

North West Dumfries Primary Care Centre- Full Business Case

List of Appendices

Number	Title
1	Optimism Bias
2	Investment Programme
3	Project Costs
4	Non Financial Risks and Benefits
5	Joint Risk Register
6	Letter of Commissioner/ Stakeholder Support(to be updated after NHS Board Meeting
7	Aedet Review
8	Breeam Score Tracker
9	Construction Programme
10	Schedule of Accommodation and Apportionment
11	First Floor Plan
12	Ground Floor Plan
13	Site Plan
14	Full Business Case Forms
15	Planning Consent

Appendix 1

Optimism Bias

APPENDIX 1



NHS Dumfries & Galloway - North West Dumfries PCC Development Optimism Bias Workbook 08-Nov-10

- Step 1 Calculate Upper bound
- Step 2 Assess the level of mitigation
- Step 3 Compute residual optimism bias

	Option 4
Build Complexity	3.00%
Location	3.00%
Scope of Scheme	6.00%
Extent of Service Changes	5.00%
Gateway RPA Category	0.00%
Upper Bound	17.00%
Mitigation Factor	21.00%
Residual Optimism Bias	3.57%

UPPER BOUND

NHS DUMFRIES & GALLOWAY
North West Dumfries PCC

Optimism Bias - Upper Bound Calculation for Build

Option 4

Lowest % Upper Bound	13%
Mid %	40%
Upper %	80%
Actual % Upper Bound for this project	17%

Build complexity	Scope of scheme		
<i>Choose 1 category</i>	<i>Choose 1 category</i>		
Length of Build	< 2 years 2 to 4 years Over 4 years	Option 4 x	0.50% 2.00% 5.00%
<i>Choose 1 category</i>	<i>Choose 1 category</i>		
Number of phases	1 or 2 Phases 3 or 4 Phases More than 4 Phases	x	0.50% 2.00% 5.00%
<i>Choose 1 Category</i>	<i>Choose 1 category if applicable</i>		
Number of sites involved (i.e. before and after change)	Single site* 2 Site More than 2 site	x	2.00% 2.00% 5.00%
* Single site means new build is on same site as existing facilities			
Location			
<i>Choose 1 Category</i>	<i>Choose 1 category</i>		
New site - Green field	New build	x	3%
New site - Brown Field	New Build		8%
Existing site	New Build or Less than 15% refurb 15% - 50% refurb Over 50% refurb		5% 6% 10% 16%
Existing site			
Existing site			
Existing site			
Service changes - relates to service delivery e.g NSF's			
<i>Choose 1 category</i>	<i>Choose 1 category</i>		
Stable environment, i.e. no change to service		x	5%
Identified changes not quantified			10%
Longer time frame service changes			20%
Gateway			
<i>Choose 1 category</i>	<i>Choose 1 category</i>		
RPA Score	Low Medium High	x	0% 2% 5%

MITIGATION
NHS DUMFRIES & GALLOWAY
North West Dumfries PCC

			Option name: 4 - Relocate GPs, CN& HV, PC base & Adult & Child Drug service
Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	0	Planning to be reviewed in Nov 2010 by D&G Council Planning Committee, with acceptance expected
Other Regulatory	4	1	Part of wider development which has progress. Initial approach made
Depth of surveying of site/ground information	4	1	Most surveys completed
Detail of design	4	1	Detailed SoA developed. Detailed design signed off via Frameworks Scotland process.
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	1	Standard design
Design complexity	4	1	Simple design
Likely variations from Standard Contract	3	1	Limited variations anticipated.
Design Team capabilities	3	1	Reputable Design Team
Contractors' capabilities (excluding design team covered above)	4	1	PSCP Contractor appointed
Contractor Involvement	4	1	PSCP Contractor appointed, market testing of sub-contractors packages nearing completion
Client capability and capacity (NB do not double count with design team capabilities)	5	1	Experienced team in place
Robustness of Output Specification	20	3	Detailed SoA developed with stakeholder agreement
Involvement of Stakeholders, including Public and Patient Involvement	5	2	Stakeholder involvement from all parties
Agreement to output specification by stakeholders	5	1	Significant clinical other staff and stakeholder input
New service or traditional	3	1	Traditional service
Local community consent	3	1	General acceptance
Stable policy environment	20	2	Meets current framework for primary care services
Likely competition in the market for the project	2	1	Likely to be high level of competition
TOTAL	100	21	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

Appendix 2

Investment Programme

NHS Dumfries and Galloway							
INFRASTRUCTURE INVESTMENT PROGRAMME							
Line No	2010-11 £000s	Capital Expenditure	2011-12 £000s	2012-13 £000s	2013-14 £000s	2014-15 £000s	2015-16 £000s
4.01		a) Property (list below)					
4.02	1,252	Rolling Programmes	700	700	700	700	700
4.03	13,340	Acute Mental Health Development	10,751				
4.04	545	North West Dumfries Project	2,400	3,007			
4.05	0	Dumfries Property Strategy	1,000	2,000	1,000	1,000	1,000
4.06	50	Oakfield/Netherlea Project	813				
4.07	0	HUB Developments	400				
4.08	163	PFI					
4.09	14	Dalbeattie	175				
4.10	11	Dunscore	150				
4.22	0	Other					
4.23	15,375	Total Property Expenditure	16,389	5,707	1,700	1,700	1,700
4.24		b) Equipment (list below)					
4.25	815	Rolling Programmes	1,096	1,246	1,246	1,246	1,246
4.39		Other					
4.40	815	Total Equipment Expenditure	1,096	1,246	1,246	1,246	1,246
4.41		c) IM&T (list below)					
4.42	173	Rolling Programmes	480	250	250	250	250
4.43	182	Labs Systems Replacement	451				
4.54		Other					
4.55	355	Total Property Expenditure	931	250	250	250	250
4.56		d) Intangible Assets					
4.57		Other					
4.66	0	Total Intangible Asset Expenditure	0	0	0	0	0
4.67	16,545	Total Capital Expenditure	18,416	7,203	3,196	3,196	3,196
Capital Resource Limit (CRL)							
4.68	8,697	SGHD Formula Allocation	2,196	2,196	2,196	2,196	2,196
4.69	10,548	Project Specific Funding	14,901	3,007			
4.72	0	Other Centrally Provided Capital Funding	400				
4.73	(50)	Capital Grant Funding	0	0	0	0	0
4.74	0	Revenue to Capital Transfers	919	2,000	1,000	1,000	1,000
4.75	19,195	Total Capital Resource Limit	18,416	7,203	3,196	3,196	3,196
4.76	2,650	Saving/(Excess) against CRL	0	0	0	0	0
4.77	100	Donated Assets	100	100	100	100	100
Asset Additions							
4.83							
4.84		Other					
4.85	0	Total Asset Additions	0	0	0	0	0
4.86	0	Capital Income					
External Funding Commitments							
	2010-11 £000s	Payments	2011-12 £000s	2012-13 £000s	2013-14 £000s	2014-15 £000s	2015-16 £000s
4.87	1,825	Existing PPP Unitary Charges	1,720	1,690	1,696	1,773	1,807
4.88		Proposed PPP Unitary Charges					
4.89		Finance Leases					
4.90		Operating Leases					
4.91	1,825	Total	1,720	1,690	1,696	1,773	1,807
Memorandum							
	2010-11 £000s	Capital Grants	2011-12 £000s	2012-13 £000s	2013-14 £000s	2014-15 £000s	2015-16 £000s
4.92	50		0	0	0	0	0
5.01							
5.02	50	Total	0	0	0	0	0

Appendix 3

Project Costs

APPENDIX 3

Summary

	Base Cost	PSCP OHP	Gross Cost	Costs To Revenue
	£	£	£	£
PSCP Costs (Excluding VAT)				
Building Works	3,333,879	236,705	3,570,584	0
Preliminaries	466,141	33,096	499,237	0
Risk Allowance	70,000	4,970	74,970	0
PSCP Markup (7.1%)	274,771	-274,771	0	0
Works Total (Excl Vat)	4,144,791	0	4,144,791	0
Non Works Costs				
Surveys	40,056	2,844	42,900	0
PSCP Markup (7.1%)	2,844	-2,844	0	0
Non Works Total (Excl Vat)	42,900	0	42,900	0
Design Fees				
FBC Design etc	53,118	3,771	56,889	0
Architect: JM Architects	87,270	6,196	93,466	0
Civil & Structural Engineers: Arup	61,650	4,377	66,027	0
Building Services Engineers: Hulley & Kirkwood	76,857	5,457	82,314	0
Cost Consultants: Doig & Smith	18,495	1,313	19,808	0
Accoustic Engineers: Ove Arup	4,500	320	4,820	0
Total Fees	301,890	21,434	323,324	0
PSCP Markup (7.1%)	21,434	-21,434	0	0
Fees Total	323,324	0	323,324	0
Maximun Target Price	4,511,015	0	4,511,015	0
VAT on Works (Excl PSCP OH & P)				
VAT Payable			828,958	0
Less PSCP OHP Recoverable			-54,954	0
Net VAT			774,004	0
NHS Board Costs				
Fees				
Supervisor (0.27% of Construction)			10,430	0
Board Cost Advisor (1.29% of Construction)			50,700	0
CDMC (0.21% of Construction)			8,325	0
PSC Consultant Fees Total			69,455	0
Other Fees etc				
D&G Council: Planning Applications: No VAT			9,370	0
D&G Council: Building Warrants: No VAT			12,630	0
NHS NSS: CLO: No VAT			9,000	0
BREEAM/Ecologist Fees & Costs			16,900	0
VAT Advice			1,750	0
Enabling Works Fees			8,455	6,455
Business Case Preparation Fees			19,000	0
Play Park to D&G Council			22,000	0
Surveys			0	0
Legal Fees			5,000	0
Property Advisor			9,000	0
Asite Fee			10,000	0
Valuation Office Agency (VOA)			1,500	0
OBC Design Team Fees			101,744	101,744
Other Fees Total			226,349	108,199
Fees Total			295,804	108,199

	Base Cost	PSCP OHP	Gross Cost	Costs To Revenue
	£	£	£	£
Land & Buildings				
Land Purchase			150,000	0
Total			150,000	0
Equipment: (Incl VAT)				
Group 2 to 4 (2% of Construction Cost)			100,300	VAT Included 16,717 0
Total Cost Incl VAT			5,831,123	108,199
Client Risk			190,000	3.21% 0
Optimism Bias (from SBC)			0	0.00% 0
Total Cost			6,021,123	108,199
Health Board Revenue Costs				
Transitional & Commissioning costs			5,200	5,200
Other Costs Total			5,200	5,200
Overall Project Cost			6,026,323	113,399
Total Project Cost Excl Revenue (prior year)			5,912,924	

Appendix 4

Non Financial Risks and Benefits

Appendix 4 - Non financial risks and benefits

Non financial risks

The following non financial risks have been extracted from the Joint Risk Register shown in Appendix ?? using the same reference numbers

Design and Construction Risks				
1	Delay in acquiring site	2	4	8
2	Approval to retain existing electrical sub station not given	2	4	8
3	Cannot acquire site	1	5	5
9	The Board and PSCP commercial teams may fail to integrate	2	2	4
12 (C)	Archeaological remains are discovered on the site	2	3	6
14	Delay in obtaining planning permission - The nature of the design proposals result in delay in obtaining planning consent	1	3	3
16	Team May fail to engage with Infection Control during design	2	3	6
65	External political influences adversely impact project	1	3	3
92	Delay in Building Warrant approval	2	3	6
105	May not conduct equipment planning effectively	2	2	4
107	May fail to get access to site when planned	2	3	6
109	Board may delay approval of completed designs	3	3	9
111	Issues with site ownership / title / right of way	3	4	12

Capacity and Demand Risks				
13	Inability to deliver critical clinical / functional adjacencies. There is a risk that the proposed option will not deliver critical clinical / functional adjacencies	1	2	2
26	Failure to deliver required levels of performance - Required levels of clinical performance are not achieved resulting in an inability to match the capacity to the clinical service demands	2	4	8
27	Insufficient space and capacity - Service configuration fails to deliver facilities and care where and when it is required and/or facilities are not flexible enough to meet potential service demands	2	3	6
28	Facilities not flexible enough to respond to changes in service & demand - The service model is not adequately flexible to allow capacity to be expanded at the rate required to support the anticipated levels of patient referrals	2	3	6
29	Unused facilities and capacity - The service model results in surplus capacity (perhaps offset by inadequate capacity elsewhere in the health economy) and/or anticipated demand does not materialise	2	2	4
30	Inadequate patient environment - The physical environment is not able to meet statutory/dignity/clinical requirements for the patient group	1	4	4
49	Inadequate management of the various stakeholders' requirements	2	3	6
64	Frozen GA and Outline Specifications are inadequate for required use	3	3	9

Staffing Risks				
31 (a)	Difficulty in recruiting and retaining suitably skilled, high quality staff - The labour market is such that it does not provide adequate quantities of suitably skilled and experienced staff - during operational phase	2	3	6
32	Failure to improve communication and multi-disciplinary team working - Clinical services operate in physical isolation from other services reducing the opportunity for services to interact and co-operate more efficiently	2	2	4
80	May be unable to acquire people resources when requires (staff and operatives)	2	2	4

Reputational/Stakeholder/Service User Risks				
4 (A)	PSCP Unable to achieve No of points required for BREEAM Pre-assessment Excellent rating	2	5	10
4 (B)	NHS D&G Unable to achieve No of points required for BREEAM Pre-assessment Excellent rating	2	5	10
4 (C)	PSCP Failure to obtain BREEAM Construction Stage Excellent Rating	2	5	10
4 (D)	NHS D&G Failure to obtain BREEAM Construction Stage Excellent Rating	2	5	10
33	The risk that stakeholders do not fully buy into the service delivery model for the new facility - Key service leads identify concerns over the co-location of certain services, resulting in either compromised solution or undue delays	2	2	4
34	The risk that patients feel stigmatised due to single identity of the service - Creates an adverse impact of service take up, with increased numbers of people not receiving appropriate treatment	2	2	4
35	Service location impacts adversely on users ability to access services - A significant number of the practice / client population live out with the area and find it more difficult to access services	2	2	4
36	Adverse publicity resulting from failure to justify levels of investment - The level of capital and revenue investment required to support the changes cannot be justified when compared to the overall benefits	1	2	2
83	Unable to move into new facility on planned date - completed health centre	2	3	6
96	Disintegration of relations between local community with NHS D&G	1	3	3
113	Failure to meet equality in design	2	3	6
114	May fail to identify appropriate stakeholders	2	2	4

Non financial benefits

	Criteria
A1	Accessibility
A2	Capacity & Flexibility
A3	Operational & Environmental Suitability
A4	Strategic Fit
A5	Staff Recruitment, Training & Development

Appendix 5

Joint Risk Register

GUIDANCE NOTES

INTRODUCTION

The standard format for the Framework Scotland Joint Project Risk Register is shown in the attached Excel Worksheets which are part of an Excel Workbook which incorporates this guidance.

The NHS Client Project Director is the overall owner and champion of the Framework Scotland Joint Risk Register for a Framework Scotland Project.

The NHS Client and the PSCP shall act as joint owners of the Framework Scotland Joint Project Risk Register for a Framework Scotland Project and they will collate and co-ordinate inputs from the NHS Client, Professional Advisors appointed by the NHS Client, and the Framework

The Framework Scotland Joint Project Risk Register should incorporate all risks associated with the various aspects of an NHS Framework Scotland Project i.e. Land Purchase/ Design/Construction/Business/ Clinical/Operational/ Staffing/Equipment Risks.

Whilst Health and Safety may not be identified as a risk separately in its own right on the Framework Scotland Joint Risk Register because it is covered by Statutory Legislation any Health and Safety items that may result in a cost or time risk may be added to the Register

Whilst the NHS Client Project Director and the PSCP will act as joint owners of the Framework Scotland Joint Project Risk Register for a Framework Scotland Scheme responsibility for risks identified in it will be allocated and identified on the Register.

The Framework Scotland Joint Project Risk Register should be subject to continuous review and updating by the whole Project Team/Supply Chain as provided for in the Risk Management requirements/process identified within the Framework Scotland NEC3 Contract Template and

The Framework Scotland Joint Project Risk Register is a key project control document. It should be an agenda item at every Framework Scotland Project Team meeting. All high priority risks should be reviewed with a general overview provided on all other risks to ensure that either individually or cumulatively their impact on the project is not escalating in respect of their effects on the project to the extent they become a high priority.

A Generic Schedule of Risks has been provided in Example Risks Worksheet with a list of risks that have been identified. NHS Client, Professional Advisors appointed by the NHS Client, and the Framework Scotland Principal Supply Chain Partner (PSCP) and their supply chain members should use this list as a checklist only and collaborate to develop a "joint" project specific register for the intended project. Guidance of the description of risk has been provided in the Risk Definition/Description section of this guidance.

Each version of the Framework Scotland Joint Project Risk Register should be given a version number, identify when it was last reviewed and identify the author/collator of the document together with a record of those who participated in the review.

Notes are included below to assist users in the completion and use of the Framework Scotland Joint Project Risk Register. The headings match the column headings of the standard format.

RISK CATEGORIES

Risks will be identified and managed throughout all phases of the project and may remain active for several phases, namely

- Initial Agreement;
- Outline Business Case;
- Full Business Case;
- Construction.

RISK REFERENCE

Each risk identified should be given a unique reference, which must not be changed during the life of the project. Even if a risk is cleared the reference should be retained on the Register. This will allow the history of each risk to be traced by comparison of various versions of the Framework Scotland Joint Project Risk Register.

RISK DEFINITION / DESCRIPTION

It is important to ensure that we define/describe risks correctly as opposed to identifying the consequences of a risk occurring and mitigating actions, simple examples to illustrate this requirement are as follows:

Risk Example A:

- Risk Description – May fail to adhere to Specification and Drawings;
- Risk Consequences/Causes/Mitigation – Incorrect NHS Client Brief, Failure by Designer to understand NHS Client Brief etc – you then identify what action you are going to take to avoid these issues and who is responsible for it.

Risk Example B:

- Risk Description – The design may fail to support the Brief;
- Risk Consequences/Causes/Mitigation – Poor performance by Designers, Poor management of Designers etc – as above you then identify what action you are going to take to avoid these issues and who is responsible for it.

CLASSIFICATION

There are two variables of risk – probability (likelihood) and impact (consequence). The product of both identifies the seriousness of the risk exposure.

PROBABILITY / LIKELIHOOD OF OCCURRENCE

There are 5 categories of probability/ likelihood of exposure:

1	Rare	Will occur only in exceptional circumstances
2	Remote	Unlikely to occur
3	Possible	Reasonable chance of occurring/ may occur occasionally
4	Likely	Likely to occur
5	Almost certain	More likely to occur than not

IMPACT / CONSEQUENCE OF OCCURRENCE

There are 5 categories of impact/consequence of exposure:

1	Insignificant	No risk to the project No impact on services No impact on the environment
2	Minor	Minor risk to project Minor impact on services Minor impact on the environment
3	Moderate	Some impact on project Some service disruption Moderate impact on the environment
4	Major	Significant impact on the project Cost implications with a value of between 2%-4% of Target Price on a Framework Scotland scheme Major impact on the environment
5	Catastrophic	Stops or delays project Cost implications with a value in excess of 4% of Target Price on a Framework Scotland scheme

RISK PRIORITISATION

The product of likelihood x impact identifies the seriousness of the risk exposure and therefore its priority.

There are three categories:

- High risk 15-25 (Red)
- Medium risk 6-14 (Amber)
- Low risk 1-5 (Green)

A traffic light system as noted above is used to illustrate the priority of risks. The above reflects the requirements for Framework Scotland Projects. NHS Clients and PSCP's may agree to vary the above bands but only an increase in the range for the High Risk (Red) banding E.G. 12-25 is permitted with associated changes to other bands.

A five by five probability and impact matrix must be used in association with the Joint Risk Register on all Framework Scotland Projects as this is the basis of assessing seriousness of the risk exposure within the NHS and Public Sector as a whole.

RISK RATING MATRIX

	5	4	3	2	1
5	25	20	15	10	5
4	20	16	12	8	4
3	15	12	9	6	3
2	10	8	6	4	2
1	5	4	3	2	1
	Likelihood				

Likelihood	
5	Almost Certain
4	Likely
3	Possible
2	Remote
1	Rare

Impact	
5	Catastrophic
4	Major
3	Moderate
2	Minor
1	Insignificant

Risk Rating	
High	
Medium	
Low	

RISK OWNER

This will either be the NHS Client or the Framework Scotland PSCP. There should be no single risks with shared shared ownership i.e. ownership is allocated to either NHS Client and PSCP. In the event that a risk is deemed to have actions or effects whose ownership can be allocated to both NHS Client and PSCP then separate items must be identified on the Framework Scotland Joint Risk Register. NHS Clients should consider the extent of their risk exposure and decide whether better value for money will be obtained if some risks are retained by them rather than passing them over to the Framework Scotland PSCP.

Each risk should have an identified individual who will be responsible for the management of that risk

RISK EVALUATION & QUANTIFICATION - PRIOR TO MITIGATION AND POST MITIGATION

A fundamental aspect of risk management is to operate safely in accordance with legislation and achieve quality. Additionally risks can have an impact on the following:

- Time;
- Cost.

The impact of risks on these must be evaluated at the time a risk is included on the risk register and monitored as the scheme progresses.

The "Post Mitigation" column should be completed for all risks on all Framework Scotland Projects, the NHS Client and the PSCP shall agree as to whether the "Prior to Mitigation" column is completed taking account of the following benefits that its o and effectiveness of the mitigating action can be estimated in terms of the anticipated benefits (time or money) of the mitigating action - this ensures those actions that deliver the greatest benefits to the programme and resources to be allocated are the priority for the mitigating action e.g. if Risk A has a Prior to Mitigation cost of £10,000 and a Post Mitigation cost of £9,900 and Risk B has a Prior to Mitigation cost of £10,000 and a Post Mitigation cost of £5,000 you should prioritise the delivery of the mitigating action for Risk B as it delivers greater value. Similar principles could be applied to risks where there is a time impact.

RISK ALLOWANCES FOR COST & TIME

All risks are to be evaluated and quantified. Most good risk management systems have an agreed regime for calculating individual and total risk allowance and may involve estimates of minimum, most likely and maximum time and cost estimates. There are also methods involving the use of statistical analysis tools such as @Risk or Monte Carlo Simulation. The methodology for specific Framework Scotland Projects is to be agreed between the NHS Client and the PSCP.

Where a time risk affects the Critical path on the Programme this should be noted and this can be achieved by adding a note in the Comments Column on the Time Evaluation Worksheet.

FUNDING IMPLICATIONS

If this is required by the NHS Client identify in the comments column whether the funding to remedy the risk is either Capital or Revenue.

RISK ACTION PLANS

A Risk Action Plan must be prepared for all High Priority Risks (Red) using the pro forma included in the Risk Action Plan Worksheet. This identifies:

- the risk owner and person responsible for the risk;
- mitigation measures that need to be put in place;
- and other actions that could be taken if the risk occurs.

The NHS Client and PSCP shall agree on any requirement to complete a Risk Action Plan for Medium (Amber) or Low Priority (Green) Risks.

In the event of any risks originally identified as being Medium (Amber) or Low (Green) Priority changing their priority to High (Red) Priority as a Framework Scotland Project progresses then a Risk Action Plan must be completed. In addition, any new risks that are identified as a Framework Scotland Project progresses and that are identified as High (Red) Priority must have a Risk Action Plan prepared.

RISK STATUS

Risks are identified as "Open" or "Closed" using the buttons provided on the Worksheet. A risk is identified as being closed once the point where it can have an effect on a Framework Scotland Project has passed and so is not required to be shown

OPERATION OF EXCEL WORKBOOK / SPREADSHEET

Control Buttons -	The Risk Register contains 'Control Buttons' which allows the User to easily look at the information held on the register. In order for these buttons to work, the Risk Register must be filled out correctly. In particular, it is important that the 'Closed Out' column contains a Y or N to indicate the status of the Risk. See the "Example Risks" on the Risk Register Tab to see how a Risk should be completed.
High Risks Button -	This shows the User all those non-Closed Out Risks which are classified as High Level - a RED Risk which is scored between 15 and 25 Post Mitigation.
Medium Risks Button -	This shows the User all those non-Closed Out Risks which are classified as Medium Level - an Amber Risk which is scored between 5 and 14 Post Mitigation.
Low Risks Button -	This shows the User all those non-Closed Out Risks which are classified as Low Level - a Green Risk which is scored between 1 and 4 Post Mitigation.
Active Risks Button -	This shows the User all those Risks which are yet to be Closed Out and are therefore still to be Actively Managed (i.e. All those Risks which have a N in the Closed Out Column.)
Closed Risks Button -	Shows the User all those Risks which have been Closed Out and no longer require Active Management (i.e. All those Risks which have a Y in the Closed Out Column.)
Overdue Risks Button -	This shows all the Risks which have passed the Action Date and have not been Closed Out (N.B. the Action Date column must be completed in the DD/MM/YYYY format for this button to work)
Action Date Approaching Button -	Shows those Risks which are within 7 days of the Action Date (N.B. the Action Date column must be completed in the DD/MM/YYYY format for this button to work)
Reset Button -	This allows the User to Reset the Risk Register to show All Risks. It is important that the User Resets the Risk Register before Saving in order to ensure that all Risks can be seen and managed accordingly.

SUMMARY CHART

0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

WORKSHOP NO:	1	DATE:	14/01/2010
ATTENDEES:			
1	Donald Millar - NHS Dumfries & Galloway		
2	Allan Cunningham - BAM		
3	David Muir - BAM		
4	Roy McNeer - BAM		
5	Peter McCormick - JM Architects		
6	Elaine Oliver - JM Architects		
7	Alistair Wylie - Arup		
8	Paul Winning - Hulley & Kirkwood		
9	David Miller - McGowan Miller		
10	Robert Rankin - Davis Langdon		
11	Gareth Clift - Davis Langdon		
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:	2	DATE:	27/10/2010
ATTENDEES:			
1	Donald Millar - NHS Dumfries & Galloway		
2	Allan Cunningham - BAM		
3	Roy McNeer - BAM		
4	Robert Rankin - Davis Langdon		
5	Michael Gallacher - Davis Langdon		
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:		DATE:	
ATTENDEES:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:		DATE:	
ATTENDEES:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:		DATE:	
ATTENDEES:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:		DATE:	
ATTENDEES:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:		DATE:	
ATTENDEES:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:		DATE:	
ATTENDEES:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

WORKSHOP NO:		DATE:	
ATTENDEES:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

COMMONLANDS

Initial Agreement	Outline Business Case	Full Business Case	Construction
<p>Description:</p> <p>May fail to identify appropriate Stakeholders</p> <p>May fail to engage with Stakeholders</p> <p>Stakeholder may have contradictory aspirations</p> <p>May not involve appropriate Professional expertise, (Design, Commercial, Clinical)</p> <p>May fail to adequately determine the overall programme</p> <p>May fail to establish Financial Parameters, (Capital, Revenue, V&C)</p> <p>May fail to define appropriately the Clinical Need</p> <p>There may be insufficient funds to deliver the full Clinical Requirement</p>	<p>Description:</p> <p>May fail to identify appropriate Stakeholders</p> <p>May fail to engage with Stakeholders</p> <p>Stakeholder may have contradictory aspirations</p> <p>May not involve appropriate Professional expertise, (Design, Commercial, Clinical)</p> <p>May fail to adequately determine the overall programme</p> <p>May fail to realise the expected contributions, (Land sale, other asset sales, Grants and VAT Recovery)</p> <p>May fail to acquire Outline Planning Permission</p> <p>The Requirement Statement may fail to keep abreast with future Clinical Practices</p> <p>The Requirement Statement may be subject to uncontrolled Scope Creep</p> <p>There may be changes to Clinical regulations or other related legislation</p> <p>The Options may fail to identify and address site constraints, (Listed Building status, environmental concerns, ground conditions)</p> <p>Construction inflation calculations may be inadequate (NPS)</p> <p>Boards may fail to identify future staff requirements</p> <p>Boards may fail to acquire appropriately skilled staff</p> <p>PICPs may fail to acquire appropriately skilled staff</p> <p>There may be a lack of resource (Funds, time or people) to complete the RBC Document effectively</p>	<p>Description:</p> <p>May fail to identify appropriate Stakeholders</p> <p>May fail to engage with Stakeholders</p> <p>Stakeholder may have contradictory aspirations</p> <p>May not involve appropriate Professional expertise, (Design, Commercial, Clinical)</p> <p>May fail to adequately determine the overall programme</p> <p>May fail to establish Financial Parameters, (Capital, Revenue, V&C)</p> <p>May fail to define appropriately the Clinical Need</p> <p>There may be insufficient funds to deliver the full Clinical Requirement</p> <p>May fail to realise the expected contributions, (Land sale, other asset sales, Grants and VAT Recovery)</p> <p>May fail to acquire Outline Planning Permission</p> <p>The Requirement Statement may fail to keep abreast with future Clinical Practices</p> <p>There may be changes to Clinical regulations or other related legislation</p> <p>The Options may fail to identify and address site constraints, (Listed Building status, environmental concerns, ground conditions)</p> <p>Construction inflation calculations may be inadequate (NPS)</p> <p>Boards may fail to identify future staff requirements</p> <p>Boards may fail to acquire appropriately skilled staff</p> <p>PICPs may fail to acquire appropriately skilled staff</p> <p>Market inflation may exceed JRP</p> <p>Costs of discharging conditions of Planning Consent may be greater than allowance provided for</p> <p>Approvals may be delayed</p> <p>Boards may not have the experience to manage the Project</p> <p>PICPs may not have the experience to manage the Project</p> <p>The PSCP approach to Cost Planning may not be effective</p> <p>The Board approach to Cost Planning may not be effective</p> <p>May fail with changes to Legislation/Standards, (SQA, Building Regs, etc), (Fire Regs, CDM HSE/AM etc)</p> <p>May not conduct Equipment Planning effectively</p> <p>The Design may fail to support the Brief</p> <p>May fail to maintain a consistent interpretation of Standards</p> <p>The Programme Plans may be misaligned and inconsistent</p> <p>The PSCP Programme may not comply with the Contract requirements</p> <p>Works Information may not be adequate or accurate, (PSCP Appointment Stage - review and ownership of existing Works Information)</p> <p>PSCP may fail to estimate an appropriate level of Design Contingency against the Target Price</p> <p>Level objection may influence Planning Permissions</p> <p>The Design may not comply with local Planning Regulations</p> <p>May fail to consult with the Planning Authority</p> <p>May fail to comply with Environmental Regulations</p> <p>May fail to comply with Traffic Planning Regulations</p> <p>May fail to comply with Section 106 Approval</p> <p>May fail to comply with Utilities Regulations</p> <p>There may be a lack of resource (Funds, time or people) to complete the RBC Document effectively</p> <p>There may be a lack of Clarity in the Brief</p> <p>Variations to Framework Scotland Contract may not be approved or agreed</p> <p>The Board and PSCP Commercial Team may fail to interpret</p> <p>May fail to engage with Infection Control during Design</p>	<p>Description:</p> <p>Note:</p> <p>Health and Safety to be treated independently but be aware that certain H&S Risks, say as a part of the Design, e.g. Legionnaires, will form a part of this register</p> <p>May fail to engage with Infection Control during Construction</p> <p>May fail to maintain Patient Security during Construction, Demolition etc.</p> <p>May fail to adhere to Specifications and Drawings</p> <p>May use incorrect Procedures and Techniques during Construction</p> <p>Staff may not have the correct skills</p> <p>May fail to adhere to Quality Control Procedures</p> <p>May define the extent of Periodal design when calculating Target Price</p> <p>Proposed materials may not be available</p> <p>Proposed materials may not be available at original cost</p> <p>The Design may not be 'buildable'</p> <p>Boards may fail to include allowances for Contingency Events, (Changes to Works Information, failure to meet Approval Periods etc.)</p> <p>May forecast final costs inaccurately</p> <p>May fail to get access to site when planned</p> <p>May encounter unforeseen events, (Site confirmation, archaeological, extreme weather, environmental, Utility pipes/cables, other unexpected previous construction etc.)</p> <p>Lead-in periods may be inaccurate</p> <p>May be unable to acquire people resources when required</p> <p>Suppliers and sub-contractors may suffer insolvency or other constraints</p> <p>The utilities may provide sub-standard service</p> <p>Directly employed sub-contractors may fail to adhere to the Programme</p> <p>Both parties may fail to adopt or maintain a collaborative working relationship</p> <p>May fail to appreciate the working environment limitations</p>

[illegible]

[illegible]

113	Risk of damage occurring during short duration operational demonstrations within on site (PMS, etc)	3	3	6			Coordinating management	none		0		00.00	00.00	0	0	100.00%			-4034		
114	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
115	Risk in Car installation Spec is sufficient Provision for all existing 17.5kV cables with intra during construction works	3	3	6			Conform with Regs	low		0		00.00	00.00	0	0	100.00%			-4034		
116	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
117	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
118	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
119	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
120	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
121	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
122	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
123	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
124	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
125	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
126	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
127	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
128	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
129	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
130	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
131	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
132	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
133	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
134	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
135	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
136	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
137	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
138	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
139	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
140	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
141	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
142	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
143	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
144	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
145	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
146	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
147	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
148	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
149	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
150	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
151	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
152	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
153	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
154	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
155	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
156	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
157	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
158	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
159	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
160	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
161	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
162	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
163	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
164	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
165	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
166	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
167	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
168	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
169	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
170	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
171	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
172	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
173	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
174	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
175	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
176	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
177	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
178	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
179	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
180	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
181	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
182	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
183	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
184	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
185	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
186	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0	0	100.00%			-4034		
187	Risk of damage to display to impact of technology exposed by local current on display of project	3	3	3			Design and Confor mance	low		0		00.00	00.00	0							

COST EVALUATION

Ref No:	Risk & Opportunity Description	Cost prior to Mitigation			Cost post Mitigation			Agreed PSCP Provision	Agreed Trust Provision	Comments
		Min	Most Likely	Max	Min	Most Likely	Max			
1	Delay in acquiring site								£10,000.00	
2	Approval to retain existing electrical sub station not given									
3	Cannot acquire site									
4 (A)	PSCP Unable to achieve No of points required for BREEAM Pre-assessment Excellent rating									
5	There may be changes to clinical regulations or other related legislation								£40,000.00	
6	Change in requirements of stakeholders - Board and / or stakeholders - may require changes to design, leading to additional design and construction costs								£15,000.00	
7 (A)	Delays in obtaining stat/utilities quotes/connection							£2,500.00		
8	Suppliers and sub-contractors may suffer insolvency or other constraints							£5,000.00		
9	The Board and PSCP commercial teams may fail to integrate									
10	Planning consent refused									
11	Potential changes to legislation/standards (dda, building regs, fire regs, cdn, htns)								£10,000.00	
12	Risk of increased material removal from site due to cut-fill imbalance (£5K), Peat dig as A below (£7.5K) and Contamination as B below (£7.5K).							£20,000.00		
13	Inability to deliver critical clinical / functional adjacencies. There is a risk that the proposed option will not deliver critical clinical / functional adjacencies									
14	Delay in obtaining planning permission - The nature of the design proposals result in delay in obtaining planning consent									
15	PSCP may fail to estimate an appropriate level of design development contingency against the target price							£10,000.00		
16	Team May fail to engage with Infection Control during design									
17	Proposed materials may not be available or fluctuating lead-in periods									
18	May fail to adhere to works information									
19	Boards may fail to include allowances for compensation events (changes to works information, failure to meet approval periods, etc)									
20	PSCP may be unable to acquire people or resources when required									
21	Directly employed sub-contractors may fail to adhere to the programme									
22	Inability to coordinate and complete design within the agreed timescales									
23	Additional capital requirements as a result of securing planning consent / building warrant									
24	Works information may not be adequate or accurate (pscp appointment stage - review and ownership of existing works information)									
25	May fail to comply with planning ie environmental, traffic regulations, etc									
26	Failure to deliver required levels of performance - Required levels of clinical performance are not achieved resulting in an inability to match the capacity to the clinical service demands									
27	Insufficient space and capacity - Service configuration fails to deliver facilities and care where and when it is required and/or facilities are not flexible enough to meet potential service demands									
28	Facilities not flexible enough to respond to changes in service & demand - The service model is not adequately flexible to allow capacity to be expanded at the rate required to support the anticipated levels of patient referrals									
29	Unused facilities and capacity - The service model results in surplus capacity (perhaps offset by inadequate capacity elsewhere in the health economy) and/or anticipated demand does not materialise									
30	Inadequate patient environment - The physical environment is not able to meet statutory/dignity/clinical requirements for the patient group									
31	Difficulty in recruiting and retaining suitably skilled, high quality staff - The labour market is such that it does not provide adequate quantities of suitably skilled and experienced staff - during construction phase									
32	Failure to improve communication and multi-disciplinary team working - Clinical services operate in physical isolation from other services reducing the opportunity for services to interact and co-operate more efficiently									
33	The risk that stakeholders do not fully buy into the service delivery model for the new facility - Key service leads identify concerns over the co-location of certain services, resulting in either compromised solution or undue delays									
34	The risk that patients feel stigmatised due to single identity of the service - Creates an adverse impact of service take up, with increased numbers of people not receiving appropriate treatment									
35	Service location impacts adversely on users ability to access services - A significant number of the practice / client population live out with the area and find it more difficult to access services									
36	Adverse publicity resulting from failure to justify levels of investment - The level of capital and revenue investment required to support the changes cannot be justified when compared to the overall benefits									

[illegible]

[illegible]

Framework Scotland Generic Risk Register

[illegible]

RISK ACTION PLAN									
Ref No: <input style="width: 90%;" type="text"/>	Risk Owner: <input style="width: 95%;" type="text"/>								
Ranking: <input style="width: 90%;" type="text"/>	Risk Manager: <input style="width: 95%;" type="text"/>								
	Action Date: <input style="width: 80%;" type="text"/>								
Risk Description: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>									
Impact of Risk <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;">Score:</div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;">Probability of Occurrence:</div>								
Current Management of Risk <div style="border: 1px solid black; height: 90px; margin-top: 5px;"></div>	Leading Practices <div style="border: 1px solid black; height: 90px; margin-top: 5px;"></div>								
GAPS <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;">Cost of Risk</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Minimum:</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">Most Likely</td> <td></td> </tr> <tr> <td style="padding: 2px;">Maximum</td> <td></td> </tr> <tr> <td style="padding: 2px;">50% Percentile</td> <td></td> </tr> </table>	Minimum:		Most Likely		Maximum		50% Percentile	
Minimum:									
Most Likely									
Maximum									
50% Percentile									
Action Plan & Timeline <div style="border: 1px solid black; height: 90px; margin-top: 5px;"></div>									

Appendix 6

Letter of Commissioner/ Stakeholder Support (to be updated after NHS Board Meeting)

Appendix 6 – Letter of Commissioner / Stakeholder support

Dumfries and Galloway NHS Board

Chief Executive's Office

Mid North
Crichton Hall
Bankend Road
Dumfries
DG1 4TG
Tel: 01387 272743
Fax: 01387 252375
Email: emma.mcrobert@nhs.net



Ref: JGB/EMcR
Date: 9 March 2010

Scottish Government Health Directorates
Health Finance Directorate/
Capital Planning and Asset Management
Basement Rear
St Andrews House
Edinburgh
EH1 3DG

Dear Sirs

NORTH WEST DUMFRIES PRIMARY CARE CENTRE OUTLINE BUSINESS CASE SUBMISSION COMMISSIONER/STAKEHOLDER SUPPORT

This is to confirm that following extensive consultation with all stakeholders, including patient representatives, and a series of public consultation meetings, the Outline Business Case for this project was considered by Dumfries & Galloway Health Board on 1 March 2010 and approved to be submitted to the Scottish Government Capital Investment Group.

With regard to acquisition of the preferred site in Lochfield Road, Dumfries, I am assured by the Chief Executive of Dumfries and Galloway Housing Partnership, who own the site, that they are in the process of seeking approval from the Housing Investment Division, in relation to the grant it gave to the Housing Partnership to purchase the site, to allow the sale of the site to the Health Board on the terms agreed in principle.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'J Burns', with a long horizontal line extending from the end of the signature.

John Burns
Chief Executive

Appendix 7

Aedet Review

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 9276
Title	Achieving Excellence Design Evaluation Toolkit documentation
Author	DH Estates and Facilities
Publication Date	10 Jan 2008
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Estates and Facilities Directors
Circulation List	
Description	AEDET Evolution toolkit is part of a benchmarking toolkit to assist trusts in measuring and managing the design quality of their healthcare facilities (new and existing).
Cross Ref	AEDET Evolution documentation; AEDET/ ASPECT Evidence Layer
Superseded Docs	AEDET Evolution toolkit (NHS Estates site)
Action Required	N/A
Timing	N/A
Contact Details	Brian Coapes Design and Costing (GREFD) 3N10 Quarry House LEEDS LS2 7UE 0113 25 45696
For Recipient's Use	

Achieving Excellence Design Evaluation Toolkit (AEDET Evolution)



Project details: **Title** North West Dumfries Primary Care Centre

Workshop details: **Location** Old Board Room, Crichton Hall, Dumfries

Date (dd.mm.yy)
13.09.10

Completed by:	First name	Last name	Organisation	Job title	Email address
1:	Stephen	Howie	NHS	Estates - Project Manager	
2:	Colleen	Bowthorpe	NHS	Finance	
3:	Ronald	McEwan	Patient representative		
4:	Moir	Cossar	Cameron House / ADAS	Manager	
5:	Peter	McCormick	JM Architects	Architect	
6:	Elaine	Oliver	JM Architects	Architect	
7:	John	Mitchell	BAM	Health Projects Director	
8:	David	Potter	NHS	General Manager - Primary and Com	
9:	Paul	Winning	Hulley & Kirkwood	Engineer	
10:	Donald	Millar	NHS	Estates - Project Manager	
11:					
12:					
13:	Apologies from following:-				
14:	Alistair	Johnstone	NHS	Estates - Maintenance Manager	
15:	Linda	Bunney	NHS	Primary Care Development	
16:	Helen	Brown	NHS	Finance	
17:	William	Lowry	Cairn Valley Medical Centre	GP	
18:	Gillian	Bonn	Cairn Valley Medical Centre	GP	
19:	Ron	McGrouther	Charlotte Street G P Practice	GP	
20:	John	Clyde	Charlotte Street G P Practice	GP	
21:	Robbie	Currie	Charlotte Street G P Practice	GP	
22:					
23:					
24:					
25:					
26:					
27:					
28:					
29:					
30:					
31:					
32:					


IMPACT: Character and innovation

Average score: 4.9

The four IMPACT sections deal with the extent to which the building creates a sense of place and contributes positively to the lives of those who use it and are its neighbours.

Section A deals with the overall feeling of the building. It asks whether the building has clarity of design intention, and whether this is appropriate to its purpose. A building that scores well under this heading is likely to lift the spirits and to be seen as an exemplar of good architecture of its kind.

ID	Description	Weighting	Score	Notes
A.01	There are clear Ideas behind the design of the building	High (2) ▼	Strong agreement (5) ▼	
A.02	The building is interesting to look at and move around in	Normal (1) ▼	Strong agreement (5) ▼	Concern at clarity of separate entrances - requiring clear signage
A.03	The building projects a caring and reassuring atmosphere	High (2) ▼	Strong agreement (5) ▼	
A.04	The building appropriately expresses the values of the NHS	Normal (1) ▼	Strong agreement (5) ▼	Concern at travel distance for disabled patients
A.05	The building is likely to influence future designs	Normal (1) ▼	Fair agreement (4) ▼	Bespoke design solution for particular site and client circumstances
◀ Project workshop setup ▶▶ Results summary ▶ Form and materials ▶				

IMPACT: Form and materials Average score: 4.8

Section B deals with the nature of the building in terms of its overall form and materials. It is primarily concerned with how the building presents itself to the outside world in terms of its appearance and organisation. Although it deals with the materials from which the building is constructed it is not concerned with these in a technical sense but rather the way they will appear and feel throughout the life of the building.

ID	Description	Weighting	Score	Notes
B.01	The building has a human scale and feels welcoming	Normal (1) ▼	Strong agreement (5) ▼	
B.02	The design takes advantage of available sunlight and provides shelter from prevailing winds	Normal (1) ▼	Strong agreement (5) ▼	
B.03	Entrances are obvious and logically positioned in relation to likely points of arrival on site	Normal (1) ▼	Fair agreement (4) ▼	Signage and external landscaping should be used to maximise clarity of entrances
B.04	The external materials and detailing appear to be of high quality	Normal (1) ▼	Strong agreement (5) ▼	
B.05	The external colours and textures seem appropriate and attractive	Normal (1) ▼	Strong agreement (5) ▼	
◀ Character and innovation		▶▶ Results summary		Staff and patient environment ▶

IMPACT: Staff and patient environment

Average score: 4.1

Section C deals with how well an environment complies with best practice as indicated by the research evidence.

ID	Description	Weighting	Score	Notes
C.01	The building respects the dignity of patients and allows for appropriate levels of privacy and dignity	Normal (1) ▼	Fair agreement (4) ▼	Care required with landscaping/ screening to ensure dignity of ADAS patients
C.02	There are good views inside and out of the building	Normal (1) ▼	Fair agreement (4) ▼	
C.03	Patients and staff have good access to outdoors	Normal (1) ▼	Fair agreement (4) ▼	
C.04	There are high levels of both comfort and control of comfort	Normal (1) ▼	Fair agreement (4) ▼	Radiant ceiling panels generally - clean and efficient. Underfloor in waiting and the like (not economic/flexible to use throughout)
C.05	The building is clearly understandable	Normal (1) ▼	Fair agreement (4) ▼	
C.06	The interior of the building is attractive in appearance	Normal (1) ▼	Fair agreement (4) ▼	
C.07	There are good bath/toilet and other facilities for patients	Normal (1) ▼	Fair agreement (4) ▼	Toilet arrangement at Cairn Valley entrance not ideal
C.08	There are good facilities for staff, including convenient places to work and relax without being on demand	Normal (1) ▼	Strong agreement (5) ▼	

Form and materials

Regalis summary

Urban and social integration

IMPACT: Urban and social integration **Average score: 4.8**

Section D deals with the way the building relates to its surroundings. It asks whether the building plays a positive role in the neighbourhood whether that is urban, suburban or rural. A building that scores well is likely to improve its neighbourhood rather than detract from it.

ID	Description	Weighting	Score	Notes
D.01	The height, volume and skyline of the building relate well to the surrounding environment	Normal (1) ▼	Strong agreement (5) ▼	
D.02	The building contributes positively to its locality	Normal (1) ▼	Strong agreement (5) ▼	
D.03	The hard and soft landscape around the building contribute positively to the locality	Normal (1) ▼	Fair agreement (4) ▼	
D.04	The building is sensitive to neighbours and passers-by	Normal (1) ▼	Strong agreement (5) ▼	

[◀ Staff and patient environment](#)[▶▶ Results summary](#)[Performance ▶](#)

BUILD QUALITY: Performance

Average score: 4.0

The three BUILD QUALITY sections deal with the physical components of the building rather than the spaces. This is therefore what might be thought of as the more technical and engineering aspects of the building. It asks whether the building is soundly built, will be reliable and easy to operate, last well and is sustainable. It is also concerned with the actual process of construction and the extent to which any disruption caused is minimised.

Section E is concerned with the technical performance of the building during its lifetime. It asks whether the components of the building are of high quality and fit for their purpose. However we are not concerned here with how well the building functions in relation to the human use of it which belongs in another section.

ID	Description	Weighting	Score	Notes
E.01	The building is easy to operate	Normal (1) ▼	Fair agreement (4) ▼	Subject to review on occupation
E.02	The building is easy to clean	Normal (1) ▼	Fair agreement (4) ▼	Subject to review on occupation
E.03	The building has appropriately durable finishes	Normal (1) ▼	Fair agreement (4) ▼	Subject to review on occupation
E.04	The building will weather and age well	Normal (1) ▼	Fair agreement (4) ▼	Subject to review on occupation

[◀ Urban and social integration](#)[▶▶ Results summary](#)[Engineering ▶](#)

BUILD QUALITY: Engineering

Average score: 4.4

Section F is concerned with those parts of the building that are engineering systems as opposed to the main architectural features. It asks whether the engineering systems are of high quality and fit for their purpose, will be easy to operate and if they are efficient and sustainable.

ID	Description	Weighting	Score	Notes
F.01	The engineering systems are well designed, flexible and efficient in use	Normal (1) ▼	Fair agreement (4) ▼	Plant room relocation to GF being considered. CHP to be reviewed by NHS D&G from a maintenance aspect.
F.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	Normal (1) ▼	Fair agreement (4) ▼	
F.03	The engineering systems are energy efficient	Normal (1) ▼	Fair agreement (4) ▼	
F.04	There are emergency backup systems that are designed to minimise disruption	Normal (1) ▼	Fair agreement (4) ▼	
F.05	During construction disruption to essential services is minimised	Normal (1) ▼	Virtually total agreement (6) ▼	
◀ Performance				▶▶ Results summary
				Construction ▶

BUILD QUALITY: Construction

● Average score: 5.0

Section G is concerned with the technical issues of actually constructing the building and with the performance of the main components. A building that scores well is likely to be constructed as quickly and easily as possible under the circumstances of the site and to offer a robust and easily maintained solution.

ID	Description	Weighting	Score	Notes
G.01	If phased planning and construction are necessary the various stages are well organised	Normal (1) ▼	Virtually total agreement (6) ▼	
G.02	Temporary construction work is minimised	Normal (1) ▼	Virtually total agreement (6) ▼	
G.03	The impact of the building process on continuing healthcare provision is minimised	Normal (1) ▼	Virtually total agreement (6) ▼	
G.04	The building can be readily maintained	Normal (1) ▼	Fair agreement (4) ▼	
G.05	The construction is robust	Normal (1) ▼	Fair agreement (4) ▼	
G.06	The construction allows easy access to engineering systems for maintenance, replacement and expansion	Normal (1) ▼	Fair agreement (4) ▼	
G.07	The construction exploits any benefits from standardisation and prefabrication where relevant	Normal (1) ▼	Strong agreement (5) ▼	


[◀ Engineering](#)[▶▶ Results summary](#)[Use ▶](#)

FUNCTIONALITY: Use Average score: 4.9

The three FUNCTIONALITY sections deal with all those issues to do with the primary purpose or function of the building. It deals with how well the building serves these primary purposes and the extent to which it facilitates or inhibits the activities of the people who carry out the functions inside and around the building.

Section H is concerned with the way the building enables the users to perform their duties and operate the healthcare systems and facilities housed in the building. To get a good score the building will be highly functional and efficient, enabling people to have enough space for their activities and to move around economically and easily in a way that relates well to the policies and objective of the Trust. A high scoring building is also likely to have some flexibility in use.

ID	Description	Weighting	Score	Notes
H.01	The prime functional requirements of the brief are satisfied	Normal (1) ▼	Strong agreement (5) ▼	
H.02	The design facilitates the care model of the Trust	Normal (1) ▼	Strong agreement (5) ▼	
H.03	Overall the building is capable of handling the projected throughput	Normal (1) ▼	Fair agreement (4) ▼	
H.04	Work flows and logistics are arranged optimally	Normal (1) ▼	Strong agreement (5) ▼	
H.05	The building is sufficiently adaptable to respond to change and to enable expansion	Normal (1) ▼	Strong agreement (5) ▼	
H.06	Where possible spaces are standardised and flexible in use patterns	Normal (1) ▼	Strong agreement (5) ▼	
H.07	The layout facilitates both security and supervision	Normal (1) ▼	Strong agreement (5) ▼	
<div>◀ Construction ▶▶ Results summary Access ▶</div>				

FUNCTIONALITY: Access Average score: 4.7

Section I focuses on the way the users of the building can come and go. It asks whether people can easily and efficiently get onto and off the site using a variety of means of transport and whether they can logically, easily and safely get into and out of the building.

ID	Description	Weighting	Score	Notes
I.01	There is good access from available public transport including any on-site roads	Normal (1) ▼	Strong agreement (5) ▼	
I.02	There is adequate parking for visitors and staff cars with appropriate provision for disabled people	Normal (1) ▼	Strong agreement (5) ▼	
I.03	The approach and access for ambulances is appropriately provided	Normal (1) ▼	Strong agreement (5) ▼	
I.04	Goods and waste disposal vehicle circulation is good and segregated from public and staff access where appropriate	Normal (1) ▼	Fair agreement (4) ▼	Position of Refuse Store to be reviewed
I.05	Pedestrian access routes are obvious, pleasant and suitable for wheelchair users and people with other disabilities / impaired sight	Normal (1) ▼	Fair agreement (4) ▼	
I.06	Outdoor spaces are provided with appropriate and safe lighting indicating paths, ramps and steps	Normal (1) ▼	Strong agreement (5) ▼	
I.07	The fire planning strategy allows for ready access and egress	Normal (1) ▼	Strong agreement (5) ▼	
◀ Use ▶▶ Results summary ▶▶ Space ▶▶				

FUNCTIONALITY: Space

 Average score: 4.8

Section J concentrates on the amount of space in the building in relation to its purpose. It asks if this space is well located and efficient and whether people can move around in it efficiently and with dignity.

ID	Description	Weighting	Score	Notes
J.01	The design achieves appropriate space standards	Normal (1) ▼	Strong agreement (5) ▼	Space allocated for waiting areas is below SHPN36 recommendations - due to increase in no. of rooms without GIA reduction.
J.02	The ratio of usable space to the total area is good	Normal (1) ▼	Strong agreement (5) ▼	
J.03	The circulation distances travelled by staff, patients and visitors are minimised by the layout	Normal (1) ▼	Strong agreement (5) ▼	
J.04	Any necessary isolation and segregation of spaces is achieved	Normal (1) ▼	Strong agreement (5) ▼	
J.05	The design makes appropriate provision for gender segregation	Normal (1) ▼	Virtually total agreement (6) ▼	
J.06	There is adequate storage space	Normal (1) ▼	Little agreement (3) ▼	Adequacy of DSR provision to be reviewed

◀ Access

▶▶ Results summary

Achieving Excellence Design Evaluation Toolkit (AEDET Evolution)

Project details:	Title	North West Dumfries Primary Care Centre
Workshop details:	Location	Old Board Room, Crichton Hall, Dumfries
	Date	13.09.10

Results summary:

A:	▶ Character and innovation	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.9	<div></div>	7 of 5 scored
B:	▶ Form and materials	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.8	<div></div>	5 of 5 scored
C:	▶ Staff and patient environment	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.1	<div></div>	8 of 8 scored
D:	▶ Urban and social integration	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.8	<div></div>	4 of 4 scored
E:	▶ Performance	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.0	<div></div>	4 of 4 scored
F:	▶ Engineering	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.4	<div></div>	5 of 5 scored
G:	▶ Construction	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	5.0	<div></div>	7 of 7 scored
H:	▶ Use	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.9	<div></div>	7 of 7 scored
I:	▶ Access	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.7	<div></div>	7 of 7 scored
J:	▶ Space	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	4.8	<div></div>	6 of 6 scored
											1 2 3 4 5 6

NOTE: A filled traffic light dot [●] in the table above indicates a valid average score, a hollow dot [○] indicates that one or more statements have been marked as 'unable to score'.