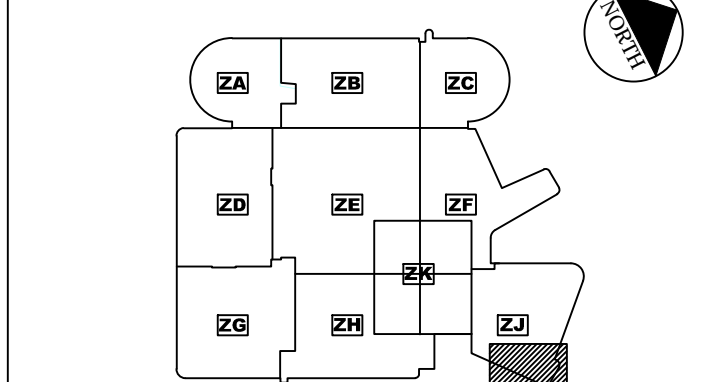
No. Design Risk Register

NOTES

1. THIS DRAWING IS TO BE READ IN CONJUNCTION WITH ALL CONTRACT DOCUMENTATION.
2. IT IS THE RESPONSIBILITY OF ALL CONTRACTORS TO VERIFY AND SIGN OFF ON ALL LEVELS INDICATED ON THESE CO-ORDINATED DRAWINGS.
3. MERCURY ENG. WILL NOT ACCEPT ANY RESPONSIBILITY FOR THE INCORRECT SETTING OUT BY OTHER CONTRACTORS.
4. REFER TO ZBP DRAWINGS FOR NOTES REGARDING SERVICE INSTALLATION AND DESIGN INTENT. THIS DRAWING IS TO BE USED FOR CO-ORDINATION PURPOSES ONLY. IT IS THE CONTRACTORS RESPONSIBILITY TO ENSURE THAT THE INSTALLATION REFLECTS THE DESIGN.
5. STRUCTURAL SLAB LEVEL 2 = 18.45m.
6. ALL CEILINGS AT 2720mm OFF STRUCTURAL SLAB UNLESS OTHERWISE STATED.

- REFERENCE DRAWINGS:
1. Architectural
    - X-NA-S2-02-PL-253-WIP-SECOND FLOOR PLAN\_23
    - X-NA-S2-02-PL-253-WIP-ASGH\_ZF\_ZF\_18
    - X-NA-S2-02-PL-400-WIP-ASGH\_ZF\_ZF\_13
  2. Structural
    - X-WSP-S2-02-PL-568-WIP-STRUCTURAL\_31
    - X-WSP-S2-XX-PL-280-WIP-GRID\_05
  3. Building Services
    - ZBP-S2-02-PL-520-029\_E
    - ZBP-S2-02-PL-520-029\_A
    - ZBP-S2-02-PL-523-029\_D
    - ZBP-S2-02-PL-581-029\_B

C	06.12.13	Smoke Damper Added	GMD/R/D
B	10.04.13	Duct altered to suit revised fire strategy	GMD/R/D
A	05.11.12	For Construction	GMD/R/D
Rev.	Date	Revision Notes	Chk. App.



MERCURY ENGINEERING  
22 Newton Place  
Glasgow G3 7PY  
T: 0141 353 0174

Project  
NEW SOUTH GLASGOW HOSPITALS  
(NSGH) PROJECT

Drawing Title  
Second Floor Plan NSGH  
Renal Dialysis  
Co-Ordinated Services Layout

Job No	Drawn	Checked	Approved
GB1.0008	C.L.	G.McD	R.O'D
Status	Date	Scale	Rev
FOR CONSTRUCTION	05.11.12	Scale: A/D	1:50

Drawn	Zone	Level	Type	Content	Sequential
ME	ZJ	02	PL	520	533

C



**From:** [Calderwood, Joanne](#)  
**To:** [Best, Jonathan](#); [Brown, Joyce](#); [Farrell, Marie](#); [Gallagher, Peter](#); [Harkness, Anne](#); [Hill, Kevin](#); [Kane, Mary Anne](#); [MacLennan, Aileen](#); [MacPherson, Anne](#); [Stewart, David](#); [Dall, David](#)  
**Subject:** FW: Nov Q&P - Agenda and Papers  
**Date:** 25 November 2014 16:56:26  
**Attachments:** [Item 00 - Nov Agenda.doc](#)  
[Q&P Nov papers - full set.pdf](#)

---

Please see attached the last set of Q&P paperwork, for your information.

Thanks

Joanne

---

**From:** Suarez, Rozanne  
**Sent:** 13 November 2014 15:07  
**To:** Baxendale, Anna; Lafferty, Alan [Board]; Cameron, Heather; Benton, Catherine (Board); Cunning, Malcolm [Board]; Lyons, Donald (Board); Fraser, Ian [Board]; Lee, Ian (Board); McIlwee, Joe [Board]; McIlwee, Cllr J [Board]; Winter, Ken (Board); Brown, Morag [Board]; Daniels, Peter (Board); Micklem Ros [Board]; Sime, Donald; Sime, Donald (Board); 'Angus Brown, Audit Scotland'; Archibald, Grant; Armstrong, Jennifer; Calderwood, Robert; Crawford, Andy; Crocket, Rosslyn; Curran, Anthony; de Caestecker, Linda; Erdman, Jackie; Garscadden, Roy; Hamilton, John (Admin); 'Helen Russell, Audit Scotland'; Hobson, James; Kane, Mary Anne; Loudon, David; McLaws, Ally; Mullen, Patricia; Reid, Ian; Renfrew, Catriona; Walsh, Tom; Wright, Robin; Dearden, John; Devlin, Maureen [Board]; Dominiczak, Anna [Board]; Finnie, Ross [Board]; Carson, Grant (Board); Macmillan, Mark [Board]; Shanks, Norman [Board]; O'Donnell, Michael [Board]; Reid, Robin [Board]; Rooney, Martin [Board]; McAuley, Trisha (Board); McGrogan, Niall; Macleod, Mairi  
**Cc:** Cannon, Paul; Feinmann, Mark; Leese, David; MacKenzie, Alex; Moore, Brian (INV); Murray, Julie; Murray, Karen; Redpath, Keith; Walker, David; Bajwe, Ranjit; Calderwood, Joanne; Clarke, Susan; Dobson, Lorraine; Dunn, Patricia; Elliott, Lee Anne; Frew, Shiona; Gardner, Andrew; Hirst, Allyson; McKenzie, Kirstin; Lang, Ann; Law, Leanne; Cobain, Linda; Surgenor, Linda; Magennis, Michelle; Brodie, Margaret; McMartin, Geraldine; O'Brien, Bernadette; Russell, Jacqueline; Walker, Elaine; Walker, Sheena; Young, Lisa  
**Subject:** RE: Nov Q&P - Agenda and Papers

Dear All

Further to my previous email, please find attached a full set of Q&P papers incorporating the "To Follow" papers. I have also added the agenda again.

Kind regards,

**Rozanne Suarez**  
**Team Secretary/Administrator**  
**Board Administration**  
**JB Russell House**  
**Gartnavel Royal Hospital**

[Redacted]  
[Redacted]

---

**From:** Suarez, Rozanne  
**Sent:** 12 November 2014 15:38  
**To:** Baxendale, Anna; Alan Lafferty; Cameron, Heather; Catherine Benton, BEM; Cunning, Malcolm [Board]; Donald Lyons; Ian Fraser; Ian Lee; Joe McIlwee; Joe McIlwee (Cllr); Ken Winter; Morag Brown; Peter Daniels; Ros Micklem; Sime, Donald; Sime, Donald ; Angus Brown, Audit Scotland;

Archibald, Grant; Armstrong, Jennifer; Calderwood, Robert; Crawford, Andy; Crocket, Rosslyn; Curran, Anthony; de Caestecker, Linda; Erdman, Jackie; Garscadden, Roy; Hamilton, John (Admin); Helen Russell, Audit Scotland; Hobson, James; Kane, Mary Anne; Loudon, David; McLaws, Ally; Mullen, Patricia; Reid, Ian; Renfrew, Catriona; Walsh, Tom; Wright, Robin; Dearden, John; Devlin, Maureen [Board]; Dominiczak, Anna [Board]; Finnie, Ross [Board]; Grant Carson; Macmillan, Mark [Board]; Norman Shanks; O'Donnell, Michael [Board]; Reid, Robin [Board]; Rooney, Martin [Board]; Trisha McAuley

**Cc:** Cannon, Paul; Feinmann, Mark; Leese, David; MacKenzie, Alex; Moore, Brian (INV); Murray, Julie; Murray, Karen; Redpath, Keith; Walker, David; Bajwe, Ranjit; Calderwood, Joanne; Clarke, Susan; Dobson, Lorraine; Dunn, Patricia; Elliott, Lee Anne; Frew, Shiona; Gardner, Andrew; Hirst, Allyson; Kirstin McKenzie; Lang, Ann; Leanne Law; Linda Cobain; Linda Surgenor; Magennis, Michelle; Margaret Brodie; McMartin, Geraldine; O'Brien, Bernadette; Russell, Jacqueline; Walker, Elaine; Walker, Sheena; Young, Lisa

**Subject:** Nov Q&P - Agenda and Papers

Dear All

Please find attached the agenda and papers for the Quality and Performance Committee meeting scheduled for Tuesday 18 November 2014 at 9:00am in the Board Room of JB Russell House, Gartnavel Royal Hospital.

To access the papers please save these PDF files on your laptop. The agenda items marked "*To Follow*" will be sent out by email on Thursday 13 November 2014.

Hard copies will be posted out tomorrow to those who usually get these – they will incorporate the "*To Follow*" papers so that you will receive one set instead of two.

**Kind regards,**

**Rozanne Suarez**

**Team Secretary/Administrator**

**Board Administration**

**JB Russell House**

**Gartnavel Royal Hospital**

[Redacted signature block]



# NHS GREATER GLASGOW AND CLYDE

Meeting of the Quality and Performance Committee  
 Tuesday, 18 November 2014 at 9.00am in the  
 Board Room, J B Russell House,  
 Gartnavel Royal Hospital,  
 1055 Great Western Road, Glasgow, G12 0XH

## AGENDA

### 1 Apologies

### 2 Declarations(s) of Interest(s)

To invite NHS Board Members to declare any interest(s) in relation to the Agenda Items to be discussed.

### 3 Minutes of Previous Meeting: 16 September 2014

QPC(M) 14/05

### 4 Matters Arising

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### 5

[REDACTED]

[REDACTED]

[REDACTED]

## SAFETY

### 6

[REDACTED]

[REDACTED]

[REDACTED]

### 7

[REDACTED]

[REDACTED]

[REDACTED]

### 8

#### Healthcare Associated Infection: Exception Report





Paper No 14/121

Report of the Medical Director

## PERSON CENTREDNESS

9		
		
10		
		
11		
		
12		
		
13		
		

## MONITORING AND GOVERNANCE

14		
		
15		
		
16		
		

## CAPITAL

17	<b>New South Glasgow Hospitals Development: Progress Update</b>
	Report of the Project Director – New South Glasgow Hospitals Project

Paper No 14/130  
To Follow

18		
		

19

[REDACTED]

[REDACTED]

[REDACTED]

<p><b>FOR NOTING/INFORMATION ONLY</b></p>
---

20

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

21

[REDACTED]

[REDACTED]

[REDACTED]

22

[REDACTED]

[REDACTED]

[REDACTED]

23

[REDACTED]

[REDACTED]

24

[REDACTED]

[REDACTED]

[REDACTED]

25

[REDACTED]

[REDACTED]

[REDACTED]

26

**Date of Next Meeting**

9.00am on Tuesday 20 January 2015 in the Board Room, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH

































































































































































































































































## **Healthcare Associated Infection: Exception Report**

**Recommendation:** For noting.

**Purpose of Paper:** Update on NHSGGC performance against HEAT and other HAI Targets and performance measures.

**Key Issues to be considered:** All Scottish NHS Boards are to achieve *Staphylococcus aureus* Bacteraemia (SAB) HEAT target of 24 cases or less per 100,000 Acute Occupied Bed Days (AOBDs) by 31<sup>st</sup> March 2015. For NHS Greater Glasgow & Clyde this is estimated to equal 25 patients or less each month developing a SAB.

The most recent validated results for 2014, Quarter 2 confirm a total of 106 SAB cases for NHS GGC, between April and June 2014. This equates to a SAB rate of 29.0 cases per 100,000 AOBD.

Local data for 2014 Quarter 3 indicates an 18% fall in case numbers, with 87 SABs identified between July and September 2014. This equates to an estimated rate of 24.0 cases per 100,000 AOBD. The validated results for Quarter 3 are expected to be published in January 2015.

HAI HEAT Targets April - June 2014	GGC	National	HEAT target
SAB rate per 100,000 AOBD	29.0 (106 cases)	30.7	24.0
CDI rate per 100,000 OCB	26.4 (95 cases)	33.4	32.0

Table 1. Progress against National HAI HEAT targets, 01/04/2014 – 30/06/2014.

**Any Patient Safety /Patient Experience Issues:** No

**Any Financial Implications from this Paper:** No

**Any Staffing Implications from this Paper:** No

**Any Equality Implications from this Paper:** No

**Any Health Inequalities Implications from this Paper:** No

**Highlight the Corporate Plan priorities to which your paper relates:** Improving quality, efficiency and effectiveness.

**Author:** Dr. Jennifer Armstrong

**Tel No:** [REDACTED]

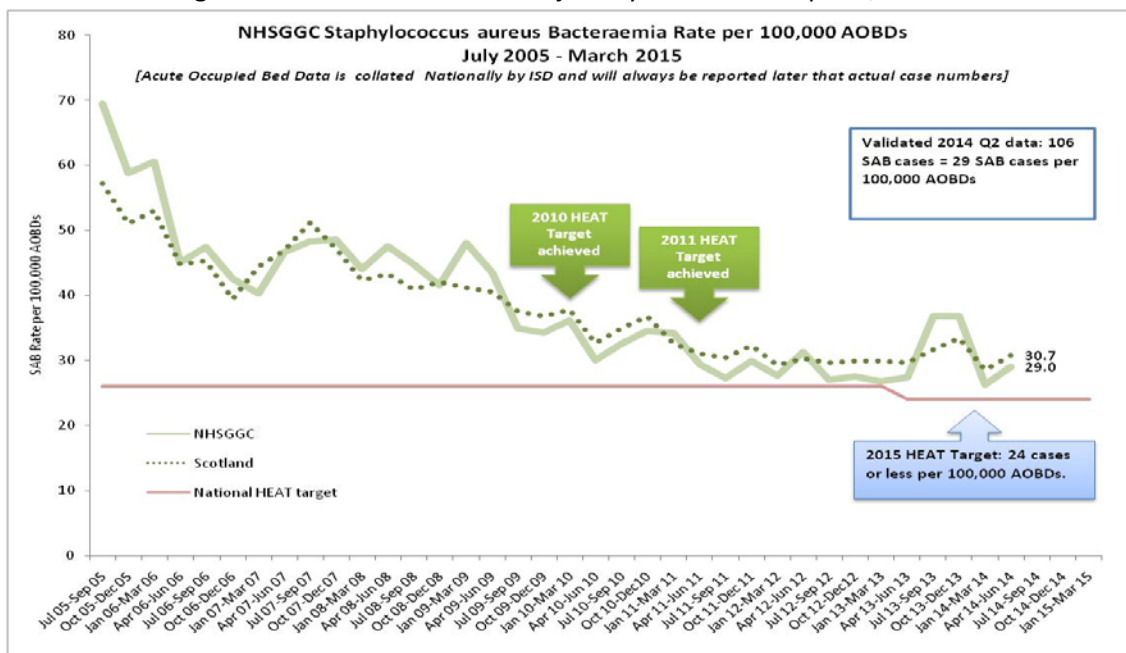
**Date:** 04/11/2014

## Infection Prevention & Control Service Report for Quality & Performance Committee, November 2014

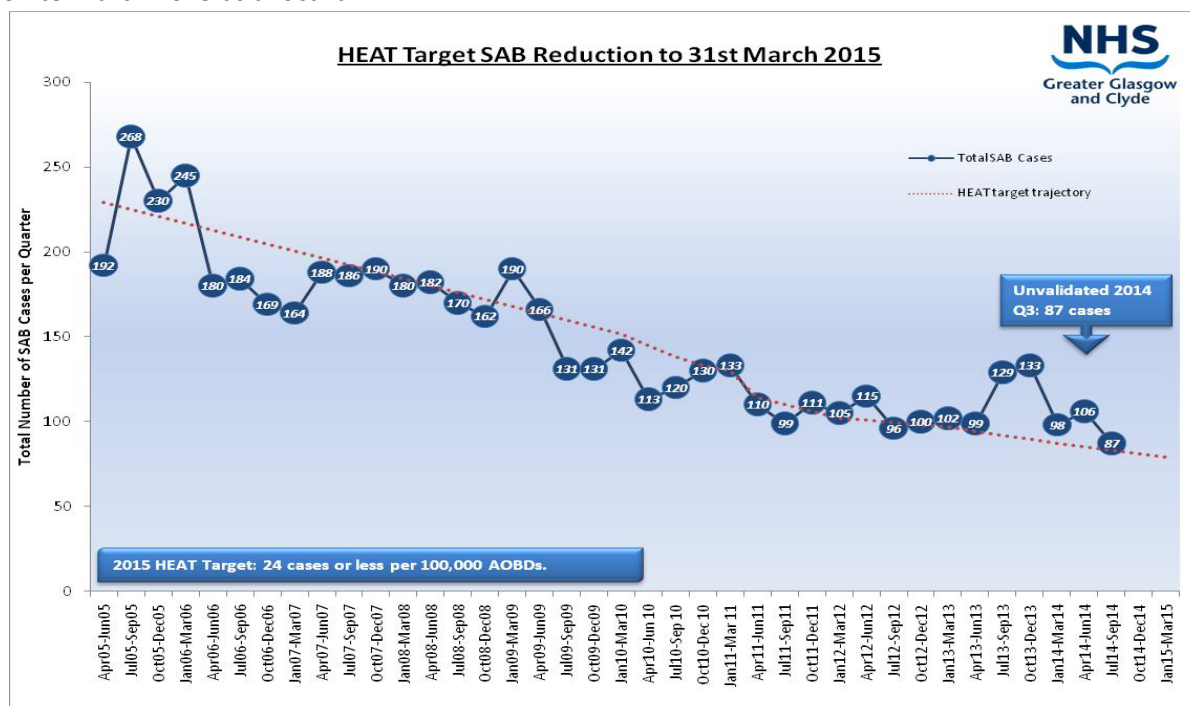
### Staphylococcus aureus Bacteraemia (SAB)

NHSGGC are working towards the revised March 2015 National HEAT target of **24** SAB cases per 100,000 Acute Occupied Bed Days (AOBDs). The most recent validated results available for 2014 Q2 (Apr - Jun 2014) demonstrate a SAB rate of **29.0** cases per 100,000 AOBDs for NHSGGC, which is below the national average of **30.7** cases per 100,000 AOBDs. These quarterly rates, combined for the last completed year, equate to a rate of **32.2** SAB cases per 100,000 AOBDs, for NHS GGC, between Jul 2013 and Jun 2014. Local estimation of occupied bed day data for Jul-Sep 2014 indicates a rate of approximately 24.0 cases per 100,000 AOBDs, for the last quarter.

The Quarterly Rolling Year ending June 2014 rate as per LDP for *Staphylococcus aureus* Bacteraemia is **0.32** cases per 1,000 AOBDs. This is against the June 2014 Board trajectory of **0.26** cases per 1,000 AOBDs.



Data contained in the graph below is represented in SAB case numbers and contains an illustrative case number reduction to March 2015 as a local aim.



### ***Clostridium difficile* Infection (CDI)**

NHSGGC are working towards the revised CDI HEAT target which requires boards to achieve a rate of **32** CDI cases or less per 100,000 total occupied bed days (OCBD) in all patients, to be attained by the 31st March 2015.

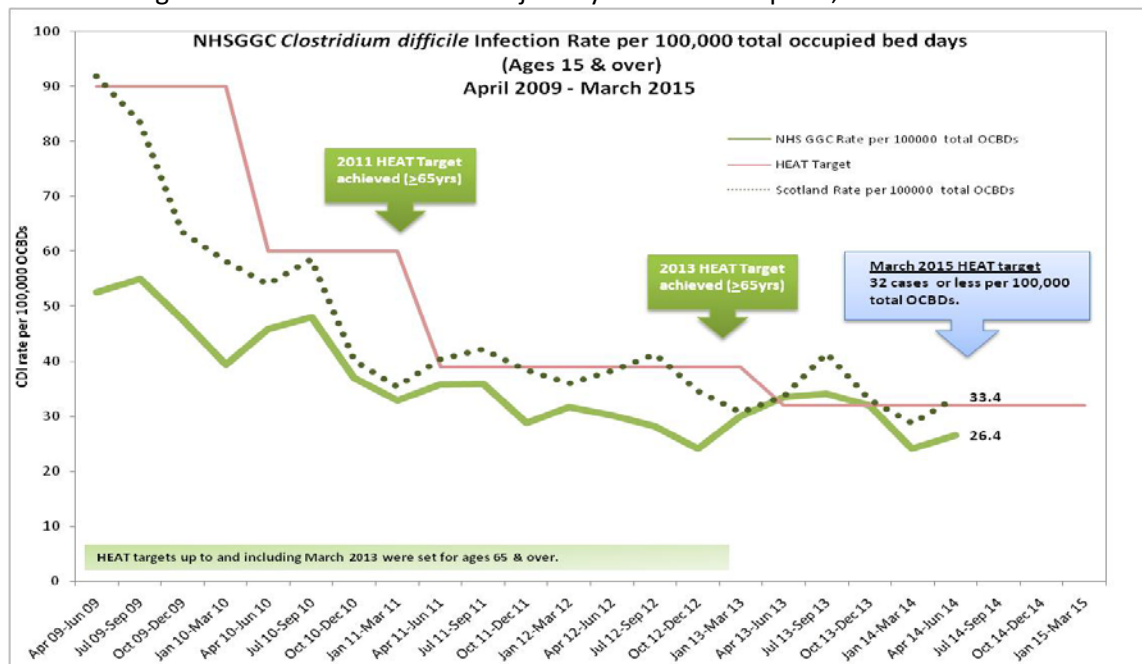
The most recent validated results available for Q2 (Apr - Jun 2014) demonstrate a CDI rate of **26.4** per 100,000 OCBDs for NHSGGC, which is below the national average of **33.4** per 100,000 OCBDs.

NHSGGC achieved a rate of **29.0** per 100,000 OCBDs for the last completed year, Jul 2013 – Jun 2014.

Local CDI surveillance figures for Q3 (Jul-Sep 2014) indicate that NHSGGC has had a total of 112 patient cases.

Although this is an increase from previous months, only a third of these cases were hospital acquired and 25 positive samples were obtained from GP practices alone. Local monitoring continues with the intention of exploring GP and community antimicrobial prescribing practice and also analysing recurring CDI (relapse/re-infection cases). Local estimation of occupied bed day data for Jul-Sep 2014 indicates a rate of approximately 32.0 cases per 100,000 OCBDs, for the last quarter.

The Quarterly Rolling Year ending June 2014 rate as per LDP for *Clostridium difficile* Infection is **0.29** cases per 1,000 OCBDs. This is against the June 2014 Board trajectory of **0.31** cases per 1,000 OCBDs.



### **Hand Hygiene**

NHSGGC has committed to improving Hand Hygiene compliance since the inception of the National Campaign in 2007. The National Campaign issued its last bimonthly report in September 2013. Future audit schedules and the requirement to put in place a quality assurance (QA) programme has been passed to the NHS Board for action. The LHBC for NHSGGC has submitted a QA plan to the Scottish Government and initial testing of this has commenced. This process will provide re-assurance that local audits carried out by wards and depts. are consistent with the methodology utilised nationally. Local Combined Compliance data as gathered using the LanQIP system is represented below.

#### **Hand Hygiene Combined Compliance (Opportunity taken and Correct Technique criteria)**

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014
<b>AHP</b>	97%	98%	98%	97%	98%	99%
<b>Ancillary</b>	94%	94%	93%	93%	96%	96%
<b>Medical</b>	95%	94%	94%	95%	95%	96%
<b>Nurse</b>	99%	99%	99%	99%	99%	99%
<b>Board Total</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>



## Surgical Site Infection Surveillance

For the last available quarter (April - June 2014), the SSI rates for Caesarean section and knee arthroplasty procedure categories remain below the national average. SSI rates for hip arthroplasty and repair of neck of femur procedures were both above the national average although remain within the 95% confidence intervals.

The IPCT is implementing an electronic SSI surveillance module which will facilitate broadening out Surgical Site Infection Surveillance to other operating procedure categories in 2015.

Category of procedure	Operations	Infections	NHSGGC SSI rate (%)	NHSGGC 95% CI	National dataset SSI rate (%)	National 95% CI
Caesarean section	1311	12	<b>0.9</b>	0.5-1.6	<b>1.4</b>	1.1-1.9
Hip arthroplasty	404	4	<b>1.0</b>	0.4-2.5	<b>0.6</b>	0.4-1.1
Knee arthroplasty	406	0	<b>0.0</b>	0.0-0.9	<b>0.1</b>	0.0-0.5
Repair of neck of femur	377	5	<b>1.3</b>	0.6-3.1	<b>0.9</b>	0.4-1.7

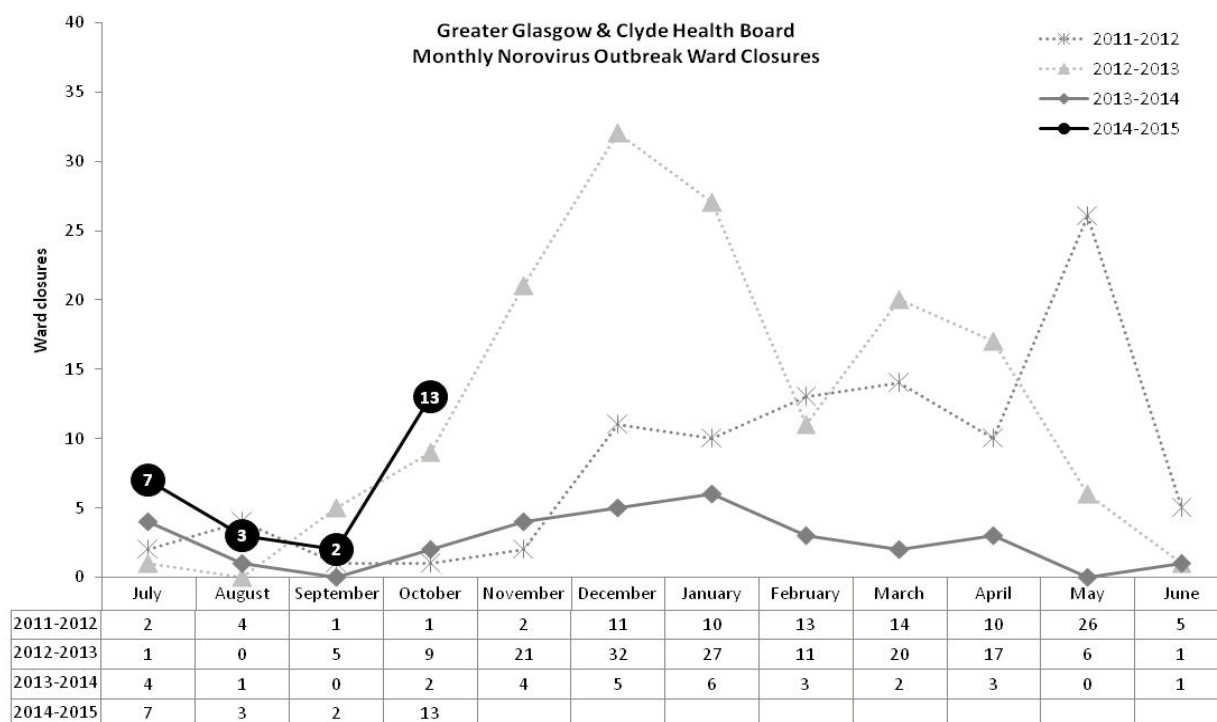
The table above shows the SSI rates for Caesarean section (inpatient and PDS to day 10), Hip arthroplasty (inpatient and readmission to day 30), Knee arthroplasty (inpatient) and Repair of neck of femur (inpatient) procedures within NHS Greater Glasgow & Clyde, 01/04/2014 – 30/06/2014

## Outbreaks/Incidents

**Norovirus Outbreaks:** HPS announced that Norovirus Season commenced on 30/09/2014.

Norovirus activity was reported in 7 GGC hospitals, with 15 ward closures, during the period Sep - Oct 2014.

Month	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Ward Closures	1	0	2	4	5	6	3	2	3	0	1	7	3	2	13
Bed Days Lost	21	0	4	111	77	33	50	0	26	0	0	135	43	57	216



The total number of monthly ward closures has been above average this year, compared to the last 3.

















































































































































































































































































































































**NHS Greater Glasgow & Clyde**



**Quality & Performance Committee**

**18<sup>th</sup> November 2014**

**Paper No: 14/130**

**David W Loudon, Project Director**

**New South Glasgow Hospitals Development: Progress Update  
Report of the Project Director – New South Glasgow Hospitals Project**

**Recommendation:**

- To note progress at the New South Glasgow Hospitals Project via Presentation by the Project Director
- The Q&PC is requested to note the revised Key Risk Summary. Refer to Section 9.
- The Q&PC is requested to note the Compensation Events Summary. Refer to Section 7.
- The Q&PC is requested to approve the paper titled “Car Park Completion Strategy” Refer to Section 10
- The Q&PC is requested to note the paper titled “Transport to South Glasgow University Hospital” and presented by Niall McGrogan, Head of Community Engagement and Transport. Refer to Section 11.

**Purpose of Paper**

- To provide members of the Q&PC with a progress report regarding the New South Glasgow Hospitals Project.
- To advise the Q&PC that the project team has submitted a planning application for Car Park 3 and to seek approval for the proposed capital funding for the car park completion plan.
- To provide Q&PC with an update on Transport to South Glasgow University Hospital.

**Key Issues to be considered**

To note that the project remains on programme for target completion date of 26<sup>th</sup> January 2015. Commissioning of complex mechanical and electrical systems is in progress and to date is being managed satisfactory. Members of Q&PC are requested to note that consistent with all major capital construction related projects, commissioning is a key risk to final completion and related certification.



**Any Patient Safety /Patient Experience Issues:** None

**Any Financial Implications from this Paper:** None

**Any Staffing Implications from this Paper:** None

**Any Equality Implications from this Paper:** None

**Any Health Inequalities Implications from this Paper:** None

**Highlight the Corporate Plan priorities to which your paper relates.**

- The paper relates to the corporate objectives stated in the approved Business Plan.

**Author:** David W Loudon

**Tel No:** [REDACTED]

**Date:** 11 November 2014

**Quality & Performance Committee**

**11<sup>th</sup> November 2014**

**Project Director – New South Glasgow Hospitals Development**

**NEW SOUTH GLASGOW HOSPITALS DEVELOPMENT**

**PROGRESS UPDATE**

**1. Introduction:**

The content of this paper sets out the progress of each of the stages of the New South Glasgow Hospitals Development. The paper also includes a progress update on the Teaching & Learning Centre and New Accommodation (Office) Building.

**2. New Adult & Children's Hospitals**

**a) Summary status of the works (as at 10<sup>th</sup> November 2014).**

Stage 3 Start Date	28 March 2011
Stage 3 Target Completion Date	26 <sup>th</sup> January 2015
Stage 3 Contract Duration (Revised Target)	201 weeks
Elapsed contract period at 10 <sup>th</sup> November 2014	190 weeks
Period Remaining	11 weeks

**b) General progress on site against programme**

Phase	+/- In period	Comments
Stage 3 Adults & Children's Hospital Construction	0	Target handover date agreed as 26 <sup>th</sup> January 2015. Maintaining progress this period.
Stage 3 Energy Centre Construction	0	Maintaining progress this period
Car Park 1	0	Maintaining progress this period against the target completion date of 26 <sup>th</sup> January 2015.

**c) Design**

- The Project Team continue to focus on reviewing the wayfinding and signage proposals and the design strategy for dignified spaces.
- No further design changes have been requested at this time.

**d) Construction Progress (Highlights)**

**i. New Adult Acute Hospital**

The cladding of the columns to the main entrance is nearing completion.

The revolving door at the main entrance has been installed.

Tiling works to the adult atrium continues to be progressed and is 90% complete.

Commissioning of the M&E installations continues to be progressed in line with the programme and above ceiling service snagging will be completed by the end of November 2014.

Internal fit out to the atrium link bridge continues to progress in line with the programme.

Final commissioning of the lifts is programmed to commence 17<sup>th</sup> November 2014.



**ii. New Children's Hospital**

The atrium is being prepared for final decoration at low level.

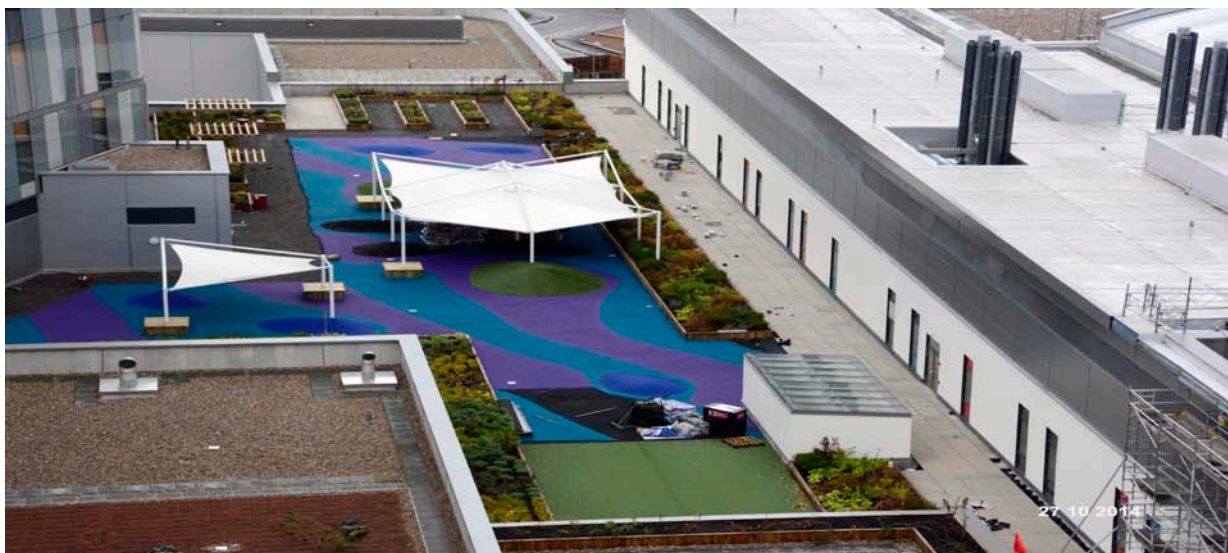
The entrance reception desk is programmed for delivery mid November 2014 and the fit-out of the out-patient reception desks is ongoing.

The ceiling tile installation will continue throughout November and complete in December 2014.

The final cleaning works to the atrium area are programmed to commence at the end of November 2014.

The installation of the canopy at the main entrance is substantially complete.

The children's roof garden is nearing completion and the resin footpaths are due to recommence mid November 2014.



The final decoration and vinyl works to stair cores is being carried out on a phased basis and is progressing well with final decoration to stair core A within the Adult atrium commenced and decoration completed to stair core E located between CCW and Stroke Ward.

External landscaping works are ongoing with paving blockwork commenced along the west elevation and granite paving ongoing at the arrival square area.

#### e) Mock Ward

The Project Team, with assistance from BMCL, have set-up a mock-ward on level 5 of the Adult Hospital to provide the basis for scenario led exercises to test the patient services prior to the opening of the new hospital. The mock ward consists of 14 bedrooms (bed, pod locker, overbed table, 2 visitors chairs, 1 patient chair), ward office, Senior Charge Nurse office, Pantry, DSR all of which have been pre-equipped. Scenarios within the mock ward commenced on 3<sup>rd</sup> November and are scheduled to last 2 weeks. A small numbers of targeted staff are 'testing' the ward processes using scenarios which mimic both the routine and emergency processes that will impact on the organisation of patient care. To date have included HI&T, Telephony, Ward Product Management, Resuscitation, Pharmacy, domestic services, meals delivery and ward product management. All staff members involved have found the scenarios very beneficial. Learning points will be developed from the scenarios and changes to processes (if required) will be developed.



#### **f) Internal Fit Out – Inspection Process**

The quality control inspection process being undertaken by Capita Symonds (NEC3 Project Supervisors) is ongoing and to date, Capita have jointly inspected over 6900 rooms with circa 294 remaining to be inspected.

The NHS Project Team's zone checking is ongoing as areas become available for final inspection, the latest areas to which checking has been carried includes the theatre ward area of the Children's Hospital and generic wards on level 7 and 9 of the Adult Hospital.

#### **g) Completion Criteria**

Regular meetings have been established with BMCL so that the NHS Project Team can monitor progress of the Completion Criteria. The Completion Criteria is a list of the Inspections, Testing, Commissioning and Acceptances which BMCL need to obtain Practical Completion (PC) and thus enable the NHS Board to take possession of the hospitals.

#### **h) Equipment**

##### **i. Group 5 Equipment (Imaging)**

- The NHS Project Team continue to meet regularly with Imaging Directorate representatives in order to keep colleagues up to date on Group 5 Equipment progress and on other issues.
- The installation of imaging equipment in the new hospitals has commenced to the 13 general x-ray rooms and the 2 adult CT scanner rooms. Installation works to the interventional labs are programmed to commence mid November 2014. Initial prep works are due to be commenced in the MRI rooms in mid November 2014.

##### **ii. Transfer Equipment**

- The Migration workbooks (MWBs) process is ongoing and the roll out of MWB version 3 is underway. The MWB version 3 have been issued to all the children's services transferring into the new Royal Hospital for Sick Children and to those adult services where the final location within NSGUH is known. The MWB version 3 will be issued to the 'shared' areas imminently. The MWB version 3 provides information about the location that each specific service is transferring to within the buildings i.e. room schedule and departmental floor plans. The MWB version 3 also requests that the Service Transfer Owners provide details of the new location for equipment being transferred, provide staff transfer details (if known) and also review/update as necessary the previously completed equipment lists and COSHH list. A follow-up workshop with the Service Transfer Owners is being scheduled to take place at the beginning of December 2014.
- The meetings between Procurement, IT and Medical Physics to identify the final transfer rate of equipment are on-going and work to input the information to the equipment database has commenced working well and should, when complete, inform the tender processes for equipment required. To date 88% (63,753 lines of 72,406) of information by line has been uploaded.

### 3. Teaching and Learning Centre

- The construction of the Teaching & Learning Centre remains on programme and on budget for completion by end May 2015.
- The external cladding installation is ongoing to all elevations. The zinc cladding is progressing well and the “gold” mesh cladding to the lecture theatre drum has commenced.
- The mechanical & electrical installation is ongoing.
- The Lift installation is ongoing
- The internal fit out is progressing on all floors on all floors.



### 4. New Staff Accommodation (Office) Building

- The construction of the New Administration (Office) Block remains on programme and on budget for completion by April 2015.
- The mechanical & electrical installation is ongoing.
- The internal fit out is progressing well on all floors.
- The raised Access flooring installation is now complete.
- The Lift installation is now complete





## 5. Neuro-surgical Entrance

A planning application was submitted to Glasgow City Council for the proposed new entrance to the Neuro-surgical building and planning consent was subsequently granted on 11th November 2014. The Board will be issuing a Compensation Event to BMCL in due course. It is anticipated that the project will commence end January 2015 with a 57 week programme.

## 6. Energy Centre

- The commissioning of the mechanical and electrical systems is progressing in line with the SEPA Permit.

## 7. Change Control Process

The following tables provide an update of the changes that have been assessed and approved by the Acute Services Strategy Board through the projects change control process and an indication of pending changes that are being reviewed prior to formal approval.

### 7.1 Compensation Events which were previously issued

The table below summarises the previously issued Compensation Events:

Table 1

Item	Stage 1 costs (inc O/H, Profit & VAT)	Stage 3 costs (inc O/H, Profit & VAT)	Total costs (inc O/H, Profit & VAT)	Variation
Compensation Events No's 01 - 052	£1,317,228.19	£10,207,498.37	£11,524,726.56	-

The costs stated have been shown at the relevant rate of VAT.

### 7.2 New Compensation Events

The table below lists other changes which have been concluded since the previous report (September 2014).

Table 2

Item	CE No	Date completed	Status	Total costs (inc O/H, Profit & VAT)	Variation
Works in connection with section 56/2 road resurfacing	053	30/10/2014	Concluded	£223,703.72	NEW (FUNDED BY SECTION 75)
Lowering fibre optic cable discovered during construction of Section 56/1 layby	054	30/10/2014	Concluded	£3,765.29	NEW (FUNDED BY SECTION 75)
Additional street lighting works to Hardgate Road, Section 56 works	055	30/10/2014	Concluded	£51,489.58	NEW (FUNDED BY SECTION 75)
1 in 10 year weather event (December 2013 and February 2014)	056	30/10/2014	Concluded	£120,000.00	
			<b>Total</b>	<b>£398,958.59</b>	

### 7.3 Movement since last ASSB report (September 2014)

The table below shows the cost movement since the previous ASSB report.

Table 3

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Event value at September 2014	£11,524,726.56
Compensation Event value at November 2014	£11,923,685.15
<b>Movement since September 2014</b>	<b>£398,958.59</b>

### 7.4 Potential Compensation Events

The table below lists potential Compensation Events currently under review:-

Table 4

	Total costs/savings (inc O/H, Profit & VAT)
NONE	
<b>Value of Potential Compensation Events</b>	<b><u>£0</u></b>

### 7.5 Compensation Event Classification

The table below provides an overview of the costs associated with those Compensation Events which are not related to the accepted contract scope of works.

Table 5

	Total costs/savings (inc O/H, Profit & VAT)
Compensation Events related to accepted contract scope of works	- £1,500,074.43
Compensation Events related to NHS GG&C Clinical Brief changes	£886,709.30
Compensation Events related to events outwith NHS Control - Inflation	£12,000,000.00
Compensation Events related to events for insurances – Group 5 equipment	£67,302.00
Compensation events related to works outwith the main contract	£469,748.28
<b>Total</b>	<b>£11,923,685.15</b>



## 7.6 Compensation Events being charged to other funding

The table below provides a list of Compensation Events and their associated costs which are being charged to other funding.

Table 6

Compensation Event	Funding being charged to	Amount
Carpark 0 – Interface Works	NHSGGC Core Capital Plan	£31,896.00
Pneumatic tube installation	NHSGGC Core Capital Plan	£79,531.00
Installation of sky ceilings to specific rooms within the NCH.	Yorkhill Children's Charity	£150,081.45
Changes to data, power, lighting and structural supports within the main atrium outpatient areas to enable the fitment of distraction therapy equipment	Yorkhill Children's Charity	£30,101.08
Additional Power and Data as requested by Science Centre, Glasgow (designers for YCF).	Yorkhill Children's Charity	£14,799.75
MTHW System – Site ring	NHSGGC Core Capital Plan	£140,400.00
NCH Children's Park – Change to play equipment	Yorkhill Children's Charity	£6,076.49
Works in relation to Section 56/1 (construction of lay-by), including fibre optic cable lowering	Section 75 agreement funding	£54,101.61
Changes to arrival square required following dialogue with Glasgow City Council on operation of fastlink / bus stops	Section 75 agreement funding	£161,617.24
Works in connection with Section 56/2 road resurfacing, including additional street lights	Section 75 agreement funding	£275,193.30

## 7.7 Defined Cost Update

99.5% of Contract Works tendered and contracts awarded

0.5% of Contract works currently at tender stage or in negotiation as variation to existing sub-contracts

Based on BMCL current cost projections and risk estimates for the Hospitals, the estimated outturn final cost to the Board is estimated to be in the range of £583M - £585M. This is within the revised Target Price incorporating all Compensation Events of approximately £585M.

Car Park 1 estimated outturn is around target price level of £11.4M.

## 8. Overall Budget Update

The core Project Budget remains unchanged at £841.7m, supplemented by £252k in respect of the car-park landscaping (£32k), pneumatic tube installation (£80k) and Medium Temperature Hot Water (MTHW) system extension (£140k) funded from core capital. These are presented in Lines 4.1 to 4.3 in table 1 below. Additionally, funding has been secured from the Yorkhill Children's Foundation in respect of work in connection with the installation of sky ceilings to specific rooms within the New Children's Hospital (£150k), changes to data, power, lighting and structural supports within the main atrium outpatient areas, also within the New Children's Hospital (£45k) and changes to play equipment within the NCH Children's park (£6k). These are presented within the table below on lines 5.1 to 5.3.

Full details of the movement in the overall core and non-core Project Budget (at Target Price), since Contract Award/ FBC Approval, are reflected in Table 1 below:

Table 1

<b>New South Glasgow Hospitals &amp; Laboratory Project</b>					
<b>Forecast Budget Analysis - As at November 2014</b>					
	<b>Opening Values (Contract Award/ FBC)</b>	<b>Subsequent Movements Impacting on Risk Provision</b>	<b>Subsequent Movements not Impacting on Risk Provision</b>	<b>Revised Budget (Target Price)</b>	<b>Spend to 30th Sept 2014</b>
<b>1.0 Construction Costs</b>					
1.1 Adult & Children's	£499,331,000	£0	£0	£499,331,000	£484,554,842
1.2 Laboratory & FM Building	£75,780,000	£0	£0	£75,780,000	£73,996,973
<b>1.3 Original Estimated Total Build Cost (as bid)</b>	<b>£575,111,000</b>	<b>£0</b>	<b>£0</b>	<b>£575,111,000</b>	<b>£558,551,815</b>
1.4 Subsequent Movements	£0	£9,196,741	£56,085	£9,252,826	£0
<b>1.5 Revised Estimated Total Build Cost</b>	<b>£575,111,000</b>	<b>£9,196,741</b>	<b>£56,085</b>	<b>£584,363,826</b>	<b>£558,551,815</b>
<b>2.0 Other Costs</b>					
2.1 Preparatory Works and Fees	£20,155,510	£51,000	£0	£20,206,510	£12,244,500
2.2 Carparks 1 & 3 Approved Budget	£0	£19,245,000	£0	£19,245,000	£11,238,300
2.3 Teaching & Learning Facility	£0	£7,775,000	£0	£7,775,000	£3,236,465
2.4 New Administration (Office) Block	£0	£16,856,667	£0	£16,856,667	£8,112,868
2.5 New Entrance at Neurosurgical Building		£475,000	£2,941,667	£3,416,667	£123,828
2.6 Irrecoverable VAT	£116,046,890	£10,686,997	£599,550	£127,333,437	£115,830,982
2.7 Gross Equipment Cost	£62,040,000	£0	£3,597,302	£58,442,698	£12,551,000
2.8 Risk Provision Main Construction	£68,346,600	£65,174,405	£0	£3,172,195	£0
2.9 Risk Provision T&L and Office Block	£0	£888,000	£0	£888,000	£0
<b>3.0 TOTAL CORE COSTS</b>	<b>£841,700,000</b>	<b>£0</b>	<b>£0</b>	<b>£841,700,000</b>	<b>£721,889,758</b>
<b>4.0 Add: Funded from Board Capital</b>					
4.1 Carpark 0 interface works	£0	£0	£31,896	£31,896	£31,896
4.2 Pneumatic tube installation	£0	£0	£79,531	£79,531	£79,531
4.3 MTHW -Extension of site ring star pipe	£0	£0	£140,400	£140,400	£140,400
<b>4.4 Total to be funded from Board Capital</b>	<b>£0</b>	<b>£0</b>	<b>£251,827</b>	<b>£251,827</b>	<b>£251,827</b>
<b>5.0 Add: Other Funding Incl Donated Assets</b>					
5.1 Installation of Sky ceilings to specific rooms	£0	£0	£150,081	£150,081	£0
5.2 Changes to data, power, and lighting	£0	£0	£44,901	£44,901	£44,901
5.3 Changes to NCH park equipment	£0	£0	£6,076	£6,076	£0
<b>5.4 Total Other Funding</b>	<b>£0</b>	<b>£0</b>	<b>£201,058</b>	<b>£201,058</b>	<b>£0</b>
<b>6.0 TOTAL CORE &amp; NON CORE</b>	<b>£841,700,000</b>	<b>£0</b>	<b>£452,885</b>	<b>£842,152,885</b>	<b>£722,186,486</b>

## 8.1 Movements since the last ASSB meeting in September 2014.

The table below presents the movements since the last ASSB meeting in September 2014.

Item	CE No	Date completed	Status	Total costs (inc O/H, Profit & VAT)	Comment
Work in connection with Section 56/2 Road Surfacing.	053	30/10/2014	Concluded	£223,703.72	Funding included in NSGH budget
Lowering fibre optic cable discovered during construction of Section 56/1 lay-by	054	30/10/2014	Concluded	£3,765.29	Funding included in NSGH budget
Additional street lighting works to Hardgate Rd, Section 56 works	055	30/10/2014	Concluded	£51,489.58	Funding included in NSGH budget
1 in 10 Year Weather Event (December 2013 and February 2014) Previously shown as Pending.	056	30/10/2014	Concluded	£120,000.00	Included in previous months ASSB paper
			<b>Total</b>	<b>£398,958.59</b>	

As all the above Compensation Events either have existing budget lines within the NSGH project, or were already included in a previous ASSB paper, the risk provision for the main construction remains unchanged at £3.172m and is noted in line 2.8. The combined risk provision for the T&L and Office Accommodation also remains unchanged at £888k and is noted in line 2.9, resulting in a total available risk allowance of £4.060m. It should be noted that following a risk register review of both the T&L and Office Accommodation, the project team are recommending a release of £152k and £87k respectively to be added to the residual risk fund available for other projects.

Cumulative actual expenditure incurred since the project commenced up to and including September 2014 is £722.2m, and the associated spend profiles in respect of construction costs and all other areas, chiefly equipment, will continue to be kept under review in conjunction with the latest handover and commissioning programmes.

## APPENDIX 1

Notes on Forecast Budget Analysis (Table 1)1. Subsequent Compensation Events (excluding Non Core Elements and Equipment) at Target Price, net of VAT

Concluded Compensation Events	£9,253k	
Potential Compensation Events	nil	
<b>Subsequent Compensation Events – Target Price (Line 1.4)</b>		<b>£9,253k</b>

2. Summary of Preparatory Works and Fees2.1 Direct Fees

Direct fees – Laboratory Build	£2,092k	
Direct fees – C&B	£3,350k	
Direct fees – Surveys etc	£250k	
Direct fees – Others	£408k	
<b>Original Budget</b>		<b>£6,100k</b>

Subsequent Movements

Additional fees re Car-parks 1,2 & 3	£286k	
Supervisor fees	£970k	
<b>Additional C&amp;B fees (transfer from Non Works)</b>	<b>£760k</b>	<b>£2,016k</b>

<b>Direct Fees</b>		<b>£8,116</b>
--------------------	--	---------------

2.2 Enabling Schemes

Site Wide upgrade of HV network	£681k	
Site Wide upgrade of drainage infrastructure.	£1,191k	
Renewal of Water Mains	£681k	
Demolition of Chest Clinic for MacDonald House	£98k	
Demolition of Psychiatric Block	£357k	

<b>Enabling Schemes</b>		<b>£3,008k</b>
-------------------------	--	----------------

2.3 Other Costs

Non Works Costs	£1,800k	
Less: Transfer to Fees	(£760k)	£1,040k
Section 75 Contributions		£5,000k
Mobile ITU		£1,500k
SAS Relocation		£1,277k
Scottish Water Land		£265k

<b>Other Costs</b>		<b>£9,082k</b>
--------------------	--	----------------

<b>Total Preparatory Works and Fees (Line 2.1)</b>		<b>£20,206k</b>
--	--	-----------------

**3. Revised Brookfield Target Price**

Original Target Price (ex VAT) (Line 1.3)	£575,111k	
Subsequent Core Compensation Events (ex VAT) (Line 1.4)	£9,253k	£584,364k
Car Park 0 Interface Works (Gross) (Line 4.1)	£32k	
Less VAT	£(5k)	£27k
Pneumatic Tube Installation (Gross) (Line 4.2)	£80k	
Less VAT	£(13k)	£67k
Fume Cupboards and Safety Cabinets (Gross) (incl. Line 2.6)	£350k	
Less VAT	£(58k)	£292k
MTHW System (Gross) (Line 4.3)	£140k	
Less VAT	£(23k)	£117k
<u>Section 75 Work (Line 2.1)</u>		
Lay-by on Govan Rd	£54k	
Changes to arrival square for fastlink/bus stops	£162k	
Works to section 56/2 and existing entrance upgrade.	£275k	
	£491k	
Less VAT	£(82k)	£409k
<u>Neurosurgical Building – New Entrance (Line 2.5)</u>		
Design Development	£191k	
Less VAT	£(32k)	£159k
<u>Work to be funded from Yorkhill Children's Foundation:</u>		
Installation of sky Ceiling (Line 5.1)	£150k	
Changes to data, power, lighting and structural supports (Line 5.2)	£45k	
Changes to NCH park equipment (Line 5.3)	£6k	
	£201k	
Less VAT	£(34k)	£167k
<b>Revised Target Price (ex VAT)</b>		<b>£585,602k</b>

Brookfield have been asked to prepare a detailed design and cost plan for the proposed new entrance at the Neurosurgical Building.

A Compensation Event (CE) for £159k has been issued with regard to the design development and is shown above.

Subject to demonstrating value for money, a further Compensation Event (CE) will be issued with regard to the construction element of the New Entrance to the Neurosurgical building.

The above table will then be updated to reflect both CE's and the revised Target Price.

With the exception of this, all other CE's have been incorporated.

## APPENDIX 2

**New South Glasgow Hospitals and Laboratory Project****Risk Movement Summary****Introduction**

The opening risk provision at contract award was £88m at target price.  
The risk provision now stands at £3.2m as a result the following key drivers presented in the table below.

	<b>£m</b>
<b>Opening risk provision</b>	<b>88.0</b>
<b><u>Key drivers utilising risk</u></b>	
Vat rate increase 17.5% to 20%	-13.2
Incorporation of Enabling Schemes	-3.5
Scottish Ambulance & land purchase	-2.0
Supervisor Fees	<u>-1.0</u>
<b>Risk provision at FBC</b>	<b>68.3</b>
Scottish Ambulance & land purchase Adj	0.2
<b><u>Incorporation of Items which avoid the requirements for funding to be set aside from the National Capital Plan</u></b>	<b>£m</b>
Introduction of car parks 1,2&3	-25.4
Removal of carpark 2 (net cost reduction)	<u>2.0</u>
	-23.4
Teaching & Learning Facility	-9.8
New Administration (Office) Block	-20.8
New Entrance at Neurosurgical Building	-0.5
	-54.5
Compensation Events	<u>-10.8 *</u>
<b>Balance per risk provision</b>	<b><u><u>3.2</u></u></b>

**Analysis of Other Including Compensation Events \***

	<b>£m</b>
Compensation Events (CE)                      Others	1.0
Compensation Events (CE)                      Inflation	-10.0
VAT on above CE Events	<u>-1.8</u>
	<b><u><u>-10.8</u></u></b>

## 9. Key Risk Update – November 2014

Risk Item	Risk Provision July 2014	Risk Provision Sept 2014	Risk Provision Nov 2014	Reason for Movement	Date Majority of Risk Passed
Ground risk - general	£0.25M	£0.25M	£0.25M	No significant issues identified to date at former hellpad site and adjacent former biochemistry block, residual risk until excavations completed in Stage3A area undertaken.	July 2015
Ground risk – below existing buildings	£1.0M	£1.0M	£1.0M	SI in area of Biochemistry identified no significant issues in surrounding area, risk remains until SI complete at Surgical block following demolition	July 2016
Planning Risk	£0.1M	£0.1M	£0	Closed at September 2014 ASSB meeting	
Client Changes	£0.5M	£0.5M	£0.5M	No changes identified	Nov 2014
Client Approval Delays	£0.50M	£0.50M	£0	Closed at September 2014 ASSB meeting	
Equipment Requirements	£0	£0	£0	Overall equipment list estimate reduced from £75M to £70M before consideration of transfers. Current £60M allocation within £841M project budget. Additional £10M secured from Endowments for extra funding towards equipment	
Residual risk available for other projects	£0.82M	£0.82M	£1.42M	Reduced by £0.12M for weather event CE, increased for client approval delays and planning risks closed	
<b>Total</b>	<b>£3.17M</b>	<b>£3.17M</b>	<b>£3.17M</b>		

The value of risk included with the approved Teaching & Learning Facility and Office Building approved budget allocation is as follows:-

Teaching & Learning Facility, Office Building	£0.958M	£0.888M	£0.888M	Following a review of the project risks the Project Team are recommending release of £152K and £87K from the Teaching & Learning Facility and Offices respectively. This released funds can be added to the residual risk fund available for other projects
---	---------	---------	---------	---

## 10. Car Park Completion Strategy

### 10.1 Summary

The original site masterplan had identified that the final stand alone multi storey car park to be constructed on the site of the existing temporary catering facility would accommodate approximately 700 nr spaces. Funding of £8,787,000 net of inflation and demolitions had been made available in 2012 from release of project contingency.

As a result of continual development of the site masterplan the opportunity to construct an extension to the existing multi storey car park has been explored and an acceptable solution developed that can accommodate approximately 980 spaces within the same site area allocated for the final multi storey car park.

In addition, as a consequence of construction of the new office building, the existing accident and emergency / therapies / out patients complex previously identified for conversion to office facilities are now redundant and can be demolished resulting in space for construction of approximately 331 surface level car parking spaces.

Implementation of both car parking schemes will result in an additional 611 car park spaces to that planned in the original approved site masterplan.

This paper summarises the likely cost of the planned works, the funding mechanism, and requests Q&PC approval to proceed.

### 10.2 Estimated Works Costs

Item	Current Budget Cost	Original Budget	Additional Budget Requirements
Multi Storey Car Park	£15,055,000		
Demolitions, surface level car parking	£2,550,000		
	£17,605,000	£9,364,000	£8,241,000

The indicative cash flow forecast based on the above is as follows:-

Item	Year 15/16	Year 16/17
Multi Storey Car Park	£12,000,000	£3,055,000
Demolitions, surface level car parking	£2,550,000	
	£14,550,000	£3,055,000

The table below summaries the budget cost, the original approved budget allocation within the £841.7M project budget and the required additional funding.

### 10.3 Procurement

The proposed procurement strategy for the works was approved at previous meetings and was:-

Multi storey car park extension – standalone competitive procurement competition

Surface level car parking – negotiation with Brookfield Multiplex



## 10.4 Funding

The current budget within the overall NSGH project budget for remaining Car Park Provision amounts to £9.364m. This includes the initial allocation of £8.484m for Car Park 3 together with the identified savings on Car Park 1 following conclusion of the Full Business Case (£380k), together with the allowance of £500k for surface level car parking set aside by the ASSB in September 2013.

The level of residual risk within the Adult & Children's Hospitals that remains available for other projects amounts to £1.4m. Similarly, a review of remaining risks available for potential release within the Teaching & Learning Centre and Office Block is being finalised for approval by the ASSB. Initial reviews undertaken to date suggest that an amount of £239k can now be released in respect of these schemes.

This would leave a combined balance of £2.4m still available to address the remaining risks associated with the Adult & Children's Hospitals, Teaching & Learning Centre and Office Block.

The equipment budget for the Adult & Children's Hospitals amounts to £56.5m. Adding the £10m contribution available from the Endowment Fund, results in available resources set aside for investment in equipment of £66.5m. The work undertaken to date on quantifying the balance of new equipment purchases has currently identified a forecast expenditure requirement of £59.3m, potentially leaving a remaining balance of £7.2m.

It is therefore anticipated that, between the remaining balance of risk and unutilised equipment, amounting to £9.6m, it is currently realistic to assume that a further contribution of £4m to £5m may potentially be available to support the additional costs associated with the remaining Car Park Provision, if not the full balance. The exact amount will be very much dependent on the finalisation of the equipment needs, and confirmation of final prices, over the next 2-3 months, together with the results of further risk reviews.

It is proposed that the remaining balance, currently forecast in the region of £1.5m to £2.5m, required to fully fund the Car Park provision be met from a contribution from the Board's general capital funds.

The Capital Plan approved by the Board on 24<sup>th</sup> June 2014 noted that, as a result of the handover of the Adult & Children's Hospitals occurring one month earlier than originally planned, it had been necessary to accelerate c. £12m of equipment purchases in 2014/15 in order to meet the requirements of the revised commissioning programme. The Board paper described that this acceleration was being managed through a reduced release of new commitments against NHSGGC's share of national formula capital in 2014/15.

As a result of the re-profiling of expenditure plans, and risk assumptions, in respect of the various projects that comprise the NSGH project, and which have been reported within the Capital Updates papers provided to the Quality & Performance Committees in September and November 2014, the level of accelerated spend remaining to be treated in this way now stands at £6.7m.

The funding associated with this accelerated spend will ultimately be received in 2016/17, at which time it will be available to be allocated to new priorities as reimbursement is made to the core Capital Plan. It is therefore proposed that the balance of funding required to complete the Car Parking provision is financed through ring fencing an element of this reimbursed funding.

As part of revising the capital plans for 2015/16 and 2016/17 to prepare the Local Delivery Plans in January 2015, cognisance will be taken of the timing of both the expenditure profile and receipt of funding to ensure that this can be managed in the context of NHSGGC's overall Capital Plan.

The forecast costs and associated funding proposals for this scheme will be further developed and finalised as part of completing the Full Business Case for this development to be brought back for approval prior to submission to SGHSCD's Capital Investment Group. This exercise will include an updated review of the full contribution that can be released from the existing NSGH Budget, in terms of remaining risk and equipment budgets and quantification of any remaining balance to be met as a first call from the Board's general capital funds in 2015/16.

## **10.5 Car Park Completion Strategy Recommendations**

- Q&PC is requested to approve the release of £1.4M from the residual risk allowance to be reinvested in the car park completion plan;
- Q&PC is requested to approve the release of £0.239M from the Teaching and Learning Centre and New Office (Accommodation) Block to be reinvested in the car park completion plan;
- Q&PC is requested to note that a combined risk allowance will remain within the budgets for the NSGH's, the Teaching and Learning Centre and New Office (Accommodation) Block and will be released when considered appropriate;
- Q&PC is requested to note that a sum of £4m to £5m may potentially be available to support the additional costs associated with the remaining Car Park Provision; and
- Q&PC is requested to note that the remaining balance, currently forecast in the region of £1.5m to £2.5m, required to fully fund the Car Park provision be met from a contribution from the Board's general capital funds as a priority strategic investment in FY 2015/16.
- Q&PC is requested to approve the proposed completion car park strategy and proposed allocation of funding.

## **11. Transport to South Glasgow University Hospital** **Niall McGrogan, Head of Community Engagement and Transport**

### **11.1 Introduction**

As part of the new Hospitals' On The Move communication exercise, a transport section has been created and is viewable on Staffnet. It sets out the five travel options for staff in accessing work: cycling and walking, public transport, park and ride, car share and car parking. Each of these transport options is linked to other web pages or websites which provide further information. A list of these websites is provided in section 11.7. Staff are encouraged to review all options and work out which one is best suited to their needs.

### **11.2 Cycling and Walking**

The Board has worked closely with staff groups, Glasgow City Council and Sustrans to make improvements for cyclists and pedestrians accessing the site of the new Hospitals. Matched funding of £500,000 has been secured to date from Sustrans. New cycle routes and improved security in the Clyde Tunnel cycle lanes have been procured. Improved security in the Tunnel includes the installation of security controlled gates, high definition CCTV outside and inside the Tunnel, intercom help points and improved signage.

### **11.3 Public transport**

NHSGGC is taking a number of steps to improve public transport to the site. It is limited in what it can achieve as buses in the Greater Glasgow area are privately operated and access to any non-city-centre destination is dependent on the accessibility afforded by the wider bus network.

### 11.3.a Arrival Square and Boulevard

Entering the current Southern General Hospital site is unattractive to bus operators due to the occasional congestion occurring on its through road. A key feature of the new Hospitals design is a dedicated public transport road leading to a public transport super-stop at the front door of the new adults' hospital and adjacent to the front door of the new children's hospital. This area is known as Arrival Square. The area will have four bus shelters with real time information, seating and lighting, and accessible kerbing to ease boarding/alighting vehicles. This work is nearly complete.

### 11.3.b New bus services

As part of its planning agreement with Glasgow City Council, NHSGGC is making available £2.5 million pounds to secure some improvements to public transport serving the site. SPT has kindly agreed to undertake the tendering and procurement process on the behalf of NHSGGC. Using postcode data, staff start and finish times, patient activity information, census data, car ownership and public transport to work indicators, a number of potential bus corridors have been identified. These include a corridor running from South East Glasgow to Arrival Square, from Drumchapel to Arrival Square via the Clyde Tunnel and from North Glasgow to Arrival Square. However, the procurement process involves dialogue with the commercial bus operators who may propose different routes and so it is not possible to be definitive regarding the new bus routes at this point in time. It is anticipated that the bus operator bids will be returned to SPT towards mid-December with new services commissioned to commence early May 2015.

### 11.3.c Fastlink

Fastlink is a bus rapid transit scheme whereby road space is either allocated or prioritised for use by high quality buses. The journey time saved by the improved road reduces operators' costs, enabling more investment in vehicles or services. In the case of Glasgow's Fastlink, it had been anticipated that the service would run on improved roads from the City Centre's three public transport interchanges, out to the new Hospitals and onto Braehead. Although significant progress has been made in delivering the infrastructure from the City Centre to the Hospitals, work has not progressed to deliver the City Centre infrastructure works, the remodelling of Govan Subway and Bus Station and the route on out to Braehead in time for the opening of the new Hospitals. Although the City Centre and Govan Subway works are not critical to running new Fastlink bus services, the work to extend the Fastlink route to the West may be important in attracting bus operators to run services to Arrival Square and through the site. GGC is continuing to work with Glasgow City Council, Renfrewshire Council and SPT to progress all elements of the Fastlink project.

## 11.4 Park and Ride

As part of the On the Move communications, staff have been encouraged to consider park and ride options. An interactive map detailing formal park and ride facilities is available online. Discussions have also taken place with the owners of Braehead Shopping Centre who have indicated that they know that staff will park there. Braehead Shopping Centre is likely to discourage such staff from parking close to the shops and may control their car park to prevent NHSGGC staff from occupying the prime parking areas.

### 11.5 Car sharing

NHSGGC has a dedicated car sharing website to support staff in finding a fellow member of staff with whom they can commute to work in the same car. As part of the car parking provision for the new Hospitals, it is anticipated that several hundred spaces will be reserved for car sharing. Further work is underway to explore if the car sharing website can better meet the travel needs of staff who work shifts.

### 11.6 Car parking

Glasgow City Council has granted permission for there to be 3,500 spaces on site and has imposed restrictions on the numbers of vehicles that can come on and off the site during peak hours. This imposition on vehicular flows at peak times (08.00 – 09.00 and 16.00 to 17.00) is designed to avoid congestion on the local road network and, although challenging, is achievable. However, NHSGGC would like to have more car parking spaces on site – possibly a further 750 spaces. This is because of the number of staff who commence work before 07.30 or finish work after 20.30 – times when public transport is not running or infrequent. The additional spaces could be managed in a way to better meet demand at these times without causing additional traffic during the restricted peak hours. Whatever the final number of spaces, GGC intends to manage the car parking to ensure equitable access for staff, and sufficient spaces for patients and visitors. This will be done in a manner that discourages staff from speculatively driving on and off the site.

### 11.7 Key Webpage links

- Cycling and Walking: [www.walkit.com](http://www.walkit.com) or [www.cyclestreets.com](http://www.cyclestreets.com)
- Public Transport: [www.travelinescotland.com](http://www.travelinescotland.com)
- Fastlink: [www.spt.co.uk/corporate/about/projects/fastlink](http://www.spt.co.uk/corporate/about/projects/fastlink)
- Park and Ride: [www.spt.co.uk/park-ride](http://www.spt.co.uk/park-ride)
- Car sharing: [www.nhsggc/travelbudi.com](http://www.nhsggc/travelbudi.com)

## 12. Recommendation:

Members are asked to:

- note progress of Stage 2 (Design Development of the New Hospitals),
- note progress of Stage 3 (construction of the Adult and Children's Hospitals), the New Teaching & Learning Centre and the New Staff Accommodation (Office) Building,
- approve the Car Park Completion Strategy recommendations.

Author; David W Loudon, Project Director, New South Glasgow Hospitals Development

Tel No: [REDACTED]

Date : 11<sup>th</sup> November 2014









































































































































































































































































































































**From:** [Howat, Bridget](#)  
**To:** [Loudon, David](#)  
**Subject:** RE: Job Descriptions  
**Date:** 26 November 2014 09:54:38  
**Attachments:** [GM for Capital Project Delivery SS10023.doc](#)  
[GM for Planning & Devt Captl Projects SS10024.doc](#)  
[GM for Property & Asset Mgt SS10029.doc](#)  
[Head of Estates \(Estates Manager\) jd Sg NO 1268.doc](#)  
[Head of Estates Review Evidence Sg NO 1268Rev1.doc](#)

---

Hi David,

Jds as requested. The two GMs that were evaluated (SS10023 & SS10024) came out as AfC 8b. The Asset Management one was not evaluated. The Head of Estates started off as an Estates Manager AfC 8a but a subsequent review with the additional evidence submitted brought this to AfC 8c.

Tried to catch Anne last night but she was in a meeting so I'll try again today and come back to you regarding timing.

Kind regards

Bridget

PS. I've signed up to improving our email culture

Bridget Howat

Head of HR - Corporate Services



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

From: Loudon, David

Sent: 25 November 2014 19:46

To: Howat, Bridget

Subject: Job Descriptions

Hi Bridget

Could you e mail me the JD's you gave me this afternoon in word format?

Many thanks

David

Sent from my iPhone

**JOB DESCRIPTION**  
**NHS GREATER GLASGOW & CLYDE :**  
**CAPITAL PLANNING & PROCUREMENT DEPARTMENT**

SS10023

<b>1. JOB IDENTIFICATION</b>	
<b>Job Title:</b>	General Manager for Capital Project Delivery
<b>Responsible to (insert job title):</b>	Head of Capital Planning & Procurement
<b>Department(s):</b>	Capital Planning & Procurement
<b>Directorate:</b>	Facilities Directorate
<b>Operating Division or GGHB:</b>	
<b>Job Reference number (coded ):</b>	<b>AS10019</b>
<b>No of Job Holders:</b>	1
<b>Last Update (insert date):</b>	September 2012



## 2. JOB PURPOSE

The post holder provides expert leadership, strategic and operational management for professional services and project procurement in the delivery of the Board's capital development plans.

The post holder is responsible for reporting to and implementing the decisions of the Board's Capital Planning Group and those sub groups including the Board's Acute Capital Forum, 6 CH(C)P Capital Groups and the Mental Health Capital Group.

The post holder will have corporate responsibility for ensuring that project user teams determine client, clinical, patient and other users' requirements across a range of services appropriately so that the new buildings meet new standards of patient care, public use, health and safety and other compliance appropriate for each development.

The purpose of the post is to manage, implement and deliver:

- the Board's Strategic Property Strategy;
- to manage the implementation of the Board's Acute Capital Planning Programme with an annual spend of circa £65m p.a.
- To manage the delivery of all Acute Capital Projects ensuring that appropriate project management structures are in place.
- the Board's Community Capital Planning Programme (for Community Health and Care Partnership's (CHCP's) and the Mental Health Partnership (MHP) with an annual spend of circa £25m p.a.);
- the delivery of all community based capital projects ensuring that appropriate project management structures are in place and investigate joint funding and asset management initiatives with public sector and other partners;
- joint asset plans with local authority partners;

## 3. ROLE OF DEPARTMENT

Capital Planning & Procurement is responsible for providing an integrated, efficient and effective capital planning, capital procurement, asset management, property and premises development function within NHS Greater Glasgow & Clyde to ensure delivery of the Board's service strategies and clinical re-design projects within its available resources.

The Capital team are responsible for developments throughout the Board's responsibilities and this includes approximately 35 hospitals, 60 health centres, 300 GP surgeries, 300 pharmacies and 270 dental locations. The Board employs approximately 44,000 staff and provides health services to a local population of around 1.2m plus a number of regional services.

The Capital team are responsible for developing links, strategies and opportunities for joint working, joint asset and property planning and potential for delivering estate efficiencies linked in with the various acute and community health strategies and with Local Authorities and other public sector partners within the area of the Board's responsibilities.

**4.****ORGANISATIONAL POSITION**

**See attached**

**5. SCOPE AND RANGE**

The post holder will, with the Head of Capital Planning and Procurement, be responsible for the delivery of the Acute, Primary & Community Health & Mental Health capital planning programmes for the Board as part of its Strategic Capital Plan and as directed by the Board's Capital Planning Group.

The post holder will deputise for the Head of Capital Planning and Procurement on the hub West Territory Partnering Board.

The post holder will work within clearly defined protocols and procedures including the NHS Property Transactions Handbook, The Scottish Capital Investment Manual (SCIM), Office of Government Commerce Gateway Review processes, The Scottish Government Construction Procurement Policy, the Premises Directions 2004, the NHSScotland National Asset Management system, NHS Sustainable Development Policy, the Board's Design Action Plan, local Standing Financial Instructions and Health Facilities Scotland guidance among others.

The post holder will take a lead role in managing projects through the SCIM business case approval processes with local capital groups, the Performance Review Group, the NHSGG&C Board and Scottish Government Health Directorate to ensure that projects

obtain the necessary funding, provide benefits by meeting national and board targets and are subject to post project evaluation for continuous improvement.

The post holder will be the manager for 4 direct reports in the capital project delivery section of the Capital Planning team with additional responsibility for other staff within the team and will be expected to coordinate progress and review meetings with individuals. The post holder will work with little supervision although guidance and assistance is available from line manager on a weekly basis plus through regular monthly 1 to 1 reviews.

The post holder will have responsibility for updating and refreshing the project reporting procedures for Capital Projects within NHS GG&C in line with the new procurement routes of Framework Scotland, hub and planned local framework arrangements.

The post holder will have a Personal Development Plan.

## **6. MAIN DUTIES/RESPONSIBILITIES**

- To manage the structure for the governance of capital projects in line with SGHD and Board directives and other policies.
- To provide specialist professional advice to Directors & Senior Managers within Acute Directorates, CH(C)Ps and MHP on the delivery of capital and property requirements.
- To co-ordinate the work of the appropriate approval structure of the Board to ensure compliance with internal, external and Audit Scotland requirements.
- To monitor the budget for fees in relation to external property, legal and other specialist advisors to achieve best value and limit the Board's financial liabilities in relation to professional fees.
- To deputise, where appropriate for the Head of Capital and Procurement in the management of the department to ensure continuity and senior management liaison.
- To deputise, where appropriate, for the Head of Capital and Procurement at the NHS Board, and other senior management meetings relating to strategic estate planning and development to ensure departmental liaison with key officers of the Board.
- To deputise, where appropriate for the Head of Capital and Procurement on national/regional groups eg SPAG, Capital Investment Network, hub West Territory Programme Board.
- To deputise for the Head of Capital Planning & Procurement relating to Joint Capital Planning with local councils to ensure effective liaison with key officers.
- To liaise closely with Directors, Divisional and General Managers in the development of property investment proposals to ensure that proposals presented to the Board are coherent and cohesive.

- To write Board papers where there is a specialised input required and in accordance with SCIM as necessary.
- Advising the SGHD on key Board issues with a view to influencing the national property and estates agenda.
- To advise the Board & Head of Capital Planning & Procurement on best procurement practice & SGHD procurement initiatives including Framework Scotland and hub Initiative and how these will relate to capital, property & premises issues.
- With the Head of Capital Planning & Procurement become a lead adviser to the Board in the Board's participation in the procurement of the West hub Territory with Scottish Futures Trust and other local public authority partners.
- The post holder will develop the Board's Capital Plan for the Acute, Partnerships and Mental Health sections of the Board working with the Head of Capital Planning & Procurement.
- The post holder will manage the delivery of capital projects for the Acute Division, CHCP's and the MHP ensuring that appropriate governance and project management arrangements are in place.
- Prepares and delivers monthly progress reports on the Board's Capital Programme for the CPG, Acute Capital Forum, CH(C)P Capital Groups and Mental Health Partnership as required.
- Manages and coordinates statistical returns and project updates to the Scottish Government Project Infrastructure Database.
- Ensuring that appropriate Risk Management procedures are undertaken for all capital projects.
- Liaises closely with the Head of Finance for Capital Accounts on budget and cost forecasts for the Board's annual Capital Resource Limit (CRL) ensuring underspends, overspends and project slippage is managed within the overall CRL.
- Provides advice to the Head of Capital Planning and Procurement and the Director of Facilities on project liabilities and Dispute Resolution options available to protect the Board's position should contractual difficulties arise on projects.
- Representing the Board in collaborative working with local councils and other health care agencies – mapping across integrated service delivery programmes into joint premises requirements.
- To manage and coordinate the workload of allocated project staff for all acute and community based capital projects.
- To provide policy guidance to design teams on costs, NHS standards and procedures and to monitor the performance of all consultants and contractors.
- Ensure completion of all projects, whether funded by public or private capital, within allocated capital and revenue funds to agreed specification, within programmed timescales and obtaining value for money.
- Develop and maintain effective project management and reporting systems to

support implementation of the Acute and Primary Care Capital Programmes. Establishment and development of accurate IT databases for strategic estate planning and benchmarking.

- Develop and manage the implementation of Health and Safety Strategy as this relates to capital planning for Acute and Community based projects.
- Assist Head of Capital Planning & Procurement and Director of Facilities with development and delivery of strategic objectives for the Acute, Partnerships and Mental Health Divisions.
- Provide support and advice on the formulation and implementation of Board Capital Policies
- Advise and formulate strategic objectives for the Capital Planning Service.
- Manage the Board's compliance with all statutory regulations in relation to capital projects for the Acute, Community and Mental Health Divisions.
- Have knowledge of electronic project databases / document collaboration systems for project management to support all project partners in a capital development eg. ASite, Build-online etc.
- Manage and implement structured training programme to support the development needs of the Capital Planning team.

## **12. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

### *EDUCATION & TRAINING*

- Educated to Masters degree or equivalent and/or doctorate level training and accreditation (desired).
- Educated to degree level.
- Evidence of additional theoretical or conceptual knowledge in addition to main qualifications such as a post-graduate or equivalent experience in Finance, Information Management, Estates, Facilities, Construction Management, Procurement or Supply Chain Management.
- Evidence of continuing professional development.
- An appropriate professional qualification(s) or membership of a professional organisation(s) relevant to the functions of the post e.g. RIBA, RICS, MCIOB, MCIPS.
- Evidence of career progression.

### *EXPERIENCE*

- Evidence of experience at a senior level of leading and managing a significant number of staff and other resources in the delivery of relevant operational services.
- Experience and knowledge of NHS, Local Authority, business, procurement and capital

planning. Therefore extensive Financial Management, knowledge or qualification is necessary.

- Experience of initiating, managing and implementing major change programmes.
- Experience of successfully working with a wide range of groups to achieve a common aim, where individuals or groups may be challenging, change resistant, antagonistic or even hostile.
- Experience of commercial/legal contract negotiation including tendering and managing high value capital projects..
- Experience of working with the public and private sectors.
- Experience of Project Management and delivering projects on time and within budget and commissioning premises.
- Experience of partnership working across multiple, complex organisations,
- Experience of setting, managing budgets and delivering vfm.
- Experienced in the delivery of Communications with a demonstrable success track record at a high level.

#### ***KNOWLEDGE & UNDERSTANDING***

- Knowledge of operational and strategic estate issues.
- Knowledge of EU tendering process, EU compliance and contract management.
- Knowledge of project and programme management techniques.
- Knowledge of legal, governance and commercial issues related to capital projects or construction services.
- Knowledge of NHS Estate code and guidance or other public sector equivalents.
- Knowledge of NHS and or local authority policies and strategies.
- Knowledge of NHS or other public sector planning, capital and management processes.

#### ***SKILLS & ACTIVITIES***

- Excellent written and verbal communication skills.
- Negotiation skills.
- Change management skills.
- Strong numerical and verbal reasoning and analytical skills.
- Ability to analyse and interpret information from a variety of sources.
- IT skills (MS Office or equivalent).
- Able to focus on long-term aims and clarify actions and steps to achieve these.
- Able to plan and prioritise work to achieve deadlines.
- Able to allocate and delegate tasks to make the best use of resources.
- Able to manage conflict, under performance and inappropriate behaviour.
- Able to lead and influence colleagues or work as part of a team.
- Able to establish strong partnership working.
- Able to provide positive, constructive and practical feedback and advice to peers and managers.

#### ***PERSONAL QUALITIES***

- Client, patient or user centred
- Professional approach to managing internal and external relationships.
- Sensitive to the needs and motivations of stakeholders.
- Team player.
- Adaptable and Flexible.
- Objective and decisive – able to exercise initiative.
- Commitment to eliminating discrimination, promoting equality in service delivery and employment and ensuring a healthy and safe environment

**13. JOB DESCRIPTION AGREEMENT**

**Job Holder's Signature:**

**Date:**

**Head of Department Signature:**

**Date:**





**JOB DESCRIPTION**  
**NHS GREATER GLASGOW & CLYDE :**  
**CAPITAL PLANNING & PROCUREMENT DEPARTMENT**

SS10024

<b>1. JOB IDENTIFICATION</b>	
<b>Job Title:</b>	General Manager for Planning & Development - Capital Projects
<b>Responsible to (insert job title):</b>	Head of Capital Planning & Procurement
<b>Department(s):</b>	Capital Planning & Procurement
<b>Directorate:</b>	Facilities Directorate
<b>Operating Division or GGHB:</b>	
<b>Job Reference number (coded ):</b>	?
<b>No of Job Holders:</b>	1
<b>Last Update (insert date):</b>	September 2012

## 2. JOB PURPOSE

The post holder provides expert leadership, strategic and operational management for professional services and project procurement in the delivery of the Board's capital development plans.

The post holder is responsible for reporting to and implementing the decisions of the Board's Capital Planning Group and those sub groups including the Board's Acute Capital Forum, 6 CH(C)P Capital Groups and the Mental Health Capital Group.

The post holder will have corporate responsibility for ensuring that project user teams determine client, clinical, patient and other users' requirements across a range of services appropriately so that the new buildings meet new standards of patient care, public use, health and safety and other compliance appropriate for each development.

The purpose of the post is to:

- the Board's Strategic Property Strategy;
- to develop and plan the implementation of the Board's Acute Capital Planning Programme with an annual spend of circa £65m p.a.
- To manage the development of all Acute Capital Projects ensuring that appropriate project management structures are in place.
- To manage the development of the Board's Community Capital Planning Programme (for Community Health and Care Partnership's (CHCP's) and the Mental Health Partnership (MHP) with an annual spend of circa £25m p.a.);
- To manage the development of all community based capital projects ensuring that appropriate project management structures are in place and investigate joint funding and asset management initiatives with public sector and other partners;
- joint asset plans with local authority partners;

## 3. ROLE OF DEPARTMENT

Capital Planning & Procurement is responsible for providing an integrated, efficient and effective capital planning, capital procurement, asset management, property and premises development function within NHS Greater Glasgow & Clyde to ensure delivery of the Board's service strategies and clinical re-design projects within its available resources.

The Capital team are responsible for developments throughout the Board's responsibilities and this includes approximately 35 hospitals, 60 health centres, 300 GP surgeries, 300 pharmacies and 270 dental locations. The Board employs approximately 44,000 staff and provides health services to a local population of around 1.2m plus a number of regional services.

The Capital team are responsible for developing links, strategies and opportunities for joint working, joint asset and property planning and potential for delivering estate efficiencies linked in with the various acute and community health strategies and with Local Authorities and other public sector partners within the area of the Board's responsibilities.

4.

**ORGANISATIONAL POSITION****See attached****5. SCOPE AND RANGE**

The post holder will assist the Head of Capital Planning and Procurement in the delivery of the Board's Property Strategy including information on disposals, acquisitions and lease management.

The post holder will, with the Head of Capital Planning and Procurement, be responsible for the development & delivery of the Acute, Primary & Community Health & Mental Health capital planning programmes for the Board as part of its Strategic Capital Plan and as directed by the Board's Capital Planning Group.

The post holder will deputise for the Head of Capital Planning and Procurement on the hub West Territory Partnering Board.

The post holder will work within clearly defined protocols and procedures including the NHS Property Transactions Handbook, The Scottish Capital Investment Manual (SCIM), Office of Government Commerce Gateway Review processes, The Scottish Government Construction Procurement Policy, the Premises Directions 2004, the NHSScotland National Asset Management system, NHS Sustainable Development Policy, the Board's Design Action Plan, local Standing Financial Instructions and Health Facilities Scotland guidance among others.

The post holder will take a lead role in managing projects through the SCIM business case approval processes with local capital groups, the Performance Review Group, the NHSGG&C Board and Scottish Government Health Directorate to ensure that projects obtain the necessary funding, provide benefits by meeting national and board targets and are subject to post project evaluation for continuous improvement.

The post holder will be the manager for 5 direct reports in the Capital Planning team with additional responsibility for other staff within the team and will be expected to coordinate progress and review meetings with individuals. The post holder will work with little supervision although guidance and assistance is available from line manager on a weekly basis plus through regular monthly 1 to 1 reviews.

The post holder will have responsibility for updating and refreshing the project reporting procedures for Capital Projects within NHSGG&C in line with the new procurement routes of Framework Scotland, hub and planned local framework arrangements.

The post holder will have a Personal Development Plan.

## **6. MAIN DUTIES/RESPONSIBILITIES**

- To manage the structure for the governance of capital projects in line with SGHD and Board directives and other policies.
- To provide specialist professional advice to Directors & Senior Managers within Acute Directorates, CH(C)Ps and MHP on the delivery of capital requirements.
- To co-ordinate the work of the appropriate approval structure of the Board to ensure compliance with internal, external and Audit Scotland requirements.
- To monitor the budget for fees in relation to external specialist advisors to achieve best value and limit the Board's financial liabilities in relation to professional fees.
- To deputise, where appropriate for the Head of Capital and Procurement in the management of the department to ensure continuity and senior management liaison.
- To deputise, where appropriate, for the Head of Capital and Procurement at the NHS Board, and other senior management meetings relating to strategic estate planning and development to ensure departmental liaison with key officers of the Board.
- To deputise, where appropriate for the Head of Capital and Procurement on national/regional groups eg SPAG, Capital Investment Network, hub West Territory Programme Board.
- To deputise for the Head of Capital Planning & Procurement relating to Joint Capital Planning with local councils to ensure effective liaison with key officers.
- To input to the update of the Board's Property Strategy under the direction of the Head of Capital and Procurement to ensure the Board meets its obligation to have an annual review of its Property strategy and a five year cycle asset revaluation strategy for the Boards Estate.

- To write Board papers where there is a specialised input required and in accordance with SCIM as necessary.
- To receive, edit, approve, coordinate and / or prepare as necessary Initial Agreements, Outline Business Cases and Full Business Cases in accordance with the requirements of SCIM for capital projects above the delegated approval limits of the Board.
- Advising the SGHD on key Board issues with a view to influencing the national property and estates agenda.
- To advise the Board & Head of Capital Planning & Procurement on best procurement practice & SGHD procurement initiatives including Framework Scotland and hub Initiative and how these will relate to capital, property & premises issues.
- With the Head of Capital Planning & Procurement become a lead adviser to the Board in the Board's participation in the procurement of the West hub Territory with Scottish Futures Trust and other local public authority partners.
- The post holder will develop the Board's Capital Plan for the Acute, Partnerships and Mental Health sections of the Board working with the Head of Capital Planning & Procurement.
- The post holder will manage the development and planning of capital projects for the Acute Division, CHCP's and the MHP ensuring that appropriate governance and project management arrangements are in place.
- Prepares and delivers monthly progress reports on the Board's Capital Programme for the CPG, Acute Capital Forum, CH(C)P Capital Groups and Mental Health Partnership as required.
- Manages and coordinates statistical returns and project updates to the Scottish Government Project Infrastructure Database.
- Ensuring that appropriate Risk Management procedures are undertaken for all capital projects.
- Liaises closely with the Head of Finance for Capital Accounts on budget and cost forecasts for the Board's annual Capital Resource Limit (CRL) ensuring underspends, overspends and project slippage is managed within the overall CRL.
- Provides advice to the Head of Capital Planning and Procurement and the Director of Facilities on project liabilities and Dispute Resolution options available to protect the Board's position should contractual difficulties arise on projects.
- Representing the Board in collaborative working with local councils and other health care agencies – mapping across integrated service delivery programmes into joint premises requirements.
- The post holder will develop and manage a strategic masterplan for Acute, the CHCP's and MHP, working closely with local councils, MSP's and elected local councillors.
- To manage and coordinate the workload of allocated project staff for the planning and development of all acute and community based capital projects.

- To provide policy guidance to design teams on costs, NHS standards and procedures and to monitor the performance of all consultants and contractors.
- Ensure development and planning of all projects, whether funded by public or private capital, within allocated capital and revenue funds to agreed specification, within programmed timescales and obtaining value for money.
- Develop and manage the implementation of Health and Safety Strategy as this relates to planning and development for Acute and Community based projects.
- Assist Head of Capital Planning & Procurement and Director of Facilities with development and planning of strategic objectives for the Acute, Partnerships and Mental Health Divisions.
- Provide support and advice on the formulation and implementation of Board Capital Policies
- Advise and formulate strategic objectives for the Capital Planning Service.
- Manage the Board's compliance with all statutory regulations in relation to capital projects for the Acute, Community and Mental Health Divisions.
- Have knowledge of electronic project databases / document collaboration systems for project management to support all project partners in a capital development eg. ASite, Build-online etc.
- Manage and implement structured training programme to support the development needs of the Capital Planning team.

## **12. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

### ***EDUCATION & TRAINING***

- Educated to Masters degree or equivalent and/or doctorate level training and accreditation (desired).
- Educated to degree level.
- Evidence of additional theoretical or conceptual knowledge in addition to main qualifications such as a post-graduate or equivalent experience in Finance, Information Management, Estates, Facilities, Construction Management, Procurement or Supply Chain Management.
- Evidence of continuing professional development.
- An appropriate professional qualification(s) or membership of a professional organisation(s) relevant to the functions of the post e.g. RIBA, RICS, MCI0B, MCIPS.

- Evidence of career progression.

#### **EXPERIENCE**

- Evidence of experience at a senior level of leading and managing a significant number of staff and other resources in the delivery of relevant operational services.
- Experience and knowledge of NHS, Local Authority, business, procurement and capital planning. Therefore extensive Financial Management, knowledge or qualification is necessary.
- Experience of initiating, managing and implementing major change programmes.
- Experience of successfully working with a wide range of groups to achieve a common aim, where individuals or groups may be challenging, change resistant, antagonistic or even hostile.
- Experience of commercial/legal contract negotiation including tendering and managing high value capital projects..
- Experience of working with the public and private sectors including.
- Experience of Project Management and delivering projects on time and within budget and commissioning premises.
- Experience of partnership working across multiple, complex organisations,
- Experience of setting, managing budgets and delivering vfm.
- Experienced in the delivery of Communications with a demonstrable success track record at a high level.

#### **KNOWLEDGE & UNDERSTANDING**

- Knowledge of operational and strategic estate issues.
- Knowledge of EU tendering process, EU compliance and contract management.
- Knowledge of project and programme management techniques.
- Knowledge of legal, governance and commercial issues related to capital projects or construction services.
- Knowledge of NHS Estate code and guidance or other public sector equivalents.
- Knowledge of NHS and or local authority policies and strategies.
- Knowledge of NHS or other public sector planning, capital and management processes.

#### **SKILLS & ACTIVITIES**

- Excellent written and verbal communication skills.
- Negotiation skills.
- Change management skills.
- Strong numerical and verbal reasoning and analytical skills.
- Ability to analyse and interpret information from a variety of sources.
- IT skills (MS Office or equivalent).
- Able to focus on long-term aims and clarify actions and steps to achieve these.
- Able to plan and prioritise work to achieve deadlines.
- Able to allocate and delegate tasks to make the best use of resources.
- Able to manage conflict, under performance and inappropriate behaviour.
- Able to lead and influence colleagues or work as part of a team.
- Able to establish strong partnership working.
- Able to provide positive, constructive and practical feedback and advice to peers and managers.

#### **PERSONAL QUALITIES**

- Client, patient or user centred
- Professional approach to managing internal and external relationships.
- Sensitive to the needs and motivations of stakeholders.
- Team player.
- Adaptable and Flexible.

- Objective and decisive – able to exercise initiative.
- Commitment to eliminating discrimination, promoting equality in service delivery and employment and ensuring a healthy and safe environment

### **13. JOB DESCRIPTION AGREEMENT**

**Job Holder's Signature:**

**Date:**

**Head of Department Signature:**

**Date:**





**JOB DESCRIPTION**  
**NHS GREATER GLASGOW & CLYDE**  
**CAPITAL PLANNING & PROCUREMENT DEPARTMENT**

<b>1. JOB IDENTIFICATION</b>	
<b>Job Title:</b>	<b><i>General Manager for Property &amp; Asset Management</i></b>
<b>Responsible to (insert job title):</b>	<b><i>Head of Capital Planning &amp; Procurement</i></b>
<b>Department(s):</b>	<b><i>Capital Planning &amp; Procurement</i></b>
<b>Directorate:</b>	<b><i>Facilities Directorate</i></b>
<b>Operating Division or GGHB:</b>	
<b>Job Reference number (coded ):</b>	
<b>No of Job Holders:</b>	<b><i>1</i></b>
<b>Last Update (insert date):</b>	<b><i>December 2012</i></b>

**JOB PURPOSE****2.**

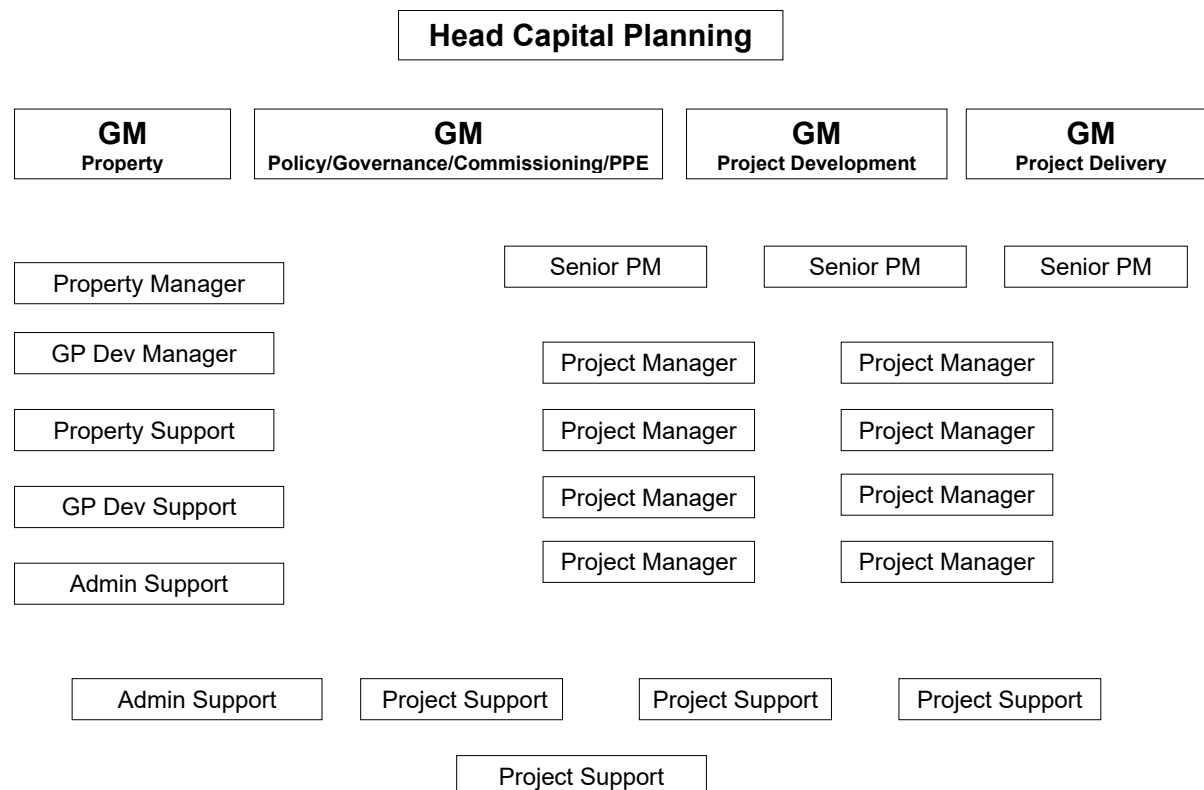
The post holder will be responsible for the development and maintenance of the Boards Property and Asset Management Strategy to ensure that the property portfolio is developed in line with the Boards Corporate Plan. This includes the delivery improved performance of the estate as contained within the strategy document.

The post holder will work with a high degree of autonomy liaising closely with senior colleagues in the organisation and liaison with other external organisations including Scottish Government to identify ongoing changes to the property portfolio and continuous improvement in its performance.

The key areas of delegation will be the production of the Boards Property and Asset Management Strategy and the continued development, maintenance and alterations to the data contained in the national estates asset management system, the management of all property transactions and the management of the GP Premises Development Agenda.

**3. ROLE OF DEPARTMENT**

To provide an integrated efficient and effective capital planning and procurement function together with a comprehensive Property and Asset Management function to support the Boards Corporate Plan.

**4. ORGANISATIONAL POSITION**

## **5. SCOPE AND RANGE**

The post holder will be responsible for preparation and production of the Boards Property and Asset Management Strategy and the coordination of all the parties involved in the delivery of this which includes senior figures both within and outwith NHS, outside consultants, local authority colleagues from 8 Local Authorities and Scottish Government representatives.

The post holder will be responsible for the management of the Estate Management system including the coordination of the 6 facet property condition information, updating of information in line with capital plan delivery, updating information in line with property transactions and updating system in line with all maintenance work/alterations undertaken by Facilities Management. A fully agreed protocol to be developed to support this system.

The post holder will manage all property acquisitions and disposals including leases and manage the GP Premises Development Agenda.

All of the above covers an estate asset base in excess of 1.2 million square metres of accommodation which might be owned, PPP/PFI, leased or third party arrangements and has a net book value of £1,225,752,000.

## **6. MAIN DUTIES/RESPONSIBILITIES**

Develop, manage, maintain and analyse the Boards Property and Asset Management Strategy.

Develop, manage, maintain and analyse the property data contained within the Estates Asset Management System to ensure it is as up to date as possible and to support the Corporate Management Team in their strategic planning by providing reports and analysis on the property base to assist their decision making.

Maintain and continue to develop the Boards Property and Asset Management System to support ongoing maintenance and future design of the Boards asset base in line with service redesign.

Ensure up to date Property information is available to all staff involved in the future configuration and condition of the Boards Property Portfolio which will include colleagues involved in delivery of the Boards Capital Plan and facilities colleagues responsible for the ongoing maintenance of the estate.

Manage all property transactions arising from the ongoing development and design of the estate which includes acquisition and disposal of assets including land and property sales and acquisitions and management of existing lease portfolio and any new lease acquisition or terminations.

Manage the GP Premises Development Agenda including the release of funds to GP

Practices in line with findings from recent surveys. Report progress to the GMS Premises Group.

## **7a. EQUIPMENT & MACHINERY**

The post holder will be expected to use and be familiar with key strategic and statutory guidance which is relevant to the post. This would include material on procurement, building regulations, planning and Health and Safety such as:

- Scottish Capital Investment Manual
- Property Transactions Handbook
- The Public Contracts (Scotland) Regulations 2006
- Statutory Building Regulations
- Local Council Planning Approval Procedures and Historic Scotland (Listed Buildings) Requirements
- Health and Safety Policies and Procedures/Construction (Design & Management) Regulations – Risk Assessment Systems
- National Estates and Asset Management System Guidance Material

The post holder will be expected to use standard office and bespoke software, NHS specific systems and a Geographic Information System. This will include adherence to corporate governance requirements, incl. adherence to the Data Protection Act and the Freedom of Information Act in relation to the records and information held.

- Provision and maintenance of a private car to be available (and insured) for NHS business use unless a crown car is provided
- Telephone system/Voicemail
- Personal computer/laptop
- Mobile telephone / blackberry
- Printers (black/white; colour)
- Photocopier
- Facsimile
- Scanner
- Digital Projector
- Laminator
- Guillotine
- Binding machine
- General office equipment

## **WORKING CONDITIONS**

Exposure to open-plan office environment distractions and temporary site office meeting conditions. Attendance is required from time to time on building sites with abnormal environmental conditions of mud, dirt, dust, noise and dangerous plant and machinery in use during site inspections. This includes regular outdoor activity and occasional manipulation onto high building levels and into confined spaces, wearing personal protection equipment, under strict health and safety regimes advised and controlled by building contractors.

**7b. SYSTEMS**

- National Estates and Asset Management System
- Microsoft Office Packages: Word; Excel; Access; PowerPoint; Project; Publisher
- Electronic data storage in Microsoft Word; Excel; Access; PowerPoint and Project, and maintenance and retrieval of same.
- E-mail; internet and intranet.
- Appropriate standard documentation for invitations to tender for professional services, construction works etc
- Lateral filing system, and maintenance of.
- Association of Project Managers knowledge and skills framework / accreditation
- Bring forward system.
- Priority management work smart system
- E-mail flag system (electronic bring forward for emails)
- Computerised system for appointments.

**8. DECISIONS AND JUDGEMENTS**

The post holder is regulated by the Scottish Government Health Directorate protocols and a budgetary framework together with agreed key result areas. Decisions and judgements require to be taken within the regulations or guidelines applicable and will include the procedural documentation identified in item 5 above.

The post holder requires to have a high level strategic ability to understand and assimilate complex property data and promote the use of this data in the Boards corporate decision making processes in relation to future service planning.

Demonstrate good negotiating skills in relation to delivery of property related solutions.

An ability to prioritise daily /weekly workloads based on scheduling constraints.

The post holder is required to undertake analysis of highly complex technical information such as financial models, technical value for money reports, land and property assembly and valuations, judicial reviews, complex legal agreements. They are required to advise the Board and its members of the implications of taking alternative courses of actions in respect of – business cases, scheme designs, financing options and project delivery.

The post holder is an expert in the field of physical planning and design briefing advice and instruction to external professional, property and construction teams on major and complex schemes. Provides specialist/expert opinion to multi-disciplinary groups of clinicians and service/functional managers when analysing, interpreting and judging their complicated and highly complex service/clinical needs to devise specific, measurable, achievable, realistic and time-framed (SMART analysed) physical remits/briefs for capital developments.

Specialist skills are required for expert analysis and interpretation of highly complex

contract documents, drawings and project management tools. Identification, analysis, discussion, control and command of conflicting asset procurement time, cost, quality and resource issues. Administration of highly complex contract claims procedures. Required to interpret, coordinate and resolve occasionally conflicting specialist information from internal and external professional consultants and advisers.

#### *FREEDOM TO ACT*

The post holder must use independent discretion and judgement on matters associated with the control and coordination of external consultants, technical advisers, specialists, legal advisers, property advisers and other related professionals in Property & Asset Management.

Manages project teams and working groups and specialists in line with broad strategies for asset developments. Directly advises project sponsors/directors, clinicians, executive managers, senior planners and service heads. Financial responsibility includes being lead manager with personal accountability and responsibility for the management and control of the Board's CRL.

#### *MENTAL EFFORT*

Frequent prolonged concentration on technical, administrative, legal and financial information identification, compilation, presentation and analysis activities. Unpredictable work pattern due to the need for responsive problem solving actions arising from unforeseen and unforeseeable issues. Meetings of professional teams, senior management, project teams involve complex and intricate details. The post holder regularly produces summary reports and action notes of such meetings.

## **9. COMMUNICATIONS AND RELATIONSHIPS**

### **Within the Board**

The post holder will have contact with Executive Directors and General Managers and other heads of service in the form of personal contact, formal reports and papers in relation to the developing the Boards portfolio and Asset Management Strategy.

### **Outwith the Board**

The post holder requires contact on a daily basis with SRO's of other public authorities, solicitors, property professionals, district valuer, developers, contractors and other Senior Health Board officials. Communications will be in the form of personal contact, formal correspondence, legal documents.

Provides and receives significant, highly complex, sensitive and often contentious technical, administrative, financial and specialist information in relation to the property portfolio involving communication with project sponsors/directors, executive managers, professional consultants, legal agents, senior clinicians, operational staff, developers and suppliers.

Requires persuasive negotiating, diplomacy and change management debating skills to overcome barriers to understanding that can be in an antagonistic atmosphere of proposed major change. Advising, negotiating and resolving professional services and contract disputes and claims involving external agencies, developers and specialists.

## **10. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB**

### **Physical**

Required to travel frequently to meeting locations throughout the Board's area of responsibility. Keyboard skills are essential for use of standard and specialist systems supporting the Property and Asset Management Agenda.

Normal duties involve office work plus travel (driving or walking) to inter-office meetings. Occasional site visits will be required to assess the property aspects supporting projects.

### **Mental**

Work priorities can be unpredictable and the post holder will be required to effectively handle competing priorities on a regular basis.

The post holder must be able to conduct discussion and presentations of information to other Committees of the Board and other Senior Management meetings as required.

Operates under pressure.

### **Emotional**

Emotional impact of dealing on a regular basis with SRO's can be stressful as they are a demanding group with high expectations in regard to timescales and outcome.

Requirement to exercise high degree of tact, counselling and listening skills, in dealing with all manner of professionals associated with property and asset matters.

Attendance at meetings of service providers, managers and user groups with differing expectations and demands that have to be balanced against the requirement to enable the development of property and assets is carried out as efficiently and effectively as possible.

Accepting and dealing with the demands of delivering highly confidential and complex Property & Asset information which is understandable to colleagues not familiar in this field of management.

Possession of exceptional communication skills is essential to ensure, as far as reasonably possible, that all complex information is managed sensitively and timely to avoid the formation of a hostile, antagonistic or highly emotive atmosphere.

### **Environmental**

Requirement to travel to other locations usually via motorway network.

Exposure to noisy environment – open-plan office accommodation containing network printer; photocopier; fax machine and scanner for Partnerships and Property Department.



## 11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

The production and upkeep of the Boards Property & Asset Management Strategy.

Negotiating property agreements, which take into account the Board's requirements and public accountability while recognising commercial reality and the parameters which commercial companies work to in terms of shareholders requirements.

Working to highly challenging timescales.

Dealing with the Board's changing priorities, which can often have a significant effect on dealings with external companies and the development of estate and property strategies.

To identify/evaluate the impact of the changing clinical needs of the Boards and ensure the property portfolio meets these requirements in terms of quality of the estates and it being fit for purpose.

To ensure that effective communications and training processes are identified and implemented and that all staff are adequately supported to delivery the highest standards of service in a changing environment.

## 12. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

### *EDUCATION & TRAINING*

- Educated to Masters degree or equivalent and/or doctorate level training and accreditation (desired).
- Educated to degree level.
- Evidence of additional theoretical or conceptual knowledge in addition to main qualifications such as a post-graduate or equivalent experience in Finance, Information Management, Estates, Facilities, Construction Management, Procurement or Supply Chain Management.
- Evidence of continuing professional development.
- An appropriate professional qualification(s) or membership of a professional organisation(s) relevant to the functions of the post e.g. RIBA, RICS, MCIOB, MCIPS.
- Evidence of career progression.

### *EXPERIENCE*

- Evidence of experience at a senior level of leading and managing a significant number of staff and other resources in the delivery of relevant operational services.
- Experience and knowledge of NHS, Local Authority, business, procurement and property planning. Therefore extensive Financial Management, knowledge or qualification is necessary.
- Experience of successfully working with a wide range of groups to achieve a common aim, where individuals or groups may be challenging, change resistant, antagonistic or even hostile.
- Experience of commercial/legal contract negotiation within those involved in Property Transactions and Management.
- Experience of working with the public and private sectors.
- Experience of partnership working across multiple, complex organisations.

- Experience of setting, managing budgets and delivering vfm.
- Experienced in the delivery of Communications with a demonstrable success track record at a high level.

#### **KNOWLEDGE & UNDERSTANDING**

- Knowledge of operational and strategic estate issues.
- Knowledge of legal, governance and commercial issues related to Property and Asset Management.
- Knowledge of NHS Estate code and guidance or other public sector equivalents.
- Knowledge of NHS and or local authority policies and strategies.
- Knowledge of NHS or other public sector planning, capital and management processes.

#### **SKILLS & ACTIVITIES**

- Excellent written and verbal communication skills.
- Negotiation skills.
- Change management skills.
- Strong numerical and verbal reasoning and analytical skills.
- Ability to analyse and interpret information from a variety of sources.
- IT skills (MS Office or equivalent).
- Able to focus on long-term aims and clarify actions and steps to achieve these.
- Able to plan and prioritise work to achieve deadlines.
- Able to allocate and delegate tasks to make the best use of resources.
- Able to manage conflict, under performance and inappropriate behaviour.
- Able to lead and influence colleagues or work as part of a team.
- Able to establish strong partnership working.
- Able to provide positive, constructive and practical feedback and advice to peers and managers.

#### **PERSONAL QUALITIES**

- Client, patient or user centred
- Professional approach to managing internal and external relationships.
- Sensitive to the needs and motivations of stakeholders.
- Team player.
- Adaptable and Flexible.
- Objective and decisive – able to exercise initiative.
- Commitment to eliminating discrimination, promoting equality in service delivery and employment and ensuring a healthy and safe environment

### **13. JOB DESCRIPTION AGREEMENT**

**Job Holder's Signature:**

**Date:**

**Head of Department Signature:**

**Date:**

**JOB DESCRIPTION APPENDIX –  
ADDITIONAL ROLES AND RESPONSIBILITIES**

**Please use this form to describe any additional roles or responsibilities currently fulfilled by a jobholder that are not an integral part of the person's substantive job (e.g. Radiation Protection Supervisor, "Link Practitioner" etc)**

<b>1. TITLE OF JOBHOLDER'S SUBSTANTIVE POST:</b>	
<b>2. DEPARTMENT:</b>	
<b>3. DESCRIPTION OF ADDITIONAL ROLE/RESPONSIBILITY:</b>	
<b>4. AGREEMENT OF ABOVE DESCRIPTION</b>  Job Holder's Signature:  Head of Department Signature:	Date:  Date:

**SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST****JOB DESCRIPTION****Sg No 1268**

<b>1. JOB DETAILS:</b>	
<b>JOB HOLDER:</b>	
<b>JOB TITLE:</b>	Estates Manager
<b>TRUST</b>	South Glasgow University Hospitals NHS Trust

**2. JOB PURPOSE**

1. As the Head of Estates for the Division the major requirements of the post are to provide a high level of strategic management expertise and the Professional and Technical management which is inherent in an extremely complex function.
2. To ensure that work carried out by the division's in house team and external contractors (or design teams) meets the SGD and GGNHSB capital programme requirements and to provide a focus for the directorate level issues in respect of the division's capital plans.
3. To provide the high level management and technical leadership to the Estate maintenance function which provides the first line maintenance and repair work within the Division. Also ensure that there is in place a maintenance plan and system to deal with unforeseen or breakdown works and that there is in place a comprehensive plan for the routine (planned) maintenance for the Division Estate. To maintain an up to date register of the Estate Assets for the division in terms of its physical estate e.g. Property condition, Functional suitability, Space utilisation etc. and develop a plan for the upgrade of the estate to meet the statutory requirements
4. As Head of Department to be responsible for and manage the estates departments' overall budget. Ensure that the budget is contained within the allocation for all aspects of the Departments functions (Capital, Revenue, Utilities and Salaries)
5. To develop and implement strategic Estates policies for the Division and to ensure that issues with regard to the operational estate and its development are communicated to the senior management staff and board directors in order that informed decision making can be made for the development and maintenance of both the physical estate and operational estate.

**3. DIMENSIONS**

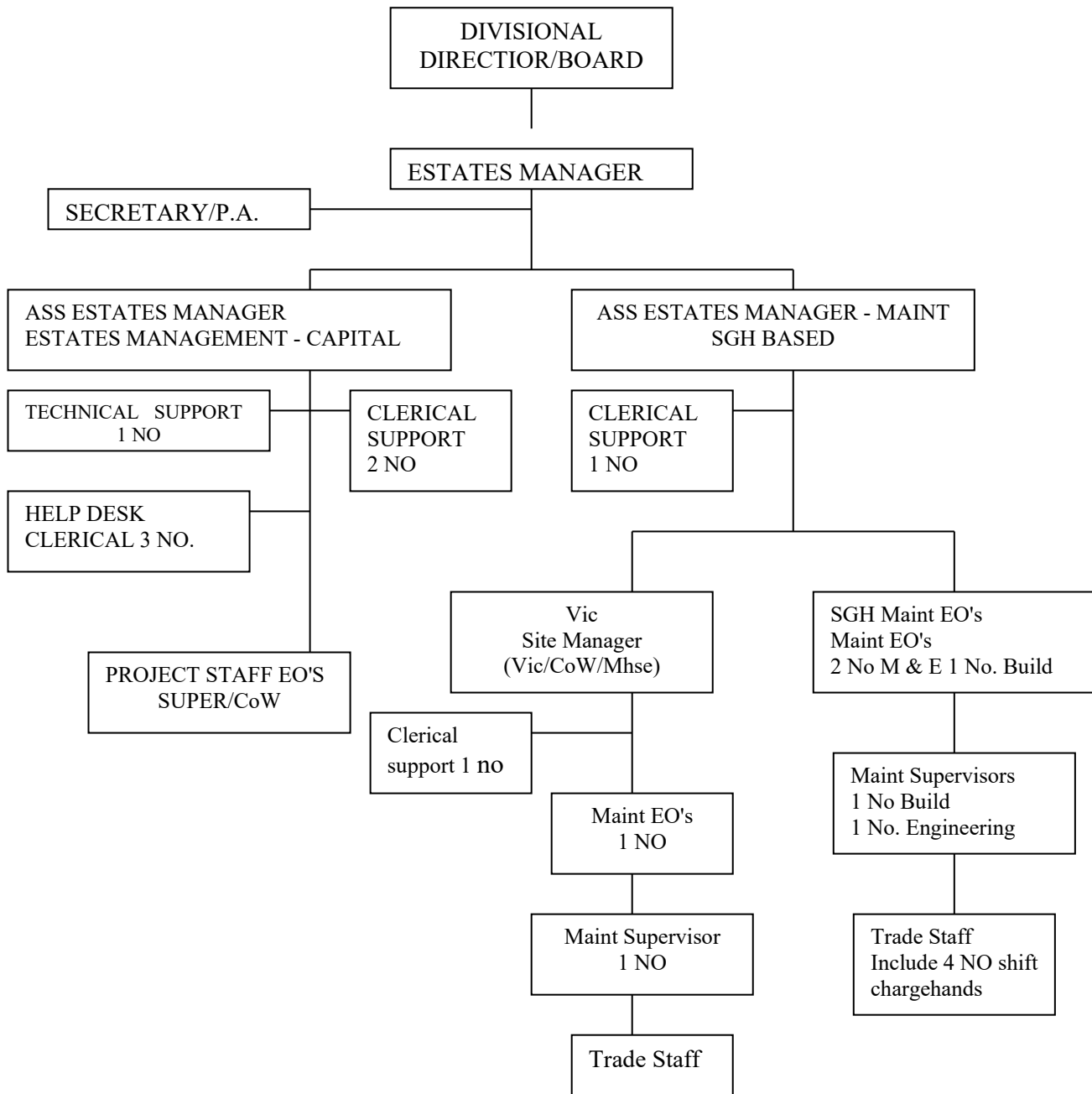
To develop and manage the Divisions capital works programme (approximately £20m per annum.)

Manage the Estates revenue budget including service contracts for all the Divisions properties and services.

Revenue budget £7.04m

Manage the Professional, technical, administrative and trades staff (51 staff)

#### 4. ORGANISATION CHART



## 5. ROLE OF YOUR DEPARTMENT

1. To manage the development and maintenance of the Divisions physical estate in respect of its properties, land, grounds and services in order to ensure that the estate is compliant with both the statutory requirements of the Scottish Executive and Local authorities and the guidance issued by various NHS bodies.
2. To develop and manage the refurbishment and new build works for the Divisions properties and to construct these in a safe manner which is consistent with the requirements of the statutory authorities.
3. To develop and maintain performance indicators for the Estates Department.
4. Provision of professional and technical services such as development of Estates strategy; fire prevention advice; Estates information; energy and Environment services; health & safety; laundry/steriliser management/medical gases/emergency generation etc.
5. Ensure compliance with all Statutory Regulations, Codes of Practice, Building Notes, Health Technical Memorandum, Building Regulations and Byelaws.

## 6. KEY RESULT AREAS

1. Lead the evaluation and development of Estates strategies taking into account the divisions overall strategic plan.
2. Significantly contribute to the preparation of the Estates strategy which includes capital proposals for new buildings, upgrading and refurbishment of existing buildings plus the backlog maintenance works which are required for the efficient operation of the estate taking into account environmental and other concerns.
3. Manage the delegated capital and revenue budgets and ensure proper control over the authorised expenditure and develop and implement measures to keep the budget within delegated or agreed limits.
4. Lead the improvement in the efficiency and economy of Estates management to facilitate the delivery of effective healthcare.
5. Provide the Division with expert professional advice and direction on issues relating to rateable value and any other such matters required for implementation of the Divisions strategic Estates plan.
6. Lead the delivery of the capital programme.
7. Manage the in-house staff and provide professional and technical leadership for the Estates function.

8. Ensure that the building and engineering works carried out by both in house and external contractors (including service contractors) are of a satisfactory standard.
9. Compile and maintain an Estate database which will contribute information on the condition of the capital/rate of deterioration and rate of investment required to reach the Divisions strategic and annual planning objectives.
10. To develop, implement and monitor the Estates department policies and procedures. Also contribute to the development of Divisional policies in respect of those areas where there are implications for the physical estate and other safety issues.
11. To develop, monitor and report to the board on key performance indicators for capital works, service contracts, utilities, supplies, energy, productivity, financial performance and staffing issues.
12. To develop and manage the department's contingencies plans for emergency planning.
13. To manage and develop, procedures for reports to the Divisional Manager in relation to Safecode/Greencode/Estatecode/Encode and other Estates Management Legislation and guidance as required.
14. Develop the annual departmental budgets and monitor trends for reporting to Divisional Manager.
15. To manage the appointment and performance of service contracts for Estates related Services.
16. Significantly contribute to and participate in the development of good industrial relations, manpower planning, devise and implement appropriate training programmes for Estates.
17. Provide a managerial and technical support service to the Estates Officers requiring assistance with operational difficulties or in crisis situations, including preparation of contingency plans to ensure a measure of continuity of essential services in the event of any interruptions.
18. Schedule and conduct formal meetings and exchange written communication with internal and external organisations.
19. Develop and implement backlog maintenance plans. Advise Divisional Board on the capital investment required. Prepare a 5 year backlog maintenance plan.
20. Prepare and analyse data and prepare reports for the General Manager and Board.
21. Forecast those areas of the estate which are considered liable to require works, develop and initiate proactive response to these situations.

## 7. ASSIGNMENT & REVIEW OF WORK

1. Assignment of work will be in agreement with the Chief Executive Officer and Director of Operations.
2. Maintain channels of communication with Divisional Manager through regular formal and information meetings, telephone calls and written correspondence in order to receive instructions and report progress. A regular review of work performance will be undertaken by the Divisional Manager using key performance indicators and best practice guidelines.
3. The main criteria for this post holder will be an ability to display an organised, methodical and analytical approach to the management of the estate including capital, backlog and other projects on behalf of the Division. Also the presentation of management reports and a professional and diligent approach to capital scheme development and execution.
4. A high degree of economy and responsibility will be required to ensure delivery of these key result areas.

## 8. COMMUNICATIONS & WORKING RELATIONSHIPS

The post requires a high level of interpersonal contacts with senior staff throughout the Division through both formal and informal communications in order to provide professional and technical advice and management. Also to ensure that the relevant standards are achieved with regards to the department's operation and the objectives set by the Division.

As Divisions representative, maintain direct formal and informal contact with external agents to ensure that such agents are properly instructed in terms of the workload and to obtain first hand feed back on progress being achieved. In addition the postholder should develop and maintain relationships with other agencies and organisations both internal and external to the NHS which are essential for the efficient and effective delivery of the services for example Fire Inspections, Building/Planning Control, Environmental Health, University Departments, Central Government Organisations and staff of National Utilities.

## 9. MOST CHALLENGING PART OF YOUR JOB

To manage the estates function across a large acute hospital division which is subject to significant development of the physical estate and to maintain the entire estate (both existing and developing) in an operational state consistent with the modern health care environment.

To develop and manage capital projects in line with strategic direction of the Division that meets both the user's requirements and modern care standards within a defined financial limit both in planning and execution of works.

Identify, develop and analyse the key performance indicators for Estates and to ensure that informed judgements and decision making can be made by utilising the data obtained from such indicators.



Continual monitoring and review of the Estates function with a view to optimising efficiency and providing good value for money.

Identifying problems which could arise from the Divisions development of its property and developing and implementing solutions that minimise or avoid such problems.

Protecting the Divisions legal position by complying with all statutory requirements etc. as far as is possible within the budge allocated and developing proposals, including costs, for such works as are necessary to maintain the legal status

#### **10. QUALIFICATIONS AND/OR EXPERIENCE SPECIFIED FOR THE POST BY THE EMPLOYING AUTHORITY.**

<b>QUALIFICATIONS:</b>	Masters in Engineering or Building or Equivalent Qualification
<b>EXPERIENCE:</b>	Considerable management, financial and strategic experience of estates issues and the operation and development of the Estates function at a senior level. Minimum of 10 years

#### **11. JOB DESCRIPTION AGREEMENT**

<b>Job Holder's Signature:</b>		<b>Date:</b>	
<b>Head of Department Signature:</b>		<b>Date:</b>	

**From:** [Wallace, Stephen](#)  
**To:** [Tanner, Sue](#)  
**Cc:** [Powrie, Ian](#)  
**Subject:** RE: SGUH Estates Manager Post (Sortlist/Interviews)  
**Date:** 27 November 2014 09:06:16

---

I had discussed the interviews with Ian last night, but had not yet checked if we had anyone to support the interviews.

Will check with the other teams this morning

S

---

**From:** Tanner, Sue  
**Sent:** 27 November 2014 08:59  
**To:** Wallace, Stephen  
**Cc:** Powrie, Ian  
**Subject:** RE: SGUH Estates Manager Post (Sortlist/Interviews)

Hi Stephen,  
Have you agreed to support these interviews? As you'll be aware, I'm on leave next Wednesday and Elinor is doing the catering drop-ins on Wednesday AM as Sharon has the investigatory interviews in RAH.  
Sue

---

**From:** Powrie, Ian  
**Sent:** 26 November 2014 15:07  
**To:** Hunter, William  
**Cc:** Wallace, Stephen; Tanner, Sue; Matheson, Fiona  
**Subject:** Re: SGUH Estates Manager Post (Sortlist/Interviews)

Stephen

I have arranged for the interviews for Wednesday 3rd Dec 2014, from 09:30 -15:30  
45 min interview in one hour slots, (on the assumption of 5 interviews) with half an hour for lunch 12:30. The venue for these interviews is:

Project office, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building,  
Off Hardgate Road,  
Glasgow, G51 4SX  
Level 1, Meeting room 2.

The interview will include a 10min presentation on "Discuss suitable alternative maintenance strategies to simple PPM systems, indicate your preferred strategy and justification for this approach within a healthcare environment"


Can you please copy me in to the interview letters.

Regards

Ian  
I.Powrie

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, [Glasgow, G51 4SX](#)



On 26 Nov 2014, at 10:09, Hunter, William  wrote:

Dear all,

Can I pls ask for the following (apologies if already in hand)

1. All applications to be passed to IP to short list. Ian this needs to be done for tomorrow.
2. Letters (by email & post) to candidates selected for interview & those not short listed. By tomorrow night please.
3. Panel for interview will be Ian/Jim & Sue.
4. Interviews to be next week.

Regards

Billy

Sent from my iPad

**From:** [McNeil, Elaine](#)  
**To:** [Powrie, Ian](#)  
**Subject:** Joint South & Clyde Sector Water Safety Group Meetings  
**Date:** 27 November 2014 10:19:36  
**Attachments:** [Terms of Reference Board Group Item 3.doc](#)  
[Minutes 17 07 13.doc](#)  
[Minutes 16 10 13.doc](#)  
[Minutes 03 02 14.doc](#)  
[Minutes 15 05 14.doc](#)  
[Minutes 17 09 14.doc](#)

---

Ian

Apologies for you not knowing that the meeting today was cancelled, I have now added you to the distribution list and I will be arranging meetings for 2015.

I have attached the ToRs and minutes from previous meetings and a copy of the agenda that would have been at today's meeting.

Regards

*Elaine McNeil*

Facilities Department

PA/Administrative Officer to Billy Hunter General Manager - Facilities, Clyde & South Sector & Alan Gallacher, Sector Estates Manager, Clyde Sector


1<sup>st</sup> Floor Estates Building

Royal Alexandra Hospital

Corsebar Road

Paisley

PA2 9PN



## **NHSGGC WATER SAFETY GROUP**

### **Terms of Reference**

#### **Reports to:**

Board Infection Control Committee

Facilities Directorate Governance Committee

#### **Membership**

Lead GM Facilities (Co-chair)

Infection Control Manager (Co-chair)

Deputy Director, Nursing (Infection Control)

Health and Safety/ Waste Manager

Coordinating Infection Control Doctor

Sector Infection Control Doctor

Lead Infection Control Nurse

Head(s) of Nursing/ Midwifery

Lead Technical Sector Estates Manager

Chair of Water Systems SCART Sub Group

*NB. Deputies to attend in absence of above nominated individuals*

#### **Terms of reference**

To fulfil the remit of the Board Water Safety Group as per SHTM 04-01 and CEL 03 (2012)

Develop the NHSGGC Water Safety Policy

Develop the NHSGGC Water Safety Plan

Identify and monitor appropriate control measures for water safety in high risk clinical areas

Provide annual reports/ assurance to BICC and Facilities Governance Groups

Coordinate and monitor the work of the Sector Water Safety Groups

Effectively plan and manage any clinical incidents where the water supply is implicated

#### **Meeting Frequency**

Bi-Monthly



# MINUTES OF SOUTH & CLYDE SECTOR WATER SAFETY GROUP (SWSG)

HELD AT 9am ON WEDNESDAY 17<sup>TH</sup> JULY 2013  
ROOM LA/O/010, LABORATORY MEDICINE

## Present

Alan Gallacher ( <b>Clyde</b> )	Sector Estates Manager
Pauline Wright ( <b>PW</b> )	Consultant Microbiologist (South)
Bill McCormack ( <b>BM</b> )	Estates Manager, SGH
Colin Purdon ( <b>CP</b> )	Estates Officer, RAH
Eddie Morrison ( <b>EM</b> )	Estates Officer, IRH
Ross Campbell ( <b>RC</b> )	Estates Officer, IRH
Joan Higgins ( <b>JH</b> )	Lead Infection Control Nurse
Jim McFadden ( <b>JM</b> )	Sector Estates Manager
Pamela Joannidis ( <b>PJ</b> )	Lead Infection Control Nurse
Claire Mitchell, ( <b>CM</b> )	Lead Infection Control Nurse
Keith Dunn ( <b>KD</b> )	Estates Officer, RAH
Linda Bagrade, ( <b>LB</b> )	Consultant Microbiologist (Clyde)
Michele Paterson ( <b>MP</b> )	Lead Nurse, Spinal Injuries Unit
Janice Raeside ( <b>JR</b> )	Senior Biomedical Scientist, RAH
Linden Rankin ( <b>LR</b> )	Helpdesk Manager, SGH (Minutes)

1.	<b>Apologies:</b> Billy Hunter, General Manager	<u>Action</u>
2.	<b><u>MINUTES FROM PREVIOUS MEETINGS</u></b> Legionella meetings were previously held within Clyde and South Sector. These meetings will now be integrated and known as the Sector Water Safety Group. AG advised that the dates of future meetings have been timed to coincide with the Board's Water Group in order that actions can be identified and where required can be cascaded down.	
3.	<b><u>TERMS OF REFERENCE</u></b> Terms of reference have been revised and issued to reflect the changes to the new Water Safety Group. AG asked the group to review the ToR and to forward any comments/suggestions to LR for collating.	All
4.	<b><u>UPDATE FROM WATER POLICY</u></b> PJ is a member of the Board Water Safety Group and advised that there are points which are still to be agreed:  <b>Frequency of Water Testing &amp; Flushing</b> Discussions took place around what constitutes a flush i.e. domestics clean WHB daily and as such turn on taps – would this be classed as flushing? L8 requirement states only to flush outlets not frequently used (i.e. 3-4 times a week) and also how is flushing recorded. Clinical staff would require to be made aware of this; however it was not fully agreed at the Boards Water safety Group who would carry out this task. Awaiting direction.  Clyde Sector has in place an electronic system for the monitoring and management of water safety which is being used at both IRH and RAH. This could eventually record when flushing of 'little used outlets' took place; however this would still need an input from the clinical staff within the ward.	PJ NHSGG&C Water Safety Group

5.	<p><b><u>AUTHORISED/RESPONSIBLE PERSON - STATUS</u></b>  In Accordance with the SHTM there is a requirement to have sufficient AP's in place on site and an Authorised Engineer (AE) in place for the Board. There is currently no AE (Water) in place within NHSGG&amp;C. AG advised that HFS were currently working with NP to set up a national contract for the supply of AE's across NHSScotland and as such this would help to solve this problem. AG to liaise with HFS on progress.</p> <p><b><u>South Sector - Status</u></b>  <u>AP's</u>  Jim McFadden and Bill McCormack are the Authorised Persons for the Southern General Hospital.</p> <p>Hugh McDougall is the AP for the Victoria Infirmary</p> <p>Bill McCormack is also the AP for Yorkhill.</p> <p>[REDACTED]</p> <p><b><u>Clyde - Status</u></b>  <u>IRH:</u></p> <p>Ross Campbell and Eddie Morrison are the AP for IRH.</p> <p>RC advised that the letter he has appointing him is dated 2009. This requires to be reviewed. It was agreed that a standard letter appointing AP should be used across the Board.</p> <p>There was an issue with plumbing staff undertaking this course in the past due to issues with Agenda for Change.</p> <p>[REDACTED]</p> <p>Identifying funding for staff to undertake these courses will require to be reviewed.</p> <p>Plumbers will require to be competent persons. JMF advised mechanical trades should be included in water/legionella training.</p>	AG
6.	<p><b><u>WATER SAFETY POLICY IMPLEMENTATION PLAN (PIP) - STATUS</u></b>  The PIP is the vehicle used within the estates teams to identify the key issues within the policy. An action plan is created from these issues for the estates team to ensure all relevant and priority areas are covered within an appropriate timescale.</p> <p><b><u>SGH</u></b> - BM provided the table with a copy of the PIP for the SGH and went through it in some detail</p> <p><b><u>Clyde</u></b> – PIP for Clyde will be created once the policy is ratified by the BICC.</p> <p>It was confirmed that PIPs will be updated and reviewed at further Water Group meetings.</p>	
7.	<p><b><u>SOUTH / CLYDE ACTION PLAN</u></b>  Action plans are being created from Risk Assessments which are being completed. Risk Assessments require to be carried out every 2 years. Any areas of concern raised in risk assessments are addressed immediately by Estates with the remainder prioritised accordingly and</p>	

	<p>put into an action plan.</p> <p>There are still some issues concerning deadlegs within hospital sites. AG requested that for the next meeting both Clyde and South Sectors should table their action plans.</p>	Clyde & South Estates Management
8.	<p><b><u>TRAINING UPDATE</u></b></p> <p>Awareness training should be provided to all staff groups (inc Admin) and not restricted to Estates/Facilities. Clyde have training booked however this is currently just for Estates staff.</p> <p>It was suggested that legionella awareness could be introduced to NHS staff through the induction process, hot topic on Staffnet and the core brief. This needs further investigation.</p> <p>RC suggested that an appropriate level of training should be expected from contractors who are regularly on site. Although they sign permit to works and should have clause in their contract RC had concerns that contractor may not always complete work as instructed and this is difficult to monitor due to the volume of contractors.</p>	
9.	<p><b><u>CAPITAL</u></b></p> <p>AG has requested a member of the capital team attend future meetings and he will liaise with Capital:</p> <p>Funding has been requested across the sector for legionella works including distribution systems/water tanks, no allocations have been made to date. AG suggested identifying and recording all capital spend on legionella/water systems. AG is confident capital funding will be allocated however if not then this will be recorded.</p>	AG
10.	<p><b><u>TESTING REGIME</u></b></p> <p><b>South</b></p> <p>Dr C Williams has suggested that testing should not be carried out except in high risk areas such as transplant wards which does not apply to South/Clyde sectors. Other high risk areas are wards with patients with compromised immune systems and historical high risk areas. AG advised this requires to be clarified again by the Board Water safety Group.</p> <p>ACoP L8 states that testing is not required, however should testing cease then NHSGG&amp;C would require to evidence why testing stopped i.e. several no counts over a number of regimes over a period of time</p> <p>[REDACTED]</p> <p>RC advised that since an improved maintenance regime has been adopted they are receiving lower results. It was agreed that L8/SHTMs are concerned with the maintenance of the systems and not the testing. AG advised this group is not to represent the maintenance but the management of water systems.</p>	AG Board Water Safety Group
11.	<p><b><u>FLUSHING REGIME</u></b></p> <p>Flushing requires 'little used outlets' within hospitals to be flushed regularly to ensure movement of water.</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	



	<p>[REDACTED] standardise this approach and to eradicate the different flushing regimes that are carried out throughout the different hospitals, however guidance is needed from the Boards Water safety Group on this issue.</p> <p>AG tabled a standard operating procedure (SOP) for flushing of 'little used outlets'. This has also been sent out electronically to staff. Water Safety Group is looking for a consistent practice across the Board. This will enable Estates to monitor flushing or removal of deadlegs. Monitoring of who does not return these will be required.</p> <p>RC raised concerns regarding lack of resources and the time spent on carrying this task out. PJ also raised concerns that legionella is an Estates issue and Clinical SCN's are already overloaded with paperwork and this would require further discussion. AG advised that the SOP is to formalise a simple procedure for flushing and to identify the best person to carry this out i.e. Nursing, domestic, Estates.</p>	AG Board Water Safety Group
12.	<p><b><u>PSEUDOMONAS</u></b></p> <p>AG advised that pseudomonas is on the agenda as a reference due to guidelines which have been published and in general to raise an awareness. Pseudomonas is more with how the water is used. HTM0401 Part F is the guidance on pseudomonas.</p>	
13.	<p><b><u>HAI RELATED LEGIONELLA ISSUES</u></b></p> <p>AG asked if there were any HAI specific issues that should be brought to the table.</p> <p>It was discussed that there is an element of duplication with HAI issues in that they are reported through SPE audits and HAI. It was further noted that the ratio of sinks has been amended to allow 1:6 and in ITU 1:3.</p>	
14.	<p><b><u>A.O.C.B</u></b></p> <p><b><u>Air Con Units</u></b></p> <p>JH enquired if there were any risks associated with using portable air cooling units in hospitals. AG confirmed that there is a difference between humidifiers and air con units and that as long as air con units are inspected and maintained properly they are suitable for use in wards as long as the tray which collects water on these units are emptied on a regular basis to avoid the water going stagnant. PJ advised that as long as they are not evaporative.</p> <p><b><u>PFI Buildings</u></b></p> <p>RC asked if PFI buildings within his remit should be provided with SCART monitoring to ensure they are complying with legal requirements. AG advised the table that SCART is the statutory monitoring tool that Estates use in conjunction with HFS. AG confirmed he will bring SCART information to next meeting to show how Estates comply and the tools available to monitor.</p>	AG
15.	<p><b><u>DATE OF NEXT MEETING</u></b></p> <p>Wednesday 16<sup>th</sup> October 2013 @ 9.30am – Room 10 New Laboratory Medicine FM Building, Southern General Hospital</p>	

#### **Minute Distribution**

All Group Membership

SCART Steering Group (Chair)

NHSGGC Water Safety Group (Chair)

**NHS Greater Glasgow and Clyde – Clyde & South Sector  
Water Safety Group Meeting, Wednesday 16<sup>th</sup> October 2013 at 9.30am  
In the Facilities Meeting Room 5, New Labs Building, Southern General Hospital**

**Present:**

Jim McFadden (Chair) (JMcf)	–	Sector Estates Manager, South
Keith Dunn (KD)	–	Site Maintenance Manager, RAH
Ross Campbell (RC)	–	Site Maintenance Manager - IRH
Joan Higgins (JH)	–	Lead Nurse, Infection Control, Clyde
Bill McCormack (BMcC)	–	Estates Officer, SGH
Kathleen McIlravey (KMcl)	–	Lead Nurse, Critical Care, Clyde
Clare Mitchell (CM)	–	Lead Nurse, Infection Control, South West
Michele Paterson (MP)	–	Lead Nurse, Spinal Injuries Unit, SGH
Lynn Pritchard (LP)	–	Lead Nurse, Infection Control, South East
Colin Purdon (CP)	–	Estates Officer, RAH
Carol Simpkins (CS)	–	Quality Manager, Microbiology, Clyde

**Apologies:**

Dr Linda Bagnade (LB)	–	Infection Control Doctor
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Eddie Morrison (EM)	–	Estates Officer, IRH
Diane Paterson (DP)	–	Lead Midwife, SGH
Linda Robertson (LR)	–	Lead Nurse, ECMS, SGH
Dr Pauline Wright (PW)	–	Consultant Microbiologist & Infection Control Doctor, SGH

**Action****1. Apologies**

Apologies were received from Dr Bagnade, Alan Gallacher, Billy Hunter, Eddie Morrison, Diane Paterson, Linda Robertson and Pauline Wright.

**2. Notes of Previous Meeting & Rolling Action List (17 July 2013)**

The minutes of the previous meeting were agreed as an accurate record.

**3. Terms of Reference for Board Group****4. Update from Water Policy Group**

JMcF reported that the Policy is being re-drafted. JMcf, Billy Hunter and Alan Gallacher will liaise regarding the Policy and distribution. BMcC indicated that staff require to be re-educated regarding the flushing regime. JMcf raised concerns on who is carrying out the flushing regimes. RC highlighted that the main areas are the public toilets.

**BH/AG/JMcF****5. Authorised/Responsible Person**

RC advised that Contractors have also been trained. Looking at Domestic staff to undertake the flushing regime.

**6. Legionella PIP Status**

A working group had previously been established and put in place all actions to be included within the Policy. Awaiting completion of the Policy in order to include the actions. KD suggested to re-convening the working groups by Sector for Estates staff.

**7. South & Clyde Action Plan**

It was noted that the action plans will be driven from risk assessments. RC will confirm with Chemtech if an action plan has been prepared and will raise at the next meeting of the group. KD has not seen sight of an action plan to date, although work is currently being undertaken that will be included within the action plan. HSE Guidance has made reference to obtaining sets of drawings, if required this would be a major task to undertake.

**RC**

**8. Training Update**

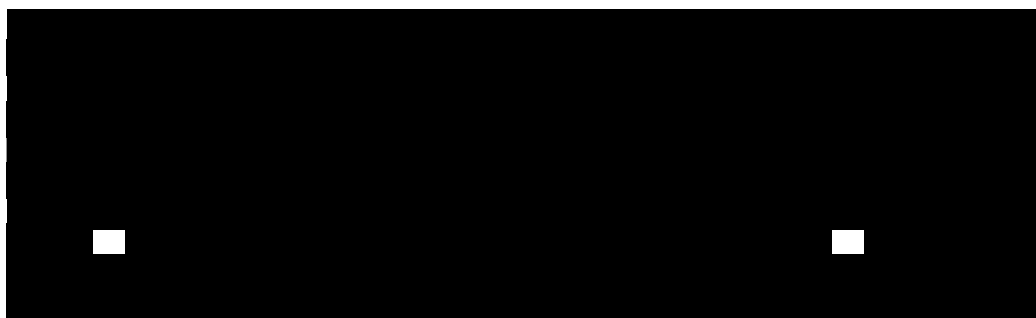
BMcC suggested to use Montie discs to deliver training in order to disseminate the communication.

**BMcC**

**9. Capital**

Capital staff require to become more involved within Water Safety especially relating to risk assessments. Hazel McIntyre has agreed for members from Capital to join the group.

**10. Testing Regime**



**11. Flushing Regime**

Covered in items 4 and 5. It was noted that some areas are recording incidents on DATIX. Clarification is required if these incidents should be recorded on DATIX.

**BH/AG/JMcF**

**12. Pseudomonas**

Concerns were raised on who manages and makes the decisions once reported. Estates require advice and clarity regarding clinical areas. KMcl noted that the 1 minute flushing regime could be shared between clinical and domestic staff in certain areas i.e. intensive care, HDU etc. Communication to be delivered to staff to understand why they are doing a 1 minute flushing regime.

**13. HAI Related Legionella Issues**

JH reported that due to the Policy not being finalised and HEI visits taking place, Infection Control has issued SOPs. Queries have arisen relating to flushing regimes etc and it is important that the Policy and a schedule of procedures are prepared.

**12. AOCB**

None.

**13. Date & Time of Next Meeting**

The next meeting is scheduled for Thursday 23<sup>rd</sup> January 2014 at 10am in the Facilities Meeting 5, New Labs Building, SGH.

**NHS Greater Glasgow and Clyde – Clyde & South Sector  
Water Safety Group Meeting, Monday 3<sup>rd</sup> February 2014 at 9.30am  
In the Meeting Room LO/A/010, New Labs Building, Southern General Hospital**

**Present:**

Alan Gallacher (Chair) (AG)	–	Sector Estates Manager, Clyde
Dr Linda Bagrade (LB)	–	Infection Control Doctor
Ross Campbell (RC)	–	Site Maintenance Manager - IRH
Joan Higgins (JH)	–	Lead Nurse, Infection Control, Clyde
Bill McCormack (BMcC)	–	Estates Officer, SGH
Jim McFadden (Chair) (JMcF)	–	Sector Estates Manager, South
Clare Mitchell (CM)	–	Lead Nurse, Infection Control, South West
Eddie Morrison (EM)	–	Estates Officer, IRH
Ron Nealis (RN)	–	Site Manager, Stobhill ACH
Linda Robertson (LR)	–	Lead Nurse, ECMS, SGH
Carol Simpkins (CS)	–	Quality Manager, Microbiology, Clyde
Dr Pauline Wright (PW)	–	Consultant Microbiologist & Infection Control Doctor, SGH

**Apologies:**

Keith Dunn (KD)	–	Site Maintenance Manager, RAH
Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Kathleen McIlravey (KMcl)	–	Lead Nurse, Critical Care, Clyde
Diane Paterson (DP)	–	Lead Midwife, SGH
Colin Purdon (CP)	–	Estates Officer, RAH
Ryan Whiteford (RW)	–	Site Manager, Victoria ACH

**Action****1. Apologies**

Apologies were received from Keith Dunn, Billy Hunter, Kathleen McIlravey, Diane Paterson, Colin Purdon and Ryan Whiteford.

**2. Notes of Previous Meeting & Rolling Action List (17 July 2013)**

The minutes of the previous meeting were agreed as an accurate record with an amendment to page 1, item 4 to read the main areas for flushing are public and staff toilets at the IRH.

**3. Update from Water Policy Group**

AG noted that the Board Water Policy Group are scheduled to meet on 6 February 2014 with no movement on the sampling to date. Discussions have taken place with Craig Williams, Microbiologist regarding the flushing regimes. The Board Water Safety Group have been involved in preparing a Written Scheme to which an operational procedures document is now in final draft and will be with BICC to approve. The final details will be clarified at the meeting scheduled for 6 February 2014. AG will share the minutes from the Board Water Safety Group meetings with this Group.

**AG****4. Authorised/Responsible Person - Status**

AG noted that the Written Scheme states that the Responsible Person is the SEM. Manager. A hierarchy table is required for responsible persons and a copy of this is in the Written Scheme. AG will raise with Hazel McIntyre for a member of Capital Planning to join the Group. JMcF confirmed that the South Sector is operating within the written scheme.

**SEM's  
AG**

The responsible person is the supervisor on site. RN to forward to AG a hierarchy chart for Cofley with the AP's and responsible persons and also to forward details of the 1 day training course for AP's/responsible persons.

**RN**

**5. Legionella PIP Status**

AG noted the need to move forward the Policy and Written Scheme which requires to be endorsed by BICC. Until the documents have been endorsed the status is required to be logged within an action plan for the South & Clyde Sectors.

**ALL****6. South & Clyde Action Plan**

AG noted that the Board SCART Steering Group has produced an action plan showing the overall status with a series of questions regarding Legionella not achieving 100% compliance. The Interim Director of Facilities requires to understand what is outstanding. Visibility of reporting tools are required and to categorise the risk and produce an action plan, identifying the action of work to be undertaken. The South & Clyde Sectors are currently undertaking and reviewing risk assessments. JMcF will share the South Action Plan at the next meeting. JMcF noted that the South also has Carillon on board. RN will share Carillon's action plan with the Group for Stobhill and Victoria ACH's

**JMcF****RN****7. Training Update**

AG noted that an issue was raised at the SCART Steering Group regarding training. An Action Learning Session for SCART Training had occurred and BMcC was to lead on pulling together training proposals. BMcC noted that Montie only provide basic training, so he was currently looking at 3 companies who could provide full training with City & Guilds Certificates which will include AP training. All managers to provide a list of individuals who require to undertake training and forward to BMcC. The content of courses requires to be agreed by SCART for technical requirements. AG noted that AP's require a City & Guilds qualification from a Board perspective. AG hoped that within 6-8 weeks an AE will be in place for Water Safety and that he will be able to assist with course content for AP's, CP's etc. RN has a principal engineer who arranges training, RN to forward the details to RC.

**BMcC****ALL****RN****8. AOCB****RC****Pseudomonas**

The Interim Director of Facilities is concerned regarding the risk assessments with legionella within Neonatal and requested that a separate risk assessment be carried out. Pseudomonas will be on the agenda at the Board Water Safety Group Meeting on 6 February 2014 for discussion e.g. cleaning of sinks. JMcF undertakes random checks within the South Sector. AG noted that contained within the Policy is intermittent used outlets. Domestic staff to undertake the usual cleaning process with the responsibility of the SCN's to undertake the flushing of little used outlets.

**9. Date & Time of Next Meeting**

The next meeting is scheduled for Thursday 27<sup>th</sup> March 2014 at 1pm in Meeting Room LO/A/010, New Labs Building, SGH.

**NHS Greater Glasgow & Clyde  
Joint South & Clyde Sector Water Safety Group Meeting  
Thursday 15<sup>th</sup> May 2014 at 10.00am  
in Meeting Room LO/A/011, New Labs Building, Southern General Hospital**

**Present:**

Jim McFadden (Chair) (JMcF)	–	Sector Estates Manager, South
Ross Campbell (RC)	–	Site Maintenance Manager – IRH
Keith Dunn (KD)	–	Site Maintenance Manager, RAH
Joan Higgins (JH)	–	Lead Nurse, Infection Control, Clyde
Bill McCormack (BMcC)	–	Estates Officer, SGH
Kathleen McIlravey (KMcl)	–	Lead Nurse, Critical Care, Clyde
Eddie Morrison (EM)	–	Estates Officer, IRH
Lynn Pritchard (LP)	–	Lead Nurse, Infection Control, South East
Colin Purdon (CP)	–	Estates Officer, RAH
Dr Pauline Wright (PW)	–	Consultant Microbiologist & Infection Control Doctor, SGH

**Apologies:**

Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
Linda Robertson (LR)	–	Lead Nurse, ECMS, SGH
Carol Simpkins (CS)	–	Quality Manager, Microbiology, Clyde
Michele Paterson (MP)	–	Lead Nurse, Spinal Injuries Unit, SGH

**Action****1. Apologies**

As noted above.

**2. Notes of Previous Meeting & Rolling Action List (27 March 2014)**

The minutes of the previous meeting were agreed as an accurate record.

**3. Update from Water Policy Group**

JMcF noted the situation of the Policy. JH reported we are awaiting the final ratification of the Policy as there is currently governance issues and AP's require to be included. Flowcharts and templates to be distributed for reporting purposes. JMcF referred to the email communication from Pamela Joannidis regarding Risk Assessment for Pseudomonas and asked the Group to note the content of the communication. EMcN to forward to the group an electronic version of the communication.

**AG**  
**ALL/EMcN**

**4. Authorised/Responsible Person - Status**

JMcF confirmed that the Authorised/Responsible Persons have been appointed for the South Sector. RC confirmed that the Clyde Sector have also appointed. Awaiting AE appointment for GG&C.

**AG**

**5. Legionella PIP Status**

JMcF noted that the PIP status relates to the ratification of the Policy.

**6. South & Clyde Action Plan**

RC noted that the action plans are complete, information taken from the risk assessments for the Clyde Sector.

[REDACTED]

JMcF and Alan

**JMcF/AG**

Gallacher to discuss with the CDU and laundry for a nominee to join the Group.

**7. Training Update**

BMcC has organised a 1 day basic training course, is still awaiting feedback on availability on who requires training. Infection Control also to be in attendance. KD, RC and Infection Control to provide BMcC with a list of staff training requirements.

**KD/RC/Infection  
Control**

**8. AOCB**



**Policy**

RC asked if the Policy covers PFIs, JMcF noted that the coverage of PFIs should be included within the Policy.

**CPs**

BMcC agreed to undertake the processing of the paperwork (Certification of Authorisation) for CP's.

**BMcC**

**9. Date & Time of Next Meeting**

The next meeting is scheduled for Wednesday 17<sup>th</sup> September 2014 at 10.00am in Facilities Meeting Room 5, New Labs Building, Southern General Hospital. Alan Gallacher to chair.

**NHS Greater Glasgow & Clyde  
Joint South & Clyde Sector Water Safety Group Meeting  
Wednesday 17<sup>th</sup> September 2014 at 10.30am  
in Meeting Room LO/A/013, New Labs Building, Southern General Hospital**

**Present:**

Alan Gallacher (AG) (Chair)	–	Sector Estates Manager, Clyde
Jackie Barmanroy (JB)	–	Senior Nurse Infection Control, SGH
Ross Campbell (RC)	–	Site Maintenance Manager, IRH
Keith Dunn (KD)	–	Site Maintenance Manager, RAH
Joan Higgins (JH)	–	Lead Nurse, Infection Control, Clyde
Eddie Morrison (EM)	–	Estates Officer, IRH
Ron Nealis (RN)	–	Site Manager, Cofley, Stobhill ACH
Carol Simpkins (CS)	–	Quality Manager, Microbiology, Clyde

**Apologies:**

Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Jim McFadden (JMcF)	–	Sector Estates Manager, South
Kathleen McIlravy (KMcl)	–	Lead Nurse, Critical Care, Clyde
Clare Mitchell (CM)	–	Lead Nurse, Infection Control, South West
Diane Paterson (DP)	–	Lead Midwife, SGH
Linda Robertson (LR)	–	Lead Nurse, ECMS, SGH
Michele Paterson (MP)	–	Lead Nurse, Spinal Injuries Unit, SGH
Ryan Whiteford (RW)	–	Site Manager, Cofley, Victoria ACH

**Action****1. Apologies**

As noted above.

**2. Notes of Previous Meeting & Rolling Action List (15 May 2014)**

The minutes of the previous meeting were agreed as an accurate record.

**3. Water Presentation**

AG delivered a presentation on Water Systems Safety which combines legionella and pseudomonas. AG explained the high risk areas, RN noted that evidence is required of recording issues. JH asked if the Domestic Staff are undertaking their duties and if auditing is being undertaken as the workbooks require to be checked on a regular basis. AG noted clarification is required as to who should undertake the audits.

The Policies are available on Staffnet and the progress is moving forward substantially. The presentation is being rolled out to Water Safety Group meetings and SCN's across sites.

**4. Update from Water Policy Group**

No major updates, SHTM04-01 Part G (Exemplar Written Scheme) is now published. NHSGG&C will require to update the Policy and Written Scheme to reflect this. The need to move forward to an electronic log book is also needed to be investigated and discussed with HFS as to impact on SHTM04-01. AG will produce a report from the Clyde electronic system for the next meeting.

**AG****5. Authorised/Responsible Person - Status**

AG noted that an AE Services has been appointed with Legionella Control International. The AE will visit all sites and undertake an audit to ensure that compliance increases and the need for the AE to understand how NHSGG&C manages the water systems.

RN noted that Cofley use their AE who undertakes the auditing. AG noted the need to



involve the PFI's within NHSGG&C's Board Water issues.

**6. Legionella PIP Status**

AG noted that the PIP is a 'high level report' that is distributed to the management team. AG noted that on the eTool some site drawings are out of date and is logged as a red risk. There is a cost implication in the replacement of the drawings and has been flagged to the senior management team.

The PIP action plan for the South Sector requires to be updated.

**JMcF**

**7. South & Clyde Action Plan**

[REDACTED]  
[REDACTED] RN will share Cofley action plans with group members for the next meeting. RC to ask Chemtech to provide an updated action plan to address any issues.

**RC**

**8. Safety Action Notices (SAN) EFA/3013/004**

This area is now complete. [REDACTED]  
[REDACTED] RC to move forward with the replacement to solid supports. Update required for next meeting.

**RC**

**9. Training Update**

BMcC is currently organising CP/AP Training. Awareness sessions require to be arranged for clinical staff. AG will raise at the Board Water Safety Group meeting scheduled for 2 October 2014 how to address the awareness sessions.

**10. AOCB**

None.

**11. Date & Time of Next Meeting**

The next meeting is scheduled for Thursday 27<sup>th</sup> November 2014 at 10.00am in Meeting Room LO/A/013, New Labs Building, Southern General Hospital. Jim McFadden to chair.

**From:** [Norman, Jane](#)  
**To:** [Powrie, Ian](#)  
**Subject:** RE: Water Testing new hospital  
**Date:** 27 November 2014 17:15:18

---

Hi Ian,  
Yes I'm fine thanks - long time no hear!  
Great - see you next Friday...  
Regards  
Jane

***Jane Norman***

Technical Services Manager - Microbiology North Sector  
Glasgow Royal Infirmary  
Level 4  
New Lister Building  
10-16 Alexandra Parade  
Glasgow G31 2ER

---

**From:** Powrie, Ian  
**Sent:** 27 November 2014 17:14  
**To:** Norman, Jane; 'David Hall'  
**Cc:** Findlay, Bernadette  
**Subject:** RE: Water Testing new hospital

Hi Jane

I hope you are well, just a quick note to confirm I am available on the 5<sup>th</sup>, see you then.

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX

---

**From:** Norman, Jane  
**Sent:** 27 November 2014 15:34  
**To:** 'David Hall'; Powrie, Ian  
**Cc:** Findlay, Bernadette  
**Subject:** RE: Water Testing new hospital

Hi David,  
That's great - see at 10.30 on Friday 5<sup>th</sup> December. I've booked the Microbiology Library on Level 4 of the Lab Medicine/FM building.  
Regards  
Jane

***Jane Norman***

Technical Services Manager - Microbiology North Sector  
Glasgow Royal Infirmary  
Level 4  
New Lister Building  
10-16 Alexandra Parade  
Glasgow G31 2ER

---

**From:** David Hall  
**Sent:** 27 November 2014 15:20  
**To:** Norman, Jane; Powrie, Ian  
**Cc:** Findlay, Bernadette  
**Subject:** RE: Water Testing new hospital

Jane,

Of these dates/times the best for myself would be Friday 5<sup>th</sup> at 10:30 if that works. Ian is not around right now or I would have checked with him. I would intend to also bring along David Wilson of Brookfield who is their commissioning manager and who will be managing the on-site operations until January

26<sup>th</sup> (handover).

Regards

David

---

**From:** Norman, Jane [REDACTED]  
**Sent:** 27 November 2014 15:09  
**To:** David Hall; Powrie, Ian  
**Cc:** Findlay, Bernadette  
**Subject:** RE: Water Testing new hospital

Hi David/Ian,  
Further to the email below, would you be available to meet Bernadette and myself to take this forward?  
Our availability is as follows:  
Friday 5th December anytime between 9am-12  
Monday 8th December anytime between 2pm-5pm  
Wednesday 10th December anytime between 9am-12.

Venue at SGH.

Thanks  
Jane

**Jane Norman**  
Technical Services Manager - Microbiology North Sector  
Glasgow Royal Infirmary  
Level 4  
New Lister Building  
10-16 Alexandra Parade  
Glasgow G3 1 2ER

---

**From:** Powrie, Ian  
**Sent:** 26 November 2014 19:14  
**To:** Findlay, Bernadette  
**Cc:** Norman, Jane; David Hall  
**Subject:** Re: Water Testing new hospital

Bernadette

It looks like you first point of contact is David Hall, project technical advisor (Currie & Brown),  
I have copied to David For information and to provide you with his e-mail address.

Regards

Ian

I. Powrie  
Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, [Glasgow G51 4SX](#)

On 26 Nov 2014, at 14:45, Findlay, Bernadette <[REDACTED]> wrote:

Hi Ian,  
On another subject could you provide advise please who we should liaise with as to how to take this forward?

*Regards*  
*Bernadette*

Bernadette Findlay, Assistant General Manager  
Laboratory Medicine, Room L1/A/007,  
Laboratory Medicine & Facilities Management Building,  
Southern General Hospital, Govan Road,  
Glasgow G51 4TF

---

**From:** Norman, Jane  
**Sent:** 26 November 2014 14:06  
**To:** Findlay, Bernadette  
**Subject:** FW: RE: SGH RO

I'm coming down to discuss this!

*Jane Norman*  
 Technical Services Manager - North Glasgow Microbiology

---

**From:** Hill David (NATIONAL SERVICES SCOTLAND) [REDACTED]  
**Sent:** 26 November 2014 12:24  
**To:** Norman, Jane  
**Cc:** Dallas, Sally; Lavery, Brian; Cullen, Karen; Hill David (NATIONAL SERVICES SCOTLAND); [andrew.smith](#) [REDACTED] Ingle David (NATIONAL SERVICES SCOTLAND); Slater John (NATIONAL SERVICES SCOTLAND); David Hall; Wrath, Frances; Stewart, Alan  
**Subject:** FW: RE: SGH RO

Hello Jane. Andrew Smith has nominated your lab to carry out the water quality testing for the new RO system at the new SGH Endoscope Decontamination Unit. As Andrew has asked if correspondence can be held direct with the Lab while he is on leave, please can you help with the questions below:

- A need to understand the logistics of who will be taking the samples: volumes to be drawn off, number of samples, frequency and containers expected by GG&C lab
- Costs and invoicing – GG&C lab will require to be paid for the analysis carried out. What are the fees?
- Brookfield are responsible for carrying out the water quality tests however, this work has been nominated to GG&C water testing lab with a proposal that all costs are recovered from Brookfield (see enclosed message from David Hall). . Will the GG&C water testing lab carry out the physical properties tests as well as the microbiological tests? If not, as suggested by Andrew, will GG&C Lab appoint Andersen Caledonia to carry out the physical properties tests, and recover costs from Brookfield and agree to co-ordinate the provision of test results back to Brookfield and David Hall?

Regards

David Hill

**Product Specialist - Decontamination**

Engineering, Environment & Decontamination  
 Health Facilities Scotland  
 Procurement, Commissioning & Facilities  
 NHS National Services Scotland  
 Gyle Square  
 1 South Gyle Crescent  
 Edinburgh  
 EH12 9EB

---

**From:** David Hall [REDACTED]  
**Sent:** 25 November 2014 08:08  
**To:** Hill David (NATIONAL SERVICES SCOTLAND); [andrew.smith](#) [REDACTED] Ingle David (NATIONAL SERVICES SCOTLAND); Stewart Alan (NHS Greater Glasgow & Clyde)  
**Cc:** Slater John (NATIONAL SERVICES SCOTLAND); Wrath Frances (NHS Greater Glasgow & Clyde)  
**Subject:** RE: [SPAM?] RE: SGH RO

David,

The point of contact with Brookfield is David Wilson, their commissioning manager, but everything should be directed via either myself or Frances to avoid any contractual confusion. Brookfield will only accept instruction/direction from the Project Team. I suggest that a meeting is set up with Brookfield and Getinge to agree protocols and timelines and also to agree the final positions and terminations/connections for all services to the EWD's. Hopefully this could be set up in the next week.

As regards the appointment of AC, it would be preferable if Brookfield/Mercury Engineering only had to contract with one lab. Would there be an option for the GG&C lab to sub-contract with AC and recover the costs via their charges to Brookfield?

Regards

David

---

**From:** Hill David (NATIONAL SERVICES SCOTLAND) [REDACTED]  
**Sent:** 24 November 2014 14:48  
**To:** [andrew.smith](#) [REDACTED] Ingle David (NATIONAL SERVICES SCOTLAND); Stewart Alan (NHS Greater Glasgow & Clyde)  
**Cc:** Slater John (NATIONAL SERVICES SCOTLAND); David Hall  
**Subject:** RE: [SPAM?] RE: SGH RO

Thanks Andrew,  
 Andrew, can you respond with:

- Logistics of who will be taking the samples, volumes to be drawn off, number of samples and containers expected by GG&C lab
- Costs and invoicing 1 – GG&C lab will require to be paid for the analysis carried out. What are the fees?

David, can you respond with:

- Who is the contact for Brookfield's with whom we can discuss and can reach agreement?
- Costs and invoicing 2 – Who will appoint AC?

Alan, can you respond to:

- Brookfield will no longer continue the tests and there will need to be a test plan implemented at this point to ensure that the FRW is tested weekly and that the operation of the RO system is managed. I am not yet clear about who will be doing this? Can you or Alan Stewart confirm please?

Regards

David Hill

#### Product Specialist - Decontamination

Engineering, Environment & Decontamination  
Health Facilities Scotland  
Procurement, Commissioning & Facilities  
NHS National Services Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

---

**From:** Andrew Smith [REDACTED]  
**Sent:** 23 November 2014 22:24  
**To:** Ingle David (NATIONAL SERVICES SCOTLAND); Hill David (NATIONAL SERVICES SCOTLAND)  
**Cc:** Slater John (NATIONAL SERVICES SCOTLAND); David Hall; Stewart Alan (NHS Greater Glasgow & Clyde)  
**Subject:** Re: [SPAM?] RE: SGH RO

Hi All,  
I would suggest Anderson Caledonian be sub-contracted to undertake the chemical tests.  
KR  
Andrew

---

**From:** "Ingle David (NATIONAL SERVICES SCOTLAND)" <[REDACTED]>  
**Date:** Friday, 21 November 2014 16:04  
**To:** "Hill David (NHS National Services Scotland)" <[REDACTED]>, Andrew Smith <[REDACTED]>  
**Cc:** "Slater John (NATIONAL SERVICES SCOTLAND)" <[REDACTED]>, David Hall <[REDACTED]>, "Stewart Alan (NHS Greater Glasgow & Clyde)" <[REDACTED]>  
**Subject:** [SPAM?] RE: SGH RO

Hi David & Andrew,

Thanks for update re microbiological testing of RO water - a further question though: who will carry out chemical analysis of RO water ie; pH, conductivity, total dissolved solids, hardness etc (table 1a below) required to establish satisfactory water quality? – do you have this capability at GRI lab Andrew or would this need to be contracted out?

Best rgds,

David Ingle  
Authorising Engineer (Decontamination)

NHS National Services Scotland  
Health Facilities Scotland  
3rd Floor  
Meridian Court  
5 Cadogan Street  
Glasgow  
G2 6QE  
[REDACTED]  
[www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk)

Please consider the environment before printing this email.  
NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service [www.nhsnss.org](http://www.nhsnss.org)

**From:** Hill David (NATIONAL SERVICES SCOTLAND)  
**Sent:** 21 November 2014 13:39  
**To:** David Hall; Stewart Alan (NHS Greater Glasgow & Clyde)  
**Cc:** Ingle David (NATIONAL SERVICES SCOTLAND); [andrew.smith](#); Slater John (NATIONAL SERVICES SCOTLAND)  
**Subject:** SGH RO

Hello David/Alan. I had a discussion with Andrew Smith this morning about the RO water testing and we would like to raise the following questions;

As Brookfield are carrying out the water sampling, they will need a schedule that describes;

**December:**

Where the samples are taken from (Suggest Feed, Post RO and nearest and furthest use points – a schematic of the system would be useful)

Frequency of samples (Suggest this is determined by the initial and continuing results)

Logistics of who will be taking the samples, volumes to be drawn off, number of samples and containers expected by GG&C lab

Costs and invoicing – GG&C lab will require to be paid for the analysis carried out

**January:**

On confirmation of a water supply that meets the requirements, the EWD's will be connected to the system and at that point the IQ/OQ & PQ tests will commence. Following the building handover on 26th January, Brookfield will no longer continue the tests and there will need to be a test plan implemented at this point to ensure that the FRW is tested weekly and that the operation of the RO system is managed. I am not yet clear about who will be doing this? Can you or Alan Stewart confirm please?

Getinge are required to provide validation data for the dried surrogates that are planned to be used during OQ – I will pass this data to Andrew when received.

The tests that are required during the pre and post installation phases on the RO system are as highlighted in the following tables:

**Table 1a Water quality requirements - Chemical parameters**

Determinant and Unit	Value at supply <sup>1</sup>	Value post RO unit <sup>2</sup>	Value post EWD2 (final rinse)
Appearance		Clear, colourless	Clear, colourless
Degree of acidity / alkalinity (pH ) <sup>3</sup>		5.5 to 8.0	5.5 to 8.0
Conductivity at 25oC (µS/cm)		< 30	< 30
Total dissolved solids (mg/100ml)		< 4	< 4
Total hardness, CaCO <sub>3</sub> (mg/l)		<50	<50
Chloride (mg/l)		<10	<10
Heavy metals, determined as lead (mg/l)		<10	<10
Iron (mg/l)		<2	<2
Phosphate (mg/l)		<0.2	<0.2
Silicate (mg/l)		<0.2	<0.2

<sup>1</sup> Potable water quality – not specified further here as RO water plant installed to supply endoscope washers

<sup>2</sup> The analytical methods to be used are those specified in HTM2030 Part 3, section 9.100 – 9.200

(Note that Scottish SHTM2030 Part 3 does not include detailed test methods for determination of water quality – hence HTM2030 test methods cited)

**Table 1b Water quality requirements - Microbiological parameters**

Determinant and Unit	Value at supply <sup>1</sup>	Value post RO unit <sup>2</sup>	Value at EWD2
----------------------	------------------------------	---------------------------------	---------------

Total Viable Count at 22oC at 37oC (Note sample size = 100ml)	100 cfu/ml 10 cfu/ml	Not tested using this method	Not tested using this method
Total Viable Count at 35(±2)oC	Not tested using this method	<10 cfu/100ml	<10 cfu/100ml
<i>Pseudomonas aeruginosa</i>	0 cfu/100ml	0 cfu/100ml	0 cfu/100ml
Environmental mycobacteria	0 cfu/100ml	0 cfu/100ml	0 cfu/100ml
<i>Legionella pneumophila</i>	0 cfu/100ml	0 cfu/100ml	0 cfu/100ml
Bacterial endotoxins [EU/ml]	Not tested	< 0.25	< 0.25

#### Post installation

The weekly water testing regime will require water to be drawn off from each EWD on a weekly basis which should be evaluated for:

Conductivity at 25oC (µS/cm)		< 30	< 30
Total hardness, CaCO <sub>3</sub> (mg/l)		<50	<50
Total Viable Count at 35(±2)oC	Not tested using this method	<10 cfu/100ml	<10 cfu/100ml
Bacterial endotoxins [EU/ml]	Not tested	< 0.25	< 0.25

Optional weekly tests:

<i>Pseudomonas aeruginosa</i>	0 cfu/100ml	0 cfu/100ml	0 cfu/100ml
<i>Legionella pneumophila</i>	0 cfu/100ml	0 cfu/100ml	0 cfu/100ml

Will you and Alan kindly feedback about these questions so we can complete the planning for this work?

Regards

David Hill

#### Product Specialist - Decontamination

Engineering, Environment & Decontamination  
Health Facilities Scotland  
Procurement, Commissioning & Facilities  
NHS National Services Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB



\*\*\*\*\*

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmial is the secure email and directory service available for all NHS staff in England and Scotland  
NHSmial is approved for exchanging patient data and other sensitive information with NHSmial and GSi recipients  
NHSmial provides an email address for your career in the NHS and can be accessed anywhere

\*\*\*\*\*

\*\*\*\*\*

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmial is the secure email and directory service available for all NHS staff in England and Scotland  
NHSmial is approved for exchanging patient data and other sensitive information with NHSmial and GSi recipients  
NHSmial provides an email address for your career in the NHS and can be accessed anywhere

\*\*\*\*\*

---

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

---

\*\*\*\*\*

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmial is the secure email and directory service available for all NHS staff in England and Scotland  
NHSmial is approved for exchanging patient data and other sensitive information with NHSmial and GSi recipients  
NHSmial provides an email address for your career in the NHS and can be accessed anywhere

\*\*\*\*\*

<mimc-attachment>

<mimc-attachment>

\*\*\*\*\*

#### NHSGG&C Disclaimer

The information contained within this e-mail and in any attachment is confidential and may be privileged. If you are not the intended recipient, please destroy this message, delete any copies held on your systems and notify the sender immediately; you should not retain, copy or use this e-mail for any purpose, nor disclose all or any part of its content to any other person.

All messages passing through this gateway are checked for viruses, but we strongly recommend that you check for viruses using your own virus scanner as NHS Greater Glasgow & Clyde will not take responsibility for any damage caused as a result of virus infection.

\*\*\*\*\*

---

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

---



**From:** [Turnpenny, Annette](#)  
**To:** [Loudon, David](#)  
**Subject:** RE: Project Planner  
**Date:** 01 December 2014 09:22:33  
**Attachments:** [Draft Project Planner Spec 051114.docx](#)  
[image002.png](#)

---

Wasn't sure if this was to you or Douglas?

Many Thanks

*Annette*

Annette C Turnpenny  
Project Manager - Equipping  
Capital & Equipping Team  
1st Floor, Catering Modular Building  
Southern General Hospital  
1354 Govan Road  
Glasgow G51 4TF  
[REDACTED]  
[REDACTED]

---

**From:** Loudon, David  
**Sent:** 01 December 2014 09:05  
**To:** Turnpenny, Annette  
**Subject:** RE: Project Planner

Annette

Can you forward the proposed scope of services for the PP.

David

David W. Loudon, MCIOB, CBIFM, MBA  
Project Director - South Glasgow Hospitals Development / Director of Facilities and Capital Planning  
- Designate  
NHS Greater Glasgow & Clyde  
New South Glasgow Hospital Site Offices  
Top Floor, NHS Offices  
Hardgate Road  
Glasgow  
G51 4SX  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Turnpenny, Annette  
**Sent:** 01 December 2014 07:44  
**To:** 'Douglas Ross'  
**Cc:** Loudon, David  
**Subject:** RE: Project Planner

Thank you Douglas, I will wait for David's view on this

Many Thanks

Annette

Annette C Turnpenny  
Project Manager - Equipping  
Capital & Equipping Team  
1st Floor, Catering Modular Building  
Southern General Hospital  
1354 Govan Road  
Glasgow G51 4TF

[REDACTED]  
[REDACTED]

---

**From:** Douglas Ross [REDACTED]  
**Sent:** 01 December 2014 07:38  
**To:** Turnpenny, Annette  
**Cc:** Loudon, David  
**Subject:** RE: Project Planner

Annette

I can free somebody up to assist and can start immediately.

David – based on cashflow information I sent to Shiona on Migration fees to end of March, providing a planner might push our overall migration fees to just over approved fee cap by app £10K. Will continue to monitor spend and advise on potential impact as we incur fees. Planner fee will be at top end of daily rates in the appointment.

If you can confirm go ahead I can organise kick off meeting.

**Douglas Ross**  
MRICS  
**Director**

Email: [douglas.ross@curriebrown.com](mailto:douglas.ross@curriebrown.com) [REDACTED]  
Building 3, 2 Parklands Avenue, Maxim Office Park, Eurocentral  
Lanarkshire  
ML1 4WQ  
United Kingdom  
[www.curriebrown.com](http://www.curriebrown.com)

[REDACTED]  
Website:

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

---

**From:** Turnpenny, Annette [REDACTED]  
**Sent:** 26 November 2014 09:39  
**To:** Douglas Ross  
**Subject:** Project Planner

Dear Mr Ross

Gordon Beattie contacted you some time ago in relation to project planning services and I have been tasked with following this up.

Have you had any further thoughts on this or discussions with either David Loudon or Gordon?

Many Thanks

*Annette*

Annette C Turnpenny  
Project Manager - Equipping  
Capital & Equipping Team  
1st Floor, Catering Modular Building  
Southern General Hospital  
1354 Govan Road  
Glasgow G51 4TF

\*\*\*\*\*

#### NHSGG&C Disclaimer

The information contained within this e-mail and in any attachment is confidential and may be privileged. If you are not the intended recipient, please destroy this message, delete any copies held on your systems and notify the sender immediately; you should not retain, copy or use this e-mail for any purpose, nor disclose all or any part of its content to any other person.

All messages passing through this gateway are checked for viruses, but we strongly recommend that you check for viruses using your own virus scanner as NHS Greater Glasgow & Clyde will not take responsibility for any damage caused as a result of virus infection.

\*\*\*\*\*

---

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

---

## Project Planner Role

The Project Planner will report to the Project Director via the Equipment Project Manager and will support several Project Managers on a number of key projects related to the nSGH to ensure alignment across a complex programme of projects.

The Project Planner will assist in the management, integration & control of the project deliverables through monitoring, analysing and reporting on all project schedules to ensure that information is used in programme decision-making and based upon the status of the most up to date schedule. All information used, both internally and externally, to review and report the status of the programme must be based on auditable, controlled and managed data.

### Day to day responsibilities will include the following:

- Assume the management of already established project plans – Group 5 Equipment installation & Commissioning, 12 Week Migration, IT, Clinical Clean
- Create and maintain further detailed project plans – Equipment Deployment, Installation and Commissioning, Decommissioning of equipment and closure of demitting sites
- Assist in defining project deliverables and interdependencies, Responsible for providing the overall project management plan rigour,
- Input to risk register and issue logs in relation to project plans
- Produce progress reports to present to Management

### Key Responsibilities and Tasks:

- Assist in the maintenance, development & communication of the integrated Programme plan including all deliverable milestones,
- Monitor the integrated set of project schedules and resources in accordance with the project timetable
- Undertake and coordinate the update of all project schedules and interdependencies through close working with the responsible Project Managers,
- Assist in the generation of the overall critical path across the integrated set of projects and reconcile issues, making recommendations to assist in the recovery of overall programme slip, where applicable.

### Experience and Skills

#### Essential

- Ability to establish and meet deadlines, multi-task and prioritise
- Excellent communicator
- Strong planning and delivery orientation
- Commercial / financial / business acumen
- Must have extensive Microsoft Project experience/skills
- Practical experience of structured planning within a large organisation. Understanding of planning techniques. Application of critical path analysis, work breakdown structures etc
- Highly computer literate.
- Experience of Progress Reporting
- Recognition of the need for governance

#### Desirable

- Prince/APM qualified
- Previous experience of working within a Project or Programme planner / PSO / PMO or similar position within an NHS / Public Sector environment

**From:** [Kane, Mary Anne](#)  
**To:** [Hunter, William](#)  
**Subject:** FW: Legislative requirements.  
**Date:** 02 December 2014 13:46:00

---

before I went off you were going to look at this and come back to me

---

**From:** McFadden, Jim  
**Sent:** 14 October 2014 18:16  
**To:** Kane, Mary Anne  
**Cc:** Hunter, William  
**Subject:** Legislative requirements.

Mary Anne

#### Water Management

I very tentatively touched on the subject of legislative capital funding, if available, to deal with water management and in particular TMV servicing. This was undertaken as an exercise 2013/14 to deal with the VI which in turn is likely to see the VI/MHU through to closure.

It is quite an undertaking to get the SGH and the RHSC (If to remain in the short to medium term?) TMV's up to scratch in terms of the six monthly maintenance requirement under L8. I would like to make inroads with the retained estate and possibly a less ridged exercise on the demitting sites over the next six months or so. We are looking at a funding in the region of 25K to make substantial inroads with the aim being to pick this up as an in-house and outsourced function 2015/16.

#### PPC Licence

I have been interacting with Ian Powrie on the PPC requirements for obtaining our present licence and as things stand we are expecting an inspection/audit from SEPA on the 12 of November 2014. Part of the inspection will be to check and identify what has been highlighted by them for improvement on the present interim assessment documentation.

This amount to general precautionary repairs to present equipment /generator areas and to a greater extent the need for us to purchase equipment associated with storage of oil/greases and spillage correction.

As it is a legislative requirement it should also be considered for funding in the short term as we are needing to make the above date, we are looking at £15k initially.

Please give this your full consideration.

Regards

Jim

**From:** [Gallacher, Alan](#)  
**To:** [McGorry, Pat](#); [Hunter, William](#); [Kane, Mary Anne](#); [Smyth, Eugene](#); [Powrie, Ian](#); [McFadden, Jim](#)  
**Cc:** [Bradbury, Gail](#); ["Phil Wright"](#)  
**Subject:** FMFirst - PPM Action Plan  
**Date:** 04 December 2014 12:11:27  
**Attachments:** [PPMAction Plan4Dec14.docx](#)  
[image001.jpg](#)  
**Importance:** High

---

All,

Please find attached latest PPM action plan after a meeting with Asckey this morning.

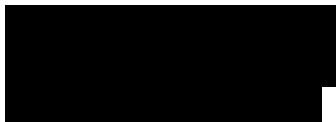
Regards,

*Alan*

**A. G. Gallacher** *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN

Inverclyde Royal Hospital  
Education Centre Rm 1.03  
Larkfield Road  
Greenock  
PA16 0XN



Notes & Action	Action	Target Date	Status
<b>Note 1:</b> It was agreed that the best way forward was to generate a generic list of PPMs which could potentially be used throughout GG&C. The best way to generate this list is to be based on the SHTMs as this points to the base requirement and takes account of legal and statutory requirements			
<b>Action 1:</b> Generate a list of statutory/mandatory assets based on SHTM and other 'legal' requirements and distribute to all on FMFirst Steering Group, SEMs and Site Maintenance Managers for input and agreement.	AG	7 Sept 14	<b>Complete</b>
<b>Note 2:</b> The frequency of the PPMs needs to be added to the lists which would take into account, where required, recommendations from manufacturers.			
<b>Action 2:</b> Frequency of PPMs to be added after being circulated and agreed by FMFirst Group, SEMs and SMMs. This to happen out of meeting to accelerate process.	AG	15 Sept 14	<b>Complete</b>
<b>Note 3:</b> At this stage it was agreed that the data could be imported into the system. The data would need to be in a standard import format and all mandatory items need to be populated.			
<b>Action 3:</b> Asckey to issue standard import sheet	PW	23-Sept-2014	<b>Complete</b>
<b>Note 4:</b> Conference Call			
<b>Action 4:</b> Discussion required with Asckey as to how alignment of assets to PPM templates can best be delivered in the short term.	AG/IP/ES	25 Sept 14	<b>Complete:</b> Asckey reply - PPM templates are assigned to multiple Asset by using the 'Task Create Schedules' view in the system. You pick the template required then list the required assets and the system will generate a schedule of work based on the template for each asset. Asckey have offered to come on site to assist with this when next in Glasgow (15 Oct). What

			about Asset genealogy?
<b>Note 5:</b> New Items codes			
<b>Action 5:</b> New Item Codes to be loaded onto FMFirst 'Test System' and a mapping exercise to be carried out against 'old item codes'	IP/ES	27 Nov 14	<b>Complete</b>
<b>Action 6:</b> Asckey to check and import restriction identifying any cost implications for this service.	PMcG/PW	5 Dec 14	<b>Ongoing</b> – Once Action 5 is complete Asckey to complete this action. PMcG to enquire about costs to carry out this task.
<b>Action 7:</b> Asckey to assist in assigning PPM templates to Assets; <ul style="list-style-type: none"> <li>Stage 1 – Asckey to carry out data check around frequencies on templates;</li> <li>Stage 2 – Asckey to adjust/move schedule text accordingly against frequency;</li> <li>Stage 3 – PPMs templates and Item codes to be loaded onto FMFirst 'Test System' and tested by Asckey/NHSGG&amp;C;</li> <li>Stage 4 – Asckey to visit NHSGG&amp;C and demonstrate to users outputs from 'real' data on system.</li> </ul>	PW	16/17 Oct 14	<b>Complete</b>
	PW	20 Oct 14	<b>Complete</b>
	PW	27 Oct 14	<b>Complete</b> - PPM Templates loaded onto Test System 30/10. Awaiting Item Code conversion (ES/IP)
	PW	15 Jan 15	<b>Ongoing</b> - Demonstrated to AG, Further visit required to demonstrate (with documentation) to User Group.
<b>Note 6:</b> Once the data is in the system the process of attaching the PPMs to the asset can take place. Asckey has offered to help with this process.			
<b>Action 8:</b> Asckey to support GG&C on attaching PPM to Asset and produce and list of 'errors' where name/nomenclature does not match. <ul style="list-style-type: none"> <li>GG&amp;C to identify assets which have correct nomenclature and attach appropriate PPM schedule;</li> <li>GG&amp;C to review current asset names from current</li> </ul>	AG	17 Jan 15	On a site by site basis asset names needs revised.
	AG	30 Jan 15	



asset list and agree a phased approach for standardisation; <ul style="list-style-type: none"> <li>• GG&amp;C with support from Askey to modify PPM template (and schedules) or create new templates to suit new Asset terminology;</li> <li>• GG&amp;C with support from Askey to attach revised PPM templates to Asset;</li> <li>• GG&amp;C to roll out remaining PPMs throughout Board in a phased approach;</li> </ul>	AG/PW	30 Jan 15	
	AG/PW	Mid Feb 15	
	AG/PW	End Feb 15	
<b>Action 9:</b> Askey to start roll-out of PPM on an agreed site by site basis providing guidance and support to local site FMFirst co-coordinators/planning supervisors. To be completed by end Nov 14 for existing GG&C sites (excluding NSGH campus only)	Askey/Local Site Co-ordinators	Mid mar 15	Prioritisation of sites needed. Approx ½ day per site. 5 days maximum required split over a number of weeks.
<b>Note 7:</b> SGH retained estate asset review to be completed by Currie & Brown (C&B)			
<b>Action 10:</b> C&B SGH retained estate asset review completed	C&B/IP	28 Nov 14	Pilot Build Complete awaiting sign off
<b>Action 11:</b> Once Action 10 complete and signed off remainder of SGH to be completed	C&B/IP	31 Jan 15	
<b>Action 12 –</b> Brookfield supply nSGH Asset list and PPM Templates to GG&C/Askey on FMFirst Template	PW/IP	Mid Feb 15	
<b>Action 13 –</b> Askey to test Data on Migration Model	PW	End Feb 15	
<b>Action 14 –</b> Askey to communicate with Zutec on any errors raised.	PW	End Feb 15	
<b>Action 15 –</b> Once data validated Askey to upload onto live system	PW	Early Mar 15	
<b>Action 16 -</b> Askey to start roll-out of PPM at nSGH campus by providing guidance and support to local site FMFirst co-coordinators/planning supervisors. To be completed by end	PW/IP	Mid Mar 15	

Mar 14.			
<b>Note 8:</b> Control/lockdown – once the PPM have been agreed and attached to the assets a change process needs to be agreed on (a) who can make changes to the PPM and (b) what approval route for signoff for changes needs o take place.			

**From:** [Powrie, Ian](#)  
**To:** "Allan McRobbie"; "david [REDACTED]"  
**Subject:** FW: NSGH Water system details: Transmission No 1  
**Date:** 08 December 2014 11:04:00  
**Attachments:** [Water Services Presentation 24-11-2014.pptx](#)  
[141105\\_Dump\\_Valve\\_Schedule.xls](#)  
[171105\\_End\\_Of\\_Line\\_Sensors\\_Schedule.xls](#)  
[SHTM 04-01 Part G operational procedures & written scheme.pdf](#)

---

Allan\David

As discussed please find attached plans for the NSGH water systems for use in the assessment of cost to carry out a full risk assessment and written scheme in compliance with SHTM 04-01, HSE L8 ACOP & HSG 247 Technical Guide & Guidance for neonatal units (NNUs) (levels 1, 2 & 3), adult and paediatric intensive care units (ICUs) in Scotland to minimise the risk of *Pseudomonas aeruginosa* infection from water.

Utilising the principles of the exemplar written scheme format Performa's detailed within the draft SHTM 04-01 Part G: "Operational procedures & exemplar written scheme" (copy attached), while recognising that the output will require to be reviewed in line with the final ratified version of this guidance document.

I attached FYI an copies of:

- a) An outline water services presentation for the development provided by the M&E contractor.
- b) Dump valve schedule
- c) End of line BMS temperature sensor location schedule.

I will forward the as fitted plans on separate e-mails.

Once you have scoped and priced the production and delivery time scale I would like to sit down with you to review and fine tune to meet our requirements.

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
 Project Team, New South Glasgow Hospitals,  
 Southern General Hospitals Construction Site,  
 2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]





# **MERCURY ENGINEERING**

## **Excellence in Engineering Solutions**

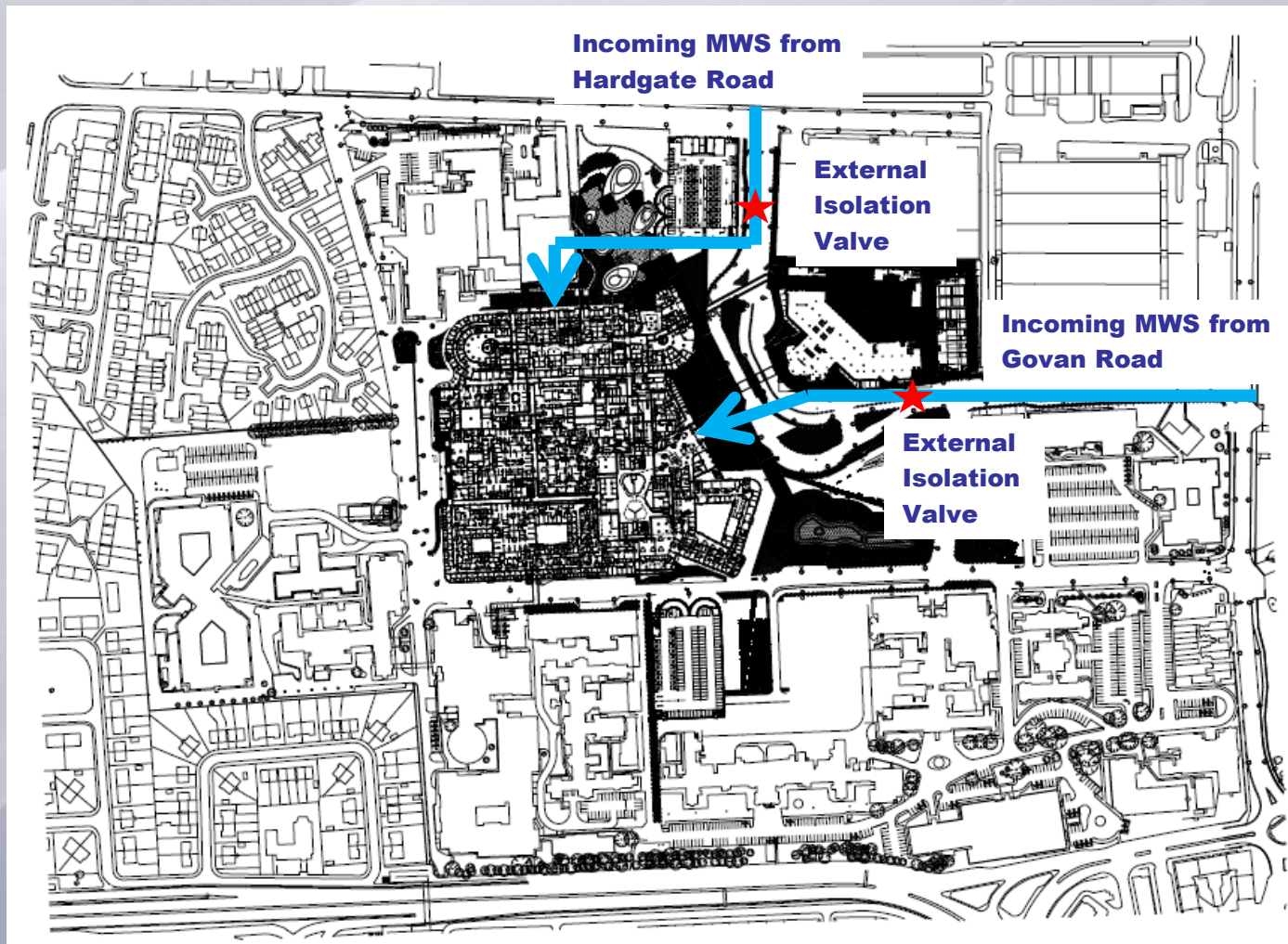
[WWW.MERCURY.IE](http://WWW.MERCURY.IE)

***Welcome to NSGH***  
***Domestic Water Services Systems***  
***24<sup>th</sup> Nov 2014 ....9:00-12:30***  
Ciaran Kellegher



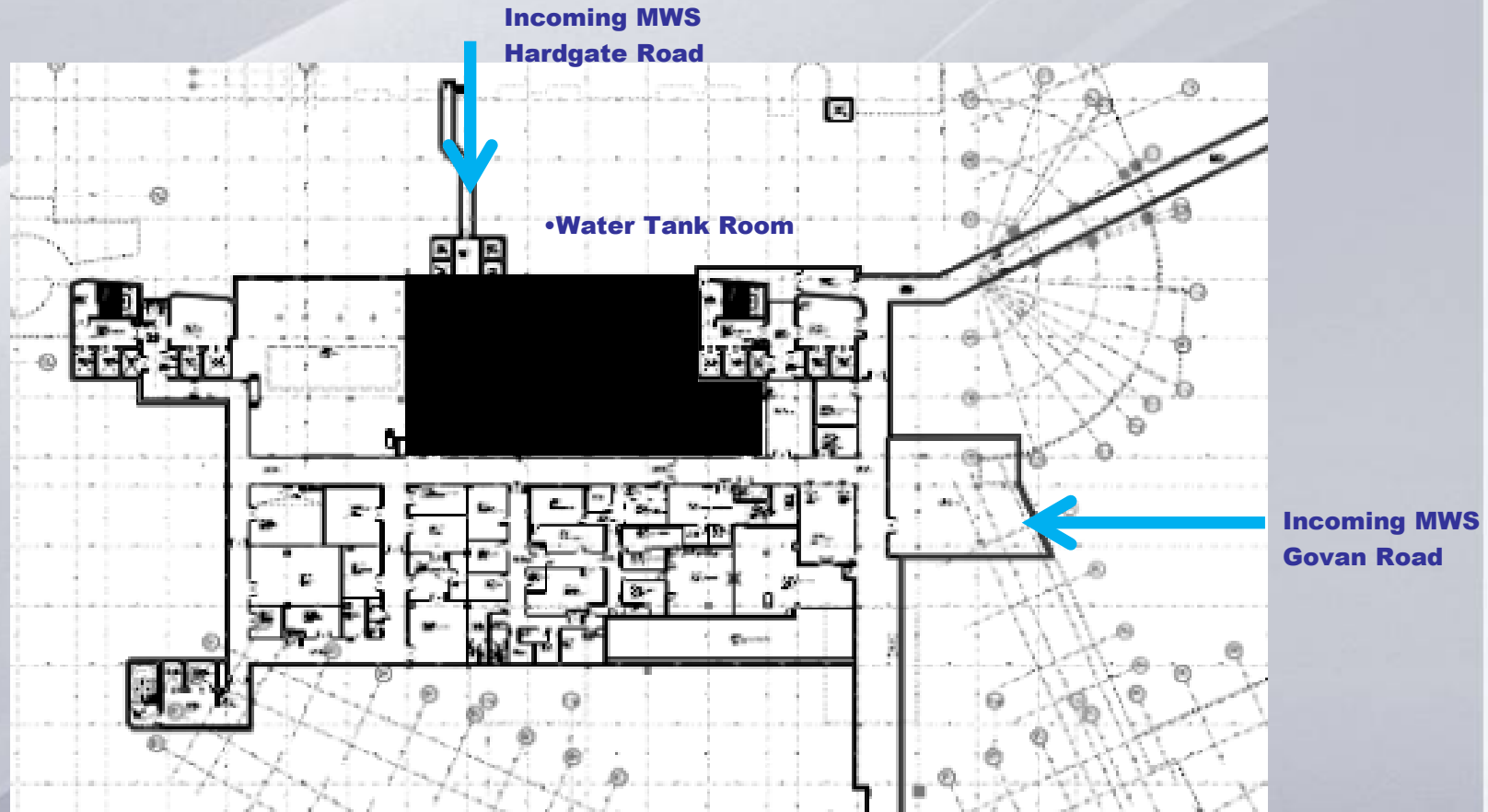
- 1. System Description & Orientation
  - a) Basement tank room
  - b) Distribution routes
  - c) Calorifier skids locations and areas served
- 2. Key Components
  - a) Cold water Storage tanks
  - b) Float valves
  - c) Booster set
  - d) Filtration Plant
  - e) Calorifier Skids
  - f) Hot water return pumps
  - g) Thermal balancing valves
  - h) Pressure reducing valves
  - I) Water Meters
  - J) Dump Valves
  - K) Sentinel Points
- 3. Operation and Maintenance of system equipment
  - a) Cold Water Storage Tanks
  - b) Booster sets
  - c) Filtration plant
  - d) Calorifier Skids

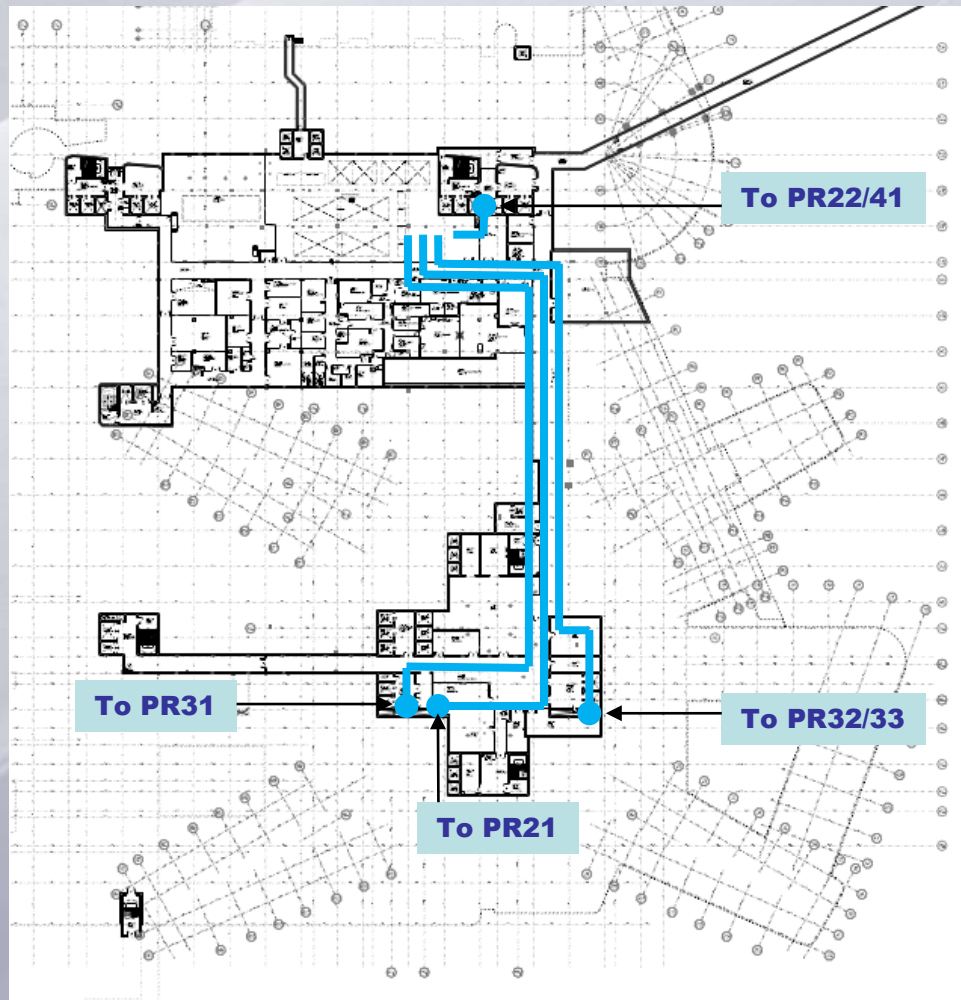




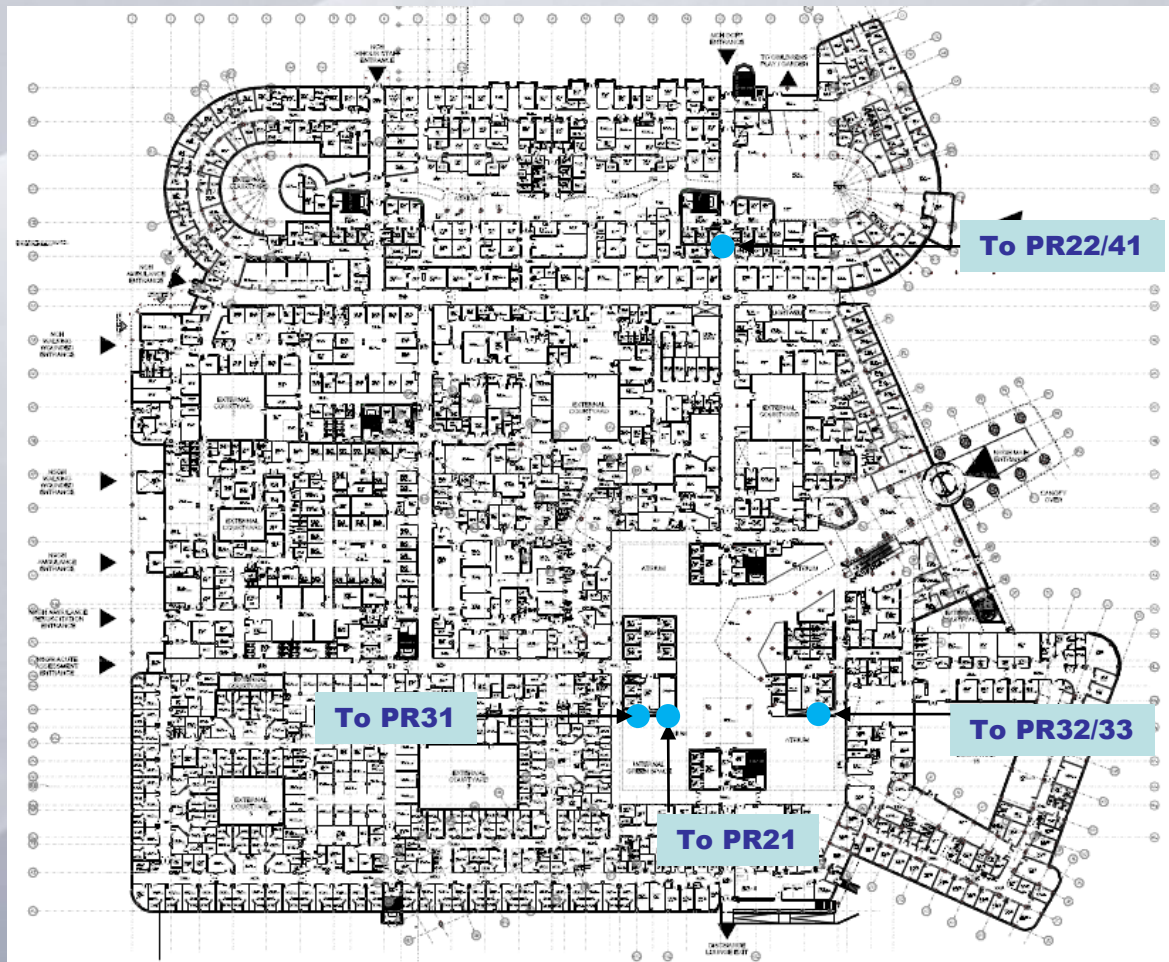
Site Plan



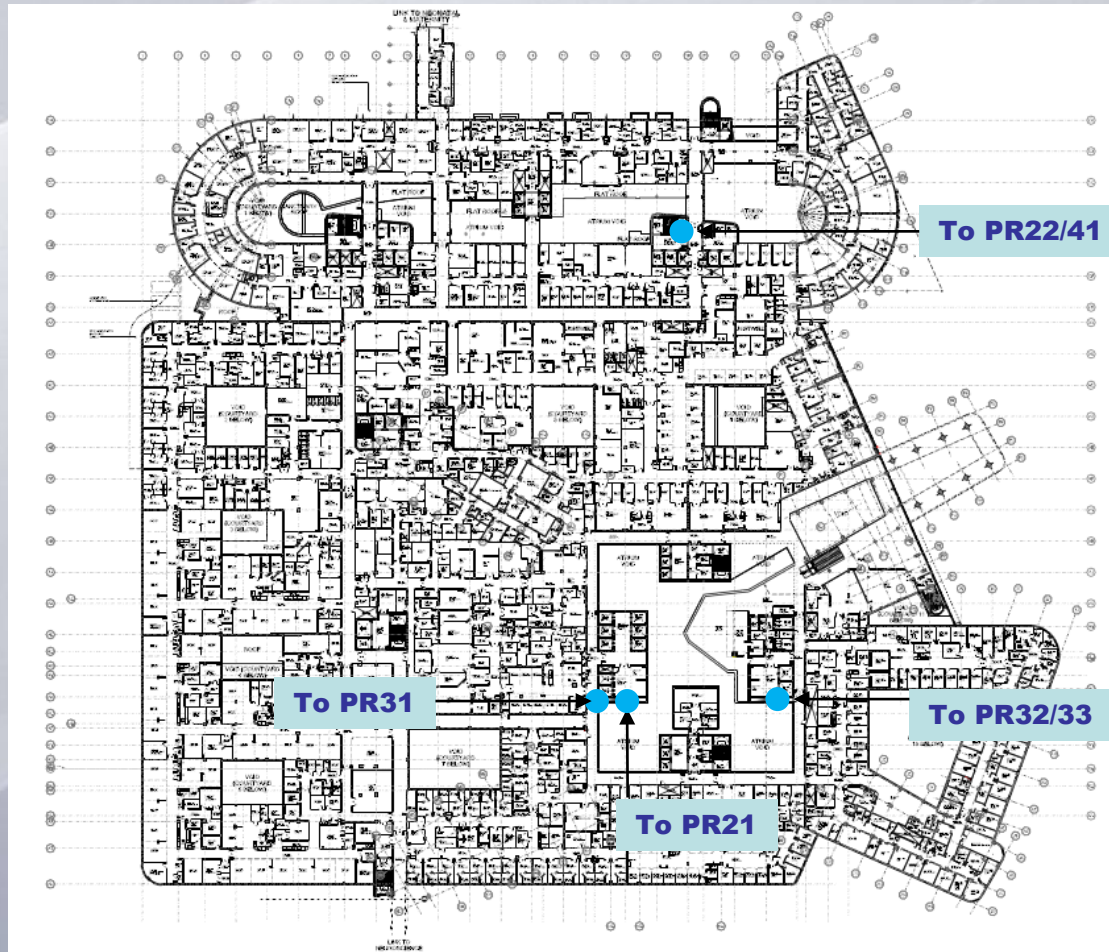




**Basement Floor**

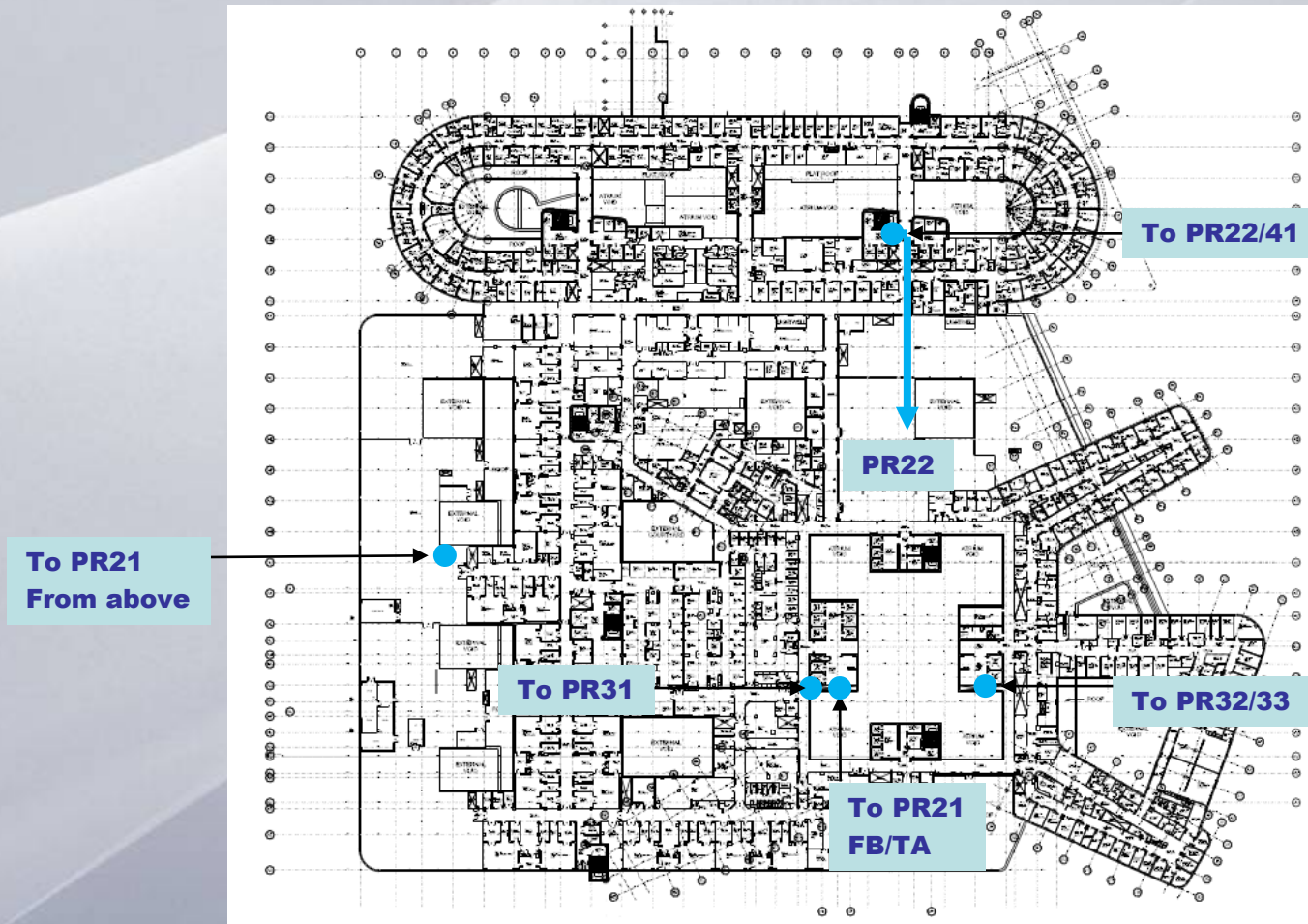


Ground Floor



First Floor

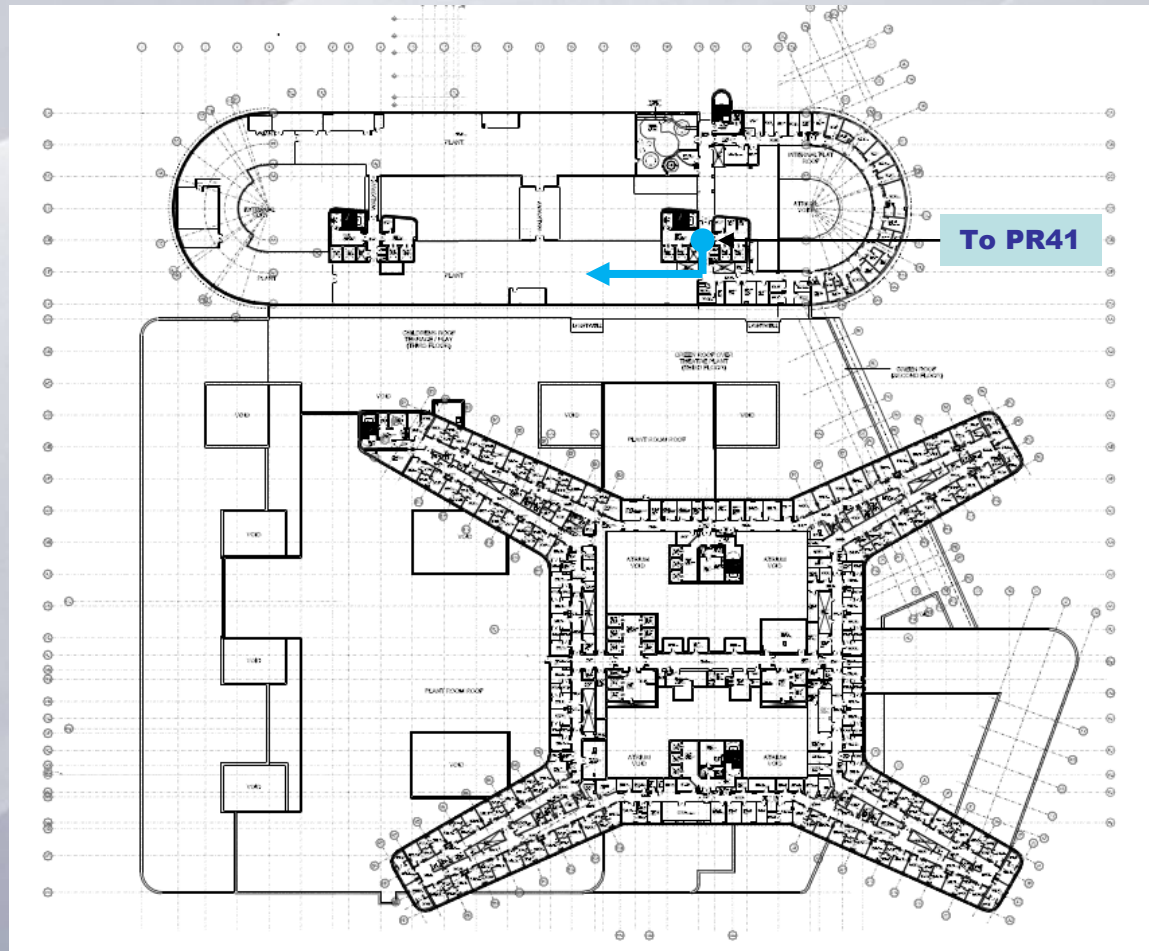




Second Floor

## Page 970

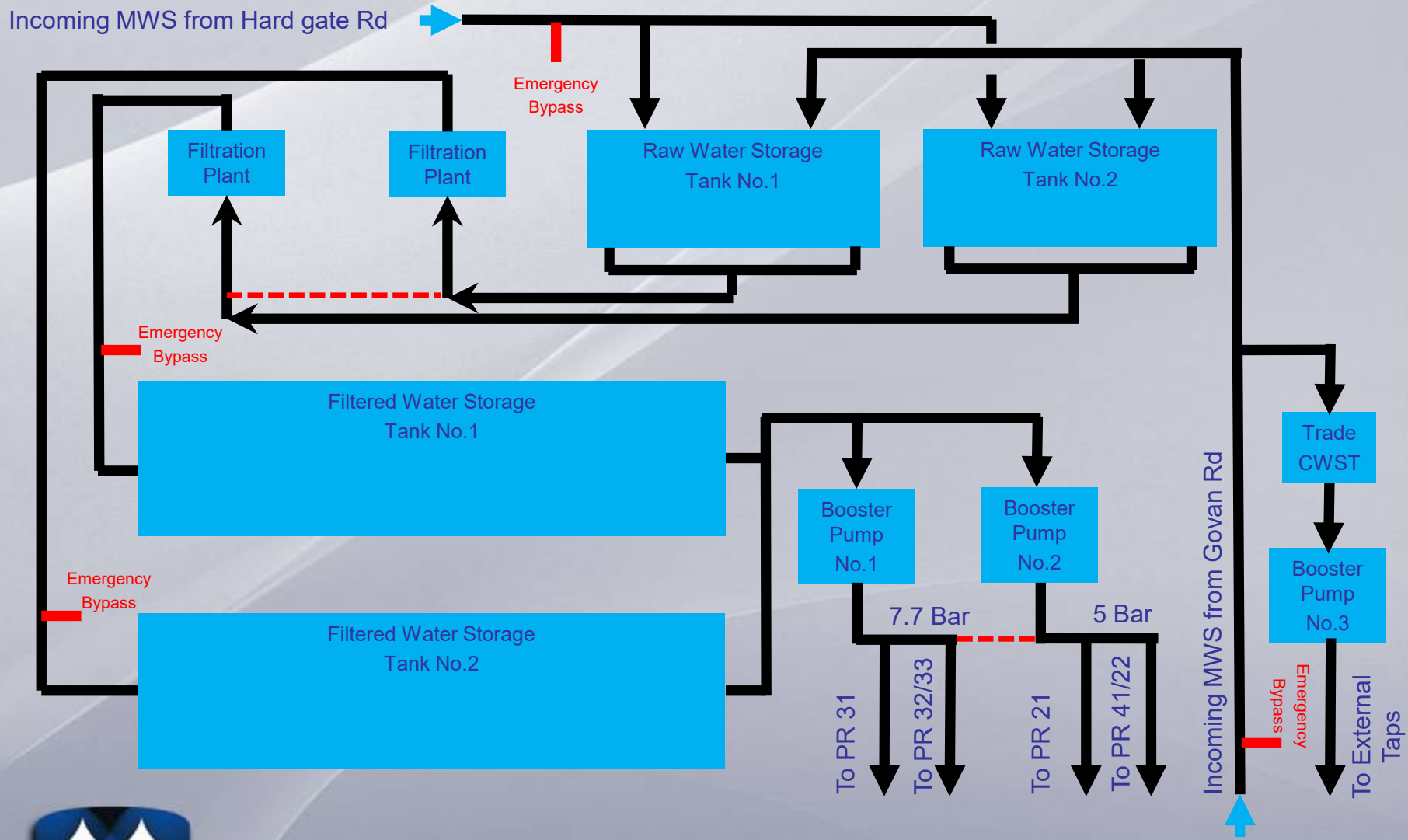




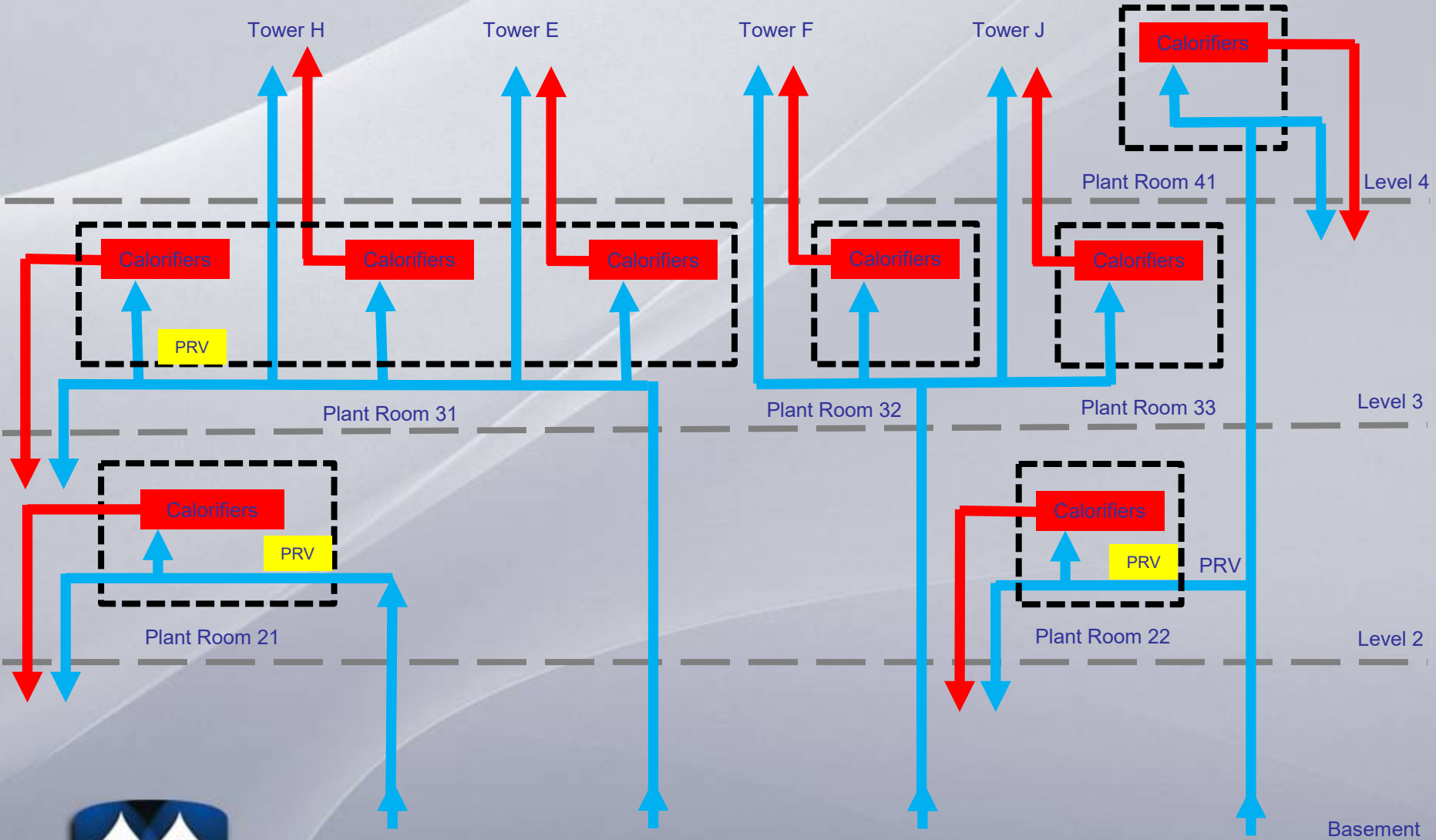
Fourth Floor

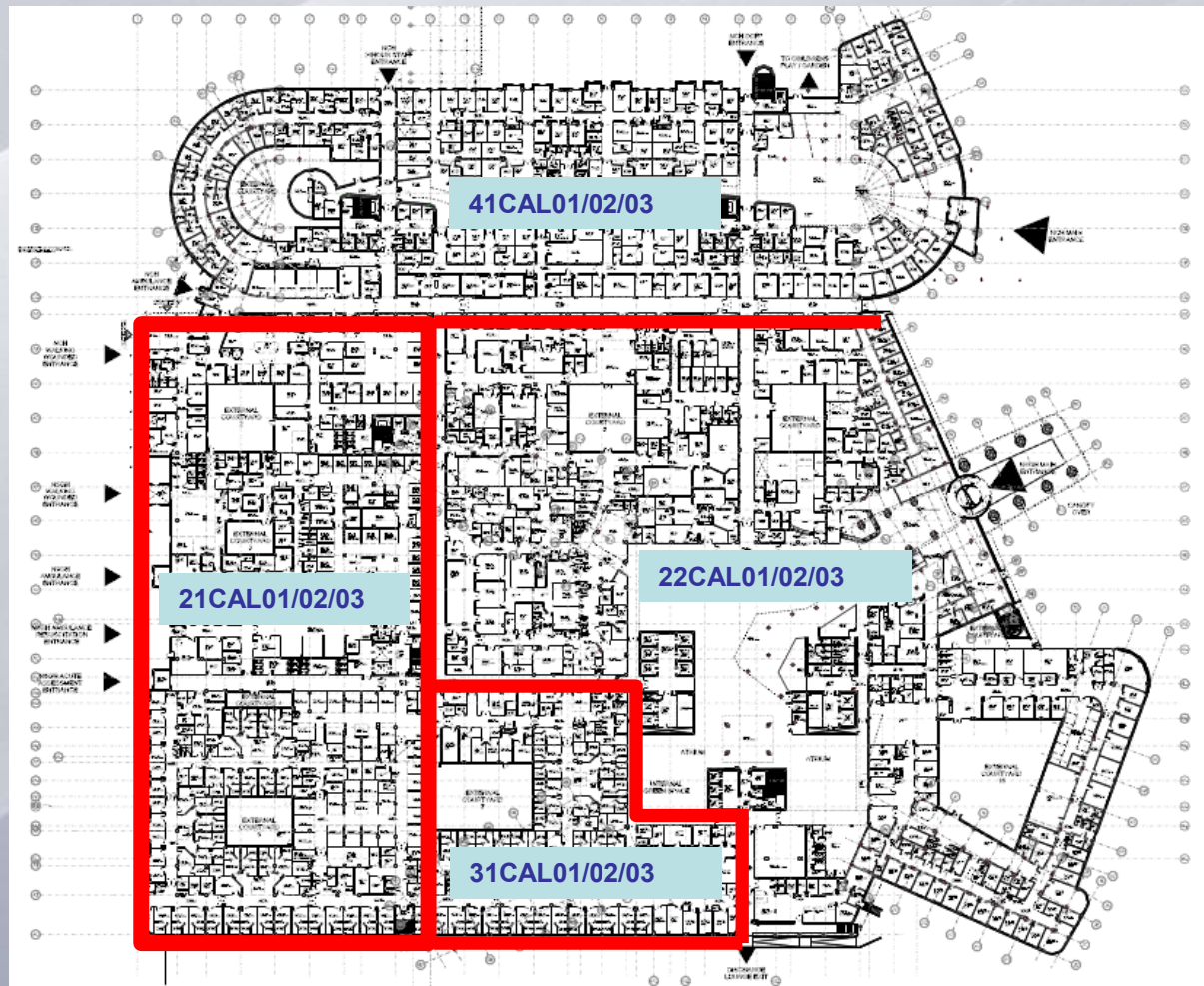
# NSGH - Domestic Water System

Page 972

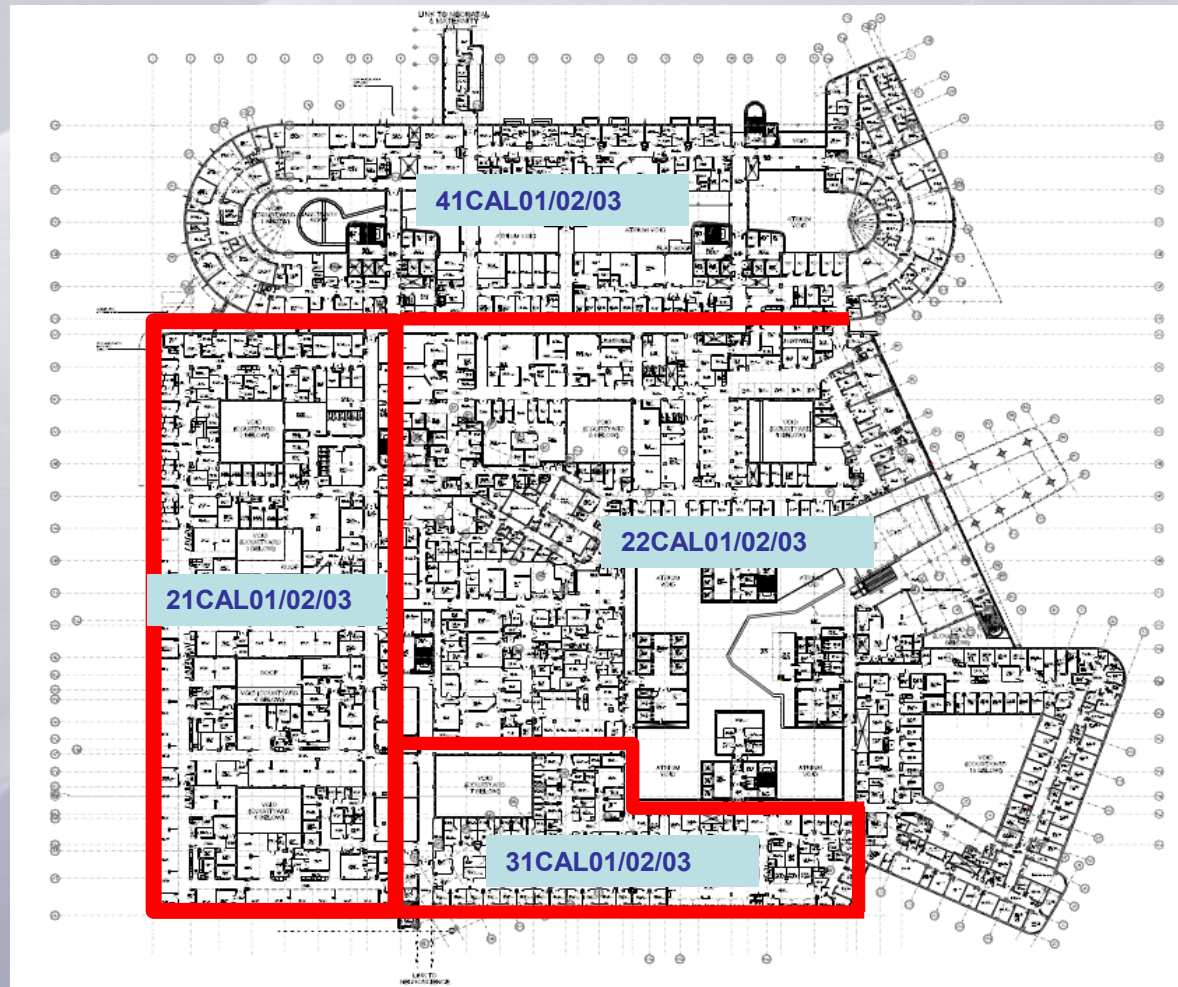






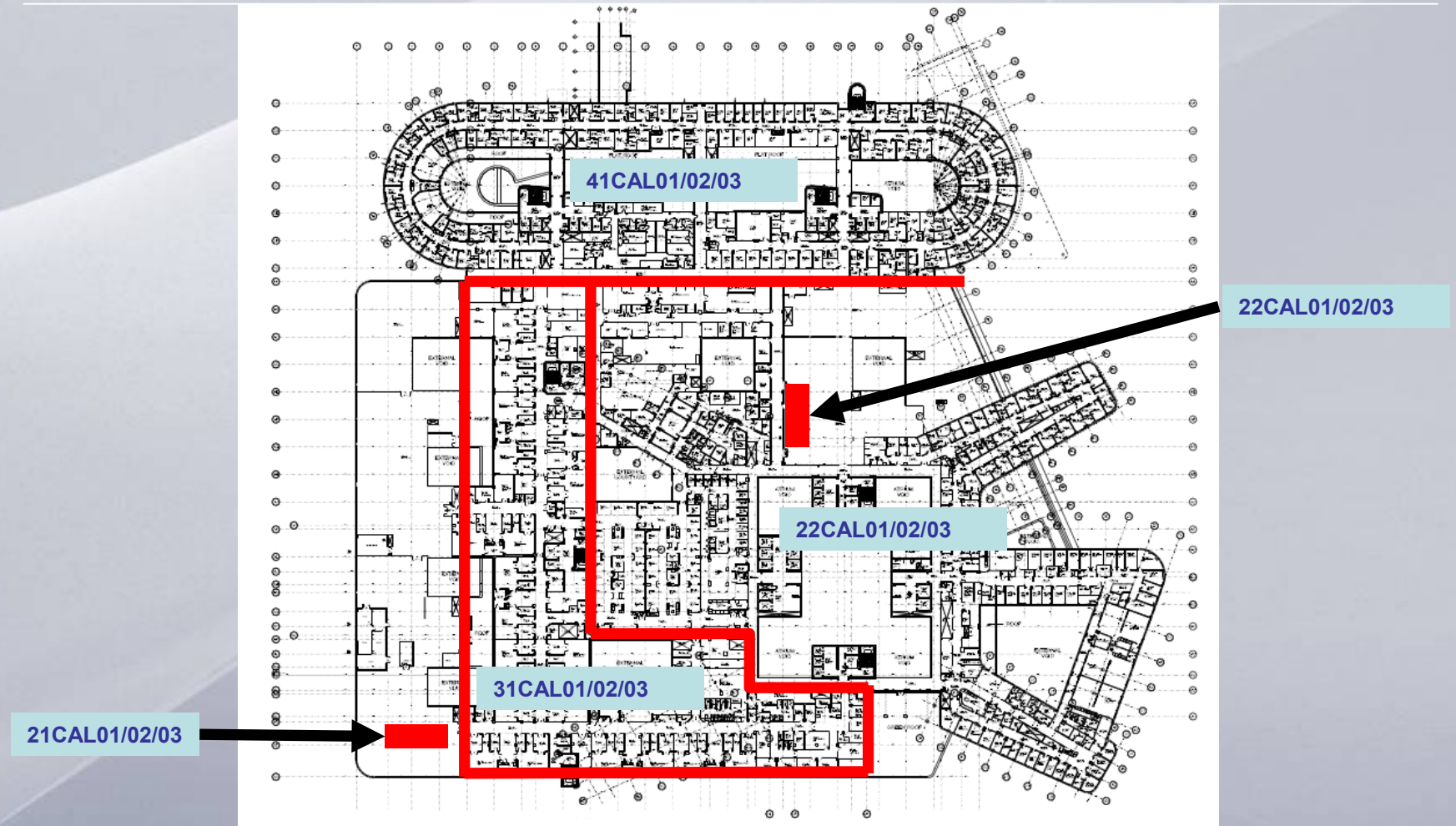


Ground Floor

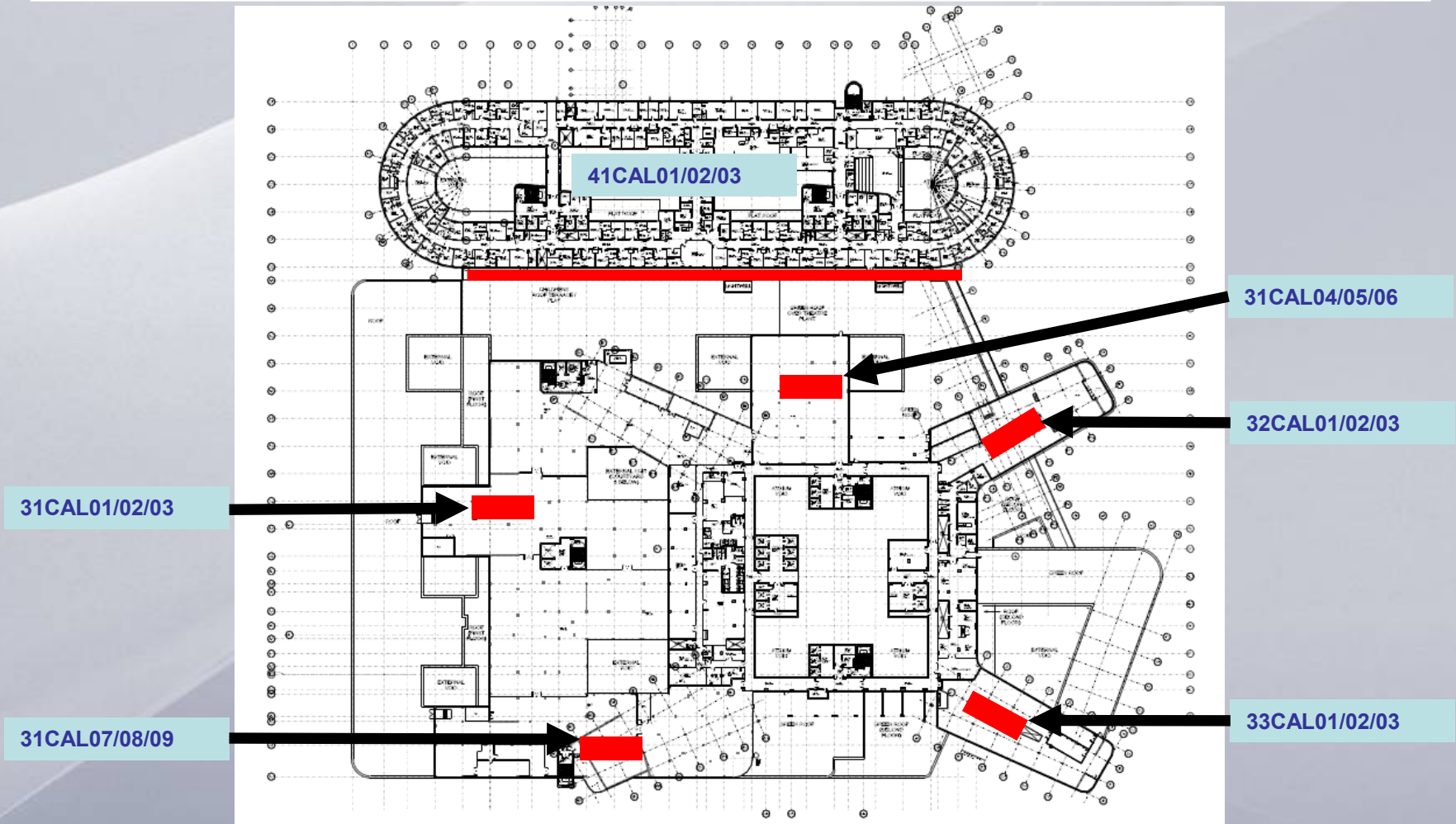


First Floor





Second Floor



Third Floor

41CAL01/02/03

41CAL01/02/03

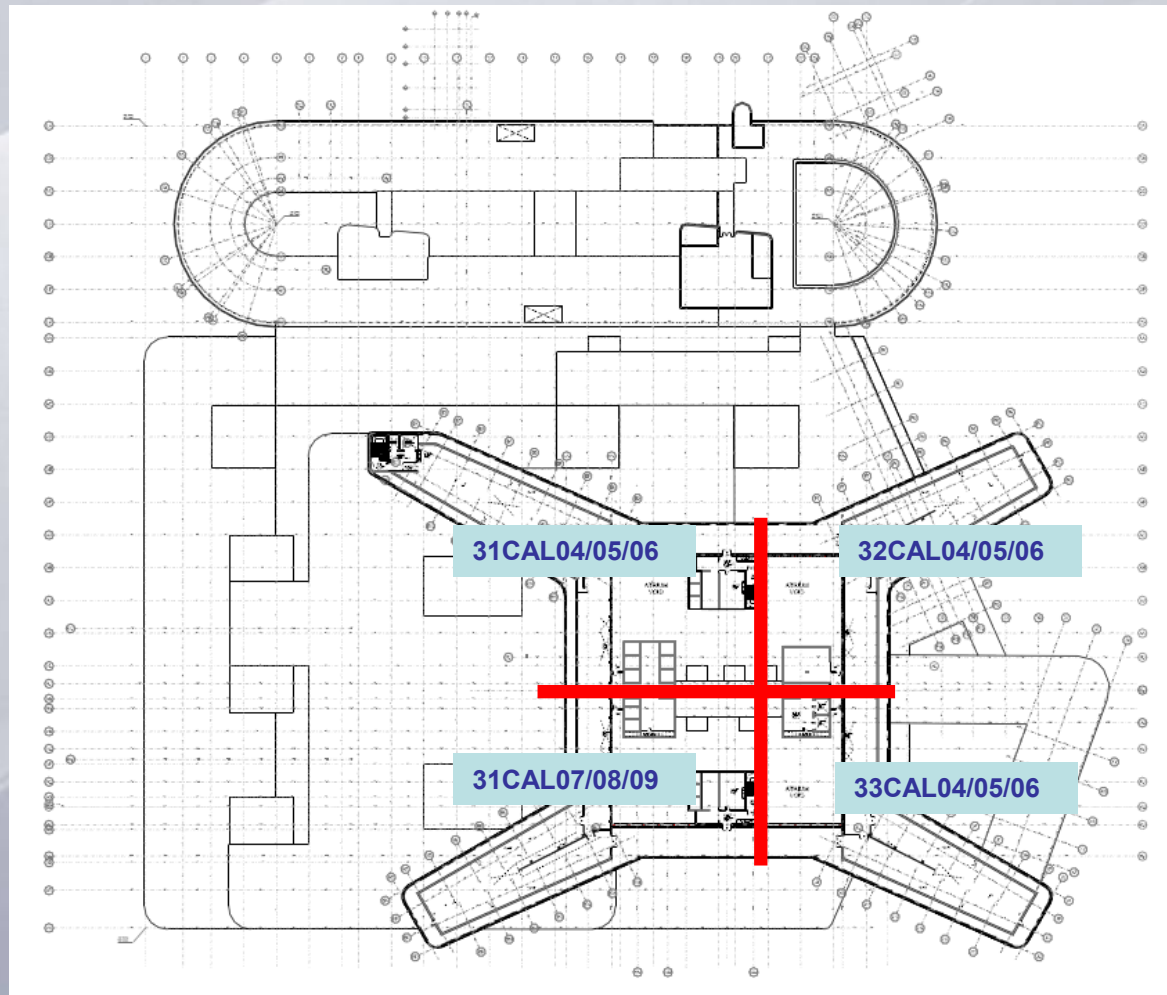
31CAL04/05/06

32CAL01/02/03

31CAL07/08/09

33CAL01/02/03

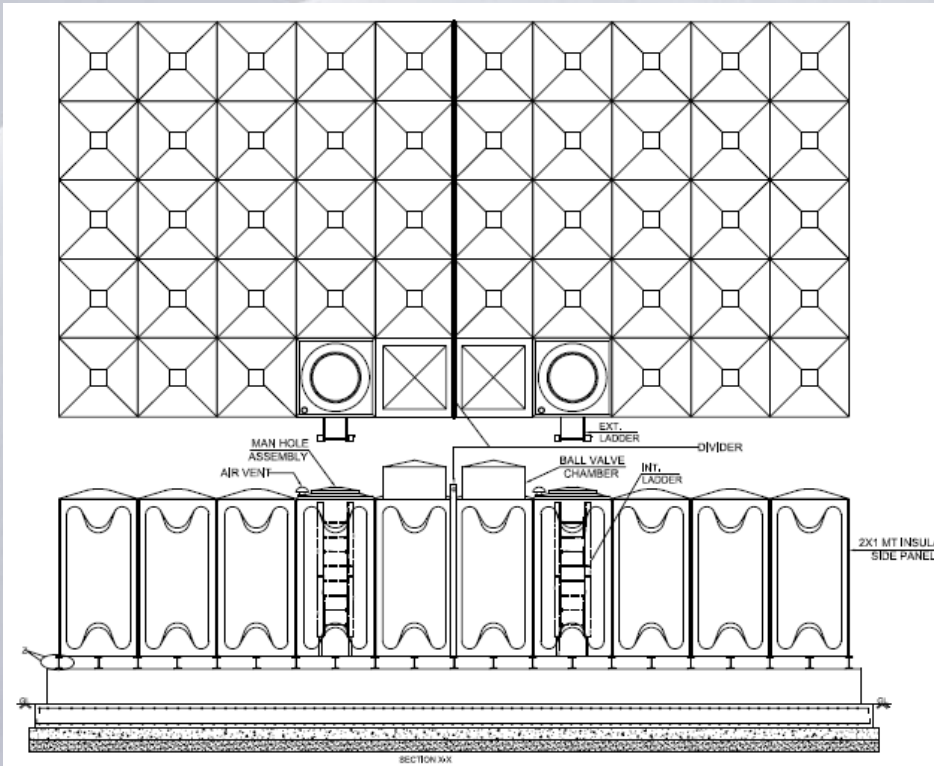
Fourth Floor



Fifth - Eleventh Floor



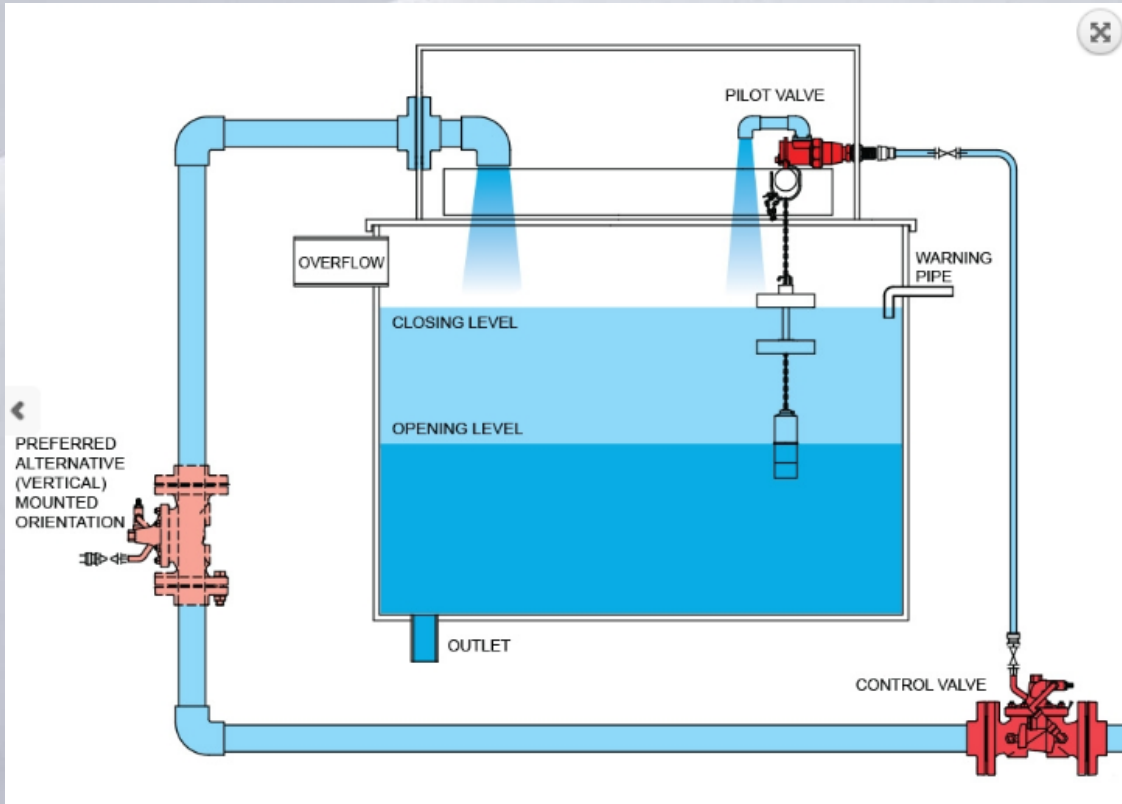
## A) Cold Water Storage Tanks



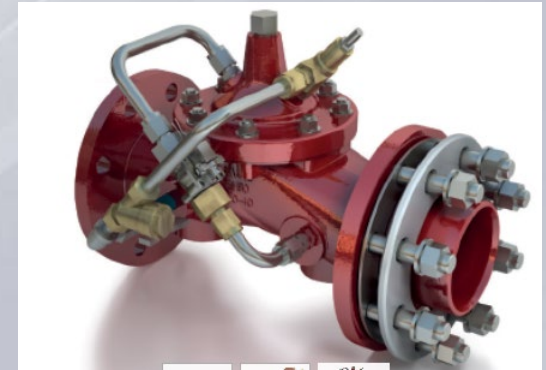
- 2 No Raw water tanks
  - 10m long x 5m wide x 2m High
  - 100,000 Litres Nominal Capacity
- 2 no Filtered water tanks
  - 27.5m long x 5m wide x 2m high
  - 275,000 Litres Nominal Capacity
- 1 no Trade Water Tank
  - 2m long x 2m long x 1m high
  - 4000 litres Nominal Capacity
- Raised Float valve chamber
- Access Manway
- Internal & External Ladders
- Overflow pipe
- Warning pipe
- High & low level sensors
- Temperature Sensors



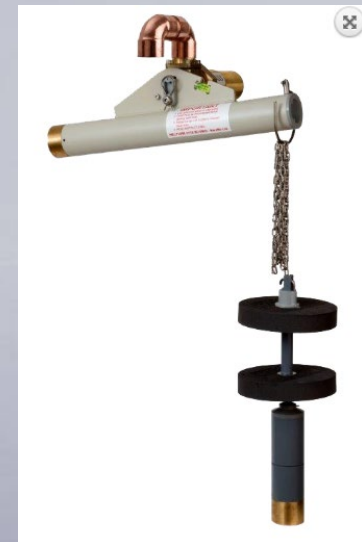
## B) Keraflow KP Type Float Valves



- Typical Installation



- Control Valve



- Pilot Valve

## C) Cold Water Booster Sets



Dual Pressure set points  
5.5 bar & 7.7 Bar

Automatic Pump cycling

Individual isolation

Stainless steel manifolds

Full automatic control c/w 3 colour  
backlit monitor

Green – operation

Red – Fault

Orange – Fault acknowledged

1no serves PR21, PR22 & PR41

1no serves PR31, PR32 & PR33

## D) Filtration Plant



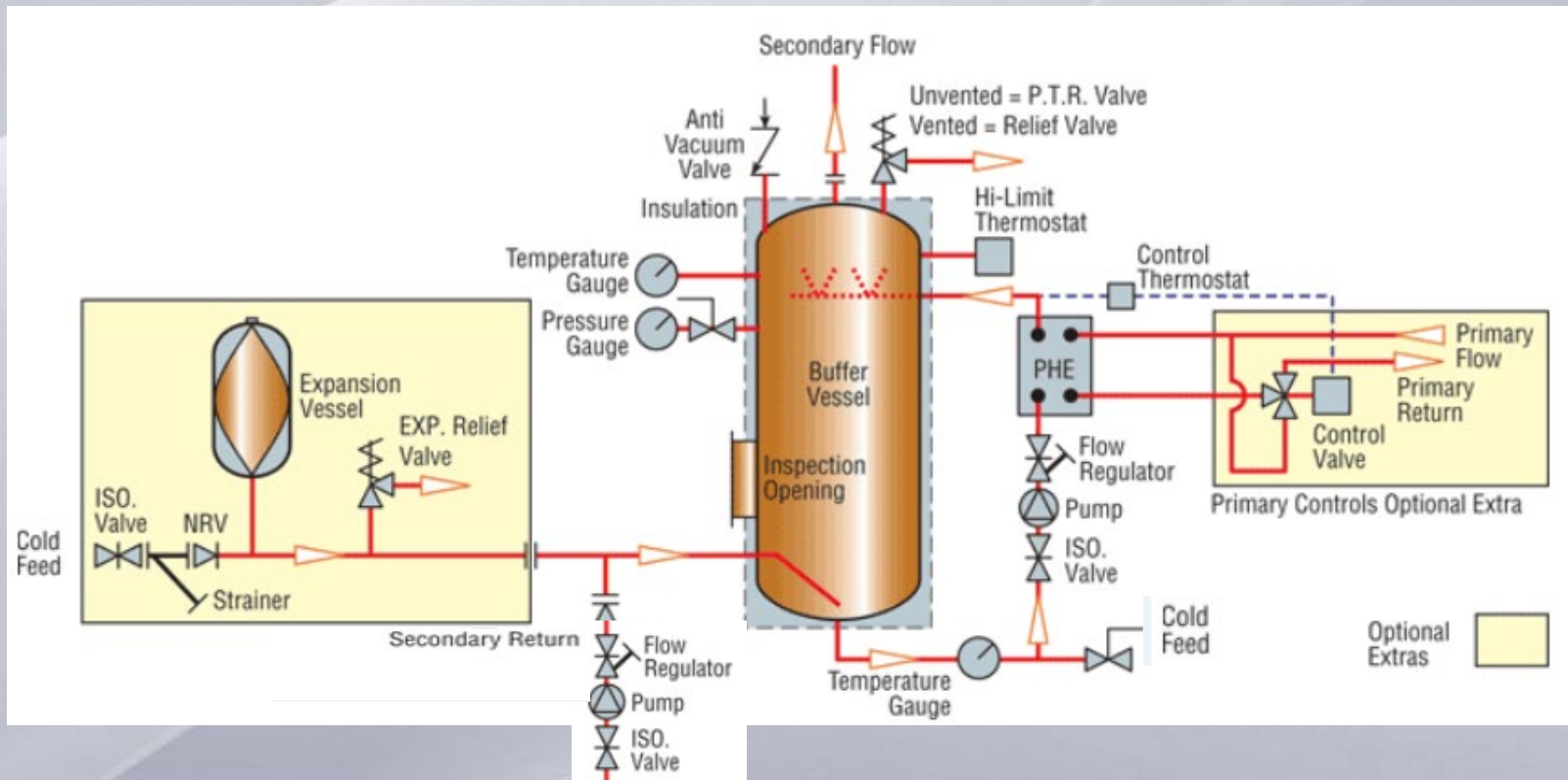
Capillary ultrafiltration module  
(HYRDAcap60)

Flowrate 2.7 – 6.8 m<sup>3</sup>/s

Water backwash

Inside to outside flow

## E) Calorifier Skids





## F) Hot Water Return Pumps



WILO MHIE

## G) Thermal Balancing Valves



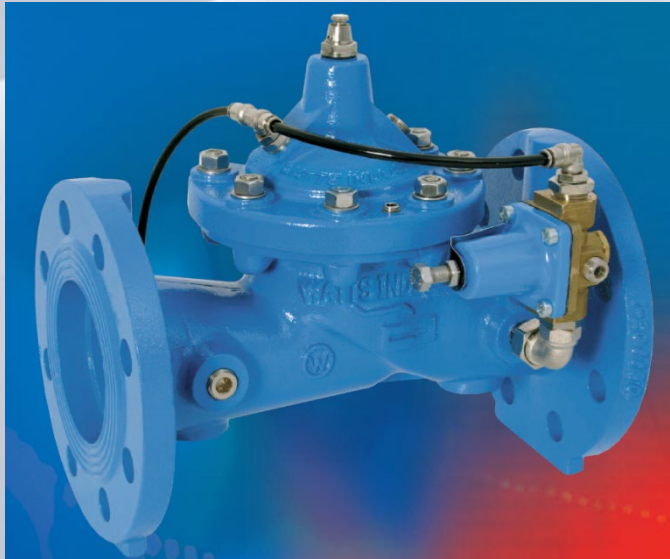
Multi-Therm  
Figure 141 or Figure 143



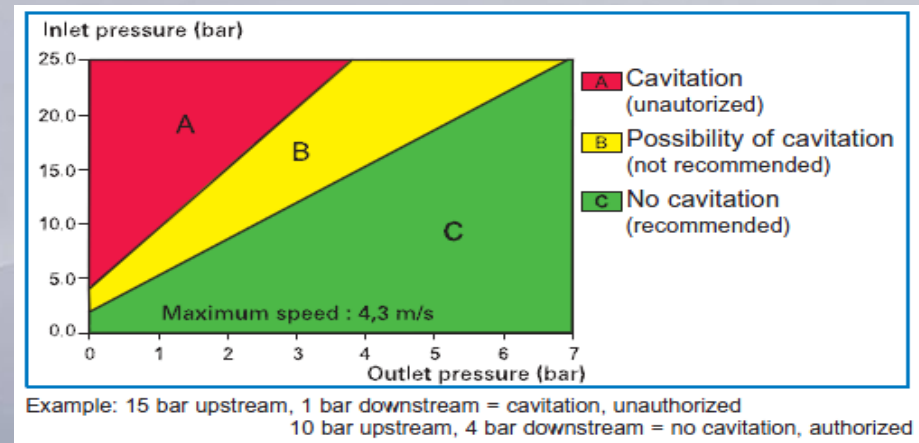
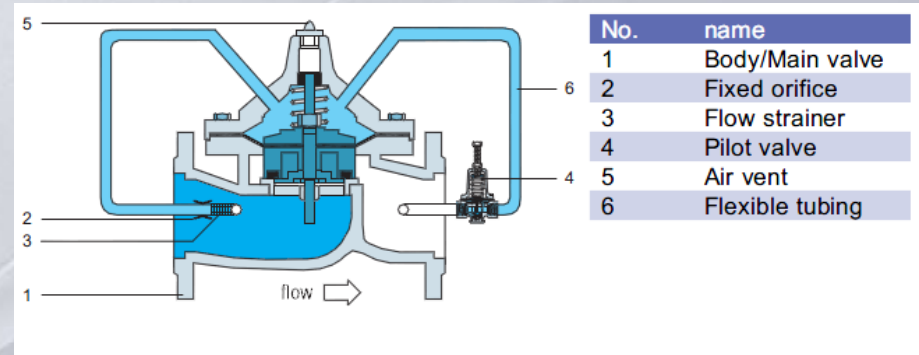
Multi-Fix  
Figure 150 or Figure 151



## H) Pressure Reducing Valves



WATTS PR500



## I) Water Meters



Woltmann pulsed meters

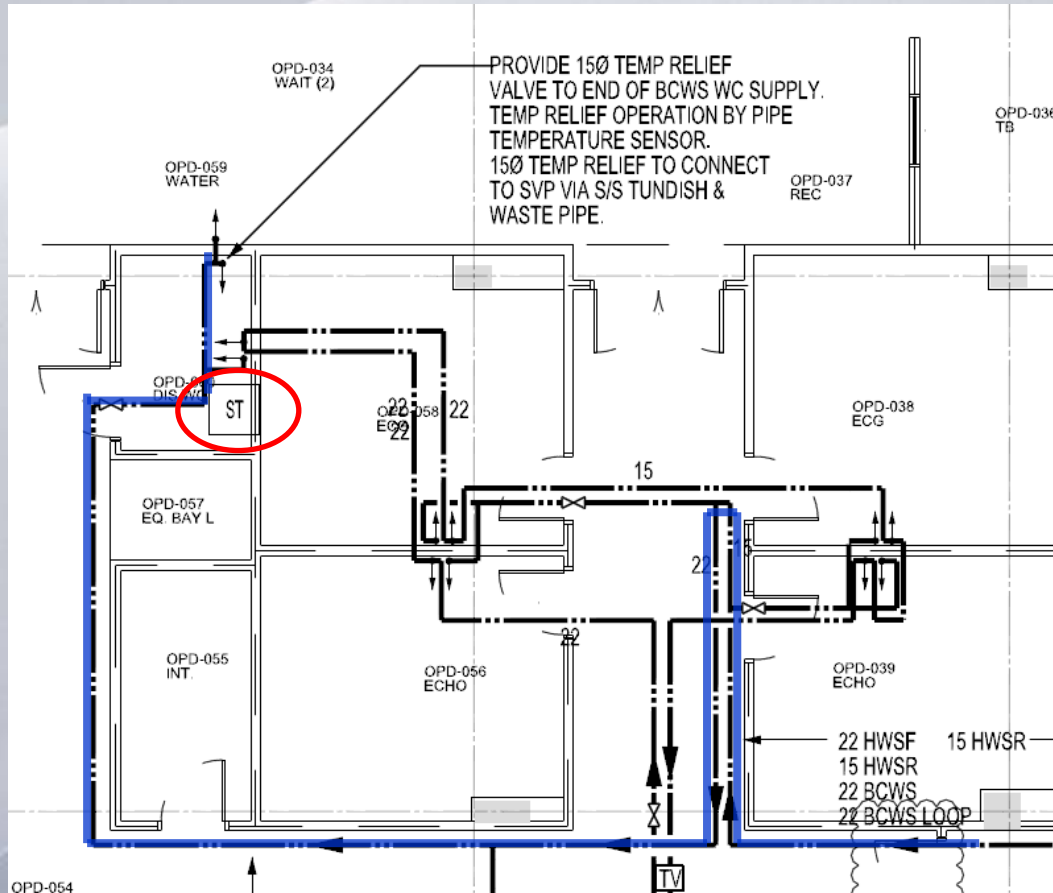
Linked back to BMS Front end

Installed on

- a. Incoming Mains
- b. Water supply to each Plant room
- c. Cold feed to each bank of Calorifiers
- d. Kitchen/Restaurant Supplies
- e. Retail units supplies
- f. Renal plant supplies



## J) Dump Valves

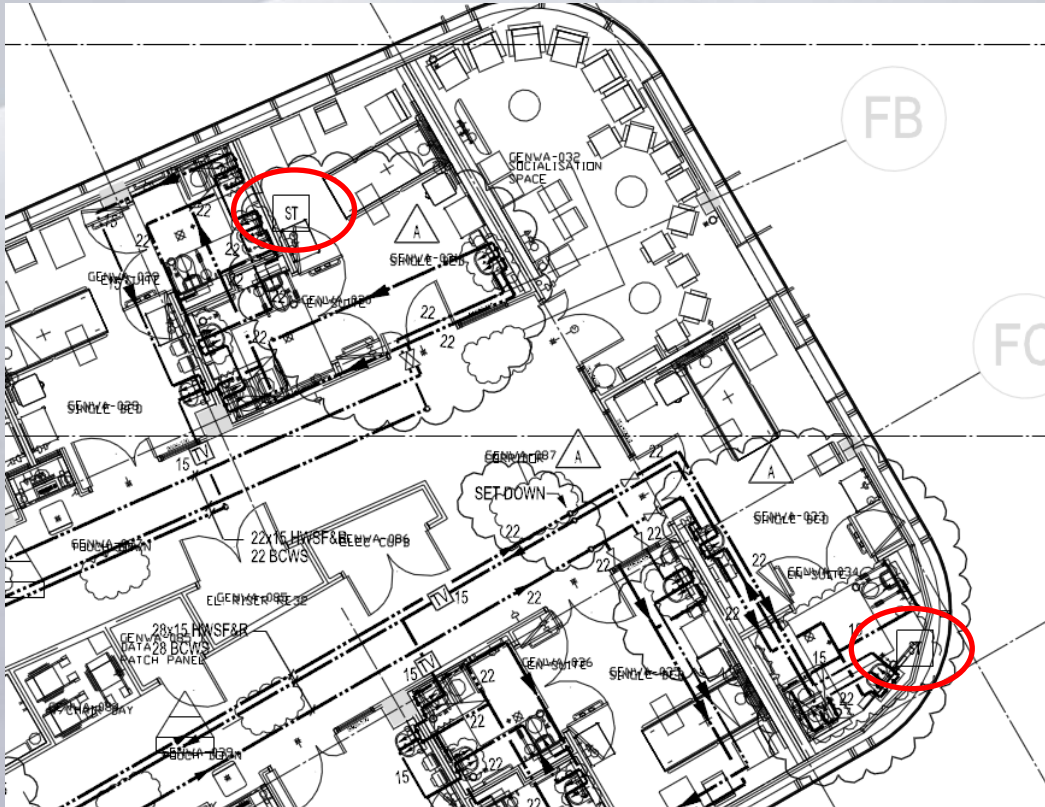


Dump valves installed at end of BCWS

Temperature controlled

Design – typically end of line at high use areas

## K) Sentinel Points



Indicated on drawings as ST

Labelled on site at tap



## Combined Dump Valve Schedule

Project Title: NSGH A&C Building  
 Client: Mercury Engineering Limited  
 Project No: N1.00566  
 Prepared by: Simon Camm

Document No: ME-XX-XX-SH-S660-001  
 Revision: A  
 Date:  
 Checked by:

No.	Level	Zone	Distribution Board Zone	Room Ref.	Room Name	Physically Located On Drawing Y/N	Mercury Drawing Reference Located On	Physically Located On Drawing Y/N	Schneider KNX Drawing Reference	KNX Panel Associated With			Notes
										Panel Ref	Device Address	Channel	
1	00	B	DB1AB-G-4	OPD-072	C.U	Y	ZBP-ZB-00-PL-500-002_D	Y	ME-ZB-00-SC-S660-002	DMV-01	1.2.52 1.2.53		
2	00	B	DB1AB-G-6	OPD-103	Disabled Wc	Y	ZBP-ZB-00-PL-500-002_D	Y	ME-ZB-00-SC-S660-017	DMV-03	2.3.66 2.3.67		
3	00	B	DB1AB-G-6	OPD-113	Disabled Wc	Y	ZBP-ZB-00-PL-500-002_D	Y	ME-ZB-00-SC-S660-017	DMV-02	2.1.63 2.1.64		
4	00	B	DB1AB-G-7	OPD-120	Disabled Wc	Y	ZBP-ZB-00-PL-500-002_D	Y	ME-ZB-00-SC-S660-032	DMV-04	3.2.64 3.2.65		
5	00	B	DB1AB-G-12	OPD-060	Disabled Wc	Y	ZBP-ZB-00-PL-500-002_D	Y	ME-ZB-00-SC-S660-047	DMV-05	4.1.53 4.1.54		
6	00	D	DB6AB-G-5	DCU-003	Wet Room	Y	ZBP-ZD-00-PL-500-004_D	Y	ME-ZD-00-SC-S660-032	DMV-01	3.1.62 3.1.63		
7	00	J	DB4AB-G-5	ORT-045	Wc	Y	ZBP-ZJ-00-PL-500-009_C	Y	ME-ZJ-00-SC-S660-002	DMV-01	1.1.61 1.1.62		
8	00	J	DB4AB-G-6	ORT-015_2	Wc	Y	ZBP-ZJ-00-PL-500-009_C	Y	ME-ZJ-00-SC-S660-017	DMV-02	2.1.63 2.1.64		
9	00	J	DB4AB-G-6	ORT-017	Disabled Wc	Y	ZBP-ZJ-00-PL-500-009_C	Y	ME-ZJ-00-SC-S660-017	DMV-03	2.1.65 2.1.66		
10	00	J	DB4AB-G-7	ODP0-067	D.U.	Y	ZBP-ZJ-00-PL-500-009_C	Y	ME-ZJ-00-SC-S660-032	DMV-04	3.1.52 3.1.53		
11	00	J	DB4A/B-G-9	DLO-019	WC	Y	ZBP-ZJ-00-PL-500-009_D	Y	ME-ZJ-00-SC-S660-047	DMV-05	4.2.47 4.2.48		
12	00	J	DB4A/B-G-9	OPD0-074	WC Pub	Y	ZBP-ZJ-00-PL-500-009_D	Y	ME-ZJ-00-SC-S660-047	DMV-06	4.1.49 4.1.50		
13	01	A	DB1AB-1-1	CCW-093	Meds	Y	ZBP-ZA-01-PL-500-011_C	Y	ME-ZA-01-SC-S660-002	DMV-01	3.1.47 3.1.48		
14	01	B	DB1AB-1-9	MDU-005	WC	Y	ZBP-ZB-01-PL-500-012_B	Y	ME-ZB-01-SC-S660-047	DMV-01	4.1.71 4.1.72		
15	01	J	DB4AB-1-3	ODP1-102	Disabled Wc	Y	ZBP-ZJ-01-PL-500-019_A	Y	ME-ZJ-01-SC-S660-017	DMV-01	2.1.64 2.1.65		
16	01	J	DB4AB-1-3	ODP1-107	Disabled Wc	Y	ZBP-ZJ-01-PL-500-019_A	Y	ME-ZJ-01-SC-S660-017	DMV-02	2.1.66 2.1.67		
17	01	J	DB4AB-1-4	ODP1-005	Wc	Y	ZBP-ZJ-01-PL-500-019_A	Y	ME-ZJ-01-SC-S660-032	DMV-03	3.2.65 3.2.66		
18	01	J	DB4AB-1-4	ODP1-007	Wc	Y	ZBP-ZJ-01-PL-500-019_A	Y	ME-ZJ-01-SC-S660-032	DMV-04	3.1.71 3.1.72		
19	01	J	DB4AB-1-5	ODP1-050	Wc	Y	ZBP-ZJ-01-PL-500-019_A	Y	ME-ZJ-01-SC-S660-047	DMV-05	4.1.57 4.1.58		
20	02	B	DB1AB-2-8	DCU-005	WC	Y	ZBP-ZB-02-PL-500-022_B	Y	ME-ZB-02-SC-S660-047	DMV-01	4.1.68 4.1.69		
21	02	G	DB5AB-2-4	THE-115	WC	Y	ZBP-ZG-02-PL-500-027_A	Y	ME-ZG-02-SC-S660-017	DMV-01	2.1.64 2.1.65		
22	02	J	DB4AB-2-2	DOPD-025	MOHS tech	Y	ZBP-ZJ-02-PL-500-029_A	Y	ME-ZJ-02-SC-S660-002	DMV-02	1.1.73 1.1.74		
23	02	J	DB4AB-2-2	DOPD-029	Dis WC	Y	ZBP-ZJ-02-PL-500-029_A	Y	ME-ZJ-02-SC-S660-002	DMV-01	1.2.60 1.2.61		



Combined End Of Line Schedule

Project Title: NSGH A&C Building	Document No: ME-XX-XX-SH-S660-001
Client: Mercury Engineering Limited	Revision: A
Project No: N1.00566	Date:
Prepared by: Simon Camm	Checked by:

No.	Level	Zone	Distribution Board Zone	Room Ref. Located On	Room Name Located On	Room Ref. Supplied From	Room Name Supplied From	Cold	Hot	End Of Line Sensor Reference	Supplies Zone	Supplies Dept	Full Dep Name	Physically located On Drawing Y/N	Mercury Drawing Reference Located On	Physically located On Drawing Y/N	Schneider KNX Drawing Reference	Device Address	Channel	Notes			
1	2	A	DB1_AB_2_2	ARU-084	Park Bay	ARU-121	Mech Riser M18	1	1	EOL 01	ZA/ZB	ARU	Acute Receiving Ward	N	ZBP-ZA-02-PL-500-021	Y	ME-ZA-02-SC-S660-002	1.1.70					
2		B	DB1_AB_2_7	AFD-012	Work Stations	CC2-051	Mech Riser M36	1	1	EOL 01	ZB	AFD/SCH	Anasthetic Offices	N	ZBP-ZB-02-PL-500-022	Y	ME-ZB-02-SC-S660-032	3.2.62					
3			DB1_AB_2_8	CC2-020	Hospital Street	CC2-021	Riser M39	1	1	EOL 02	ZZC	SCH	Shiehallion Ward	N	ZBP-ZB-02-PL-500-022	Y	ME-ZB-02-SC-S660-047	4.2.50					
4		C	DB1B-2-6	SCH-039	Corridor	CC2-051	Mech Riser M36	1	1	EOL 01	ZC	SCH	Shiehallion Ward	N	ZBP-ZC-02-PL-500-023	Y	ME-ZC-02-SC-S660-017	2.1.64					
5			DB1B-2-6	SCH-039	Corridor	CC2-051	Mech Riser M36	1	1	EOL 02	ZC	TCT	Teenage Cancer Trust	N	ZBP-ZC-02-PL-500-023	Y	ME-ZC-02-SC-S660-017	2.1.74					
6		D	DB2_AB_2_6	Adj THE-223	Riser M12	THE-223	Riser M12	1	1	EOL 01	ZD	THE	Theatres	N	ZBP-ZD-02-PL-500-024	Y	ME-ZD-02-SC-S660-002	1.2.61					
7		E	DB2_A_2_3	Adj MP-010	Paediatric Workshop	?	?	1	1	EOL 01	ZE	MP	Medical Physics	N	ZBP-ZE-02-PL-500-025	Y	ME-ZE-02-SC-S660-002	1.1.46					
8			DB2_AB_2_4	END-001	Reception Office	RENO-086	Riser T13	1	1	EOL 01	ZE	END/DCT	Endoscopy/Decontamination	N	ZBP-ZE-02-PL-500-025	Y	ME-ZE-02-SC-S660-017	2.2.59					
9			DB2_AB_2_4	END-001	Reception Office	RENO-086	Riser T13	1	1	EOL 02	ZE	THE	Theatres	N	ZBP-ZE-02-PL-500-025	Y	ME-ZE-02-SC-S660-017	2.2.60					
10			F	DB4_AB_2_1	Adj DMW-061	Mech Riser M12	DMW-061	Riser T12	1	1	EOL-01	ZF	DMW	Dermatology Ward	N	ZBP-ZF-02-PL-500-026	Y	ME-ZF-02-SC-S660-002	1.3.60				
11		G	DB5_AB_2_4	THE-359	Riser M7	THE-359	Riser M7	1	1	EOL 01	ZH	THE	Theatres	N	ZBP-ZH-02-PL-500-028	Y	ME-ZG-02-SC-S660-017	2.2.62					
12		J	DB4_AB_2_4	Adj RENO-088	Chair Bay	?	?	1	1	EOL 02	ZJ	RENO	Renal Dialysis	N	ZBP-ZJ-02-PL-500-029	Y	ME-ZJ-02-SC-S660-032	3.2.73					
13		F	DB2 P22-1/2	CA2-006	Corridor	?	?	1	1	EOL 01	ZF	CA2	Public Core A	N	ZBP-ZK-02-PL-500-030	Y	ME-ZF-02-SC-S660-017	2.2.34					
14		J	DB4_AB_2_3	Adj CA2-026	Core D Lobby	?	?	1	1	EOL 01	ZJ	DOPD	Dermatology OPD	N	ZBP-ZK-02-PL-500-030	Y	ME-ZJ-02-SC-S660-017	2.1.49					
Total HWC/BCWS Points														28									
1	3	A	DB1_AB_3_1	Adj GW1-074	Single Bed	GSW-013	Mech Riser M18	1	1	EOL 02	ZA	GW1	Inpatient Ward	N	ZBP-ZA-03-PL-500-031	Y	ME-ZA-03-SC-S660-002	3.1.55					
2			DB1_AB_3_1	Adj GW1-080	Renal Store	GSW-013	Mech Riser M18	1	1	EOL 01	ZA	GW1	Renal	N	ZBP-ZA-03-PL-500-031	Y	ME-ZA-03-SC-S660-002	3.1.54					
3		B	DB1_AB_3_3	Adj GWS-013	Mech Riser M18	GSW-013	Mech Riser M18	1	1	EOL 01	ZB	GWS	Ward Support	N	ZBP-ZB-03-PL-500-032	Y	ME-ZB-03-SC-S660-002	1.2.45					
4			A	DB1_AB_3_2	Adj CC3-008	Riser M38	CC3-008	Riser M38	1	1	EOL 03	ZB	GW2	Inpatient Ward	N	ZBP-ZB-03-PL-500-032	Y	ME-ZA-03-SC-S660-017	4.1.59				
5		C	DB1_AB_3_7	Adj CC3-051	Riser M36	CC3-051	Riser M36	1	1	EOL 01	ZB	GWS	Ward Support	N	ZBP-ZB-03-PL-500-032	Y	ME-ZC-03-SC-S660-002	3.3.56					
6			B	DB1_AB_3_6	Adj GW2-019	Mech Riser M32	CC3-021	Riser M39	1	1	EOL 02	ZB	GW2	Inpatient Ward	N	ZBP-ZB-03-PL-500-032	Y	ME-ZB-03-SC-S660-047	4.1.52				
7		C	DB1_AB_3_8	Adj GW2-075	Mech Riser M33	CC3-021	Riser M39	1	1	EOL 02	ZC	GW3	Inpatient Ward	N	ZBP-ZC-03-PL-500-033	Y	ME-ZC-03-SC-S660-017	4.1.48					
8			D	DB2 P31-1/2/3	Adj CA3-001	Lobby Core A	-	PR31	1	1	EOL 01	ZF	CC3	Public Core A	N	ZBP-ZK-03-PL-500-040	Y	ME-ZD-03-SC-S660-002	2.2.49				
9		K	DB4_B_3_2	Adj HR-001	Mech Riser T12	HR-001	Mech Riser T12	1	1	EOL 01	ZK	CC3/HR	Health Records	N	ZBP-ZK-03-PL-500-040	Y	ME-ZK-03-SC-S660-002	1.1.51					
10		G	DB5 P31-1/2/3	-	PR31	-	PR31	1	1	EOL 02	ZE	FM3	Staff Accomodation/Change	N	ZBP-ZK-03-PL-500-040	Y	ME-ZG-03-SC-S660-002	1.3.26					
Total HWC/BCWS Points														20									
1	4	C	DB1_AB_4_2	Adj DCFP-007	Hold	DCFP-002	Riser M33	1	1	EOL 01	ZC	DFCP	Dept Family Child Psychology	N	ZBP-ZC-04-PL-500-043	Y	ME-ZC-04-SC-S660-017	6.2.48					
2			E	DB3_AB_4_1	Adj RENW-193	Single Bed	RENW-207	Mech Riser T4	1	1	EOL 02	ZK	WS4	Ward Support (ZK)	N	ZBP-ZE-04-PL-500-045	Y	ME-ZE-04-SC-S660-002	2.2.67				
3		DB3_AB_4_1		Adj RENW-195	Single Bed	RENW-207	Mech Riser T4	1	1	EOL 01	ZE	HOW	Haematology Ward	N	ZBP-ZE-04-PL-500-045	Y	ME-ZE-04-SC-S660-002	2.2.66					
4		F	DB3_AB_4_2	Adj CA4-006	Mech Riser T1	CA4-006	Mech Riser T1	1	0	EOL 03	ZE	HOW	Haematology Ward	N	ZBP-ZF-04-PL-500-046	Y	ME-ZF-04-SC-S660-002	Merged Together 2.3.62					
5								1	0		ZF	RENNW	Renal Ward (ZF)	N	ZBP-ZF-04-PL-500-046	Y	ME-ZF-04-SC-S660-002						
6			DB3_AB_4_2	Adj RENW-278	Riser T12	RENW-278	Riser T12	1	1	EOL 02	ZF	RENNW	Renal Ward (ZF)	N	ZBP-ZF-04-PL-500-046	Y	ME-ZF-04-SC-S660-002	2.1.54					
7			DB3_AB_4_2	Adj RENW-278	Riser T12	RENW-278	Riser T12	1	1	EOL 01	ZK	RENNW	Ward Support (ZK)	N	ZBP-ZF-04-PL-500-046	Y	ME-ZF-04-SC-S660-002	2.1.55					
8		H	DB4_AB_4_1	Adj RENW-212	Mech Riser T5	RENW-212	Mech Riser T5	1	1	EOL 01	ZH	RENNW	Renal Ward (ZH)	N	ZBP-ZH-04-PL-500-048	Y	ME-ZH-04-SC-S660-002	2.1.60					
9		J	DB4_AB_4_2	Adj RENW-270	Riser T13	RENW-270	Riser T13	1	1	EOL 01	ZJ	RENNW	Renal Ward (ZJ)	N	ZBP-ZJ-04-PL-500-049	Y	ME-ZJ-04-SC-S660-002	2.2.73					
10			DB4_AB_4_2	Adj CA4-014	Riser T2	CA4-014	Riser T2	1	0	EOL 02	ZJ	RENNW	Renal Ward (ZJ)	N	ZBP-ZJ-04-PL-500-049	Y	ME-ZJ-04-SC-S660-002	Merged Together 2.3.54					
11								1	0		ZH	RENNW	Renal Ward (ZH)	N	ZBP-ZJ-04-PL-500-049	Y	ME-ZJ-04-SC-S660-002						
Total HWC/BCWS Points														18									
1	5	E	DB3_AB_5_1	Adj GENWD-060	Single Bed	GENWD-068	Riser T4	1	1	EOL 01	ZE	GENWD	General Ward D	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-05-SC-S660-002	4.2.74					
2			DB3_AB_5_1	Adj GENWD-062	Single Bed	GENWD-068	Riser T4	1	1	EOL 02	ZK	WS5	Ward Support 5	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-05-SC-S660-002	4.2.75					
3		F	DB3_AB_5_2	Adj GENWA-001	Single Bed	CA5-006	Mech Riser T1	1	0	EOL 03	ZE	GENWD	General Ward D	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-05-SC-S660-002	Merged Together 4.2.64					
4								1	0		ZF	GENWA	General Ward A	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-05-SC-S660-002						
5			DB3_AB_5_2	GENWA-061	Touch Down	GENWA-068	Mech Riser T12	1	1	EOL 01	ZF	GENWA	General Ward A	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-05-SC-S660-002	4.2.62					
6			DB3_AB_5_2	GENWA-061	Touch Down	GENWA-068	Mech Riser T12	1	1	EOL 02	ZK	WS5	Ward Support 5	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-05-SC-S660-002	4.2.63					
7		H	DB4_A_5_1	GENWC-061	Touch Down	GENWC-068	Mech Riser T5	1	1	EOL 01	ZH	GENWC	General Ward C	N	ZBP-ZH-XX-PL-500-058	Y	ME-ZH-05-SC-S660-002	4.2.50					
8		J	DB4_AB_5_2	Adj CA5-009	Core Lobby	CA5-014	Mech Riser T2	1	0	EOL 02	ZJ	GENWB	General Ward B	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-05-SC-S660-002	Merged Together 4.2.63					
9								1	0		ZH	GENWC	General Ward C	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-05-SC-S660-002						
10			DB4_AB_5_2	GENWB-061	Touch Down	GENWB-068	Mech Riser T13	1	1	EOL 01	ZJ	GENWB	General Ward B	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-05-SC-S660-002	4.2.62					
Total HWC/BCWS Points														16									
1	6	E	DB3_AB_6_1	Adj GENW4-060	Single Bed	GENW4-068	Riser T4	1	1	EOL 01	ZE	GENW4	General Ward 4	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-06-SC-S660-002	2.2.74					
2			DB3_AB_6_1	Adj GENW4-062	Single Bed	GENW4-068	Riser T4	1	1	EOL 02	ZE	WS6	Ward Support 6	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-06-SC-S660-002	2.2.75					
3		F	DB3_AB_6_2	Adj GENW1-001	Single Bed	CA6-006	Mech Riser T1	1	1	EOL 03	ZE	GENW4	General Ward 4	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-06-SC-S660-002	Merged Together 2.2.64					
4								1	0		ZF	GENW1	General Ward 1	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-06-SC-S660-002						
5			DB3_AB_6_2	GENW1-061	Touch Down	GENW1-068	Mech Riser T12	1	0	EOL 01	ZF	GENW1	General Ward 1	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-06-SC-S660-002	2.2.62					
6			DB3_AB_6_2	GENW1-061	Touch Down	GENW1-068	Mech Riser T12	1	1	EOL 02	ZF	WS6	Ward Support 6	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-06-SC-S660-002	2.2.63					
7		H	DB4_AB_6_1	GENW3-061	Touch Down	GENW3-068	Mech Riser T5	1	1	EOL 01	ZH	GENW3	General Ward 3	N	ZBP-ZH-XX-PL-500-058	Y	ME-ZH-06-SC-S660-002	2.2.50					
8			DB4_AB_6_2	Adj CA6-009	Core Lobby	CA6-014	Mech Riser T2	1	0	EOL 02	ZJ	GENW2	General Ward 2	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-06-SC-S660-002	Merged Together 2.2.63					
9		J						1	0		ZH	GENW3	General Ward 3	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-06-SC-S660-002						
10		DB4_AB_6_2	GENWB-061	Touch Down	GENWB-068	Mech Riser T13	1	1	EOL 01	ZJ	GENW2	General Ward 2	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-06-SC-S660-002	2.2.62						
Total HWC/BCWS Points														16									

No.	Level	Zone	Distribution Board Zone	Room Ref. Located On	Room Name Located On	Room Ref. Supplied From	Room Name Supplied From	Cold	Hot	End Of Line Sensor Reference	Supplies Zone	Supplies Dept	Full Dep Name	Physically located On Drawing Y/N	Mercury Drawing Reference Located On	Physically located On Drawing Y/N	Schneider KNX Drawing Reference	Device Address	Channel	Notes				
1	7	E	DB3_AB_7_1	Adj GENW8-060	Single Bed	GENW8-068	Riser T4	1	1	EOL 01	ZE	GENW8	General Ward 8	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-07-SC-S660-002	4.2.74						
2			DB3_AB_7_1	Adj GENW8-062	Single Bed	GENW8-068	Riser T4	1	1	EOL 02	ZE	WS7	Ward Support 7	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-07-SC-S660-002	4.2.75						
3		F	DB3_AB_7_2	Adj GENW5-001	Single Bed	CA7-006	Mech Riser T1	1	0	EOL 03	ZE	GENW8	General Ward 8	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-07-SC-S660-002	Merged Together						
4								1	0		ZF	GENW5	General Ward 5	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-07-SC-S660-002	4.2.64						
5			DB3_AB_7_2	GENW5-061	Touch Down	GENW5-068	Mech Riser T12	1	1	EOL 01	ZF	GENW5	General Ward 5	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-07-SC-S660-002	4.2.62						
6			DB3_AB_7_2	GENW5-061	Touch Down	GENW5-068	Mech Riser T12	1	1	EOL 02	ZF	WS7	Ward Support 7	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-07-SC-S660-002	4.2.63						
7		H	DB4_AB_7_1	GENW7-061	Touch Down	GENW7-068	Mech Riser T5	1	1	EOL 01	ZH	GENW7	General Ward 7	N	ZBP-ZH-XX-PL-500-058	Y	ME-ZH-07-SC-S660-002	4.2.50						
8		J	DB4_AB_7_2	Adj CA7-009	Core Lobby	CA7-014	Mech Riser T2	1	0	EOL 02	ZJ	GENW6	General Ward 6	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-07-SC-S660-002	Merged Together						
9								1	0		ZH	GENW7	General Ward 7	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-07-SC-S660-002	4.2.63						
10			DB4_AB_7_2	GENW6-061	Touch Down	GENW6-068	Mech Riser T13	1	1	EOL 01	ZJ	GENW6	General Ward 6	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-07-SC-S660-002	4.2.62						
Total HWC/BCWS Points														16										
1	8	E	DB3_AB_8_1	Adj GENW12-060	Single Bed	GENW12-068	Riser T4	1	1	EOL 01	ZE	GENW12	General Ward 12	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-08-SC-S660-002	2.2.74						
2			DB3_AB_8_1	Adj GENW12-062	Single Bed	GENW12-068	Riser T4	1	1	EOL 02	ZE	WS8	Ward Support 8	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-08-SC-S660-002	2.2.75						
3		F	DB3_AB_8_2	Adj GENW9-001	Single Bed	CA8-006	Mech Riser T1	1	0	EOL 03	ZE	GENW12	General Ward 12	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-08-SC-S660-002	Merged Together						
4								1	0		ZF	GENW9	General Ward 9	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-08-SC-S660-002	2.2.64						
5			DB3_AB_8_2	GENW9-061	Touch Down	GENW9-068	Mech Riser T12	1	1	EOL 01	ZF	GENW9	General Ward 9	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-08-SC-S660-002	2.2.62						
6			DB3_AB_8_2	GENW9-061	Touch Down	GENW9-068	Mech Riser T12	1	1	EOL 02	ZF	WS8	Ward Support 8	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-08-SC-S660-002	2.2.63						
7		H	DB4_AB_8_1	GENW11-061	Touch Down	GENW11-068	Mech Riser T5	1	1	EOL 01	ZH	GENW11	General Ward 11	N	ZBP-ZH-XX-PL-500-058	Y	ME-ZH-08-SC-S660-002	2.2.50						
8		J	DB4_AB_8_2	Adj CA8-009	Core Lobby	CA8-014	Mech Riser T2	1	0	EOL 02	ZJ	GENW10	General Ward 10	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-08-SC-S660-002	Merged Together						
9								1	0		ZH	GENW11	General Ward 11	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-08-SC-S660-002	2.2.63						
10			DB4_AB_8_2	GENW10-061	Touch Down	GENW10-068	Mech Riser T13	1	1	EOL 01	ZJ	GENW10	General Ward 10	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-08-SC-S660-002	2.2.62						
Total HWC/BCWS Points														16										
1	9	E	DB3_AB_9_1	Adj GENW16-060	Single Bed	GENW16-068	Riser T4	1	1	EOL 01	ZE	GENW16	General Ward 16	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-09-SC-S660-002	4.2.74						
2			DB3_AB_9_1	Adj GENW16-062	Single Bed	GENW16-068	Riser T4	1	1	EOL 02	ZE	WS9	Ward Support 9	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-09-SC-S660-002	4.2.75						
3		F	DB3_AB_9_2	Adj GENW13-001	Single Bed	CA9-006	Mech Riser T1	1	0	EOL 03	ZE	GENW16	General Ward 16	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-09-SC-S660-002	Merged Together						
4								1	0		ZF	GENW13	General Ward 13	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-09-SC-S660-002	4.2.64						
5			DB3_AB_9_2	GENW13-061	Touch Down	GENW13-068	Mech Riser T12	1	1	EOL 01	ZF	GENW13	General Ward 13	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-09-SC-S660-002	4.2.62						
6			DB3_AB_9_2	GENW13-061	Touch Down	GENW13-068	Mech Riser T12	1	1	EOL 02	ZF	WS9	Ward Support 9	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-09-SC-S660-002	4.2.63						
7		H	DB4_AB_9_1	GENW15-061	Touch Down	GENW15-068	Mech Riser T5	1	1	EOL 01	ZH	GENW15	General Ward 15	N	ZBP-ZH-XX-PL-500-058	Y	ME-ZH-09-SC-S660-002	4.2.50						
8		J	DB4_AB_9_2	Adj CA9-009	Core Lobby	CA9-014	Mech Riser T2	1	0	EOL 02	ZJ	GENW14	General Ward 14	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-09-SC-S660-002	Merged Together						
9								1	0		ZH	GENW15	General Ward 15	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-09-SC-S660-002	4.2.63						
10			DB4_AB_9_2	GENW14-061	Touch Down	GENW14-068	Mech Riser T13	1	1	EOL 01	ZJ	GENW14	General Ward 14	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-09-SC-S660-002	4.2.62						
Total HWC/BCWS Points														16										
1	10	E	DB3_AB_10_1	Adj GENW20-060	Single Bed	GENW20-068	Riser T4	1	1	EOL 01	ZE	GENW20	General Ward 20	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-10-SC-S660-002	2.2.74						
2			DB3_AB_10_1	Adj GENW20-062	Single Bed	GENW20-068	Riser T4	1	1	EOL 02	ZE	WS10	Ward Support 10	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-10-SC-S660-002	2.2.75						
3		F	DB3_AB_10_2	Adj GENW17-001	Single Bed	CA10-006	Mech Riser T1	1	0	EOL 03	ZE	GENW20	General Ward 20	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-10-SC-S660-002	Merged Together						
4								1	0		ZF	GENW17	General Ward 17	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-10-SC-S660-002	2.2.64						
5			DB3_AB_10_2	GENW17-061	Touch Down	GENW17-068	Mech Riser T12	1	1	EOL 01	ZF	GENW17	General Ward 17	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-10-SC-S660-002	2.2.62						
6			DB3_AB_10_2	GENW17-061	Touch Down	GENW17-068	Mech Riser T12	1	1	EOL 02	ZF	WS10	Ward Support 10	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-10-SC-S660-002	2.2.63						
7		H	DB4_AB_10_1	GENW19-061	Touch Down	GENW19-068	Mech Riser T5	1	1	EOL 01	ZH	GENW19	General Ward 19	N	ZBP-ZH-XX-PL-500-058	Y	ME-ZH-10-SC-S660-002	2.2.50						
8		J	DB4_AB_10_2	Adj CA10-009	Core Lobby	CA10-014	Mech Riser T2	1	0	EOL 02	ZJ	GENW18	General Ward 18	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-10-SC-S660-002	Merged Together						
9								1	0		ZH	GENW19	General Ward 19	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-10-SC-S660-002	2.2.63						
10			DB4_AB_10_2	GENW18-061	Touch Down	GENW18-068	Mech Riser T13	1	1	EOL 01	ZJ	GENW18	General Ward 18	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-10-SC-S660-002	2.2.62						
Total HWC/BCWS Points														16										
1	11	E	DB3_AB_11_1	Adj GENW24-060	Single Bed	GENW24-068	Riser T4	1	1	EOL 01	ZE	GENW24	General Ward 24	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-11-SC-S660-002	4.2.74						
2			DB3_AB_11_1	Adj GENW24-062	Single Bed	GENW24-068	Riser T4	1	1	EOL 02	ZE	WS11	Ward Support 11	N	ZBP-ZE-XX-PL-500-055	Y	ME-ZE-11-SC-S660-002	4.2.75						
3		F	DB3_AB_11_2	Adj GENW21-001	Single Bed	CA11-006	Mech Riser T1	1	0	EOL 03	ZE	GENW24	General Ward 24	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-11-SC-S660-002	Merged Together						
4								1	0		ZF	GENW21	General Ward 21	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-11-SC-S660-002	4.2.64						
5			DB3_AB_11_2	GENW21-061	Touch Down	GENW21-068	Mech Riser T12	1	1	EOL 01	ZF	GENW21	General Ward 21	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-11-SC-S660-002	4.2.62						
6			DB3_AB_11_2	GENW21-061	Touch Down	GENW21-068	Mech Riser T12	1	1	EOL 02	ZF	WS11	Ward Support 11	N	ZBP-ZF-XX-PL-500-056	Y	ME-ZF-11-SC-S660-002	4.2.63						
7		H	DB4_AB_11_1	GENW23-061	Touch Down	GENW23-068	Mech Riser T5	1	1	EOL 01	ZH	GENW23	General Ward 23	N	ZBP-ZH-XX-PL-500-058	Y	ME-ZH-11-SC-S660-002	4.2.50						
8		J	DB4_AB_11_2	Adj CA11-009	Core Lobby	CA11-014	Mech Riser T2	1	0	EOL 02	ZJ	GENW22	General Ward 22	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-11-SC-S660-002	Merged Together						
9								1	0		ZH	GENW23	General Ward 23	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-11-SC-S660-002	4.2.63						
10			DB4_AB_11_2	GENW21-061	Touch Down	GENW21-068	Mech Riser T13	1	1	EOL 01	ZJ	GENW22	General Ward 22	N	ZBP-ZJ-XX-PL-500-059	Y	ME-ZJ-11-SC-S660-002	4.2.62						
Total HWC/BCWS Points														16										
														105	73									
														178										



**From:** [Turnpenny, Annette](#)  
**To:** [Beattie, Gordon](#); ["david.hill"](#); ["j.slater"](#); [Smith, Angela](#); [Powrie, Ian](#); [Cocozza, Tony](#); ["David Hall"](#); [Wrath, Frances](#); [Smith, Syd](#); [McLaughlin, Liz](#); [McGarrity, John](#); [McCubbin, Alan](#); [McColl, Eleanor](#); [Macleod, Mairi](#); [Griffin, Heather](#); [Greig, Mark](#); [Connelly, Karen](#); [Cleary, Nick](#); [Armstrong, Robert](#)  
**Cc:** [Frew, Shiona](#)  
**Subject:** RE: nSGH Equipping Procurement Work Stream  
**Date:** 08 December 2014 10:37:15  
**Attachments:** [Equipment Procurement Migration Workstream Group - Papers for meeting - 8th December 2014 - HFS.DOCX](#)  
[Action Tracker 081214.xlsx](#)  
[Cash Flow Spend Profile 051214.xlsx](#)  
[CCR Template v2 261114.docx](#)  
[High Level Plan Timeline v7 081214.xlsx](#)  
[Risk Register 081214.xlsx](#)

---

Dear All

Please find attached papers for today's meeting – apologies for the delay. One set outstanding – updated tracking doc which I will get out as soon as possible

Many Thanks

Annette

Annette C Turnpenny

Project Manager - Equipping

Capital & Equipping Team

1st Floor, Catering Modular Building

Southern General Hospital

1354 Govan Road

Glasgow G51 4TF

[REDACTED]

[REDACTED]

-----Original Appointment-----

**From:** Beattie, Gordon

**Sent:** 24 November 2014 13:48

**To:** 'david.hill'; Turnpenny, Annette; 'j.slater'; Smith, Angela; Powrie, Ian; Cocozza, Tony; 'David Hall'; Wrath, Frances; Smith, Syd; McLaughlin, Liz; McGarrity, John; McCubbin, Alan; McColl, Eleanor; Macleod, Mairi; Griffin, Heather; Greig, Mark; Connelly, Karen; Cleary, Nick; Armstrong, Robert; Frew, Shiona; Beattie, Gordon

**Cc:** Hill David (NATIONAL SERVICES SCOTLAND)

**Subject:** nSGH Equipping Procurement Work Stream

**When:** 08 December 2014 14:00-15:30 (UTC) Dublin, Edinburgh, Lisbon, London.

**Where:** nSGH Project Offices

When: 08 December 2014 14:00-15:30 (UTC) Dublin, Edinburgh, Lisbon, London.

Where: nSGH Project Offices

\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

Dear All,

Please indicate whether or not you are intending to attend, if you have not already done so.

Regards

Chris



Annette organising a room at nSGH

<< Message: FW: Equipment Procurement Migration Workstream Group - Papers for meeting - >> << Message: RE: Equipment Procurement Migration Workstream Group - Papers for meeting - >> << Message: RE: Equipment Procurement Migration Workstream Group - Papers for meeting - 8th December 2014 >>

### Risk Log Usage Guide

Following provides standard guidelines to aid the completion of the Risk Log template.

Likelihood		
Score	Description	Likelihood of occurrence
1	Remote	0% to 10%
2	Unusual	10% to 30%
3	Possible	30% to 60%
4	Probable	60% to 80%
5	Almost certain	80% to 100%

Impact				
Score	Description	Schedule	Financial	Operational
1	Negligible	<2% of Project Timescale (Typically 1 or 2 days)	Loss <5% of Project Budget	Minimal impact – no service disruption
2	Minor	2% to 5% of Project Timescale (Typically 3 days to 1 week)	Loss 5% to 15% of Project Budget	Minor impact on service provision
3	Moderate	5% to 20% of Project Timescale (1 to 2 weeks)	Loss 15% to 40% of Project Budget	Some objectives partially achievable
4	Major	20% to 50% of Project Timescale (2 to 4 weeks)	Loss 40% to 60% of Project Budget	Significant impact on service provision
5	Catastrophic	50% + of Project Timescale (over 1 month)	Loss >60% of Project Budget	Unable to function / total failure

Risk Category	
Strategic	Senior Management / Organisation wide risks such as National Priorities, Health Plan, Organisational Change.
People	Risks relating to day-to-day staff responsibilities, accountabilities, communication, recruitment and retention
Financial	Risks which affect the organisation's financial position, financial targets, capital expenditure etc
Managerial/Operational	Risks which impact on service delivery, relationships with third parties (customers, suppliers, etc..)
Clinical Governance / Patient	Risks which could impact on the quality of services to patients
IM&T / Technical	Risks to infrastructure and Information Management & Technology
Political/External	Risks arising as a result of 'political' decisions or external influences

Action Types	
Prevention	Terminate the risk - by doing things differently and thus removing the risk where it is feasible to do so. Countermeasures are put in place that either stop the threat or problem from occurring or prevent it having any impact on the programme/work package
Reduction	Treat the risk - take action to control it in some way where the actions either reduce the likelihood of the risk developing or limit the impact on the programme/work package to acceptable levels
Transference	This is a specialist form of risk reduction where the management of the risk is passed to a third party via, for instance, an insurance policy or penalty clause, such that the impact of the risk is no longer an issue for the health of the programme/work package. Not all risks can be transferred in this way
Acceptance	Tolerate the risk- perhaps because nothing can be done at a reasonable cost to mitigate it or the likelihood and impact of the risk occurring are at an acceptable level.
Contingency	These are actions planned and organised to come into force as and when the risk occurs.



## RISK PROFILE MATRIX

The Risk Profile matrix should be used as a tool to allow the Project Manager to decide which risks are of highest priority

			Likelihood				
			Remote	Unusual	Possible	Probable	Almost Certain
		Score	1	2	3	4	5
Impact	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5

Key:	HIGH
	MEDIUM
	LOW

## Risk Register : New SGH Capital Equipping Project - 08/12/2014

Workstream	Risk #	Date Raised	Last Update	Risk Description	Risk Owner	Raised By	Assessment			Proximity	Action Plan and Progress	Risk Status	Project
							Likelihood	Impact	Combined				
Programme	EP001	27/09/2013	08/12/2014	Lose / Long Term Absence - permanent / temporary replacement of qualified and experienced senior staff	Gordon Beattie	Robert Stewart	2	3	6	Ongoing	15/10/14: New staff member starts on 20/10/14 and review of workload undertaken for other staff to mitigate uneven spread of work 24/11/14: Admin support for sickness absence commenced 24/11/14. Possible P/T senior buyer commencing 1st December 08/12/14: Admin support in place and HFS P/T buyer available 2 days a week, Management trainee also going to give 1 day per week	Open	NSGH
Programme	EP002	27/09/2013	20/01/2014	Accelerated handover to December 2014 or January 2015	Robert Stewart	Robert Stewart	2	4	8	Feb-14	close 17/02/2014	CLOSED	NSGH
Programme	EP003	27/09/2013	27/09/2013	Failure to appoint 4th Senior Buyer	Robert Stewart	Robert Stewart	5	3	15	Imminent	Re-advertise / Internal Secondment	CLOSED	NSGH
Programme	EP004	27/09/2013	08/12/2014	Delay in providing final Bill Of Quantities	Robert Stewart	Robert Stewart	3	3	9	Imminent	15/10/14: This risk reopened due to ongoing uncertainty in relation to final BoQ 24/11/14: Major review has taken place on BoQ and Addendum list is with GA to confirm requirement. Outcome will be V69 which will be final baseline version 08/12/14: V70 has been posted as baseline, changes now only through CCR process	Open	NSGH
Programme	EP005	27/09/2013	24/03/2014	Lose / lack of availability of Clinical Physics & IT Technical Support	Robert Stewart	Robert Stewart	2	3	6	Ongoing	IT looking to gain additional resource to support project RS to discuss with EM	CLOSED	NSGH
Programme	EP006	04/10/2013	04/10/2013	group 2 equipment resource and delivery issues to be addressed	Robert Stewart	Robert Armstrong	2	3	6	Ongoing		CLOSED	NSGH
Programme	EP007	18/10/2013	18/10/2013	Migration Workbook not issued	Robert Stewart	Robert Stewart	3	4	12	Imminent	Forwarded to Overall Project Risk Log on 15th November 2013 emailed updated file to Shiona Frew	CLOSED	NSGH
Programme	EP008	18/10/2013	08/12/2014	Resource conflicts with External Schemes like WoS / Hub and the Main Capital Equipping projects	Gordon Beattie	Robert Armstrong	2	2	4	Ongoing	15/10/14: Other work requests reviewed and method of allocation of workload altered - will be kept under review 24/11/14: Should be able to cope better with additional P/T buyer in place - review and reduce risk score next month 08/12/14: Reduce score now that additional support in place	Open	NSGH
Programme	EP009	01/11/2013	01/11/2013	Budget approval for main stream capital programme for NSGH	Robert Stewart	Robert Stewart	4	3	12	Imminent		CLOSED	CAPEX
Programme	EP010	01/11/2013	08/12/2014	Review of Theatres Storage area requirements	Robert Armstrong	Robert Armstrong	3	3	9	Imminent	15/10/14: This risk reopened due to increase in costs to project following review of requirements. Detailed quotes sent to FW on 13/10/14 24/11/14: Feedback Awaited from Project Team on final requirements 08/12/14: Order to be placed as per quotes following final discussion between RA and Linda Mullen	Closed	NSGH
Nick Cleary	EP011	29/11/2013	29/11/2019	Multi-modality Imaging - Awaiting Final Approval	Robert Stewart	Nick Cleary	4	5	20	Imminent	Forwarded to Overall Project Risk Log on 29th November 2013 emailed updated file to Shiona Frew	CLOSED	NSGH
Programme	EP012	16/12/2013	16/12/2013	Migration Workbooks - Late Identification of STO' s for all services may cause delay	Robert Stewart	Robert Stewart	4	3	12	Imminent		CLOSED	NSGH
Programme	EP013	20/01/2014	08/12/2014	The commissioning period of 12 weeks being insufficient to complete all equipping activities	Gordon Beattie	Robert Stewart	4	4	16	Ongoing	15/10/14: Until final numbers of new equipment for purchase and detailed delivery planning can take place this remains a risk 24/11/14: Following meeting with GA/PG on 20/11/14, deployment activity to be complete by March 31st 08/12/14: Order placement commenced on 05/12/14 so will be able to undertake review of deliveries prior to Christmas	Open	NSGH

## Risk Register : New SGH Capital Equipping Project - 08/12/2014

Workstream	Risk #	Date Raised	Last Update	Risk Description	Risk Owner	Raised By	Assessment			Proximity	Action Plan and Progress	Risk Status	Project
							Likelihood	Impact	Combined				
Programme	EP014	20/01/2014	08/12/2014	Lack of clarity around the final configuration of services	Gordon Beattie	Robert Stewart	4	4	16	Imminent	15/10/14: Current mitigation is to purchase standard ward equipment for all unconfirmed areas but ECMS info supplied on 13/10/14 so expect update in near future 24/11/14: Still awaiting final confirmation but working from last version of draft. Paper submitted by Procurement on buying all new for "Shared" areas in tower with should mitigate some risk of delay in information 08/12/14: Going to progress on basis of new equipment in Bedrooms (except beds) and the new equipment suggested for areas where there is no specific ownership	Open	NSGH
Programme	EP015	07/02/2014	07/02/2014	Stakeholder Engagement Session - Requirement for second pass resulting from any changes to final configuration of services	Robert Stewart	Robert Stewart	3	3	9	Imminent		CLOSED	NSGH
Programme	EP016	21/02/2014	24/03/2014	Capacity at Hillington Stores to store equipment for NSGH	Robert Stewart	Robert Stewart	2	2	4	Ongoing		Closed	NSGH
Robert Armstrong	EP017	24/03/2014	24/03/2014	Review of Ward Storage area requirements	Robert Armstrong	Robert Armstrong	2	4	8	Imminent	RA to obtain clarification from Fiona McCluskey on progress of SLWG	CLOSED	NSGH
Programme	EP018	16/04/2014	08/12/2014	Conclusion of Ongoing 1 - 2 - 1	Robert Stewart	Robert Stewart	3	4	12	Imminent	15/10/14: Risk reopened as there is outstanding info remaining from 1-2-1 meetings for Procurement team to address 24/11/14: Mitigation around paper submitted by Procurement team (ref: EP014) and Standardisation of Medical Devices plus GA's direction for all bedside lockers and visitors chairs to be new - checking on overbed tables and patient chairs 08/12/14: No further update	Open	NSGH
Programme	EP019	23/04/2014	08/12/2014	CT Scanner (256) Funding Decision and delivery secured in time for Project	Nick Cleary	Robert Stewart	3	4	12	Imminent	15/10/14: Final confirmation of requirement to purchase outstanding 24/11/14: Order place for 256 slice CT Scanner on 20/11/14	Closed	NSGH
Programme	EP020	02/05/2014	08/12/2014	Decontamination Water Quality	Gordon Beattie	Robert Stewart	2	2	4	Imminent	15/10/14: e.mail sent to FW on 03/10/14 requesting update on water quality 24/11/14: No further info at this time - waiting on update 08/12/14: Water testing due to commence 08/12/14 - concern raised by HFS around outstanding questions - follow up at Equipment Migration meeting 08/12/14	Open	NSGH
Programme	EP021	02/05/2014	08/12/2014	AGV Carts - Failure by Swisslog to respond to supplier queries	Karen Connelly	Robert Stewart	2	2	4	Imminent	15/10/14: KC confirmed that Swisslog have responded to queries, reduce the risk but keep open 24/11/14: Remains open until further direction received 08/12/14: Expect to close following Equipment Migration Meeting 08/12/14	Open	NSGH
Programme	EP022	04/07/2014	08/12/2014	Update Master BOQ from 1 - 2 - 1 meeting	Syd Smith	Robert Stewart	3	4	12	Imminent	15/10/14: FW & J McG reviewing list currently and Procurement team continuing to work to close gap in information 24/11/14: Work ongoing on BoQ as per EP004. Waiting on final details of pre-equipping info added on 19/11/14 08/12/14: Detail of Pre-equipping requirement still outstanding	Open	NSGH
Programme	EP023	18/07/2014	18/07/2014	Update Master BOQ from 1 - 2 - 1 meeting with Critical Care	Nick Cleary	Nick Cleary	4	3	12	Imminent	NC sent expedite message 18th July	CLOSED	NSGH
Programme	EP024	18/07/2014	08/12/2014	Insufficient Storage Capacity at Hillington Stores	Gordon Beattie	Robert Stewart	2	3	6	Ongoing	15/10/14: Check what project equipment in store and agree use of store - ongoing 24/11/14: No update currently 08/12/14: No further update	Open	NSGH
Programme	EP025	18/07/2014	18/07/2014	Implementation of new PCS eTendering package suggested date of mandated use 1st August 2014	Gordon Beattie	Robert Stewart	3	3	9	Ongoing	Concerns around the use of an unfamiliar system - confirm if we can be exempt for duration of project	CLOSED	NSGH
Programme	EP026	12/09/2014	12/09/2014	Supplier MIS - concern that they will not achieve the install of the 13 DR rooms on time	Nick Cleary	Nick Cleary	3	5	15	Ongoing		CLOSED	NSGH

# Risk Register : New SGH Capital Equipping Project - 08/12/2014

Workstream	Risk #	Date Raised	Last Update	Risk Description	Risk Owner	Raised By	Assessment			Proximity	Action Plan and Progress	Risk Status	Project
							Likelihood	Impact	Combined				
Programme	EP027	12/09/2014	08/12/2014	Ward Equipment - Risk associated with the assumption that with the exception of the Pre Equip Purchase the remaining equipment will transfer	Robert Armstrong	Robert Armstrong	3	3	9	Ongoing	15/10/14: Linked to EP014 24/11/14: remains a risk at this time 08/12/14: Given the direction from GA on bedroom furniture this risk is being closed	Closed	NSGH
Programme	EP028	03/10/2014	24/11/2014	Lack of clarification on funding of the Blood labelling isolators could result in delivery not being made on time, (potential 20 week lead time)	Nick Cleary	Nick Cleary	3	3	9	Imminent	15/10/14: Final order by date provided to FW, risk of late delivery and impact to be assessed and mitigation or funding to be provided by FW 24/11/14: Item ordered	Closed	NSGH
Programme	EP029	03/10/2014	24/11/2014	PES - Resolution of challenge in time to place order to meet delivery schedule (potential 6 or 16 week lead time depending on eventual supplier)	Angela Smith	Angela Smith	3	4	12	Imminent	15/10/14: Lincor taken forward AS & GB review 6th Oct. Post 15/10 we will know the date for delivery and install 24/11/14: Order placed and delivery/installation discussions ongoing with supplier (meeting held on 19/11/14)	Closed	NSGH
Programme	EP030	15/10/2014	24/11/2014	Group 2 installation requirements	Annette Turnpenny	Annette Turnpenny	3	4	12	Imminent	15/10/14: Installation of certain Group 2 items not currently factored into procurement contracts. Renegotiation required, potential additional cost and delays or alternative mitigation 24/11/14: Costs provided for installation of dispensers and added to BoQ	Closed	NSGH
Programme	EP031	15/10/2014	08/12/2014	Migration Work Books incomplete	Annette Turnpenny	Annette Turnpenny	2	3	6	Imminent	15/10/14: Risk in relation to developing the removal programme as not all workbooks have been completed and we don't know end locations of many items 24/11/14: Meetings have commenced with STO's and Removal's firm so less risk now although end locations still unknown for some STO's 08/12/14: Risk reduced due to ongoing work with Removals company and STO's plus further direction on items not needing to be transferred	Open	NSGH
Programme	EP032	15/10/2014	08/12/2014	Final Budget approval for all elements of project - above or below line	Annette Turnpenny	Annette Turnpenny	4	4	16	Imminent	15/10/14: Delay to procurement activity because not all packages have budget approval. Team are placing adverts in the interim but may lead to waste of resources if final budgets not approved 24/11/14: Items requiring approval now with GA and expectation is that we will have info with 2 weeks. Ordering needs to commence next week for some items 08/12/14: Order placement has commenced, some queries/comments from Directors being reviewed currently, awaiting detail of pre-equipping requirement in some areas	Open	NSGH
	EP033	15/10/2014	15/10/2014	Bedside locker key suiting	Annette Turnpenny	Annette Turnpenny	4	5	20	Ongoing	15/10/14: This is a risk which may convert to an issue very quickly if we use transferrign bedside lockers (with different key suiting) to plug gaps in different ward areas 24/01/14: Confirmed at Equipment meeting on 20/10/14 that bedside lockers would all be new	CLOSED	NSGH
Deployment	EP034	15/10/2014	08/12/2014	Provision of Room Data Sheets	Annette Turnpenny	Annette Turnpenny	3	3	9	Ongoing	15/10/14: Resourcing required to produce Room Data Sheets for all rooms/spaces and fix in place 24/11/14: Likely to do this from within the Procurement team once info determined 08/12/14: RDS's will be produced by the Procurement team as Brookfield version will not reflect all the changes in the BoQ	Open	NSGH

## Risk Register : New SGH Capital Equipping Project - 08/12/2014

Workstream	Risk #	Date Raised	Last Update	Risk Description	Risk Owner	Raised By	Assessment			Proximity	Action Plan and Progress	Risk Status	Project
							Likelihood	Impact	Combined				
Migration	EP035	15/10/2014	08/12/2014	Relocation of equipment that doesn't fit	Annette Turnpenny	Annette Turnpenny	3	4	12	Ongoing	15/10/14: There is a risk that equipment allocated for transfer will not fit into end location 24/11/14: Procurement team developing a strategy to manage this 08/12/14: Strategy shared at last Equipment Migration Group meeting, still need to find a suitable end location for equipment	Open	NSGH
Migration	EP036	15/10/2014	08/12/2014	Management of equipment for the same specialty coming from multiple sites that might end up in the same ward/dept as areas contract	Annette Turnpenny	Annette Turnpenny	3	4	12	Ongoing	15/10/14: Unless there is confirmation from the project team that there will be no duplication of equipment items for the same rooms there is a risk that this may happen 24/10/14: Suggested at meeting on 20/10/14 that this would be managed through decommissioning workstream and for the Risk description to be rewritten 24/11/14: On speaking to STO's have suggested that they get together with the other STO's they will be sharing accommodation with - will raise at meeting with Project Team on 26/11/14 08/12/14: Expectation that leads for specialities will cover this but will support STOs wherever possible	Open	NSGH
Migration	EP037	15/10/2014	24/11/2014	Management of requests for alterations to rooms to accomodate transfered equipment	Annette Turnpenny	Annette Turnpenny	3	4	12	Ongoing	15/04/14: Possible delays to removals and clinical commencement of services if transfered equipment requires additional joinery/or removal of joinery, power, data etc 24/10/14: Advised at meeting that no alterations will be made to rooms 24/11/14: No change to this advice	Closed	NSGH
Programme	EP037	17/10/14	08/12/2014	Made to measure fire suits but no staff in post currently	Annette Turnpenny	Annette Turnpenny	3	4	12	Ongoing	17/10/14: The service needs to be operational to enable staff to train in advance of needing to use the Helipad but we don't know who the staff are yet to have their suits made. 12 week lead time and not likely to know until mid-end Nov. Mitigation may be to hire suits 24/11/14: Waiting on further advice 08/12/14: Waiting on further advice	Open	NSGH
Deployment	EP038	17/10/14	24/11/2014	TV's being utilised in waiting rooms - transfered and new will need a conversion box in order for them to work in the building (Costed at £14,600 for 50 TV sets and £36.00 for each TV that does not have a HDMI port)	Annette Turnpenny	Annette Turnpenny	3	4	12	Ongoing	17/10/14: TV's (PES excluded) require a conversion box for them to be able to work in the new building - this is being raised more in relation to transferring items for noting 24/11/14: Will be covered as part of discussions with PES supplier, any queries in relation to TV's transferring will need to be raised with STOs	Closed	NSGH

## Issues Log : New SGH Capital Equipping Project - 08/12/2014

Workstream	Issue#	Date Raised	Associated Risk#	Last Update	Issue Description	Issue Owner	Action Plan and Progress	IssueStatus	Project
Programme	EPI01	15/10/2014	EP001	24/11/2014	Permanent or temporary lose of experienced staff	ACT	15/10/14: New member of staff recruited and due to commence 20/10/14. Two members of staff currently off sick, one long term. Redistribution of work within Procurement Directorate being organised 24/11/14: Closing this as an issue as we have additional staff starting but will remain a risk	Closed	nSGH
Programme	EPI02	15/10/2014	EP004	08/12/2014	Delay in providing final Bill of Quantities	ACT	15/10/14: Under review by FW and JMcG - taking several weeks for them to conclude, also Migration Workbooks not complete and gaps in some areas that need to be addressed either by Project team or Procurement Procurement team to address gaps they are aware of. Issue exacerbated by the lack of clarity around final configuration of some of the service i.e. ECMS and final confirmation of transfer items 24/11/14: Expect resolution of issue within next two weeks 08/12/14: Closing this as an issue	Closed	nSGH
Programme	EPI03	15/10/2014	EP010	08/12/2014	Review of Theatre Storage	ACT	15/10/14: This was a closed Risk but has been reopened and is now an Issue as the budget has not been agreed for the additional store requirements. Childrens Theatre Storage to be included as well 24/11/14: An amount has been added to the addendum items in BoQ to cover the Theatre storage in Adult theatres but awaiting confirmation of requirements 08/12/14: Closing this as an issue as we are progressing to order placement	Closed	nSGH
Programme	EPI04	15/10/2014	EP019	24/11/2014	Funding decision for 256 CT for Childrens Hospital	ACT	15/10/14: Availability of revenue now appears to be holding up the final decision on this procurement and this is delaying the procurement decision 24/11/14: Order placed for 256 Slice CT on 20/11/14	Closed	nSGH
Deployment	EPI05	15/10/2014	EP030	24/11/2014	Group 2 Installation	ACT	15/10/14: Procurement having to provide quotes for the installation of the outstanding Group 2 items that are not being installed by Brookfield 24/11/14: Quote provided and accepted for installation of dispensers	Closed	nSGH

Programme	EPI06	15/10/2014	EP032	24/11/2014	Final Budget Approval for items of list	ACT	15/10/14: Waiting for the final budget approval from FW is delaying Procurement activities 24/11/14: Addendum list sent to GA on 20/11/14 for review/approval/confirmation of items to be procured 08/12/14: Closing this issue as we have been given the go ahead to place orders for Group 3 items and some of the addendum items	Closed	nSGH
-----------	-------	------------	-------	------------	---	-----	---	--------	------

**From:** [Norman, Jane](#)  
**To:** [Powrie, Ian](#)  
**Cc:** [Findlay, Bernadette](#)  
**Subject:** FW: URGENT: RE: RE: SGH RO  
**Date:** 09 December 2014 13:37:35

---

Hi Ian,  
 Good to see you the other day.  
 Are you and David ok with Andrew's response below?  
 Regards  
 Jane

**Jane Norman**

Technical Services Manager - Microbiology GG&C

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

---

**From:** Andrew Smith [REDACTED]  
**Sent:** 07 December 2014 21:26  
**To:** Hill David (NATIONAL SERVICES SCOTLAND); Norman, Jane  
**Cc:** Dallas, Sally; Lavery, Brian; Cullen, Karen; Ingle David (NATIONAL SERVICES SCOTLAND); Slater John (NATIONAL SERVICES SCOTLAND); David Hall; Wrath, Frances; Stewart, Alan; Findlay, Bernadette; Powrie, Ian  
**Subject:** Re: URGENT: RE: RE: SGH RO

Hi David,  
 Happy to waive the UKAS requirement (I think in each case its a test that is accredited and not the lab – but happy to be corrected). For the rinse water testing –successful participation in the National QA rinse water test will suffice (which is what we do in the lab). I concur with Janes comments below. Sally & I did have a quick catch up on the water testing on Thursday & no issues identified. I'm on leave until this coming Wednesday but will be at a meeting in GRI New Lister Building at 16:00 (Pre mRIE meeting). However feel free to call me on my mobile ([REDACTED]) if required.  
 Regards,  
 Andrew

---

**From:** "Hill David (NHS National Services Scotland)" [REDACTED]  
**Date:** Friday, 5 December 2014 16:55  
**To:** "Norman, Jane" [REDACTED], Andrew Smith [REDACTED]  
**Cc:** "Dallas, Sally" [REDACTED], "Lavery, Brian" [REDACTED], "Cullen, Karen" <[REDACTED]>, Andrew Smith [REDACTED], "Ingle David (NATIONAL SERVICES SCOTLAND)" [REDACTED], "Slater John (NATIONAL SERVICES SCOTLAND)" [REDACTED], David Hall [REDACTED], "Wrath Frances (NHS Greater Glasgow & Clyde)" [REDACTED]



[REDACTED], "Stewart Alan (NHS Greater Glasgow & Clyde)"

[REDACTED], "Findlay, Bernadette" [REDACTED]

"Powrie Ian (NHS Greater Glasgow & Clyde)" [REDACTED]

**Subject:** RE: URGENT: RE: RE: SGH RO

Thanks Jane. Andrew may be content to waive the UKAS requirement specified in the EWD award document for 17025 accreditation for each of the properties measured, given that the GRI lab will be carrying out the testing ongoing – this may ease things a bit. Is he back from leave yet? Perhaps Brookfield can appoint a UKAS accredited contractor for the physical properties tests? The date of 8<sup>th</sup> was discussed and agreed with David Hall a couple of weeks ago but this may have slipped.

Regards

David Hill

### **Product Specialist - Decontamination**

Engineering, Environment & Decontamination  
Health Facilities Scotland  
Procurement, Commissioning & Facilities  
NHS National Services Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

---

**From:** Norman, Jane [REDACTED]  
**Sent:** 05 December 2014 16:50  
**To:** Hill David (NATIONAL SERVICES SCOTLAND); [andrew.smith](#) [REDACTED]  
**Cc:** Dallas, Sally; Lavery Brian (NHS Greater Glasgow & Clyde); Cullen, Karen; [REDACTED] Ingle David (NATIONAL SERVICES SCOTLAND); Slater John (NATIONAL SERVICES SCOTLAND); David Hall; Wrath Frances (NHS Greater Glasgow & Clyde); Stewart Alan (NHS Greater Glasgow & Clyde); Findlay Bernadette (NHS Greater Glasgow & Clyde); Powrie Ian (NHS Greater Glasgow & Clyde)  
**Subject:** RE: URGENT: RE: RE: SGH RO

Hi David,

I met with David Hall and Ian Powrie (GG&C) this morning to discuss this. There was no mention of the work commencing Monday – the earliest date we discussed was W/C 15<sup>th</sup> December.

However David will be checking whether the lab at GRI can be used for the commissioning of the unit. We are UKAS ISO17025 accredited for the Legionella test only. Once he clarifies this point then we can proceed. We did discuss your points below – I have highlighted a response/discussion in red.

Regards

Jane

Jane Norman

Technical Services Manager - Microbiology GG&C

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Hill David (NATIONAL SERVICES SCOTLAND) [REDACTED]  
**Sent:** 05 December 2014 16:30  
**To:** Norman, Jane; [andrew.smith](#) [REDACTED]  
**Cc:** Dallas, Sally; Lavery, Brian; Cullen, Karen; [andrew.smith](#) [REDACTED] Ingle David (NATIONAL SERVICES SCOTLAND); Slater John (NATIONAL SERVICES SCOTLAND); David Hall; Wrath, Frances; Stewart, Alan  
**Subject:** URGENT: RE: RE: SGH RO

Hello Jane, I'm not sure if Andrew is back from leave yet but as the water testing for the endoscopy department is planned to take place commencing Monday, can you respond to my message sent on 26/11/14 please so that I can feed into the project group how this work is progressing?

Regards

David Hill

#### Product Specialist - Decontamination

Engineering, Environment & Decontamination  
 Health Facilities Scotland  
 Procurement, Commissioning & Facilities  
 NHS National Services Scotland  
 Gyle Square  
 1 South Gyle Crescent  
 Edinburgh  
 EH12 9EB

[REDACTED]

---

**From:** Hill David (NATIONAL SERVICES SCOTLAND)  
**Sent:** 26 November 2014 12:24  
**To:** Norman, Jane  
**Cc:** Dallas, Sally; Lavery Brian (NHS Greater Glasgow & Clyde); Cullen, Karen; Hill David (NATIONAL SERVICES SCOTLAND); [andrew.smith](#) [REDACTED] Ingle David (NATIONAL SERVICES SCOTLAND); Slater John (NATIONAL SERVICES SCOTLAND); David Hall; Wrath Frances (NHS Greater Glasgow & Clyde); Stewart Alan (NHS Greater Glasgow & Clyde)  
**Subject:** FW: RE: SGH RO

Hello Jane. Andrew Smith has nominated your lab to carry out the water quality testing for the new RO system at the new SGH Endoscope Decontamination Unit. As Andrew has asked if correspondence can be held direct with the Lab while he is on leave, please can you help with

the questions below:

- ? A need to understand the logistics of who will be taking the samples: volumes to be drawn off, number of samples, frequency and containers expected by GG&C lab – **The GG&C lab will provide bottles – all other questions are for Brookfield.**
- ? Costs and invoicing – GG&C lab will require to be paid for the analysis carried out. What are the fees? – **this will depend on the activity above**
- ? Brookfield are responsible for carrying out the water quality tests however, this work has been nominated to GG&C water testing lab with a proposal that all costs are recovered from Brookfield (see enclosed message from David Hall). . Will the GG&C water testing lab carry out the physical properties tests as well as the microbiological tests? If not, as suggested by Andrew, will GG&C Lab appoint Andersen Caledonia to carry out the physical properties tests, and recover costs from Brookfield and agree to co-ordinate the provision of test results back to Brookfield and David Hall? **GG&C lab will invoice Brookfield for the microbiological work carried out, we cannot subcontract the physical properties tests.**

Regards

David Hill

#### **Product Specialist - Decontamination**

Engineering, Environment & Decontamination  
Health Facilities Scotland  
Procurement, Commissioning & Facilities  
NHS National Services Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

---

**From:** David Hill [REDACTED]  
**Sent:** 25 November 2014 08:08  
**To:** Hill David (NATIONAL SERVICES SCOTLAND); [andrew.smith](#) [REDACTED]; Ingle David (NATIONAL SERVICES SCOTLAND); Stewart Alan (NHS Greater Glasgow & Clyde)  
**Cc:** Slater John (NATIONAL SERVICES SCOTLAND); Wrath Frances (NHS Greater Glasgow & Clyde)  
**Subject:** RE: [SPAM?] RE: SGH RO

David,

The point of contact with Brookfield is David Wilson, their commissioning manager, but everything should be directed via either myself or Frances to avoid any contractual confusion.

**From:** [Kane, Mary Anne](#)  
**To:** [Anderson, Robert](#); [Pace, David](#); [Hunter, William](#); [Maclean, Alistair](#); [Stewart, Alan](#)  
**Subject:** FW: FMS presentation  
**Date:** 10 December 2014 15:32:00  
**Attachments:** [FMS SFG 10\\_12.pptx](#)

Please see attached the FMS presentation given at SFG

Please take the time to review the information now in the public domain that has been submitted for your services

As you will see David wishes to discuss with me our participation in this and I suspect to flag up how embarrassed he was at some of our inputs.

I know Rob has met with all of you regarding this but this is now a critical performance parameter for yourself personally - Each of you needs to put the time into this as your Sector is being judged nationally on the basis of the data. Margaret Malcom is not responsible or accountable for the quality of the data submitted - You are ultimately .

This needs to be a priority

Mary Anne

---

**From:** Loudon, David  
**Sent:** 10 December 2014 13:06  
**To:** Kane, Mary Anne  
**Subject:** FW: FMS presentation

Mary Anne

FYI. We can pick up on our participation at our next 1:1

David

David W. Loudon, MCIOB, CBIFM, MBA

Project Director - South Glasgow Hospitals Development / Director of Facilities and Capital Planning - Designate

NHS Greater Glasgow & Clyde

New South Glasgow Hospital Site Offices

Top Floor, NHS Offices

Hardgate Road

Glasgow

G51 4SX

---

**From:** Atkinson Ailsa (NATIONAL SERVICES SCOTLAND) [REDACTED]  
**Sent:** 10 December 2014 11:10  
**To:** Atkinson Ailsa (NATIONAL SERVICES SCOTLAND); Gardner, Andrew; Armour Doris (NHS FIFE); Armstrong Kenneth (NHS TAYSIDE); Bisset Lawson (NHS SHETLAND); Brown Ronni (NATIONAL SERVICES SCOTLAND); Browning David (NATIONAL SERVICES SCOTLAND); Bryson David (NHS DUMFRIES & GALLOWAY); Cavanagh Susan (NATIONAL SERVICES SCOTLAND); Colquhoun Malcolm (NHS ORKNEY); Connolly John (NATIONAL SERVICES SCOTLAND); Cullen Derek (NHS 24); Bedwell David (NATIONAL SERVICES SCOTLAND); Loudon, David; Donald Gerry (NHS GRAMPIAN); McLaughlan Edward (NATIONAL SERVICES SCOTLAND); Brown Elizabeth (NATIONAL SERVICES SCOTLAND); George Curley; Gerry Cox; [gillian.mccallum](#) [REDACTED]; Strang Gillian (NHS FORTH VALLEY); Green Eric (NHS HIGHLAND); Henry Martin (NATIONAL SERVICES SCOTLAND); Hirst, Allyson (NHSmail); Irwin Doug (STATE HOSPITALS BOARD FOR SCOTLAND); [john.paterson](#) [REDACTED]; [john.wright](#) [REDACTED]; Kane, Mary Anne; [Karen.Slate](#) [REDACTED]; Leiper James (NHS FIFE); Leishman Kate (NHS HIGHLAND); MacKenzie Douglas (NHS WESTERN ISLES); [Mariane.McGowan](#) [REDACTED]; Mair Marlene (NHS Ayrshire & Arran); Marsden Anne (NHS Lothian); Martin David (STATE HOSPITALS BOARD FOR SCOTLAND); Marwick Teresa (NHS ORKNEY); McBirnie Gillian (SCOTTISH AMBULANCE SERVICE); McLaughlan Pamela (SCOTTISH AMBULANCE SERVICE); Mcluckie David (NHS Borders); McMurray Kirsten (NATIONAL SERVICES SCOTLAND); [michael.baxter](#) [REDACTED]; Montgomery Fiona (NHS DUMFRIES & GALLOWAY); Mortimer Gary (NHS GRAMPIAN); Parker Linda (NHS Lanarkshire); Haggarty Peter (NATIONAL SERVICES SCOTLAND); Renwick Margaret (NHS Borders); Seago Douglas (NHS HIGHLAND); Sim Avril (NHS TAYSIDE); Steele Tom (NHS FORTH VALLEY); Swanson Brian (NHS Health Scotland); Taylor Stephen (NATIONAL SERVICES SCOTLAND); Trayner Connie (NHS TAYSIDE); Watson Keri (NHS HIGHLAND)  
**Subject:** FMS presentation

Dear All,

FMS presentation attached as discussed at the SFG today.

Thanks

Ailsa

Ailsa Atkinson  
 PA to Strategic Facilities Director  
 Health Facilities Scotland  
**NHS National Services Scotland**  
 [REDACTED]

3rd Floor  
 Meridian Court  
 5 Cadogan Street  
 Glasgow  
 G2 6QE

[REDACTED]

Please consider the environment before printing this email.

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. [www.nhsns.org](http://www.nhsns.org)

NHS National Services Scotland Disclaimer

The information contained in this message may be confidential or legally privileged and is intended for the addressee only. If you have received this message in error or there are any problems please notify the originator immediately. The unauthorised use, disclosure, copying or alteration of this message is strictly forbidden.

---

\*\*\*\*\*

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmail is the secure email and directory service available for all NHS staff in England and Scotland  
NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and GSi recipients  
NHSmail provides an email address for your career in the NHS and can be accessed anywhere

\*\*\*\*\*

**From:** [Powrie, Ian](#)  
**To:** [David Hall](#)  
**Subject:** Water system commissioning, microbiological testing.  
**Date:** 10 December 2014 22:34:18

---

David,


Further to our discussions regarding the witnessing and sign off of microbiological tests by the ICT on water systems, this requirement is specified within SHTM 04-01: Part A Design, installation and testing guidance, under section 17.9 detailed below.

17.9 After disinfection, microbiological tests for bacteria colony counts at 37°C and coliform bacteria, including Escherichia coli, should be carried out under the supervision of the infection prevention control team to establish that the work has been satisfactorily completed. Water samples should be taken from selected areas within the distribution system. The system should not be brought into service until the infection control team certifies that the water is of potable quality.

Once this procedure has accepted and the confirmed and the microbiological testing programme prepared I will raise this with our ICT regarding their support requirements.

Regards

Ian  
I.Powrie  
Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, [Glasgow,G51 4SX](#)



**From:** [Allan McRobbie](#)  
**To:** [Powrie, Ian](#)  
**Cc:** [David Watson](#); [Mike Kinghorn](#)  
**Subject:** Legionella Risk Assessment and Written Scheme  
**Date:** 16 December 2014 16:34:45  
**Attachments:** [image001.jpg](#)  
[image002.jpg](#)  
[image003.jpg](#)  
[image004.jpg](#)  
[Q33553 GG&C New SGH Building L8 RA.pdf](#)

---

Ian

Please find attached our proposals for Legionella/Pseudomonas Risk Assessment and Written Scheme for the new Southern General Hospital building.

We trust this meets your requirements though should you require any further information or clarification on any points raised please do not hesitate to call David or I.

Best regards

Allan McRobbie  
Compliance Manager

Mob: [REDACTED]

DMA Logo Email Signature



Help the environment - do you need to print this e-mail?

Email communications are not necessarily secure and may be intercepted or changed after they are sent. DMA Water Treatment Ltd does not accept liability for any such changes. If you wish to confirm the origin or content of this communication, please contact the sender using an alternative means of communication. This communication

does not create or modify any contract. The information contained in this e-mail may contain confidential or privileged material and is intended only for the person or entity to which it is addressed. If you are not the intended recipient, the use, disclosure, copying or distribution of this information is prohibited and may be unlawful. If you have received it in error, please notify us immediately by telephone (+44 (0)1698 536790). Please also destroy and delete the message from your computer. The opinions contained within this e-mail are not necessarily the opinions of DMA Water Treatment Limited.





15<sup>th</sup> December 2014

DMA Ref: Q33553/DW

Mr Ian Powrie  
NHS Greater Glasgow & Clyde  
Estates Department  
Southern General Hospital  
1345 Govan Rd  
Glasgow  
G51 4TF

14 Canyon Road  
Wishaw  
ML2 0EG

T: [REDACTED]  
F: [REDACTED]  
E: [office@dmawater.co.uk](mailto:office@dmawater.co.uk)  
[www.dmawater.co.uk](http://www.dmawater.co.uk)

**RE: Legionella Risk Assessment  
Southern General Hospital (New Building)**

Dear Mr Powrie,

Thank you for taking the time to meet Allan and I last week. As requested please find following our proposals for carrying out the legionella risk assessment for the new hospital building. All assessment works shall be carried out in accordance with BS 8580, SHTM 04-01 and L8/HSG 274 (Part 2).

As discussed we are proposing to carry this out in three phases:

- Phase 1 being the desktop assessment based on the design drawings submitted to DMA and assessment of the calorifiers and CWSTs as currently fitted
- Phase 2 being a review of the commissioning documentation
- Phase 3 being an assessment of the water services as actually fitted

**Phase 1 Desktop Assessment**

Due to the quantities of drawings for this project and the timescales for returning the initial phase of the risk assessment DMA shall review the drawings covering the plantrooms containing CWSTs and calorifiers (in addition to a site based assessment of the plant items as currently fitted), along with drawings covering the main pipework runs throughout the hospital.

More localised drawings shall be reviewed by assessing "typical installation" drawings for wards and "typical outlet arrangements". Where wards or areas are fitted out in a way that varies from the "typical installation" then these drawings should be submitted to DMA for review.

Drawings covering "high risk/augmented care" units should be submitted for assessment as these should be reviewed for pseudomonas.

As part of the assessment DMA shall provide guidance documentation to assist in the formulation of the planned preventative maintenance programme and written scheme for the handover period covering 26<sup>th</sup> January until area occupation.



## **Phase 2 Commission Records Review**

All commissioning records submitted to DMA shall be reviewed and commented on. DMA are able to comment and make recommendations on legionella specific commissioning only (e.g. disinfection procedures, contact times, flushing schedules, etc.). As DMA do not employ commissioning engineers we are unable to comment on the technical aspects of the system commissioning reports (e.g. flow rates, system balancing etc.) – rather we shall comment on which records are present to allow for any gaps in the records to be corrected.

## **Phase 3 Site Assessment of Installed Services**

A risk assessment of the water services fitted shall be carried out on the water services upon completion of the system commissioning and prior to building occupation, when access to pipework, TMVs etc. can be obtained without the requirement for infection control procedures to be implemented.

Due to the large numbers of outlets within the building and the fact that many wards and areas should be installed to the same design layout/specification as agreed DMA shall assess all accessible “non-repeating” areas and approximately 10% of outlets/services in “repeating areas” (as permitted within BS 8580 paragraph 7.3). Outlet locations to be assessed shall be agreed between DMA and Estates prior to site survey being carried out.

Where issues are highlighted in the “repeating areas” then further investigative works may be required and further areas may require to be assessed to determine if the issue is localised or recurs throughout the installation. Where required, any additional investigative works shall be chargeable.

Pseudomonas assessments for the “high risk/augmented care” areas as designated by infection control/estates shall be carried out as part of this process (Generated as a separate assessment from the legionella assessment).

As part of the assessment DMA shall provide guidance documentation to assist in the formulation of the on-going planned preventative maintenance programme and written scheme.

## **Additional Systems**

Details, and drawings where appropriate, of any other potential risk systems should be forwarded to DMA for comment and review. Systems which requires a separate bespoke assessment may incur additional charges and may necessitate further specialist advice from manufacturers, suppliers/installers, infection control, microbiologists, estates, and clinical staff.

## **Access to site**

DMA shall require access to plantrooms containing calorifiers and CWSTs in order to complete the Phase 1 assessment.


DMA shall work in conjunction with NHS Estates to create a programme of works for access to the water services in order to complete the Phase 3 assessment to minimise disruption and, as far as practical, combine the assessment with other works which are being carried out behind the IPS panels. Wherever possible/practical DMA would request assistance from an engineer who is familiar with the system layout/operation and who can assist with removing panels where appropriate.

All of our operators/assessors hold CSCS cards.

**Total Cost £9800.00**

I trust this is satisfactory but if you require any further information please do not hesitate to contact the office.

Yours faithfully  
for **DMA Water Treatment Ltd**



David Watson  
Director

*All prices are exclusive of vat & delivery. Costs based on work being carried out during normal office hours unless otherwise stated. Quote valid for 30 days from date of issue. Terms and Conditions apply.  
DMA Water Treatment Ltd is ISO 9001 and OHSAS 18001 accredited and are approved by the Legionella Control Association.  
All our engineers have been Disclosure Scotland Checked.*

*This quotation only covers the aspects of Legionella control specifically detailed. For your full Legionella control responsibilities for all water systems you should refer the following legislation.*

*Current legislation which client may have duties under:*

*L8 - ACoP and Guidance – Legionnaires' disease: The control of legionella bacteria in water systems (L8) and HSG 274 Parts 1, 2 & 3  
The Health and Safety at Work Act 1974  
SHTM 04-01 (Healthcare premises only)  
The Management of Health and Safety at Work Regulations 1999  
The Control of Substances Hazardous to Health Regulations 2002  
The Notification of Cooling Towers and Evaporative Condensers Regulations 1992  
Water Regulations Guide & Water Byelaws 2000/2004 (Scotland)  
RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995  
Other relevant standards as applicable to site/system (e.g. BS EN 806, BS 8558, BS 8580)*

## Requirements to allow effective risk assessment referring to BS 8580:2010

1. The findings and recommendations presented in our reports shall be based on information made available and inspection of areas made accessible by site staff during the survey. DMA are only able to assess areas/systems, which they have been given access to and using information supplied by site personnel. The survey will be undertaken only on pipework/areas that are accessible and visible, and it is possible that some sections will remain hidden during the survey. Schematic drawings, where produced, and how services link up, have been assumed to run as indicated using basic engineering principles and our experience. However, no responsibility can be accepted for systems and/or areas, which DMA have not been provided access to, or as a result of incorrect, misleading information supplied or information not provided. No guarantees as to the completeness of the information within the report is provided.
2. Safe and reasonable access must be provided to all areas where there are water services and/or services pipework/plant items etc. requiring assessment.
3. Any areas which cannot be accessed during the assessment for safety and/or any other reasons outwith the control of DMA shall be classed as unable to be assessed. Prior to the site survey commencing, it must be agreed which areas can be accessed and those which cannot – i.e. is assessment to be invasive or non-invasive.
4. Where DMA cannot safely and reasonably access services then only visible services will be assessed, pipework layouts may be referenced according to likely layout but no guarantees are given as to the accuracy or completeness of schematics or assessment ratings as they cannot be accessed for survey. In such instances further action will be required by the client to attempt to provide access for survey and assessment.
5. Should any specific procedures be required for gaining access to any particular area (e.g. permits to work, long length ladders etc.) then details of this should be forwarded to DMA prior to works commencing on site to minimise delays.
6. Revisits or delays incurred due reasons outwith the control of DMA may incur surcharges on the assessment costs unless otherwise agreed prior to the work commencing.
7. Unless otherwise agreed prior to works commencing, DMA shall be attending site during normal office hours. Should any areas require to be assessed on an out of hours basis then costs for this can be supplied.
8. Ideally all assessment works should be carried out when the building is operating under normal conditions. Should any assessment work, for any reason, be required to be carried out when building is empty, or during periods of low occupancy, then this can affect the temperature distribution of water at services and outlets throughout the building, and this should be taken into account when interpreting risk ratings and remedial actions being undertaken. DMA are only able to comment on conditions found/temperature noted at time of survey.
9. Systems being risk assessed shall normally cover the domestic water systems only, unless otherwise agreed in writing prior to works commencing on site.
10. Client/site management should appoint or provide a member of the building management or maintenance staff who is familiar with the water services for the site to assist the assessor in locating relevant systems, pipework, plant and services.
11. A full, suitable and up to date asbestos survey will be required for examination prior to start and DMA will not assess plant in areas which is or may be suspected to contain asbestos until the areas are made or are proven safe.
12. BS 8580:2010 States - "Where the system being assessed consists of several repeated units, such as multiple storeys or pods in a commercial building, the assessor should decide on representative examples to be assessed." Client must decide, based on the above statement and knowledge of the domestic water system on site, and how it "repeats" throughout the building, that only a representative number of rooms and/or floors require to be assessed then this would require to be agreed prior to works commencing. DMA would advise that as a minimum at least 20% of each rooms type must be assessed, along with all unique or non-repeating rooms/units (e.g. kitchens, bars, toilets etc), plus the plant items as would normally be carried out. Alternatively and as advised by DMA, it may be decided that all rooms/units require to be assessed, wherever possible, and the risk assessment proceeds on this basis.
13. Prior to works commencing, DMA should be provided with access to review and audit all records pertaining to the management and control of the water systems on site. These records shall include the management structure, written scheme, L8 monitoring records, training records, schematic drawings, previous L8 risk assessments/reviews, microbiological sampling records and any other records pertaining to the control of the water system(s) on site. DMA would advise that the duty holder or responsible person meets with the risk assessor at this stage to provide input into how the legionella control program, and other management and Health & Safety procedures are managed on site.
14. Schematic drawings of the water system shall not be produced as part of the L8 risk assessment unless agreed in writing prior to risk assessment commencing on site. Schematic drawings on site should be supplied for review/comment as part of the assessment if available.
15. Calorifiers and pressure vessels should wherever possible be opened for inspection as part of the L8 Risk Assessment. Where this is not possible at the time of the assessment, inspection reports from vessels being opened previously should be available and/or Risk Assessor should be requested to return to site when vessels can be opened. Additional charges may apply for additional visits. Unless otherwise agreed in writing, DMA are not responsible for opening and/or closing and sealing of vessels after inspection. This is to be carried out by site or other contractor.
16. Microbiological (Legionella) sampling can assist in determining risk in specific parts of a system or plant. Prior to risk assessment commencing on site client should instruct DMA as to whether or not microbiological samples should be taken during the site survey. Should DMA be instructed to proceed with sampling, the exact numbers of samples taken during the survey shall be relayed to the client prior to submitting to laboratory for analysis, for final approval and instruction to proceed with analysis provided. Costs for sampling shall be provided within risk assessment quote.
17. For healthcare premises, DMA shall require input with regards to which specification the assessment should be carried out to (i.e. L8, HTM 04-01, SHTM 04-01, 2040 etc). This would be especially relevant, for example, with regards to hot water temperatures at sentinel outlets and TMV inlets, where the HTM/SHTM 04-01 advises these temperatures should be a minimum of 55°C. This should be established prior to assessment commencing on site. For the purposes of this assessment the assessments will be carried out as per the specification for the previously tendered GG&C works with review of the assessments and L8 monitoring being used to highlight the out of specification temperatures.
18. The risk assessment is carried out first and foremost to aid compliance with the relevant legislation and to assist the client in drawing up suitable and sufficient control measures via a written a scheme and identifying non-compliant issues on site for corrective actions to be implemented. The L8 Risk Assessment produced by DMA shall be based entirely on information supplied by the client, records inspected and evaluated by the assessor and site conditions at time of survey. This document shall be independent of any other works which DMA either carryout on site or are requested to carry out at a future date.
19. No costs or proposals for works highlighted or advised in this report are included as this is not the function of this document. The client is to refer to this document in formulating their response to the findings and in drawing up the written scheme and assess what external assistance is required and from what organizations this may be sourced from if required.

**From:** [Matthewson, Ian](#)  
**To:** [Macleod, Mairi](#); [Griffin, Heather](#); [Loudon, David](#); [Connelly, Karen](#); [McCluskey, Fiona](#); ["David.Hal \[REDACTED\]"](#); [Turnpenny, Annette](#); [McColl, Eleanor](#); [Greig, Mark](#); [Wrath, Frances](#); [Moir, Peter](#); [Powrie, Ian](#); [Magee, James](#); [MacDonald, Marion](#); [MacDonald, Marion](#); [McFall, Kathy](#); [Rankin, Linden](#); [McCafferty, Annette](#); [Wright, John](#); [Macdonald, David](#); [Stewart, Alan](#); [Machell, Mandy](#); [Johnston, Sally](#); [McGarrity, John](#); [Kean, Gary](#); [Morrison, Lynn](#); [Young, Scott](#); [Horne, Marilyn](#); [Munday, Angela](#); [Barton, Joanne](#); [Murray, Kate](#); [McSweeney, Karen](#); [Campbell, Margaret](#); [McAllister, Linda](#); [Connolly, Stephen](#)  
**Cc:** ["Douglas Ross \[REDACTED\]"](#)  
**Subject:** RE: NSGH - initial draft programme for phase 1 of the overall close out programme (ref. period from now to handover of new facilities).  
**Date:** 18 December 2014 13:54:26  
**Attachments:** [Microsoft Office Project - NSGH Phase 1 Close Out Prog.pdf](#)

---

All – please find attached a further copy of the draft Phase 1 close-out programme (i.e. from now to handover), this time as a better quality pdf.

I'll be updating this through the course of the next 2 weeks, so if you can keep your comments / requirements coming in that would be appreciated.

Regards,

Ian

**Ian Matthewson - Senior Project Planner**

New South Glasgow Hospitals' Project  
 NHS Project Office, Top Floor, Modular Office Block  
 Construction Site on SGH Campus  
 Hardgate Road, Glasgow, G51 4SX

---

**From:** Matthewson, Ian  
**Sent:** 15 December 2014 18:00  
**To:** [Macleod, Mairi](#); [Griffin, Heather](#); [Loudon, David](#); [Connelly, Karen](#); [McCluskey, Fiona](#); ["David.Hal \[REDACTED\]"](#); [Turnpenny, Annette](#); [McColl, Eleanor](#); [Greig, Mark](#); [Wrath, Frances](#); [Moir, Peter](#); [Powrie, Ian](#); [Magee, James](#); [MacDonald, Marion](#); [MacDonald, Marion](#); [McFall, Kathy](#); [Rankin, Linden](#); [McCafferty, Annette](#); [Wright, John](#); [Macdonald, David](#); [Stewart, Alan](#); [Machell, Mandy](#); [Johnston, Sally](#); [McGarrity, John](#); [Kean, Gary](#); [Morrison, Lynn](#); [Young, Scott](#); [Horne, Marilyn](#); [Munday, Angela](#); [Barton, Joanne](#); [Murray, Kate](#); [McSweeney, Karen](#)  
**Cc:** [Douglas Ross \[REDACTED\]"](#)  
**Subject:** NSGH - initial draft programme for phase 1 of the overall close out programme (ref. period from now to handover of new facilities).

All,

Please note the attached, which basically attempts to summarise primary headline activities that need to be suitably developed from now until handover, which is presently set at 26/1/15 (NB. please accept my apologies for the quality of the documentation / attachment as I've been experiencing IT problems that I hope to have sorted by the end of this week).

In looking at this information I would ask you to note the following:

- I've logically looked at the close-out programme for the NSGH in four phases, namely:
  - Phase 1 = from now to 26/1/15 (i.e. handover), often referred to as 'week -1' by the project team, which is typically centred in 'prep-work' activities

- Phase 2 = from handover to start of migration period (24/4/15), typically referred to as 'NHS Commissioning Period'
  - Phase 3 = from start of migration period (24/4/15) to the hospital being effectively operational (30/6/15), typically referred to as the 'Clinical Migration Period'
  - Phase 4 = start and completion of the decommissioning period relative to existing sites and equipment / assets being decommissioned (NB. exact period TBA / developed)
- Under the overarching primary activity for aforementioned Phase 1 (ref. activity heading #1 on attached programme) there are a number of sub-primary activities, most of which will be recognisable from what is presently in place for the NHS Commissioning Period (ref. associated excel programme, last updated 12/12/14). That said, there are, however, a number of new activities, the most notable in criticality being activity #3 (ref. NHS Handover Interface with Brookfield ...), which, once defined, will effectively influence all other sub-primary activities, hence its criticality
  - Each identified sub-primary activity is to be developed as a detailed sub-programme in its own right, essentially with respective lead parties (NB. in terms of what I have seen so far, in the majority of cases this has been started already). Once I've got your comments back, I'll glean & develop same accordingly with lead parties (NB. lead party is denoted by an asterisk next to their initials in the 'Resource Names' column), essentially to produce a detailed programme for each sub-primary activity, inclusive of a clear understanding of all associated interfaces, dependencies, critical activities & dates
  - There are a few bottlenecks starting to appear, which in turn we'll collectively analysis and deal with once I've got your comments back / had the opportunity to discuss same in detail with you all relative to each of your respective remits
  - The resource names I have put in place are purely there for comment – I will take your lead as to how you seen this working in the field in terms of primary party(s), sometimes more than one, and associated support for a given activity. Your comments and guidance on this would therefore be appreciated. Obviously, ??? parties, as presently detailed, are not known yet / requiring more guidance
  - On the understanding that it is likely that I haven't captured all required activities for the Phase 1 close out period, if you could let me know what you feel I have missed out that would be appreciated
  - Under each sub-primary activity you'll note that I've list a few supportive activities that I think need to be considered as a starter for ten in terms of getting this sub-primary activity moving / fleshed out by way of an applicable detail sub-programme. Again, what I've identified is indicative but typical for projects of this nature. I'll obviously take your lead as to how you want same fleshed out and developed. That said, how related information is communicated, as is commonly referenced across most sub-primary activities, will be critical

I'll get round most of you all through the course of this week / before we break up for Christmas, however, if you've got any comments please don't hesitate to let me know either via email (e.g.

post comments on attached pdf and email back to me) or calling my DD as noted and I'll address / capture accordingly.

If I've inadvertently missed anyone out that should have been copied / included please accept my apologies.

Regards,

Ian

**Ian Matthewson - Senior Project Planner**

New South Glasgow Hospitals' Project

NHS Project Office, Top Floor, Modular Office Block

Construction Site on SGH Campus

Hardgate Road, Glasgow, G51 4SX







**From:** [Anderson, Robert](#)  
**To:** [Kane, Mary Anne](#)  
**Subject:** FW: Workforce Papers  
**Date:** 19 December 2014 10:31:33  
**Attachments:** [Item 6 Workforce Adjustments.docx](#)  
[Item 7 Workforce Opportunities.docx](#)  
[Item 8 Workforce Transition.docx](#)

---

fyi

Item 8 - totals on that paper add back to my paper, decommissioning and equipment moves are seperated.

---

**From:** Neil, Colin  
**Sent:** 19 December 2014 09:35  
**To:** Anderson, Robert; MacDonald, Murdoch; Carrigan, Jacqueline; Dunn, Myra; Gebbie, John  
**Subject:** Workforce Papers

I believe there was a problem opening the set I sent yesterday. Therefore hopefully the attached will open ok.

Thanks,

Colin



# **New South Glasgow Hospitals**

**Workforce Adjustments**

## Contents

Introduction .....	3
1 The Full Business Case (FBC) .....	3
2 Nursing and Midwifery .....	3
2.1 Inpatients .....	3
2.2 Theatres .....	4
2.3 Critical Care .....	4
2.4 Summary of Nursing Workforce Change (excluding proposed skill-mix change) .....	4
2.5 Outpatients .....	4
2.6 Facilities .....	5
3 Medical Staff .....	5
3.1 Workforce movement since FBC .....	5
3.2 Intensity Payments .....	5
3.3 Medical Staff – Junior Doctors .....	6
3.4 Consultant SPA Time .....	6
4 Administrative Staff .....	7
5 Allied Health Professions .....	7
5.1 FBC Assumptions and Workforce Change to-date .....	7
5.2 New Models of Care .....	8
5.3 Diagnostic Imaging .....	8
6 Health Sciences .....	8
7 Pharmacy .....	9
7.1 Pharmacy – Summary of Workforce Change .....	9
7.2 Pharmacy Workforce Efficiency .....	9
7.3 Pharmacy IT/Automation .....	9
7.4 Pharmacy – Summary of Workforce Efficiencies .....	9
8 Health Information and Technology .....	9
8.1 HI&T Savings Achieved .....	9
9 Workforce Change Summary Position .....	10
9.1 Summary of Workforce Change (Whole-Time Equivalent and associated £000s) .....	10
10 APPENDIX 1: Junior Doctor Rota Bands Detailed Table .....	11
11 APPENDIX 2: Junior Doctor Rota Efficiencies .....	13

## Introduction

The aim of this paper is to provide a high-level overview of known workforce change occurring between April 2014 and the opening of the new hospitals in April 2015; it is supported by two further papers which identify the workforce requirements associated with Migration and Transition to the new hospitals and the costs/savings attributable to both. This paper will provide a brief overview of the assumptions made within the Full Business Case and any subsequent changes to these made since.

## 1 The Full Business Case (FBC)

The FBC was agreed in late 2010. The financial savings outlined within the FBC have been agreed with the Acute Services Division Director of Finance.

## 2 Nursing and Midwifery

### 2.1 Inpatients

2.1.1 The total potential workforce reduction within inpatient nursing is 161.6 WTE. This comprises a reduction of 104.4 WTE registered and 57.2 WTE unregistered before the proposed skill-mix change is implemented. At the time the FBC was produced there were three key workforce change assumptions made for Nursing:

- Overall reduction in WTE related to bed reductions
- Skill-mix change of circa 10% of inpatient nursing from registered to unregistered
- Reduction in senior nursing leadership posts

2.1.2 Since the agreement of the FBC there have been a number of external factors which have influenced thinking particularly with regard to skill-mix including:

- Publication of revised workforce planning guidance from the Scottish Government (December, 2011)
- Updated release of the Adult Acuity Inpatient Workload Measurement Tool (October, 2011)
- Release of Nationally-validated Small Wards Tool (Late 2013)
- Published guidance from Royal College of Nursing (RCN) including recommended skill-mix levels (April, 2011)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report), Feb 2013
- Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report by Professor Sir Bruce Keogh KBE, July 2013
- Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire, Dec 2013

2.1.3 The original assumption of a movement of approximately 10% (440 WTE) from registered to unregistered inpatient nursing has now changed to a movement from unregistered to registered nursing – albeit on a smaller scale.

2.1.4 As part of the workforce planning for the NSGHs the nationally validated nursing workforce planning tools have been utilised together with Senior Professional Judgement and recommended skill-mix levels to identify the required nursing workforce within each of the new hospitals. The following information has been agreed with the Nurse Director and Chief Officer.

2.1.5 These figures include provision for a additional staff within the Glasgow Royal Infirmary to support the anticipated additional 10,000 attendances per year at the Emergency Department. Additionally 3 additional small wards (2x12beds and 1x15beds) are planned within Glasgow Royal Infirmary and two additional Medical HDU beds. The total workforce associated with these developments at GRI is 71.9 WTE, comprising 48.7 registered nursing and 23.2 unregistered.

2.1.6 Also included within the figures for ECMS above are the additional Minor Injuries Units at the South Glasgow University Hospital and Gartnavel General. The workforce implication of these is 26.5 WTE.

## 2.2 Theatres

- 2.2.1 The Surgery and Anaesthetics Theatres Workforce Plan was submitted to the Nursing Workforce Planning Group on 23 September 2014 which included staff side. The plan outlines the principles of Theatres nursing within SGUH and reflects a potential workforce reduction of 17.4 WTE.
- 2.2.2 The main changes to the model are:
- Reduction in out of hour's emergency theatres from 3 to 2.
  - Increase staffing for the same day admission unit (SDAU).
- 2.2.3 In implementing this model a phased approach is likely to achieve the proposed skill-mix. This will affect the phasing of savings being released.

## 2.3 Critical Care

- 2.3.1 The Surgery and Anaesthetics Critical Care workforce plan was also submitted to the Nursing Workforce Planning Group on 23 September 2014. The main changes to the workforce within Critical Care are noted below:
- Reduction of 0.76 WTE Band 7 related to reduction in Critical Care Units from 6 to 5 pods within South Glasgow University Hospital.
  - Increase of 2.82 WTE Band 2 nursing staff reflecting the shift from small units to larger pods which under the agreed principles should have an auxiliary on night duty.

Band	WTE	Change Description
Band 7	(0.76 WTE)	Reduction in Critical Care Units
Band 2	2.82 WTE	Increase in size of pods
<b>Total</b>	<b>2.06 WTE</b>	

## 2.4 Summary of Nursing Workforce Change (excluding proposed skill-mix change)

	Registered WTE	Unregistered WTE	Total WTE
Emergency Care & Medical Svcs	-25.3	-11.0	-36.3
Surgery and Anaesthetics	-50.8	-27.4	-78.2
Rehabilitation and Assessment	-15.1	-12.9	-28.0
Women and Childrens - Gynaecology	-11.2	-6.0	-17.2
Clinical Coordinators	-2.0		-2.0
Theatres	-21.7	4.4	-17.4
Critical Care	-0.8	2.8	2.1
<b>Total</b>	<b>-126.9</b>	<b>-50.0</b>	<b>-176.9</b>

## 2.5 Outpatients

- 2.5.1 There will be no major service reorganisation required to accommodate the new hospital. However there are clinics associated with Inpatient transfer that require Outpatient services to support their clinical arrangement such as that for Bone Marrow and Cystic Fibrosis services. Engagement with these services has led to an indication that clinics will transfer with their current resource and no material change is anticipated at this stage.

## 2.6 Facilities

2.6.1 The current workforce plans for Facilities reflect a workforce reduction of 99.1 WTE. This is broken down in the table below:

	Sites Closing	New SGH	Total
	WTE	WTE	WTE
Portering	-234.1	175.5	<b>-58.7</b>
Catering - Patients	-155.7	149.2	<b>-6.5</b>
Site Management & Admin	-52.7	44.4	<b>-8.3</b>
Estates	-110.7	85.0	<b>-25.7</b>
<b>Total</b>	<b>-553.2</b>	<b>454.1</b>	<b>-99.1</b>

## 3 Medical Staff

### 3.1 Workforce movement since FBC

3.1.1 The FBC made an assumption that the number of Doctors in training would reduce by 44 WTE, specialty registrars would reduce by 82 and these would be increases in both Specialty Doctor and Consultant numbers. The expected reduction in both Specialty Registrars and Doctors in training did not occur to the extent anticipated. As a consequence the Consultant workforce grew further than planned. The table below provides a breakdown of the change in the Medical workforce since 2009. These figures (WTE) are for the Acute Services Division as a whole.

	Grade	2009 predicted changes	2009-2014 actual changes	Difference between predicted changes 2009 and actual changes 2009-2014
All specialties	Consultant	16.0	79.4	63.4
	Specialty Registrar	-82.0	-48.5	33.5
	Core Trainee	-44.0	13.0	57.0
	Specialty Doctor	38.0	1.0	-37.0
<b>Totals</b>		<b>-72.0</b>	<b>44.9</b>	<b>116.9</b>

3.1.2 In August 2012, the Consultant medical workforce across all of the Emergency Departments (EDs) was increased in response to issues with middle grade staffing. 13 additional consultants were appointed – 10 in Glasgow and 3 in Clyde. This enabled minimum Consultant cover of 9am to 11pm across Glasgow Hospitals. Within the South Glasgow University Hospital Consultant cover is planned to extend to the hours 0800-0030 on weekdays and 0800-0000 at weekends<sup>1</sup>.

### 3.2 Intensity Payments

3.2.1 A piece of Work is underway, combined with Consultant Job Planning to identify potential efficiencies which can be gained from the economies of scale of combining multiple rotas. As service models and job plans are finalised this will be produced in a report to summarise the benefit to the Acute Division.

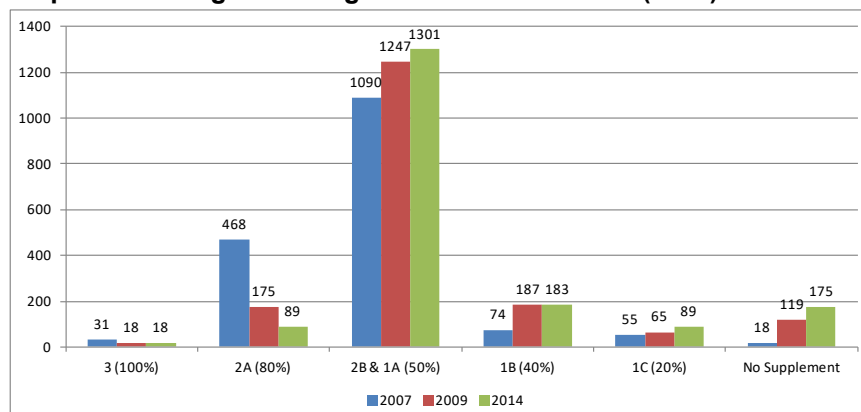
3.2.2 An assumed efficiency has been produced based upon the following rationale:  
50% of medical staff receiving 8% supplements move to 5% within the Southern General, Western Infirmary and Victoria Infirmary. Excluding Regional Services. Similarly 50% of medical staff within those areas receiving a 5% supplement move to a 3% supplement – again excluding Regional Services.

<sup>1</sup> Consultant Appointments in Emergency Medicine, August 2014 (DAR)

### 3.3 Medical Staff – Junior Doctors

- 3.3.1 An assumption was made within the FBC that there would be efficiencies gained from Junior Doctor bandings. To date a significant movement has occurred within the bandings as shown in the graph below. The percentage of Junior Doctors attracting either an 80% or 100% supplement has reduced from 29% to 6% since 2007. Figures below are in WTE.

**Graph Illustrating the change in bands since 2007 (WTE)**



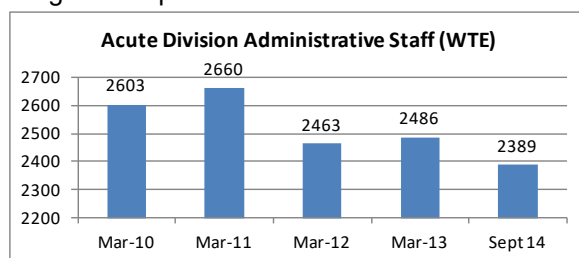
- 3.3.2 The remaining 18 junior medical staff on band 3 comprise Neurosurgery (9) and Paediatric Surgery (9).
- 3.3.3 The remaining 89 junior medical staff on band 2A are spread across multiple specialties including: Cardiovascular, Neuroanaesthetics, Plastic Surgery, Renal Transplant, Trauma & Orthopaedics, Anaesthetics, Paediatric Surgery, Paediatric Intensive Care and Neurosurgery.
- 3.3.4 Further detail on these rotas is provided in Appendix 1.
- 3.3.5 An exercise undertaken by the Lead Medical Director for Acute, and the Directorate's Associate Medical Directors will ensure the agreed benchmark for maintaining current bandings as a minimum, numbers to reflect service/ward cover and look to see if there are any economies of scale against current numbers.
- 3.3.6 There are a number of expected efficiencies from the combining of multiple junior medical staff rotas. This has been estimated at a possible efficiency of 40 junior doctor posts. However, there are plans for some of these to be reinvested in other areas of the Board and/or other specialties. Appendix 2 provides a full breakdown. A decision to reinvest some of the posts across the Board may be considered through a development.

### 3.4 Consultant SPA Time

- 3.4.1 Since 2010, due to on-going efficiency savings, all Boards across Scotland have been advertising consultant posts with a reduced allocation of SPA time.
- 3.4.2 Following a decision by the Board's Medical Director discussion has now taken place within the Acute Division to finalise the process to achieve a shift of SPAs which whilst not directly an impact for SGUH will longer term ensure teaching, research and governance are supported.
- 3.4.3 A final proposal as to how the allocation of SPAs will occur has been developed by the Workforce Director and Lead Medical Director Acute.

## 4 Administrative Staff

- 4.1.1 Over the last five years, the Acute Services Division has undertaken a number of reviews of administrative support functions over the last 5 years. In total, since March 2010 up to September 2014, the administrative workforce within the Acute Services Division has reduced by 8.2% (214 WTE, based on numbers in-post) - as illustrated graphically below. Therefore no further significant savings are expected from Administrative Services.



- 4.1.2 A review regarding the ward clerical support has concluded. The recommendations are with Directors and staff partners for final comment and subsequent approval.
- 4.1.3 Secretarial support to clinical staff will be relocated between the office block and the hospitals.
- 4.1.4 Medical Records have reduced staff numbers in preparation for the review and in line with strategies regarding EPR.

## 5 Allied Health Professions

### 5.1 FBC Assumptions and Workforce Change to-date

- 5.1.1 AHPs within RAD have reviewed their workforce to ensure they can deliver a fit for purpose service upon the opening of the South Glasgow University Hospital (SGUH) in 2015. A key component of this work has been the completion of an AHP workforce benchmarking exercise within acute services.
- 5.1.2 The original planning assumptions for the Rehabilitation and Assessment AHP services have been based on:
- The Workforce Section of the Outline Business Case for the New South Glasgow Hospitals (2008) which states that New models of care will be developed – particularly within rehabilitation and assessment services – and this will impact on the make-up of the workforce. Assistant practitioners, advanced practitioners and consultant Allied Health Professionals posts will be developed to provide a more balanced workforce to contribute to the new models of care.
  - The Workforce Change section in the Full Business Case for the New South Glasgow Hospital (2010) states the overall reduction of 404 beds will not reduce the numbers of AHP staff required as inpatients will require speedier interventions by AHPs to ensure rapid discharge from hospital and surgical patients being treated as day cases will continue to require AHP input at pre-assessment and on treatment.
  - The movement of inpatient services from the Western Infirmary, Victoria Infirmary and the Mansionhouse Unit to the Southern General Hospital.
  - The realignment of Clinical Specialties across Glasgow.
- 5.1.3 Since 2010/11, 67.77 WTE budgeted posts have been released through efficiencies amounting to £2.4m with the main adjustments taken from the following staff categories:



Profession	CRES/Efficiency Budgeted Reductions (WTE)	CRES/Efficiency Savings (£000)
Physiotherapy	31.20	605
Occupational Therapy	16.21	1,012
Speech and Language	6.97	328
Dietetics	10.76	387
Podiatry	2.63	68
<b>Total</b>	<b>67.77</b>	<b>2,400</b>

## 5.2 New Models of Care

Work is ongoing in all RAD AHP services to ensure that the services delivered meet the requirements of current policy including the recommendations within the AHP National Delivery Plan .

Examples of some of the redesign work includes:

- Within ECMS Occupational Therapists and Physiotherapists work as one team managed by an AHP Coordinator. Previously the services were managed by OT and Physiotherapy Team Leads. This service redesign has reduced team leader posts and has ensured a more efficient model of service delivery which has minimized duplication between professions
- Where team leader vacancies have arisen in all clinical specialties, AHP Team Leaders have been introduced.
- There has been an increased use of Band 4 staff throughout Occupational Therapy and Physiotherapy. Competency Frameworks have been developed which have enabled support workers to have their own case loads. This has released registered staff to deal with more complex cases and specifically in ECMS has ensured an increased presence of senior clinical decision makers at the Front Door enabling discharge or treatment plans to be created and implemented by lower banded staff.
- The use of a Band 4 Support worker in the Orthopaedic Day Surgery Unit to undertake protocolised reviews and provide advice to patients post surgery is currently being piloted which has resulted in registered staff being able to move to the inpatient sites to deal with more complex patients
- Within orthopaedics and Acute Medical Services extended days have been piloted
- The adult Speech and Language Therapy Service has undertaken a complete Service Redesign which has resulted in the outpatient service delivery being separated from the inpatient delivery. A weighting system has been applied to in-patient areas to provide equitable staffing levels across all GG&C sites and patient types (as defined by SLT). A break-even position has been achieved by an equitable redistribution of current staffing across Glasgow and Clyde.

## 5.3 Diagnostic Imaging

- 5.3.1 Diagnostic Imaging have undertaken a review of the leadership structure required to support the proposed imaging department within the SGUH and as a result have identified two posts which are no longer required within the structure.

## 6 Health Sciences

- 6.1.1 The Director of Diagnostics is currently working on a Laboratory Strategy Paper which whilst recognising service redesign within Laboratory services was undertaken ahead of the opening of the Laboratory block on the South Campus and the New Lister Building at Glasgow Royal Infirmary requires to consider the longer term opportunities of the new services.

## 7 Pharmacy

### 7.1 Pharmacy – Summary of Workforce Change

- 7.1.1 The majority of pharmacy staff within acute services are primarily based in clinical areas to provide individual patient care. Most pharmacy activities are centred around admission and discharge and therefore related to patient turnover. Based on assumptions on patient activity will remain the same or increase. Currently not all patients can be reviewed by a clinical pharmacist at the appropriate frequency, including timely verification of medicines reconciliation. Some efficiency savings have been identified as a result of closing four pharmacy departments in the areas of operational management, skill mix, administration and automation.
- 7.1.2 A pilot providing a near patient dispensing service and a Clinical Pharmacy service over four weekends in March/April at GRI, and discussion within the multidisciplinary teams, has highlighted the desire and need for pharmaceutical care outwith the current pharmacy core hours, in particular at weekends. This will be developed further during 2015 as a Board-wide initiative.

### 7.2 Pharmacy Workforce Efficiency

- 7.2.1 As part of the move to the SGUH and RHSC, efficiency savings of 5.32 WTE posts have been identified
- 7.2.2 Realignment of the hospital sectors has released 1 WTE Chief Pharmacy Technician post, 1 WTE Administration Support and 2 posts within the Dispensary Leadership team. Skill mix improvement in the future will release the equivalent of 0.32 WTE Band 7 within the SGUH.

### 7.3 Pharmacy IT/Automation

- 7.3.1 Use of robotics and the proposed introduction of PECOS will release 2 WTE posts. Funding to the equivalent of post is required for maintenance costs.

### 7.4 Pharmacy – Summary of Workforce Efficiencies

EFFICIENCY SAVINGS	WTE
<b>Staff</b>	
Chief Pharmacy Technician	1
Admin support	1
Pharmacist	0
Pharmacist	1
<b>IT/Automation</b>	
PSW	2
Automation Maintenance	
<b>Skill mix efficiency from weekend service (Adult)</b>	
Pharmacist	0.32
<b>Total</b>	<b>5.32</b>

## 8 Health Information and Technology

### 8.1 HI&T Savings Achieved

- 8.1.1 Since 2010 HI and T have achieved recurring savings of £2.090m savings associated with 65.9 WTE posts.

10/11	11/12	12/13	13/14	Totals
£	£	£	£	£
404,842	804,833	108,362	772,091	2,090,128

Medical Records HI&T

## 9 Workforce Change Summary Position

### 9.1 Summary of Workforce Change (Whole-Time Equivalent and associated £000s)

- 9.1.1 The workforce changes outlined above and summarised below place the Acute Services Division in a sound position to maintain and improve service deliverability upon moving to the South Glasgow University Hospital and Royal Hospital for Sick Children. The summary table below provide an overall position for the areas included above.

#### Savings related to New South Glasgow Hospitals

##### Nursing

	WTE	£'000s
Emergency Care & Medicine inc. GRI and Minor Injuries	36.3	1,284
Surgery & Anaesthetics inc. Critical Care & Theatres	93.5	3,428
Rehabilitation & Assessment	28.0	925
Women & Childrens Services	17.2	595
Regional Services	0.0	0
Clinical Coordinators	2.0	101

<b>176.9</b>	<b>6,332</b>
--------------	--------------

##### Allied Health Professionals/Other

Diagnostics Directorate

<b>2.0</b>	<b>133</b>
------------	------------

Pharmacy

<b>5.3</b>	<b>162</b>
------------	------------

##### Support Services

Domestic/Portering /Estates etc

<b>99.1</b>	<b>1,650</b>
-------------	--------------

Other Non Pay Costs

<b>272</b>
------------

##### Medical Staff

Junior Doctor Banding (TBC)

<b>720</b>
------------

Junior Doctor Basic Salary

See Note 1

<b>720</b>
------------

Consultant Intensity Payments

See Note 2

<b>282</b>
------------

#### **Total Savings**

<b>283.4</b>	<b>10,271</b>
--------------	---------------

Note 1 Assume saving of 50% of £1.4m basic salary funding element from 40 posts

Note 2 Assumed 50% of relevant sites excluding Yorkhill and Regional Services moving from 8% to 5% and 5% to 3%

## 10 APPENDIX 1: Junior Doctor Rota Bands Detailed Table

Rota number	Rota Directorate	Rotas site	Rota specialty	Rota banding	Comments
WC07	Women and Children's	RHSC	Paediatric Surgery	3	8 doctors on a 2B on call rota, currently non-compliant. Issues with rest achieved when on call, Service have plans to reallocate out of hours calls and workload to be in pace for the South move.
RS04	Regional Services	SGH	Neurosurgery	3	Currently non-compliant 1B on call rota with 9 doctors, needs 10 WTE to move on to Partial Shift rota, and there are active plans to recruit in place,. Service expects to have numbers in place in February 2015. There is an expectation to have a full rebanding of the rota to 2B in place for August 2015
EC14	ECMS	GRI/WIG/Stobhill	Cardiology	2A	12 doctor on call citywide and Golden Jubilee cover rota which requires to have 2 juniors on call overnight (1:6) unless numbers can be increased to at least 13 full time slots no scope to reduce this banding.
RS07	Regional Services	SGH	Neuro anaesthetics	2A	Full Shift rota for 6 doctors with 1 week nights and 1 week long days. Possibility that if numbers improve, could reband to 2B. Numbers have been more than 6 recently and if maintained above 6 then plan is to monitor and reband to 2B.
RS10	Regional Services	GRI	Plastic Surgery	2A	12 doctor on call/24 hr partial shift rota. Rest compliance issues currently and in discussion with the local service to revise pattern with plan to reduce banding to 2B. GRI rota so unaffected by move.
EC14	ECMS	GRI/WIG/Stobhill	Cardiology	2A	12 doctor on call citywide and Golden Jubilee cover rota which requires to have 2 juniors on call overnight (1:6) unless numbers can be increased to at least 13 full time slots no scope to reduce this banding.
SA56	Surgery and Anaesthetics	VI	Orthopaedics	2A	This rota is a 1:6 full shift and is 2A because more than 1/3 ooh are outside 7am - 7pm. This rota will combine at a lower banding of 2B when NSGH hospital opens.
WC01	Women and Children's	RHSC	Paediatric Anaesthetics	2A	6 doctor rota with 1 week of late shifts and 1 week of nights. Would need an increase in numbers to reduce banding. Numbers normally very tight, involved in the move but don't expect to change rota.
WC02	Women and Children's	RHSC	Paediatric Anaesthetics	2A	As WC01 but an on call rota. Frequently numbers very low and locums used, both Paediatric Anaesthetic rotas can lose trainees to PICU placements. No plans to alter rota provision.

WC04	Women and Children's	RHSC	Paediatric Orthopaedics	2A/2B	2A rota in Summer time as trauma intensity significantly increases in the summer months. 6 doctor on call rota, only 4 trainees with 2 CFs. Would need an increase in numbers to reduce banding. No plans for rota changes expected.
WC06	Women and Children's	RHSC	Paediatric Surgery	2A	9 doctor FY1 rota with 1 week of nights and 2 weeks of long days, 1/3 weekends and above 48 hours. With current format of shifts, would require an increase in trainees to reduce banding. Intense rota with no real scope to reduce cover with only an increase in numbers likely to reduce the banding. No change expected at this time
WC08	Women and Children's	RHSC	Paediatric Intensive Care Unit	2A	12 doctor full shift rota with 2 weeks nights, 2 weeks long days and 1 week of late shifts. Would need an increase in numbers to reduce banding as the OOH cover is bare minimum. Numbers are frequently tight. No rota changes expected.
WC49	Women and Children's	RHSC	Paediatric Neurosurgery	2A	On Call rota with 1 x CF. Unsure as this rota doesn't monitor but this feeds in to Consultant rota could be scope to reduce the frequency of the out of hours cover

## 11 APPENDIX 2: Junior Doctor Rota Efficiencies

The following represents the work underway and sitting with the appropriate Directorates and specialties. Meetings with the Lead Director for Acute Medical Services , AMD's and medical staffing have taken place or planned. The objective for this is to ensure the agreed benchmark for maintaining current bandings as a minimum, numbers to reflect service / ward cover and look to see if there are any economies of scale against the current numbers. It should be noted that the numbers described below have still to be ratified with the Directorates and are still under discussion.

Directorate	Specialty	Grade	Total Available	Proposed number	Variance	Comments
ECMS	General Medicine	FY1	58	46	-8	There are proposals from RAD to have a stand alone FY1 rota for DME and would require 12 FY1 to populate
		FY2/ST1-3	68	58	-10	
		Senior	40	38	-2	
	Subtotal				-20	
RAD	DME	FY1	0	12	12	-3 nSGH: AAU (pod) - 1 ward - 18 beds, stack - 1 ward - 28 beds Langlands - 5 wards of 30 - total 150 beds, GGH - 3 wards of around 30 - 0 total 86 beds, NVH - 2 wards - total 48 beds TOTAL around 400 beds across 4 sites.
		FY2/ST1-3	21	18	-3	
		Senior	18	18	0	
	Subtotal				9	
S&A	General Surgery	FY1	58	48	-10	Meeting with Surgical AMD or service have not yet happened rotas are med staffing calaculations using HAN discussions, could reduce to 37 within current banding and Current out of hours projection 0 with current out of hours projections this would be the minimum number required without the banding rising form 2B to 2A -5 As above
		FY2/ST1-3	25	25	0	
		Senior	20	15	-5	
	Subtotal				-15	
	ENT	FY2/ST1-3	16	10	-6	2 will be in RHSC with the othe 4 board funded clinical fellows 0 Possibly reduce by 1 if do not appoint to the Board funded Clinical Fellow slot
		Senior	14	14	0	
	Subtotal				-6	
	Orthopaedics	FY2/ST1-3	20	17	-3	includes cover for the Victoria and the GGH
		Senior	25	19	-6	In addition discussions re the Trauma centre are influencing what the final Senior model will be and 2 optios have been provided, on call from home or full shift, minimum of 18 doctors on either pattern would be required to stay within current banding (2B)
	Subtotal				-9	
Urology	FY2/ST1-3	9	9	0		
	Senior	7	7	0		
Subtotal				0		
Anaesthetics	ITU	14	10	-4	From Aug - Nov each year there are on average 18 New starts unavailable for OOH duties. The Service claim that the numbers of Junior doctors available are required to cover 42 Blocks of cover contained within the rota templates provided on the propsed rota options.	
	General	13	13	0		
	Senior on Call	10	12	2		
	Maternity	4	7	3		
	Sub specialty training	29	29	0		
Subtotal				1		
Additional info			TOTAL:		-40	

The smaller directorate specialties have been included in the HAN discussions with a view to producing some draft template rotas. RHSC meeting has yet to take place but the current rotas not expected to change radically. The junior Nuero/Stroke / ophthalmology rota may reduce to 13 doctors and is under construction as to how this would operate with Stroke increasing beds and moving into main stack ongoing discussions on where the junior cover will come from



# **New South Glasgow Hospitals**

Workforce Developments/Opportunities

## Contents

Introduction .....	3
1 Nursing and Midwifery .....	3
1.1 Skill-mix.....	3
1.2 Hyper Acute Stroke - Nursing .....	3
1.3 Hyper Acute Stroke - Medical Workforce .....	4
1.4 Critical Care .....	5
1.5 Facilities .....	5
2 Medical Staff .....	6
2.1 Areas of proposed developments.....	6
2.2 Medical Staff Summary.....	7
3 Allied Health Professions.....	7
3.2 Diagnostic Imaging (Radiographers).....	7
3.3 AHPs – Radiography Summary.....	8
4 Pharmacy.....	8
4.1 Pharmacy – Whole-week Working Service Development.....	8
4.2 PPSU - Option 1: Improved Patient Safety at weekends .....	8
4.3 PPSU - Option 2: Improved Patient Safety and Flow at Weekends.....	8
4.4 PPSU - Option 3: Improved Patient Safety and Flow weekday evenings .....	9
5 Workforce Developments Summary Position.....	9
5.1 Summary of Workforce Development (Whole-Time Equivalent) and £000s.....	9



## Introduction

The aim of this paper is to provide a high-level overview of possible workforce developments which are designed to enhance services for the Board to consider.

## 1 Nursing and Midwifery

### 1.1 Skill-mix

- 1.1.1 Implementing a change to increase the proportion of registered nursing within SGUH requires a movement of 108.4 WTE from unregistered nursing to registered nursing. Associated costs are shown in the summary table on page 10.
- 1.1.2 The total workforce increase related to other service developments is 127.3 WTE. This is broken down in the table below:

<u>Nursing Other Developments</u>	WTE	
<b>Supported</b>		
1 - Women & Childrens - Paediatrics	60.6	
2 - Rehabilitation & Assessment - Hyper Acute Stroke	35.4	Exc. Offset to existing GRI beds
3 - Surgery & Anaesthetics - Theatre Escort Policy	9.0	
Subtotal	105.0	
<b>Require further detailed business cases</b>		
4 - Surgery & Anaesthetics - Critical Care (Addt. 5 Lvl 1 Beds)	11.0	
5 - Surgery & Anaesthetics - Renal Surgery	3.3	NSD Funded
6 - Regional Services - OMFS Beds	8.0	
Subtotal	22.3	
Total	<b>127.3</b>	

- 1.1.3 The developments outlined above are summarised below:
- Paediatrics:** The majority of the increase within paediatrics is attributable to the extension of the ages RHSC would treat to include children aged 13 to 15 years inclusive.
  - Hyper Acute Stroke:** The development of 12 Hyper Acute Stroke beds within the South Glasgow University Hospital and 8 within Glasgow Royal Infirmary.
  - Theatre Escort Policy:** Allows for implementation of the recommended escort policy.
  - Critical Care:** Accounts for 5 additional Critical Care beds at Level 1.
  - Renal Surgery:** These posts are NSD-funded and therefore are nil-cost.
  - OMFS Beds:** These additional staff are to recognise the differential between ENT-level staffing and OMFS-level staffing within Ward 62 at Southern General Hospital.
- 1.1.4 Following discussion with the Nurse Director and Chief Officer developments one and two are supported along with development three. Developments four, five and six require further detailed business cases.

### 1.2 Hyper Acute Stroke - Nursing

- 1.2.1 Initial plans had seen the stroke service across Glasgow as follows:

- Two hospitals (SGUH and GRI) providing 24/7 stroke admission to hyperacute stroke care with both hospitals having the capability to deliver Thrombolysis 24/7.

- 1.2.2 Within the New Adult Hospital a dedicated 26 bed Acute Stroke Unit is planned. With the introduction of a hyper acute stroke care model into NHS GGC, 12 of these beds will potentially be allocated for hyper acute stroke care. The nursing requirements for hyper acute stroke beds are modelled to a similar level as High Dependency Nursing, 3.2 nurses per bed. This increases from the standard nurse to bed ratio of 1.34 nurses per bed.
- 1.2.3 Therefore, if hyper acute stroke is supported at SGUH, the additional nursing resource associated with the 12 hyper acute stroke beds is 10.89 WTE, of which 10.89 WTE is within registered and 0 WTE within unregistered. The increase weighting toward registered nursing takes account of the higher skill-mix required within hyper acute stroke (80/20 versus 65/35 within Stroke Rehabilitation). The Hyper Acute Stroke workforce requirements have been included within the overall Inpatient Nursing figures above.
- 1.2.4 A broader approach is being taken to stroke workforce planning across Glasgow encompassing the service at SGUH and GRI. This approach ensures the planned increase in activity at GRI is taken into account (capacity planning for GRI indicates approximately 20% of the current WIG stroke admission rate will transfer to GRI). GRI planning assumption see 8 hyperacute beds being opened. In addition it is absolutely necessary to establish 7 day specialist stroke on-call for both admitting hospitals; currently GRI admits stroke patients 7 days/week but only provides a combined stroke/DME weekend/on-call service.
- 1.2.5 Therefore, if hyperacute stroke is supported at GRI, the additional nursing resource associated with the 8 hyperacute stroke beds is 24.52 WTE of which 16.63 WTE is within registered and 7.89 WTE within unregistered.
- 1.2.6 There are 2 options:  
 a) to establish a hyper acute stroke care model for nursing at SGUH and GRI from 2015, or  
 b) develop a full hyperacute stroke care model as part of the Clinical Services Review Board-wide service redesign for stroke.

#### **Hyper Acute Stroke Nursing Summary**

Unregistered Nursing SGUH*:	+0	WTE
Registered Nursing SGUH*:	+10.89	WTE
Unregistered nursing GRI**:	+7.89	WTE
Registered nursing GRI**:	+ 16.63	WTE
<b>Total:</b>	<b>+35.41</b>	<b>WTE</b>

\*Based upon all 26 beds within the Acute Stroke Unit operating at Acute Receiving level.

\* \*These figures are the maximum – they will reduce as these beds will be offset against pre-existing rehabilitation/assessment beds.

### **1.3 Hyper Acute Stroke - Medical Workforce**

- 1.3.1 Detailed medical workforce planning has been undertaken to deliver the hyper acute stroke model proposed, however it has become clear it will not be possible to deliver this model in 2015 without an increase in the stroke consultant medical workforce. Following advice from the Clinical Executive Group a modified model is proposed.
- 1.3.2 The proposed revised Glasgow stroke service model is as follows:
- Two hospitals (SGUH and GRI) providing 24/7 stroke admission
  - SGUH providing 24/7 delivery of Thrombolysis

- GRI providing in-hours Mon-Fri delivery of Thrombolysis. At all other times patients identified at GRI as suitable for Thrombolysis will transfer rapidly to SGUH for Thrombolysis. The patient will return to GRI as soon as clinically appropriate

1.3.3 This revised model will require a 7 day on-call rota at both SGUH and GRI, however centralising Thrombolysis delivery out of hours at SGUH will enable the stroke team to deliver a well resourced stroke on-call rota at SGUH that will manage the significant evening/overnight activity at SGUH.

#### **Stroke Consultant Workforce Summary:**

Stroke Medical Consultant +1.0 WTE

Redesign of DME/Stroke workforce within RAD maximising consultant capacity into stroke

1.3.4 This revised service model will inevitably lead to longer Thrombolysis 'door to needle' times for some GRI catchment patients with subsequent impact on clinical outcomes for the patient. It is proposed this is addressed as part of the wider Clinical Services Review Board-wide service redesign for stroke services that includes the stroke service in Clyde and the future developments around Neuro-interventional radiology in stroke.

1.3.5 Delivery of this revised 2015 service model requires the following:

- Funding of hyperacute beds on both sites.
  - Redesign within the Glasgow-wide RAD DME/stroke workforce maximising consultant capacity into stroke. This will have some impact for other specialties. Of particular concern is the impact of establishing a hyperacute stroke and specialist stroke on-call service at GRI, meaning stroke consultants will no longer take part in DME on-call and medical receiving at GRI
- Additional investment of 1.0 wte stroke consultant.
  - The funding / realignment of 35.41 wte of nursing resource.
  - AHP services will be delivered within existing resources.

## **1.4 Critical Care**

1.4.1 The Surgery and Anaesthetics Critical Care workforce plan was also submitted to the Nursing Workforce Planning Group on 23 September 2014. The main changes to the workforce within Critical Care are noted below:

- Increase of 14.37 WTE Band 6 following agreement to ensure increased senior nurse coverage.
- Reduction of 13.89 WTE Band 5 nursing in-light of the increase in Band 6, however this is offset against an increase of 10.52 WTE Band 5 nursing staff related to additional 5 Critical Care beds at level one.

<b>Band</b>	<b>WTE</b>	<b>Change Description</b>
Band 6	14.37	Skill-mix change to increase Senior Nursing presence
Band 5	(13.89)	Skill-mix change to increase Band 6s
Band 5	10.52	Additional 5 Critical Care beds at Level 1
<b>Total</b>	<b>11.00</b>	

1.4.2. Following discussion the above development requires more detailed analysis.

## **1.5 Facilities**

1.5.1 The current workforce plans for Facilities reflect a potential increase in Domestics totalling 21.94 WTE. This is broken down in the table below:

	<b>Sites Closing</b>	<b>New SGH</b>	<b>Total</b>
Domestics	-298.21	320.15	<b>21.94</b>
Catering - Staff	-25.53	28.47	<b>2.94</b>
<b>Total</b>	<b>-323.74</b>	<b>348.62</b>	<b>24.88</b>

- 1.5.2 The 2.94 WTE increase within Catering will be expected to be self-funded by utilising increased income from Aroma cafes within the new hospitals.

## 2 Medical Staff

### 2.1 Areas of proposed developments

It is recognised that the Board funded medical staffing in a number of specialties and, in particular, the Emergency Department and Anaesthetics. Both areas are required to provide efficiencies from the move to the new hospitals. So far, efficiencies have not been realised; however, there is still ongoing discussion to identify economies of scale. The following posts have been discussed with the Chief Officer.

- 2.1.1 **Additional 1 WTE Consultant Radiologist within Paediatrics.** The current cohort of senior medical staff moving to the NCH is 8. There is currently 1 vacancy which will be filled prior to the move to NCH.
- 2.1.2 There is currently a gap between acquisition and reporting which will be resolved prior to the move when the vacant post is filled. The equipment procurement programme for NSGH has resulted in a net increase of 1 interventional lab and 1 MRI scanner, for which there is currently no medical staffing capacity for. In addition there is a net migration of imaging work from the adult sector due to the change in the admission age to 16. Work continues on the potential resource transfer from Adult to Paediatrics. The RHSC dept already provide extended day and 7 day working which will continue.
- 2.1.3 A rota template has been developed for medical staffing in the NCH, and based on the current job planned activity; the 2nd MRI scanner is expected to require an increase of 6 sessions of consultant cover per week. Expansion of Interventional Radiology is expected to generate an additional 3 sessions of consultant cover per week initially. As such 1 WTE post is required.
- 2.1.4 **Additional 2 WTE Consultant Radiologists within Adult.** It is acknowledged that rapid assessment and diagnosis of patients 7 days a week is required to meet the new ways of working. Immediate radiological diagnosis will be required to allow discharge of patients who previously would have required inpatient admission for investigation. It also supports the Scottish Government 2020 vision of caring for patients in the community where possible. The change in practise to a 7 day model will require senior radiology decision makers on site supporting the acute clinical services. The existing on call system is not designed to deliver such a service at present.
- 2.1.5 Redeployment of consultant staff to provide 7 day acute services, without backfill, will impact upon already hard pressed routine daytime services. To maintain these daytime services and waiting time targets, vacated daytime sessions will require additional consultant radiologist staffing.
- 2.1.6 This substantial proposed change in diagnostic services offers the potential for bed efficiencies by improving inpatient scanning and reporting turnaround times therefore reducing the average length of stay. Delivery of a consultant based 7 day model for Imaging is a new development and therefore requires additional staff.
- 2.1.7 For Adult service the proposal is an additional 8 new posts. Funding has already been identified via capacity monies (£398k) and an assumption around winter funding (£40k) to fund 4 posts, 2 are provided via Detecting Cancer Early (DCE) monies. This gives a shortfall of 2 additional posts being required. Interventional will be reviewed once existing pathways are established and working patterns reviewed.

## 2.2 Medical Staff Summary

- 2.2.1 We are therefore seeking approval for 3 WTE Consultant Radiologists (2 within Adult, 1 with Paediatrics) and 1 WTE Stroke Consultant.

## 3 Allied Health Professions

- 3.1.1 The Allied Health Professions are still undertaking a final analysis of extended working days and hours and potential benefits and associated costs, these developmental initiatives will form part of a subsequent paper to be discussed with staffside organisations. The paper is expected in January 2015.

### 3.2 Diagnostic Imaging (Radiographers)

- 3.2.1 Diagnostic Imaging services have undertaken an assessment of the workforce implications and associated costs of implementing 8am-8pm working over 7 days for both the Adult Hospital and the Children's. This additional capacity has been costed up on a room by room basis to inform discussion around what would be needed by modality with assumptions around the number of rooms that would be working these hours.

- 3.2.2 Further discussion shall be required around whether this is the level of additional support that the organisation requires. It should be noted that due to the hub and spoke model in the delivery of Imaging services there are no economies of scale to be gained as the radiology input does not reduce. For the purposes of this paper assumptions have been made around a potential phased approach.

#### 3.2.3 Phase 1 (2015) - Adult

Assumption = 1 x MR, CT and US working 8am to 8pm x 7 days per week in nSGH:

1 MR machine is currently working 8am to 7pm and weekends. As such, one additional hour per day is required above current capacity funding to fund this machine for 8am to 8pm, 7 days per week working. CT rooms currently work 9am to 5pm, Monday to Friday. As such, one CT room would require 4 additional evening hours and full weekends to provide 8am to 8pm x 7 days per week. Ultrasound room currently works a 9am to 5pm, Monday to Friday week. As such, 4 additional evening hours per day plus full weekends to provide 8am to 8pm x 7 days per week would be required.

- 3.2.4 The total radiographer workforce requirement for phase 1 (adult) would be 7.48 WTE radiographers.

#### 3.2.5 Phase 2 (2016) – Adult

Assumption: depending on demand and ongoing availability of staff and training it is anticipated that the nSGH will require additional MR and CT machines 8am to 8pm x 7 days per week.

Second MR machine currently works a 9am to 5pm, Monday to Friday week. As such, 4 additional hours per evening plus full weekends is required above current capacity funding to fund this machine for 8am to 8pm, 7 days per week working.

Second CT room requiring 4 additional evening hours and full weekends to provide 8am to 8pm x 7 days per week.

- 3.2.6 The total radiographer workforce requirement for phase 2 (adult) would be 9.68 WTE radiographers.

#### 3.2.7 Children's Hospital

The new Children's Hospital shall have 1 x additional MR scanner above current service. Costing this as 9am to 5pm, Monday to Friday. An extended working day and weekend service would be provided from the current scanner which is already funded at that level. A bid in relation to the Cardiac service is currently being submitted to NSD by the Women & Children's Directorate which would fund this service if approved.

There are additional rooms in the new Children's Hospital above current configuration, comprising of Ultrasound, Interventional and Plain Film.

Service delivery of the Interventional room is being looked at jointly with Women & Children's colleagues but has been included in this paper for completeness at this point.

It may be the case that capacity is freed up on the adult side with the movement of 13 to 16 year olds to the Children's Hospital. However, as this is likely to be small numbers across a number of sites it is not anticipated at this stage that this will free up capacity on the adult sites. This shall be assessed in the coming months.

- 3.2.8 The total radiographer workforce requirement for the Children's Hospital would be 4.05 WTE, in phase 1 and 4.88 WTE radiographers in phase 2.

### **3.3 AHPs – Radiography Summary**

- 3.3.1 In summary, the new Hospitals' scanning and reporting requirements have been worked up based on assumed requirements and total 26.09 WTE. It is recommended that a phased approach is taken to investing in the service to ensure an effective and affordable implementation, allowing time to assess and validate the impact of all the changes. Phase 1 would require 11.53 WTE and Phase 2 would require an additional 14.56 WTE radiographers.

## **4 Pharmacy**

### **4.1 Pharmacy – Whole-week Working Service Development**

- 4.1.1 The current pharmacy service is limited on Saturdays, and in particular, Sundays, and pharmacy staff are based within the pharmacy departments on these days. Pharmacy staff working weekends do not engage in any management/routine/near-patient activities – they all provide a reactive dispensing, aseptic, advisory and urgent supply service. There is a pharmacy service on Saturday mornings in all four hospitals, and a pharmacy service on Sundays at the Western Infirmary and Southern General Hospital only.
- 4.1.2 The status quo would comprise of pharmacy staff from the closing adult hospitals to continue to do the same weekend hours at the same frequency, and work within the pharmacy department of the SGUH, providing the same level of service i.e. dispensing service, aseptic service, advisory service and the supply of urgent medicines. In this model, the same number of staff will be required to support patient activity, but efficiencies will arise due to a suboptimal skill mix, which can be addressed from future staff turnover.
- 4.1.3 There is a desire and recognised need for pharmacy staff to be able to provide a near-patient clinical and making the most of your medicines (MMyMed) service at weekends, in particular to support the acute receiving units and the discharge process. Options for consideration are described below. All options are stand alone.

### **4.2 PPSU - Option 1: Improved Patient Safety at weekends**

- 4.2.1 Based on the pilot findings at GRI and utilising current staff, the following additional staff is required to provide a clinical pharmacist(s) in the SGUH ARU at weekends, from 9 – 3.30pm, to triage and address urgent pharmaceutical care issues. These proposed hours are based on current ARU ward rounds. Total requirement 1.5 WTE.

### **4.3 PPSU - Option 2: Improved Patient Safety and Flow at Weekends**

- 4.3.1 Clinical pharmacists will be based in the ARU as option 1, and will also provide screening to support patient discharge in downstream wards. The technical team will provide a near patient dispensing service for discharge prescriptions. Within the SGUH, these services will be provided 9am – 5pm every day. Within the NCH these services will be provided 9am – 5pm Monday to Friday, and 10am – 2pm weekends, based on current activity.

**4.4 PPSU - Option 3: Improved Patient Safety and Flow weekday evenings**

- 4.4.1 Clinical pharmacists will be based in the ARU as option 1, and will also provide screening to support patient discharge in downstream wards. The technical team will provide a near patient dispensing service for discharge prescriptions. Within the SGUH, these services will be provided 9am – 8pm Monday to Friday. Within the NCH these services will be provided 9am – 6pm Monday to Friday, based on current activity.

**5 Workforce Developments Summary Position****5.1 Summary of Workforce Development (Whole-Time Equivalent) and £000s**

- 5.1.1 The workforce changes outlined above and summarised below place the Acute Services Division in a sound position to maintain and improve service deliverability upon moving to the South Glasgow University Hospital and Royal Hospital for Sick Children.
- 5.1.2 The summary table on page 10 provides an overall position for the areas included above.

**Developments related to New South Glasgow Hospitals****Nursing Skillmix**

	WTE	£'000s
Emergency Care & Medicine	-	762
Surgery & Anaesthetics	-	316
Rehabilitation & Assessment	-	546
Total	-	<b>1,623</b>

**Nursing Other Developments****Supported**

	WTE		
1 - Women & Childrens - Paediatrics	60.6	2,158	
2 - Rehabilitation & Assessment - Hyper Acute Stroke	35.4	1,294	Exc. Offset to existing GRI beds
3 - Surgery & Anaesthetics - Theatre Escort Policy	9.0	213	
Subtotal	105.0	3,665	

**Require further detailed business cases**

4 - Surgery & Anaesthetics - Critical Care (Addt. 5 LM 1 Beds)	11.0	577	
5 - Surgery & Anaesthetics - Renal Surgery	3.3	0	NSD Funded
6 - Regional Services - OMFS Beds	8.0	250	
Subtotal	22.3	827	
Total	<b>127.3</b>	<b>4,491</b>	

**Allied Health Professionals/Other**

Diagnostics Directorate - Radiography	<b>26.1</b>	<b>995</b>
---------------------------------------	-------------	------------

**Pharmacy**

0 - Expand patient coverage of Clinical Pharmacy services	1.0	44
1 - Improved Patient Safety at weekends	1.5	95
2 - Improved Patient Safety and Flow at Weekends	7.0	315
3 - Improved Patient Safety and Flow weekday evenings	5.0	158
Pharmacy (Maximum - Option 1 included within 2 and 3)	<b>13.0</b>	<b>517</b>

**Support Services**

Domestic/Portering & Site Management	<b>24.9</b>	<b>982</b>
--------------------------------------	-------------	------------

**Medical Staff**

RAD - 1 Consultant Stroke	1.0	120
Diagnostics - 3 Radiologists - 2 for Adult, 1 for Paediatrics	3.0	360
Total	<b>4.0</b>	<b>480</b>

**Total Developments**

<b>195.3</b>	<b>9,089</b>
--------------	--------------





# **New South Glasgow Hospitals**

Transition

## Contents

Introduction .....	3
1 Plan.....	3
1.1 Key Principles .....	3
1.2 Handover .....	3
1.3 Staff Orientation .....	3
1.4 Service Transfer Owners Orientation .....	4
1.5 Site-by-Site Migration .....	4
1.6 Patient Moves – Critical Care .....	4
1.7 Patient Moves – General Inpatient Wards.....	5
1.8 The Role of the Senior Charge Nurse (SCN) .....	5
2 Migration Workforce Principles.....	6
2.1 Patient Transfers .....	6
2.2 Bank Staffing Provision.....	6
2.3 Migration and Transition costs and workforce impact .....	7
2.4 Medical Staff – Support to Lead Medical Director (Acute) .....	7
2.5 Emergency Care and Medical Services Directorate.....	7
2.6 Surgery and Anaesthetics Directorate.....	7
2.7 Regional Services Directorate .....	8
2.8 Diagnostic Services Directorate .....	8
2.9 Rehabilitation and Assessment Directorate.....	8
2.10 Women and Children Directorate .....	9
2.11 Facilities .....	9
2.12 Pharmacy Prescribing Support Unit (PPSU) .....	9
2.13 Health Information and Technology.....	10
2.14 Health Records .....	10
3 Transportation.....	10
3.1 Scottish Ambulance Service .....	10
3.2 Site removals .....	10
3.3 Staff travel logistics for orientation.....	10
4 Orientation, Migration and Transition Costs Summary.....	11
5 Appendix 1 – Summary of Loss of Activity submission to Scottish Government .....	12

## Introduction

The purpose of this paper is to identify high level principles for consideration in respect of the migration of staff and patients from the Western Infirmary, Gartnavel General, Glasgow Royal, Victoria Infirmary, Southern General and the Royal Hospital for Sick Children to the new South Glasgow Hospitals and associated financial implications.

## 1 Plan

### 1.1 Key Principles

1.1.1 This process has been discussed with the Migration team and Dr D Stewart and reviewed by the Lead Nurses involved in the Stobhill/GRI moves and it is a tried and tested approach.

1.1.2 The principles of this paper are based on a number of assumptions:

- 100% acute medical bed occupancy and 85% surgical bed occupancy during the weekends of migration.
- Scottish Ambulance Service (SAS) will provide all escort services. Once further formal feedback has been provided by SAS, this may need to be revisited.
- Orientation in the new Hospitals requires releasing staff for a minimum of 3 hours (including travel time). This may be enhanced for certain staff groups such as Clinical Coordinator and Bed Managers whose level of awareness of the entire Hospital is required.
- Every member of staff will be required to attend a corporate orientation to the new Hospital and then Service Transfer Owners (STO's) will be available to orientate their own staff to their local area.
- It is expected the SCN's will be non-clinical the week prior to the move and an enhanced level of Health Care Support Worker support would be required for packing and organisation of the ward pre-transfer.
- There will be an enhanced level of nurse staffing within the Hospital for a period of five days after the moves equating to 2 additional registered nurses per level. This is to ensure patient safety immediately after the move.
- Wards and Departments are at full staffing establishment.
- Minimal annual leave will be granted and sickness absence managed to as low a level as possible during the 7 week migration programme.
- There will be a planned and agreed senior management presence over the weekends of the moves with contact details of these people given to the STO's. Out of hours management cover will also be enhanced for this period.
- Leaders including Senior Charge nurses will require dedicated time around leadership and team development. Requirements and the time commitments for this to be confirmed.
- Staff in indirect clinical roles will be asked to assist with coordination as required on the dates of moves. There is an expectation that Directors will agree the requirements with the OTM Programme Board.

### 1.2 Handover

1.2.1 Handover of the Hospitals is on-schedule for 26 January 2015. Following which the 12-week commissioning period will commence with the first service moves occurring the weekend of 24<sup>th</sup> April 2015.

### 1.3 Staff Orientation

1.3.1 All relevant staff will receive orientation to the new hospitals prior to transfer. This will consist of 3 key parts:

- General orientation and overview of the key facilities through a DVD (40 minutes max)
- Issuing of ID badges (10 minutes)
- Familiarisation with own area (1 hour)

1.3.2 Each member of staff will require 2 hours plus up to one hour for travel to attend for orientation. A coordinated approach is required to allow nursing bank staff to be appropriately deployed over the working shift. Sessions will be held over a variety of shift periods.

- 1.3.3 The table below shows the summary number of hours required for orientation and the associated cost for backfill. For the purposes of this paper backfill has been assumed at 100% for inpatient nursing and reduced levels for other staff groups as appropriate.

Job Family		Headcount	Orientation Provided	Total Hours Required	Backfill Assumed at	£ Cost
Nursing	Inpatient Nursing (collated as part of the transition requirement)	2,646	Mix (7.5hrs for SCNs, 3hrs for Others)	9,168	100%	
	Other nursing (outpatients, theatres, etc)	1,099	3hrs per person	3,297	66%	
Administrative Services		847	3hrs per person	2,541	15%	
Allied Health Professions		407	3hrs per person	1,221	15%	
Healthcare Sciences		244	3hrs per person	732	15%	
Medical Staff		1,157	3hrs per person	3,471	50%	
Other Therapeutic		80	3hrs per person	240	15%	
Support Services		1,160	3hrs per person	3,480	66%	
Subtotal		7,640		24,150		
Additional bank nursing		750		2,250	Paid Hours	
Total		8,390		26,400		

These costs include an uplift for unsocial hours and employer's costs.

- 1.3.4 For every additional half-hour that the average orientation period goes over 3 hours will attract an additional cost of £66k.

## 1.4 Service Transfer Owners Orientation

- 1.4.1 It is proposed that Service Transfer Owners (STOs) will be given an orientation into their new areas by Brookfield Multiplex with an expectation that the STO will then deliver the same orientation to the team of staff who will work permanently within the new department or ward. There are 67 SCN's affected by the moves and each will require 7.5 hours orientation. It is proposed that this is backfilled at band 5.

- 1.4.2 In addition, within any given 28 bedded ward, the Senior Charge Nurse will have circa 40 staff to orientate and would require time to do this. It is expected that an additional day can be facilitated per week for this. Each staff member would need to be released and it is suggested that for Inpatient wards, this be a maximum of three staff per session. The staff will need to be booked onto the days when the STO is available for their orientation so requires a coordinated approach. The additional time for the SCNs will also be used for team building in advance of the move.

## 1.5 Site-by-Site Migration

- 1.5.1 The current migration plan is predicated primarily on a site-by-site basis, with some service-specific moves. In summary the general inpatient wards will move on the following dates<sup>1</sup>:

Hospital	Dates	Bed Numbers
Southern General	1 <sup>st</sup> to 3 <sup>rd</sup> May 2015	325
ENT	8 <sup>th</sup> May 2015	12
Vascular and Renal	9 <sup>th</sup> and 10 <sup>th</sup> May 2015	132
Victoria Infirmary	16 <sup>th</sup> , 17 <sup>th</sup> 23 <sup>rd</sup> and 24 <sup>th</sup> May 2015	383
Western Infirmary	30 <sup>th</sup> and 31 <sup>st</sup> May	440
Gartnavel General	6 <sup>th</sup> and 7 <sup>th</sup> June	
Yorkhill	13 <sup>th</sup> and 14 <sup>th</sup> June 2015	256

## 1.6 Patient Moves – Critical Care

- 1.6.1 Critical Care wards including Intensive Care, High Dependency and Coronary Care will have a different model applied than the moves of general inpatient wards. Patients will be moved using current protocols. The following model is proposed to apply to all critical care moves:

<sup>1</sup> Migration Plan, Version 5, 15<sup>th</sup> September 2014

- 1.6.2 **Sender Team:** The current ward-based team will prepare patients for transfer. This team would consist of nursing and medical staff. Elements of this team will also be responsible for decommissioning the wards as patients transfer out.
- 1.6.3 **Escort Team:** Consisting of an Anaesthetist (not for CCU), Registered Nurse and two other staff, provided either by the Scottish Ambulance Service or Facilities. It is anticipated that SAS staff would go onto the ward to retrieve the CC patients.
- 1.6.4 **Receiver Team:** New ward-based team, consisting both medical and nursing staff – initially skeleton staffing to prepare the ward, increasing as patients and staff arrive to maintain the one to one staffing ratios.

- 1.6.5 It is envisaged that the current substantive unit staff in each of these areas would resource the escort team and remain with the patient as they travel and arrive at the new Hospital. There will be one additional registered member of staff required for the transfer of CCU patients as there is not a one to one patient ratio. This will allow for safe transfer of patients with monitoring equipment, invasive devices etc.

## 1.7 Patient Moves – General Inpatient Wards

- 1.7.1 It is proposed that all other moves associated with General Inpatient areas will have the following model of transfer: If we agree a “holding area” in sender sites then we will also need staff for it.
- 1.7.2 **Sender Team:** The current ward-based team will prepare patients for transfer. This team would consist of nursing and medical staff. This team will also be responsible for decommissioning the wards as patients transfer out. Alternatively as in the Stobhill moves, there was also an additional team who were utilised in the sending site, to ensure each area was closed appropriately and no sensitive items were left behind.
- 1.7.3 **Escort Team:** The current assumption is that the SAS will be responsible for the majority of patient transfers, other than Critical Care.
- 1.7.4 **Receiver Team:** New ward-based team, consisting both medical and nursing staff – initially skeleton staffing to prepare the ward, increasing as patients and staff arrive to maintain the appropriate nurse-to-bed ratios.
- 1.7.5 It is envisaged that the current substantive ward staff will be split between the sender team and the receiver teams to ensure continuity of care and familiarity with the patients upon arrival to the new ward. There would be a requirement for two additional registered nurses and two additional unregistered nurses to supplement staffing in the receiver team and a coordinated approach would be utilised to move staff over to the receiver team as patient numbers move across. This ensures patient safety during this period.
- 1.7.6 **Holding Area:** It is recommended that there will be a holding area situation within the discharge lounge to ensure that as patients reach the new Hospital, they are directed to the appropriate ward. This would be staffed by those who currently work in the discharge lounges across the affected Hospitals.

## 1.8 The Role of the Senior Charge Nurse (SCN)

- 1.8.1 The role of the Senior Charge Nurse (SCN) in each ward is paramount within these processes. The SCN is responsible for the tasks below and it is expected that they will require an additional day from January 2015 to facilitate these duties.

### Commissioning:

- If the SCN is going into a new environment, such as the Medical HDU, they may need additional time to familiarise themselves with the new speciality, working with other SCN's who may be more familiar.
- Attend OD leadership development sessions.
- Work with OD to familiarise themselves with their new team and participate and lead on team development.

### Migration:

- Ensure patient meals are booked for both old and new sites 24 hour before the move

- Ensure Infection control issues in terms of patient equipment and patient placement are addressed and patient placement within the new ward/ department is agreed.
- Ensure relatives are fully informed of the move and have been provided with a patient / relative information leaflet and relatives are informed once the patient move has been completed.
- Provide handover information to other SCN's who are now responsible for their staff and receive same, requiring meetings between SCN's to discuss.
- Ensure staff designated with responsibilities for patient transfer will transfer patients in accordance with patient transfer procedure.
- Co-ordinate the daily assessment of patients from two days prior to the move to assess fitness for transfer and implementation of a contingency plan in the event they are not fit to transfer.
- Know the exact location of all patients at all times.
- Ensure patient transfer log completed.
- Ensure every patient has the appropriate escort following their departure from the ward.
- Liaise with designated staff at the new site to advise when all patients have transferred.
- On arrival at the new ward location complete the appropriate nursing transfer documentation and patient administration systems
- Monitor progress and report any variances to STL.
- Be required to work over the weekends of their ward moves.
- Planning and coordinating the patient moves within their ward, working with Medical and Nursing staff and Facilities to ensure the smooth transfer of patients from their old to new location.
- Ensure their ward is cleared, cleaned and free from all confidential documents prior to Facilities lock up.

## 2 Migration Workforce Principles

### 2.1 Patient Transfers

2.1.1 Below is a summary of suggested additionality for the nursing workforce during the periods of orientation, transfer and following transfer.

Staff Role	Orientation	Support for Transfer	Migration	After Transfer
Senior Charge Nurse	1 day (own) On Average 4 days for staff	One additional day per week.	Available for weekend of move	Available for week after move
Registered Nurse	3 hours	N/A	2 additional per ward **	2 additional per floor
Unregistered Nurse	3 hours	N/A	2 additional per ward **	N/A

\*\* It is noted that if assistance is procured from elsewhere, such as PDN, AHPs and Senior Managers, this additional resource could be reduced.

2.1.2 The above model and resource requirements have been discussed with the Nurse Director.

### 2.2 Bank Staffing Provision

2.2.1 It is anticipated that use of newly qualified nurse contracts and provision of additional hours to current staff, the bank requirement may be reduced. However it is anticipated that a bank recruitment drive would still be required by the end of the year and that the majority of cover would be provided by bank staff.

2.2.2 Below is the predicted Inpatient nursing requirement in total for the period of transition and for post transition support. The maximum predicted number of registered nurses required over one weekend during the transition period would be an additional 41 registered nurses.

Process	Additional Registered Nursing hours Required	Headcount based on 7.5 hour day	Additional Unregistered Nursing hours required	Headcount based on 7.5 hour day
Transition	1410	188	907.50	121
Post Transition	2430	324	n/a	n/a

2.2.3 Below is the predicted nursing requirement in total for orientation of all Inpatient Nursing staff and release of Senior Charge Nurse's as STO's to support orientation into their own area.

Orientation (hours)	SCN	Registered Nurse Orientation	Unregistered Nurse Orientation
Totals	1497	5159.70	2778.30

## 2.3 Migration and Transition costs and workforce impact

2.3.1 Undernoted are the migration and transition costs relating to the relevant Directorates.

2.3.2 It should be noted that these do not include costs relating to loss of activity as these are included in a separate submission to the Scottish Government. See appendix 1 for a full breakdown.

## 2.4 Medical Staff – Support to Lead Medical Director (Acute)

2.4.1 To continue supporting the Lead Medical Director for redesign and job planning, it has been identified that additional programmed activities (PAs) should be provided. This resource could be secured from within the current management team or through reengaging retired Consultants. This would be for a maximum of 10 PAs on a temporary basis.

## 2.5 Emergency Care and Medical Services Directorate

2.5.1 The summary of migration and transition costs for ECMS are shown below:

	2014/15	2015/16
1 Migration, nursing		
2 Migration - other staffing		
3 <u>Local Initiatives</u>		
3.1 Enhanced staffing in other ED's (GRI and RAH)		
3.2 Double running in migrating ED's for weekends of moves		
3.3 Double running in migrating CCU's for weekends of moves		
3.4 Additional preparatory costs for Medical HDU (assume 50% split between y/e		
3.5 Open GRI new wards early to improve capacity during moves		
3.6 Advanced recruitment of ENP's for MIU's		
3.7 Advanced recruitment of MMP's		
<b>Gross Total</b>		

## 2.6 Surgery and Anaesthetics Directorate

2.6.1 The summary of migration and transition costs for S&A are shown below:

	2014/15	2015/16
Migration	-	
<u>Local Initiatives</u>		
To have emergency theatre staff available at sites during moves		
Advance recruitment of Escorts required for theatre in compliance with the Escort policy 9.00wte		
Advance recruitment of SDAU trained staff 6.00wte		
Advance recruitment of Band 5 Nursing for the additional level one critical care beds. 10.52 wte		
Early implementation of full shift emergency theatre at ggh- November 14 till May 15, when there will be a reduction in out of hours emergency theatres from 3-2		
Early Implimentation of training for Surgical Nurse Practitioners- backfill costs. 15 wte band 5. from Sept		
<b>Grand Total</b>		

2.6.2 The above is first pass based on information known at this time. This still has to be discussed with the Directorate management team. Local Initiatives still to be fully clarified regarding time scales and full impact on an ongoing basis.

## 2.7 Regional Services Directorate

2.7.1 The summary of migration and transition costs for Regional Services are shown below:

	2014/15	2015/16
Migration - Renal		
Migration - Haemato-oncology		
<b>Gross Total</b>		

## 2.8 Diagnostic Services Directorate

2.8.1 The summary of migration and transition costs for Diagnostics are shown below:

	2014/15	2015/16
Imaging		
Community Phlebotomy		
Biochemistry		
Haematology		
Medical Equipment		
Health Physics		
Nuclear Medicine		
Medical Illustration		
<b>Gross Total</b>		

## 2.9 Rehabilitation and Assessment Directorate

2.9.1 The summary of migration and transition costs for RAD are shown below:

	2014/15	2015/16
Migration, nursing	-	
Migration, other staff		
<u>Local Initiatives</u>		
Double Running Costs re. 2 x SCN 1 day per week from January 15		
Temp. Discharge Lounge - MHU		
Hyper Acute Stroke Training		
<b>Total</b>		
<b>Gross Total</b>		



2.9.2 The figures above do not currently include an uplift to account increased activity through demitting sites' discharge lounges.

## 2.10 Women and Children Directorate

2.10.1 The summary of migration and transition costs for W&C are shown below:

	2014/15	2015/16
Migration, nursing	-	
Migration, other staff		
<u>Local Initiatives</u>		
Double Running of ED over move weekend	-	
Double running of PICU over move weekend		
Enhanced staffing in other neonatal units over move weekend	-	
Advanced recruitment of ENP's and training		
Advanced recruitment of Theatre and ED staffing levels	-	
Advanced recruitment of Medical Staffing (incl 13-15 work)		
Additional Clinic at Stobhill		
<b>Grand Total</b>		

## 2.11 Facilities

2.11.1 The summary of migration and transition costs for Facilities are shown below:

	2014/15	2015/16	Total
Commissioning, Migration and Transition			

2.11.2 It is important to note that the table above makes the following assumptions:

- Includes estimates of [REDACTED] for estates decommissioning issues which are being reviewed by Capital Planning who have responsibility for Decommissioning - does not include any work on asbestos removal, structural defects, etc.
- Yorkhill utilised for outpatient activity and Western Infirmary opened for 3 additional months to allow transition
- Upkeep required to retain Yorkhill beyond 2015/16 is not included
- Demolition costs and legal, etc. costs for sales dealt with as offset to proceeds of sales
- Excludes [REDACTED] related to IT Network Transition (Dark Fibre) which is currently under discussion

2.11.3 A comprehensive costing workbook is available from Facilities which breaks down each of the elements above.

## 2.12 Pharmacy Prescribing Support Unit (PPSU)

2.12.1 During the 12 week commissioning period, staff will be required to be released for:

- The installation and testing of the automation for the pharmacy department and the acute receiving unit
- The installation, commissioning and validation of the Isolators and Laminar flow cabinets within the aseptic unit.
- Pre-equipping/testing/stocking the pharmacy department, aseptic unit and designated clinical areas prior to patient moves

2.12.2 During migration, staff will be required to be released to:

- Manage medicines stock for the continued migration of wards.
- Liaise with nursing colleagues to support transfer of patients own medicines.
- Decommission individual pharmacies as the migration phase for that hospital is complete.
- Ensure continuity of pharmaceutical care during the migration.
- Provide a pharmacy service to split sites during the migration process.

2.12.3 The total cost of transition for Pharmacy is [REDACTED].

**2.13 Health Information and Technology**

2.13.1 I.T. commissioning, migration and transition costs including resourcing costs total [REDACTED].

**2.14 Health Records**

2.14.1 No additional resources are identified for health records providing the efficiency associated with paper light working are realised. Transition requirements may change if paper light systems do not deliver as anticipated.

**3 Transportation****3.1 Scottish Ambulance Service**

3.1.1 The Acute Division is working closely with the Scottish Ambulance Service (SAS) to agree the patient migration timescales and plan. As this is finalised a costing will be provided by the SAS and this will be incorporated into this paper.

**3.2 Site removals**

3.2.1 Tendering work has progressed in recent months and detailed finalisation is outstanding. Current intelligence indicates a value of circa [REDACTED] – which is indicative only whilst negotiations continue.

**3.3 Staff travel logistics for orientation**

3.3.1 Finalisation of costs associated with staff travelling to their orientation for the new hospitals will follow agreement on logistics for staff attending orientation at the SGUH.

#### 4 Orientation, Migration and Transition Costs Summary

##### Transition Costs NSGH

	<u>2014/15</u>	<u>2015/16</u>	<u>2 Year Total</u>
	<u>£'s</u>	<u>£'s</u>	<u>£'s</u>
<b><u>Section 1 - Orientation / Migration / Facilitation</u></b>			
<b>Orientation</b>			
All Directorates			
<b>Migration</b>			
Support to Lead Medical Director (Acute)	-	-	
Emergency Care and Medical Services			
Surgery and Anaesthetics			
Regional Services			
Diagnostics			
Rehabilitation and Assessment			
Women and Children			
<b>Acute Services Orientation &amp; Migration</b>			
<b><u>Transportation and Corporate Facilitation of Moves</u></b>			
Scottish Ambulance Service		TBC	
Site Removals			
HI&T			Note 1
Pharmacy			
<b>Transportation and Corporate Facilitation of Moves</b>			
<b>Total</b>			
<b><u>Section 2 - Facilities Commissioning &amp; Decommissioning</u></b>			
<b>Facilities</b>			
Commissioning, Migration and Transition			Note 2
Decommissioning			
<b>Total</b>			
<b><u>Section 3 - Loss of Activity</u></b>			
Loss of Activity (Contained within Scottish Government)			
* SG considering funding therefore potentially cost neutral			

Note 1 - Further review and cross reference to Capital funding required

Note 2 - Further review of phasing of decommissioning required from 15/16 to future years

## 5 Appendix 1 – Summary of Loss of Activity submission to Scottish Government

### SGUH MIGRATION PROCESS

IPDC	<u>Gen Surg</u>	<u>Ortho</u>	<u>Urology</u>	<u>ENT</u>	<u>Vasc</u>	<u>Endo</u>	<u>Renal</u>	<u>Ophthal</u>	<u>Surg &amp; Anaes</u> <u>Total</u>	<u>Women &amp; Children's</u>	<u>EC&amp;M</u>	<u>Diagnostics</u>	<u>Total</u>
1 week activity required	102	83	94	60	34	22	24		419	365	200	see Below	
Internal	34	12	47	30	34	22	24			365	200		
GJ	34	55											
Private	34	16	47	30									
Internal													
GJ													
Private													
Total													
OUTPATIENTS	<u>Gen Surg</u>	<u>Ortho</u>	<u>Urology</u>	<u>ENT</u>	<u>Vasc</u>	<u>Endo</u>	<u>Renal</u>	<u>Ophthal</u>	<u>Total</u>				
2 days activity required	110	142	58	110	97			66	583	52 Clinics	26 Clinics		
Total													
Imaging													
Labs													
TOTAL COST IPDC + OPD													

	CT	MR	US	IR	Mammo	Rad	Total
Training Migration							
Total Acquisition							
Training Migration							
Total Reporting							
Total Training							
Total Migration							
Total							
Total Activity							
Total cost per case							
Costed at weekend rates across sites.							
No additional supplies costs as same patient cohort							

**From:** [Powrie, Ian](#)  
**To:** [Wallace, Stephen](#)  
**Subject:** RE: Invitation for Volunteers - 05.01.15  
**Date:** 31 December 2014 12:40:00  
**Attachments:** [Invitation for Volunteers - 05 01 15.doc](#)

---

Hi Stephen

I have updated the attached invitation with additional information as requested.  
I have also indicated the full number required for the Energy Centre team to avoid any concerns over bias towards any individual on the basis that Scott Rennie incumbent Labs support has confirmed informally that he would be interested in one of these posts.

On the assumption that we have more volunteers than positions for the EC role, I assume that scot would be required to take part in a limited competition for these posts?

However as it stands he is already half ware there due to his experience in the labs and central laundry boiler plant.

Regards

Ian

*I. Powrie*

Sector Estates Manager (NSGH)  
Project Team, New South Glasgow Hospitals,  
Southern General Hospitals Construction Site,  
2nd Floor, Modular Building, Off Hardgate Road, Glasgow, G51 4SX

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Wallace, Stephen  
**Sent:** 31 December 2014 08:37  
**To:** Powrie, Ian  
**Subject:** Invitation for Volunteers - 05.01.15

2nd attempt

## **New South Glasgow Hospitals – Estates Service**

### **Stage 2 of Estates Transition – Request for Volunteers**

Further volunteers are sought from the Estates staff who are confirmed for future redeployment to the new South Glasgow University Hospital (SGUH) campus, to take up exciting & challenging opportunity within the biggest hospital facility in the United Kingdom and join the stage 2 transfer team for training and familiarisation on the new hospital facility and associated building services infrastructure.

Stage 2 of the Transition will require the following:-

2 x Electrical Technician  
2 x Engineering Technician  
1 x Maintenance Assistant

Energy Centre\Laboratory medicine Estates services team: Volunteers are required for the operation, maintenance and management of the Energy Centre & Laboratory Medicine building services, those volunteering will be required to have an in-depth knowledge and experience of working within an industrial scale Boiler plant & pressure systems environment with experience of maintenance, monitoring and fault finding techniques to component level.  
In order to support you in this role you will be trained in the operation of the Energy Centre within the new hospital.

The above posts are day\twilight shift posts and therefore only staff matched to a day\twilight post will be considered for these early redeployment roles.

There is also a requirement for volunteers for training and familiarisation in the new hospital facilities building services, to support the commissioning & migration plan as well as assisting in the the delivery of the planned maintenance programme :-

1 x Engineering Technician  
1 x Plumbing Technician  
2 x Maintenance Assistants

The proposed transfer date for volunteers would be Monday 26 January 2015, where working hours during this period will be the standard 37.5 hour week, 08:00 – 16:00, Monday – Friday, up until the start of the clinical migration programme (24<sup>th</sup> April 2015) when you will revert to your scheduled working hours for your new posts.

Where you are currently part of an on-call rota, you will be required to continue your on-call obligations until the clinical migration date for your base site.

**Expressions of interest in joining this early adopter opportunity should be sent to Stephen Wallace, Head of HR, by Tuesday 13<sup>th</sup> January 2015 at the latest.**

**[\(Stephen.wallace@nhs.uk\)](#)**

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

---

David,

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

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

Regards

David

**David Hall**  
FCIOB/MAPM

**Director**

**Currie & Brown**

Email: [david.hall@curriebrown.com](mailto:david.hall@curriebrown.com)

Building 3, 2 Parklands Avenue, Maxim Office Park, Eurocentral  
Lanarkshire ML1 4WQ  
United Kingdom



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

---

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

David,

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

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

Regards,

**Colin Grindlay**  
M&E Manager - Construction



**Brookfield Multiplex Europe**  
 New South Glasgow Hospitals Project  
 Hardgate Road  
 Glasgow, G51 4SX, United Kingdom

W [www.brookfieldmultiplex.com](http://www.brookfieldmultiplex.com)

 Please consider the environment before printing this email.

---

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

Colin,

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

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

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

A copy of SHPN 04 supplement 1 is attached.

Regards,  
 Mark Harris  
 Associate Engineer  
 BEng (Hons) MCIBSE

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



[Mark.Harris@tuv-sud.co.uk](mailto:Mark.Harris@tuv-sud.co.uk)  
[www.tuv-sud.co.uk/wallacewhittle](http://www.tuv-sud.co.uk/wallacewhittle)

---

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

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

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

---

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



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

Mark,

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

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

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

Your help would be greatly appreciated.

Regards,

**Colin Grindlay**  
M&E Manager - Construction



**Brookfield Multiplex Europe**  
New South Glasgow Hospitals Project  
Hardgate Road  
Glasgow, G51 4SX, United Kingdom

W [www.brookfieldmultiplex.com](http://www.brookfieldmultiplex.com)

 Please consider the environment before printing this email.

---

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

Colin,

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

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

David

**David Hall**  
FCIOB/MAPM  
**Director**  
**Currie & Brown**

A52717249

Email: [david.holmes@curriebrown.com](mailto:david.holmes@curriebrown.com)  
Building 3, 2 Parklands Avenue, Maxim Office Park, Eurocentral  
Lanarkshire ML1 4WQ  
United Kingdom

Website: **MailScanner has detected a URL mismatch from "amxprd0310.outlook.com" claiming to be [www.curriebrown.com](http://www.curriebrown.com)**

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

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

---

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

---

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

Please consider the environment before printing this e-mail.

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

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

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

---

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

---



## **Scottish Health Planning Note 04**

In-patient Accommodation: Options for Choice  
Supplement 1: Isolation Facilities in Acute Settings

## Contents

	page
<b>1. Introduction .....</b>	<b>3</b>
1.1 Context.....	3
1.4 Purpose of the guidance .....	3
1.10 Exclusions .....	4
<b>2. Operational policies and planning principles .....</b>	<b>5</b>
2.1 The need to isolate patients .....	5
2.5 Isolation facilities .....	5
2.6 Enhanced single room with en-suite facilities .....	6
2.9 Enhanced single room with en-suite facilities and ventilated lobby (isolation suite) .....	6
2.12 Advantages.....	6
2.13 Creating pleasant environments.....	6
2.16 Record keeping .....	7
2.17 Maintenance and cleaning.....	7
<b>3. Design guidance .....</b>	<b>9</b>
3.1 New build isolation facilities.....	9
3.1 Enhanced single room with en-suite facilities .....	9
3.3 Enhanced single room with en-suite facilities and ventilated lobby (isolation suite).....	9
3.10 Converting existing facilities .....	11
3.13 Converting a single room with en-suite facilities .....	11
3.16 Converting a single room without en-suite facilities .....	12
3.18 Creating an enhanced single room with en-suite facilities and ventilated lobby (isolation suite).....	12
3.23 Converting a multi-bed bay .....	14
<b>4. Engineering requirements .....</b>	<b>15</b>
4.1 Engineering design philosophy.....	15
4.4 Basic design parameters .....	15
4.5 Isolation suite .....	16
4.5 Ventilation-general.....	16
4.9 Fire strategy.....	17
4.12 Extract ventilation .....	17
4.18 Supply ventilation.....	18
4.23 Record keeping.....	19

4.24	Other considerations .....	20
4.25	Service and maintenance .....	20
<b>Appendices.....</b>		<b>21</b>
Appendix 1: Example room layouts .....		22
Appendix 2: Acceptance testing of isolation suite .....		30
<b>References .....</b>		<b>32</b>

#### **Disclaimer**

The contents of this document are provided by way of general guidance only at the time of its publication. Any party making any use thereof or placing any reliance thereon shall do so only upon exercise of that party's own judgement as to the adequacy of the contents in the particular circumstances of its use and application. No warranty is given as to the accuracy, relevance or completeness of the contents of this document and Health Facilities Scotland, a Division of NHS National Services Scotland, shall have no responsibility for any errors in or omissions therefrom, or any use made of, or reliance placed upon, any of the contents of this document.

# 1. Introduction

## Context

- 1.1 Healthcare Associated Infection (HAI) is a burden on the NHS. It affects an estimated one in ten NHS hospital patients each year (DH, 2003) at an annual cost of £1bn (National Audit Office, 2000).
- 1.2 Many patients with an infection require physical isolation. However, often patients cannot be isolated because of a shortage of single rooms and isolation suites.
- 1.3 The key to effective isolation on acute wards is the provision of single rooms with en-suite sanitary facilities. Single rooms reduce the risk of cross-infection for non-airborne diseases and help to lower the incidence of HAI. Most patients on acute wards can be isolated in single rooms with en-suite facilities. All single rooms in new-build hospitals should have en-suite facilities so that they can be used to isolate patients for a variety of reasons and not just for infection control purposes.

## Purpose of the guidance

- 1.4 This Supplement to SHPN 04: 'In-patient accommodation: options for choice', provides guidance on the facilities required for isolating patients on acute general wards.
- 1.5 For infection control purposes, a single room without en-suite is better than no single room at all. However, the guidance in this Supplement is based on best practice, and describes how a single room can be enhanced to provide an effective isolation facility for patients on acute general wards. The Supplement has two aims:
  - to set a standard for new-build facilities;
  - to provide Health Boards wishing to convert existing accommodation with simple design options that can be implemented relatively quickly and cost-effectively.
- 1.6 This guidance:
  - explains how a single room with en-suite sanitary facilities can be enhanced to provide effective isolation for patients with infections that could be transmitted within healthcare;
  - describes how an enhanced single room with en-suite facilities and a ventilated lobby can provide an isolation suite for patients who have airborne infections or who need to be protected from them;

- can be used for both new-build schemes and the upgrading of existing accommodation.

- 1.7 The guidance also contains examples of room layouts.
- 1.8 The guidance on isolation suites in this Supplement is based on a validated design model. The aim of this Supplement is to provide practical guidance on how to provide isolation facilities that are simple to use and meet the needs of the majority of patients on acute general wards.
- 1.9 Information about how good design can prevent cross-infection in healthcare premises generally is provided in SHFN 30 Version 3: 'Infection control in the built environment: design and planning' and Healthcare Associated Infection-System for Controlling Risk in the Built Environment (HAI-SCRIBE). SHPN 04 Supplement 1 should be read in conjunction with SHFN 30 and HAI-SCRIBE.

## Exclusions

- 1.10 This Supplement does not describe the specialist facilities required in infectious disease units or on wards where severely immuno-compromised patients are nursed. Guidance for these facilities will follow in a further Supplement to SHPN 04.

## 2. Operational policies and planning principles

---

### The need to isolate patients

- 2.1 Historically, isolation in general wards has been provided in single rooms, sometimes without en-suite facilities. Rooms without en-suite facilities often cannot be used to isolate patients effectively.
- 2.2 Ventilated isolation suites with en-suite facilities have also been provided. They may have a ventilation system that provides a positive pressure in the room to protect the patient from infection, or a negative pressure to prevent a patient from infecting others, or the ventilation may be switchable from positive to negative. These rooms rely on staff being able to assess the type of ventilation required when a patient arrives on the ward and, for switchable systems, knowing how to select the correct ventilation mode. Patients can be put at risk by user error if the ventilation mode is not set correctly.
- 2.3 The provision of isolation rooms which are switchable from positive to negative air pressure is no longer recommended because of the risk of cross contamination in the event of the setting being incorrect.
- 2.4 There are four main reasons for caring for patients in single rooms:
- patient susceptibility to infection from other sources;
  - where a patient presents an infection risk to others;
  - non-medical, for example patient preference;
  - clinical but not infection-related.

In terms of infection control, only patients in the first two categories require isolation. Patients in the latter two categories can be cared for in standard single en-suite rooms.

### Isolation facilities

- 2.5 In order to simplify the use of isolation facilities, this Supplement proposes two room designs for isolating patients in acute general settings:
- enhanced single room with en-suite facilities;
  - enhanced single room with en-suite facilities and ventilated bed access lobby (isolation suite).



### Enhanced single room with en-suite facilities

- 2.6 An enhanced single room with en-suite sanitary facilities having extract ventilation is a simple, cost-effective way to provide isolation, and will meet the needs of most patients on general wards.
- 2.7 The room does not require any specialist knowledge or action by the nursing staff to operate it. When not being used for isolation the room can be used for general nursing.
- 2.8 See [Section 3](#) for detailed design guidance.

### Enhanced single room with en-suite facilities and ventilated lobby (isolation suite)

- 2.9 An enhanced single room with a positive pressure ventilated bed access lobby and en-suite facilities with extract ventilation provides both source and protective isolation.
- 2.10 The positive pressure lobby ensures that air from the corridor does not enter the isolation room, and that air from the room does not escape into the corridor. This simple design enables the suite to be used for both source and protective isolation without the need for switchable ventilation or special training for staff. It also provides safe isolation for patients whose exact condition is unknown.
- 2.11 See [Section 3](#) for detailed design guidance.

### Advantages

- 2.12 Both rooms are suitable for caring for patients not in isolation but who require a single room for other reasons. In addition, both room designs are simple in concept, by default safe in operation, and do not require the nursing staff to have any specialist ventilation knowledge.

### Creating pleasant environments

- 2.13 Some patients with infections need to stay in isolation in hospital for long periods of time. The number of visitors they receive and the length of time they can spend with them may be restricted. This means that patients who are already vulnerable, but not necessarily physically severely incapacitated, will be confined to the room for sometimes several weeks and can experience long periods of boredom.
- 2.14 Accommodation for these patients should be stimulating and as comfortable as possible. Designers should try to achieve a balance between the need for a clean environment and the comfort of patients. There are a number of publications that describe in detail, evidence that supports the concept that a therapeutic environment has a positive effect on a patient's general feeling of well-being, reduces the length of stay for many patients, reduces depression,

confusion and aggressive episodes and significantly increases a patient's level of satisfaction with the overall quality of their care.

- 2.15 If patients are to stay in an isolation suite, it is important that they are able to see staff from their beds. Staff should also be able to see the patient in case of emergency. This reduces the psychological problems of isolation. Observation windows should have integral privacy blinds which can be controlled by both staff and patients. The sense of containment can also be reduced by providing outside views using windows with low sills.

### Record keeping

- 2.16 Where staff are required to record lobby air pressures as part of the local COSHH assessment, facilities for completing and storing log books should be provided in the lobby.

### Maintenance and cleaning

- 2.17 Guidance on the maintenance and cleaning of materials and finishes is contained in SHFN 30: Infection Control in the Built Environment: design and planning, planning teams should also refer to the 'Monitoring Framework for NHSScotland National Cleaning Services Specification-Guide for NHS Managers'. All surface finishes must be washable and moisture-resistant. This does not include emulsion paint.



Single Room



**En-Suite Bathroom**

### 3. Design guidance

#### New build isolation facilities

##### Enhanced single room with en-suite facilities

- 3.1 The design for a new-build enhanced single room with en-suite facilities is shown in [Appendix 1 Sheet No 1: Example room layouts](#).
- 3.2 The general specification for single rooms is provided in SHPN 04 (2000). The enhancements and modifications recommended for isolating patients are:
- a clinical hand-wash basin, with non-touch, fixed temperature mixer tap ([see paragraph 3.20](#)) adjacent to the exit door;
  - wall-mounted hand hygiene dispensers including alcohol hand rub dispensers, and disposable towel holders;
  - a foot operated lidded bin for disposing of paper towels and other non-clinical items;
  - suitable extract to the en-suite bathroom;
  - transfer grille in en-suite door;
  - en-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control ([see paragraph 3.20](#));
  - external windows should be openable, but with a fixed maximum opening width for safety. They should also be lockable. Internal windows should be fixed;
  - observation window in corridor wall with integral privacy blinds that can be controlled by both patients and staff;
  - all windows, including observation windows, should be low enough to provide a view for patients lying in bed.

##### Enhanced single room with en-suite facilities and ventilated bed-access lobby (isolation suite)

- 3.3 The design for a new-build enhanced single room with en-suite facilities and ventilated lobby, with bed access through the lobby, is shown in [Appendix 1 Sheet No 2 Example Room layouts](#).
- 3.4 The ventilated bed access lobby ensures that:
- air entering the bedroom is the clean ventilation supply from the lobby. Air from the corridor is blocked by the ventilation supply in the lobby, that is, the patient in the bedroom is protected from air from the corridor;

- potentially contaminated air from the bedroom is prevented from escaping into the corridor by the ventilated lobby, so the patient will not present a risk of infection to others.

As the lobby simultaneously prevents unfiltered air entering the room and potentially contaminated air escaping from it, the room can be used by both infectious patients and those at risk of infecting others.

- 3.5 The use of personal protective equipment (PPE) will be determined by local infection control policy. Facilities for putting on and removing PPE, and washing hands, are provided in the lobby. The risk of contaminants being dislodged from used PPE by the ventilation system and blown out into the corridor is considered negligible. However, a hand-wash basin and pedal operated lidded bin are also provided in the bedroom close to the exit door so that PPE can be removed in the bedroom should local policy require.
- 3.6 The benefits of the isolation suite are that it is simple in concept, requires no specialist knowledge by healthcare staff to operate it, and can also be used for general nursing. In addition, if the ventilation system fails the layout of the suite still ensures a degree of protection.
- 3.7 The general specification for single rooms is provided in SHPN 4. The enhancements and modifications recommended for isolating patients are:

In the bed access lobby:

- a clinical hand-wash basin with non-touch, fixed temperature mixer tap ([see paragraph 3.20](#));
- wall-mounted soap dispensers, disinfectant hand rub dispensers, and disposable towel holders;
- wall-mounted plastic apron and glove dispensers and storage for other clean PPE items;
- a clinical waste bin for disposal of used PPE;
- a bin for disposing of paper towels and other non-clinical items;
- storage for room cleaning equipment;
- a suitable air supply;
- In the isolation room;
- a clinical hand-wash basin, with non-touch, fixed temperature mixer tap (see paragraph 3.20) adjacent to the exit door;
- wall-mounted hand hygiene dispensers, including alcohol hand rub dispensers, and disposable towel holders;
- a clinical waste bin for disposal of used PPE;
- observation window in corridor wall with integral privacy blinds;
- a pressure stabiliser above bedroom door.

In the en-suite bathroom:

- suitable extract system to the en-suite bathroom;
- transfer grille in the en-suite door;
- en-suite WC to be non-touch flush and wash basin to have single tap with flow and temperature control ([see paragraph 3.20](#)).

For the suite as a whole:

- sealed, solid ceiling;
- windows to the exterior and interior to be locked shut and sealed;
- recessed luminaire rated IP44;
- where the configuration of the building permits (e.g. roof space above) consideration should be given to accessing luminaires from above for lamp changing. This will avoid the need for maintenance staff to access isolation facilities to undertake this activity.

3.8 Heating and cooling of the isolation suite will normally be provided via the ventilation system.

3.9 The provision of a two-way intercommunication system between the patient's bedroom and the nurses' base should be provided (see SHTM 2015: 'Bedhead Services').

### Converting existing facilities

3.10 The majority of patients requiring isolation can be cared for in enhanced single rooms with en - suite facilities that have an extract system. Only a small number of patients will need an isolation suite.

3.11 Acute general hospitals can create enhanced single en-suite rooms and isolation suites by converting bays and adapting existing single room accommodation. The layout of existing facilities may impose constraints on design, however, and planning teams will sometimes have to resolve the conflict between what is desirable and what is achievable.

3.12 For Health Boards wanting to convert existing accommodation into isolation facilities, the easiest and least expensive option is to adapt existing single rooms with en-suite sanitary facilities. However, where existing single rooms do not have en-suite facilities, Health Boards will need to reconfigure the accommodation ([see paragraph 3.16](#)).

### Converting a single room with en-suite facilities

3.13 The standard furnishing and fitment requirements for a single room are described in SHPN 04: 'In-patient accommodation: options for choice'.

- 3.14 The additional requirements for isolation of a single en-suite room are:
- a clinical hand-wash basin, with non-touch, fixed temperature mixer tap ([see paragraph 3.20](#)) adjacent to the exit door;
  - wall-mounted hand hygiene dispensers including alcohol hand rub dispensers, and disposable towel holders;
  - a foot operated lidded bin for disposing of paper towels and other non-clinical items;
  - suitable extract to the en-suite bathroom;
  - transfer grille in en-suite door;
  - en-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control;
  - external windows should be openable, but with a fixed maximum opening width for safety. They should also be lockable;
  - observation window in corridor wall with integral privacy blinds that can be controlled by both patients and staff;
  - all windows, including observation windows, should be low enough to provide a view for patients lying in bed.
- 3.15 A typical layout for converting an existing single room with en-suite facilities is shown in [Appendix 1 Sheet No 3: Example room layouts](#).

### Converting a single room without en-suite facilities

- 3.16 In an existing building it may be possible to modify three adjacent single bedrooms into two enhanced single bedrooms each with en-suite facilities - [see Appendix 1 Sheet 4: Example room layouts](#).
- 3.17 The requirements for disabled access, as set out in sections 4.2 and 4.7 of The Building (Scotland) Regulations, should be met.

### Creating an enhanced single room with en-suite facilities and ventilated bed access lobby (isolation suite)

- 3.18 When converting a single room into an enhanced single room with en-suite and ventilated lobby, any suspended ceiling must be replaced with a sealed solid ceiling. If a single room has a suspended ceiling to permit access to overhead services, a Health Board should install a sealed ceiling with sealable access hatches or move the services.
- 3.19 The additional requirements for upgrade to an isolation suite are as follows:
- In the bed access lobby:
- a clinical hand-wash basin with non-touch, fixed temperature mixer tap ([see paragraph 3.20](#));



- wall-mounted soap dispensers, disinfectant hand rub dispensers, and disposable towel holders;
- wall-mounted plastic apron and glove dispensers and storage for other clean PPE items;
- a clinical waste bin for disposal of used PPE;
- a bin for disposing of paper towels and other non-clinical items;
- storage for room cleaning equipment;
- a suitable air supply.

In the bedroom:

- a clinical hand-wash basin, with non-touch, fixed temperature mixer tap ([see paragraph 3.20](#)) adjacent to the exit door;
- a clinical waste bin for disposal of used PPE;
- non-opening observation window in corridor wall with integral privacy blinds;
- a pressure stabiliser above the bedroom door into the lobby;
- In the en-suite bathroom;
- suitable extract system to the en-suite bathroom;
- transfer grille in the en-suite door;
- en-suite WC to be non-touch flush and wash basin to have single tap with flow and temperature control ([see paragraph 3.20](#)).

For the suite as a whole:

- sealed, solid ceiling;
- windows to the exterior and interior to be locked shut and sealed;
- recessed luminaire rated IP44;
- where the configuration of the building permits (e.g. roof space above) consideration should be given to accessing luminaires from above for lamp changing, This will avoid the need for estates staff to access isolation facilities to undertake this activity.

- 3.20 Point of use oversink, non-touch, fixed temperature water heaters may be used as an alternative to 'fixed temperature mixer taps'.
- 3.21 The provision of a two-way intercommunication system between the patient's bedroom and the nurses' base should be provided (see SHTM 2015: 'Bedhead services').
- 3.22 An option for reconfiguring two existing single rooms to provide one enhanced single room with en-suite facilities and ventilated lobby, with bed access through the lobby, is shown in [Appendix 1 Sheet 5: Example room layouts](#). Where space restrictions mean bed access through the lobby is not possible, an



alternative layout gives bed access directly to the bedroom from the corridor shown in [Appendix 1 Sheet 6: Example room layouts](#). In this case the lobby would be sized for personnel access only.

### Converting a multi-bed bay

- 3.23 An existing four-bed bay may be converted to provide two enhanced single rooms with en-suite facilities in [Appendix 1 Sheet 7: Example room layouts](#).
- 3.24 In this configuration it is not possible to provide a normal observation window. As observation is critical, however, one option would be to provide fully-glazed lobby and bedroom doors, with integral privacy blinds, to enable observation from the corridor and to provide a view out for the patient.



Hand rub dispenser

## 4. Engineering requirements

---

### Engineering design philosophy

- 4.1 This Section describes the ventilation system philosophy for an isolation suite with a patient's bedroom, en-suite sanitary facilities and ventilated lobby. A methodology for validation of the performance standard is given in [Appendix 2](#).
- 4.2 The isolation suite and its ventilation system are based on a validated design. The engineering guidance given in this Section aims to provide a practical, 'fail-safe' design solution for isolating patients on acute general wards.
- 4.3 The ventilation system is designed on the basis that all its constituent parts, as described in [Table 1](#), work together to form an integrated system. For example, air to the suite is supplied at high level in the lobby, with extract in the en-suite bathroom. This ensures good airflow through the entire isolation suite. Similarly, the volumetric airflow rate in the lobby is determined by the number of air changes required in the patient's bedroom. Modifying or failing to provide one element of the system will jeopardise the performance of the system as a whole.

### Basic design parameters

- 4.4 The patient's bedroom is to have 10 air changes per hour. The entry lobby is to be at +10 Pascals with respect to the corridor. The en-suite room is to have at least 10 air changes per hour and be at a negative pressure with respect to the patient's bedroom. [Table 1](#) gives nominal design values calculated for rooms of the size stated. The air change rates and pressure differentials below should be maintained when filters are dirty. Variable-speed control of fan motors would be an acceptable method of flow control, within the normal operating range of the fan's speed.

Room	Parameter	Nominal Design Values
Lobby	Room volumes	
	Bed access lobby (5m <sup>2</sup> x 2.7m)	13.5 m <sup>3</sup>
	Personnel access lobby (4m <sup>2</sup> x 2.7m)	10.8 m <sup>3</sup>
	Pressure differential to corridor	Nominally 10 Pascals
	Supply air flow (for a room of this size)	Bed access lobby - 238 l/s Personnel access lobby - 208 l/s
	Air change rate	Bed access lobby – 63 per hour Personnel access lobby – 69 per hour
Isolation Room	Room volume (19m <sup>2</sup> x 2.7m)	51.3m <sup>3</sup>
	Pressure differential to corridor	Nominally zero
	Room air flow (for a room of this size)	158 l/s
	Air changes rate	10 per hour
En-suite	Room volume (6m <sup>2</sup> x 2.7m)	16.2m <sup>3</sup>
	Pressure differential to isolation room	Negative
	Extract air flow (for a room of this size)	158 l/s  (If extract is fitted in the isolation room this reduces to 45 l/s in the en-suite with 113 l/s extract in the isolation room)
	Air change rate	At least 10 per hour

Table 1: Isolation Suite – Ventilation Parameters

**Note:** In this example the design parameters are based on SHPN 04: 'In-patient accommodation: options for choice'. The en-suite is sized to comply with BS 8300 accessibility requirements.

The airflow rates quoted do not include any allowance for construction leakage. This has been set at 1 l/s of air per 1m<sup>3</sup> of suite envelope volume ([see Appendix 2](#)).

Where immuno-compromised patients are to be accommodated, such as in transplant units or specialist cancer units, there could be a need for positive pressure isolation rooms.

## Isolation Suite

### Ventilation – general

- 4.5 Ideally each suite should have its own dedicated supply and extract system. If two or more suites share a ventilation system there will be an inevitable increase in the complexity of the system and a corresponding reduction in reliability and serviceability. Further complications will occur when individual suites have to be isolated for deep cleaning following occupation. Routine maintenance of the ventilation system will result in complete closure of all suites

that it serves. For these reasons it is strongly recommended that each suite should have its own ventilation system. However, refer also to paragraph 4.8.

- 4.6 The object should be to keep the ventilation systems as simple as possible. Standby fans or motors are not required for either supply or extract. This is because the system as designed is robust enough to withstand fan failure without significantly compromising the level of protection. A flow sensor should be fitted to each system that will alarm on fan failure at a designated nurse station and the estates department.
- 4.7 Ductwork should be kept as direct and simple as possible. In order to facilitate duct cleaning, volume control devices and other obstructions in the distribution ducts should be avoided. Supply and extract flow rates should, where possible, be set by terminal and duct size design. In the unlikely event that volume control devices are required, iris dampers are the preferred type.
- 4.8 In a high-rise building a common supply and extract system may be the only feasible solution. In this case, run and standby fans would be required for the extract and a duplicate supply unit may be considered necessary. The supply and extract branches to each isolation suite should be fitted with spring-close gas-tight dampers. This will permit individual suites to be shut down for cleaning and maintenance. The common supply and extract systems will need to be controlled to ensure a constant volume in each isolation suite branch regardless of the number in use. The overall design should ensure that short-circuiting couldn't occur between isolation suites.

### Fire strategy

- 4.9 The isolation suite is intended to be built as a single fire compartment. The positive pressure in the lobby will deter smoke originating in the corridor from entering the room. Smoke from a fire in the room will be contained within the suite and extracted via the en-suite extract. Due to this, the ventilation system serving the isolation facility should be kept running in the event of a fire.
- 4.10 Fire rated ductwork should be provided such that ducts can be considered an extension of the isolation suite. Fire dampers, where the ducts penetrate walls and floors, will not then be required.
- 4.11 A motorised smoke/fire damper should be fitted at the discharge of the supply air handling unit (AHU). The damper should close in the event of an AHU or intake fire under the control of a smoke detector mounted in the AHU.

### Extract ventilation

- 4.12 An extract terminal should be fitted at high level in the en-suite room. An additional terminal may be fitted in certain circumstances at low level adjacent to the bedhead in the bedroom. The clinical requirement for this should be verified and such requirements would probably relate to highly infectious patients.

- 4.13 A transfer grille should be fitted at low level in the door between the bedroom and en-suite room.
- 4.14 The extract duct should be fitted with a spectacle plate or gas-tight damper so that the system can be sealed to allow the isolation suite to be disinfected. The plate or damper should be fitted at the inlet of the extract fan. This will also permit isolation of the extract fan for service and maintenance.
- 4.15 The extract fan unit should be located outside the building so that all ductwork within the building is under negative pressure. Access and cleaning hatches should only be fitted where absolutely necessary. If fitted they should be of the sealed type and marked with a bio-hazard symbol. If the fan has to be located inside the building it should be as close as practicable to the outside. The extract fan motor should be mounted out of the air stream and should be capable of being changed without withdrawing the impeller or opening up the ductwork. The extract fan should draw its power from the essential electrical system.
- 4.16 Extract filters will not be required provided that the fan can discharge in a safe location 3 m above the building height. If extract filters are fitted they should be in a 'safe change housing' outside the building on the suction side of the fan. Extract filters, where fitted, should be of H14 grade. Even if filtered, extract air must not be re-circulated.
- 4.17 Extract ductwork, the fan and discharge stack must be clearly marked to identify the isolation suite that they serve. Service, maintenance, cleaning and filter change of the system will be subject to a 'Permit to Work'.

### Supply ventilation

- 4.18 The supply AHU should comply in all respects with the minimum standards set out in SHTM 2025: 'Ventilation in Healthcare Premises'. (*This SHTM is under review and is listed for replacement by SHTM 03*). Heating and cooling should be provided, but not humidification. The fire/smoke damper fitted in the discharge from the AHU should close on plant shutdown and/or airflow failure, sealing the AHU from the distribution ductwork. This will prevent any reverse airflow and permit routine maintenance or system disinfection. The supply fan should draw its power from the essential electrical system.
- 4.19 The supply AHU and distribution ductwork must be clearly marked to identify the isolation suite that they serve. Access and cleaning hatches should only be fitted where absolutely necessary. They should be of the sealed type and marked with a bio-hazard symbol. Service, maintenance, cleaning and filter change of the system will be subject to a permit to work.
- 4.20 A G3 pre-filter and final filter should be fitted in the AHU. The lobby air supply terminal should be of a type into which a HEPA filter can be fitted. While it is not envisaged that a HEPA filter will be routinely required, this arrangement will allow for subsequent fitting when appropriate with the least disturbance. A

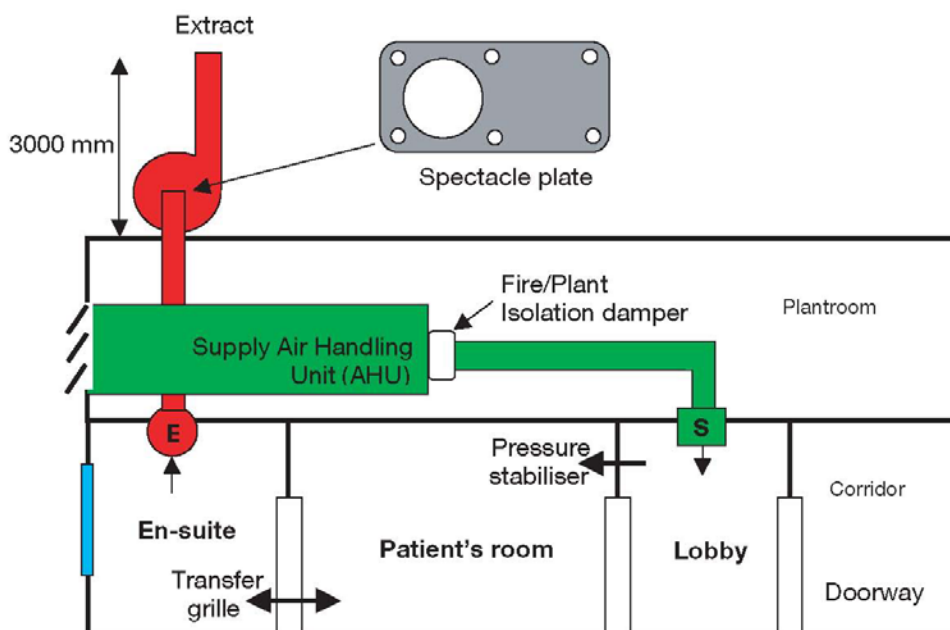
sealable upstream DOP injection test point will be required in the supply duct so that, if a HEPA filter is fitted, it can be challenge tested on installation.

- 4.21 A pressure stabiliser of the balanced blade type, set to operate at 10 Pascals, should be fitted above the door between the lobby and the bedroom. The stabiliser should be visible so that its correct operation can be seen. It should be of a style that will operate silently, and be correctly sized and positioned so that it does not cause a draught that would be uncomfortable for patients.
- 4.22 A direct reading gauge showing the pressure in the lobby with respect to the corridor should be mounted at eye level on the corridor wall adjacent to the lobby entry door. The gauge and lobby entry door must be clearly marked to identify the isolation suite to which they refer. In common systems serving more than one isolation room, automatic closing backdraught dampers will be required. Where HEPA filters are installed, these should be located so that staff can access them without recourse to entering isolation suites. Audio and visual alarms must be located at the entrance to the lobby and bedroom to warn nursing and maintenance staff of potential unsafe conditions. Continuous monitoring should be provided with remote indication at nurses stations, interlinked to the Building Management System with time delay (adjustable by Estates personnel) to take account of running-up of standby motors or damper operations or other plant items that may take time to open or close. Alarms based on sensing airflow failure should be provided rather than electrical failures. Alarm sound levels should be sufficient to attract attention without distress or annoyance and, if muted, should re-activate at 5-10 minute intervals.

### Record keeping

- 4.23 A logbook will be required for each isolation suite. It should contain the following information:
- a schematic layout of the isolation suite and ventilation system serving it;
  - information on the ventilation design parameters;
  - a record of the actual ventilation performance at initial validation. (All of the tests set out in [Appendix 2 'Acceptance testing of isolation suite'](#) should be carried out);
  - records of the annual validations. (The parameters set out in [Appendix 2](#) should be measured);
  - records of the lobby pressure, taken by ward staff from gauges and monitoring devices provided;
  - records of any routine service and maintenance activities;
  - records of any repairs or modifications;
  - a method statement for disinfecting the system.

Estates management should ensure that nursing staff are familiar with pressure gauges and able to record readings in the appropriate log book.



Isolation suite ventilation system – example layout

When the suite is taken out of use, the logbook should be preserved for at least five years.

### Other considerations

- 4.24 As far as practicable, access to domestic hot and cold water services and their associated thermostatic mixing valves should be via access panels in the lobby or corridor. Every effort should be made to avoid service and maintenance staff having to enter or pass through the bedroom when carrying out routine service and maintenance tasks.

### Service and maintenance

- 4.25 Spectacle plates or gas-tight dampers should be used to seal the system, should the suite and/or its ventilation system require disinfection. A method statement should be prepared detailing the procedure. For further guidance on disinfection refer to 'Biological agents: Managing the risks in Laboratories and healthcare premises' by the Advisory Committee on Dangerous Pathogens, available from HSE. All works of service and maintenance should be subject to a permit to work.

## Appendices

---

### Appendix 1: Example room layouts – Use of single rooms for Isolation: Key Design Principles

### Appendix 2: Acceptance testing of isolation suite



## Appendix 1 : Example room layouts

### Use of single rooms for Isolation: Key design principles

The room layouts in this Appendix are examples and are intended as a guide. Other room configurations are possible.

Current guidance (Scottish Health Planning Note 04: In-patient accommodation: Options for choice, May 2000) recommends that *"where not in a single-bed room each bedspace should not be less than 3.0m x 2.7m"*. However interim guidance, issued on the 21st February 2007 by the Scottish Executive states that having regard to ergonomic criteria, primarily the space required for patient handling and other activities which take place in the immediate vicinity of the bed it is recognised that the minimum bedspace should not be less than 3.6m x 3.7m. It also states that when planning any new in-patient accommodation or any major refurbishments of existing accommodation it is recommended that the increased bedspace is adopted.

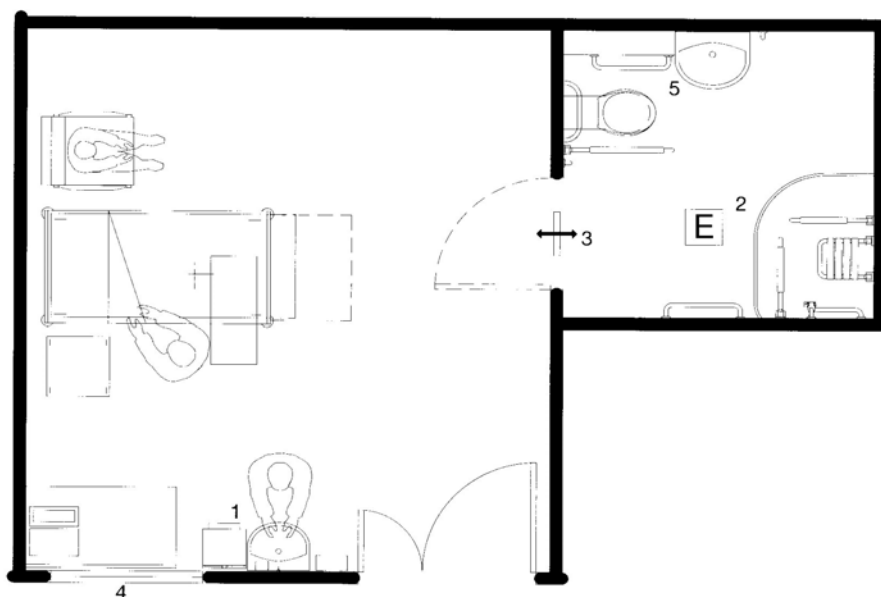
In planning for the construction or major refurbishment of healthcare facilities it is appropriate to provide an overall single occupancy room level of between 50% and 100%.

The appropriate level within that range is a matter for each individual NHSScotland Board to consider based on the following broad criteria:

- science-based decisions relating to the clinical and nursing care of patients and overall hygiene standards;
- value-based judgements about the nature of personal services and responsiveness to the local community and generational cultures;
- operational needs, for example managing volatility in demand or changing clinical needs and priorities; and
- the need to balance these against economic considerations.

Each Board may also want to give consideration to the patient group being treated.

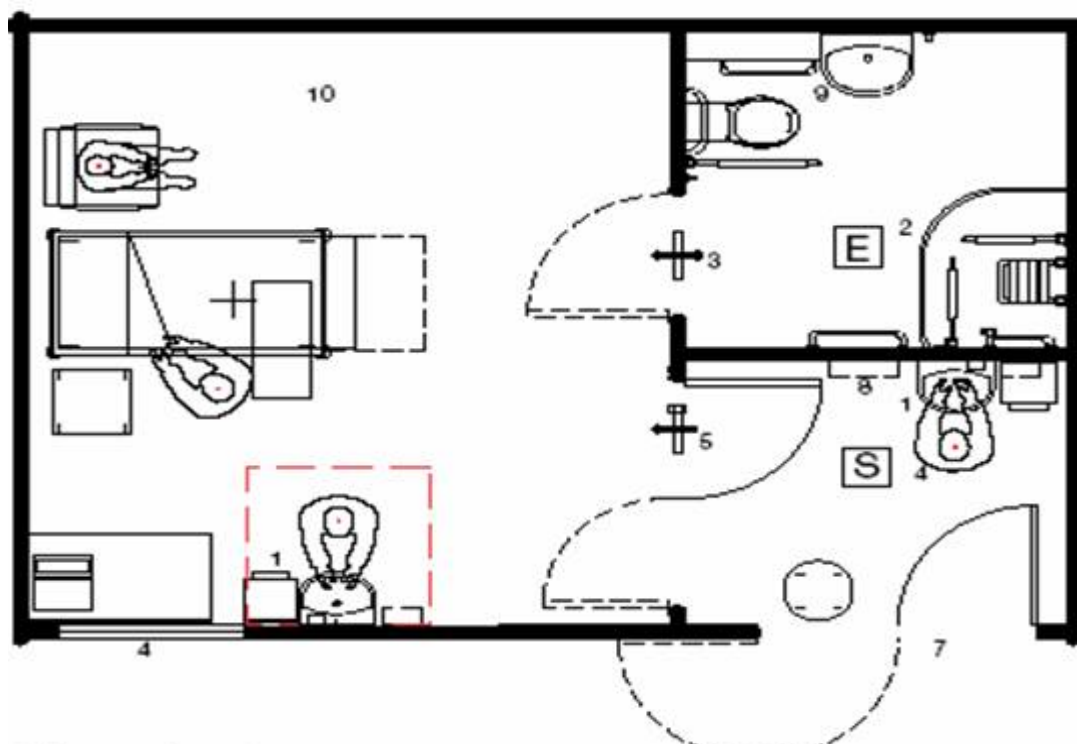
## Sheet 1: New build single room with en-suite facilities.



### Minimum requirements:

1. Clinical hand-wash basin with non-touch, fixed temperature mixer tap.
2. Provide suitable extract fan.
3. Transfer grille to en-suite door.
4. Observation window in corridor wall with integral privacy blinds to allow for staff observation and patient views out.
5. En-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control.

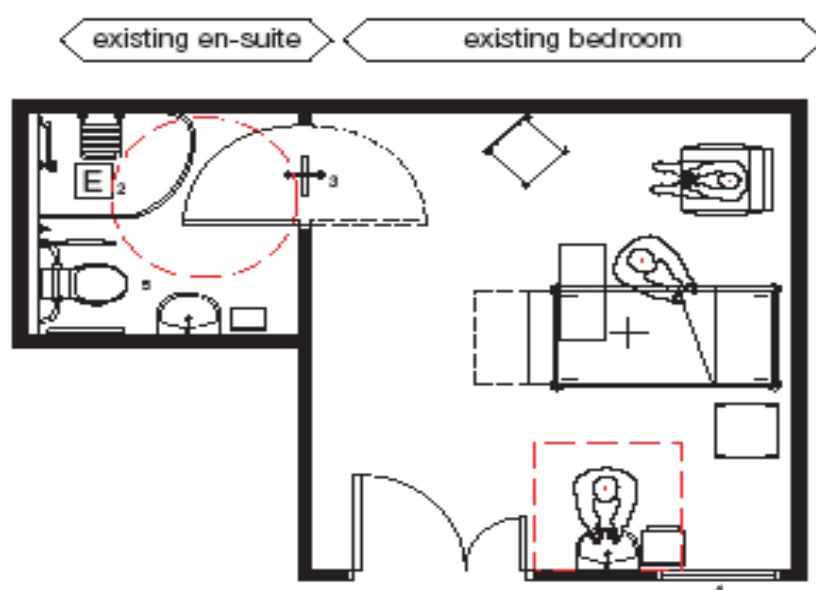
## Sheet 2: New build single room with en-suite facilities and bed-access lobby (isolation suite)



Minimum requirements:

1. Clinical hand-wash-basin with non-touch, fixed temperature mixer tap.
2. Provide suitable extract fan.
3. Install transfer grille to en-suite door.
4. Supply air.
5. Pressure stabiliser.
6. Observation window in corridor wall with integral privacy blinds to allow for staff observation and patient views out.
7. Double door for personnel and bed access.
8. Disposable apron dispenser.
9. En-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control.
10. Ceiling to be sealed solid construction, external window to be sealed.

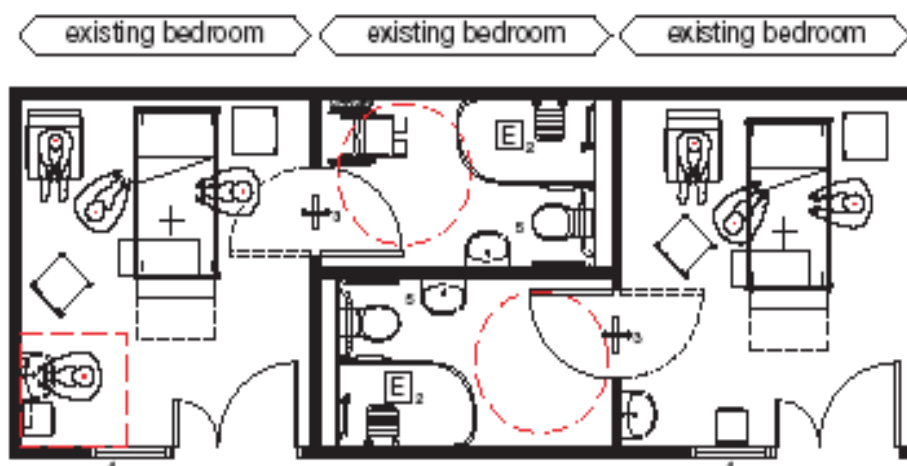
## Sheet 3: Existing single room with en-suite facilities



### Minimum requirements to upgrade existing facilities

1. Add clinical hand-wash basin with non-touch, fixed temperature mixer tap.
2. Upgrade existing extract fan.
3. Install transfer grille to en-suite door.
4. Observation window in corridor wall with integral privacy blinds to allow for staff observation and patient views out.
5. En-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control.

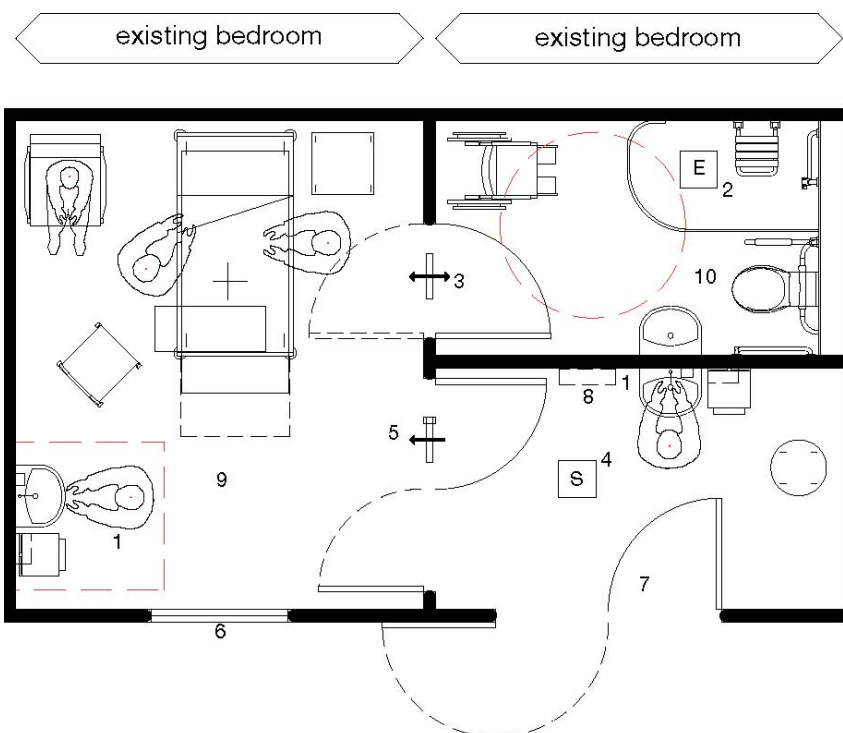
**Sheet: 4 Single rooms without en-suite facility. Upgrading three existing single rooms to provide two single rooms with en-suite facilities**



Minimum requirements to upgrade existing facilities:

1. Add clinical hand-wash basin with non-touch, fixed temperature mixer tap.
2. Provide suitable extract fan.
3. Install transfer grille to en-suite door.
4. Observation window in corridor wall with integral privacy blinds to allow for staff observation and patient views out.
5. En-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control.

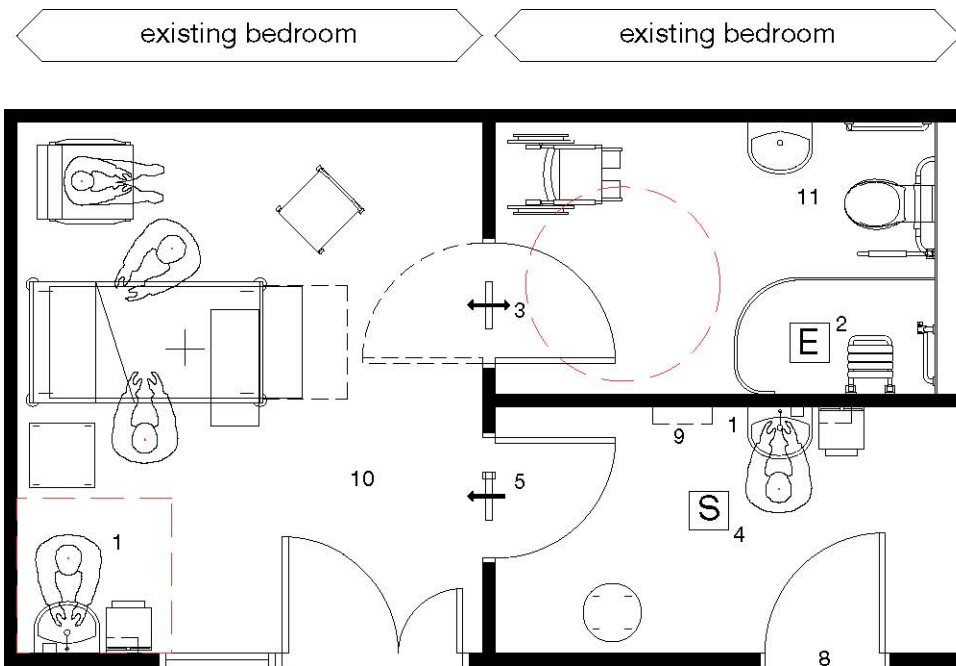
## Sheet 5: Single rooms without en-suite facility. Upgrading two existing single rooms to provide one single room with en-suite facilities and bed access lobby



### Minimum requirements to upgrade existing facilities

1. Add clinical hand-wash basin with non-touch, fixed temperature mixer tap.
2. Provide suitable extract fan.
3. Install transfer grille to en-suite door.
4. Supply air.
5. Pressure stabiliser.
6. Observation window in corridor wall with integral privacy blinds to allow staff observation and patients views out.
7. Double door for personnel and bed access.
8. Disposable apron dispenser.
9. Upgrade ceiling to sealed solid construction, external windows to be sealed.
10. En-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control.

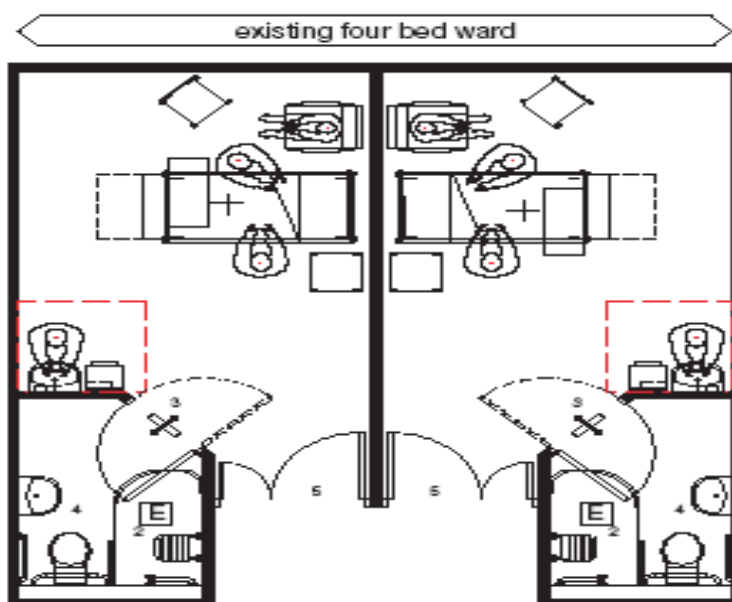
## Sheet 6: Single rooms without en-suite facility. Upgrading two existing single rooms to provide one single room with en-suite facilities and personnel access lobby



### Minimum requirements to upgrade existing facilities

1. Add clinical hand-wash basin with non-touch, fixed temperature mixer tap.
2. Provide suitable extract fan.
3. Install transfer grille to en-suite door.
4. Supply air.
5. Pressure stabiliser.
6. Observation window in corridor wall with integral privacy blinds to allow for staff observation and patient views out.
7. Existing door and a half for bed access only must be kept locked and have seals to minimise air transfer.
8. Single door access via lobby.
9. Disposable apron dispenser.
10. Upgrade ceiling to sealed solid construction, external windows to be sealed.
11. En-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control.

## Sheet 7: Upgrading existing four bedded room to provide two single rooms with en-suite facilities.



### Minimum requirements

1. Clinical hand-wash basin with non-touch, fixed temperature mixer tap.
2. Provide suitable extract fan.
3. Transfer grille to en-suite door.
4. En-suite WC to be non-touch flush and hand-wash basin to have single tap with flow and temperature control.
5. Doors to be fully glazed, with integral privacy blinds, to allow staff observation and patients views out.



## Appendix 2: Acceptance testing of isolation suite

### Definitions

#### Isolation suite

Includes the entry lobby, patient's room, en-suite facility and any storage or other area directly accessible from the patient's or en-suite room.

#### Isolation suite envelope

The isolation room suite bounded by a solid floor, solid ceiling and full-height walls that separate it from any other adjoining space or the outside.

#### Validation – Isolation suite air permeability (leakage rate)

The suite will be considered fit for purpose if at a test pressure of +20 and –20 Pascals it has an average leakage rate of not more than 1 l/s of air per 1m<sup>3</sup> of envelope volume. The method of testing is set out below.

**Rationale:** To ensure effective isolation, it is important that air leakage to or from adjacent areas is kept to a minimum. Construction gaps should be minimised and service penetrations sealed before the suite is tested. The test pressures are significantly more than would be achieved under a ventilation fault condition within the isolation suite. When in operation, the patient's room and en-suite are designed to be at a neutral or slightly negative pressure so the actual leakage between adjoining spaces should be insignificant.

### Validation

#### Filtration test standards

General and fine filter grades to BS EN 779:2002 should be visually inspected to ensure that they are free from tears or other damage at the time of installation. They should be a good fit in their housing, with no obvious gaps that could allow air bypass.

High Efficiency Particulate Air (HEPA) filters, where fitted, should be certified by their manufacturer for conformity to BS EN 1822:2000. When installed, their performance should be checked with a particle counter using the method set out in BS EN 1822:2000 for in situ aerosol testing.

### Air permeability – Tests method

1. Establish the volume of the isolation suite envelope as defined above.
2. Turn off the suite supply and extract ventilation systems and those serving adjoining spaces. (Rationale: All adjoining spaces need to be at atmospheric pressure in order to establish the true leakage rate.)
3. Seal all supply and extract terminals.
4. Wedge all internal doors open.
5. Fit a temporary board seal and test fan in the lobby to corridor doorway.
6. Run the fan to maintain a positive test pressure of 20 Pascal for at least two minutes.
7. Measure the airflow rate of the fan.
8. Reverse the fan and run it to maintain a negative test pressure of 20 Pascal for at least two minutes.
9. Measure the airflow rate of the fan.
10. Average the two airflow readings obtained.
11. Calculate the leakage rate in l/s of air per m<sup>3</sup> of envelope volume. If the isolation suite envelope is correctly sealed the readings should be within 5% of each other.

Further details of the test method are contained in 'Testing buildings for air leakage', CIBSE, TM23, 2000.

Close all internal doors and, using the test fan, check that the pressure stabiliser opens at 10 Pascal and that it will carry the design airflow without flutter.

These tests should be carried out at initial commissioning and as necessary thereafter following works of refurbishment or when there is any doubt as to the actual performance standard of the suite.

### System operating standard

The suite will be considered fit for purpose if, with the ventilation system operating and all doors closed, the following parameters are achieved:

- a positive pressure of between 10 and 12 Pascals between the entry lobby and the corridor;
- the patient's room has an air change rate of at least 10 per hour;
- the en-suite room is at a negative pressure with respect to the patient's room;
- a failure of either the supply or extract fan will be indicated at a designated nurse station and the estates department.

The suite should be tested following initial commissioning and thereafter re-tested at least annually for conformity with this operating standard.

## References

---

### Acts and Regulations

**Control of Substances Hazardous to Health (COSHH) Regulations 2002 and subsequent amendments**, SI 2002 No 2677. The Stationery Office.  
<http://www.opsi.gov.uk/si/si2002/20022677.htm>

**The Building (Scotland) Regulations 2004 and Amendment Regulations 2006, 2007**, SI 2000 No 2531. The Stationery Office.  
<http://www.hmso.gov.uk/legislation/scotland/ssi2004/20040406>

### British Standards etc

**BS 8300: 2001** Design of buildings and their approaches to meet the needs of disabled people – Code of practice. British Standards Institute, London.

**BS EN 779:2002** Particulate air filters for general ventilation. Determination of the filtration performance.

**BS EN 1822-4:2000** High efficiency air filters (HEPA and ULPA). Determining leakage of filter element (scan method).

**BS EN 1822-5:2000** High efficiency air filters (HEPA and ULPA). Determining the efficiency of filter element.

### NHSScotland Publications

**Scottish Health Facilities Note (SHFN) 30: 'Infection control in the built environment: design and planning'**. Health Facilities Scotland, 2007.

**Scottish Health Planning Note (SHPN) 04: 'In-patient accommodation: options for choice'**. Health Facilities Scotland 2001.

**Scottish Health Technical Memorandum 2015: 'Bedhead Services'** Health Facilities Scotland 2001.

**Scottish Health Technical Memorandum 2025: 'Ventilation in healthcare premises'**.  
Health Facilities Scotland, August 2001. (new edition forthcoming 2008, 'SHTM 03')

**Scottish Health Technical Memorandum 2027: 'Hot and cold water supply, storage and mains services'**. Health Facilities Scotland, December 2001.  
(Revised version SHTM 04 in preparation for publication in 2008).

**Scottish Health Technical Memorandum 2040: 'The control of legionellae in healthcare premises: a code of practice'.** Health Facilities Scotland December 2001. (Revised version in preparation for publication in 2008 within SHTM 04).

## Other publications

**The management and control of hospital acquired infection in acute NHS Trusts in England.** National Audit Office, 2000.

**Biological agents: Managing the risks in Laboratories and healthcare premises.** Advisory Committee on Dangerous Pathogens, The Stationary Office.

<http://www.hse.gov.uk/biosafety/biologagents.pdf>

**Testing buildings for air leakage.** CIBSE, TM23, 2000.

## Useful websites

<b>Hospital Infection Society</b>	<a href="http://www.his.org.uk">http://www.his.org.uk</a>
<b>Infection Control Nurses' Association</b>	<a href="http://www.icna.co.uk">http://www.icna.co.uk</a>
<b>Health Protection Agency</b>	<a href="http://www.hpa.org.uk">http://www.hpa.org.uk</a>
<b>Royal College of Nursing</b>	<a href="http://www.rcn.org.uk">http://www.rcn.org.uk</a>
<b>Health Facilities Scotland</b>	<a href="http://www.hfs.scot.nhs.uk">http://www.hfs.scot.nhs.uk</a>
<b>Health Protection Scotland</b>	<a href="http://www.hps.scot.nhs.uk">http://www.hps.scot.nhs.uk</a>

**From:** [Cleaver, Don](#)  
**To:** [Hunter, William](#); [Maclean, Alistair](#); [Kane, Mary Anne](#); [Forsyth, Ailsa](#)  
**Cc:** [McPhail, Pamela](#)  
**Subject:** RE: GGH - Theatre I ( 1) Ultra flow canopy  
**Date:** 07 January 2015 15:09:50

---

Billy

The current situation is theatres H&I are out of commission.

Theatre I is due to be repaired and operational by 5pm to morrow .

Theatre H requires a motor which will be on site by the 14th and will be installed on the 15th January .

In both cases these theatres will validated upon completion of the works and copy of the validation certificate will be retained by theatre staff

Don

---

**From:** Maclean, Alistair  
**Sent:** 07 January 2015 14:07  
**To:** Cleaver, Don  
**Cc:** McPhail, Pamela  
**Subject:** Fwd: GGH - Theatre I ( 1) Ultra flow canopy

Don

Please see below

Thanks

Alistair

Sent from my iPhone

Begin forwarded message:

**From:** "Forsyth, Ailsa" [REDACTED]  
**Date:** 7 January 2015 13:28:48 GMT  
**To:** "Maclean, Alistair" [REDACTED]  
**Cc:** "Carr, Michelle" [REDACTED]  
**Subject:** FW: GGH - Theatre I ( 1) Ultra flow canopy

Alistair,

For info this is problem below with Theatre I flow.

Kind Regards

Ailsa

---

**From:** Wilson, Iain  
**Sent:** 07 January 2015 13:27  
**To:** Forsyth, Ailsa  
**Cc:** Smith, Euan; Brown, Hugh; Urquhart, Phyllis; Cleaver, Don  
**Subject:** GGH - Theatre I ( 1) Ultra flow canopy

Hello Ailsa,

Just a quick note to say that Theatre I (1) ultra flow canopy is off. The problem is in the control panel out side the theatre, in the dirty corridor. The speed controller part ( which controls the variable speed drive rheostats, has gone faulty). I have phoned the original manufacture and asked if they can help to supply and replace this part. The lady on the other end of the phone said they do not use this type now and it is variable speed drives. I am waiting on her coming back to me with further information. I have asked the question would they still have an original spare in stock an if so can we have it? this would allow for a like for like change if not it will be an upgrade.

Will come back when I know more.

Regards Iain

**From:** [Murray, Lorna](#)  
**To:** [Murray, Lorna](#); [Wallace, Stephen](#); [Hunter, William](#); [Anderson, Robert](#); [Kane, Mary Anne](#); [Connelly, Karen](#); [Young, Scott](#); [McCafferty, Annette](#); [Murray, Kate](#); [Macdonald, David](#); [Matheson, Fiona](#); [Gardner, Andrew](#); [Rankin, Linden](#); [Kean, Gary](#); [Connolly, Stephen](#); [McSweeney, Karen](#); [Turnpenny, Annette](#); [McGorry, Pat](#); [Magee, James](#); [Kerr, Margaret](#); [Powrie, Ian](#); [Stewart, Alan](#)  
**Subject:** RE: FM Migration Meeting Friday 16th Jan 15 - 1pm Hillington Board Room  
**Date:** 13 January 2015 11:11:23  
**Attachments:** [FM Migration Meeting Agenda 060115.doc](#)  
[FM Migration Planning Group Minutes 191214.doc](#)  
[NSGH FM Issues Tasklog Updated 16 Oct 14.doc](#)  
[Risk Register - Amended 190914.xls](#)

---

Dear All

Please find attached papers for this Friday's meeting, Can I ask that the task log is updated, and I remind you that Mary Ann wants to cover the risk register at this meeting

*Regards*

*Lorna*

**Lorna Murray/Corporate Facilities Manager/ NHS Greater Glasgow & Clyde/Central Medical Building/Southern General Hospital/ /1345 Govan Road/Glasgow G51 4TF**

PS. I've signed up to [improving our email culture](#)



**FACILITIES DIRECTORATE**  
**NSGH FM MIGRATION PLANNING GROUP**  
 Friday 16th December 2014 1pm, Boardroom, Contact Centre, Hillington

**Present:**

Mary Anne Kane	Interim Director - Facilities
Margaret Kerr	Senior OD Advisor
Lorna Murray (LM)	Workstream Lead - Fire Safety
Scott Young (SY)	Facilities Manager
David McDonald (DM)	Facilities Manager
Annette McCafferty (AM)	Workstream Lead - Domestic Services
Alan Stewart (AS)	Decontamination
Rob Anderson	Finance
Steven Drummond (SD)	Workstream Lead - IT
Eleanor Naismith	Project Manager
Billy Hunter (BH)	General Manager, Facilities
Karen Connelly	Project Manager
Pat McGorry	IT Service Delivery Manager
Kate Murray	Workstream Lead – Laundry, Catering
Ian Powrie	Sector Estates Manager - NSGH

	ITEM	ACTION
1.	<b>Apologies</b> were received from Gary Kean, Stephen Wallace, Jim Magee, Annette Turnpenny	
2.	<b>Notes of the last Meeting</b> Accepted as accurate account of meeting	
3.	<b>Matters Arising – Updates</b>  Further helpdesk session will be arranged for Jan 15 – BH Meeting held for ID badges – ongoing - LM GP Environmental meeting arranged for next Tues, no other issues – DM Discussion with Dave Stewart, no further forward – BH Window Cleaning not taking it any further at this time – BH	

4.	<p><b>Workstream Group Leads</b></p> <p><b><u>GK – Procurement and Logistics - key points</u></b></p> <p>Manning submitted to Billy Hunter and Stephen Wallace, to be reviewed and discussed in more detail per Billy and Stephen's availability.</p> <p>Cost centres and idas – Denis Seenan and Syd Smith from procurement have been attending meetings with finance and have now requested new cost centres and IDAs by 23<sup>rd</sup> January to allow time for procurement systems team to do the necessary work. This will involve updating ward 'shopping lists' and amending all Pecos users accounts for staff moving to new site.</p> <p>Night time put aways have been identified as an possible issue by staff side at generic ward storage groups – GK/ Fiona McCluskey will put fwd some info to meg group for discussion around this issue. (e.g., volumes of cages per night etc).</p> <p><b><u>MISC</u></b></p> <p>GK attending the following sub groups on a regular basis –</p> <p>Generic ward storage group – ongoing.</p> <p>Theatre storage group – ongoing.</p> <p>Teaching and learning centre – ongoing.</p> <p>NDC - meeting with NDC staff on a regular basis to discuss timetables / volumes etc however cannot really finalise this until all new shopping lists, cost centres and idas in place.</p> <p>Along with Colin Bonnar and Brian Gray (Hillington) GK met with Jim Magee last week to discuss goods arriving from Hillington, timings etc. this meeting helped to clarify a few points.</p> <p>GK submitted the above written report – BH confirmed he would pick up on these points with Gary</p> <p><b>JM</b> – Workspace Manager for vehicle schedules – PM confirmed these are set up</p> <p><b>KC</b> – New Programme - 12wks Commission period</p> <p>Phase 1 – Planning and Prep Work</p> <p>Phase 2 – 12wks un to 26<sup>th</sup> Jan 15</p> <p>Phase 3 – weeks 13 – 23 Migration over</p> <p>Phase 4 – completion of Decommission Sites</p> <p>Now focus on process for Induction, ID Badges and equipping team</p> <p><b>SY</b> – Teaching and Learning Centre Update</p> <p>Scott delivered a presentation on the programme for the T&amp;L Centre. The building will operate from 0800 – 2000 Mon – Fri and will be run as a commercial venue with extensive marketing. All staff with an ID badge will have access 24/7. Rooms will be bookable via CMIS University of Glasgow booking system.</p> <p><b>ENaismith</b> – Administration Accommodation</p> <p>Eleanor delivered a presentation on the programme for this building. In total there will be 1285 desk in total. Discussion took place around Office Managers. Consultants will be able to access this building 24/7 through the link corridor</p>	
----	--	--

**Workstream Group Leads - continued****AS – Decontamination**

Has looked at where washers are to go, cabinets were too small and PO was changed. All validation for Endoscopy are going through GRI. £300,00 order placed for instruments, Standardising Trauma kits with Striker – Striker have given resources to do this Instrument carts have been modified and PO for them signed off

Decommissioning sites will move implants direct to Theatres with their instruments going to Cowlairs, redeployment of Satellite store will be picked up after holidays. Transfers for existing instruments to new sites has not been include in STO's

Discussion took place regarding how electives will be maintained during migration, with each speciality being different

**IP – Estates**

Currently working on PPM transferring onto FM1st, doesn't include Stat Mand PPM at the moment as this is a considerable peace of work. Plant pick up discussed with Billy, take over 3mths, looking for SFM for support. Stage 2 – 5 staff transfers over for NHS Energy Centre, Duty Managers to assess defects prior to starting shifts. Work required to align data quality issues.

Training Programme for staff ongoing.

**AM - Domestic**

No issues or exceptions. Concerns over vacant posts for Admin Building – will pick this up when return to work on 5<sup>th</sup> Jan. Discussion took place regarding the SoP for staff lockers. Staff will not have a dedicated locker

**LM – Fire**

Discussed draft work programme for FRA's, detailed that this would be completed in the timescale of 1yr. Raised issue with new Locations still not been uploaded onto 3i, have tried to discuss with Bill Skelly but not getting any response. PM had also tried to contact Bill; she will try again and get a response.

**SY – Travel Plan**

Nothing changed at moment although numbers of spaces are looking healthier, details submitted in line with Section 75.

**KM – Catering**

Electronic meal trail for Neuro will commence in Jan, run from catering department. Will need meal order to go straight to screen for the pilot, a lot of work gone into the pilot

**Linen**

Delivery schedule for linen cages being worked on. Procurement have sent out specification for linen cages without Laundry input or consultation, the specification is wrong and unsuitable. Discussion took place around support required and changes needed to specification.

**PM** – Dynamic risk assessment and training – will use Nuero as the pilot.

**SD - IT Update**

Workspace Manager - complete in live with email rules configured for The Delivery Yard - testing to commence

Room data matching almost complete to allow interface testing fmfirst and DMT

EPOS replacement tills have been ordered and software upgrade

Application packaging is complete for existing facilities apps

	<b>Workstream Group Leads - continued</b>  Decontamination - Pre-equip of 14 desktops confirmed - as soon as I get the asset number I will kick off remote installation and testing  ID Badges met with the suppliers this week and looking into the options to allow us to have access to the application in advance of 26th Jan  T&LC - Full timetabling system CMIS will be available for remote testing in the next few weeks. Web booking front end is being developed by UoG.	
5.	<b>HR Update –</b> Lots of work has been done on staffing, Domestic and Portering letters will go out today, Catering letters will hopefully go out next week, and Facilities are further ahead than other directorates. Some vacancies within Domestic Services and some supernumerary Supervisors which are challenging. Majority of staff are matched as best we could with staff less than 1yr contract given notice or variation to contract. Some cleansing has already taken place. Presentations given to GGH staff with the process starting after the new year.	
6.	<b>Financial Update –</b> Transition costs signed off and meeting overall figure of 20million over next 2yrs against 15million available from the Board. Need to put a robust case and further discussions are required. Discussion took place for the route of capital for use by IMT Overall recurring costs are presented as net build and development. Still some work to do with non pay	
7.	<b>OD – Update</b> Leads programme half way though with some challenges noted although it appears to be over the worst. PIDS are starting to come in and now building on change management with the staff moving to NSGUH.	
8.	<b>Risk Register</b> Revue in Jan – will be at beginning of agenda	
9.	<b>Migration and Double Running</b> Currently reviewing how we access and dispose of some items. Yorkhill looks like area of choice for WIG For double running have tendered and reviewed costs + vat. If needed Plan B – recruit agency who will be managed by our managers transferring over wk 1 – wk12, wk13 – 23 will then review fixed term staff	
10.	<b>AOB</b> IP stated Helpdesk will move to 24/7 whenever patients are in around April 15	
11.	<b>Date of Next Meeting</b> Friday 16 <sup>th</sup> Jan 2015 1pm Boardroom, Contact Centre, Hillington  Further meetings after 16 <sup>th</sup> Jan 15 may happen more frequently and take place in NSGH once hand over has taken place.	

**From:** [Kane, Mary Anne](#)  
**To:** [Hunter, William](#); [Gallacher, Alan](#)  
**Subject:** FM First ppm  
**Date:** 13 January 2015 19:30:57

---

Can you confirm ppm schedules are now in place and all sites are moving forward

Sent from my iPhone

**From:** [Green, John](#)  
**To:** [Gallacher, Alan](#); [McFadden, Jim](#); [Cleaver, Don](#); [Fulton, Tom](#); [Menzies, John](#); [Mclean, Ken](#); [Shaw, David](#)  
**Cc:** [Kane, Mary Anne](#); [Loudon, David](#); [Hunter, William](#); [Maclean, Alistair](#); [Pace, David](#); [Stewart, Alan](#); [Wilson, Sid](#); [McInally, Danny](#); [Neil, Robert](#); [Clark, Andrew](#); [Fleming, Kenneth](#)  
**Subject:** Water Systems Safety Policy - Audit  
**Date:** 13 January 2015 11:24:34  
**Attachments:** [image001.jpg](#)  
[Water Systems Safety Audit Tool v3.xls](#)

---

Gents

The Water Systems Safety Policy and Written Scheme & Operational Procedures was approved in March 2014.

Section 8 of the policy requires an audit to be undertaken by the Health and Safety Service (Facilities) to assess the application and effectiveness of the policy. At the last Water Safety Group meeting the attached audit tool was agreed to be used for this initial audit.

The process is in 2 parts:

1. A self audit to be completed for each site. This should be returned to me by 23rd January 2015.
2. The Health and Safety Team will review the responses and undertake on site audits to examine the supporting evidence offered for responses given

Following completion of both parts the Health and Safety Service will prepare a Gap Analysis report for The Water Safety Group and Estates SMT.

John T Green  
Health and Safety Service Manager  
Facilities, Partnerships & Corporate Services  
Waste Management Officer and DGSA for NHSGGC  
Facilities Management Offices  
West House  
Gartnavel Royal Hospital



PS. I've signed up to [improving our email culture](#)



## NHS Greater Glasgow &amp; Clyde

Water Systems Safety Policy, .

## Written Scheme and Operational Procedure for Managing Water Safety

Self Assessment Audit Completed By

Date of Self Assessment

HS audit carried out by:

Date of Audit:



Site Audited :

Site Code:

SCART Topic Ref No:

22

(Enter 'Y' or 'N' for yes/no response or enter a percentage completion figure)

		Y/N/% or N/A	Comments/ Actions required for Compliance	Health & Safety Audit verification of Response	Supportive evidence in folder	Comment re relevance of evidence provided
					Y / N	
1	Has the NHS Greater Glasgow & Clyde Water Systems Safety Policy ( March 14) and the Written Scheme and Operational Procedure for Managing Water Safety been implemented on your site?					
2	Do you have in place, Risk Assessment Procedures to highlight and record where it may not be reasonable or practically possible to implement any aspect of SHTM 04-01					
3	Has a Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
4	Has a Deputy Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
5	Has an Authorising Engineer as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
6	Has an Authorised Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
7	Has, following completion of suitable and sufficient risk assessments, a Risk Reduction Strategy and Procedures been developed and implemented, covering the 9 points as set out in the Water Systems Safety Policy					
8	Has a Written Scheme and Operational Procedures for Water System Safety been developed and implemented					

9	Have any, as defined "High Risk Areas" been identified on this site.					
10	If applicable, have suitable and sufficient Risk Assessments been developed and implemented within High Risk Areas to ensure the control of the risks from Legionella and where applicable Pseudomonas					
11	Has an auditable process to gather information on Little Used Outlets been implemented for this site.					
12	Has an auditable process been established to identify to local estates management when an area has been taken out of use and responsibility for ensuring management of the waste supply systems (e.g. Flushing or shut down) implemented.					
13	Have the procedures as set out in the Water Systems Safety Policy for the regular flushing of outlets and recording of same, been implemented.					
14	Have the procedures as set out in the Water Systems Safety Policy for the flushing of temporary little used outlets and recording of same, been implemented.					
15	Have the procedures for recording, reporting and responding to Positive Water Samples been implemented.					
16	Where TMV's are installed, are procedures in place to record that the temperature at the outlets meets the criteria as set out in the Written Scheme and Operational Procedure for Managing Water Safety					



**From:** [Bradbury, Gail](#)  
**To:** [Boylan, Clare](#); [Bradley, Sandra](#); [Brown, Gayle](#); [Capewell, Isabel](#); [Connor, Lorraine](#); [Coyne, Patricia](#); [Doonan, Liz](#); [Ferguson, Cornelia](#); [Gallacher, Jacqueline](#); [Gibson, Annette](#); [Hill, Lorna](#); [Johnstone, Sharon](#); [Kane, Mary Anne](#); [Keeley, Lena](#); [Leighton, Sheenagh](#); [Lynch, Eleanor](#); [Lynch, Jane](#); [McCafferty, Annette](#); [McCulloch, Marjorie](#); [McElroy, John](#); [McGorry, Pat](#); [McNab, Charles](#); [Miller, Sheila](#); [Mullen, Elizabeth](#); [Murray, Kate](#); [O'Dell, Maureen](#); [Pitticas, Maria](#); [Regan, Michael](#); [Speight, Barbara](#); [Sutherland, Elisabeth](#); [Sweeney, Catriona](#); [Wallace, Robert](#)  
**Subject:** Domestic & Quality Systems Group Meeting - Jan 21st 2015  
**Date:** 15 January 2015 17:08:10  
**Attachments:** [image001.jpg](#)  
[DQSG Agenda - Wed 21st Jan 2015 - Final.doc](#)  
[DQSG Agenda Item 3 - ALS-Attendance records 2014-2015.xls](#)  
[DQSG Agenda Item 6 - Domestic Supplies detergents 1.4.14.xls](#)  
[DQSG Agenda Item 7 - Domestic Services - 92% Root Cause Analysis Report-Reviewed \(2\).doc](#)  
[DQSG Minutes 17\\_07\\_2014 Final.doc](#)  
[DQSG Rolling Action List\\_17\\_07\\_14 Final.doc](#)

---

Hi all:

Attached are the minutes and actions from the last meeting in July 2014 and the Agenda for the Jan 2015 meeting. Please review the supporting documents which are also attached here as these will be discussed at the meeting.

**Note that the start time of this meeting only has been changed to **12:30pm**.** My apologies for any inconvenience.

Regards

***Gail Bradbury***

Business Information Systems Coordinator, Facilities Directorate| NHS Greater Glasgow and Clyde  
 |Ground Floor, Central Medical Block, Southern General Hospital, 1345 Govan Road, Glasgow G51  
 4TF|t.

<http://www.nhsggc.org.uk/content/>



## FACILITIES DIRECTORATE

### DOMESTIC QUALITY & SYSTEMS GROUP Thursday 17<sup>th</sup> July 2014, 2.00 pm in Rm L0/A/009 New Labs Building, SGH

#### **Present**

Annette McCafferty (AMC) (Chair)	Facilities Manager
Sheila Miller	Hotel Services Manager, Partnerships
Annette Gibson	Hotel Services Assistant Manager, Partnerships
Lorna Hill	Hotel Services Assistant Manager, Partnerships
Sharon Johnstone	Deputy Site Manager, SGH
Pat Coyne	Acting Domestic Services Manager, SGH
Eleanor Lynch	Assistant Integrated Services Manager, IRH
Charles McNab	Domestic Services Manager, RAH
Clare Boylan	Acting Deputy Site Manager, GRI
Lorraine Connor	Snr Domestic Supervisor, WIG
Robert Wallace	Hotel Services Manager, Partnerships
Pat McGorry	Service Delivery Manager, HI&T
Cornelia Ferguson	Integrated Services Manager, IRH
Sandra Bradley	Deputy Site & Facilities Manager IRH
Steven Drummond	Program Manager, HI&T
Gayle Brown	Assistant Hotel Services Manager, Partnerships
Maureen Stewart	Assistant Facilities Manager, VI
Barbara Speight	Facilities Manager, VI/MHU/New VI
Gail Bradbury	Business Info Systems Coord (Minutes)

#### **1. Apologies**

Mary Anne Kane (MAK)	Interim Director of Facilities
Sheenagh Leighton	General Services Manager, Yorkhill
Isabel Capewell	Assistant Domestic Services Manager, RAH
Michael Regan	Hotel Services Manager, Dykebar
Jacqueline Gallacher	Assistant Hotel Services, Partnerships
Geoff English	Domestic Services Manager, GGH
Anne Macleod	Deputy Site Manager, GRI
Jane Lynch	Quality/Helpdesk Manager, GRI
Elisabeth Sutherland	Site Facilities Manager, Partnerships
Liz Mullen	Domestic & Portering Manager, WIG
Maria Pitticas	Deputy Site Facilities Manager, VoL

	<b>ACTION and rolling action ref no.</b>	
<b>1.</b>	<b>Apologies (as above)</b>	
<b>2.</b>	<b>Terms of Reference</b>  AMC asked if everyone had a copy of the Terms of Reference (ToR) for this group. The consensus amongst those present was that they had not.	
<b>3.</b>	<b>Accountability of Domestic Services Managers and revised standardized Job descriptions</b>  AMC advised the group that new Job Descriptions for Domestic Managers were being developed. A number of questions were raised by the group members about this which the Group has asked AMC to take forward.  The group was advised to ask the question at the next quality group. <ol style="list-style-type: none"> <li>1. Who is writing the revised Job Descriptions? External or Internal staff?</li> <li>2. Are these new Job Descriptions to be National or specific to GGC?</li> <li>3. Are other Facilities service managers Job Descriptions also being re-written?</li> </ol> AMC went on tell the Group that the Acute Services Interim Director has been advised by the C.O.O. that there is to be a zero tolerance across the board of red or amber scores. AMC explained during the discussion that followed, a red or amber audit score would be required to be investigated; any such investigation could lead to Formal/Disciplinary action. Several managers pointed out that some Ambers could not be avoided due to staff training and shortages. The group members expressed concern that mitigating circumstances would not be taken in to account when an Amber or Red was received.	
<b>4.</b>	<b>Validation Reports</b>  Reports were issued from the External Audits showing their validation results. Mary Anne Kane has experience concerns that there is a lack of consistency and improvement showing throughout the reports. Areas seem to being having recurrences of the same fault. Staff are not using the escalation process well enough to prevent these recurrences. There was also inconsistency on how the 1-to-1 with staff were being conducted.  Group members expressed concerns around what recourse	

	<p>they have when they do not agree with the External Validation audit results. AMcM suggested that managers should make notations on the External Auditors reports of the areas they disagree with at the time and should not sign audit report that they agree findings.</p> <p>Group members also expressed concerns that in some instances the external auditors are going over the reports with the site supervisors and not the Managers themselves. AMC stated that it has been agreed that the external auditors will meet with the duty manager and go through the findings however when external auditors are on site the duty manager must ensure they are available at end of audits</p> <p>Members also expressed concerns that partial audits are being done by the external auditors and not full audits.</p> <p>PMcG confirms that the external auditors were given access to the FMT system to enter the results of their audits. Group members confirmed that the scores were not going into the FMT system and that the external auditors are using the old scoring method which was being used before the Weightings were changed.</p>	
<b>5.</b>	<p><b>Route Cause Analysis Process</b></p> <p>The new RCA template which is to be used for documenting Root Cause Analysis results was distributed prior to the meeting. AMC asked the Group if they had any comments now that they have seen the new template. A few questions were raised:</p> <ol style="list-style-type: none"> <li>1. Is this new template to replace the RAGs report that we currently submit when an Amber or Red occurs?</li> <li>2. Is this template to be used for External Validation audits also?</li> </ol> <p>AMC advised that the RCA is at it says on form, would be used for red or amber audit scores by external auditors.</p> <p>The current RAGs report is for FMT Red or Amber scores.</p>	
<b>6.</b>	<p><b>Action Learning Sets</b></p> <p>AMC stated that the Action Learning Sets (ALS) are currently developing board wide domestic services S.O.P's. She expressed concern that not all sites are being represented at the ALS meetings. She is also concerned that the actions agreed and standard being developed was not being taken forward/implemented on all sites.</p>	

	<p>Kimberley Clarke is arranging to complete site surveys to introduce foam soap and also with a view to installing the Aquarius range of dispensers.</p> <p>The Task Risk Assessment work is almost complete.</p> <p>The group will soon be looks at COSHH and trialling new mild alkaline detergents with the Supervisors ALS group. The result of these trials will inform what gets placed board wide there are new chemical suppliers on the national contract and we will be trialling their chemicals .</p> <p>The Supervisors ALS which was 2 separate groups has now been merged into one larger group and is working well</p>	
<b>7.</b>	<p><b>Education Frameworks</b></p> <p>This item has been held over to the next meeting</p>	
<b>8.</b>	<p><b>FMT</b></p> <p>PMcG gave an update on the FMT.</p> <ul style="list-style-type: none"> <li>• A new version of the offline system will be available and will be installed on the Tablets. This will however have to be done manually on each Tablet.</li> <li>• a training pack for Tablet users to be developed</li> <li>• Pat reminded everyone that the Tablets do not need WiFi to operate. The audits should be downloaded to the Tablets at the start of the day. These are then completed offline and uploaded to the database at the end of the day.</li> <li>• Several members from Partnership sites said that they do need WiFi access to sync to the database and get the audit score while in Health Centre and Resources Centre where that are not able to access the FMT database.</li> <li>• Members of the group enquired if Ballantyne's were using the FMT system to complete their validations. PMcG mentioned that they had been given access but was not sure if they were using the system. Several Group members expressed concerns that Ballantyne's may be using the older version of the manual spreadsheets rather than completing the audits electronically. The old spreadsheets carry a different weighting than the FMT.</li> </ul>	
<b>9.</b>	<p><b>AOB</b></p> <p>The balance of the meeting was taken up with PMcG leading a mapping exercise which identified things that the members felt were missing from the FMT system and that they are having issues with in using the system. These were items that need to be changed in order for staff to do their work in the system. PMcG also compiled a list of "wish list" items which members would like to see in place but that were not essential.</p>	

	<p>The resultant list(s) are being circulated to the membership for comments back to GB by August 1<sup>st</sup>. The next steps will then be for PMcG to discuss each item in more detail with the Group members to establish the detail of what is required. PMcG will then take the list to HFS to discuss how and when these could be done. GB will circulate the list.</p>	<p><b>GB (9)</b></p> <p><b>GB (9a)</b></p>
<b>10.</b>	<p><b>Date of Next Meeting</b></p> <p>Thursday 23<sup>rd</sup> October 2014 at 1pm Conference Room, Management Building Southern General Hospital</p>	

**From:** [Green, John](#)  
**To:** "tomfoley" [REDACTED]  
**Cc:** [Kane, Mary Anne](#)  
**Subject:** Documents  
**Date:** 16 January 2015 14:25:05  
**Attachments:** [image001.jpg](#)  
[SCART Report Further Work 15 December 2014.xls](#)  
[SCART Report Further Work Percentage 15 December 2014.xls](#)  
[GAP Analysis - Water Systems Safety Audit Tool v3.xls](#)  
[Water Systems Safety Audit Tool v3.xls](#)

---

Hi Tom

It was good to meet this morning and hear about the developments re the new version of SCART.

As we discussed please find attached examples of the reporting systems we have developed within NHS GGC.

1. SCART summary excel sheets (please note the data contained is not for sharing..we wouldn't want to embarrass other Boards!!!)
2. Water Safety Audit Tool
3. GAP Analysis tool. As I described by using slider we can focus to individual questions or sites. All boxes are currently orange. However when populated, depending on content the box changes to;  
green for Y response  
red for N response  
white for N/A response  
or remains orange where a percentage response is made.

Whilst the documents are used in a number of forums, our primary use for documents under 1 and 3 above are for easy visual presentation of the Board wide position at senior managerial meetings and as debate ensues being easily able to drill into individual sites/ topics/questions there and then.

I look forward to catching up at the end of February but if I can be of any further assistance, please do not hesitate to get in touch.

John T Green  
Health and Safety Service Manager  
Facilities, Partnerships & Corporate Services  
Waste Management Officer and DGSA for NHSGGC  
Facilities Management Offices  
West House  
Gartnavel Royal Hospital

[REDACTED]

PS. I've signed up to [improving our email culture](#)





**NHS Greater Glasgow & Clyde  
Water Systems Safety Policy**

SCART Topic Ref No:

22

Q No	Hospital Site																		
1	Has the NHS Greater Glasgow & Clyde Water Systems Safety Policy ( March 14) and the Written Scheme and Operational Procedure for Managing Water Safety been implemented on your site?																		
2	Do you have in place, Risk Assessment Procedures to highlight and record where it may not be reasonable or practically possible to implement any aspect of SHTM 04-01																		
3	Has a Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site																		
4	Has a Deputy Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site																		
5	Has an Authorising Engineer as defined in the Water Systems Safety Policy, been appointed in writing, for the Site																		
6	Has an Authorised Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site																		
7	Has, following completion of suitable and sufficient risk assessments, a Risk Reduction Strategy and Procedures been developed and implemented, covering the 9 points as set out in the Water Systems Safety Policy																		
8	Has a Written Scheme and Operational Procedures for Water System Safety been developed and implemented																		
9	Have any, as defined "High Risk Areas" been identified on this site.																		
10	If applicable, have suitable and sufficient Risk Assessments been developed and implemented within High Risk Areas to ensure the control of the risks from Legionella and where applicable Pseudomonas																		
11	Has an auditable process to gather information on Little Used Outlets been implemented for this site.																		
12	Has an auditable process been established to identify to local estates management when an area has been taken out of use and responsibility for ensuring management of the waste supply systems (e.g. Flushing or shut down) implemented.																		
13	Have the procedures as set out in the Water Systems Safety Policy for the regular flushing of outlets and recording of same, been implemented.																		
14	Have the procedures as set out in the Water Systems Safety Policy for the flushing of temporary little used outlets and recording of same, been implemented.																		
15	Have the procedures for recording, reporting and responding to Positive Water Samples been implemented.																		
16	Where TMV's are installed, are procedures in place to record that the temperature at the outlets meets the criteria as set out in the Written Scheme and Operational Procedure for Managing Water Safety																		

## NHS Greater Glasgow &amp; Clyde

Water Systems Safety Policy, .

## Written Scheme and Operational Procedure for Managing Water Safety

Self Assessment Audit Completed By

Date of Self Assessment

HS audit carried out by:

Date of Audit:



Site Audited :

Site Code:

SCART Topic Ref No:

22

(Enter 'Y' or 'N' for yes/no response or enter a percentage completion figure)

		Y/N/% or N/A	Comments/ Actions required for Compliance	Health & Safety Audit verification of Response	Supportive evidence in folder	Comment re relevance of evidence provided
					Y / N	
1	Has the NHS Greater Glasgow & Clyde Water Systems Safety Policy ( March 14) and the Written Scheme and Operational Procedure for Managing Water Safety been implemented on your site?					
2	Do you have in place, Risk Assessment Procedures to highlight and record where it may not be reasonable or practically possible to implement any aspect of SHTM 04-01					
3	Has a Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
4	Has a Deputy Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
5	Has an Authorising Engineer as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
6	Has an Authorised Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
7	Has, following completion of suitable and sufficient risk assessments, a Risk Reduction Strategy and Procedures been developed and implemented, covering the 9 points as set out in the Water Systems Safety Policy					
8	Has a Written Scheme and Operational Procedures for Water System Safety been developed and implemented					

9	Have any, as defined "High Risk Areas" been identified on this site.					
10	If applicable, have suitable and sufficient Risk Assessments been developed and implemented within High Risk Areas to ensure the control of the risks from Legionella and where applicable Pseudomonas					
11	Has an auditable process to gather information on Little Used Outlets been implemented for this site.					
12	Has an auditable process been established to identify to local estates management when an area has been taken out of use and responsibility for ensuring management of the waste supply systems (e.g. Flushing or shut down) implemented.					
13	Have the procedures as set out in the Water Systems Safety Policy for the regular flushing of outlets and recording of same, been implemented.					
14	Have the procedures as set out in the Water Systems Safety Policy for the flushing of temporary little used outlets and recording of same, been implemented.					
15	Have the procedures for recording, reporting and responding to Positive Water Samples been implemented.					
16	Where TMV's are installed, are procedures in place to record that the temperature at the outlets meets the criteria as set out in the Written Scheme and Operational Procedure for Managing Water Safety					

**NHS Greater Glasgow & Clyde****Water Systems Safety Policy, .****Written Scheme and Operational Procedure for Managing Water Safety**Self Assessment Audit Completed By

Date of Self Assessment

HS audit carried out by:

Date of Audit:



Site Audited :

Site Code:

SCART Topic Ref No:

22

(Enter 'Y' or 'N' for yes/no response or enter a percentage completion figure)

		Y/N/% or N/A	Comments/ Actions required for Compliance	Health & Safety Audit verification of Response	Supportive evidence in folder	Comment re relevance of evidence provided
					Y / N	
1	Has the NHS Greater Glasgow & Clyde Water Systems Safety Policy ( March 14) and the Written Scheme and Operational Procedure for Managing Water Safety been implemented on your site?					
2	Do you have in place, Risk Assessment Procedures to highlight and record where it may not be reasonable or practically possible to implement any aspect of SHTM 04-01					
3	Has a Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
4	Has a Deputy Responsible Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
5	Has an Authorising Engineer as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
6	Has an Authorised Person (Water) as defined in the Water Systems Safety Policy, been appointed in writing, for the Site					
7	Has, following completion of suitable and sufficient risk assessments, a Risk Reduction Strategy and Procedures been developed and implemented, covering the 9 points as set out in the Water Systems Safety Policy					
8	Has a Written Scheme and Operational Procedures for Water System Safety been developed and implemented					

9	Have any, as defined "High Risk Areas" been identified on this site.					
10	If applicable, have suitable and sufficient Risk Assessments been developed and implemented within High Risk Areas to ensure the control of the risks from Legionella and where applicable Pseudomonas					
11	Has an auditable process to gather information on Little Used Outlets been implemented for this site.					
12	Has an auditable process been established to identify to local estates management when an area has been taken out of use and responsibility for ensuring management of the waste supply systems (e.g. Flushing or shut down) implemented.					
13	Have the procedures as set out in the Water Systems Safety Policy for the regular flushing of outlets and recording of same, been implemented.					
14	Have the procedures as set out in the Water Systems Safety Policy for the flushing of temporary little used outlets and recording of same, been implemented.					
15	Have the procedures for recording, reporting and responding to Positive Water Samples been implemented.					
16	Where TMV's are installed, are procedures in place to record that the temperature at the outlets meets the criteria as set out in the Written Scheme and Operational Procedure for Managing Water Safety					

**From:** [Kane, Mary Anne](#)  
**To:** [Anderson, Robert](#); [Hunter, William](#); [Wallace, Stephen](#)  
**Subject:** FW: Workforce Adjustments, Workforce Developments & Opportunities and Workforce Transition for the New South Glasgow Hospitals  
**Date:** 20 January 2015 15:42:00  
**Attachments:** [image001.jpg](#)  
[Workforce Adjustments 2.docx](#)  
[Workforce Opportunities.docx](#)  
[Workforce Transition.docx](#)

---

Hot off the press

---

**From:** Wright, Margaret  
**Sent:** 20 January 2015 15:24  
**To:** Adamson, Sharon; Archibald, Grant; Best, Jonathan; Brown, Joyce; Crumley, Ann; Farrell, Marie; Gallagher, Peter; Harkness, Anne; Hill, Kevin; Kane, Mary Anne; MacLennan, Aileen; Stewart, David  
**Cc:** Neil, Colin; Pender, Jonathan; Bruce, Jacquie; Calderwood, Joanne; Dobson, Lorraine; Gardner, Andrew; Hollowell, Frances; Pencovitch, Laura; Singh, Nina; Surgenor, Linda  
**Subject:** Workforce Adjustments, Workforce Developments & Opportunities and Workforce Transition for the New South Glasgow Hospitals

Dear colleagues,

As discussed at the Management Executive Group on Thursday 8<sup>th</sup> January 2015, I now enclose a short summary of the discussions regarding Workforce Adjustments, Workforce Developments & Opportunities and Workforce Transition for New South Glasgow Hospitals.

***The Workforce Adjustments paper*** is effectively an analysis of movement in workforce from full business case in 2010 to our current position and recognising why there has been movement following changes, particularly in Nursing, regarding the follow-through of the Francis Report and the impact of the adult acute in-patient workload measurement tools and, in terms of medical staffing, the assumptions from Dr Brian Cowan and the actual movement in both senior medical and junior medical staff given forecasts regarding modernising medical careers were not realised.

Following the meeting of 18<sup>th</sup> December 2014, the Chief Executive requested that the paper be amended to reflect further changes through the Development & Opportunities paper and I, therefore, enclose a revised copy of the Workforce Adjustments paper your information. This paper has been discussed with Heads of Finance and, therefore, the costs indicated within Section 9 tie in with current budget assumptions. A further action is that the attached paper is converted into a shorter paper for an NHS Board Meeting.

***The Developments & Opportunities paper*** covers a range of areas which were discussed at length between Grant Archibald, Rosslyn Crocket and Robert Calderwood. There is a recognition of an increased number of Paediatric posts required with the transfer of activity for 13-15 year-olds inclusively and Rosslyn and Grant were due to finalise and agree the final number which would then be a Development cost. Any NSD-funded activities were extracted from the paper. The model proposed by Rehabilitation & Assessment for hyper acute stroke has been supported, in principle; however, there is now a requirement for a Board-wide paper and not just a focus on the South and Glasgow Royal Infirmary. The theatre escort policy was not approved and Grant is actioned with taking forward discussions with the Surgery and Anaesthetics Directorate. Renal surgery NSD-funded

posts were removed from the paper and Grant has been commissioned to work with Surgery and Anaesthetics regarding the skill mix changes in critical care along with Rosslyn Crockett as Nurse Director. This activity, however, is not expected prior to April 2015.

The Facilities increase in domestics is accepted and is, therefore, netted off against the first figure around workforce adjustment. Any additional catering staff are expected to be met from any income generated by Aroma. Proposals for additional radiologists require a full business case as the assumption has been that the £1.2 million invested by the Acute Division into Imaging will cover the majority of additional radiologist posts and, in a similar vein, the view on the radiographer posts is that the current funded model from 8 am – 7 pm is sufficient to open the new hospitals and that this position will be monitored to ascertain whether there is a need to move to a full 8 am – 8 pm service, 7 days per week, given the additional resource required. Grant, on his return, will have a further discussion with Aileen on any impact as a result of this development. Pharmacy's proposal for a whole week working service development was supported in principle; however, there has been a request through Dr Jennifer Armstrong and Prof Norman Lannigan to provide an evaluation of the pilot at Glasgow Royal Infirmary and as to how this pilot could be rolled out successfully across all sites within Greater Glasgow & Clyde and what the financial impact would be, with a subsequent paper brought forward in early 2015/16 for further discussion.

***The Transition paper*** – following detailed discussion regarding all the bids for transition, including double-running and decommissioning, this is to advise that the bids submitted for 2014/15 have been authorised through the Chief Executive and the expectation is now that the Directorates, through the Heads of Finance, will complete short PID documents to be submitted in order that the money can transfer into the services. The main bulk of the 2014/15 money is for back-fill for orientation, back-fill for Senior Charge Nurse and other leader release to move forward with the team building, the support for the Nurse Bank in terms of additional resources required at the point of migration. There is, however, further discussion regarding monies for 2015/16 in that the amount of bids is in excess of the money available. As such, a meeting has been set up with, in particular, the Director of Facilities and the Chief Executive to consider the Facilities Directorate bid which includes sums for both commissioning/migration and transition/decommissioning. Once this aspect has been concluded we will be in a better position to confirm the amounts for 2015/16.

I appreciate the support that all your Heads of Finance have given in developing the paper and I also appreciate that they have provided significant detail behind the summary within the papers. As such, Colin Neil will be working with the Heads of Finance to obtain a greater understanding of each of the lines within the bids. The exception, which has not been approved for 2014/15, is for advanced recruitment for Band 5 Nursing for additional level one critical care beds, as Grant requires to have a further discussion with Surgery & Anaesthetics regarding the nurse:bed ratios. In relation to all other Directorate bids for advanced recruitment, this needs to be understood further prior to any approval, particularly given the values involved; i.e. if true additional costs due to reconfiguration can be identified and agreed with management and clinical support, then these could be included. Please liaise with Colin Neil on finalising any advanced recruitment details. I also wish to clarify that the funding for transitional arrangements is not just for Acute services, it also covers Pharmacy services, the Ambulance Service costs and IT commissioning/migration transition costs.

Anne MacPherson  
Workforce Director





# **New South Glasgow Hospitals**

**Workforce Adjustments**

## Contents

Introduction .....	3
1 The Full Business Case (FBC) .....	3
1.1 Full Business Case Assumptions .....	3
2 Nursing and Midwifery .....	3
2.1 Inpatients .....	3
2.2 Theatres .....	4
2.3 Critical Care .....	4
2.4 Paediatrics .....	5
2.5 Summary of Nursing Workforce Change (excluding proposed skill-mix change) .....	5
2.6 Outpatients .....	5
2.7 Facilities .....	5
3 Medical Staff .....	5
3.1 Workforce movement since FBC .....	5
3.2 Intensity Payments .....	6
3.3 Medical Staff – Junior Doctors .....	6
3.4 Consultant Special Programmed Activity (SPA) Time .....	7
4 Administrative Staff .....	7
5 Allied Health Professions (AHPs) .....	7
5.1 FBC Assumptions and Workforce Change to-date .....	7
5.2 New Models of Care .....	8
5.3 Diagnostic Imaging .....	9
6 Health Sciences .....	9
7 Pharmacy .....	9
7.1 Pharmacy – Summary of Workforce Change .....	9
7.2 Pharmacy Workforce Efficiency .....	9
7.3 Pharmacy IT/Automation .....	9
8 Health Information and Technology .....	9
8.1 HI&T Savings Achieved .....	9
9 Workforce Change Summary Position .....	11
9.1 Summary of Workforce Change (Whole-Time Equivalent and associated £000s) .....	11
10 APPENDIX 1: Junior Doctor Rota Bands Detailed Table .....	12
11 APPENDIX 2: Junior Doctor Rota Efficiencies .....	14

## Introduction

The aim of this paper is to provide a high-level overview of known workforce change occurring between April 2014 and the opening of the new hospitals in April 2015. There has also been a further paper for the Chief Executive regarding migration and transition costs which has been developed through Acute Directors with staffside engagement. This paper provides a brief overview of the assumptions made within the Full Business Case and any subsequent changes as a result of any national strategic policies, patient quality initiatives and workforce supply.

## 1 The Full Business Case (FBC)

### 1.1 Full Business Case Assumptions

1.1.1 The FBC was agreed in late 2010. The financial savings outlined within the FBC have been agreed with the Acute Services Division Director of Finance.

1.1.2 The following table highlights the original assumptions based on professional guidance:

**Original Table from Full Business Case**

Workforce	Current	By 2015/16	Difference
Administrative Services	4046.6	4016.4	-30.2
Allied Health Profession	1754.6	1751.6	-3.0
Senior Management	169.1	162.1	-7.0
Healthcare Sciences	1783.4	1783.4	0.0
Medical and Dental	2569.0	2527.0	-72.0
Medical and Dental Support	307.5	307.5	0.0
Nursing and Midwifery	10812.2	10325.2	-487.0
Other Therapeutic	657.8	657.8	0.0
Personal and Social Care	52.9	52.9	0.0
Support Services	3820.8	3648.8	-172.0
Job Family To be Assigned	194.3	194.3	0.0
<b>Total</b>	<b>26003.9</b>	<b>25232.2</b>	<b>-771.8</b>

1.1.3 From 2010 until 2014 there was a need to reassess some areas. The following section details changes across the services. All changes have been proposed following detailed workforce planning models all of which have been agreed with Directors, professional leads and staffside.

## 2 Nursing and Midwifery

### 2.1 Inpatients

2.1.1 The total potential workforce reduction within inpatient nursing is 161.6 WTE. This comprises a reduction of 104.4 WTE registered and 57.2 WTE unregistered before the proposed skill-mix change is implemented. At the time the FBC was produced there were three key workforce change assumptions made for Nursing:

- Overall reduction in WTE related to bed reductions
- Skill-mix change of circa 10% of inpatient nursing from registered to unregistered
- Reduction in senior nursing leadership posts

2.1.2 Since developing the FBC assumptions there have been a number of external factors which have influenced thinking particularly with regard to skill-mix including:

- Publication of revised workforce planning guidance from the Scottish Government (December, 2011)
- Updated release of the Adult Acuity Inpatient Workload Measurement Tool (October, 2011)
- Release of Nationally-validated Small Wards Tool (Late 2013)
- Published guidance from Royal College of Nursing (RCN) including recommended skill-mix levels (April, 2011)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report), Feb 2013
- Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report by Professor Sir Bruce Keogh KBE, July 2013
- Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire, Dec 2013

- 2.1.3 The original assumption of a movement of approximately 10% (440 WTE) from registered to unregistered inpatient nursing has now changed to a movement from unregistered to registered nursing – albeit on a smaller scale.
- 2.1.4 As part of the workforce planning for the NSGHs the nationally validated nursing workforce planning tools have been utilised together with Senior Professional Judgement and recommended skill-mix levels to identify the required nursing workforce within each of the new hospitals. The following information has been agreed with the Nurse Director and Chief Officer.
- 2.1.5 These figures include provision for additional staff within the Glasgow Royal Infirmary to support the anticipated additional 10,000 attendances per year at the Emergency Department. Additionally 3 extra small wards (2x12beds and 1x15beds) are planned within Glasgow Royal Infirmary and two additional Medical HDU beds. The total workforce associated with these developments at GRI is 71.9 WTE, comprising 48.7 registered nursing and 23.2 unregistered.
- 2.1.6 Also included within the figures for Emergency Care and Medical Services above are the additional Minor Injuries Units at the South Glasgow University Hospital (SGUH) and Gartnavel General. The workforce implication of these is 26.5 WTE.

## 2.2 Theatres

- 2.2.1 The Surgery and Anaesthetics Theatres Workforce Plan was submitted to the Nursing Workforce Planning Group on 23 September 2014 which included staffside. The plan outlines the principles of Theatres nursing within SGUH and reflects a potential workforce reduction of 17.4 WTE. This is broken down in the table below:

Theaters	Workforce Change (WTE)
Registered Nursing	-21.74
Unregistered Nursing	4.38
<b>Total</b>	<b>-17.36</b>

- 2.2.2 The main changes to the model are:
- Reduction in out-of-hour's emergency theatres from 3 to 2.
  - Increase staffing for the same day admission unit (SDAU).
- 2.2.3 In implementing this model a phased approach is likely to achieve the proposed skill-mix. This will affect the phasing of savings being released.

## 2.3 Critical Care

- 2.3.1 The Surgery and Anaesthetics Critical Care workforce plan was also submitted to the Nursing Workforce Planning Group on 23 September 2014. The main changes to the workforce within Critical Care are noted below:
- Reduction of 0.76 WTE Band 7 related to reduction in Critical Care Units from 6 to 5 pods within South Glasgow University Hospital.
  - Increase of 2.82 WTE Band 2 nursing staff reflecting the shift from small units to larger pods which, under the agreed principles, should have an auxiliary on night duty.

Band	WTE	Change Description
Band 7	(0.76 WTE)	Reduction in Critical Care Units
Band 2	2.82 WTE	Increase in size of pods
<b>Total</b>	<b>2.06 WTE</b>	

## 2.4 Paediatrics

- 2.4.1 The majority of the increase within paediatrics is attributable to the extension of the ages RHSC would treat to include children aged 13 to 15 years inclusive. The total increase in the Paediatric nursing workforce is planned to be 40.6 WTE.
- 2.4.2 In recognition of the transfer of patient activity from Adult emergency care to Paediatrics a transfer of 20 WTE has occurred from Adult emergency care to Paediatrics within the Royal Hospital for Sick Children.

## 2.5 Summary of Nursing Workforce Change (excluding proposed skill-mix change)

	Registered WTE	Unregistered WTE	Total WTE
Emergency Care and Medical Services	-9.3	-7	-16.3
Surgery and Anaesthetics	-50.8	-27.4	-78.2
Rehabilitation and Assessment	-15.1	-12.9	-28
Women and Children's - Gynaecology	-11.2	-6	-17.2
Women and Children's - Paediatrics	30.8	9.8	40.6
Clinical Coordinators	-2	0	-2
Theatres	-21.7	4.4	-17.3
Critical Care	-0.8	2.8	2
<b>Total</b>	<b>-80.1</b>	<b>-36.3</b>	<b>-116.4</b>

## 2.6 Outpatients

- 2.6.1 There is no major service reorganisation required to accommodate the new hospitals. However there are clinics associated with Inpatient transfer that require Outpatient services to support their clinical arrangement such as that for Bone Marrow and Cystic Fibrosis services. Engagement with these services has led to an indication that clinics will transfer with their current resource and no material change is anticipated at this stage.

## 2.7 Facilities

- 2.7.1 The Facilities Directorate have worked extensively to adjust their staffing levels whilst recognising the need to not only resource the new hospitals but ensure staff are maintained for transition purposes.
- 2.7.2 The current workforce plans for Facilities reflect a workforce reduction of 74.3 WTE. This is broken down in the table below:

	Site Closing WTE	nSGH WTE	Total WTE
Domestics	-298.2	320.2	21.9
Portering	-234.1	175.5	-58.7
Catering	-181.2	177.7	-3.5
Site Management & Admin	-52.7	44.4	-8.3
Estates	-110.7	85.0	-25.7
<b>Total</b>	<b>-877.0</b>	<b>802.7</b>	<b>-74.3</b>

# 3 Medical Staff

## 3.1 Workforce movement since FBC

- 3.1.1 The FBC made an assumption that the number of Doctors in training would reduce by 44 WTE, specialty registrars would reduce by 82 and there would be increases in both Specialty Doctor and Consultant numbers. The expected reduction in both Specialty Registrars and Doctors in training did not occur to the extent anticipated. As a consequence the Consultant workforce grew further than originally planned. The table below provides a breakdown of the change in the Medical workforce since 2009. These figures (WTE) are for the Acute Services Division as a whole.

	Grade	2009 predicted changes	2009-2014 actual changes	Difference between predicted changes 2009 and actual changes 2009-2014
All specialties	Consultant	16.0	79.4	63.4
	Specialty Registrar	-82.0	-48.5	33.5
	Core Trainee	-44.0	13.0	57.0
	Specialty Doctor	38.0	1.0	-37.0
<b>Totals</b>		<b>-72.0</b>	<b>44.9</b>	<b>116.9</b>

- 3.1.2 In August 2012, the Consultant medical workforce across all of the Emergency Departments (EDs) was increased in response to challenges with middle grade staffing. Thirteen additional consultants were appointed – 10 in Glasgow and 3 in Clyde. This enabled minimum Consultant cover of 9am to 11pm across Glasgow Hospitals. Within the South Glasgow University Hospital, Consultant cover is planned to extend to the hours 0800-0030 on weekdays and 0800-0000 at weekends<sup>1</sup>.

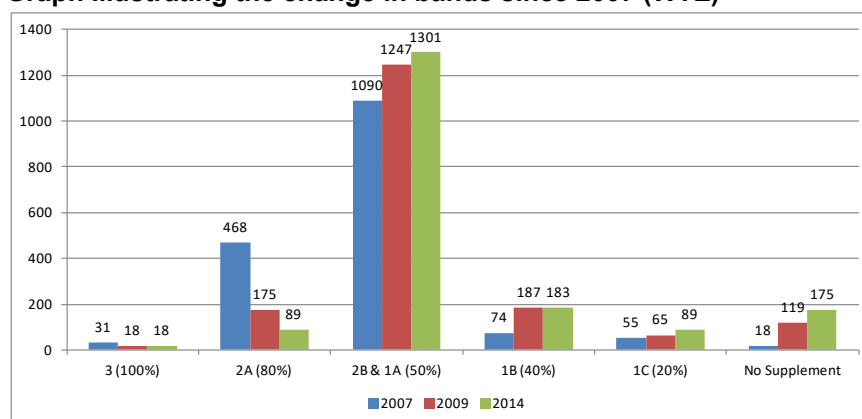
### 3.2 Intensity Payments

- 3.2.1 The previous Medical Director predicted an opportunity to reduce intensity payments given economies of scale of combining multiple rotas. Consultant job planning is underway and any efficiencies realised will be captured in a fuller report.
- 3.2.2 Following discussion with finance colleagues an assumed efficiency has been produced based upon the following rationale:  
50% of medical staff receiving 8% supplements move to 5% within the Southern General, Western Infirmary and Victoria Infirmary - excluding Regional Services. Similarly 50% of medical staff within those areas receiving a 5% supplement move to a 3% supplement – again excluding Regional Services.

### 3.3 Medical Staff – Junior Doctors

- 3.3.1 An assumption was made within the FBC that there would be efficiencies gained from Junior Doctor bandings. To date a significant movement has occurred within the bandings as shown in the graph below. The percentage of Junior Doctors attracting either an 80% or 100% supplement has reduced from 29% to 6% since 2007. Figures below are in WTE.

**Graph Illustrating the change in bands since 2007 (WTE)**



- 3.3.2 The remaining 18 junior medical staff on band 3 comprise Neurosurgery (9) and Paediatric Surgery (9).
- 3.3.3 The remaining 89 junior medical staff on band 2A are spread across multiple specialties including: Cardiovascular, Neuroanaesthetics, Plastic Surgery, Renal Transplant, Trauma & Orthopaedics, Anaesthetics, Paediatric Surgery, Paediatric Intensive Care and Neurosurgery.

<sup>1</sup> Consultant Appointments in Emergency Medicine, August 2014 (DAR)

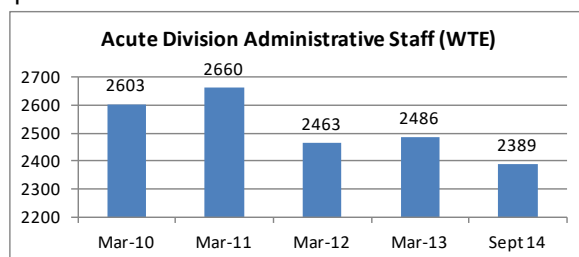
- 3.3.4 Further detail on these rotas is provided in Appendix 1.
- 3.3.5 An exercise undertaken by the Lead Medical Director for Acute, and the Directorate's Associate Medical Directors will ensure the agreed benchmark for maintaining current bandings as a minimum, reflects service/ward cover and will identify if there are any economies of scale against current numbers.
- 3.3.6 There are a number of expected efficiencies from the combining of multiple junior medical staff rotas. This has been estimated at a possible efficiency of 40 junior doctor posts. However, there are proposals for some of these to be reinvested in other areas of the Board and/or other specialties. Appendix 2 provides a full breakdown. A decision to reinvest some of the posts across the Board is under consideration with the Medical Director and Lead Medical Director for Acute.

### 3.4 Consultant Special Programmed Activity (SPA) Time

- 3.4.1 Since 2010, due to on-going efficiency savings, all Boards across Scotland have been advertising consultant posts with a reduced allocation of SPA time. Following a decision by the Board's Medical Director discussion has now taken place within the Acute Division to finalise the process to achieve a shift of SPAs which, whilst not directly an impact for SGUH, will longer term ensure teaching, research and governance are supported.

## 4 Administrative Staff

- 4.1.1 Over the last five years, the Acute Services Division has undertaken a number of reviews of administrative support functions. In total, since March 2010 up to September 2014, the administrative workforce within the Acute Services Division has reduced by 8.2% (214 WTE, based on numbers in-post) - as illustrated graphically below. Therefore no further significant savings are expected from Administrative Services.



- 4.1.2 A review regarding the ward clerical support has been developed. The recommendations are with Directors and staff partners for final comment and subsequent approval. The main is to ensure all inpatient areas are supported appropriately and there are consistent working models.
- 4.1.3 Secretarial support to clinical staff will be relocated between the office block and the hospitals and staff will be encouraged to be paperlite.
- 4.1.4 Medical Records have reduced staff numbers in preparation for the review and in line with strategies regarding Electronic Patient Record (EPR).

## 5 Allied Health Professions (AHPs)

### 5.1 FBC Assumptions and Workforce Change to-date

- 5.1.1 AHPs within the Rehabilitation and Assessment Directorate have reviewed their workforce to ensure they can deliver a fit for purpose service upon the opening of the South Glasgow University Hospital (SGUH) in 2015. A key component of this work has been the completion of an AHP workforce benchmarking exercise within acute services.
- 5.1.2 The original planning assumptions for the Rehabilitation and Assessment AHP services have been based on:

- The Workforce Section of the Outline Business Case for the New South Glasgow Hospitals (2008) which states that new models of care will be developed – particularly within rehabilitation and assessment services – and this will impact on the make-up of the workforce. Assistant practitioners, advanced practitioners and consultant Allied Health Professionals' posts will be developed to provide a more balanced workforce to contribute to the new models of care.
- The Workforce Change section in the Full Business Case for the New South Glasgow Hospital (2010) states the overall reduction of 404 beds will not reduce the numbers of AHP staff required as inpatients will require speedier interventions by AHPs to ensure rapid discharge from hospital and surgical patients being treated as day cases will continue to require AHP input at pre-assessment and on treatment.
- The movement of inpatient services from the Western Infirmary, Victoria Infirmary and the Mansionhouse Unit to the Southern General Hospital.
- The realignment of Clinical Specialties across Glasgow.

5.1.3 Since 2010/11, 67.77 WTE budgeted posts have been released through efficiencies amounting to £2.4m with the main adjustments taken from the following staff categories:

Profession	CRES/Efficiency Budgeted Reductions (WTE)	CRES/Efficiency Savings (£000)
Physiotherapy	31.20	605
Occupational Therapy	16.21	1,012
Speech and Language	6.97	328
Dietetics	10.76	387
Podiatry	2.63	68
<b>Total</b>	<b>67.77</b>	<b>2,400</b>

## 5.2 New Models of Care

Work is ongoing in all relevant AHP services to ensure that the services delivered meet the requirements of current policy including the recommendations within the AHP National Delivery Plan .

Examples of some of the redesign work includes:

- Within ECMS Occupational Therapists and Physiotherapists work as one team managed by an AHP Coordinator. Previously the services were managed by OT and Physiotherapy Team Leads. This service redesign has reduced team leader posts and has ensured a more efficient model of service delivery which has minimized duplication between professions
- Where team leader vacancies have arisen in all clinical specialties, AHP Team Leaders have been introduced.
- There has been an increased use of Band 4 staff throughout Occupational Therapy and Physiotherapy. Competency Frameworks have been developed which have enabled support workers to have their own case loads. This has released registered staff to deal with more complex cases and specifically in ECMS has ensured an increased presence of senior clinical decision makers at the Front Door enabling discharge or treatment plans to be created and implemented by lower banded staff.
- The use of a Band 4 Support worker in the Orthopaedic Day Surgery Unit to undertake protocolised reviews and provide advice to patients post surgery is currently being piloted which has resulted in registered staff being able to move to the inpatient sites to deal with more complex patients
- Within orthopaedics and Acute Medical Services extended days have been piloted
- The adult Speech and Language Therapy Service has undertaken a complete Service Redesign which has resulted in the outpatient service delivery being separated from the inpatient delivery. A weighting system has been applied to in-patient areas to provide equitable staffing levels across all GG&C sites and patient types (as defined by SLT).



break-even position has been achieved by an equitable redistribution of current staffing across Glasgow and Clyde.

### 5.3 Diagnostic Imaging

5.3.1 Diagnostic Imaging have undertaken a review of the leadership structure required to support the proposed imaging department within the SGUH and as a result have identified two posts which are no longer required within the structure.

5.3.2 The service has also reviewed its resources to support extended working days.

## 6 Health Sciences

6.1.1 The Director of Diagnostics is currently working on a Laboratory Strategy Paper which, whilst recognising service redesign within Laboratory services, was undertaken ahead of the opening of the Laboratory block on the South Campus and the New Lister Building at Glasgow Royal Infirmary requires to consider the longer term opportunities of the new services.

6.1.2 To support service delivery and capacity the Acute Division invested in Diagnostic Imaging in 2014/15 to rebase capacity. There are therefore no further savings envisaged from Diagnostic Imaging aside from 3 supervisory posts envisaged in the move to the new South Glasgow Hospitals.

## 7 Pharmacy

### 7.1 Pharmacy – Summary of Workforce Change

7.1.1 The majority of pharmacy staff within acute services are primarily based in clinical areas to provide individual patient care. Most pharmacy activities are centred around admission and discharge and therefore related to patient turnover. Based on assumptions on patient activity this will remain the same or increase. Currently not all patients can be reviewed by a clinical pharmacist at the appropriate frequency, including timely verification of medicines reconciliation. Some efficiency savings have been identified as a result of closing four pharmacy departments in the areas of operational management, skill mix, administration and automation.

7.1.2 A pilot providing a near patient dispensing service and a Clinical Pharmacy service over four weekends in March/April at GRI, and discussion within the multidisciplinary teams, has highlighted the desire and need for pharmaceutical care outwith the current pharmacy core hours, in particular at weekends. This will be developed further during 2015 as a Board-wide initiative.

### 7.2 Pharmacy Workforce Efficiency

7.2.1 As part of the move to the SGUH and RHSC, efficiency savings of 5.32 WTE posts have been identified.

7.2.2 Realignment of the hospital sectors has released 1 WTE Chief Pharmacy Technician post, 1 WTE Administration Support and 2 posts within the Dispensary Leadership team. Skill mix improvement in the future will release the equivalent of 0.32 WTE Band 7 within the SGUH.

### 7.3 Pharmacy IT/Automation

7.3.1 Use of robotics and the proposed introduction of PECOS will release 2 WTE posts. Funding to the equivalent of post is required for maintenance costs.

## 8 Health Information and Technology

### 8.1 HI&T Savings Achieved

8.1.1 Since 2010 HI and T have achieved recurring savings of £2.090m savings associated with 65.9 WTE posts.

10/11	11/12	12/13	13/14	Totals
£	£	£	£	£

£404,842	£804,833	£108,362	£772,091	£2,090,128
----------	----------	----------	----------	------------

## 9 Workforce Change Summary Position

### 9.1 Summary of Workforce Change (Whole-Time Equivalent and associated £000s)

- 9.1.1 The workforce changes outlined within the report and summarised below place the Acute Services Division in a sound position to maintain and improve service deliverability upon moving to the South Glasgow University Hospital and Royal Hospital for Sick Children. The summary table has been agreed by finance leads across the service.

#### Savings related to New South Glasgow Hospitals

##### Nursing

	WTE	£000s
Emergency Care & Medicine	16.3	584
Surgery & Anaesthetics	93.5	3,428
Rehabilitation & Assessment	28.0	925
Women & Childrens Services (Gynaecology)	17.2	595
Women & Childrens Services (Paediatrics Additional)	-40.6	(1,458)
Regional Services	0.0	0
Clinical Coordinators	2.0	101
	<b>116.4</b>	<b>4,174</b>

##### Allied Health Professionals/Other

Diagnostics Directorate - Radiography	<b>3.0</b>	<b>170</b>
Pharmacy	<b>5.3</b>	<b>162</b>

##### Support Services

Domestic/Portering /Estates etc	<b>74.3</b>	<b>668</b>
Other Non Pay Costs		<b>272</b>

##### Medical Staff

Junior Doctor Banding		<b>720</b>
Junior Doctor Basic Salary	See Note 1	<b>720</b>
Consultant Intensity Payments	See Note 2	<b>282</b>

<b>Total Savings</b>	<b>198.9</b>	<b>7,168</b>
----------------------	--------------	--------------

Note 1 Assumed saving of 50% of £1.4m basic salary funding element from 40 posts

Note 2 Assumed 50% of relevant sites excluding Yorkhill and Regional Services moving from 8% to 5% and 5% to 3%.

## 10 APPENDIX 1: Junior Doctor Rota Bands Detailed Table

Rota number	Rota Directorate	Rotas site	Rota specialty	Rota banding	Comments
WC07	Women and Children's	RHSC	Paediatric Surgery	3	8 doctors on a 2B on call rota, currently non-compliant. Issues with rest achieved when on call. Service have plans to reallocate out of hours calls and workload to be in place for the South move.
RS04	Regional Services	SGH	Neurosurgery	3	Currently non-compliant 1B on call rota with 9 doctors, needs 10 WTE to move on to Partial Shift rota, and there are active plans to recruit in place. Service expects to have numbers in place in February 2015. There is an expectation to have a full rebanding of the rota to 2B in place for August 2015
EC14	ECMS	GRI/WIG/Stobhill	Cardiology	2A	12 doctors on call citywide and Golden Jubilee cover rota which requires to have 2 juniors on call overnight (1:6) unless numbers can be increased to at least 13 full time slots. No scope to reduce this banding.
RS07	Regional Services	SGH	Neuro anaesthetics	2A	Full Shift rota for 6 doctors with 1 week nights and 1 week long days. Possibility that if numbers improve, could reband to 2B. Numbers have been more than 6 recently and if maintained above 6 then plan is to monitor and reband to 2B.
RS10	Regional Services	GRI	Plastic Surgery	2A	12 doctors on call/24 hr partial shift rota. Rest compliance issues currently and in discussion with the local service to revise pattern with plan to reduce banding to 2B. GRI rota so unaffected by move.
EC14	ECMS	GRI/WIG/Stobhill	Cardiology	2A	12 doctor on call citywide and Golden Jubilee cover rota which requires to have 2 juniors on call overnight (1:6) unless numbers can be increased to at least 13 full time slots no scope to reduce this banding.
SA56	Surgery and Anaesthetics	VI	Orthopaedics	2A	This rota is a 1:6 full shift and is 2A because more than 1/3 ooh are outside 7am - 7pm. This rota will combine at a lower banding of 2B when NSGH hospital opens.
WC01	Women and Children's	RHSC	Paediatric Anaesthetics	2A	6 doctor rota with 1 week of late shifts and 1 week of nights. Would need an increase in numbers to reduce banding. Numbers normally very tight, involved in the move but don't expect to change rota.
WC02	Women and Children's	RHSC	Paediatric Anaesthetics	2A	As WC01 but an on call rota. Frequently numbers very low and locums used, both Paediatric Anaesthetic rotas can lose trainees to PICU placements. No plans to alter rota provision.

WC04	Women and Children's	RHSC	Paediatric Orthopaedics	2A/2B	2A rota in Summer time as trauma intensity significantly increases in the summer months. 6 doctor on call rota, only 4 trainees with 2 CFs. Would need an increase in numbers to reduce banding. No plans for rota changes expected.
WC06	Women and Children's	RHSC	Paediatric Surgery	2A	9 doctor FY1 rota with 1 week of nights and 2 weeks of long days, 1/3 weekends and above 48 hours. With current format of shifts, would require an increase in trainees to reduce banding. Intense rota with no real scope to reduce cover with only an increase in numbers likely to reduce the banding. No change expected at this time
WC08	Women and Children's	RHSC	Paediatric Intensive Care Unit	2A	12 doctor full shift rota with 2 weeks nights, 2 weeks long days and 1 week of late shifts. Would need an increase in numbers to reduce banding as the OOH cover is bare minimum. Numbers are frequently tight. No rota changes expected.
WC49	Women and Children's	RHSC	Paediatric Neurosurgery	2A	On Call rota with 1 x CF. Unsure as this rota doesn't monitor but this feeds in to Consultant rota could be scope to reduce the frequency of the out of hours cover

## 11 APPENDIX 2: Junior Doctor Rota Efficiencies

The following represents the work underway and sitting with the appropriate Directorates and specialties. Meetings with the Lead Director for Acute Medical Services , AMD's and medical staffing have taken place or planned. The objective for this is to ensure the agreed benchmark for maintaining current bandings as a minimum, numbers to reflect service / ward cover and look to see if there are any economies of scale against the current numbers.

It should be noted that the numbers described below have still to be ratified with the Directorates and are still under discussion.

Directorate	Specialty	Grade	Total Available	Proposed number	Variance	Comments
ECMS	General Medicine	FY1	58	46	-8	There are proposals from RAD to have a stand alone FY1 rota for DME and would require 12 FY1 to populate
		FY2/ST1-3	68	58	-10	
		Senior	40	38	-2	
	Subtotal				-20	
RAD	DME	FY1	0	12	12	-3 nSGH: AAU (pod) - 1 ward - 18 beds, stack - 1 ward - 28 beds Langlands - 5 wards of 30 - total 150 beds, GGH - 3 wards of around 30 - 0 total 86 beds, NVH - 2 wards - total 48 beds TOTAL around 400 beds across 4 sites.
		FY2/ST1-3	21	18	-3	
		Senior	18	18	0	
	Subtotal				9	
S&A	General Surgery	FY1	58	48	-10	Meeting with Surgical AMD or service have not yet happened rotas are med staffing calaculations using HAN discussions, could reduce to 37 within current banding and Current out of hours projection 0 with current out of hours projections this would be the minimum number required without the banding rising form 2B to 2A -5 As above
		FY2/ST1-3	25	25	0	
		Senior	20	15	-5	
	Subtotal				-15	
	ENT	FY2/ST1-3	16	10	-6	2 will be in RHSC with the othe 4 board funded clinical fellows 0 Possibly reduce by 1 if do not appoint to the Board funded Clinical Fellow slot
		Senior	14	14	0	
	Subtotal				-6	
	Orthopaedics	FY2/ST1-3	20	17	-3	includes cover for the Victoria and the GGH
		Senior	25	19	-6	In addition discussions re the Trauma centre are influencing what the final Senior model will be and 2 optios have been provided, on call from home or full shift, minimum of 18 doctors on either pattern would be required to stay within current banding (2B)
		Subtotal				-9
Urology	FY2/ST1-3	9	9	0		
	Senior	7	7	0		
Subtotal				0		
Anaesthetics	ITU	14	10	-4	From Aug - Nov each year there are on average 18 New starts unavailable for OOH duties. The Service claim that the numbers of Junior doctors available are required to cover 42 Blocks of cover contained within the rota templates provided on the propsed rota options.	
	General	13	13	0		
	Senior on Call	10	12	2		
	Maternity	4	7	3		
	Sub specialty training	29	29	0		
	Subtotal					1
Additional info			TOTAL:		-40	

The smaller directorate specialties have been included in the HAN discussions with a view to producing some draft template rotas.

RHSC meeting has yet to take place but the current rotas not expected to change radically.

The junior Nuero/Stroke / ophthalmology rota may reduce to 13 doctors and is under construction as to how this would operate with Stroke increasing beds and moving into main stack ongoing discussions on where the junior cover will come from



# **New South Glasgow Hospitals**

Workforce Opportunities

## Contents

Introduction .....	3
1 Nursing and Midwifery .....	3
1.1 Skill-mix.....	3
1.2 Hyper Acute Stroke - Nursing .....	3
1.3 Hyper Acute Stroke - Medical Workforce .....	4
1.4 Critical Care .....	5
1.5 Facilities .....	5
2 Medical Staff .....	5
2.1 Areas of proposed developments .....	6
2.2 Medical Staff Summary.....	6
3 Allied Health Professions.....	7
3.2 Diagnostic Imaging (Radiographers).....	7
3.3 AHPs – Radiography Summary.....	8
4 Pharmacy.....	8
4.1 Pharmacy – Whole-week Working Service Development.....	8
4.2 PPSU - Option 1: Improved Patient Safety at weekends .....	8
4.3 PPSU - Option 2: Improved Patient Safety and Flow at Weekends.....	8
4.4 PPSU - Option 3: Improved Patient Safety and Flow weekday evenings .....	8
5 Workforce Developments Summary Position.....	9
5.1 Summary of Workforce Development (Whole-Time Equivalent) and £000s.....	9



## Introduction

The aim of this paper is to provide a high-level overview of possible workforce developments which are designed to enhance services for the Board to consider.

## 1 Nursing and Midwifery

### 1.1 Skill-mix

- 1.1.1 Implementing a change to increase the proportion of registered nursing within SGUH requires a movement of 108.4 WTE from unregistered nursing to registered nursing. Associated costs are shown in the summary table on page 9.
- 1.1.2 The total workforce increase related to other service developments is 66.7 WTE. This is broken down in the table below:

#### Nursing Other Developments

Rehabilitation & Assessment - Hyper Acute Stroke	35.4
Surgery & Anaesthetics - Critical Care	11.0
Surgery & Anaesthetics - Theatre Escort Policy	9.0
Surgery & Anaesthetics - Renal Surgery	3.3
Regional Services - OMFS Beds	8.0
Total	66.7

- 1.1.3 The developments outlined above are summarised below:
1. **Hyper Acute Stroke:** The development of 12 Hyper Acute Stroke beds within the South Glasgow University Hospital and 8 within Glasgow Royal Infirmary.
  2. **Critical Care:** Accounts for 5 additional Critical Care beds at Level 1.
  3. **Theatre Escort Policy:** Allows for implementation of the recommended escort policy.
  4. **Renal Surgery:** These posts are NSD-funded and therefore are nil-cost.
  5. **OMFS Beds:** These additional staff are to recognise the differential between ENT-level staffing and OMFS-level staffing within Ward 62 at Southern General Hospital.
- 1.1.4 Following discussion with the Nurse Director and Chief Officer developments one and two are supported along with development four. Developments three, five and six require further detailed business cases.

### 1.2 Hyper Acute Stroke - Nursing

- 1.2.1 Initial plans had seen the stroke service across Glasgow as follows:
- Two hospitals (SGUH and GRI) providing 24/7 stroke admission to hyper acute stroke care with both hospitals having the capability to deliver Thrombolysis 24/7.
- 1.2.2 Within the New Adult Hospital a dedicated 26 bed Acute Stroke Unit is planned. With the introduction of a hyper acute stroke care model into NHSGGC, 12 of these beds will potentially be allocated for hyper acute stroke care. The nursing requirements for hyper acute stroke beds are modelled to a similar level as High Dependency Nursing, 3.2 nurses per bed. This increases from the standard nurse to bed ratio of 1.34 nurses per bed.

- 1.2.3 Therefore, if hyper acute stroke is supported at SGUH, the additional nursing resource associated with the 12 hyper acute stroke beds is 10.89 WTE, of which 10.89 WTE is within registered and 0 WTE within unregistered. The increase weighting toward registered nursing takes account of the higher skill-mix required within hyper acute stroke (80/20 versus 65/35 within Stroke Rehabilitation). The Hyper Acute Stroke workforce requirements have been included within the overall Inpatient Nursing figures above.
- 1.2.4 A broader approach is being taken to stroke workforce planning across Glasgow encompassing the service at SGUH and GRI. This approach ensures the planned increase in activity at GRI is taken into account (capacity planning for GRI indicates approximately 20% of the current WIG stroke admission rate will transfer to GRI). GRI planning assumption sees 8 hyper acute beds being opened. In addition it is absolutely necessary to establish 7 day specialist stroke on-call for both admitting hospitals; currently GRI admits stroke patients 7 days/week but only provides a combined stroke/DME weekend/on-call service.
- 1.2.5 Therefore, if hyper acute stroke is supported at GRI, the additional nursing resource associated with the 8 hyper acute stroke beds is 24.52 WTE of which 16.63 WTE is within registered and 7.89 WTE within unregistered.
- 1.2.6 There are 2 options:  
 a) to establish a hyper acute stroke care model for nursing at SGUH and GRI from 2015, or  
 b) develop a full hyper acute stroke care model as part of the Clinical Services Review Board-wide service redesign for stroke.

#### **Hyper Acute Stroke Nursing Summary**

Unregistered Nursing SGUH*:	+0	WTE
Registered Nursing SGUH*:	+10.89	WTE
Unregistered nursing GRI**:	+7.89	WTE
Registered nursing GRI**:	+ 16.63	WTE
<b>Total:</b>	<b>+35.41</b>	<b>WTE</b>

\*Based upon all 26 beds within the Acute Stroke Unit operating at Acute Receiving level.

\* \*\*These figures are the maximum – they will reduce as these beds will be offset against pre-existing rehabilitation/assessment beds.

### **1.3 Hyper acute Stroke - Medical Workforce**

- 1.3.1 Detailed medical workforce planning has been undertaken to deliver the hyper acute stroke model proposed, however it has become clear it will not be possible to deliver this model in 2015 without an increase in the stroke consultant medical workforce. Following advice from the Clinical Executive Group a modified model is proposed.
- 1.3.2 The proposed revised Glasgow stroke service model is as follows:
- Two hospitals (SGUH and GRI) providing 24/7 stroke admission
  - SGUH providing 24/7 delivery of Thrombolysis
  - GRI providing in-hours Mon-Fri delivery of Thrombolysis. At all other times patients identified at GRI as suitable for Thrombolysis will transfer rapidly to SGUH for Thrombolysis. The patient will return to GRI as soon as clinically appropriate
- 1.3.3 This revised model will require a 7 day on-call rota at both SGUH and GRI, however centralising Thrombolysis delivery out of hours at SGUH will enable the stroke team to deliver a well resourced stroke on-call rota at SGUH that will manage the significant evening/overnight activity at SGUH.

**Stroke Consultant Workforce Summary:**

Stroke Medical Consultant +1.0 WTE

Redesign of DME/Stroke workforce within RAD maximising consultant capacity into stroke

1.3.4 This revised service model will inevitably lead to longer Thrombolysis 'door to needle' times for some GRI catchment patients with subsequent impact on clinical outcomes for the patient. It is proposed this is addressed as part of the wider Clinical Services Review Board-wide service redesign for stroke services that includes the stroke service in Clyde and the future developments around Neuro-interventional radiology in stroke.

1.3.5 Delivery of this revised 2015 service model requires the following:

- Funding of hyper acute beds on both sites.
  - Redesign within the Glasgow-wide RAD DME/stroke workforce maximising consultant capacity into stroke. This will have some impact for other specialties. Of particular concern is the impact of establishing a hyper acute stroke and specialist stroke on-call service at GRI, meaning stroke consultants will no longer take part in DME on-call and medical receiving at GRI
- Additional investment of 1.0 wte stroke consultant.
  - The funding / realignment of 35.41 wte of nursing resource.
  - AHP services will be delivered within existing resources.

**1.4 Critical Care**

1.4.1 The Surgery and Anaesthetics Critical Care workforce plan was also submitted to the Nursing Workforce Planning Group on 23 September 2014. The main changes to the workforce within Critical Care are noted below:

- Increase of 14.37 WTE Band 6 following agreement to ensure increased senior nurse coverage.
- Reduction of 13.89 WTE Band 5 nursing in-light of the increase in Band 6, however this is offset against an increase of 10.52 WTE Band 5 nursing staff related to additional 5 Critical Care beds at level one.

Band	WTE	Change Description
Band 6	14.37	Skill-mix change to increase Senior Nursing presence
Band 5	(13.89)	Skill-mix change to increase Band 6s
Band 5	10.52	Additional 5 Critical Care beds at Level 1
<b>Total</b>	<b>11.00</b>	

1.4.2. Following discussion the above development requires more detailed analysis.

**1.5 Facilities**

1.5.1 The current workforce plans for Facilities reflect a potential increase in Domestics totalling 21.94 WTE. This is broken down in the table below:

	Sites Closing	New SGH	Total
Domestics	-298.21	320.15	<b>21.94</b>
Catering - Staff	-25.53	28.47	<b>2.94</b>
<b>Total</b>	<b>-323.74</b>	<b>348.62</b>	<b>24.88</b>

1.5.2 The 2.94 WTE increase within Catering will be expected to be self-funded by utilising increased income from Aroma cafes within the new hospitals.

**2 Medical Staff**

## 2.1 Areas of proposed developments

It is recognised that the Board funded medical staffing in a number of specialties and, in particular, the Emergency Department and Anaesthetics. Both areas are required to provide efficiencies from the move to the new hospitals. So far, efficiencies have not been realised; however, there is still ongoing discussion to identify economies of scale. The following posts have been discussed with the Chief Officer.

- 2.1.1 **Additional 1 WTE Consultant Radiologist within Paediatrics.** The current cohort of senior medical staff moving to the NCH is 8. There is currently 1 vacancy which will be filled prior to the move to NCH.
- 2.1.2 There is currently a gap between acquisition and reporting which will be resolved prior to the move when the vacant post is filled. The equipment procurement programme for NSGH has resulted in a net increase of 1 interventional lab and 1 MRI scanner, for which there is currently no medical staffing capacity for. In addition there is a net migration of imaging work from the adult sector due to the change in the admission age to 16. Work continues on the potential resource transfer from Adult to Paediatrics. The RHSC dept already provide extended day and 7 day working which will continue.
- 2.1.3 A rota template has been developed for medical staffing in the NCH, and based on the current job planned activity; the 2nd MRI scanner is expected to require an increase of 6 sessions of consultant cover per week. Expansion of Interventional Radiology is expected to generate an additional 3 sessions of consultant cover per week initially. As such 1 WTE post is required.
- 2.1.4 **Additional 2 WTE Consultant Radiologists within Adult.** It is acknowledged that rapid assessment and diagnosis of patients 7 days a week is required to meet the new ways of working. Immediate radiological diagnosis will be required to allow discharge of patients who previously would have required inpatient admission for investigation. It also supports the Scottish Government 2020 vision of caring for patients in the community where possible. The change in practise to a 7 day model will require senior radiology decision makers on site supporting the acute clinical services. The existing on call system is not designed to deliver such a service at present.
- 2.1.5 Redeployment of consultant staff to provide 7 day acute services, without backfill, will impact upon already hard pressed routine daytime services. To maintain these daytime services and waiting time targets, vacated daytime sessions will require additional consultant radiologist staffing.
- 2.1.6 This substantial proposed change in diagnostic services offers the potential for bed efficiencies by improving inpatient scanning and reporting turnaround times therefore reducing the average length of stay. Delivery of a consultant based 7 day model for Imaging is a new development and therefore requires additional staff.
- 2.1.7 For Adult service the proposal is an additional 8 new posts. Funding has already been identified via capacity monies (£398k) and an assumption around winter funding (£40k) to fund 4 posts, 2 are provided via Detecting Cancer Early (DCE) monies. This gives a shortfall of 2 additional posts being required. Interventional will be reviewed once existing pathways are established and working patterns reviewed.

## 2.2 Medical Staff Summary

- 2.2.1 We are therefore seeking approval for 3 WTE Consultant Radiologists (2 within Adult, 1 with Paediatrics) and 1 WTE Stroke Consultant.

### 3 Allied Health Professions

- 3.1.1 The Allied Health Professions are still undertaking a final analysis of extended working days and hours and potential benefits and associated costs, these developmental initiatives will form part of a subsequent paper to be discussed with staffside organisations. The paper is expected in January 2015.

#### 3.2 Diagnostic Imaging (Radiographers)

- 3.2.1 Diagnostic Imaging services have undertaken an assessment of the workforce implications and associated costs of implementing 8am-8pm working over 7 days for both the Adult Hospital and the Children's. This additional capacity has been costed up on a room by room basis to inform discussion around what would be needed by modality with assumptions around the number of rooms that would be working these hours.

- 3.2.2 Further discussion shall be required around whether this is the level of additional support that the organisation requires. It should be noted that due to the hub and spoke model in the delivery of Imaging services there are no economies of scale to be gained as the radiology input does not reduce. For the purposes of this paper assumptions have been made around a potential phased approach.

##### 3.2.3 Phase 1 (2015) - Adult

Assumption = 1 x MR, CT and US working 8am to 8pm x 7 days per week in nSGH:

1 MR machine is currently working 8am to 7pm and weekends. As such, one additional hour per day is required above current capacity funding to fund this machine for 8am to 8pm, 7 days per week working. CT rooms currently work 9am to 5pm, Monday to Friday. As such, one CT room would require 4 additional evening hours and full weekends to provide 8am to 8pm x 7 days per week. Ultrasound room currently works a 9am to 5pm, Monday to Friday week. As such, 4 additional evening hours per day plus full weekends to provide 8am to 8pm x 7 days per week would be required.

- 3.2.4 The total radiographer workforce requirement for phase 1 (adult) would be 7.48 WTE radiographers.

##### 3.2.5 Phase 2 (2016) – Adult

Assumption: depending on demand and ongoing availability of staff and training it is anticipated that the nSGH will require additional MR and CT machines 8am to 8pm x 7 days per week.

Second MR machine currently works a 9am to 5pm, Monday to Friday week. As such, 4 additional hours per evening plus full weekends is required above current capacity funding to fund this machine for 8am to 8pm, 7 days per week working.

Second CT room requiring 4 additional evening hours and full weekends to provide 8am to 8pm x 7 days per week.

- 3.2.6 The total radiographer workforce requirement for phase 2 (adult) would be 9.68 WTE radiographers.

##### 3.2.7 Children's Hospital

The new Children's Hospital shall have 1 x additional MR scanner above current service. Costing this as 9am to 5pm, Monday to Friday. An extended working day and weekend service would be provided from the current scanner which is already funded at that level. A bid in relation to the Cardiac service is currently being submitted to NSD by the Women & Children's Directorate which would fund this service if approved.

There are additional rooms in the new Children's Hospital above current configuration, comprising of Ultrasound, Interventional and Plain Film.

Service delivery of the Interventional room is being looked at jointly with Women & Children's colleagues but has been included in this paper for completeness at this point.

It may be the case that capacity is freed up on the adult side with the movement of 13 to 16 year olds to the Children's Hospital. However, as this is likely to be small numbers across a number of sites it is not anticipated at this stage that this will free up capacity on the adult sites. This shall be assessed in the coming months.

- 3.2.8 The total radiographer workforce requirement for the Children's Hospital would be 4.05 WTE, in phase 1 and 4.88 WTE radiographers in phase 2.

### **3.3 AHPs – Radiography Summary**

- 3.3.1 In summary, the new Hospitals' scanning and reporting requirements have been worked up based on assumed requirements and total 26.09 WTE. It is recommended that a phased approach is taken to investing in the service to ensure an effective and affordable implementation, allowing time to assess and validate the impact of all the changes. Phase 1 would require 11.53 WTE and Phase 2 would require an additional 14.56 WTE radiographers.

## **4 Pharmacy**

### **4.1 Pharmacy – Whole-week Working Service Development**

- 4.1.1 The current pharmacy service is limited on Saturdays, and in particular, Sundays, and pharmacy staff are based within the pharmacy departments on these days. Pharmacy staff working weekends do not engage in any management/routine/near-patient activities – they all provide a reactive dispensing, aseptic, advisory and urgent supply service. There is a pharmacy service on Saturday mornings in all four hospitals, and a pharmacy service on Sundays at the Western Infirmary and Southern General Hospital only.
- 4.1.2 The status quo would comprise of pharmacy staff from the closing adult hospitals to continue to do the same weekend hours at the same frequency, and work within the pharmacy department of the SGUH, providing the same level of service i.e. dispensing service, aseptic service, advisory service and the supply of urgent medicines. In this model, the same number of staff will be required to support patient activity, but efficiencies will arise due to a suboptimal skill mix, which can be addressed from future staff turnover.
- 4.1.3 There is a desire and recognised need for pharmacy staff to be able to provide a near-patient clinical and making the most of your medicines (MMyMed) service at weekends, in particular to support the acute receiving units and the discharge process. Options for consideration are described below. All options are stand alone.

### **4.2 PPSU - Option 1: Improved Patient Safety at weekends**

- 4.2.1 Based on the pilot findings at GRI and utilising current staff, the following additional staff is required to provide a clinical pharmacist(s) in the SGUH ARU at weekends, from 9 – 3.30pm, to triage and address urgent pharmaceutical care issues. These proposed hours are based on current ARU ward rounds. Total requirement 1.5 WTE.

### **4.3 PPSU - Option 2: Improved Patient Safety and Flow at Weekends**

- 4.3.1 Clinical pharmacists will be based in the ARU as option 1, and will also provide screening to support patient discharge in downstream wards. The technical team will provide a near patient dispensing service for discharge prescriptions. Within the SGUH, these services will be provided 9am – 5pm every day. Within the NCH these services will be provided 9am – 5pm Monday to Friday, and 10am – 2pm weekends, based on current activity.

### **4.4 PPSU - Option 3: Improved Patient Safety and Flow weekday evenings**

- 4.4.1 Clinical pharmacists will be based in the ARU as option 1, and will also provide screening to support patient discharge in downstream wards. The technical team will provide a near patient dispensing service for discharge prescriptions. Within the SGUH, these services will be provided 9am – 8pm Monday to Friday. Within the NCH these services will be provided 9am – 6pm Monday to Friday, based on current activity.

## 5 Workforce Developments Summary Position

### 5.1 Summary of Workforce Development (Whole-Time Equivalent) and £000s

5.1.1 The workforce changes outlined above and summarised below place the Acute Services Division in a sound position to maintain and improve service deliverability upon moving to the South Glasgow University Hospital and Royal Hospital for Sick Children. The summary table below provides an overall position for the areas included above.

#### Developments related to New South Glasgow Hospitals

##### Nursing Skillmix

	WTE	£'000s
Emergency Care & Medicine	-	762
Surgery & Anaesthetics	-	316
Rehabilitation & Assessment	-	546
Total	-	1,623

##### Nursing Other Developments

Women & Childrens - Paediatrics	Moved to Workforce Adjustments Paper	
Rehabilitation & Assessment - Hyper Acute Stroke	35.4	1,294
Surgery & Anaesthetics - Critical Care	11.0	577
Surgery & Anaesthetics - Theatre Escort Policy	9.0	213
Surgery & Anaesthetics - Renal Surgery	3.3	0
Regional Services - OMFS Beds	8.0	250
Total	66.7	2,334

NSD Funded

##### Allied Health Professionals/Other

Diagnostics Directorate	26.1	995
-------------------------	------	-----

##### Pharmacy

0-Expand patient coverage of clinical pharmacy services	1.0	44
1-Improved patient safety at weekends	1.5	95
2-Improved patient safety and flow at weekends	7.0	315
3-Improved patient safety and flow weekday evenings	5.0	158
Pharmacy (Maximum Option 1 included within 2 and 3)	13.0	517

##### Support Services

Domestic/Portering & Site Management	Moved to Workforce Adjustments Paper	
--------------------------------------	--------------------------------------	--

##### Medical Staff

RAD - 1 Consultant Stroke	1.0	120
Diagnostics - 3 Radiologists - 2 for Adult, 1 for Paediatrics	3.0	360
Total	4.0	480

<b>Total Developments</b>	<b>83.7</b>	<b>5,949</b>
---------------------------	-------------	--------------

**Appendix 1****Scheme of Delegation to Integration Joint Boards****1. Introduction and Purpose**

This short paper sets out the basis on which the Board will delegate responsibility for service delivery to each of the Chief Officers with oversight and direction to be provided by each Integration Joint Board.

IJBs are responsible on a statutory basis for:

- Strategic planning for their population a responsibility created by statute;
- Working jointly with the Board to plan the delivery of Acute Services to their population;

The creation of IJBs as operational entities managing on an integrated basis the delivery of services is the clear intention of the legislation. Those operational responsibilities for Health Services need to be agreed between the Board, the Council and the IJB.

Chief Officer will be responsible for the operational delivery of the agreed services with the IJB providing oversight and direction. The proposed services covered by this Scheme are as set out within the legislation and regulations, with the exception of:-

- Acute Services where the operational responsibility remains with the Board.
- Services where the Board agrees with IJBs and Chief Officers that delegation will be to a single IJB and Chief Officer to manage services on behalf of the others, for which oversight arrangements will be agreed.
- Children's Services where the four Councils and the Board have agreed an approach which goes beyond the requirements of the legislation.

This Scheme of Delegation sets out a clear basis for delegation and provides assurance about the lines of sight back to the Board's statutory responsibilities for governance across clinical quality and safety, staff and employment, equalities and finance.

**2. Operational Responsibilities**

The principle of this Scheme of Delegation is that IJB's and their Chief Officers have a high degree of autonomy for service delivery but that this Scheme provides an essentially clear basis for the relationship to the Board which ensures the Board can exercise its responsibilities.

Delivery of specialist, regional and national services may be delegated directly by the Board to individual Chief Officers. Delegation arrangements for these services, which will continue to be governed by the Board, are not included in this Scheme of Delegation.



**From:** [David Hall](#)  
**To:** [Moir, Peter](#); [Loudon, David](#); [Wrath, Frances](#)  
**Subject:** Fw: New South Glasgow Hospitals - URGENT  
**Date:** 20 January 2015 11:43:37  
**Attachments:** [Implementation Plan2.pdf](#)  
**Importance:** High

FYI. We can discuss further.

**David Hall**  
 FCI/OB/MAPM  
**Director**  
**Currie & Brown**  
 Email: [REDACTED]  
 Building 3, 2 Parklands Avenue, Maxim Office Park, Eurocentral  
 Lanarkshire ML1 4WQ  
 United Kingdom

Website: [www.curriebrown.com](http://www.curriebrown.com)

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

**From:** Slater John (NATIONAL SERVICES SCOTLAND) [REDACTED]  
**Sent:** 20 January 2015 11:30  
**To:** lee.martin [REDACTED]; nick.satchel [REDACTED]  
**Cc:** Andre Cooke; paul.aylot [REDACTED]; David Hall; Hill David (NATIONAL SERVICES SCOTLAND)  
**Subject:** New South Glasgow Hospitals - URGENT

Dear Lee

I am writing to express my concern regarding the programme for the EWDs at the NEW South Glasgow Project.

We now are concerned that Getinge will be unable to install the machines within the agreed timeframes.

The completion of associated panel work should have been 8<sup>th</sup> December and we have been advised this morning that you have only just agreed terms with your sub contractor for this work (Morris & Spottiswood).

This is a serious situation since the commissioning of the water feed system cannot commence until the panel work is in place. Part of this testing involves analysis for environmental mycobacteria, the turnaround for which is up to 6 weeks and until a positive result is obtained, the EWDs cannot be connected.

This means that this project has slipped by 6 weeks. Certain aspects of the new hospital cannot function until the new EDU is operational and we are concerned that the lack of engagement with the project plan from Getinge is placing opening the hospital in jeopardy.

I am writing to you to emphasise the very real risk of reputational harm to your and our respective organisations if the EWD programme has not completed by the service commencement date (20<sup>th</sup> April).

We have just left a meeting between the Client and Getinge where the following actions were agreed:

- A complete project plan to be ready by close of play Thursday 22<sup>nd</sup> January, that shows how this project can get back on schedule.
- All Risk Assessments and Method statements to be provided by Getinge (on behalf of Morris & Spottiswood)
- A Pre start meeting will take place on Wednesday 28<sup>th</sup> January, where in attendance will be the Client, Getinge and their sub contractor (Morris & Spottiswood)
- Work on site to commence as soon as possible after the pre start meeting.

I would appreciate if you would take all steps necessary to ensure that these actions are addressed and the programme is accelerated to bring the programme back on line. If there are any logistical issues which need addressed please let me know as I can take these up with the Project team

I attach the original agreed plan for your information. If you need to discuss this matter further please do not hesitate to contact me.

Regards

John

John Slater  
 Equipping Services Manager, Health Facilities Scotland  
 Procurement, Commissioning and Facilities

**NHS National Services Scotland**  
 Area 67  
 Gyle Square  
 1 South Gyle Crescent  
 Edinburgh  
 EH12 9EB  
 [REDACTED]

\*\*\*\*\*

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it.

Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents:  
to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmali is the secure email and directory service available for all NHS staff in England and Scotland  
NHSmali is approved for exchanging patient data and other sensitive information with NHSmali and GSi recipients  
NHSmali provides an email address for your career in the NHS and can be accessed anywhere

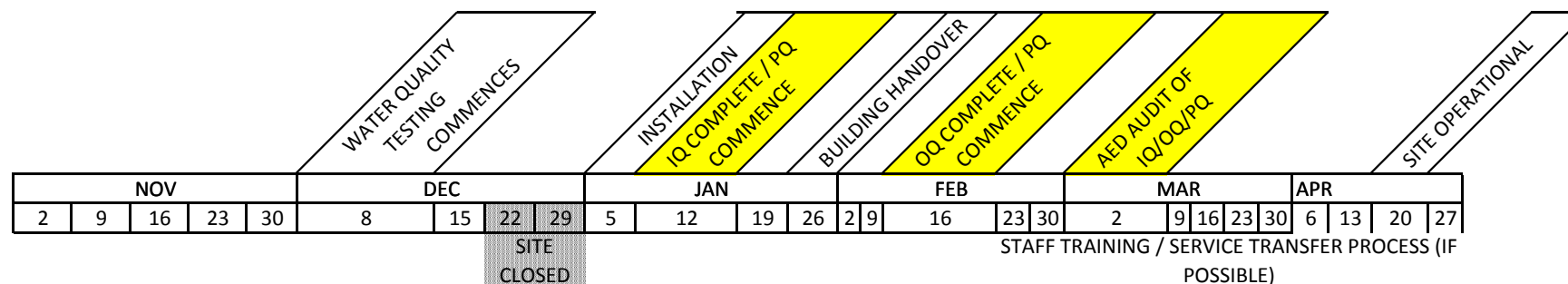
\*\*\*\*\*

---

This email has been scanned for email related threats and delivered safely by Mimecast.

For more information please visit <http://www.mimecast.com>

---



ID	Task Name	Duration	Start	Finish	Qtr 1, 2014		
					Jan	Feb	Mar
31	PRE-INSTALLATION - Commence RO system operation and water tests	1 day?	Mon 08/09/14	Mon 08/09/14			
32	PRE-INSTALLATION - Update project plan (REF ETB/WI/09)	1 day?	Tue 09/09/14	Tue 09/09/14			
33	PRE-INSTALLATION - Ratify suppliers method statements and risk assessment	1 day?	Wed 10/09/14	Wed 10/09/14			
34	PRE-INSTALLATION - Ratify GA Drawings	1 day?	Thu 11/09/14	Thu 11/09/14			
35	PRE-INSTALLATION - Review and agree detail training plan	1 day?	Fri 12/09/14	Fri 12/09/14			
36	PRE-INSTALLATION - Ratify building/service interface	1 day?	Mon 15/09/14	Mon 15/09/14			
37	PRE-INSTALLATION - pre-start meeting	1 day?	Tue 16/09/14	Tue 16/09/14			
38	PRE-INSTALLATION - Acceptance testing	1 day?	Wed 17/09/14	Wed 17/09/14			
39	PRE-INSTALLATION - Fabricate plinth	6 days?	Mon 10/11/14	Mon 17/11/14			
40	PRE-INSTALLATION - Obtain summary of water results	1 day?	Mon 01/12/14	Mon 01/12/14			
41	PRE-INSTALLATION - Obtain agreement from EWD manufacturer that mains w	1 day?	Tue 02/12/14	Tue 02/12/14			
42	PRE-INSTALLATION - Obtain agreement from the EWD manufacturer that the p	1 day?	Wed 03/12/14	Wed 03/12/14			
43	INSTALLATION PHASE	82 days?	Thu 04/12/14	Fri 27/03/15			
44	INSTALLATION PHASE - Set up Invoice control systems	1 day	Thu 04/12/14	Thu 04/12/14			
45	INSTALLATION PHASE - accept and co-ordinate deliveries	1 day?	Fri 05/12/14	Fri 05/12/14			
46	INSTALLATION PHASE - Install and complete IQ	31 days	Mon 08/12/14	Mon 19/01/15			
47	INSTALLATION PHASE - AED check IQ phase	1 day?	Tue 20/01/15	Tue 20/01/15			
48	PAYMENT MILESTONE TO BE AGREED	1 day?	Wed 21/01/15	Wed 21/01/15			
49	COMMISSIONING PHASE	37 days?	Thu 22/01/15	Fri 13/03/15			
50	COMMISSIONING PHASE - Produce log books and position with each	1 day?	Thu 22/01/15	Thu 22/01/15			
51	COMMISSIONING PHASE - Carry out Operational Qualification	14 days	Fri 23/01/15	Wed 11/02/15			
52	COMMISSIONING PHASE - AED check of OQ	2 days	Thu 12/02/15	Fri 13/02/15			
53	COMMISSIONING PHASE - Performance Qualification	14 days	Mon 16/02/15	Thu 05/03/15			
54	COMMISSIONING PHASE - AED audit of IQ/OQ/PQ	4 days	Fri 06/03/15	Wed 11/03/15			
55	COMMISSIONING PHASE - Compile snagging actions	1 day?	Thu 12/03/15	Thu 12/03/15			
56	PAYMENT MILESTONE TO BE AGREED	1 day?	Fri 13/03/15	Fri 13/03/15			
57	COMMENCEMENT OF OPERATIONS PHASE	10 days?	Mon 16/03/15	Fri 27/03/15			
58	Operate self disinfection regime of RO system and EWD's	1 day?	Mon 16/03/15	Mon 16/03/15			
59	Operate daily and weekly testing regime	1 day?	Tue 17/03/15	Tue 17/03/15			
60	Operate fault logging system	1 day?	Wed 18/03/15	Wed 18/03/15			

**From:** [Wallace, Stephen](#)  
**To:** [Kane, Mary Anne](#)  
**Subject:** FW: Job Descriptions  
**Date:** 21 January 2015 11:18:42  
**Attachments:** [General Manager Facilities Clyde BW.doc](#)  
[General Manager Facilities North & East MAK.doc](#)  
[General Manager Facilities Partnerships DP.doc](#)  
[General Manager Facilities South AM.doc](#)  
[General Manager, Facilities West WH.doc](#)  
[Site Facilities Manager GRI RC.doc](#)  
[Site Facilities Manager Inverclyde SY.doc](#)  
[Site Facilities Manager Renfrewshire LC.doc](#)  
[Site Facilities Manager SGH RC.doc](#)  
[Site Facilities Manager Stobhill IC.doc](#)  
[Site Facilities Manager Vic KC.doc](#)  
[Site Facilities Manager WIG & GGH DM.doc](#)  
[Site Facilities Manager Yhill FM.doc](#)  
[1864JD Sector Estates Manager Partnerships.doc](#)  
[1865JD Sector Estates Manager West.doc](#)  
[1866JD Sector Estates Manager Renfrew.doc](#)  
[1867JD Sector Estates Manager Inverclyde.doc](#)  
[1868JD Operational Estates Manager South.doc](#)  
[1869JD Sector Estates Manager North East.doc](#)  
[Head of Procurement.doc](#)

---

Mary Anne

Job descriptions held by corporate

S

---

**From:** Hardie, Gillian  
**Sent:** 20 January 2015 16:16  
**To:** Wallace, Stephen  
**Subject:** RE: Job Descriptions

Hi Stephen

The job descriptions we have on file are from the restructuring in 2006/07 and I therefore would not be aware if any JDs had been updated locally thereafter, ie, where any of the posts were being advertised. Hopefully the attached will still be of some help.

Regards

*Gillian*

Gillian Hardie  
Administrator, Staff Governance

---

NHSGGC Corporate Headquarters  
JB Russell House  
Gartnavel Royal Hospital  
Glasgow G12 0XH  


**THE NATIONAL HEALTH SERVICE in SCOTLAND****JOB DESCRIPTION – POST 93****1. JOB DESCRIPTION**

<b>JOB TITLE:</b>	<b>GENERAL MANAGER (CLYDE)</b>
<b>DEPARTMENT:</b>	<b>Facilities Directorate</b>
<b>ORGANISATION:</b>	<b>NHS Greater Glasgow and Clyde</b>
<b>IMMEDIATE SENIOR OFFICER:</b>	<b>Director of Facilities</b>

**2. JOB PURPOSE**

Reporting directly to the Director of Facilities for NHS Greater Glasgow & Clyde, the postholder manages Clyde Facilities on a daily operational basis in accordance with the strategic aims and objectives of NHSGG&C. This includes, Catering Services; Domestic Services; Portering Services, General Services and Estates maintenance.

Ensuring that these services are aligned with the NHSGG&C Corporate Plan, the Board's Acute Services Review and National Agendas, including identifying and incorporating best practice in the NHS and other sectors of the Board where appropriate.

This requires the postholder to work in partnership with Senior Management and Staff Side organisations across the NHSGG&C Divisions whilst reacting to evolving National Strategies. The development of an ethos of trained, professional and proactive staff at all levels will be essential to the key role of policy and strategy development throughout the Board.

The focus of the post is on consistent high quality service levels, improved value for money, strict financial planning and management of expenditure and the delivery of NHS Greater Glasgow & Clyde's strategic targets by providing clear leadership, direction, innovation and drive.

The postholder will be expected to represent NHS Greater Glasgow & Clyde at a National level, communicating with Senior Health Departments [SEHD] on NHSGG&C and NHS Scotland issues, concerning the development of pan Scotland strategies in the above specialist areas.

The postholder will allocate Site Managers and Estates Managers within the Facilities Division to undertake specific projects which ensure that NHS Greater Glasgow & Clyde meets its National and Statutory requirements.

### 3. DIMENSIONS

<b>Finance:</b>	<b>Total £M</b>	<b>Staff (wte)</b>
<b>Directorate Budget</b>	<b>155</b>	<b>4365</b>
<b>Operational Budget</b>		
Clyde Budget	35	967

### 4. ORGANISATIONAL CHART

See attached.

### 5. ROLE OF DEPARTMENT

The Facilities Directorate is the third largest service Directorate within NHS Greater Glasgow & Clyde. It plays an essential role in supporting clinical activity and healthcare provision within the Acute and Primary care settings for the population of NHS Greater Glasgow and Clyde and beyond.

In addition to the local and Glasgow & Clyde wide clinical and support services there are a number of Regional and National centres for clinical care provided within the Board. The profile of the Estate ranges from Victorian buildings to new purpose built units acquired under PPI / PFI Funding Schemes.

The range of Facilities Services provided within the Division covers:

Estates Maintenance, Estates Minor Works programmes, Catering; Domestic Services; Portering; General Services; Sewing Rooms; Linen and Laundry Services; Transport; Car Parking; Sterile Services; Procurement; Cashiers; Grounds Maintenance and Pest Control.

The Directorate is a highly complex organisation in its own right which supports all aspects of health care within the Board and contributes to the wider development of facilities services strategies and initiatives nationally.

The Facilities Directorate is required to provide professional and technical facilities management advice and leadership for NHS Greater Glasgow & Clyde at all levels of the organisation. In the current changing healthcare environment the Facilities Directorate is also involved in Corporate and Strategic Planning of new facilities and operational service specifications.

The Facilities Directorate will be organised to best manage service delivery focusing on the capability development of existing staff by being a champion of excellence and innovative performance. The Directorate will continually review and improve the quality and range of services provided in support of the Board's clinical service objectives through a process of continual improvement and innovation which adapts and develops to modern healthcare services and core Facilities service provision.

The Facilities Directorate will be managed to comply with overarching strategy compliance, national agendas and Board policy and will operate in close collaboration with other Directorates, Health Boards and SEHD.

From a strategic business planning perspective, it will seek to manage a number of services, business opportunities, contract negotiations and related processes through a proactive personal development route, which encourages investment in people, technologies and process design.

## **6. KEY RESULT AREAS**

**Core**

- a) Responsible for the delivery of the core Facilities Management services which proactively supports clear lines of leadership and accountability throughout the sector / organisation, in alignment to overall policy and harnesses the benefits of best practice.
- b) Responsible for the Facilities Management budget which must be managed within the available resources. Demonstrate through performance measurement, best value and best practice from a qualitative and service delivery perspective including statutory, regulatory and fiscal compliance.
- c) Responsible for the efficient and effective recruitment and development of NHSGG&C staff and resources, ensuring clear roles and responsibilities are in place to provide best value for money by compliance with Standing Financial Instructions, statutory and professional Standards, SEHD Guidance, Service Level Targets and implementation of NHSGG&C Human Resources policies which promote good employment practice and staff relations.
- d) Contribute to the development, implementation and ongoing review of new and improved processes to reflect compliance with the introduction of national and statutory compliance throughout the Board.
- e) Provision of leadership, technical expertise, planning, motivation, delegation and communication of a professional approach to the achievement of key results by proactive benchmarking, market appraisal and strategic performance.
- f) Develop and maintain good relationships with patients, visitors and staff throughout NHSGG&C to ensure service delivery is of the highest standard.
- g) In collaboration with the Head of Health & Safety, maintain effective Health & Safety arrangements in line with NHSGG&C policies to ensure the safety of staff.

- h) Set organisational objectives and KPIs on an individual basis and on behalf of Site Facilities Managers and Estates Managers in line with the requirements of the organisation in order to deliver the Facilities Directorate Business Plan.

**National Core**

- o) Effective working with other Health Boards and professional bodies to develop, implement and manage best practice and National and regional projects.

**7. ASSIGNMENT AND REVIEW OF WORK**



The postholder will be self motivated and will establish long term strategies and work plans for themselves and the Facilities Division which will be reviewed and endorsed by the Director of Facilities for NHS Greater Glasgow and Clyde or by NHS Greater Glasgow and Clyde (where appropriate).

The postholder will have a very high degree of autonomy at local, Board and National level. This will require planning and analytical skills of the highest order to ensure appropriate and timely allocation of resources.

The postholder will be responsible for the development and gathering of complex and sensitive data / information which will require an understanding of software systems design, testing and implementation. These management tools will represent the cornerstone drivers of Facilities – service performance indicators which will require further analytical assessment to understand key organisational trends which directly influence and shape areas of strategy, service development and business planning.

Much of the operational work will be driven by the strategic direction of the organisation. Performance of his / her teams will be reviewed against key performance indicators on a periodic basis by stakeholder meetings including further review by the Director of Facilities.

Strategies and processes designed to improve services, reduce cost, increase productivity will be generated by the postholder and performance review is through agreed performance objectives and individual appraisal by the Director, reviewed by the Chief Operating Officer.

The postholder will assign work to senior Facilities Management (site managers) across NHS Greater Glasgow and Clyde reviewing progress on a regular basis.

The postholder will continuously review his / her work to ensure satisfactory standards are achieved and will brief the Director of Facilities regularly to progress against delivery of any objectives contained within the Facilities Directorate Business Plan. The Director of Facilities will review work twice per year on a formal basis measuring quality and achievement of personal objectives via a system of performance appraisal.

## 8. COMMUNICATIONS AND RELATIONSHIPS

The post requires oral and written communication skills of the highest order, to process complex, sensitive and often contentious information at senior management level within NHS Greater Glasgow & Clyde and on a national basis, while having the strength of character to deliver strategic and operational objectives.

Due to the sensitivity of some of these subjects the postholder must be politically aware and an excellent communicator with good interpersonal and influencing skill sets.

There is a crucial role in professional and service development through influencing peer organisations at senior level to advance the interests of NHS Greater Glasgow & Clyde and the wider national agenda driven by NHS Scotland. This can be delivered by oral, written or visual means and may involve subjects requiring great sensitivity therefore the postholder must have a high level of political awareness and be experienced in influencing high level negotiations on behalf of NHS Greater Glasgow & Clyde.

The postholder will be expected to present detailed reports which represent the interests of NHS Greater Glasgow & Clyde and these reports and / or presentations may be delivered across a wider audience such as Board senior managers and clinicians, local authority colleagues/ partners, trades union colleagues and other professional [internal/external] institutes.

### Internal

Extensive communication with patients, visitors and staff to ensure their needs are delivered.

Extensive internal contacts with Directors, General Managers, Senior Clinical and Non Clinical Staff, Staff Partnership Reps.

### External

Extensive communication with Senior Management Teams from other Health Boards, SEHD, HFS etc.

Voluntary Organisations

Members of the public.

Universities

Politicians and Ministers.

Partners

National Representatives of Trade Unions and Professional Organisations.

Press/Media

PPI Consortia

Enforcement Agencies

Development Agencies

Local Authority

## **9. MOST CHALLENGING PART OF JOB**

Meeting the needs and expectations of a changing and demanding customer focused range of services which are in the public spotlight within stringent financial parameters.

The consistent management of a range of multi-disciplinary and multi-faceted key support service functions across a number of geographically spread sites at a time of significant organisational change within the Board and Nationally.

Balancing NHS Greater Glasgow and Clyde's strategic focus with national strategic planning and policies and sector management responsibilities at local level.

The professional leadership element of the job is of paramount importance in ensuring that the facilities routes and management systems adopted by NHS Greater Glasgow & Clyde and NHS Scotland are optimised in terms of cost, quality and legal compliance while underpinning service delivery with a robust leadership and business continuity regime which equally directs and influences consistency around the development and delivery of key performance indicators and other best value / best practice targets.

Ensure that facilities services are focused on patient service delivery and that services are designed, maintained and adapted to support the core clinical activities within all sites.

## **10. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

The postholder should be educated to degree level or equivalent and have a minimum of 5 years senior management experience in the field of Facilities Management within a large scale, complex, multi-disciplinary environment but not necessarily NHS.

The postholder should show considerable initiative and excellent leadership, personal, written and verbal communication skills. Interpersonal skills include tact, diplomacy and negotiating expertise in dealing with a wide range of knowledgeable business partners, trade union organisations and other groups.

The postholder must have a proven track record in the delivery of change management, strategic management and planning process while bringing innovation, best practice and vision to the organisation and will provide clear leadership to achieve the goals.

**THE NATIONAL HEALTH SERVICE in SCOTLAND****JOB DESCRIPTION – POST 80****1. JOB DESCRIPTION**

<b>JOB TITLE:</b>	<b>GENERAL MANAGER (SOUTH)</b>
<b>DEPARTMENT:</b>	<b>Facilities Directorate</b>
<b>ORGANISATION:</b>	<b>NHS Greater Glasgow and Clyde</b>
<b>IMMEDIATE SENIOR OFFICER:</b>	<b>Director of Facilities</b>

**2. JOB PURPOSE**

Reporting directly to the Director of Facilities for NHS Greater Glasgow & Clyde, the postholder manages South Sector Facilities on a daily operational basis in accordance with the strategic aims and objectives of NHSGG&C. This includes, Catering Services; Domestic Services; Porter Services, General Services and Estates maintenance.

In addition, the postholder has pan Board responsibility for the strategic development and implementation of the following specialist areas: Telecommunications, Clinical & Non-Clinical Waste Services and NHSGG&C Operational Estates delivery, development, planning and organization.

Ensuring that these services are aligned with the NHSGG&C Corporate Plan, the Board's Acute Services Review and National Agendas, including identifying and incorporating best practice in the NHS and other sectors of the Board where appropriate.

This requires the postholder to work in partnership with Senior Management and Staff Side organisations across the NHSGG&C Divisions whilst reacting to evolving National Strategies.

The development of an ethos of trained, professional and proactive staff at all levels will be essential to the key role of policy and strategy development throughout the Board.

The focus of the post is on consistent high quality service levels, improved value for money, strict financial planning and management of expenditure and the delivery of NHS Greater Glasgow & Clyde's strategic targets by providing clear leadership, direction, innovation and drive.

The postholder will be expected to represent NHS Greater Glasgow & Clyde at a National level, communicating with Senior Health Departments [SEHD] on NHSGG&C and NHS Scotland issues, concerning the development of pan Scotland strategies in the above specialist areas.

The postholder will allocate Site Managers and Estates Managers within the Facilities Division to undertake specific projects which ensure that NHS Greater Glasgow & Clyde meets its National and Statutory requirements.

### 3. DIMENSIONS

<b>Finance:</b>	<b>Total £M</b>	<b>Staff (wte)</b>
<b>Directorate Budget</b>	<b>155</b>	<b>4365</b>
<b>Operational Budget</b>		
South Sector Budget	24	759
From 1/11/06	26.5	790
From 1/4/07	31	923
<b>Impacting on, via Strategic Projects</b>		
NHSGG&C Telecommunications	9	80
NHSGG&C Waste Management	3	
NHSGG&C Estates Services	21	474
<b>Total Expenditure influenced pa</b>	<b>64</b>	<b>1477</b>

### 4. ORGANISATIONAL CHART

See attached.

### 5. ROLE OF DEPARTMENT

The Facilities Directorate is the third largest service Directorate within NHS Greater Glasgow & Clyde. It plays an essential role in supporting clinical activity and healthcare provision within the Acute and Primary care settings for the population of NHS Greater Glasgow and Clyde and beyond.

In addition to the local and Glasgow & Clyde wide clinical and support services there are a number of Regional and National centres for clinical care provided within the Board. The profile of the Estate ranges from Victorian buildings to new purpose built units acquired under PPI / PFI Funding Schemes.

The range of Facilities Services provided within the Division covers:

Estates Maintenance, Estates Minor Works programmes, Catering; Domestic Services; Portering; General Services; Sewing Rooms; Linen and Laundry Services; Transport; Car Parking; Sterile Services; Procurement; Cashiers; Grounds Maintenance and Pest Control.

The Directorate is a highly complex organisation in its own right which supports all aspects of health care within the Board and contributes to the wider development of facilities services strategies and initiatives nationally.

The Facilities Directorate is required to provide professional and technical facilities management advice and leadership for NHS Greater Glasgow & Clyde at all levels of the organisation. In the current changing healthcare environment the Facilities Directorate is also involved in Corporate and Strategic Planning of new facilities and operational service specifications.

The Facilities Directorate will be organised to best manage service delivery focusing on the capability development of existing staff by being a champion of excellence and innovative performance. The Directorate will continually review and improve the quality and range of services provided in support of the Board's clinical service objectives through a process of continual improvement and innovation which adapts and develops to modern healthcare services and core Facilities service provision.

The Facilities Directorate will be managed to comply with overarching strategy compliance, national agendas and Board policy and will operate in close collaboration with other Directorates, Health Boards and SEHD.

From a strategic business planning perspective, it will seek to manage a number of services, business opportunities, contract negotiations and related processes through a proactive personal development route, which encourages investment in people, technologies and process design.

## **6. KEY RESULT AREAS**



**Core**

- a) Responsible for the delivery of the core Facilities Management services which proactively supports clear lines of leadership and accountability throughout the sector / organisation, in alignment to overall policy and harnesses the benefits of best practice.
- b) Responsible for the Facilities Management budget which must be managed within the available resources. Demonstrate through performance measurement, best value and best practice from a qualitative and service delivery perspective including statutory, regulatory and fiscal compliance.
- c) Responsible for the efficient and effective recruitment and development of NHS GG&C staff and resources, ensuring clear roles and responsibilities are in place to provide best value for money by compliance with Standing Financial Instructions, statutory and professional Standards, SEHD Guidance, Service Level Targets and implementation of NHS GG&C Human Resources policies which promote good employment practice and staff relations.

- d) Contribute to the development, implementation and ongoing review of new and improved processes to reflect compliance with the introduction of national and statutory compliance throughout the Board.
- e) Provision of leadership, technical expertise, planning, motivation, delegation and communication of a professional approach to the achievement of key results by proactive benchmarking, market appraisal and strategic performance.
- f) Develop and maintain good relationships with patients, visitors and staff throughout NHS GG&C to ensure service delivery is of the highest standard.
- g) In collaboration with the Head of Health & Safety, maintain effective Health & Safety arrangements in line with NHS GG&C policies to ensure the safety of staff.
- h) Set organisational objectives and KPIs on an individual basis and on behalf of Site Facilities Managers and Estates Managers in line with the requirements of the organisation in order to deliver the Facilities Directorate Business Plan.

### **Y factor**

- i) Delivery of a single system working approach to Telecommunications, Clinical/Non Clinical Waste Services and Operational Estates across NHS GG&C.
- j) Through the development of a corporate approach, provide professional advice and guidance to senior management colleagues and other disciplines on all aspects of the delivery of Telecommunications, Clinical/Non Clinical Waste Services and Operational Estates.
- k) Ensure effective management of Telecommunications, Clinical/Non Clinical Waste Services and Operational Estates related issues throughout NHS GG&C which meet the needs of patients, visitors and staff, delivering measures aimed at standardization of services and quality to ensure consistency in all NHS GG&C premises.
- l) Develop effective reporting mechanisms to demonstrate VFM and develop KPIs and targets which will demonstrate compliance and delivery of NHS GG&C Telecommunications, Clinical/Non Clinical Waste Services and Operational Estates strategies.
- m) To develop the Business Cases, Specifications and Evaluation Process for Facilities within the NHS GG&C Acute Strategy Review Planning and Implementation Phases.
- n) Liaison with external consultants, PPI providers and bidders for the Acute Strategy Review procurement process.
- o) Deputise for the Director of Facilities as required.

### **National Core**

- p) Effective working with other Health Boards and professional bodies to develop, implement and manage best practice and National and regional projects.

### **National Y Factor**

- q) Work in conjunction with Senior SEHD and Health Facilities Scotland staff to establish, develop and deliver effective National Strategies and Policies for Telecommunications, Clinical/Non Clinical Waste Services and Operational Estates related issues.
- r) Provide support to national projects to implement pan Scotland Telecoms, Clinical/Non Clinical Waste Services and Operational Estates initiatives.
- s) Effective representation of NHS GG&C on National and regional Projects for Telecommunications, Clinical/Non Clinical Waste Services and Operational Estates related issues.

## 7. ASSIGNMENT AND REVIEW OF WORK

The postholder will be self motivated and will establish long term strategies and work plans for themselves and the Facilities Division which will be reviewed and endorsed by the Director of Facilities for NHS Greater Glasgow and Clyde or by NHS Greater Glasgow and Clyde (where appropriate).

The postholder will have a very high degree of autonomy at local, Board and National level. This will require planning and analytical skills of the highest order to ensure appropriate and timely allocation of resources.

The postholder will be responsible for the development and gathering of complex and sensitive data / information which will require an understanding of software systems design, testing and implementation. These management tools will represent the cornerstone drivers of Facilities – service performance indicators which will require further analytical assessment to understand key organisational trends which directly influence and shape areas of strategy, service development and business planning.

Much of the operational work will be driven by the strategic direction of the organisation. Performance of his / her teams will be reviewed against key performance indicators on a periodic basis by stakeholder meetings including further review by the Director of Facilities.

Strategies and processes designed to improve services, reduce cost, increase productivity will be generated by the postholder and performance review is through agreed performance objectives and individual appraisal by the Director, reviewed by the Chief Operating Officer.

The postholder will assign work to senior Facilities Management (site managers) across NHS Greater Glasgow and Clyde reviewing progress on a regular basis.

The postholder will continuously review his / her work to ensure satisfactory standards are achieved and will brief the Director of Facilities regularly to progress against delivery of any objectives contained within the Facilities Directorate Business Plan. The Director of Facilities will review work twice per year on a formal basis measuring quality and achievement of personal objectives via a system of performance appraisal.

## 8. COMMUNICATIONS AND RELATIONSHIPS

The post requires oral and written communication skills of the highest order, to process complex, sensitive and often contentious information at senior management level within NHS Greater Glasgow & Clyde and on a national basis, while having the strength of character to deliver strategic and operational objectives.

Due to the sensitivity of some of these subjects the postholder must be politically aware and an excellent communicator with good interpersonal and influencing skill sets.

There is a crucial role in professional and service development through influencing peer organisations at senior level to advance the interests of NHS Greater Glasgow & Clyde and the wider national agenda driven by NHS Scotland. This can be delivered by oral, written or visual means and may involve subjects requiring great sensitivity therefore the postholder must have a high level of political awareness and be experienced in influencing high level negotiations on behalf of NHS Greater Glasgow & Clyde.

The postholder will be expected to present detailed reports which represent the interests of NHS Greater Glasgow & Clyde and these reports and / or presentations may be delivered across a wider audience such as Board senior managers and clinicians, local authority colleagues/ partners, trades union colleagues and other professional [internal/external] institutes.

### **Internal**

Extensive communication with patients, visitors and staff to ensure their needs are delivered.

Extensive internal contacts with Directors, General Managers, Senior Clinical and Non Clinical Staff, Staff Partnership Reps.

### **External**

Extensive communication with Senior Management Teams from other Health Boards, SEHD, HFS etc.

Voluntary Organisations

Members of the public.

Universities

Politicians and Ministers.

National Representatives of Trade Unions and Professional Organisations.

Press/Media

PPI Consortia

Enforcement Agencies

Development Agencies

Local Authority Partners

## 9. MOST CHALLENGING PART OF JOB

Meeting the needs and expectations of a changing and demanding customer focused range of services which are in the public spotlight within stringent financial parameters.

The consistent management of a range of multi-disciplinary and multi-faceted key support service functions across a number of geographically spread sites at a time of significant organisational change within the Board and Nationally.

Balancing NHS Greater Glasgow and Clyde's strategic focus with national strategic planning and policies and sector management responsibilities at local level.

The professional leadership element of the job is of paramount importance in ensuring that the facilities routes and management systems adopted by NHS Greater Glasgow & Clyde and NHS Scotland are optimised in terms of cost, quality and legal compliance while underpinning service delivery with a robust leadership and business continuity regime which equally directs and influences consistency around the development and delivery of key performance indicators and other best value / best practice targets.

Ensure that facilities services are focused on patient service delivery and that services are designed, maintained and adapted to support the core clinical activities within all sites.

## 10. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

The postholder should be educated to degree level or equivalent and have a minimum of 5 years senior management experience in the field of Facilities Management within a large scale, complex, multi-disciplinary environment but not necessarily NHS.

The postholder should show considerable initiative and excellent leadership, personal, written and verbal communication skills. Interpersonal skills include tact, diplomacy and negotiating expertise in dealing with a wide range of knowledgeable business partners, trade union organisations and other groups.

The postholder must have a proven track record in the delivery of change management, strategic management and planning process while bringing innovation, best practice and vision to the organisation and will provide clear leadership to achieve the goals.



NEC No 1868

**JOB DESCRIPTION****1. JOB DESCRIPTION****JOB TITLE:** Operational Estates Manager (South)**EXECUTIVE DIRECTOR:** No**IMMEDIATE LINE MANAGER:** GENERAL MANAGER (South)**ORGANISATION:** NHS Greater Glasgow and Clyde**EFFECTIVE AS AT OCTOBER 2005:** Yes**2 Job Purpose**

As a member of the NHS Greater Glasgow & Clyde Facilities Management Team to fully contribute to and participate in the corporate management and governance of the Facilities services of NHS Greater Glasgow & Clyde.

To provide strategic direction and professional & technical leadership in the planning and provision of all Estates services across all clinical and non clinical services of NHS Greater Glasgow & Clyde.

**3 Dimensions****Staffing**

Management of all technical and support staff employed within the NHS Greater Glasgow & Clyde South Sector Estates Department. Day to day management of staff is delegated to other technical managers. Approx. 103 WTE across Estates services.

**Physical**

The entire South sector estate comprises 301343 m2, 4 hospital sites and 3 other managed properties, 2000 beds, with an asset value of £250 million, comprising it's buildings, grounds, installed engineering services, estate plant and equipment.

**Organisational**

Management of all resources related to Estates maintenance, delegated capital projects, energy & environment, transportation, & Facilities safety services. NHS Greater Glasgow & Clyde committees, working parties, action groups, and project teams. NHS Greater Glasgow & Clyde Departmental manager. Responsible for ensuring that, in so far as they are relevant, the policies and procedures of NHS Greater Glasgow & Clyde are interpreted and implemented.

**Financial**

Budget holder of South Sector Estates. Responsible and accountable for full Estates pay and supplies revenue budgets, delegated capital projects allocations & Utilities budget, Approx. £10.7 million revenue, plus £1.2 million capital comprising;

Staffing £ 3.9 million

Supplies £ 2.8 million

Utilities Budget £ 4.0 million

General minor capital £ 0.5-1.0 million

**Total Estates (Rev) £ 10.7 million +£ 1.2 million across approx 13 projects**

**5 Role of Department**

The primary purpose of the Estates function is to ensure that a safe, legally compliant, high quality, reliable, and cost effective Estates service is provided to NHS Greater Glasgow & Clyde, by:

- Managing all resources dedicated to the operation and maintenance of the South sector estate.
- Provision of professional technical advice to NHS Greater Glasgow & Clyde directors and managers.
- Ensuring compliance with all Estates statutory requirements, standards and guidance.
- Leading in the development, procurement, and delivery of delegated Capital projects.
- Providing NHS Greater Glasgow & Clyde with a standard of support and service (including policies and procedures) which ensures a high profile for Estates maintenance, infrastructure safety, capital developments, etc, which directly support the provision of high quality patient care services.
- Provision of NHS Greater Glasgow & Clyde Facilities Directorate / technical lead on policy and operational matters relating to energy & environmental services.
- Provision of training & support to all NHS Greater Glasgow & Clyde teams relating to Estates & Facilities issues which impact on the organisation.

**6 Key Result Areas****Professional**

The post holder is the senior estates professional manager within the GG&C NHS organisation responsible for a major sector of the board's property portfolio.

The board's organisational structure does not have any estates professionals above this post.

Provide effective single point responsibility within South Sector for the overall provision of Estates and associated services, their qualities, legal compliance, and standards.

Provision of NHS Greater Glasgow & Clyde Facilities Directorate / technical lead on policy development impacting on the safe operation of the board's service provision, as delegated under 'X+Y' management matrix

**Group 3 (Personal +Y Factors) Risk Assessment :**

Workplace Regulations.

Firecode, Alarm & Detection Systems.

Management of H&S at Work Regulations.

COSHH.

PPE.

PUWER.

Noise at work Regulations.

Manual Handling.

Slips, Trips & Falls.

Ensure the provision of professional Estates advice to the NHS Greater Glasgow & Clyde Board, its clinical and non-clinical staff, as delegated under "X" + "Y" management matrix and ensure that this is represented at national and regional level.

Ensure that all national strategies and initiatives in Estates operations and development are connected to management processes in NHS Greater Glasgow & Clyde to facilitate their achievement and where required, take the lead in implementation.

Provide NHS Greater Glasgow & Clyde with a standard of support and service (including policies and procedures) which ensures a high profile for Estates maintenance, Facilities safety, capital developments, etc, which directly support the provision of high quality patient care services.

Provide strategic professional input at NHS Scotland level on Estates and Facilities related matters which impact across the entire Scottish service. Participate in national steering groups and committees tasked with



policy and guidance development across NHS Scotland.

### **Technical**

Ensure that all Estates, delegated capital, energy, services & strategies within the South sector are provided, operated and maintained to comply with all statutory requirements, NHS and other relevant guidance, and that these services satisfy the service needs of NHS Greater Glasgow & Clyde.

Ensure NHS Greater Glasgow & Clyde's Estates resources are operated and protected to provide optimum safety, performance and operational availability, at minimum cost.

Ensure that adequate systems and controls are maintained to provide approved lists of consultants, contractors and suppliers of Estates services, and in accordance with NHS Greater Glasgow & Clyde policies and procedures.

Ensure that appropriate planned preventative maintenance and reactive maintenance systems are developed and operated to provide the optimum performance of Estates services.

Ensure the development and implementation of relevant aspects of the NHS Greater Glasgow & Clyde Estates Strategy which reflects NHS Greater Glasgow & Clyde's service strategies, which in turn informs and influences organisational objectives, and the capital investment process.

Contribute to and provide active support to the General Manager and Director of Facilities where required in ensuring the development and implementation of strategic and operational business plans for the Facilities Directorate, which are complementary to and ensure deliverance of the objectives of NHS Greater Glasgow & Clyde.

Operational management of all Estates services, to provide a high quality, responsive service, that represents the best value for money.

### **Management**

Provide effective leadership, training & development of Estates staff in order to optimise the professional, technical and management skills of managers and output of the workforce. Management of all Estates workforce related issues including service & post re-design recruitment, appraisal, disciplinary, re-deployment, redundancy, development, etc.

Work collaboratively with, and support other NHS Greater Glasgow & Clyde department managers in the efficient delivery of health and other services provided by NHS Greater Glasgow & Clyde.

Ensure a corporate and collaborative approach to Estates management within the senior FM Team with particular emphasis on planning, budgetary management, team building, team support & integration, performance planning and review.

Ensure a collaborative and co-operative approach covering the full range of Estates issues is implemented and developed with other NHS organisations, and other external partners (public and private sector).

Lead the development, design, and implementation of Estates quality / performance programme, ensuring effective risk management arrangements are in place for the estate, for all areas covered by the programme.

Ensure the active maintenance and enhancement of the culture of customer awareness amongst Estates staff, ensuring services respond positively and swiftly to customer requirements.

Be an effective manager by adopting a partnership approach to staff management, putting in place arrangements for staff appraisal and development, ensuring staff health and safety in the workplace, providing staff with opportunities to influence decisions which have an impact on their working lives.

### **Budget**

Provide effective single point responsibility within the South sector for the overall management of recurring

and non-recurring Estates revenue & delegated capital budgets and for ensuring that expenditure is maintained within approved budget allocations, and in accordance with NHS Greater Glasgow & Clyde policies and requirements.

Lead and development of budget management procedures within the Sector Estates department, designed to control expenditure and efficiently utilise the financial resources allocated by the NHS Greater Glasgow & Clyde Board for the provision of Estates services.

Provision of timely and accurate provision of reports on Estates expenditure and budget performance.

Project manage delegated Capital projects within the Sector as well as pan-Glasgow energy efficiency programme, ensure management and control for the appointment of consultants and contractors.

Liaise with Capital planning team on major projects.

### **General**

Deputise frequently for the South Sector General Manager as required.

To be responsible for such issues, as delegated by the Director of Facilities, to meet the operational and strategic requirements of NHS Greater Glasgow & Clyde.

## **7 Assignment and Review Work**

The Estates / FM environment in NHS Greater Glasgow & Clyde is dynamic with scope for innovation and creativity in approach. The postholder will be regarded as an authority in technical matters, in tune with latest standards and developments, and relied on to provide highly competent and innovative support. The post requires planning and analytical skills of the highest order, and the postholder will receive and deal with a great deal of extremely complex and specialist information from a wide variety of sources. This is often contradictory, incomplete and contentious, and this must be assessed, judged and used to form NHS GG&C estates operational policy which may have major financial and operational consequences for NHS Greater Glasgow & Clyde, and potentially across NHS Scotland. The postholder has the freedom to design and propose approaches to aspects of Estates service delivery to meet the needs of NHS Greater Glasgow & Clyde.

The most challenging part of the role will be in utilising high-level professional skills and knowledge to promote greater awareness and understanding of Estates / FM issues, and how these directly impact and influence the delivery of clinical services. The postholder will be expected to influence change and commitment in a multi-professional environment with a variety of cultures and management systems. The postholder will have a great deal of autonomy to develop new ideas and to build relationships in close consultation with others within a framework that meets NHS Greater Glasgow & Clyde's requirements. Considerable freedom/demand to develop local responses to technical issues.

## **8 Communications and Working Relationships**

The post requires oral, written, and presentation communication skills of the highest order, as befits a major organisation's professional technical lead. The postholder must communicate complex information to NHS Greater Glasgow & Clyde, at General manager & Director level, and to senior colleagues & clinicians, influencing at senior levels to advance the objectives & interests of NHS Greater Glasgow & Clyde. This can be oral, written or visual means and may involve subjects that are contradictory, incomplete and controversial, and which requires sensitivity and political awareness.

Responsible to the Director of Facilities, and accountable to the NHS Greater Glasgow & Clyde Chief Executive. Close and regular liaison will be required with:

- General Manager (advice to & from, support to & from & deputise as required)
- Director of Facilities (advice to & from, support to & from.)
- NHS Greater Glasgow & Clyde Directors & Senior Managers (advice to & from, support to & from, influence, persuasion, negotiation)
- NHS Greater Glasgow & Clyde Clinicians (advice to & from, support to & from, influence, persuasion, negotiation)

- Other Facilities Directorate Team managers (advice to & from, support to & from, deputisation as required)
- Other NHS Greater Glasgow & Clyde Managers & Teams (HR, Finance, Planning, etc) (advice to & from, support to & from, influence, persuasion, negotiation)
- Heads of Department / Section. (advice to & from, support to & from, influence, persuasion, negotiation)
- Internal customers. (advice to & from, support to & from, influence, persuasion, negotiation)
- NHS Scotland Health Facilities Scotland (advice to & from, support to & from, influence, policy creation, interpretation, persuasion, professional guidance)
- External suppliers, contractors, design teams, consultants and technical professionals (advice to & from, support to & from, influence, persuasion, negotiation, control, review)
- Professional contacts at Scottish Healthcare Supplies. (advice to & from, support to & from, influence, persuasion, negotiation, professional guidance)
- Professional contacts in other NHS Boards (advice to & from, support to & from, influence, persuasion, negotiation, peer guidance)
- Professional contacts in other partner organisations, both public and private sectors (advice to & from, support to & from, influence, persuasion, negotiation, peer guidance)
- Staff & Staff-side Reps (advice to & from, support to & from, influence, persuasion, negotiation)

The postholder has considerable scope to influence standards, guidance and developments at national level and considerable devolved authority to shape the NHS Greater Glasgow & Clyde direction in relation to these on a collaborative basis.

#### **9 Most Challenging Part of the Job**

Utilisation of high-level professional skills and knowledge to promote greater awareness and understanding of Estates / FM issues, and how these directly impact and influence the delivery of clinical services. The postholder will be expected to stimulate, influence, and manage change and commitment in a multi-professional environment with a variety of cultures and management systems.

Keeping up to date professionally / technically in subject areas of dramatic and significant change, ensuring that Estates / FM optimises such technologies and advancements for the provision of effective & improved clinical services.

#### **10 Qualifications and/or Experience Specified for the Post by the Employing Authority**

- Must be a Chartered Professional in an Engineering or Construction related Discipline.  
Requirements of which Are: –
  - Must have an accredited Bachelors degree at honors level. *plus either*
  - An appropriate Masters Degree or further learning to Masters Level or an accredited M.Eng degree. *Plus*
  - A management qualification, HNC or above.
- Have at least 5 years experience at a Senior Management level.
- Specialist knowledge and experience of financial, strategic and operational development associated with a facilities function in a large complex organisation.
- Have considerable communication, interpretation and influencing and people management skills whilst working in a Supporting and facilitative manner.
- Detailed and extensive knowledge of Health & Safety Legislation particularly that relevant to the Estates function
- Record of achievement in delivering organisational Targets and Objectives
- Have considerable problem solving and change management skills.
- Have considerable skills in strategy development and implementation.
- Project Management experience

## 11. JOB DESCRIPTION AGREEMENT

Job Holder's Signature:

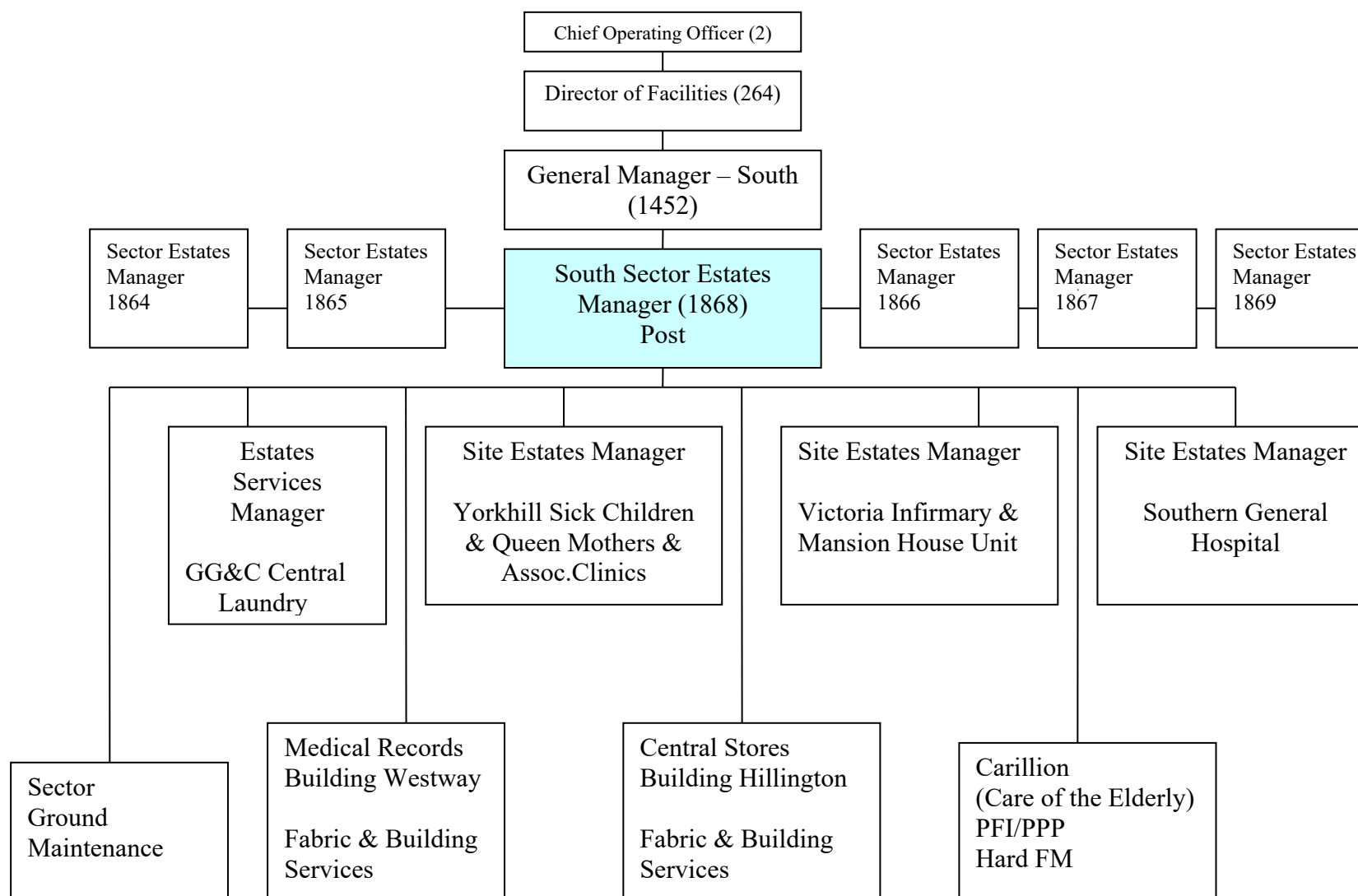
Date:

Senior Officer/Head of Department Signature:

Date:

Title:

## 4. Organisational Chart Sector Operational Estates Manager South



**From:** [Matthewson, Ian](#)  
**To:** [Macleod, Mairi](#); [Griffin, Heather](#); [Loudon, David](#); ["David.Hal \[REDACTED\]"](#); [Beattie, Gordon](#); [Moir, Peter](#); [Connelly, Karen](#); [McCluskey, Fiona](#); [Wrath, Frances](#); [McColl, Eleanor](#); [Greig, Mark](#); [Campbell, Margaret](#); [Powrie, Ian](#); [McSweeney, Karen](#); [Connolly, Stephen](#); [Turnpenny, Annette](#); [Macdonald, David](#); [Murray, Kate](#); [Magee, James](#); [McGarrity, John](#); [Forsyth, Graham](#); [MacDonald, Marion](#); [Hunter, William](#); [Johnston, Sally](#); [Kean, Gary](#); [McFall, Kathy](#); [Rankin, Linden](#); [McCafferty, Annette](#); [Wright, John](#); [Stewart, Alan](#); [Machell, Mandy](#); [Morrison, Lynn](#); [Young, Scott](#); [Horne, Marilyn](#); [Munday, Angela](#); [Murray, Kate](#); [Owners, Service Transfer](#); [Peebles, Lorraine](#); [McAllister, Linda](#); [Murray, Lorna](#); [Sommerville, Eleanor](#)  
**Cc:** ["Douglas Ross \[REDACTED\]"](#); [Frew, Shiona](#); [Hirst, Allyson](#); [Craig, Carol](#); [Cavanagh, Joyce](#)  
**Subject:** Draft nSGH Phase 2 Close-out / NHS Commissioning Period Programme  
**Date:** 21 January 2015 18:06:52  
**Attachments:** [NSGH Phase 2 Close-out Programme \(ref. NHS Commissioning Period\) - Rev 0.pdf](#)

---

All – please note the attached, which is issued for information purposes only.

I'll be finalising same over the course of the next couple of days, along with giving an overview at the Project Team meeting this Friday, after which (taking comments onboard) I'll issue as a final draft for everyone to work to.

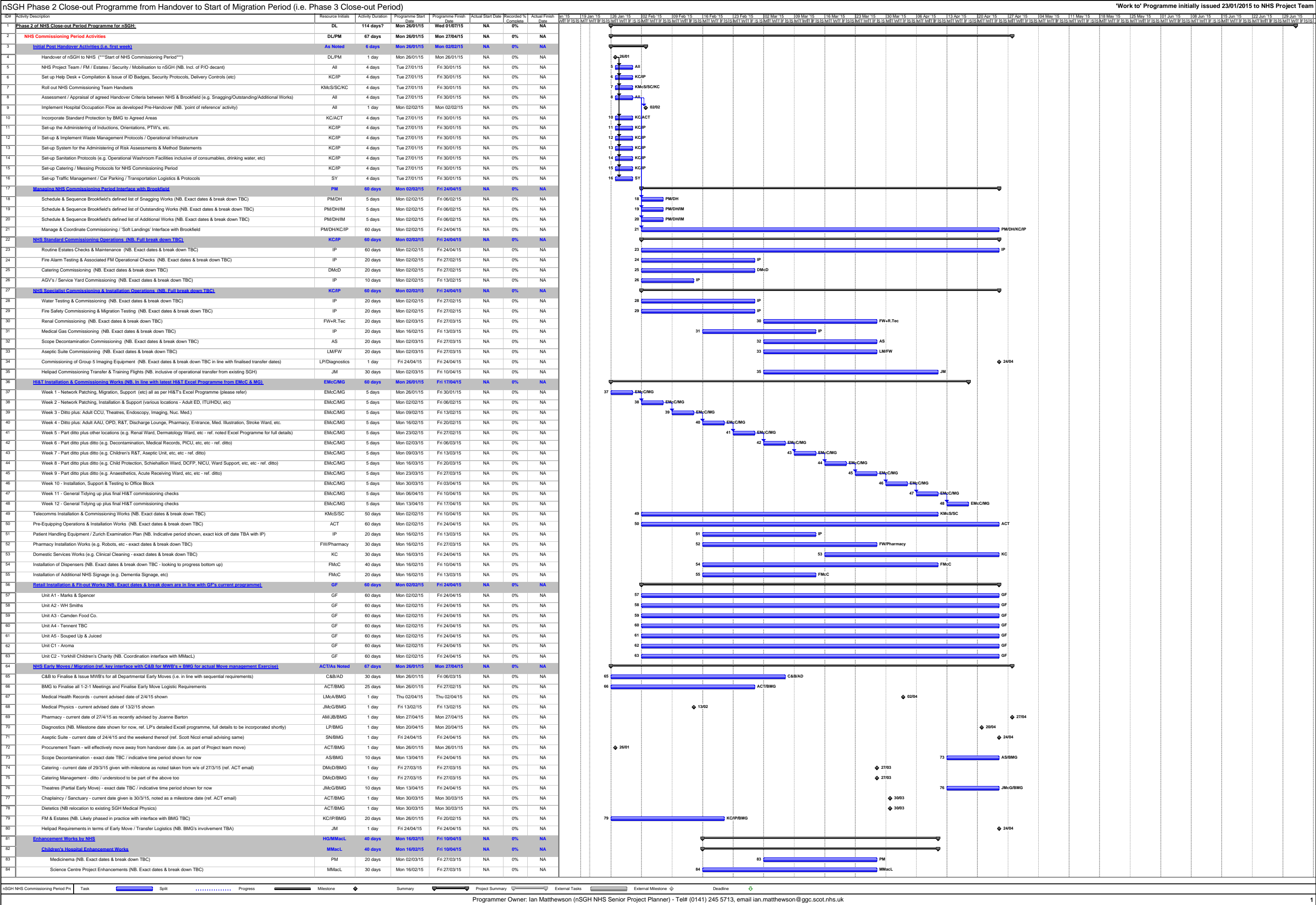
If you have any questions in the interim let me know, noting that there's a lot of detail to be added / fleshed out (e.g. break down of pre-equipping delivery & installation dates, etc), essentially with key lead parties in terms of day-to-day / week-to-week outturns that we are aiming to achieve for given activity areas over the course of the NHS Commissioning Period (NB. in practice this will be an iterative process, along with associated monitoring and feedback / trend analysis).

Regards,

Ian

**Ian Matthewson - Senior Project Planner**  
 New South Glasgow Hospitals' Project  
 NHS Project Office, Top Floor, Modular Office Block  
 Construction Site on SGH Campus  
 Hardgate Road, Glasgow, G51 4SX

[REDACTED]



**'Work to' Programme initially issued 23/01/2015 to NHS Project Team**

ID#	Activity Description	Resource Initials	Activity Duration	Programme Start	Programme Finish	Actual Start Date	Recorded % Complete	Actual Finish Date
85	Schiehallion Projects (NB. Exact dates & break down TBC)	MMaCL	30 days	Mon 16/02/15	Fri 27/03/15	NA	0%	NA
86	TCT Project Installations (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 23/02/15	Fri 20/03/15	NA	0%	NA
87	Retail Unit (linked with GF's remit - exact dates & break down TBC)	MMaCL/GF	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
88	Child Protection Enhancements (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
89	MRI Scanner Enhancements (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
90	Sensory Rooms Fit-out (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
91	Family Information Centre (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
92	PICU Enhancements (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
93	Radio Lollipop Enhancements (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 16/03/15	Fri 10/04/15	NA	0%	NA
94	Parent Beds Installed (NB link up with Equipping / Procurement - exact dates & break down TBC)	MMaCL/ACT	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
95	DCFP to Ward 4 (NB. Exact dates & break down TBC)	MMaCL	20 days	Mon 23/02/15	Fri 20/03/15	NA	0%	NA
96	Adult Hospital Enhancement Works	HG	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
97	Ward 4B - Potential Enhancement Works for related Oncology Ward (NB. Exact dates & break down TBC)	HG	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
98	Additional NHS Works	PM/HG/MMaCL	55 days	Mon 02/02/15	Fri 17/04/15	NA	0%	NA
99	Installation of Patient Monitoring System (NB. Exact dates & break down TBC)	JMcG	30 days	Mon 16/02/15	Fri 27/03/15	NA	0%	NA
100	Adult Patient Entertainment Installation Works (NB. Exact dates & break down TBC)	HG/IP	30 days	Mon 16/02/15	Fri 27/03/15	NA	0%	NA
101	AV Equipment Installation Works to Seminar Room Areas & the like	KMcF	30 days	Mon 16/02/15	Fri 27/03/15	NA	0%	NA
102	To Adult Hospital (NB. Exact dates & break down TBC)	KMcF/HG	30 days	Mon 16/02/15	Fri 27/03/15	NA	0%	NA
103	To Children's Hospital (NB. Exact dates & break down TBC)	KMcF/MMaCL	30 days	Mon 16/02/15	Fri 27/03/15	NA	0%	NA
104	Installation of Legacy Artwork (NB. Exact dates & break down TBC)	HG/MMaCL	5 days	Mon 13/04/15	Fri 17/04/15	NA	0%	NA
105	Installation of New Artwork (NB. Exact dates & break down TBC)	HG/MMaCL	5 days	Mon 23/03/15	Fri 17/04/15	NA	0%	NA
106	Management of other NHS works (NB. Full break down TBC)	IP/FW/JMcG	40 days	Mon 02/02/15	Fri 27/03/15	NA	0%	NA
107	Integrated Theatres Installation (NB. Awaiting confirmation from Yorkhill Charity) - indicative date / period shown	FW/JMcG	20 days	Mon 16/02/15	Fri 13/03/15	NA	0%	NA
108	Additional Fittings for Adult & Children's Pendants - indicative date / period shown	FW/JMcG	20 days	Mon 16/02/15	Fri 13/03/15	NA	0%	NA
109	Nuc. Med. - Drainage Access (ref. Radiation Decay Testing) - indicative date / period shown	FW/JMcG	10 days	Mon 16/02/15	Fri 27/02/15	NA	0%	NA
110	SAS Fixed Station Installations (Adult, NCH & Helpaid) - indicative date / period shown	IP	10 days	Mon 16/02/15	Fri 27/02/15	NA	0%	NA
111	Statutory Inspections (e.g. Ceiling Mounted Patient Lifting Equipment) - indicative date / period shown / intermittent process	IP	30 days	Mon 16/02/15	Fri 27/03/15	NA	0%	NA
112	Estates Workshop Fit-out	IP	20 days	Mon 02/02/15	Fri 27/02/15	NA	0%	NA
113	Estates TMT Service / Test Bay Fit-out	IP	20 days	Mon 02/02/15	Fri 27/02/15	NA	0%	NA
114	Installation of Disposal Curtains (Adult Hospital followed by NCH)	KCHG/MMaCL	10 days	Mon 13/04/15	Fri 24/04/15	NA	0%	NA
115	Pre-Stocking of Departments (NB. Exact dates & break down TBC)	GK	50 days	Mon 16/02/15	Fri 24/04/15	NA	0%	NA
116	Linex Laundry Services (NB. Exact dates & break down TBC)	KM/JM	35 days	Mon 02/03/15	Fri 17/04/15	NA	0%	NA
117	Installation of Linen Trolleys	KM/JM	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
118	Linen Cages to Disposal Holds	KM/JM	10 days	Mon 16/03/15	Fri 27/03/15	NA	0%	NA
119	Pre-Stocking of Linen	KM/JM	15 days	Mon 30/03/15	Fri 17/04/15	NA	0%	NA
120	Installation of Washers & Dryers to Basement (Exact dates & break down TBC)	KC	15 days	Mon 16/03/15	Fri 03/04/15	NA	0%	NA
121	Training & Familiarisation of Equipment, Systems, etc. (NB. Exact dates & break down TBC)	KC/ACT/IP	50 days	Mon 16/02/15	Fri 24/04/15	NA	0%	NA
122	Emergency Scenario Exercises & Testing (NB. Exact dates & break down TBC)	SJ/FMcC	30 days	Mon 16/03/15	Fri 24/04/15	NA	0%	NA
123	Site Visits	KCHG/MMaCL	50 days	Mon 16/02/15	Fri 24/04/15	NA	0%	NA
124	Internal NHS Parties (e.g. Consultants, Dept. Heads, etc - exact dates & break down TBC)	KCHG/MMaCL	50 days	Mon 16/02/15	Fri 24/04/15	NA	0%	NA
125	External NHS Parties (e.g. Media, Dignitaries, General Public, etc - NB. Exact dates & break down TBC)	KCHG/MMaCL	50 days	Mon 16/02/15	Fri 24/04/15	NA	0%	NA
126	Statutory Parties (e.g. Fire, Police, SEPA, etc - NB. Exact dates & break down TBC)	KC/IP	25 days	Mon 16/02/15	Fri 20/03/15	NA	0%	NA
127	Continued Development of BMG's remit for Phase 3 Migration Period	ACT	60 days	Mon 02/02/15	Fri 24/04/15	NA	0%	NA
128	Finalise Migration Period Workbooks	C&B/AD	60 days	Mon 02/02/15	Fri 24/04/15	NA	0%	NA
129	Develop & Finalise Pre-stocking Strategy for Phase 3 Migration Period	GK	20 days	Mon 02/03/15	Fri 27/03/15	NA	0%	NA
130	Completion of NHS Commissioning / Phase 2 Close-out Period (NB. Milestone Event)	DL/PM	1 day?	Thu 23/04/15	Thu 23/04/15	NA	0%	NA
131	Start of Phase 3 Migration Period (NB. Milestone Event)	DL/PM	49 days?	Fri 24/04/15	Tue 30/06/15	NA	0%	NA
132	Stage 1 & Groups 1 to 6 / Wards & Depts. as noted	FMcC	7 days?	Fri 24/04/15	Sun 03/05/15	NA	0%	NA
133	Group 1 / Ward / Dept - SGH OPD	FMcC	1 day	Fri 24/04/15	Fri 24/04/15	NA	0%	NA
134	Group 2 / Ward / Dept - SGH Theatres	FMcC	1 day	Sat 25/04/15	Sat 25/04/15	NA	0%	NA
135	Group 3A / Ward / Dept - WIG Ward G6 Renal Dialysis (10 Stations)	FMcC	0 days	Sun 26/04/15	Sun 26/04/15	NA	0%	NA
136	Group 3B / Ward / Dept - GRI Wards 12, 13, 25 Renal Dialysis (12 Stations)	FMcC	0 days	Sun 26/04/15	Sun 26/04/15	NA	0%	NA
137	Completion of Pre-Equipping of 350 Beds (NB. carry on from NHS Commissioning Period)	FMcC	6 days	Fri 24/04/15	Thu 30/04/15	NA	0%	NA
138	Group 4 / Ward / Dept - SGH ITU, HDU, Elective Theatres, Endoscopy, Wards 8 & 8A	FMcC	1 day	Fri 01/05/15	Fri 01/05/15	NA	0%	NA
139	Group 5 / Ward / Dept - SGH ED, GPOOH, Rec' Wards (Surg, & Med), CCU, Cardiology, Gen Surgery, Ortho Trauma, Urology	FMcC	0 days	Sat 02/05/15	Sat 02/05/15	NA	0%	NA
140	Group 6 / Ward / Dept - SGH Wards: 1, 5, 6, 21, 23, 24, 26, 52 + CEPOD & Trauma Theatres	FMcC	0 days?	Sun 03/05/15	Sun 03/05/15	NA	0%	NA
141	Stage 2 & Groups 7 & 8 / Wards & Depts. as noted	FMcC	5 days	Mon 04/05/15	Sun 10/05/15	NA	0%	NA
142	Transfer of 325 Beds from SGH to New Hospital	FMcC	4 days	Mon 04/05/15	Thu 07/05/15	NA	0%	NA
143	Group 7A / GGH+SGH / ENT - Ward 4A GGH & Ward 62 SGH	FMcC	1 day	Fri 08/05/15	Fri 08/05/15	NA	0%	NA
144	Group 7B / WIG / Vascular	FMcC	0 days	Sat 09/05/15	Sat 09/05/15	NA	0%	NA
145	Group 8 / WIG / Renal Inpatients	FMcC	0 days	Sun 10/05/15	Sun 10/05/15	NA	0%	NA
146	Stage 3 & Groups 9 to 11 / Wards & Depts. as noted	FMcC	10 days	Mon 11/05/15	Sun 24/05/15	NA	0%	NA
147	Transfer of 100 Beds from WIG to New Hospital	FMcC	5 days	Mon 11/05/15	Fri 15/05/15	NA	0%	NA
148	Group 9 / VI / ED, Wards 4, 5, 8, 9, 12, 14 & 16, D & Elective Theatres E Floor	FMcC	1 day	Fri 15/05/15	Sat 16/05/15	NA	0%	NA
149	Group 10 / VI / CCU, ITU, Wards 1, 2, 3, 6, 7, 10, 17, A & B, Endoscopy, CEPOD Theatre	FMcC	2 days	Thu 21/05/15	Sun 24/05/15	NA	0%	NA
150	Group 11 / VI / MHU Wards 2 North & 3 North / South	FMcC	2 days	Thu 21/05/15	Sun 24/05/15	NA	0%	NA
151	Stage 4 & Groups 12 & 13 / Wards & Depts. as noted	FMcC	8 days	Thu 28/05/15	Mon 08/06/15	NA	0%	NA
152	Transfer of 324 Beds from VI to New Hospital	FMcC	2 days	Thu 28/05/15	Sun 31/05/15	NA	0%	NA
153	Group 12 / WIG / ED, Wards F1 to F4 inclusive, AAU, L8, L10, G2 & E3+E4	FMcC	2 days	Fri 29/05/15	Mon 01/06/15	NA	0%	NA
154	Group 13 / GGH / Wards 2A, 2B, 2C, 4B, 5B, 5C, 6C, 7C, 8A, 8B, 8C / OPAT / Brownlee & Beatson Wards 18 + 19	FMcC	2 days	Fri 05/06/15	Mon 08/06/15	NA	0%	NA
155	Stage 5 & Groups 14 & 15 / Wards & Depts. as noted	FMcC	4 days	Wed 10/06/15	Mon 15/06/15	NA	0%	NA
156	Group 14 / RHSC / Outpatients	FMcC	3 days	Thu 11/06/15	Mon 15/06/15	NA	0%	NA
157	Group 15 / RHSC / Inpatients	FMcC	3 days	Wed 10/06/15	Fri 12/06/15	NA	0%	NA
158	Miscellaneous Moves from WIG, GRI & MHU, GGH (e.g. admin, office management, etc - exact details / break down TBC)	FMcC/IM	49 days	Fri 24/04/15	Tue 30/06/15	NA	0%	NA
159	Completion of Phase 3 Migration Period (NB. Milestone Event)	DL/PM	1 day	Tue 30/06/15	Tue 30/06/15	NA	0%	NA
160	Demolition / Decommissioning Operations (details TBC along with programme / phasing overlaps where applicable)	MG/IM	1 day	Wed 01/07/15	Wed 01/07/15	NA	0%	NA
161	Demolition Works to existing SGH (Details TBC along with associated programme / phasing overlaps where applicable)	HMCD/MG/IM	1 day	Wed 01/07/15	Wed 01/07/15	NA	0%	NA



**From:** [McNeil, Elaine](#)  
**To:** [Boyd, Moira](#); [Cleaver, Don](#); [Forsyth, Ewen](#); [Fulton, Tom](#); [Gallacher, Alan](#); [Hunter, William](#); [Kane, Mary Anne](#); [Maclean, Alistair](#); [McFadden, Jim](#); [McIlwee, Joseph](#); [McIntyre, Hazel](#); [Mclean, Ken](#); [Menzies, John](#); [Pace, David](#); [Powrie, Ian](#); [Wallace, Stephen](#)  
**Cc:** [Matheson, Fiona](#); [Gardner, Andrew](#); [McPhail, Pamela](#); [Hagan, Cathy](#); [Walker, Elaine](#); [Frame, May](#); [Cochrane, Margaret](#); [Speirs, Karen](#); [Lamont, Moyra](#)  
**Subject:** Estates SMT Group Meeting 27 January 2015  
**Date:** 23 January 2015 14:25:11  
**Attachments:** [Agenda 27 01 15.doc](#)  
[Minutes 09 10 14.doc](#)  
[Estates SMT Rolling Action List Updated October 2014.doc](#)  
**Importance:** High

---

Dear Colleagues

I have attached the agenda, previous minutes and action list for the Estates SMT Group meeting scheduled for Tuesday 27 January 2015 at 9am in Meeting Room L1/A/008a/b, 1st Floor, New Labs Building, Southern General Hospital.

Regards

*Elaine McNeil*

Facilities Department

PA/Administrative Officer to Billy Hunter General Manager - Facilities, Clyde & South Sector & Alan Gallacher, Sector Estates Manager, Clyde Sector

1<sup>st</sup> Floor Estates Building

Royal Alexandra Hospital

Corsebar Road

Paisley

PA2 9PN

**Estates Senior Management Team (SMT) Meeting  
Tuesday 27<sup>th</sup> January 2015 at 9.00am  
Meeting Room L1/A/008a/b, 1<sup>st</sup> Floor, New Labs Building, Southern General  
Hospital**

**AGENDA**

1. Apologies
2. Pricewaterhousecooper Audit/Procurement Updates Ewen Forsyth
3. Minute of Previous Meeting (9 October 2014) (paper attached)
4. Matters Arising/Rolling Actions (paper attached)
5. Asbestos Management Update Moira Boyd
6. Estates Strategy Roll Out Billy Hunter/David Pace  
Clyde Update & Partnership Update
7. Water Safety Alan Gallacher
  - Written Scheme SHTM04-01 Part G
  - Water Testing Review
8. Authorising Engineers Update Alan Gallacher
9. HAI SCRIBE Risk Assessment Update Billy Hunter
10. Health & Safety Climate Change Tool Project Joe McIlwee
11. Lifts All
  - Response Times to Entrapments
  - New Lift Contract (Commences 1 November 2014)
12. AOCB
13. Date & Time of Next Meeting

Tuesday 17<sup>th</sup> March 2015 at 1.00pm in Meeting Room LO/A/010, Ground Floor, New Labs  
Building, Southern General Hospital

## Estates SMT Meetings 2013/14 Rolling Actions List

Action Ref (9 October 2014 Agenda item)	Action Item	Owner	Due Date	Outcome/Conclusion
08.04.14:7	Provide feedback on revised Working at Height Policy to JG	All	JG	<p>John Green to update the Policy. IP noted to take into account the NSGH regarding roof access etc. IP to contact John Green and identify all areas.</p> <p>JG to issue the Policy for comment. IP noted for the NSGH to include steeplejacks etc within the Policy.</p> <p>JG to update and circulate the document.</p>
08.04.14:11a	A central electronic storage area is to be created for all HAI SCRIBE documentation	GB/ALL	ALL/GB	<p>A request has been submitted to IT, Gail Bradbury will provide administration access for this group. Need to know what level of access is required with a timeline of 30 June 2014 for completion.</p> <p>Gail to provide an update.</p>

## Completed Actions

Action Ref (Date of meeting/ Agenda item)	Action Item	Owner	Due Date	Outcome/Conclusion
10.6.14 item 6	<b>Compensatory Rest Update</b> BH noted the need to understand the impact on the service with the need to discuss further, therefore all SEMs and SMMs were asked to pass comments and issues on the impact to the service to SW by end of June 2014.	SEMs/SMMs	KMcL  BH	KMcL still has issues around the 35 hours, meeting was held on 12 August 2014 to pick up with Partnerships. AG noted the need to look at the amount of hours that compensatory rest is affecting the day to day maintenance.  BH to issue a template for group members to complete from April – June 2014 in order to work out the amount of hours affected.
08.04.14:5	A Fact Sheet on Water Safety is to be developed and distributed via the SCN Forums	AG/MAK/BH	May 2014  AG	AG and Pamela Joannidis will undertake a program of visits across sites by the end of July 2014.  AG and Pamela Joannidis delivering presentations across sites on legionella and Pseudomonas.  Presentations have been delivered.
08.04.14:12	MAK to discuss Bill Skelly the level of detailed required re EAMS reporting by sites	MAK	HMCI	Discussion has been held with Bill Skelly on high, medium and low risks. Hazel McIntyre to provide an update to this group with a discussion on how to correlate the HEI.  BH to liaise with MAK regarding the meeting held with Bill Skelly.  Billy Skelly has met with the relevant individuals.
08.04.14:4	Moir Boyd to issue a checklist for managers to use as guidance for CLASP buildings.	MB		It was agreed that a process is required to be put in place. AG to look at the actions for the Clyde Sector associated with CLASP buildings.  Issued and complete.
08.04.14:9	Provide any further feedback to IP on revised Estates JDs	All	ASAP	IP has received feedback from JMcF, DC has not received job descriptions for feedback. SW will re-issue the job descriptions which has been agreed with indicative bandings.  Complete.
08.04.14:10	MAK will send the job matching which was done by	MAK	DP	SW requires numbers from partnerships.

Action Ref (Date of meeting/ Agenda item)	Action Item	Owner	Due Date	Outcome/Conclusion
	Stephen Wallace to the SEMs.			Complete.
08.04.14:11	All sites are to update their HAI-SCRIBE Audit Results risk summary spreadsheets	All	End June 2014	<p>There was some level of uncertainty about the exact information requirement therefore BH agreed to convene a session on 17<sup>th</sup> June to review RAH documentation. It was recognised that MAK required all information returned by end of June 2014 to provide a detailed Directorate update to OMG at 9th July meeting.</p> <p>Work around EAMS to be undertaken on a continuous basis.</p> <p>Complete.</p>
16.12.13:4a	SW will find out how the impact of the Compensatory Rest period on the guaranteed uninterrupted hours is being handled in other Directorates.	SW	Next meeting	<p>MAK to see SW re issuance of guidance. Item to be carried over to the next meeting.</p> <p>Guidance was disseminated in April 2014.</p> <p>Complete.</p>

**From:** [Fulton, Christina](#)  
**To:** [MacLennan, Aileen](#); [Miller, Winnie](#); [Muir, Cathy](#); [Ross, Lynn](#); [Brennan, Andy](#); [Peebles, Lorraine](#); [Bradnam, Michael](#); [Loudon, David](#); [Moir, Peter](#); [Stewart, Robert](#); [Cleary, Nick](#); [Wrath, Frances](#); [Macleod, Mairi](#); "DAvid.Hal [REDACTED]"  
**Cc:** [Dobson, Lorraine](#); [McIndoe, Leeanne](#); [Smillie, Dawn](#); [O'Donnell, Lesley](#); [Hughes, Carol](#); [Hirst, Allyson](#); [Craig, Carol](#)  
**Subject:** RE: Diagnostics / Project team 6 weekly meeting - Notes 09 01 15  
**Date:** 23 January 2015 16:52:04  
**Attachments:** [Diagnostic Project team Agenda 30 01 15wm.doc](#)  
[Group 5 Equipment Programme Rev 7.xlsx](#)  
[Meeting notes 09 01 15 \(2\).doc](#)  
[NSGH - Project Plan V1.6.xlsx](#)

---

Dear All

Please find attached the relevant papers for the above meeting scheduled for 9.30am on Friday 30 January 2015 in Meeting Room 1, Project Offices, Hardgate Road, Govan.

Many thanks

Christina

Christina Fulton  
PA to Winnie Miller  
Planning Manager  
Diagnostic Services  
Acute Planning  
NHS Greater Glasgow & Clyde

[REDACTED]  
[REDACTED]

**DIAGNOSTIC / PROJECT TEAM MEETING**

**Friday 30 January 2015 at 9.30am**

**Meeting Room 1, Project Offices, Hardgate Road, Govan**

**AGENDA**

**1. Welcome and Apologies**

**2. Notes of last meeting – 7 January 2015**

**3. Matters Arising/Actions**

- Transferring Equipment
- Equipment installation - Progress, updated project plan
- Blood Fridges – environmental issues
- Room Data Sheets
- RPA /Laser testing
- Review of Pendants (sockets)
- SPECT CT – confirmation of Change order form to move pendant

**4. AOCB**

**5. Date of the next scheduled meeting:**

Friday 13 March 2015 at 9.30am TBC

## GROUP 5 DIAGNOSTIC EQUIPMENT INSTALLATION PROGRAMME



			September				October				November				December				January				February				
			1-7 Sept	8 - 14 Sept	15 - 21 Sept	22 - 28 Sept 29 sept - 5 Oct	6 - 12 Oct	13 - 19 Oct	20 - 26 Oct	27 Oct - 2 Nov	3 - 9 Nov	10 - 16 Nov	17 - 23 Nov	24 - 30 Nov	1 - 7 Dec	8 - 14 Dec	15 - 21 Dec	22 - 28 Dec	29 Dec - 4 Jan	5 - 11 Jan	12 - 18 Jan	19 - 25 Jan	26 Jan - 1 Feb	2 - 8 Feb	9 - 15 Feb	16 - 22 Feb	23 Feb - 1 Mar
SIEMENS																											
SPECT-CT	RNM-036	Pre-installation works by IDM																									
		delivery of system to site																									
		installation of equipment																									
		Available for testing/commisioning																									
	RNM-037	Pre-installation works by IDM																									
		delivery of system to site																									
		installation of equipment																									
		Available for testing/commisioning																									
MR Scanners	RCG-064	Pre-installation works by IDM																									
		Magnet delivery to site																									
		installation of equipment																									
		Available for testing/commisioning																									
	RAG-112	Pre-installation works by IDM																									
		Magnet delivery to site																									
		installation of equipment																									
		Available for testing/commisioning																									
	RAG-109	Pre-installation works by IDM																									
		Magnet delivery to site																									
		installation of equipment																									
		Available for testing/commisioning																									
PHILIPS																											
Endoscopy	END-034	Pre installation works by Modus																									
		Installation of equipment																									
		Available for testing/commisioning																									
Fluoroscopy	RCG-043	Pre installation works by Modus																									
		Installation of equipment																									
		Available for testing/commisioning																									
	RAF-009	Pre installation works by Modus																									
		Installation of equipment																									
		Available for testing/commisioning																									

			September				October				November				December				January				February								
			1-7 Sept	8 - 14 Sept	15 - 21 Sept	22 - 28 Sept	29 sept - 5 Oct	6 - 12 Oct	13 - 19 Oct	20 - 26 Oct	27 Oct - 2 Nov	3 - 9 Nov	10 - 16 Nov	17 - 23 Nov	24 - 30 Nov	1 - 7 Dec	8 - 14 Dec	15 - 21 Dec	22 - 28 Dec	29 Dec - 4 Jan	5 - 11 Jan	12 - 18 Jan	19 - 25 Jan	26 Jan - 1 Feb	2 - 8 Feb	9 - 15 Feb	16 - 22 Feb	23 Feb - 1 Mar	2 - 8 Mar		
MIS																															
DR Rooms	RAG-029	Installation																													
		Commissioning?																													
	RAG-031	Installation																													
		Commissioning?																													
	RAG-032	Installation				see attached programme from MIS																									
		Commissioning?																													
	RAG-046	Installation																													
		Commissioning?																													
	RAG-047	Installation																													
		Commissioning?																													
	RAG-056	Installation																													
		Commissioning?																													
	RAG-060	Installation																													
		Commissioning?																													
	RCG-053	Installation																													
		Commissioning?																													
	RCG-077	Installation																													
		Commissioning?																													
	RCG-082	Installation																													
		Commissioning?																													
	RAF-128	Installation																													
		Commissioning?																													
	RAF-131	Installation																													
		Commissioning?																													
	RAF-135	Installation																													
		Commissioning?																													

			September					October				November				December				January				February					
			1-7 Sept	8 - 14 Sept	15 - 21 Sept	22 - 28 Sept	29 sept - 5 Oct	6 - 12 Oct	13 - 19 Oct	20 - 26 Oct	27 Oct - 2 Nov	3 - 9 Nov	10 - 16 Nov	17 - 23 Nov	24 - 30 Nov	1 - 7 Dec	8 - 14 Dec	15 - 21 Dec	22 - 28 Dec	29 Dec - 4 Jan	5 - 11 Jan	12 - 18 Jan	19 - 25 Jan	26 Jan - 1 Feb	2 - 8 Feb	9 - 15 Feb	16 - 22 Feb	23 Feb - 1 Mar	2 - 8 Mar
TRANSFERRED EQUIPMENT																													
Siemens																													
Interventional Radiology (transferred from WIG)	RAF-077	Equipment delivery & Installation																											
MR Scanner (transferred from RHSC)	RCF-024	Initial turnkey works ? Equipment delivery & Installation																											
Nuclear Medicine (transferred from RHSC)	RNM-033	Equipment delivery & Installation																											
Toshiba																													
CT Scanner (transferred from SGH)	RAF-075	Equipment delivery & Installation																											
CT Scanner (transferred from VI)	RAF-078	Equipment delivery & Installation																											
Philips																													
Cardiac Cath Lab (transferred from RHSC)	RCI-005	Equipment delivery & Installation																											

**DIAGNOSTICS/PROJECT TEAM MEETING  
MEETING NOTE**

**9 January 2015 at 2pm in the Boardroom, Project Offices, Southern General**

**Present:** Ms Aileen MacLennan (AMaL), Director Diagnostic Services (Chair)  
Mrs Winnie Miller (WM), Planning Manager, Diagnostics Directorate  
Mr Andy Brennan (AGB), RPA, Health Physics  
Ms Frances Wrath (FW), ASR Programme – Capital Planning Manager  
Mr Nick Cleary (NC), Senior Buyer, Capital Equipment  
Ms Lorraine Peebles (LP), Senior Project Manager  
Dr Michael Bradnam (MB), Head of Imaging Physics  
Mr David Hall (DH), Consultant – Currie & Brown  
Mr David Loudon (DL), Project Director  
Ms Annette Turnpenny, Capital Equipment Buyer

**Apologies:** Mrs Lynn Ross (LR), General Manager Imaging  
Ms Mairi Macleod (MMacL), Project Manager, Project Team  
Mr Peter Moir, Deputy Project Director

**In Attendance:** Christina Fulton (CF) – Notes

**ACTION**

**1. Welcome and Apologies**

AMaL welcomed everyone to the meeting. Apologies noted above were accepted.

**2. Notes of last meeting**

The notes of the last meeting were approved

**3. Matters Arising/Actions**

Hybrid Theatres

It was noted that the Hybrid core was being installed week commencing 12 January 2015. WM reported that John Crawford had raised concerns over the position of the Imaging monitor when not in use. DH advised that there would be a choice of 4 types of arms which are being delivered via European manufacturers.

**DH/JC**

NCH Scanner

The Project Team advised that the Scanner for the NCH had now been procured and delivery was anticipated by the end of February 2015.

Pendants

DH indicated that he had still to review the sockets on the pendants and would carry this out and update at the next meeting.

**DH**

SPECT CT

FW advised that there had been a meeting prior to Christmas and the

comments from this had been forwarded to Siemens.

### **Transferring Equipment**

FW indicated that she would liaise with WM to arrange the meetings with suppliers of the transferring equipment for Diagnostic staff.

**FW/WM**

### **Equipment Installation - update**

The Group discussed the Project Plan circulated by FW for this meeting indicating the stages for all equipment installations in the departments. A copy of which is added to the minute.

### **Blood Fridges**

DH advised that all rooms have sufficient ventilation with only two rooms requiring minor alterations. The sockets used as a power source had now been changed to non-switched spurs and information requiring safe isolation for maintenance work would be available for relevant staff.

### **Change order for hold open doors**

#### **General X-Ray Rooms RAG-029/031/032**

DH indicated that the cost for altering these doors has been quoted at £25K. The weight of the doors was a concern and the Project Team are exploring different mechanisms to hold the doors open at a lesser cost.

**DH**

### **Pendant Move – SPECT**

It was agreed to further discuss any alterations once the final drawings for the room had been received. AMacL agreed that this would be discussed outside of this meeting.

AB advised that there may be other rooms which may require to be reviewed once we receive handover. The Group agreed to review as and when necessary.

### **Room Data Sheets**

FW advised that these had still not been received by the Project Team. DH indicated the scheduled date for the receipt of these is week commencing 19 January 2015, ahead of the handover of the buildings.

**FW/DH**

### **AC Maintenance Contracts**

DL advised that this would be covered by the estates department. DL indicated that the required fast turnaround to avoid excessive machine downtime would be covered by a SLA. DH reported that the MRI would be an exception to this.

### **RPA/Laser Testing**

AB advised that the laser testing had been completed and a summary report is being compiled for the Project Team. FW noted there had been concerns over the film not on some of the windows, in the theatre areas. DH raised concerns still to be addressed with the internal blinds as there may be a small pin hole where the laser may shine through. AMacL indicated that it is hoped we can address any issues and progress the resolution of issues.

AB advised that the Pendant (sockets) had still to be RPA tested.

AB indicated that most of the shielding is of the correct specifications but the shielding in the Schiehallion Unit is not the correct thickness and this is being pursued with Brookfield.

### **4. AOCB**

AMacL enquired as to the content of the Bill of Quantities, noting that the DR Mobile Unit would not be included as yet as Grant Archibald had still to sign it off. The equipment is required due to the Organisational change of having the Bone Marrow Transplant Unit on the new hospital site. DL indicated that AT would be meeting with Grant Archibald and David Stewart to discuss a number of items next week and a decision on additional equipment procurement would be made following that. AMacL noted that the shortfall in PACS workstations had been identified as 15 in number and this should be included in the Bill of Quantities for the Directorate.

AB asked how suppliers and contractors would gain access to the buildings following handover. FW indicated that a procedure document is currently being prepared. DL advised that control of the building would fall to Facilities Management and would be controlled by them.

AT acknowledged the work carried out by LHP across the workstreams and thanked her for the valuable input given.

### **5. Date of Next Meeting**

Friday 30 January 2015 at 9.30am in the Board Room, Project Offices, Hardgate Road, Govan.

Childrens Ground Floor - RCG-082												
Dec	Dec	Dec	Jan	Jan	Jan	Jan	Feb	Feb	Feb	Feb	Mar	
		</										

<i>Activity</i>	15	22	29	5	12	19	26	2	9	16	23	2
<b>IDM Pre-installation Work (IDM)</b>												
<b>Decoration &amp; Floor Works (IDM)</b>												
<b>X-Ray System Installation Work (MIS)</b>												
<b>System Calibration (MIS)</b>												
<b>Medical Physics Testing (MIS &amp; Trust)</b>												

<b>Adults First Floor - RAF-128</b>	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Feb	Feb	Feb	Feb	Mar
<i>Activity</i>	15	22	29	5	12	19	26	2	9	16	23	2
<b>IDM Pre-installation Work (IDM)</b>												
<b>Decoration &amp; Floor Works (IDM)</b>												
<b>X-Ray System Installation Work (MIS)</b>												
<b>System Calibration (MIS)</b>												
<b>Medical Physics Testing (MIS &amp; Trust)</b>												

<b>Adults First Floor - RAF-131</b>	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Feb	Feb	Feb	Feb	Mar
<i>Activity</i>	15	22	29	5	12	19	26	2	9	16	23	2
<b>IDM Pre-installation Work (IDM)</b>												
<b>Decoration &amp; Floor Works (IDM)</b>												
<b>X-Ray System Installation Work (MIS)</b>												
<b>System Calibration (MIS)</b>												
<b>Medical Physics Testing (MIS &amp; Trust)</b>												

<b>Adults First Floor - RAF-135</b>	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Feb	Feb	Feb	Feb	Mar
<i>Activity</i>	15	22	29	5	12	19	26	2	9	16	23	2
<b>IDM Pre-installation Work (IDM)</b>												
<b>Decoration &amp; Floor Works (IDM)</b>												
<b>X-Ray System Installation Work (MIS)</b>												
<b>System Calibration (MIS)</b>												
<b>Medical Physics Testing (MIS &amp; Trust)</b>												

<b>Adults Ground Floor - RAG-046</b>	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Feb	Feb	Feb	Feb	Mar
<i>Activity</i>	15	22	29	5	12	19	26	2	9	16	23	2
<b>IDM Pre-installation Work (IDM)</b>												
<b>Decoration &amp; Floor Works (IDM)</b>												
<b>X-Ray System Installation Work (MIS)</b>												
<b>System Calibration (MIS)</b>												
<b>Medical Physics Testing (MIS &amp; Trust)</b>												
<b>PACS Connectivity (MIS &amp; Trust)</b>												



[illegible][illegible][illegible]

**From:** [Suarez, Rozanne](#)  
**To:** [Adams, Doug](#); [Curran, Anthony](#); [Garscadden, Roy](#); [Gillespie, Deborah](#); [Hamilton, John \(Admin\)](#); [Harkness, Anne](#); [Hobson, James](#); [Love, Gordon](#); [Macleod, Mairi](#); [Mitchell, John](#); [Mullen, Patricia](#); [Reid, Ian](#); [Renfrew, Catriona](#); [Armstrong, Jennifer](#); [Crocket, Rosslyn](#); [MacKenzie, Alex](#); [de Caestecker, Linda](#); [McLaws, Ally](#); [Loudon, David](#); [Crawford, Andy](#); [McCamley, Pamela](#); [Hardie, Gillian](#)  
**Cc:** [Clarke, Susan](#); [Dobson, Lorraine](#); [O'Brien, Bernadette](#); [Hirst, Allyson](#); [Frew, Shiona](#); [Russell, Jacqueline](#); [Baiwe, Ranjit](#); [Dunn, Patricia](#); [Cobain, Linda](#); [Docherty, Emma](#); [Brodie, Margaret](#); [Dearden, John](#); [Cannon, Paul](#); [Law, Leanne](#); [Walker, Sheena](#)  
**Subject:** Draft Q&P Mins - Jan 2015  
**Date:** 26 January 2015 16:03:44  
**Attachments:** [Item 03 - Jan Q&P Mins.doc](#)

---

Dear All

Please find attached the draft minutes from the meeting of the Quality & Performance Committee which was held on 20 January 2015. If you have any comments or amendments on these minutes please let me have them by **12 noon on Tuesday 3 February**. Many thanks.

Kind regards,

**Rozanne Suarez**  
**Team Secretary/Administrator**  
**Board Administration**  
**JB Russell House**  
**Gartnavel Royal Hospital**

[REDACTED]

[REDACTED]

**DRAFT**

QPC(M)15/01  
Minutes: 01 - 21

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Quality and Performance Committee at 11.00 am  
on Tuesday, 20 January 2015 in the  
Board Room, J B Russell House  
Gartnavel Royal Hospital, 1055 Great Western Road,  
Glasgow, G12 0XH**

---

**P R E S E N T**

Mr I Lee (Convener)	
Dr C Benton MBE (To Minute 14)	Cllr A Lafferty
Ms M Brown (To Minute 11)	Dr D Lyons
Dr H Cameron	Ms R Micklem
Cllr M Cuning	Cllr J McIlwee
Mr P Daniels OBE	Mr D Sime (To Minute 11)
Mr I Fraser (To Minute 15)	Mr K Winter

**O T H E R B O A R D M E M B E R S I N A T T E N D A N C E**

Dr J Armstrong (To Minute 14)	Mr R Finnie (To Minute 12)
Mr R Calderwood	Mrs T MacAuley OBE
Ms R Crocket (To Minute 14)	Dr Robin Reid
Cllr M Devlin	Mr A O Robertson OBE
Rev Dr N Shanks (To Minute 12)	

**I N A T T E N D A N C E**

Mr D Adams	.. Head of Planning, Performance, Mental Health Services
Mr A Curran	.. Head of Capital Planning and Procurement (For Minutes 13 to 16)
Mr R Garscadden	.. Interim Director of Corporate Affairs (To Minute 15)
Ms D Gillespie	.. Service Manager Mental Health & Wellbeing, Inverclyde CHP (For Minute 13)
Mr J C Hamilton	.. Head of Board Administration
Ms A Harkness	.. Director, Emergency Care & Medical Services
Mr J Hobson	.. Interim Director of Finance
Mr D Loudon	.. Project Director - South Glasgow Hospitals Development
Mr G Love	.. Property Manager, Acute Services Division (For Minute 12)
Ms M Macleod	.. Project Manager (For Minute 12)
Mr J Mitchell	.. Inpatient Service Manager Lead Nurse, Inverclyde CHP (For Minute 13)
Ms T Mullen	.. Acting Head of Performance and Corporate Reporting
Mr I Reid	.. Director of Human Resources (To Minute 11)
Ms C Renfrew	.. Director of Corporate Planning and Policy (To Minute 11)
Ms H Russell	.. Audit Scotland

**01. APOLOGIES**

There were no apologies.

**02. DECLARATIONS OF INTEREST**

Councillor J McIlwee declared in interest as a Councillor on Inverclyde Council in the following items:-

Agenda Item 13 – Inverclyde Adult & Older People’s Mental Health Continuing Care Facility: Full Business Case

Agenda Item 15 – Hub Programme Update

NOTED

**03. MINUTES OF PREVIOUS MEETING**

On the motion of Mr I Fraser and seconded by Ms R Micklem, the Minutes of the Quality and Performance Committee Meeting held on 18 December 2014 [QPC(M)14/06] were approved as a correct record subject to the following change to Minute 141 (4th paragraph, 2<sup>nd</sup> and 3<sup>rd</sup> lines):-

Delete:- “this could be considered further for other committees or areas of the NHS Board’s work”:

Insert:- “officers bringing reports to the Quality and Performance Committee might follow this example”.

**04. MATTERS ARISING**

(a) Rolling Action List

NOTED

**05. INTEGRATED QUALITY AND PERFORMANCE REPORT**

There was submitted a paper [Paper No 15/02] by the Acting Head of Performance and Corporate Reporting setting out the integrated overview of NHSGGC’s performance.

Of the 44 measures which had been assigned a performance status based on their variance from trajectory and/or target, 23 were assessed as green, nine as amber (performance within 5% of trajectory) and 12 as red (performance 5% outwith meeting trajectory).

The key performance status changes since the last report to the Committee were:-

- Cancer treatment waits 31 days – had moved from amber to green;
- Child and Adolescent Mental Health Services – had moved from red to green;
- Energy efficiency had moved from red to green;
- CO<sup>2</sup> emissions had moved to red to amber;

- Admissions to the Stroke Unit had moved from green to amber;
- Accident & Emergency maximum four hour waits had moved from amber to red;
- Antenatal care had moved from green to amber.

Exception reports had been provided to Members on measures which had been assessed as red.

In relation to antenatal care (SIMD) which moved from green to amber, Ms Micklem highlighted that the focus of the fluoride varnishing applications programme were being met in the most at-risk populations and therefore helping to address oral health inequalities and this narrowing of the gap over the last two years had been very impressive. In relation to the communication needs of deaf patients, new legislation was forthcoming and Ms Renfrew agreed to circulate to Members the current and developing arrangements in place for the provision of services to deaf people.

**Director of  
Corporate  
Planning &  
Policy**

Ms Brown asked about the deteriorating performance with A&E maximum four hour waits and whether the services would benefit in some form of external review. Ms Harkness advised that for non-complex discharges, monitoring was underway to capture the percentage of patients discharged by midday and particular focus had been paid to discharges by ambulances and a more timely dispensing of prescriptions. Both these issues were now being monitored weekly in order to bring about improvements in these critical areas. There was a pilot underway in redesigning the work of the pharmacies and the Scottish Government Health Department had provided additional external support and advice from their experience in other areas. A particular area of focus was to bring about improvements at the Royal Alexandra Hospital, as it continued to struggle in meeting the national waiting time targets.

In relation to Ms Brown's enquiry about 12 weeks maximum wait for referral from new outpatient appointments in relation to General Medicine, there were patients waiting longer than 12 weeks across Orthopaedics, Neurology and Dermatology however, despite its reference within the exceptions report, there were no medical patients waiting over 12 weeks.

Members recognised the need to monitor and work towards the national and local targets however, as discussed at the last meeting, the Committee was keen to focus on the key priorities of the NHS Board to ensure significant effort was made in trying to meet these targets.

NOTED

## **06. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT**

There was submitted a paper [Paper No 15/03] by the Medical Director providing information on the performance against the national targets for key infection control measures.

For Staphylococcus Aureus Bacteraemia (SABs), the most recent validated results for July to September 2014 demonstrated an SAB rate of 24.1 cases per 100,000 acute occupied bed days (AOBDs), which was below the national average of 32.3

cases per 100,000 AOBDS.

With regard to the Clostridium Difficile (C.Diff) rate for July to September 2014, the NHS Board had a rate of 33.8 cases per 100,000 AOBDS which, again, was below the national average of 39.9 cases.

#### NOTED

### **07. INFORMATION MANAGEMENT OF ADVERSE EVENTS: UPDATE ON DATIX SYSTEM**

There was submitted a paper [Paper No 15/04] by the Medical Director seeking approval of the new governance and management arrangements in relation to ensuring greater operational effectiveness in the deployment of the DATIX software modules in relation to incident reporting, complaints, legal claims, Freedom of Information requests and organisational risk.

In 2007/08, the NHS Board procured and implemented the DATIX software suite to provide electronic monitoring and recording systems for the applications mentioned above. Since the initial implementation the system has been slowly degrading, accumulating in a large number of complaints from service users. A Short Life Working Group (SLWG) was established to review the development needs so that the overall management of DATIX improved and was effective and sustainable. The report set out the key findings of the SLWG and following their implementation, the plan was that the Medical Director would become the Co-ordinating Executive, working in tripartite agreement with the Director of Human Resources and Director of Information and Technology to ensure corporate oversight of the DATIX system and its effectiveness. It was also intended to recruit a DATIX system manager in line with other comparable NHS Boards, and this post would be met from existing resources.

Ms Crocket advised that the improvements made to DATIX would assist nursing staff move towards a single recording system as currently other systems were required to be used i.e. the recording of tissue viability issues.

Ms Brown expressed concern at the over-use of the “other” category, particularly within East Renfrewshire, when recording incidents. This was not helpful in categorising incidents and highlighting themes or trends which required management attention/action. Dr Armstrong agreed that this needed to be reviewed as the functionality of DATIX was such that there should not require to be heavy reliance on such a category of incident.

**Medical Director**

#### DECIDED

- 1) That, the new governance and management arrangements to ensure greater operational effectiveness and deployment of the DATIX software modules be approved.
- 2) That, the costs of the new post be accommodated within the new organisational structure process be noted.

**Medical Director**

**Medical Director**

## **08. NATIONAL PERSON-CENTRED HEALTH AND CARE COLLABORATIVE – STRATEGIC REPORT AND WORK PLAN**

There was submitted a paper [Paper No 15/05] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care. This was the ninth report highlighting the work undertaken within NHSGGC under the National Person-Centred Health and Care Collaborative. It described the progress made locally with the pilot improvement teams in clinical services within NHSGGC. This report covered the period of September to October 2014 and as had been requested, had been kept brief this month, with the fuller report available on request.

Two new improvement teams had been added since the last reporting period, namely Ward 6 at the Royal Alexandra Hospital and the Pain Service at Stobhill Hospital. This meant that there were 32 clinical teams involved in the collaborative. Over the reporting period there had been over 6000 responses from patients to questions within the "themed conversations" and 96% of the feedback indicated an overall positive care experience.

Dr Lyons very much welcomed the proactive approach by nursing staff in specialist dementia care wards of inviting relatives and carers to remain in the ward during meal times. This had proven to have positive benefits for patients, families and ward staff.

Ms Micklem found the summary document very clear, but, in recognising the importance of this work and the issues it raised, would welcome a return to a slightly fuller report at future Committee meetings and emphasised that so often, learning was driven by situations where things had not gone well.

Mr Finnie welcome the proactive learning from this type of engagement however, had wondered whether the issues of concern raised were replicated within the receipt of complaints and also whether there was any evidence of any downturn in the number of complaints within the areas of responsibility of the 32 teams who were now actively involved in the collaborative. Ms Crocket indicated that the feedback did mirror aspects of complaints and she would see what information was available for a future report in relation to any downturn in complaint numbers from these areas.

**Nurse Director**

### **NOTED**

## **09. VALE OF LEVEN HOSPITAL INQUIRY: IMPLEMENTATION OF RECOMMENDATIONS**

There was submitted a paper [Paper No 15/06] by the Chief Executive seeking endorsement of the submission sent to the Scottish Government Health Directorate (SGHD) on 19 January 2015 in relation to NHSGGC's position in terms of implementing the 65 Scottish NHS Board recommendations from the Vale of Leven Hospital Inquiry report.

As Members aware, the Vale of Leven Hospital Inquiry was set up by Scottish Ministers to investigate the occurrence of C.Difficile infection at the Vale of Leven Hospital and the Inquiry was tasked with investigating the deaths associated with C.Difficile which occurred between 1 December 2007 and 1 June 2008. The Vale of Leven Hospital Inquiry report was published on 24 November 2014 and made 75

recommendations; nine for the Scottish Government, one for the Crown Office and 65 for NHS Boards in Scotland. The report stated that the adoption of the recommendations should result in a significantly improved focus on patient care and, in particular, on the care of patients who contract an infection such as C.Difficile.

SGHD set up a process to monitor each NHS Board's assessment and implementation against the 65 recommendations and a guidance note and national template were provided and NHS Boards were required to describe the current position/progress towards implementing each recommendation and, where relevant, provide supporting evidence and examples of good practice.

As had been agreed at the December 2014 NHS Board meeting, the draft template was sent to NHS Board Members via email on 13 January 2015 for comment and following detailed and helpful comments, the document was amended and signed off by the Chief Executive and submitted to SGHD on 19 January 2015 as required.

Mr Calderwood intimated that in submitting the completed template to SGHD, the NHS Board had highlighted a number of issues on which it sought further clarity or further discussion with SGHD in terms of progressing specific recommendations to full implementation. SGHD had acknowledged receipt of the template and indicated that they would consider the points raised.

Mr Fraser welcomed the full response and the very clear setting-out of what further action was required to be carried out to fully meet the specific recommendations.

Dr Cameron referred to recommendations 7 and 8, in relation to the current restructuring, and asked if the Chief Executive could update Members on the progress made to date. Mr Calderwood acknowledged that not all substantive senior managers would be in the new posts by April 2015; appointments had been made to the Chief Officer positions within Integrated Joint Boards, within Acute Services, Directors had been appointed for South and North, Diagnostics, Women's & Children's and Facilities. This left two vacancies; Directors for Clyde and Regional. The Director of Finance interviews were to be held on 23 January and recruitment had commenced for the Director of Human Resources and Organisational Development post. The general manager structure would not be completed by the Spring and there were a number of acting arrangements in place and he would report back to the Board in April 2015 on the updated position. Ms Harkness advised of the transition plans and processes being developed to ensure all areas were covered and that handover arrangements between senior staff were comprehensive and there was clarity as to who was responsible for what areas within Acute Services during this time of change. Ms Brown emphasised that a major challenge during a time of significant organisational change was ensuring that existing services continued to be managed appropriately and effectively.

**Chief Executive**

The requirement to ensure that there was 24 hour cover for infection prevention and control seven days a week and that contingency plans were in place for leave and sickness absence was reliant on out-of-hours service being provided by the on-call consultant microbiologist. This recommendation would be further discussed with the SGHD in relation to responses from other NHS Boards.

Dr Reid enquired about the need for more consultant involvement in death certification and Dr Armstrong advised that a group had been set up to review online death certification processes and this was being taken forward by Ms J Murray, Director of East Renfrewshire CH(C)P and Dr A Mitchell, Clinical Director.



Further discussion would also be held with SGHD in relation to the impact of the twice-annual junior doctor recruitment process to ensure clinical models of care were consistent with staffing and the need to maintain expertise and excellent training.

#### DECIDED

- That, the submission sent to SGHD on 19 January 2015 on NHSGGC's position in relation to implementing the 65 Scottish NHS Board recommendations from the Vale of Leven Hospital Inquiry report be endorsed.

#### **10. FINANCIAL MONITORING REPORT FOR THE 8 MONTH PERIOD TO 30 NOVEMBER 2014**

There was submitted a report [Paper No 15/07] by Interim Director of Finance that set out the NHS Board's financial performance for the eight month period to 30 November 2014.

Mr Daniels acknowledged the Scottish Government's announcement of £100m being set aside over the next three years for delayed discharges, and Mr Calderwood advised that in 2015/16, £30m would flow to Scotland as health-related expenditure as part of the Barnett consequences and this would be ring-fenced and provided as an additional allocation to Integrated Joint Boards.

Mrs MacAuley enquired about the staffing cost savings and Mr Hobson advised that Acute Services and the Partnerships submitted consolidated monthly reports for review and validation prior to submission to the SGHD and this area was monitored very closely. Mr Finnie enquired about the recovery due from NHS Highland, and Mr Calderwood advised that it had been intimated to him that the NHS Board would receive the £1.5m due in 2015/16 with the outstanding sum due over the next two financial years thereafter.

In relation to anticipated figures at the end of December 2014, the overspend was predicted to be £0.7m.

#### NOTED

#### **11. FUTURE ARRANGEMENTS FOR THE BOARD AND RELATED COMMITTEES: PROPOSALS FOR DISCUSSION**

There was submitted a report [Paper No 15/08] by the Director of Corporate Planning and Policy seeking comments on a proposed approach to future arrangements for the NHS Board and related Committees. Integrated Joint Boards were in the process of being established and there had been a number of discussions with NHS Board Members about the future arrangements for the NHS Board and its related Committees. The intention was in seeking Non-Executive Members comments, that a final report be submitted to the NHS Board for approval.

The report set out the key responsibilities of the NHS Board and the support arrangements from the sub-committees to assist in discharging the responsibilities in relation to staff governance and audit. The NHS Board Members would continue to meet in informal development mode to discuss issues such as strategic planning,

equalities, public health and financial strategy issues.

The responsibilities of the Integrated Joint Boards had also been set out together with the intention to move to an Acute Quality and Performance Committee, which would have responsibilities similar to the current Quality and Performance Committee but covering Acute Services and those responsibilities discharged on behalf of the whole NHS Board. In addition, Members had been contacted about keeping the monthly meetings of the NHS Board and Acute Quality and Performance Committee meeting until the mid-point of 2015/16, after which a review would be undertaken in terms of the need for any further changes to the frequency of meetings and responsibilities of the Acute Quality and Performance Committee.

It was not thought that the Integrated Joint Boards (IJBs) would submit their minutes to the NHS Board; they were not sub-Committees of the NHS Board. However, there needed to be consideration of how best key and relevant issues from IJBs were reported to the Board. The IJBs would have a role in planning specific acute services and performance monitoring, they would have responsibilities for how their own population used the acute services and therefore different levels of reporting would be required for local scrutiny by IJBs.

Mr Finnie highlighted the dual role of Non-Executive Members sitting as NHS Board Members and also as members of IJBs. Connectivity to the NHS Board via IJBs needed to be considered as did the question of how a Board Member sought assurance from the sub-Committees of the Board if they were not just relying on receiving the minutes of the sub-Committee. The summaries of the minutes produced by the Staff Governance Committee and the Clinical Governance Forum were viewed as good practice and should be considered for future reporting on the work of sub-Committees to the NHS Board. Dr Reid enquired about a situation where an Integrated Joint Board was in an underspend position and Mr Calderwood advised that they would retain the underspend for use in the following year.

Dr Armstrong stressed the importance of clinical governance in relation to the IJB, and the important role played by the Clinical Governance Forum, Clinical Directors and the clinical governance structures within Acute Services and the six Integrated Joint Boards. Keeping these structures in place was essential to provide the necessary assurance in relation to key clinical governance priorities and challenges.

#### DECIDED

- That, the future arrangements for the NHS Board and its related committees be worked up further and submitted to the NHS Board at a later date for approval.

**Director of  
Corporate  
Planning &  
Policy**

## **12. NEW SOUTH GLASGOW HOSPITALS DEVELOPMENT: PROGRESS UPDATE**

There was submitted a report [Paper No 15/09] by the Project Director – New South Glasgow Hospitals Project setting out the progress against Stage 2 (design and development of the new hospitals) and Stage 3 (construction of the adult and children's hospitals). In addition, the paper covered the progress made on the NHS Board's retail strategy and also consideration of the outcome of the risk assessment of the Children's Psychiatry Ward within the new Royal Hospital for Sick Children.

As of 12 January 2015, 199 weeks of the 201 week contract had been completed and the project remained within timescale and budget and the handover date remained as 26 January 2015. The builder's work within both hospitals was nearing completion and the focus was on the rectification of items which had been identified as snags, and the cleaning of the hospital in preparation for the handover. In relation to the handover, Mr Loudon stressed that this had been planned for 12 noon on Monday 26 January, however, this was wholly dependent on the temporary completion certificate being signed off by Glasgow City Council.

In preparation for the handover, discussions were being held with the contractor in relation to access control, security, fire and the project team was ensuring that the contractor had completed the Building User Guide which would sit alongside the NHS handbook for the site. The last staff tours of the hospital had taken place prior to the festive season, and no further tours were being arranged so that the contractor had the opportunity to close down all areas once they had been cleaned. Induction arrangements for staff who would be transferring to the new hospital had been finalised and the Medical Illustration Department had prepared an induction DVD to be shown at these sessions. The orientation of staff into the buildings was being carried out on a train-the-trainer approach and the project team would orientate the service transfer users who would in turn be responsible for orientating their staff in their area of service in the building. A detailed project plan which captured all the activities required to take place within the 12 week commissioning period had been prepared.

The Teaching and Learning Centre remained on programme and on budget for completion by the end of May 2015 and the construction of the new Administration Block remained on programme and on budget for completion in April 2015.

The Convener and Members of the Quality and Performance Committee congratulated Mr Loudon and the project team on an outstanding achievement in managing this huge publicly-funded hospital development project within budget and within the projected handover date, some five weeks earlier than the original plan. It was acknowledged that the congratulations were due to the previous Project Director and all team members who had contributed, over the last five years, to the successful delivery of this contract, and Mr Winter, in emphasising this, viewed this as a great team success with excellent working relationships with the main contractor, Brookfield Multiplex.

### **Retail Strategy - Update**

The report included an update on the results of the Retail Strategy tender process which followed on from the previous papers presented to the Committee in July and September 2014.

An Evaluation and Selection Group was convened to assess and score the submitted proposals and the preferred occupiers were noted as follows:-

Unit 1 – M&S (operated by WH Smith)

Unit 2 – WH Smith

Unit 3 – Camden Food Co (operated by SSP)

Unit 4 – To be confirmed

Unit 5 – Souped Up and Juiced

Unit 6 – Aroma Cafe

Unit 7 – Yorkhill Children’s Charity

Mr Loudon went through the process from notification of interest, the NHS Board’s intentions for the services to be provided from each unit, the tender process, evaluation process and outcome.

The preferred retailers had been notified on 28 November 2014 and 11 December 2014, and Unit 4, which had been set aside for negotiations with trade unions, saw discussions being continued with Unison in relation to its intentions for the use of this space.

Ms Micklem enquired about how the retailers would be monitored in terms of complying with the NHS Board’s specification and healthy eating requirements. Mr Loudon advised that a Monitoring Group would be formed to assess compliance with the tender specification and national and local standards.

#### **Risk Assessment of Children’s Psychiatry Ward in the Royal Hospital for Sick Children**

The report advised Members of the findings of the clinical team following their visit to the Child Psychiatry Ward in the new Hospital for Sick Children on 10 December 2014. The clinical team members on the visit included the service manager, consultant psychiatrist, senior nursing staff, psychologist and staff from health and safety. The key issues to be considered were patients at risk from self-harm/suicide; patient safe entry/exit from ward; the outdoor garden; and managing violent and aggressive patients.

The clinical team highlighted a number of risks during their visit which the contactor had been requested be removed or improved.

Dr Lyons asked that the separate entry to this ward be used only in exceptional circumstances and hoped that staff would encourage the use of the shared entry to avoid any stigmatisation.

Ms Micklem expressed concern that the removal of hand rails and back rests from the patient en-suite shower rooms could disadvantage the independence of disabled patients and highlighting that this was a rare event was not relevant. Ms Macleod advised that a bathroom was still available with the hand rails and back rest and that they had only been removed from en-suite facilities.

#### **NOTED**

### **13. INVERCLYDE ADULT & OLDER PEOPLE’S MENTAL HEALTH CONTINUING CARE FACILITY: FULL BUSINESS CASE**

There was submitted a paper [Paper No 15/10] by the Head of Capital Planning and Procurement providing Members with a copy of the Full Business Case for the Inverclyde NHS Adult and Older People’s Continuing Care Beds for Mental Health. This project was to be delivered by Hub West of Scotland as part of the Scottish Government’s approach to the delivery of a new community infrastructure.

The Quality and Performance Committee had approved the Outline Business Case in January 2014 and this had subsequently been approved by the SGHD Capital Investment Group in March 2014.

At the last meeting of the Quality and Performance Committee, a paper had been submitted which reported that a directive from the Scottish Futures Trust outlined a different approach as to how this project could be bundled with the Eastwood and Maryhill contract. This was reviewed in terms of costs and other considerations and ultimately it was considered that the best option was to pursue the Inverclyde project as a standalone project.

The scope of the project was to provide a new Inverclyde facility which included:-

- Elderly Mentally Ill – 30 beds including 24 NHS continuing care beds for patients with dementia and 6 NHS continuing care beds for patients with dementia and co-morbid conditions;
- Adult – 12 NHS continuing care beds;
- Social enterprise space including cafe/servery and hairdresser;
- Treatment rooms;
- Multipurpose social spaces for male and female patients.

The existing provision of continuing mental health care beds were provided on the lower part of Ravenscraig Hospital, Greenock. The two wards where services were delivered were beyond the life expectancy and no longer fit for purpose. The principal driver of the project was the withdrawal by the NHS Board from Ravenscraig Hospital site in 2016.

Mr Curran highlighted the changes since the Outline Business Case and the benefits criteria.

Members welcomed this proposal and Councillor McIlwee recognised that this had been a lengthy and difficult proposal to pull together however, he was delighted to see the likelihood of the start of the project in April 2015 leading to the closure of the unsatisfactory wards at Ravenscraig Hospital in 2016.

#### DECIDED

- That, the Full Business Case and associated documentation be submitted to the Scottish Government Capital Investment Group for decision be approved.

**Head of Capital  
Planning &  
Procurement**

#### **14. GORBALS AND WOODSIDE HEALTH AND CARE CENTRES – OUTLINE BUSINESS CASES**

There was submitted a paper [Paper No 15/11] by the Head of Capital Planning and Procurement setting out the progress on the procurement of Stage 1 of Woodside and Gorbals Health and Care Centres and proposals for delegated authority for the Outline Business Case (OBC) outwith meetings of the Quality and Performance Committee to ensure that the OBC was submitted to the SGHD Capital Investment Group meeting on 24 February 2015.

The projects were to be delivered by Hub West of Scotland as part of the Scottish Government's approach to delivery of new community infrastructure.

DECIDED

- 1) That, the progress on the procurement of Stage 1 for Woodside and Gorbals Health and Care Centres be noted.
- 2) That, the submission of the OBCs for Woodside and Gorbals Health and Care Centres to Members on 23 January 2015 and, if accepted, it be submitted to the Convener of the Committee on 30 January 2015 for approval, prior to submission to the SGHD Capital Investment Group by 3 February 2015, be approved.

**15. HUB PROGRAMME UPDATE**

There was submitted a paper [Paper No 15/12] by the Head of Capital Planning and Procurement asking Members to note the content of the paper, the revised feasibility scoring for both Clydebank and Greenock Health and Care Centres, and that Greenock Health and Care Centre was the project recommended for funding through the Hub Development Programme.

Following the Quality and Performance Committee meeting in November 2014, at which the letter of 17 November 2014 from the Council Leader of West Dunbartonshire Council had been considered, there was a further analysis by the Hub Feasibility Scoring Group, taking on board the points raised. The Scoring Group met in December and in January to revisit the proposals in relation to:-

- Patient experience;
- Local strategic fit;
- The asbestos-related issues in each existing facility;
- Deliverability.

The assessment of the estate and the assessment of the financial costs had been verified and remained unchanged.

Mr Curran took Members through each of the four areas and at the end of the reassessment, Greenock Health and Care Centre remained the recommended project for funding through the Hub Development Programme.

In response to Members' questions, Mr Calderwood advised that this had been a new process for the NHS Board and some thought would need to be given in future as to how to handle such projects. Normally, capital projects were brought forward by officers in relation to health and safety, fire, disability discrimination and other key factors, and the Capital Planning Group would review and make recommendations to the NHS Board.

It was also noted that West Dunbartonshire Council had written direct to the Scottish Government enquiring as to the possibility of additional funding to secure the provision of a new Clydebank Health and Care Centre.

NOTED

## 16. MENTAL HEALTH SERVICES AND ESTATES STRATEGY

There was submitted a paper [Paper No 15/13] by the Interim Director of Glasgow City CHP and the Head of Capital Planning and Procurement seeking Members' approval for a Mental Health Services Strategy which delivered a number of strategic priorities including the Mental Health Clinical Services Review, addressed a number of suboptimal and temporary accommodation issues and made a significant financial efficiency contribution to Partnership medium-term financial plans.

Mr Doug Adams, Head of Planning and Performance, Mental Health, took Members through the paper from the 2001 Modernising Mental Health Strategy; the 2002 SGHD-approved consolidation of beds from North East Glasgow through the reprovision of the Parkhead Hospital beds on the Stobhill site, to the Clyde Modernising Mental Health Strategy and subsequent Vale of Leven consultation proposals.

The Mental Health Services and Estates Strategy sought the realignment of the inpatient estate to the Clinical and Service strategy as follows:-

- Finalise the North East Glasgow consolidation of beds at Stobhill Hospital and release the Parkhead Hospital site for disposal or alternative uses;
- Improved access for the Maryhill catchment area by transferring that activity from Stobhill to Gartnavel and mitigating the requirement for further additional new-build capacity at Stobhill;
- Reinstate Renfrewshire Older People's Mental Health Continuing Care Beds, temporarily located at the Mansionhouse Unit, back to Renfrewshire and release the Mansionhouse site for disposal or alternative uses;
- Consolidate Adult Mental Health Acute Beds for Renfrewshire and South Glasgow on the Leverndale Hospital site;
- Implement the bed model for Older People's Mental Health functional frailty to ensure compliance with age discrimination legislation;
- Implement a single site model for Addictions Beds to ensure the ongoing sustainability of inpatient provision for addictions;
- Enhance the suitability of medical cover out-of-hours through reducing the number of acute admission sites where this can be achieved with more modest implications for accessibility.

The total capital costs of the proposals for delivering the full package was £30m and transitional capital costs of £5m were required in 2015/16 to deliver the early transitional ward moves; this sum had already been allocated within the NHS Board's Capital Plan.

The revenue savings prior to capital charge costs were set out in the paper.

It was recognised that these proposals were linked to the Board's Clinical Services Strategy and there was a drive to ensure that the right beds were located in the right place and that the clinicians supported the transitional moves and final outcome.

DECIDED

**Interim Director,  
Glasgow City  
CHP**

- 1) That, the Mental Health Services and Estates Strategy and associated realignment of the inpatient estate set out in the report, be approved.
- 2) That, officers confirm to the Scottish Government Capital Investment Group that the £5m allocated within the Capital Plan to facilitate interim moves, be approved.
- 3) That, the provision of a further £25m in the Capital Plan as an indicative requirement to deliver the full programme and that the Business Case Development Programme would confirm both the final investment requirement in phasing and that £30m be included in the Capital Plan to deliver the programme, be approved.
- 4) That, a further exploration of alternative funding options including Hub to deliver the full programme, be considered.
- 5) That a further update be provided to the Quality and Performance Committee when finalised numbers and funding routes were confirmed.

“ “

“ “

“ “

“ “

**17. MEDIA COVERAGE OF NHSGCC NOV-DEC 2014**

There was submitted a paper [Paper No 15/14] by the Director of Corporate Communications highlighting outcomes of media activity for the period November – December 2014. The reported supplemented the weekly media roundup which was provided to NHS Board members every Friday afternoon and summarised media activity including factual coverage, positive coverage and negative coverage.

NOTED

**18. BOARD CLINICAL GOVERNANCE FORUM MINUTES AND SUMMARY OF MEETING HELD ON 8 DECEMBER 2014**

There was submitted a paper [Paper No 15/15] enclosing the minutes of the Board Clinical Governance Forum meeting held on 8 December 2014.

NOTED

**19. STAFF GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 18 NOVEMBER 2014**

There was submitted a paper [Paper No SGC(M)14/04] enclosing the minutes of the Staff Governance Committee meeting held on 18 November 2014.

NOTED



**20. PROPERTY COMMITTEE MINUTES OF MEETING HELD ON 26 NOVEMBER 2014**

There was submitted a paper [Paper No 15/16] enclosing the minutes of the Property Committee meeting held on 26 November 2014.

NOTED

**21. DATE OF NEXT MEETING**

9.00am on Tuesday 17 March 2015 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.05pm

**From:** [Kane, Mary Anne](#)  
**To:** [Hunter, William](#)  
**Subject:** FW: FMFirst - PPM Action Plan  
**Date:** 26 January 2015 11:05:00  
**Attachments:** [image001.jpg](#)

---

Billy

You were project managing tis - whats the problem ?

---

**From:** McGorry, Pat  
**Sent:** 26 January 2015 09:05  
**To:** Gallacher, Alan  
**Cc:** Kane, Mary Anne  
**Subject:** FW: FMFirst - PPM Action Plan

Hi Alan

Can you please advise where we are with this and will you achieve the timescale in Mary Anne's email below? Need to know this as I'm planning my Teams commitments between now and the end of the financial year.

Kind Regards

P

Patricia M McGorry  
Service Delivery Manager, Facilities Applications  
Health Information & Technology Directorate  
NHS Greater Glasgow & Clyde  
Stobhill Hospital, 1st Floor, Alba House,  
133 Balornock Road, Glasgow, G21 3UW

[REDACTED]  
[REDACTED]

---

**From:** Kane, Mary Anne  
**Sent:** 08 December 2014 12:29  
**To:** Gallacher, Alan; McGorry, Pat; Hunter, William; Smyth, Eugene; Powrie, Ian; McFadden, Jim  
**Cc:** Bradbury, Gail; Hunter, William; Maclean, Alistair  
**Subject:** RE: FMFirst - PPM Action Plan

This needs to be live on retained estates for 1st April 2015 please as we need real data to inform next years developmnt of workforce and national KPI's  
Please ensure this is prioritised

---

**From:** Gallacher, Alan  
**Sent:** 04 December 2014 12:11  
**To:** McGorry, Pat; Hunter, William; Kane, Mary Anne; Smyth, Eugene; Powrie, Ian; McFadden, Jim  
**Cc:** Bradbury, Gail; 'Phil Wright'  
**Subject:** FMFirst - PPM Action Plan  
**Importance:** High

All,

Please find attached latest PPM action plan after a meeting with Asckey this morning.

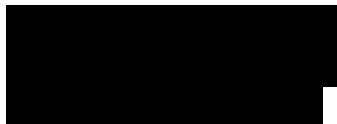
Regards,

*Alan*

A. G. Gallacher    *CEng MIMechE, BEng(Hons), DipEM*  
**Sector Estates Manager (Clyde) &**  
**Energy & Carbon Lead for NHS GG&C**

Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN

Inverclyde Royal Hospital  
Education Centre Rm 1.03  
Larkfield Road  
Greenock  
PA16 0XN



**From:** Kane, Mary Anne  
**To:** Hunter, William; Anderson, Robert; Maclean, Alistair; Pace, David; Gallacher, Alan; Green, John  
**Cc:** McPhail, Pamela; Matheson, Fiona; Speirs, Karen; McNeil, Elaine; Malcolm, Margaret  
**Subject:** FW: Draft Terms of Reference for the Estates & Facilities Benchmarking Leads/Deputies  
**Date:** 26 January 2015 14:04:00  
**Attachments:** E&F Leads Terms of Reference v0.1.doc  
**Importance:** High

Dear All

Myself and Rob were nominated by Alex as the Lead and Deputy Leads for the Boards Benchmarking returns .Margaret supports this role on an ongoing basis and does most of the work.

However as a Board whilst Rob and Margaret complete a significant amount of the return they are still struggling to get the data on time to make submissions. In many cases the data they receive is factually wrong from the Sector and Site Leads. Clearly inadequate attention is being paid to the completion of the data at local level.

I am writing to you again to ask that **you personally create the time to validate your returns on time** .This will of course be assisted by your line management teams having done the same before submission.It is vital that diary time is cleared to do this .

Alan and John you now require to ensure that Rob, Margaret and I are advised that the emart returns have been completed on time .Rob also needs to validate these with you .

I would remind you that we will be using the national benchmarking next month to identify savings potentials for CRES for next year - by which time it is too late to use the argument the returns were wrong .

Mary Anne

---

**From:** Terris Janis (NATIONAL SERVICES SCOTLAND) [REDACTED]  
**Sent:** 25 September 2014 15:40  
**To:** Anderson, Robert; Henry Martin (NATIONAL SERVICES SCOTLAND); Flint Douglas (NATIONAL SERVICES SCOTLAND); Pye Thomas (NATIONAL SERVICES SCOTLAND); McManus Richard (NATIONAL SERVICES SCOTLAND); De Sykes Sharon (NATIONAL SERVICES SCOTLAND)  
**Cc:** Connolly John (NATIONAL SERVICES SCOTLAND); EFBenchmarking (NATIONAL SERVICES SCOTLAND); Robertson Lesley (NATIONAL SERVICES SCOTLAND); Armstrong Kenneth (NHS TAYSIDE)  
**Subject:** Draft Terms of Reference for the Estates & Facilities Benchmarking Leads/Deputies

Dear all,

You may recall at the last workshop there was a lack of clarity around that was expected/required from the Estates & Facilities Benchmarking Leads/Deputies.

To assist with this, a Terms of Reference has been prepared – a draft copy is attached for your information.

This will be discussed at the Workshop on Tuesday – grateful of you can let me have any comments or feedback in advance of this if possible.

Apologies for the short notice - I know many of you have been out of the office over the last few days.

Kind regards

Janis

**Janis Terris**  
**Senior Project Manager**  
**Estates & Facilities Benchmarking Programme**

**NHS National Services Scotland**  
 [REDACTED]

Please consider the environment before printing this email.

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. [www.nhsnss.org](http://www.nhsnss.org)

\*\*\*\*\*  
 This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful.

Thank you for your co-operation.

NHSmial is the secure email and directory service available for all NHS staff in England and Scotland  
 NHSmial is approved for exchanging patient data and other sensitive information with NHSmial and GSi recipients  
 NHSmial provides an email address for your career in the NHS and can be accessed anywhere

\*\*\*\*\*

<p><b>Estates and Facilities Benchmarking Programme</b></p>
---

## **Terms of Reference**

**Estates & Facilities Benchmarking  
Health Board Lead**

**Estates & Facilities Benchmarking  
Health Board Deputy Lead**

Version 0.1

September 2014

## Estates and Facilities Benchmarking Programme

### Contents

1. Purpose.....	3
2. Estates & Facilities Benchmarking Programme.....	3
3. Estates & Facilities Benchmarking Programme Board.....	4
4. Data Submissions.....	5
5. Data Submissions Schedule.....	5
6. Role of Lead/Deputy.....	6
7. Contact details.....	6
8. Extract of paper submitted to SFG – 30 April.....	7

Type of product:	Terms of Reference
Purpose:	Details role of NHS Board Estates & Facilities Benchmarking Leads and Deputy.
Date:	22 September 2014
Version:	V0.1
Owner:	Ken Armstrong, NHS Tayside John Connolly, HFS
Author:	Janis Terris, NSS
Status:	Draft

### Document History

Revision date	Summary of Changes	Version
22.09.14	Initial version	0.1

Distribution      This document has been distributed to:

Name		Date of Issue	Version
KA/JC	For review and feedback	23.09.14	0.1

### Key Documentation

NHSScotland Estates and Facilities Benchmarking Project Phase One Final Report

## 1. Purpose

Availability of robust, accurate and appropriate data is fundamental to support the objectives of Estates & Facilities Benchmarking.

To allow meaningful discussions, both within and between Boards, to share best practice and identify opportunities for efficiencies and savings to take place, it is imperative that all benchmarking data is complete, has been validated and is submitted on time.

From January 2014, the introduction of the Estates & Facilities Benchmarking Dashboard made the benchmarking data available to a wider audience including all levels of staff within NHS Boards and also Scottish Government Health & Social Care (more details in section 2)

**It is, therefore, imperative all data is validated before submission and submitted on time.**

At the request of the Strategic Facilities Group, all Boards have now nominated a Lead and Deputy Lead to be accountable for the Estates & Facilities Benchmarking data submissions made on behalf of their Board.

Terms of Reference has been developed and issued to outline responsibilities of Estates and Facilities Benchmarking Lead/Deputy role.

**All Leads/Deputies are requested to confirm receipt of Terms of Reference and confirm their acceptance of role remit.**

## 2. Estates & Facilities Benchmarking Programme

NHSScotland Estates and Facilities Benchmarking Project Phase One Final Report, issued in 2009, outlined the background and recommendation for the development of benchmarking reporting functionality

The report contains a number of recommendations and actions and identified 4 main workstreams for which all Boards are required to record , collate and submit data.

Workstream	Reporting System
• Estates & Asset Management	EAMS
• Facilities Management	FMS
• Energy Management	eMART
• Waste Management/Sustainability.	eMART

List of contacts at Appendix 1

### Workstream Reports

A set of quarterly reports, based upon the data submitted by Boards, are either available within the reporting system or are circulated by the workstream leads. Details of quarterly reporting periods provided in section 5.

## National Reports

Estates & Facilities Benchmarking Dashboard was released in January 2014.



### Estates and Facilities Benchmarking Dashboard

Welcome to the next release of the Estates & Facilities Benchmarking Dashboard, which has the principle objective to help improve the quality of service, cost effectiveness and environment sustainability of the Estates and Facilities services, to achieve better health outcomes and patient experience.

The Dashboard reports have been updated to contain data for **Q3 2013/14** as detailed:

Facilities Management Data for period 01.10.13 – 31.12.13

Waste Management Data for period 01.10.13 – 31.12.13

Energy Management Data for period 01.04.13 – 31.12.13

Estates & Asset Management Data extract taken 22.04.14

The aim of Benchmarking is to enable improvements to the delivery of services across NHS Scotland by the analysis and reporting of benchmarking data. This will allow the identification and sharing of exemplars, best practice and efficient ways of working. Improvements are intended to positively impact on patient experience, health outcomes and well being.

The Dashboard provided a centralised point where Health Boards can

- view all Benchmarking data for their board (across 4 workstreams)
- view their Benchmarking data in relation to other health boards
- view their Benchmarking data in standardised graphical form across boards
  - This helps “bring the reports to life”, allowing boards to identify any areas requiring attention or discussion.

The Estates & Facilities Benchmarking Dashboard is viewable at all levels of staff within NHS Boards and within Scottish Government Health & Social Care.

**It is, therefore, imperative all data is validated before submission and submitted on time.**

### 3. Estates & Facilities Benchmarking Programme Board

The Programme Board continues to support NHS Boards in relation to Estates & Facilities Benchmarking. A small number of workshops have been arranged to bring together the Leads and Deputies and provide background on all workstreams, what is required from boards in relation to Estates & Facilities Submissions, and opportunity to discuss some of the challenges faced.



#### 4. Data Submissions

It is recognised that within Boards, each workstream will have processes in place for collection, collation, approval and submission of benchmarking information, which is likely to involve a number of staff across the workstreams.

It is expected that Benchmarking Lead/Deputy will review current processes and, in conjunction with appropriate stakeholders, make refinements to ensure the data has undergone the necessary validation and checks before being submitted.

#### 5. Data Submissions Schedule

##### Quarterly period dates

The reports will be updated, quarterly, to cover the following periods.

Facilities Management Waste Management			Energy Management		
	From	To		From	To
Quarter 1	01-Apr	30-Jun	Quarter 1	01-Apr	30-Jun
Quarter 2	01-Jul	30-Sep	Quarter 2	01-Apr	30-Sep
Quarter 3	01-Oct	31-Dec	Quarter 3	01-Apr	31-Dec
Quarter 4	01-Jan	31-Mar	Quarter 4	01-Apr	31-Mar

##### Estates

EAMS data is real time.

All Boards are expected to return data within defined timescales, which have been previously advised by the workstream leads.

Q1 (to 30.06.14)		Start	Last date for submissions
FMS returns	6 weeks	Tue 01/07/14	Fri 15/08/14
Energy returns	6 weeks	Tue 01/07/14	Fri 15/08/14
Waste Returns	6 weeks	Tue 01/07/14	Fri 15/08/14
Q2 (to 30.09.14)			
FMS returns	6 weeks	Wed 01/10/14	Fri 14/11/14
Energy returns	6 weeks	Wed 01/10/14	Fri 14/11/14
Waste Returns	6 weeks	Wed 01/10/14	Fri 14/11/14
Q3 (to 31.12.14)			
FMS returns	6 weeks	Mon 07/01/15	Fri 13/02/15
Energy returns	6 weeks	Mon 07/01/15	Fri 13/02/15
Waste Returns	6 weeks	Mon 07/01/15	Fri 13/02/15
Q4 (to 31.03.15)			
FMS returns	6 weeks	Mon 06/04/15	Fri 22/05/15
Energy returns	8 weeks	Mon 06/04/15	Fri 05/06/15
Waste Returns	10 weeks	Mon 06/04/15	Fri 26/06/15

Following receipt of data and confirmation all data received, the Estates & Facilities Benchmarking dashboard refresh will commence.

This involves all dashboard reports being refreshed, validated and once approved the dashboard refreshed.

## 6. Role of Lead/Deputy

The role of Lead/deputy will vary between boards, however is expected to include;

- Review, and update as necessary, the current collection, collation and submission processes for each workstream
- Ensure robust data validation undertaken before any data submitted
- Act as escalation point for any unresolved data issues within Board
- Ensure Board SFG representative kept informed on any Estates & Facilities Benchmarking data issues.

## 7. Contact details

The Estates and Facilities Programme covers 4 workstreams, with data held in 3 separate reporting systems.

Workstream	System	Contact	
Facilities Management	*Facilities Management System (FMS)	Richard McManus Gerry Smith	<a href="mailto:NSS.FMS-benchmarking@nhs.net">NSS.FMS-benchmarking@nhs.net</a> <a href="#">richard.mcmanus</a> <a href="#">gerrysmith</a>
Estates & Asset Management	Estates & Asset Management System (EAMS)	Sharon Desykes John Connolly	<a href="#">sharon.desykes</a> <a href="#">john.connolly</a>
Waste Management/ Sustainability	**Environmental Monitoring and Reporting Tool (eMART)	Doug Flint	<a href="#">dflint</a>
Energy Management	**Environmental Monitoring and Reporting Tool (eMART)	Thomas Pye Colin Clark	<a href="#">thomas.pye</a> <a href="#">colin.clarke</a>

### Other contact details

Janis Terris (Project Manager)  
Estates & Facilities mailbox  
FMS mailbox

[j.terris](#)  
[nss.efbenchmarking@nhs.net](mailto:nss.efbenchmarking@nhs.net)  
[NSS.FMS-benchmarking@nhs.net](mailto:NSS.FMS-benchmarking@nhs.net)

## 8. Extract of paper submitted to SFG – 30 April

### 1 Key Issues

#### 1 Quality and availability of Estates & Facilities Benchmarking data.

For meaningful benchmarking activity to take place, it is essential that all benchmarking data submitted is accurate, appropriate and submitted to deadlines.

All 4 Programme workstreams (Facilities, Waste Energy and Estates) have reported a number of ongoing data quality issues.

Issues include variation of interpretation of definitions, poor/varying data quality, lack of data validation before submission and late submissions of data.

The variances in data quality limit opportunities for data comparison and therefore reduce opportunities for discussions between Boards to share best practice and identify potential efficiencies.

#### 1.1 Single Accountable Health Board Contact

It is recognised that, over the 4 workstreams, there will be a number of staff involved in the collation and submission of the data, which may contribute to the issues identified.

It is proposed that all Health Board nominate a single “accountable person” to be responsible for the data submitted on behalf of the Board. Having a single point of contact will allow boards to take more ownership of the data being submitted on behalf of their Board.

#### 1.2 Workshops

The Estates & Facilities Benchmarking Programme Board has recommended running a small number of regional workshops to provide an overview of the Dashboard and reports and allow Boards to discuss any data collection/quality/definition issues being encountered.

It is proposed up to 3 regional workshops are arranged, to be attended by the Board “accountable person” along with appropriate workstreams representatives.

The purpose of the workshop is to:

1. Reiterate the aims of the Estates & Facilities Benchmarking Programme,
2. Provide overview of the dashboard to inform staff where the data they gather and submit is used
3. Facilitate discussion between Boards around issues encountered in relation to data defining, gathering, reporting and submitting.

It is envisaged the workshops will encourage joint working between the boards, In relation to this, we have compiled a list of key contacts, for each workstream, for each board to provide staff with contact details of their peers within other boards.

## 2. **Resource Implications**

Boards will be required to identify and make available

- “Accountable person” as detailed in section 4.2
- Appropriate staff to attend the workshop events.

It is anticipated that attendance will improve quality of data submissions thus allowing boards to identify options for efficiencies.

## 3. **Recommendation(s) for Decision**

The Estates and Facilities Benchmarking Programme Board asks the SFG to

- Acknowledge the issues raised in relation to data availability and quality
- Note and approve the recommendations
  - Single Accountable Health Board Contact
  - Regional Workshops

**From:** [Matthewson, Ian](#)  
**To:** [Connelly, Karen](#); [McFall, Kathy](#); [Turnpenny, Annette](#); [McCafferty, Annette](#); [McCluskey, Fiona](#); [Murray, Lorna](#); ["David.Hal \[REDACTED\]"](#); [McColl, Eleanor](#); [Greig, Mark](#); [Griffin, Heather](#); [Macleod, Mairi](#); [Murray, Kate](#); [Magee, James](#); [Powrie, Ian](#); [McGarrrity, John](#); [Kean, Gary](#); [Forsyth, Graham](#); [McSweeney, Karen](#); [Connolly, Stephen](#); [Wrath, Frances](#); [Moir, Peter](#)  
**Cc:** [Loudon, David](#); [Hirst, Allyson](#); [Frew, Shiona](#); [Craig, Carol](#)  
**Subject:** Delivery & Deployment Summary Schedule for NHS Commissioning Period - 260115 rev0.xlsx  
**Date:** 26 January 2015 13:06:52  
**Attachments:** [D&D Summary Schedule for NHS Commissioning Period - 260115 rev0.xlsx](#)  
**Importance:** High

---

All – please note the attached, which basically summarises all the D&D information that has come into me over the course of the last week or so (NB. complete with 2<sup>nd</sup> tab detailing entrance locations).

Whilst there's a lot of information contained therein, there's also info that needs to be confirmed, typically noted as TBC – please address, initially interfacing with Karen & Annette as controlling parties for entrances 'A' to 'F' inclusive (NB. see schedule notes for split).

As noted in the Project Team presentation last week, related metrics around deliveries & their deployment are generally a very good indicator of whether the NHS Commissioning works are proceeding as planned / unhindered (i.e. with deliveries typically arriving as planned / scheduled, with few surprises & minimal disruption, thus facilitating the steady progression of related works).

Any questions please call, noting it is intended that the attached summary essentially evolves with related lead parties confirming their requirements once known. That said, if related data can be confirmed, in line with programme output requirements & deadlines that would be appreciated, which should come to me once agreed with Karen Connelly & Annette Turnpenny relative to your particular day-to-day requirements.

Regards,

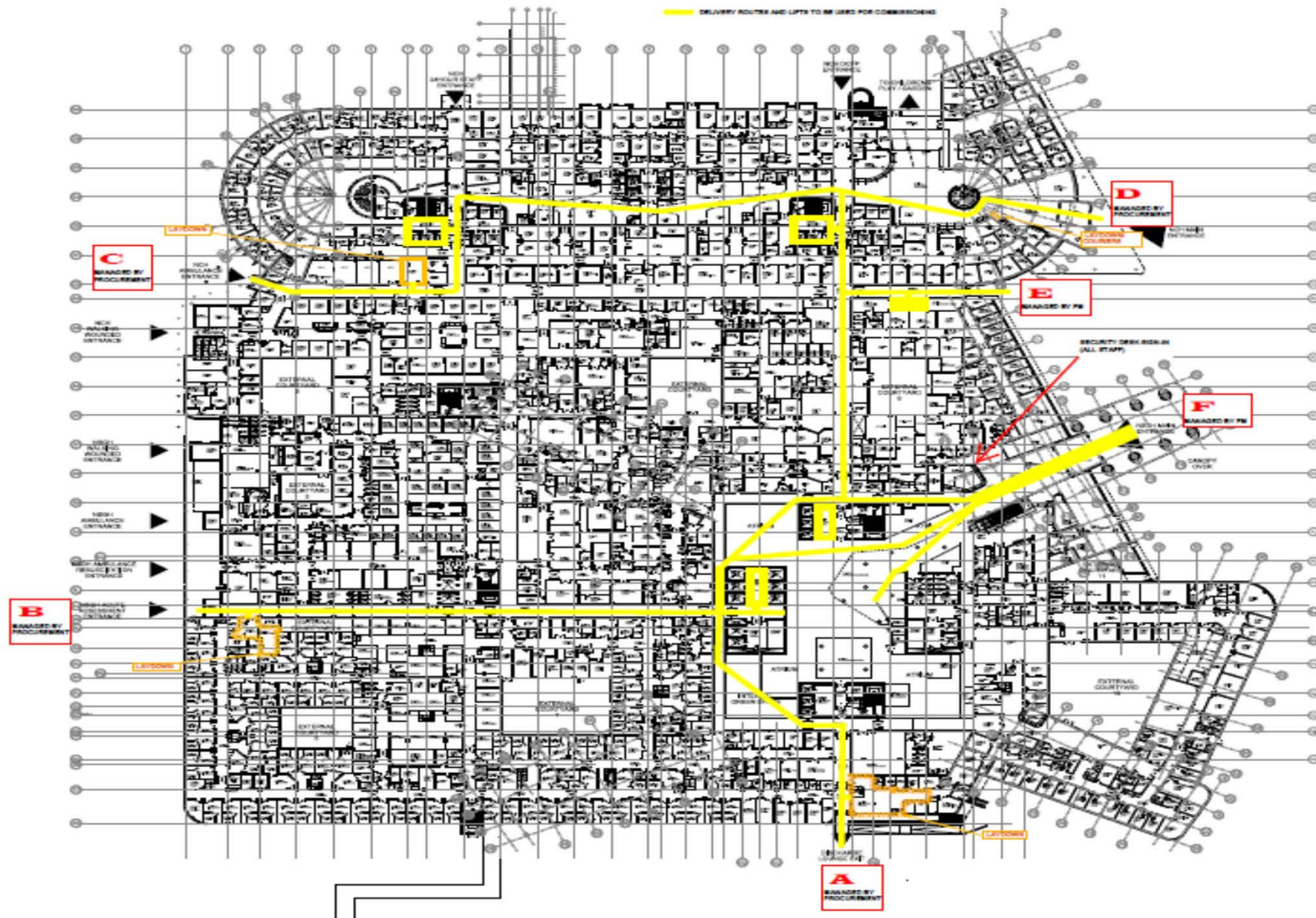
Ian

**Ian Matthewson - Senior Project Planner**  
 New South Glasgow Hospitals' Project  
 NHS Project Office, Top Floor, Modular Office Block  
 Construction Site on SGH Campus  
 Hardgate Road, Glasgow, G51 4SX

[REDACTED]

Item #	NHS Lead / Control Party(s)	Work Area / Activity	Delivery Description	Deployed straight to installation location or stored temporarily (Yes / No)?	If No - confirm temporary storage location?	Delivery Entrance(s) Point(s)	NHS Entrance Control Parties (see note 1)	Lift Utilisation?	Start Date for Deliveries	End Date for Deliveries	Daily or Intermittent deliveries?	Running daily slot to be allocated (Yes / No)?	Comments
1	KC	Brookfield's ongoing activities	Related to ongoing snagging / outstanding / additional works	TBC	TBC	TBC	KC & ACT	TBC	26/01/2015	TBC	Daily	Yes	
2	KMcF	AV Installation Works (i.e. new & existing transfer)	Delivery & deployment of AV installation materials	No	Location TBA on 3rd Floor Adults (KMcF / KC)	TBC	KC & ACT	Yes / TBA	16/02/2015	27/03/2015	Intermittent	No	KMcF planning pre-meeting early Feb with installation parties
3	AMcC	Cleaning Equipment	Delivery & deployment of new & existing cleaning equipment	Yes	N/A	TBC	KC & ACT	Yes / TBA	TBC	TBC	Intermittent	No	
4	FMcC	Dispensers	Delivery and deployment of	No	TBC	A & B	KC & ACT	Yes / TBA	TBC	TBC	Intermittent	No	Entrance 'A' for Johnson Diversey products & 'B' for Kimberley Clark products
5	FMcC	Additional Signage	Additional NHS signage (e.g. Dementia)	No	TBC	A	KC & ACT	Yes / TBA	TBC	TBC	Intermittent	No	
6	ACT	Pre-equipping	Various pre-equipping deliveries to be managed by Procurement	Yes	N/A	TBC	KC & ACT	TBC	02/02/2015	23/04/2015	Daily	Yes	
7	LM	Fire Extinguishers	NHS Fire Extinguishers	No	TBA	TBC	KC & ACT	Yes / TBA	TBC	TBC	Intermittent	No	Initial 100 to be delivered 26/01/2015 in readiness for handover + project team / office migration
8	DH	Getinge	Additional works (e.g. Plasterboard wall, etc) to level 2 Endoscopy Decontamination area	Yes	N/A	C	KC & ACT	Lift Core 'H'	29/01/2015	TBC	Intermittent	No	Special delivery of 6 Endoscopy Decontamination Washers (3 hours slot agreed KC/DH) - 04/02/2015
9	EMcC & MG	HI&T	Various (e.g. Monitors, printers, etc)	No	Agreed basement store room (ref. KC/MG)	E	KC & ACT	Allocated Bed Lifts TBC (KC/MG)	02/02/2015	27/03/2015	Daily	Yes	
10	HG & MMacL	Legacy Artwork	Handful of paintings	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
11	HG & MMacL	New Artwork	Various new artwork items	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
12	KM & JM	Linen Laundry	Linen laundry for the new hospital	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
13	IP	Patient Entertainment System	Patient entertainment equipment (e.g. TV's, etc)	No	Equipment / Library / Store Room FM3-006 as agreed KC/IP	D	KC & ACT	Lift Core 'C'	02/02/2015	27/03/2015	Intermittent	No	
14	JMcG	Patient Monitoring System	Patient monitoring installation equipment	TBC	TBC	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
15	GK	Pre-stocking	Various pre-stocking requirements	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
16	GF	Retail Fit-out	Retail fit-out materials	Yes	N/A	Various	KC & ACT	Not anticipated as all works is at GFL	TBC	TBC	Intermittent	No	Multiple locations, all of which are at ground floor level with some large pieces of kit at times (e.g. Roller shutters, etc)
17	KC	Washers & Driers	New washers & driers	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
18	KC	Disposal Curtains	Installation of disposal curtains	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
19	JMcG	Helipad Commissioning Works	TBA if applicable	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
20	FMcC	Locks to drugs cupboards	Additional locks as noted	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
21	KMcS	Telecomms Installation Works	Deliveries associated with NHS Telecomms	No	Agreed basement store room, tied in with HI&T (ref. KC/SC/MG)	TBC	KC & ACT	TBC	TBC	TBC	Daily	Yes	
22	ACT	Early Moves by BMG	Early migration of related depts. etc.	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
23	FW	Pharmacy installation works	Installation of robotics & the likes	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
24	PM	Medicinema	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
25	MMacL	Science Centre Project Enhancements	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
26	MMacL	Schiehallion Projects	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
27	MMacL	TCT Project Installations	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
28	MMacL	Retail Unit (NB. tied in with GF's retail fit-out PM remit)	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
29	MMacL	Child Protection Enhancements	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
30	MMacL	MRI Scanner Enhancements	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
31	MMacL	Sensory Rooms Fit-out	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
32	MMacL	Family Information Centre	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
33	MMacL	PICU Enhancements	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
34	MMacL	Radio Lollipop Enhancements	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
35	MMacL	Parent Beds Installed	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
36	MMacL	DCFP to Ward 4	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
37	HG	Ward 4B - 'Potential' Enhancement Works for related Oncology Ward	Materials associated with noted NHS enhancement works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
38	FW/JMcG	Integrated Theatres Installation (NB. Awaiting confirmation from Yorkhill Charity) - indicative date / period shown	Materials associated with noted NHS 'other' works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
39	FW/JMcG	Additional Fittings for Adult & Children's Pendants - indicative date / period shown	Materials associated with noted NHS 'other' works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
40	FW/JMcG	Nuc. Med. - Drainage Access (ref. Radiation Decay Testing) - indicative date / period shown	Materials associated with noted NHS 'other' works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
41	IP	SAS Fixed Station Installations (Adult, NCH & Helipad) - indicative date / period shown	Materials associated with noted NHS 'other' works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
42	IP	Statutory Inspections (e.g. Ceiling Mounted Patient Lifting Equipment) - indicative date & period shown, intermittent process	Materials associated with noted NHS 'other' works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
43	IP	Estates Workshop Fit-out	Materials associated with noted NHS 'other' works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
44	IP	Estates TMT Service / Test Bay Fit-out	Materials associated with noted NHS 'other' works	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	
45	As Allocated	NHS Specialist Commissioning Operations	Materials associated with noted activity (e.g. Renal Commissioning, etc)	Yes	N/A	TBC	KC & ACT	TBC	TBC	TBC	Intermittent	No	

- Notes:**
- Entrances E & F are directly controlled by KC, with A, B, C & D by ACT (NB. booking of delivery slots are to be agreed directly with noted parties relative to what entrance is intended to be utilised)
  - Intermittent deliveries are typically either one offs or sporadic in nature
  - Daily delivers typically have an agreed daily time slot with KC / FM
  - Information noted herein is essentially a summary of each noted activity's previously developed D&D summary overview
  - Information is to be looked at in conjunction with Phase 2 Close-out / NHS Commissioning Period Programme
  - Deliveries that are not scheduled and consequently arrive unannounced will likely have to be turned away and as such must be avoided / managed accordingly by respective lead parties as noted, typically in conjunction with KC & ACT





**From:** [Matthewson, Ian](#)  
**To:** [Macleod, Mairi](#); [Griffin, Heather](#); [Loudon, David](#); ["David.Hal \[REDACTED\]"](#); [Beattie, Gordon](#); [Moir, Peter](#); [Connelly, Karen](#); [McCluskey, Fiona](#); [Wrath, Frances](#); [McColl, Eleanor](#); [Greig, Mark](#); [Campbell, Margaret](#); [Powrie, Ian](#); [McSweeney, Karen](#); [Connolly, Stephen](#); [Turnpenny, Annette](#); [Macdonald, David](#); [Murray, Kate](#); [Magee, James](#); [McGarrity, John](#); [Forsyth, Graham](#); [MacDonald, Marion](#); [Hunter, William](#); [Johnston, Sally](#); [Kean, Gary](#); [McFall, Kathy](#); [Rankin, Linden](#); [McCafferty, Annette](#); [Wright, John](#); [Stewart, Alan](#); [Machell, Mandy](#); [Morrison, Lynn](#); [Young, Scott](#); [Horne, Marilyn](#); [Munday, Angela](#); [Murray, Kate](#); [Owners, Service Transfer](#); [Peebles, Lorraine](#); [McAllister, Linda](#); [Murray, Lorna](#); [Sommerville, Eleanor](#)  
**Cc:** ["Douglas Ross \[REDACTED\]"](#); [Hirst, Allyson](#); [Frew, Shiona](#); [Craig, Carol](#); [Cavanagh, Joyce](#)  
**Subject:** RE: NSGH Phase 1 Close-out Programme detailing final progress update as of 26/01/2015  
**Date:** 26 January 2015 14:07:19  
**Attachments:** [050115 NSGH Phase 1 Close-out Programme v2 final update 260115.pdf](#)

---

All – please find attached final progress update for Phase 1 Close-out programme.

This programme will now effectively fall away, with Phase 2 Close-out programme being thereafter worked to / monitored / reported against thereafter.

Overall, progress has been good, with solid progress from a prep-work perspective having been done over the last few weeks, which should put related following-on NHS commissioning activities in a good place to.

An updated Phase 2 / NHS Commissioning Period Programme will be issued shortly – I’ve basically held off on same as I received a lot of detailed info of late that needs to be apprised and scheduled. That said I’m aiming to issue by mid-week.

Regards,

Ian

**Ian Matthewson - Senior Project Planner**

New South Glasgow Hospitals' Project  
 NHS Project Office, Top Floor, Modular Office Block  
 Construction Site on SGH Campus  
 Hardgate Road, Glasgow, G51 4SX

---

**From:** Matthewson, Ian  
**Sent:** 19 January 2015 10:18  
**To:** [Macleod, Mairi](#); [Griffin, Heather](#); [Loudon, David](#); ["David.Hal \[REDACTED\]"](#); [Beattie, Gordon](#); [Moir, Peter](#); [Connelly, Karen](#); [McCluskey, Fiona](#); [Wrath, Frances](#); [McColl, Eleanor](#); [Greig, Mark](#); [Campbell, Margaret](#); [Powrie, Ian](#); [McSweeney, Karen](#); [Connolly, Stephen](#); [Turnpenny, Annette](#); [Macdonald, David](#); [Murray, Kate](#); [Magee, James](#); [McGarrity, John](#); [Forsyth, Graham](#); [MacDonald, Marion](#); [Hunter, William](#); [Johnston, Sally](#); [Kean, Gary](#); [McFall, Kathy](#); [Rankin, Linden](#); [McCafferty, Annette](#); [Wright, John](#); [Stewart, Alan](#); [Machell, Mandy](#); [Morrison, Lynn](#); [Young, Scott](#); [Horne, Marilyn](#); [Munday, Angela](#); [Murray, Kate](#); [Owners, Service Transfer](#); [Peebles, Lorraine](#); [McAllister, Linda](#); [Murray, Lorna](#); [Sommerville, Eleanor](#)  
**Cc:** ["Douglas Ross \(douglas.ross \[REDACTED\]\)"](#); [Hirst, Allyson](#); [Frew, Shiona](#); [Craig, Carol](#); [Cavanagh, Joyce](#)  
**Subject:** NSGH Phase 1 Close-out Programme detailing progress update as of 19/01/2015  
**Importance:** High

All – please note attached Phase 1 close-out update, which is current as of today’s date.

Noted percentages are again in line with various discussions I’ve had with you all, as well as what



I've gleaned from observation over the course of the last week.

Generally things are 'OK' but with a niggling underlying trend for activities to get to a point nearing completion but not actually being closed out (e.g. the dreaded 90 / 95 percents). Whilst this it's not disastrous, from a resource management / workload perspective, it typically leads to a 'stacking effect', where not one isolated activity is a problem in its own right but in overall terms, essentially when considered alongside all other activities, has the 'increasing' potential to become a problem over time. That said, and I very much appreciate this is difficult to manage in practice, I would strongly recommend that where practical to do so as much as possible is closed out by controlling parties, even if it means it's not 'perfect' but fundamentally is adequate to close out and move on.

Overridingly, this week is all about the imminent handover date (26/1/15) & associated NHS / Project Team mobilisation prep-work (e.g. inductions & orientations, moving to new P/O set-up, processing of risk assessments, finalising of delivery & deployment requirements, etc, etc), all tied in with what is agreed with Brookfield in terms of agreed snagging works, outstanding works and additional works (NB. inclusive of agreed timescales).

Alongside the above, keep an eye on those 'barometer' activities I've noted previously (e.g. HI&T, Telecomms, Equipping, Early Moves & BMG, Group 5, Clinical Cleaning, pre-stocking, etc – ref. programme 'flow' document circulated last week), noting that these are typically 'black & white / point and shoot activities' that can either progress or not (not much grey). If it's the latter, overall progress tends to be adversely affected, characterised by work progressing all over the place but not actually being finished; however, if it's the former, things tend to be moving well and in accordance with programme requirements, work is being completed with areas being closed down and moving to operational / live status. Needless to say, from a monitoring perspective, I will be looking very closely at said barometer activities.

I'm now directing my attention to drafting and finalising the Phase 2 Close-out Programme (ref. NHS Commissioning Period), which I'll complete and circulate at the end of this week (latest), essentially in readiness for handover on 26/1/15.

As ever, any questions please don't hesitate to give me a call.

Regards,

Ian

**Ian Matthewson - Senior Project Planner**

New South Glasgow Hospitals' Project  
NHS Project Office, Top Floor, Modular Office Block  
Construction Site on SGH Campus  
Hardgate Road, Glasgow, G51 4SX

---

**From:** Matthewson, Ian

**Sent:** 12 January 2015 10:26

**To:** Macleod, Mairi; Griffin, Heather; Loudon, David; 'David.Hall'; Beattie, Gordon; Moir, Peter; Connelly, Karen; McCluskey, Fiona; Wrath, Frances; McColl, Eleanor; Greig, Mark; Campbell, Margaret; Powrie, Ian; McSweeney, Karen; Connolly, Stephen; Turnpenny, Annette;

Macdonald, David; Murray, Kate; Magee, James; McGarrity, John; Forsyth, Graham; MacDonald, Marion; Hunter, William; Johnston, Sally; Kean, Gary; McFall, Kathy; Rankin, Linden; McCafferty, Annette; Wright, John; Stewart, Alan; Machell, Mandy; Morrison, Lynn; Young, Scott; Horne, Marilyn; Munday, Angela; Murray, Kate; Owners, Service Transfer; Peebles, Lorraine; McAllister, Linda; Murray, Lorna; Sommerville, Eleanor

**Cc:** 'Douglas Ross [REDACTED]'; Hirst, Allyson; Frew, Shiona; Craig, Carol; Cavanagh, Joyce

**Subject:** RE: NSGH Phase 1 Close-out Programme detailing progress update as of 12/01/2015

**Importance:** High

All – please note the attached, which details progress as of today's date.

Noted progress percentages are in line with various discussions & feedback gleaned over the course of the last week. That said, if there are any percentages you feel (relative to your respective remits) are incorrect please advise and I'll correct accordingly.

Next update will follow a week today – I'll obviously be in touch with you all through the course of this week to develop related activities, as well as track progress.

Regards,

Ian

**Ian Matthewson - Senior Project Planner**

New South Glasgow Hospitals' Project

NHS Project Office, Top Floor, Modular Office Block

Construction Site on SGH Campus

Hardgate Road, Glasgow, G51 4SX

---

**From:** Matthewson, Ian

**Sent:** 05 January 2015 17:00

**To:** Macleod, Mairi; Griffin, Heather; Loudon, David; 'David.Hall [REDACTED]'; Beattie, Gordon; Moir, Peter; Connelly, Karen; McCluskey, Fiona; Wrath, Frances; McColl, Eleanor; Greig, Mark; Campbell, Margaret; Powrie, Ian; McSweeney, Karen; Connolly, Stephen; Turnpenny, Annette; Macdonald, David; Murray, Kate; Magee, James; McGarrity, John; Forsyth, Graham; MacDonald, Marion; Hunter, William; Johnston, Sally; Kean, Gary; McFall, Kathy; Rankin, Linden; McCafferty, Annette; Wright, John; Stewart, Alan; Machell, Mandy; Morrison, Lynn; Young, Scott; Horne, Marilyn; Munday, Angela; Murray, Kate; Owners, Service Transfer; Peebles, Lorraine; McAllister, Linda

**Cc:** 'Douglas Ross [REDACTED]'; Hirst, Allyson; Frew, Shiona; Craig, Carol

**Subject:** NSGH Phase 1 Close-out Programme

**Importance:** High

All,

Please find attached for your attention a copy of the signed off Phase 1 Close-out Programme (i.e. from 8/12/14 to handover), complete with supportive narrative.

Any questions, please don't hesitate to give me a call, noting I'll be in touch with the vast majority of you over the course of the next few days / weeks to develop noted sub-primary activities as detailed.

Regards,

Ian

**Ian Matthewson - Senior Project Planner**

New South Glasgow Hospitals' Project  
NHS Project Office, Top Floor, Modular Office Block  
Construction Site on SGH Campus  
Hardgate Road, Glasgow, G51 4SX



[illegible]

S11 Phase 1 Close-out Programme up to handover date - 26th January 2015									Signed off / 'Work to' Programme - Progress Update 26/01/2015																											
ID	Task Name	Resource Names	Duration	Start	Finish	Actual Start	% Complete	Actual Finish																												
102	Finalise the appointment of relevant contractors (if applicable), inclusive of scope / programme / attendances / etc.	FW+HG+MMaCL	20 days	Mon 05/01/15	Fri 30/01/15	Mon 05/01/15	70%	NA																												
103	Circulate / communicate to relevant parties	FW+HG+MMaCL	9 days	Mon 26/01/15	Thu 05/02/15	NA	0%	NA																												
104	Helipad Requirements Pre-Handover & in readiness for commissioning & migration periods	*JM	36 days	Mon 08/12/14	Fri 30/01/15	Mon 08/12/14	88%	NA																												
105	Finalise requirements, inclusive of formal sign-off & approvals	JM	13 days	Mon 08/12/14	Wed 24/12/14	Mon 08/12/14	91%	NA																												
106	Ensure all pre / outstanding building works are addressed (e.g., flight lighting, fire fighting, etc)	JM	31 days	Mon 08/12/14	Fri 23/01/15	Mon 08/12/14	95%	NA																												
107	Finalise appointment(s) of relevant testing & commissioning specialist parties & companies	JM	20 days	Mon 05/01/15	Fri 30/01/15	Mon 05/01/15	75%	NA																												
108	Hospital Fire Officer's Requirements	*KC+*MM	26 days	Mon 08/12/14	Fri 16/01/15	Mon 08/12/14	94%	NA																												
109	Finalise Fire Officer's requirements, inclusive of testing / sequencing / access / relevant parties / etc	MM,LM	19.95 days	Mon 08/12/14	Fri 09/01/15	Mon 08/12/14	96%	NA																												
110	Sign-off with & circulate to relevant parties (NB. strong interface with NHS Commissioning)	MM,LM	5 days	Mon 12/01/15	Fri 16/01/15	Mon 12/01/15	85%	NA																												
111	FM Helipadsk	*KC	31 days	Mon 08/12/14	Fri 23/01/15	Mon 08/12/14	93%	NA																												
112	Establish requirements from start of handover date	BH	26 days	Mon 08/12/14	Fri 16/01/15	Mon 08/12/14	100%	Fri 16/01/15																												
113	Further advance related details for comment and approval by relevant parties	BH	10 days	Mon 05/01/15	Fri 16/01/15	Mon 05/01/15	95%	NA																												
114	Incorporate comments and confirm agreed finalised requirements with relevant parties	BH	10 days	Mon 12/01/15	Mon 12/01/15	75%	NA																													
115	Training (e.g. AGV's / Service Yard) & Familiarisation of Equipment, Systems, etc	*KC+*IP+*AT+*STO's	51 days	Mon 15/12/14	Fri 27/02/15	Mon 15/12/14	42%	NA																												
116	Finalise requirements for training & familiarisation of equipment, systems, etc.	All Leads	21 days	Mon 15/12/14	Fri 16/01/15	Mon 15/12/14	90%	NA																												
117	Circulate for final sign-off / agreement with relevant parties	All Leads	10 days	Mon 19/01/15	Fri 30/01/15	Mon 19/01/15	25%	NA																												
118	Development detailed programme for all agreed training & familiarisation requirements, inclusive of specific timing	All Leads+IM	20 days	Mon 02/02/15	Fri 27/02/15	NA	0%	NA																												
119	Emergency Scenario / Disaster Planning Requirements & Exercises	*SJ+*FMcC	36 days	Mon 08/12/14	Fri 30/01/15	Mon 08/12/14	77%	NA																												
120	Agree / draft specifics and associated timing in terms of related exercises, timing, resources, protocols, etc.	SJ+FMcC	13 days	Mon 08/12/14	Wed 24/12/14	Mon 08/12/14	95%	NA																												
121	Circulate details to relevant parties for comment	SJ+FMcC+IM	10 days	Mon 05/01/15	Fri 16/01/15	Mon 05/01/15	80%	NA																												
122	Finalise details & formally programme / issue for implementation	SJ+FMcC+IM	10 days	Mon 19/01/15	Fri 30/01/15	Mon 19/01/15	50%	NA																												
123	DDA (Dementia) Signage by the hospital / NHS (i.e. not Brookfield Multiplex)	*PM+*FMcC	36.75 days	Mon 08/12/14	Mon 02/02/15	Mon 08/12/14	85%	NA																												
124	Finalise list / procurement of DDA (Dementia) signage to be installed directly by NHS	PM+FMcC	13 days	Mon 08/12/14	Wed 24/12/14	Mon 08/12/14	100%	Wed 24/12/14																												
125	Finalise appointment of installation contractor(s) if / where applicable	PM+FMcC	21 days	Mon 15/12/14	Fri 16/01/15	Mon 15/12/14	95%	NA																												
126	Compile a programme of works schedule detailing a logical progression through the hospital for related works	FMcC + IM	15 days	Mon 05/01/15	Mon 26/01/15	Mon 05/01/15	85%	NA																												
127	Communicate related information to all relevant parties	FMcC + KC + IM	5 days	Mon 26/01/15	Mon 02/02/15	NA	0%	NA																												
128	Waste Management Protocols between handover & start of migration period	*KC+*JM	31 days	Mon 15/12/14	Fri 30/01/15	Mon 15/12/14	84%	NA																												
129	Finalise NHS waste management protocols that will be in operation between noted period	JM	26 days	Mon 15/12/14	Fri 23/01/15	Mon 15/12/14	100%	Fri 23/01/15																												
130	Identify & Circulate related details to relevant parties	JM+IM	5 days	Mon 26/01/15	Fri 30/01/15	NA	0%	NA																												
131	Site Visit Requirements between handover & start of migration period	*HG+*MMaCL	25 days	Mon 05/01/15	Fri 06/02/15	Mon 05/01/15	45%	NA																												
132	Finalise internal site visit requirements between noted period (i.e. dates, parties, relevance, etc)	HG+MMaCL	15 days	Mon 05/01/15	Fri 23/01/15	Mon 05/01/15	75%	NA																												
133	Circulate & communicate internal site visit requirements to relevant parties	HG+MMaCL+IM	10 days	Mon 26/01/15	Fri 06/02/15	NA	0%	NA																												
134	Finalise external site visit requirements between noted period (i.e. dates, parties, relevance, etc)	HG+MMaCL	15 days	Mon 05/01/15	Fri 23/01/15	Mon 05/01/15	75%	NA																												
135	Circulate & communicate external site visit requirements to relevant parties	HG+MMaCL+IM	10 days	Mon 26/01/15	Fri 06/02/15	NA	0%	NA																												
136	Establish Mock Appointment requirements between handover & start of migration period	*FMcC	46 days	Mon 15/12/14	Fri 20/02/15	Mon 15/12/14	42%	NA																												
137	Draft mock appointment requirements and circulate to all relevant parties for comment	FMcC	26 days	Mon 15/12/14	Fri 23/01/15	Mon 15/12/14	75%	NA																												
138	Finalise mock appointment requirements in line with agreed requirements & feedback comments	FMcC + IM	15 days	Mon 26/01/15	Fri 13/02/15	NA	0%	NA																												
139	Circulate & communicate related information to relevant parties	FMcC + IM	5 days	Mon 16/02/15	Fri 20/02/15	NA	0%	NA																												
140	Establish full extent of Pre-Stocking requirements between handover & start of migration period	*GK	41 days	Mon 15/12/14	Fri 13/02/15	Mon 15/12/14	47%	NA																												
141	Draft pre-stocking plan for noted period	GK	21 days	Mon 15/12/14	Fri 16/01/15	Mon 15/12/14	80%	NA																												
142	Identify & Circulate to relevant parties for comment and agreement	GK+IM	10 days	Mon 19/01/15	Fri 30/01/15	Mon 19/01/15	25%	NA																												
143	Finalise pre-stocking plan for implementation with relevant parties	GK+IM	10 days	Mon 02/02/15	Fri 13/02/15	NA	0%	NA																												
144	Establish requirements for familiarisation of external bodies between handover & start of migration period	*KC+*IP	41 days	Mon 15/12/14	Fri 13/02/15	Mon 15/12/14	46%	NA																												
145	Identify parties applicable to this requirement (e.g. fire service, police, etc)	KC+IP	8 days	Mon 15/12/14	Wed 24/12/14	Mon 15/12/14	95%	NA																												
146	Meet with related parties to agree requirements, interfaces, resources, protocols, etc.	KC+IP	10 days	Mon 05/01/15	Fri 16/01/15	Mon 05/01/15	75%	NA																												
147	Draft related plan and circulate for comment / agreement with relevant parties	KC+IP+IM	15 days	Mon 12/01/15	Fri 30/01/15	Mon 12/01/15	30%	NA																												
148	Finalise related plan in line with received comments and agreed requirements / interfaces / dates / etc.	KC+IP+IM	10 days	Mon 02/02/15	Fri 13/02/15	NA	0%	NA																												
149	Establish requirements for installation of patient monitoring system from handover & start of migration period	*JMcG	36 days	Mon 15/12/14	Fri 06/02/15	Mon 15/12/14	44%	NA																												
150	Draft related requirements for noted period & circulate for comment by relevant parties	JMcG	21 days	Mon 15/12/14	Fri 16/01/15	Mon 15/12/14	75%	NA																												
151	Finalise related requirements in line with comments received and agreed way forward for noted period	JMcG	10 days	Mon 19/01/15	Fri 30/01/15	Mon 19/01/15	10%	NA																												
152	Circulate & communicate finalised information / plan with relevant parties	JMcG+IM	5 days	Mon 02/02/15	Fri 06/02/15	NA	0%	NA																												
153	If applicable, appoint supply chain / installation party for noted works	JMcG+FW	25 days	Mon 05/01/15	Fri 06/02/15	Mon 05/01/15	40%	NA																												
154	Management of 'Other / Miscellaneous' Works during NHS Commissioning Period	*IP/JMcG/FW	35 days	Mon 05/01/15	Fri 20/02/15	Mon 05/01/15	35%	NA																												
155	Define fully what this entails / consists of & draft up accordingly (e.g. Estates workshop fit out, etc)	IP/JMcG/FW	10 days	Mon 05/01/15	Fri 16/01/15	Mon 05/01/15	90%	NA																												
156	Appoint & coordinate relevant installation parties (i.e. in-house or otherwise)	IP/JMcG/FW	20 days	Mon 09/01/15	Fri 13/02/15	Mon 19/01/15	25%	NA																												
157	Communicate related works to relevant parties, inclusive of time frames, sequencing, interfaces, etc.	IP/JMcG/FW	25 days	Mon 19/01/15	Fri 20/02/15	Mon 19/01/15	20%	NA																												
158	Migration Period Workbooks & associated completeness / interface relative to NHS Commissioning Period	*HG+*MMaCL	93 days	Mon 08/12/14	Thu 23/04/15	Mon 08/12/14	41%	NA																												
159	Agree exact status or Migration Period Workbooks relative to NHS Commissioning Period (e.g. any dependencies, etc therein)?	HG+MMaCL+C&B	21 days	Mon 08/12/14	Fri 09/01/15	Mon 08/12/14	96%	NA																												
160	Away from the above, ensure all information that affects the NHS Commissioning Period is clearly understood & in place	HG+MMaCL+C&B	26 days	Mon 15/12/14	Fri 23/01/15	Mon 15/12/14	85%	NA																												
161	Circulate & communicate all related information associated with the above to relevant parties	HG+MMaCL+C&B	10 days	Mon 19/01/15	Fri 30/01/15	Mon 19/01/15	50%	NA																												
162	Finalise Migration Workbooks (NB. Indicative period given / will be addressed in accordance with C&B's appointment)	HG+MMaCL+C&B	57 days	Mon 02/02/15	Thu 23/04/15	NA	0%	NA																												
163	Pre-work & Planning for the Establishment of 'Base Camp' once the NSGH is handed over	*HG	15 days	Mon 05/01/15	Fri 23/01/15	Mon 05/01/15	75%	NA																												
164	Define fully what this entails / consists of & draft up details accordingly	HG+KC	10 days	Mon 05/01/15	Fri 16/01/15	Mon 05/01/15	100%	Fri 16/01/15																												
165	Communicate to relevant parties & mobilise in line with agree requirements	HG	5 days	Mon 19/01/15	Fri 23/01/15	Mon 19/01/15	25%	NA																												
166	Phase 2 of NHS Close-out Programme for NSGH:	*DL*/PM	62 days	Mon 26/01/15	Thu 23/04/15	NA	0%	NA																												
167	NHS 12 Week Commissioning Programme Period (i.e. starting 26/1/15 & ending 23/4/15)	*KC	62 days	Mon 26/01/15	Thu 23/04/15	NA	0%	NA																												
168	Update of related activities TBC shortly by Ian Mathewson / Senior Project Planner	IM	62 days	Mon 26/01/15	Thu 23/04/15	NA	0%	NA																												
169	Phase 3 of NHS Close-out Programme for NSGH:	*DL*/PM	46 days	Fri 24/04/15	Tue 30/06/15	NA	0%	NA																												
170	NHS 16 Week Clinical Migration Period (i.e. starting 24/4/15 & ending 30/6/15)	*FMcC	46 days	Fri 24/04/15	Tue 30/06/15	NA	0%	NA																												
171	Update of related activities TBC shortly by Ian Mathewson / Senior Project Planner	IM	46 days	Fri 24/04/15	Tue 30/06/15	NA	0%	NA																												
172	Phase 4 of NHS Close-out Programme for NSGH:	*DL*/PM	169 days	Mon 02/02/15	Wed 30/09/15	NA	0%	NA																												
173	Decommissioning of Existing Equipment & Existing Southern General Hospital Site (NB. overall duration TBC)	*MC	169 days	Mon 02/02/15	Wed 30/09/15	NA	0%	NA																												
174	Update of related activities TBC shortly by Ian Mathewson / Senior Project Planner (NB. ""noted duration is currently purely indicative"" )	IM	169 days	Mon 02/02/15	Wed 30/09/15	NA	0%	NA																												



**From:** [McNeil, Elaine](#)  
**To:** [Boyd, Moira](#); [Cleaver, Don](#); [Forsyth, Ewen](#); [Fulton, Tom](#); [Gallacher, Alan](#); [Hunter, William](#); [Kane, Mary Anne](#); [Maclean, Alistair](#); [McFadden, Jim](#); [McIlwee, Joseph](#); [McIntyre, Hazel](#); [Mclean, Ken](#); [Menzies, John](#); [Pace, David](#); [Powrie, Ian](#); [Wallace, Stephen](#)  
**Cc:** [Matheson, Fiona](#); [Gardner, Andrew](#); [McPhail, Pamela](#); [Hagan, Cathy](#); [Speirs, Karen](#); [Cochrane, Margaret](#)  
**Subject:** Estates SMT Group Meeting 19 May 2015  
**Date:** 15 May 2015 14:34:28  
**Attachments:** [Agenda 19 05 15.doc](#)  
[Minutes 17 03 15.doc](#)  
[Estates SMT Rolling Action List Updated March 2015.doc](#)  
**Importance:** High

---


Dear Colleagues

I have attached the agenda and previous minutes for the meeting scheduled for Tuesday 19 May 2015 at 1.00pm, Meeting Room LO/A/010, Ground Floor, New Labs Building, SGUH.

Regards

*Elaine McNeil*

Facilities Department  
PA/Administrative Officer to Billy Hunter General Manager - Facilities, Clyde & South Sector &  
Alan Gallacher, Sector Estates Manager, Clyde Sector  
1<sup>st</sup> Floor Estates Building  
Royal Alexandra Hospital  
Corsebar Road  
Paisley  
PA2 9PN



**Estates Senior Management Team (SMT) Meeting  
Tuesday 19<sup>th</sup> May 2015 at 1.00pm  
Meeting Room LO/A/010, Ground Floor, New Labs Building, Southern  
General Hospital**

**AGENDA**

- |     |  |                                   |
|-----|--|-----------------------------------|
| 1.  | Apologies                                    |                                   |
| 2.  | Minute of Previous Meeting (17 March 2015)   |                                   |
| 3.  | Matters Arising/Rolling Actions              |                                   |
| 4.  | Procurement Update                           | Ewen Forsyth                      |
| 5.  | Confined Spaces Update                       | Andrew Hamilton                   |
| 6.  | Water Safety                                 | Alan Gallacher/<br>Mary Anne Kane |
| 7.  | HAI SCRIBE SPE Risk Assessment Update        | Billy Hunter                      |
| 8.  | HAI SCRIBE Annual Update                     | Mary Anne Kane                    |
| 9.  | EAMS High Risk Mitigation Strategies         | Mary Anne Kane                    |
| 10. | Health & Safety Climate Change Tool Progress | Joe McIlwee                       |
| 11. | ALS Update                                   | Joe McIlwee                       |
| 12. | NewSGH Organisational Change Update          | Mary Anne Kane                    |
| 13. | AOCB   |                                   |
| 14. | Date & Time of Next Meeting                  |                                   |

**Tuesday 14<sup>th</sup> July 2015 at 1.00pm in Meeting Room LO/A/0009, Ground Floor, New Labs  
Building, Southern General Hospital**

**Facilities Directorate**  
**Estates Senior Management Team (SMT) Meeting**  
**Tuesday 17<sup>th</sup> March 2015**  
**Facilities Meeting Room 5, New Labs Building, Southern General Hospital**

**Present:**

Billy Hunter (Chair) (BH)	–	General Manager, South & Clyde
Moir Boyd (MB)	–	Asbestos Manager
Don Cleaver (DC)	–	Senior Estates Manager, West
Ewen Forsyth (EF)	–	Commodity Manager
Tom Fulton (TF)	–	Site Estates Manager, GRI
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
Andrew Hamilton (AH)	–	Estates Manager, Decontamination
Alistair MacLean (AMacL)	–	General Manager, North East & West
Jim McFadden (JMcfF)	–	Sector Estates Manager, South
Joe McIlwee (JMcl)	–	Technical Support Office, Facilities
David Pace (DJP)	–	General Manager, Partnerships
Stephen Wallace (SW)	–	Head of HR, Facilities

**Apologies:**

Mary Anne Kane (MAK)	–	Interim Director of Facilities
Ken McLean (KMcl)	–	Sector Estates Manager, Partnerships

**1. Apologies** **Action**

As noted above.

**2. Minute of Previous Meeting (27 January 2015)**

Minute not available for comment.

**3. Matters Arising/Rolling Actions**

The minute was agreed as an accurate record.

**4. Procurement Update**

EF tabled reports and provided group members with an update as follows:

**Emergency & Out of Hours Purchase Orders**

A meeting has been arranged for 20 April 2015 with Don Cleaver, Tom Fulton and Purchasing & Procurement staff to formalise the process.

An interim procedure has been put in place, pending the outcome from this meeting. Please refer to the attached memo which was distributed at the meeting.

Once the process has been formalised information will be circulated by Purchasing/Estates Procurement.

**Estates Procurement Framework**

General progress is being made on Electrical, Joinery, Plumbing and other frameworks. However, progress has been slow on concluding specifications and moving towards the ITT stage, due to Estates personnel being unavailable in the lead up to year end. It is anticipated that this situation will improve in the new financial year as TUG members become available again. Please refer to the attached tracker for an update.

**Asbestos Surveying & Analytical**

A mutual termination is being worked on with the 4th asbestos Surveying & Analytical framework contractor, due to non-performance. AG sought clarification if the Contractor will be replaced. MB & EF are meeting with the remaining 3 contractors to discuss the volume of work to process. MB noted the amount of time to undertake competency checks to bring on a new contractor. If problems are arising working with the 3 contractors to inform MB in the first instance. It is therefore anticipated that we will proceed with 3

**MB/EF**



contractors.

AG requested that a framework for grounds maintenance for the winter months to accelerate e.g. gritting etc. AG noted the specification is required for the asset management, to be forwarded to EF to undertake for the South & Clyde Sector. There is currently an issue with FMFirst in the South Sector with up to date assets to be populated first. Currie & Brown have previously undertaken a piece of work.

EF

AG

## 5. Asbestos Management Update

MB provided group members with an update as follows:

There are currently

- 167 Management surveys underway at present
- 136 Refurbishment surveys underway at present
- 41 Re-inspections
- 5 Demolition
- Within Shine there are
- 82 reports awaiting review
- 68 planning documents awaiting review
- 27 pre start documents awaiting review
- 0 work instructions requiring creation of projects
- 192 completion documents awaiting review
- From end of March Shine will be rolled out to the sites. This is being completed in tandem with the survey information becoming available.
- Passwords will be issued to all sites for the Shine database. The RAH and IRH are currently being input
- Management re-inspection surveys are underway at SGH, Western and Yorkhill.
- Restricted access lists circulated on a regular basis.
- Seconded will cease at the end of March 2015. Interviews will be held on 19 March 2015, 8 applications has been received, 4 individuals have been short listed.
- Asbestos awareness session dates have been circulated.
- Funding has been granted for the SGH demolitions a seconded project manager will be put in place to deal with the demolitions.
- MB noted the recent incident at GGH, a robust process is in place.
- Need to agree site access and logons with agreement on access availability for Shine

AG sought clarification on Greenock and Gourock Health Centres re-inspections, MB noted Greenock HC will be inspected on 21/22 March 2015

## 6. AP Confined Spaces Update

AH noted to group members that HFS issued in 2012 a guidance Policy & Procedure which will be converted to an SHTM in 2015, with new guidance to follow. HSE have updated the Code of Practice, regulations are vague on what is a confined space. Asbestos removal enclosures may be classed as a confined space. AG noted that ongoing work could lead to a confined space. The SHTM provides an option to have a designated person (AP or CP) rather than an AE. AH noted that equipment requires to be registered, copies of CP and training certificates and audit reports are required.

AG noted that HFS have established a Working Group and are looking for a representative from NHSGG&C to attend, BH noted that the Board requires an individual to represent NHSGG&C and lead a Working Group for NHSGG&C to escalate issues to the Estates SMT Group. AH agreed to being the representative for NHSGG&C. Estates teams would update the registers for the Sectors, training is required for APs, CPs and supervisor's. AG to share with group members the confined spaces permit to work used at RAH. AG will inform HFS that AH will be the representative from NHSGG&C. There will be a requirement to establish a short term lead and working group (SLWG) on this subject and this will be Chaired by AH after his first meeting with HFS.

AH

AG

**7. Water Safety**

AG noted that the Policy expires on 31 March 2015, the AE has commented on the existing Policy regarding the water sampling stating "3 strikes and out" and will seek guidance from HFS on this.

The Written Scheme requires to be site specific and will be produced with support from the AE and issues will be highlighted within the AE audits.

**ALL**

AG noted that the AE has completed all Acute sites and several of the larger Partnership sites e.g. Dykebar. Still to complete the smaller Partnership sites. AG and Site Managers have copies of all the reports/audits undertaken. BH referred to the reports/audits held by AG and Site Managers to ensure that there is action plans in place.

**ALL**

DC noted when undertaking the water risk assessments, there maybe a degree of conflict as the AE can also provide the same services. AG noted that the AE is independent.

AG noted that CP and AP Training was previously arranged by Bill McCormack, Site Maintenance Manager, Victoria, a further course will be arranged in the forthcoming months.

**8. Authorising Engineers Update**

AG noted that NHSGG&C have AE's in place for LV/HV, ventilation, water safety and medical gases. The framework can undertake confined spaces if required.

**SEM/SMM****9. SCART Update**

Tom Foley from HFS has delivered a presentation to Estates Teams with changes that will affect the Board. The questions have increased in capacity. AG noted that some questions have yes/no based answers, this will cause issues with becoming 100% compliant.

**10. HAI Scribe SPE Risk Assessment Update**

AG noted that the RAH is complete. An assessment analysis is required on the red and amber scoring from the SPE audit, predominantly sinks. The view is to complete the Clyde Sector and rollout to other sites by the timeline of the end of May 2015. AG to meet with SMM's to undertake a desktop exercise in red scores. The risk assessment and template are complete. DSFM will be able to complete and to be sense checked across sites for accuracy, prior to releasing to nursing staff.

**AG**

A full register across NHSGG&C will be developed, to decide on the Yorkhill areas (to be populated). Not required to be undertaken at the Western or Victoria, due to closure. BH noted to undertake our own auditing, BH to liaise regarding dates with AMacL. Update for next meeting.

**BH/AMacL****11. Health & Safety Climate Change Tool Project**

JMcI thanked everyone for their support in relation to the Climate Change Tool which commenced at IRH in mid February 2015 with 30 staff asked to complete to which 28 staff responded. Focus groups were held on 10 March 2015, 2 sessions with management and staff. The main issue was the completion of the form as individuals may be able to be identified

The senior management team returned 51 forms with RAH Estates 14 forms were returned.

Focus groups will commence at GGH on 23 April 2015 with further sessions to be held at TSSU, GRI, Hillington Laundry and Decontamination.

The management reports were more favourable with less neutral feedback.

**13. AOCB****Greencode**

BH noted the need to refresh on Greencode, work has been undertaken and is required to continue. AG to pick up on.

**AG****PAMS**

BH noted that MAK has requested for GM's to undertake mitigation studies for high risk areas within the EAMs.. BH noted that the allocation of Capital in future will be predicated by the information supplied to PAMS. Responses are critical to ensure appropriate allocation of funding etc.

**Fire – Route Cause Analysis Report****ALL**

BH referred to the tabled report regarding the incident at SGH for group members to note the conclusion, recommendations and areas out of daily use from the tabled report. The requirement to ensure that pre planned maintenance for boiler is a top priority. JMcF noted that the boilers within the South Sector are being replaced. It was noted that the boilerhouse is being used as a tearoom and storage area, JMcF has liaised with the Consultant. BH asked for JMcF to take the issues up locally with areas not in a regular inspection process to be checked.

**JMcF****Estates Leadership Programme – Estates Officers**

BH noted that the programme has been arranged with only 5 attendees participating, MB agreed to attend the programme.

**ALS Sessions**

JMcI noted that the ALS Sessions will commence on 8 April 2015.

**14. Date & Time of Next Meeting**

The next meeting is scheduled for Tuesday 19<sup>th</sup> May 2015 at 1.00pm in Meeting Room LO/A/010, Ground Floor, New Labs Building, Southern General Hospital.

## Estates SMT Meetings 2013/14 Rolling Actions List

Action Ref (17 March 2015 Agenda item)	Action Item	Owner	Due Date	Outcome/Conclusion
17.03.15 Item 13	<b>Fire – Route Cause Analysis Report</b> BH referred to the tabled report regarding the incident at SGH for group members to note the conclusion, recommendations and areas out of daily use from the tabled report. The requirement to ensure that pre planned maintenance for boiler is a top priority. JMcF noted that the boilers within the South Sector are being replaced. It was noted that the boilerhouse is being used as a tearoom and storage area, JMcF has liaised with the Consultant. BH asked for JMcF to take the issues up locally with areas not in a regular inspection process to be checked.	JMcF		

## Completed Actions

Action Ref (Date of meeting/ Agenda item)	Action Item	Owner	Due Date	Outcome/Conclusion
08.04.14:7	Provide feedback on revised Working at Height Policy to JG	All	JG	John Green to update the Policy. IP noted to take into account the NSGH regarding roof access etc. IP to contact John Green and identify all areas.  JG to issue the Policy for comment. IP noted for the NSGH to include steeplejacks etc within the Policy.  JG to update and circulate the document.
08.04.14:11a	A central electronic storage area is to be created for all HAI SCRIBE documentation	GB/ALL	ALL/GB	A request has been submitted to IT, Gail Bradbury will provide administration access for this group. Need to know what level of access is required with a timeline of 30 June 2014 for completion.  Gail to provide an update.
10.6.14 item 6	<b>Compensatory Rest Update</b> BH noted the need to understand the impact on the service with the need to discuss further, therefore all SEMs and SMMs were asked to pass comments and issues on the impact to the service to SW by end of June 2014.	SEMs/SMMs	KMcL  BH	KMcL still has issues around the 35 hours, meeting was held on 12 August 2014 to pick up with Partnerships. AG noted the need to look at the amount of hours that compensatory rest is affecting the day to day maintenance.  BH to issue a template for group members to complete from April – June 2014 in order to work out the amount of hours affected.
08.04.14:5	A Fact Sheet on Water Safety is to be developed and distributed via the SCN Forums	AG/MAK/BH	May 2014  AG	AG and Pamela Joannidis will undertake a program of visits across sites by the end of July 2014.  AG and Pamela Joannidis delivering presentations across sites on legionella and Pseudomonas.  Presentations have been delivered.
08.04.14:12	MAK to discuss Bill Skelly the level of detailed required re EAMS reporting by sites	MAK	HMcl	Discussion has been held with Bill Skelly on high, medium and low risks. Hazel McIntyre to provide an update to this group with a discussion on how to correlate the HEI.  BH to liaise with MAK regarding the meeting held with Bill Skelly.

Action Ref (Date of meeting/ Agenda item)	Action Item	Owner	Due Date	Outcome/Conclusion
				Billy Skelly has met with the relevant individuals.
08.04.14:4	Moir Boyd to issue a checklist for managers to use as guidance for CLASP buildings.	MB		It was agreed that a process is required to be put in place. AG to look at the actions for the Clyde Sector associated with CLASP buildings.  Issued and complete.
08.04.14:9	Provide any further feedback to IP on revised Estates JDs	All	ASAP	IP has received feedback from JMcF, DC has not received job descriptions for feedback. SW will re-issue the job descriptions which has been agreed with indicative bandings.  Complete.
08.04.14:10	MAK will send the job matching which was done by Stephen Wallace to the SEMs.	MAK	DP	SW requires numbers from partnerships.  Complete.
08.04.14:11	All sites are to update their HAI-SCRIBE Audit Results risk summary spreadsheets	All	End June 2014	There was some level of uncertainty about the exact information requirement therefore BH agreed to convene a session on 17 <sup>th</sup> June to review RAH documentation. It was recognised that MAK required all information returned by end of June 2014 to provide a detailed Directorate update to OMG at 9th July meeting.  Work around EAMS to be undertaken on a continuous basis.  Complete.
16.12.13:4a	SW will find out how the impact of the Compensatory Rest period on the guaranteed uninterrupted hours is being handled in other Directorates.	SW	Next meeting	MAK to see SW re issuance of guidance. Item to be carried over to the next meeting.  Guidance was disseminated in April 2014.  Complete.











**Subject:** SMT/CRES Meeting

**Start:** Fri 25/04/2025 15:30

**End:** Fri 25/04/2025 15:30

**Recurrence:** (none)

**Organiser:** Kane, Mary Anne

-   
Facilities Finance  
Report to 3...
-   
20151016 15\_16  
Capital team sp...
-   
20151022 Capital  
Planning Repo...
-   
Recruitment for  
Facilities upd...
-   
Hr Report - SMT  
30.11.15.docx
-   
SCART  
Compliance Ov...
-   
vale of leven  
pilot.xls
-   
Scart New  
Questions Sets ...
-   
Minutes 18 08  
15.doc
-   
Agenda 20 10  
15.doc

## NHS GREATER GLASGOW & CLYDE SCART COMPLIANCE

Month: October 15

ACUTE % Compliance		
	This Mth	Last Mth
Glasgow Royal Infirmary	82.39	82.39
Queen Elizabeth University Hospital (Retained)	85.06	84.97
Royal Alexandra Hospital	77.86	77.86
Inverclyde Royal Hospital	87.57	87.57
Gartnavel General Hospital	81.80	81.80
Vale of Leven Hospital	72.93	72.49
Yorkhill Hospital (under review)	78.66	78.66
<b>AVE OVERALL</b>	<b>80.90</b>	<b>80.82</b>

ELDERLY CARE % Compliance		
	This Mth	Last Mth
Drumchapel Hospital	82.45	82.45
Lightburn Hospital	76.86	76.86
<b>AVE OVERALL</b>	<b>79.66</b>	<b>79.66</b>

PFI % Compliance		
	This Mth	Last Mth
Stobhill Hospital ACH	96.55	96.55
Victoria Hospital ACH	96.55	96.55
<b>AVE OVERALL</b>	<b>96.55</b>	<b>96.55</b>

DECONTAMINATION % Compliance		
	This Mth	Last Mth
CDU Cowlares	83.95	83.95
TSSU Greenock	78.08	78.08
<b>OVERALL</b>	<b>81.02</b>	<b>81.02</b>

HSCP/PARTNERSHIP % Compliance		
	This Mth	Last Mth
Gartnavel Royal Hospital	80.80	80.80
Dykebar Hospital	80.17	79.25
Parkhead Hospital	76.17	75.17
Leverdale Hospital	78.71	77.42
Stobhill Hospital	76.47	76.47
Dumbarton Joint Hospital	61.98	61.98
Ravenscraig hospital	74.35	74.35
Glasgow Dental Hospital	70.16	70.16
<b>OVERALL</b>	<b>74.85</b>	<b>74.45</b>

TOPICS % Compliance					
		ACUTE		HSCP	
ID		This Mnth	Lst Mth	This Mnth	Lst Mth
3	LV & HV	69.41	69.41	69.07	69.07
10	Asbestos	94.08	94.08	97.50	97.5
22	Legionella	89.09	89.09	86.47	86.47
35	Steam Systems	97.73	97.73	93.75	93.75
4	Lifts	81.54	81.54	76.33	74.17
29	Gas safety	65.41	65.41	88.33	88.33
16	Medical Gas	88.19	88.19	N/A	N/A
20	Sterilisation	98.23	98.23	N/A	N/A
21	Firecode	97.58	97.58	96.66	98.33
15	Ventilation	See Below		59.58	59.58
25	Confined Spaces	62.54	62.54	63.33	61.67
19	Emergency Electrical	96.45	96.45	96.67	96.67
1	Pressure Systems	See Below		83.75	83.75

### BELOW 50% Compliant

ID		ACUTE	
1	Pressure Systems	38.78	38.78
2	COSSH	29.50	29.50
31	Decontamination of Equipment	47.60	47.60
15	Ventilation	47.98	47.98
36	Dangerous Substances and Explosives Regulations	48.33	48.33

	Oct	Sept
<b>Board Overall % Compliance</b>	<b>75.19</b>	<b>73.61</b>
<b>NHS Scotland Average</b>	<b>65.16</b>	<b>64.63</b>

### SUMMARY:

#### SCORES

5 Areas have been identified as having under 50% compliance as identified. SEMs tasked to investigate why scores are as low and update Action Plan to address these areas. Initial investigation shows that confusion over whether score should be for estates or Board. Partnership sites (HSCP's) are also possibly influencing scores where a score of 0 is being input instead of a N/A. These areas to be revised and scores updated within next two weeks. Major influencer on scores is lack of accurate drawings and this is to be discussed between GM (Estates) and Ass Director. QEUH needs updated to reflect new site as existing scores are for retained estate.

#### PERFORMANCE

Overall Board performance increased from 73.61% compliance to 75.19 between September and October 2015. A number of areas have improved their compliance scores. Majority of scores there has been no change.

#### MOVING FORWARD

Scores currently based on SCART 1 Questionsets. SCART 2 questionsets already loaded onto e-SCART and in background. SCART 3 planned to be completed by March 2016 with a rollout planned thereafter. Implementing SCART 2 will reduce site compliance by approx 20%. A number of questions have been raised around some questions in SCART 2 specifically about 'design'. GM Estates and Ass Director will agree way forward to take into account the above.



**NHS Greater Glasgow & Clyde  
SCART Steering Group Meeting,  
Tuesday 18<sup>th</sup> August 2015 at 1.00pm  
Meeting Room LO/A/010, Labs Building, QEUP**

**Present:**

Mary Anne Kane (Chair) (MAK)	–	Associate Director of Facilities
Moir Boyd (MB)	–	Asbestos Manager
Don Cleaver (DC)	–	Sector Estates Manager, West Sector
Tom Fulton (TF)	–	Site Estates Manager, GRI
John Green (JG)	–	Health & Safety Service Manager
Alan Gallacher (AG)	–	General Manager, Estates
Andrew Hamilton (AH)	–	Estates Manager, CDU
Billy Hunter (BH)	–	General Manager, South & Clyde Sector
Jim McFadden (JMcF)	–	Sector Estates Manager, Clyde Sector
Joe McIlwee (JMc)	–	Technical Support Officer
Alistair MacLean (AMac)	–	General Manager, North East & West
David Pace (DP)	–	General Manager, Partnerships

**Apologies:**

Margaret Campbell (MC)	–	GM Commissioning – Capital Planning
Ken McLean (KMCL)	–	Sector Estates Manager, Partnerships
John Menzies (JM)	–	Senior Estates Manager, VoL
Alan Stewart (AS)	–	Head of Decontamination
David Shaw (DS)	–	Site Estates Manager, CDU

<b>1.</b>	<b>Apologies</b>		<b>Action</b>
-----------	------------------	--	---------------

As noted above.

<b>2.</b>	<b>Minutes from Previous Meeting (21 April 2015)</b>		
-----------	--	--	--

The minute was agreed as an accurate record.

<b>3.</b>	<b>Matters Arising/Rolling Actions</b>		
-----------	--	--	--

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

<b>4.</b>	<b>Asbestos Management</b>		
-----------	----------------------------	--	--

MB delivered a presentation and provided group members with an overview:

- The compliance reports have been issued via the Shine database.
- A mop up of the previous years program is underway, less challenging as all information is in the system.
- HSE made it clear that they will be keeping an eye on performance and expect continued improvements. Also stressed their expectation for our database is that it continues to be added too, improved on and updated.
- 200 Management surveys in progress 166 Refurbishment surveys in progress 77 Re-inspections, 27 Demolition, 180 Remediation/removal projects in progress, 108 Analytical projects
- Within Shine there are 67 reports awaiting review, 239 planning documents awaiting review, 26 pre start documents awaiting review, 0 work instructions requiring creation of projects
- 400 completion documents awaiting review.
- Shine has been introduced to Estates teams, Shine training has been added to the end of the awareness training to get this rolled out as quickly as possible.
- The new asbestos compliance officer is in place (Nick Grinter). He is undergoing training at present and is envisaged to be up and running by September. The other compliance role was advertised on Friday.
- Carol Craig is in place as the data systems administrator for Shine and is

undergoing training at present. It is envisaged Carol will be fully operational by September.

- Thanks to the local estates teams for providing access for the surveyors as this has greatly minimised the no of areas not accessed. During this years compliance program those not accessed will be targeted. They are mostly node rooms where keys need arranged through IT or lift shafts where engineers are required and it is best to organise this in one go.
- The restricted access list is emailed regularly as a backup. It is important estates make all relevant personnel aware of these and ensure the signage remains in place until appropriate action has been undertaken and certification is in place to confirm.
- It is imperative that estates then identify and action these issues on a priority basis dependant on the needs of the site. Asbestos manager happy to help with this.
- It is important that all are aware this is to benefit the whole of the organisation and assist in this process, I have tried to minimise the impact to the site but key things like access/permits require to be provided through estates.
- Need confirmation that correct procedures are in place at site, this has not been received to date other than for Port Glasgow HC and Greenock HC If anyone has any further system build information this should be highlighted Process flowcharts devised for CLASP properties and issued.
- AMP has been issued and is on staff net and present within the resources section of Shine.
- Asbestos Awareness Training - venues and dates have been circulated. Please return nomination forms to Andrew Clark to allow the training to be logged against the individual. An online package is in the process of being created to roll out basic awareness to the organisation. Dates for implementation of this will be advised in the future once they are established.

#### **Lessons Learned**

- Important to confirm all documentation is in place and do not progress on a verbal.
- Important to do handovers if projects are moving over and do a reassessment to confirm report is suitable and sufficient.
- If a report is over a year old then any asbestos identified requires re-assessed. Management compliance reports are NOT suitable for refurbishment work.

#### **QEUH**

- NSGH demolitions program progressing well despite the many challenges that have been thrown at the asbestos team. The dedicated asbestos secondee has been imperative to this as it has required his full time support as well as my own at key stages.
- Blocks now demolished Cylinder Store; Pathology/slides cabin; pathology; nurse management; telephone exchange; kitchen.
- Orthopaedic theatres, link bridge and orthopaedic clinics cleared for demolition. Medical records will be cleared for demolition this week
- Blocks currently undergoing asbestos removal Outpatients; Surgical; surgical intensive; accident and emergency; therapy centre; medical records.
- Demolition/refurbishment surveys underway Urology, ducts below acute medical block; AMB west; AMB east(refurb).
- HSE has stressed they will have a keen interest on these demolitions and thought it a good idea to have a dedicated asbestos resource managing the asbestos works.

#### **Urgent Requirements**

- 2015/2016 compliance budget funding.
- Confirmation of CLASP/system build list and confirmation of actions taken;
- Assistance in ensuring all identified remedials within reports are actioned as per the action plans;
- Closing out datix reports. For all that are drawn to my attention at the time as a matter of course root, cause, analysis is undertaken and reported so these can help with the close out of the datix. For those not advised to me at the time I am sent a spreadsheet each month from Andrew Clark and this would be undertaken at that point.

AG sought clarification regarding the use of PDA's, MB noted that the PDA's are locked down for use of internet, MAK noted that FMFirst and Shine are required to be linked. John Bowen is currently investigating access for PDA's.

## 5. Update on Board Performance – Site/Sector SCART Action Plans

JG noted that the overall score is 73.34% a very positive figure. JG noted the topics of COSHH and confined spaces with scores of 20%. JG is currently writing up a Policy on confined spaces, COSHH is still challenging. All Managers are requested to review their COSHH scores accordingly.

ALL

MAK requested JG to liaise with HFS and arrange for the demitting sites to be inactive. JMcF noted Hillington Stores and Westway that whilst we provide maintenance, to an extent there are landlords and may be required to be logged on eSCART as a responsibility, JG noted to possibly class as similar to the ACH's. JMcF will liaise with Gordon Love, Property Manager regarding the leases.

JG

JMcF

JG noted that 10 individuals are listed as SCART Champions, 3 of these individuals are from HFS. MAK noted for additional admin to have access for system purposes. JG will circulate the current list to group members to nominate/delete individuals.

JG

### Site/Sector SCART Action Plans

#### Partnerships

DP noted from the Partnerships report that Stobhill requires actions on specific topics. EMcN to circulate the report to group members. JMcF noted the need to have a balanced template for population.

EMcN

#### South & Clyde

BH provided group members with an overview of the South & Clyde Sector action plan noting the main areas as follows:

- Asbestos – SEMs and SMMs on completion of register will review on annual basis.
- AG will liaise with the AE in terms of risk, at the TUMM meeting it was raised regarding the ventilation of theatres, Craig Williams is pushing forward, MAK noted in order for work to be undertaken theatres will require to close for 2 weeks. MAK noted there is a presence of Aspergilla's within the QEUH which is transferred by visitors, patients etc.
- Ventilation – BH noted that clarity is required on the disinfection/ultra clean of the ventilation system, MAK noted that a SLWG is to be established with Craig Williams, Consultant Microbiologist and Estates Staff in attendance to develop a Policy for ventilation.
- Confined spaces – further clarity is required by HFS on National AE contract. JG has reviewed the questionsets for confined spaces, the new SHTM was distributed in February 2015 with a requirement to have AP's the process, JG awaiting distribution of the new Policy.
- LV/HV - MAK noted that all correspondence has been circulated to AP's, nothing is outstanding, AG to check of any outstanding correspondence.
- Gas Safety – JMcF noted there is a gap at the QEUH retained site due to building demolishing etc. Gas safety to take forward, MAK noted due to the gas leakage at IRH to ensure that gas safety is addressed from a Board perspective. JG has read the inspection report and the incident at IRH was due to the flume.
- Dangerous Substances – looking at the impact of installation, MAK noted that Neil Hadden, Hurleypalmerflatt was covering within Greencode.

#### North East/West Sector

AMacL delivered to group members an overview of the action plan, action plan to be circulated to group members.

#### CDU

AH will update the action plan and will be circulated to group members.

AH

## 6. Corporate Response to SCART Question Sets

DP delivered a presentation to group members, a group has been established to discuss the questionsets which raised more questions than answers and 3 topics were reviewed. DP noted that the group requires a larger expert remit to discuss and decide on the questionsets with a mechanism to populate the questionsets, site scores to populate the gap analysis. MAK noted that not all questions relate to SCART possible Health & Safety. MAK also noted that SCART is measured against the SHTM, will be taken to ACOP to another level. It was agreed that SCART will be completed by site and not be Board. DC noted a number of individual buildings on sites which should not to be included within the questionsets, information to be forwarded to MAK who will liaise with Jim Leiper.

DC

JMcI will forward to group members a list of all Policies to clarify what Policies require to be updated. It was noted that an Electrical Policy requires to be written up, AG noted that previously Hugh MacDougall developed a Policy, this Policy can be updated, some Policies can be updated swiftly, others will require to be written up. MAK sought clarification from MB regarding the asbestos questionsets, MB noted that some questions answered are not applicable, not a legal requirement. The Policies are required to be updated by the end of September 2015. NHSGG&C staff need to influence HFS around the SHTM content.

ALL

## 7. VoL Pilot Gap Analysis

JG noted that there was no presentation available, the gap analysis was discussed at the meeting held on 21 April 2015, to be delivered at the next meeting. MAK noted that other Boards are not undertaking gap analysis.

JG

## 8. Water Safety Policy (Sampling Update)

AG noted that water sampling at the RAH has reduced to 4 samples per quarter. AG noted the large amount (269) at the GRI and it was agreed that TF would meet with Infection Control in an effort to reduce the number. AG noted at the Board Water Safety Group meeting held on 4 August 2015 which highlighted that AG will liaise with SEM's and Site Estate Managers regarding the sampling. MAK noted the need to differentiate the sampling regime by Infection Control or Engineering.

TF

AG

AG noted the need to include within the Written Scheme the agreement of sampling and that these are Site specific. AG noted that sampling is being undertaken at the VoL on a weekly basis, MAK noted the requirement to move forward the Written Schemes with input from the GM's and Board Water Safety Group members.

BH noted there is a draft Written Scheme available for QEUH (retained estate) based on the new builds, AG noted to look at the Written Schemes for QEUH and GGH. There is also the need to educate the AE on Healthcare Buildings and the risks within, as the AE has his own thoughts.

## 9. Fire Risk Assessment Information Sharing Process

MAK noted the need for sharing of information from an Estates perspective, highlighting estates issues and to populate future Capital bids and share with Estates Teams. AMacL noted that Martin Alexander and Des Keating, Fire Safety Advisors liaise with Don Cleaver and Tom Fulton regarding fire within EAMS and it is not viewed as a significant risk, Stuart Campbell and Rosie Cherry to be informed of any issues to prioritise capital aspects. MAK and David Loudon have held discussions regarding EAMS and 3i, currently looking at the data. Boards are required to ensure that Fire Risk Assessments are up to date. BH has liaised with AMacL and DC regarding the gap in information linking into EAMS, there are issues with individuals logging onto the system.

AMacL

A change is required within the Clyde Sector due to the retiral of the Fire Officer at RAH, MAK has requested additional passwords. BH sought clarification on how we communicate with Bill Skelly as 3i does not link via EAMS, MAK has raised with David Loudon. MAK produced a report from the system regarding the top ten risks, the majority were related to training, staff familiarisation etc not environmental. DP has established a group who meet with Site and Estate Managers to ensure the work is completed from the fire risk assessments with the need to be more focused and pick up on local details, DP has

submitted a bid to upgrade the fire detection system.

MAK noted the need for SFM and DSFM's to be focused on the risks, level of knowledge and detail are required.

AG noted if there was a requirement for a Lead Fire Officer, MAK requested that AG attend the Fire Implementation Group (FIG) meeting, MAK noted that discussions have been held at the FIG regarding the recruitment of a Lead Fire Officer. MAK noted that the Fire & Rescue Service do not scrutinise the fire risk assessments, MAK noted that bids have been submitted for funding to rectify. AG sought clarification if there is representation at the HFS Fire meetings, it was confirmed that Gibby Donnelly and Martin Halligan are in attendance.

AG

#### 10. Policy Update/Shared Drive

Policies discussed within agenda item 6.

JMcl delivered presentation on the Safety Climate Tool and provided group members with an overview:

- Between February – June 2015 the Safety Climate Tool has been carried out within 7 locations with responses from 161 individuals which measures the attitudes and perceptions of the workforce, 240 individuals were invited to attend.
- One of the main questions from individuals in attendance related to accidents and what is classed as an accident, further explanation is required with Health & Safety Campaigns to be delivered.
- MAK noted that the correspondence from staff is that there is a lack of trust with Management and the consensus is that there are no Health & Safety groups at this level. To move forward the comments from staff with departmental Health & Safety groups and training.
- To look at leadership and developing, undertake a 3/4 month pilot scheme to decide direction to continue, JMcl will drive at local level via the ALS sessions, include a Health & Safety article in the Facilities Team Brief. To involve UNISON and Unite Health & Safety representatives with support from AG and Tommy McWilliams.
- JMcl and JG to scope out the training requirements.
- JMcl will circulate the report to group members, please note the report is not for wider circulation.

JMcl  
JMcl  
AG  
JMcl/JG  
JMcl

#### 11. AOCB

None.

#### 12. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 20<sup>th</sup> October 2015 at 1.00pm in Meeting Room LO/A/010, Labs Building, QEUH.



**SCOTTISH HOSPITALS INQUIRY**  
**Bundle of documents for Oral hearings commencing from 13 May 2025 in**  
**relation to the Queen Elizabeth University Hospital and the Royal Hospital for**  
**Children, Glasgow**  
**Bundle 46 – Volume 2**  
**Correspondence on Potentially Deficient Features**