

Appendix A

Director-General Health & Social Care and
Chief Executive NHS Scotland

Derek Feeley



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Mr John Burns
Chief Executive
NHS Ayrshire and Arran
Eglington House
Ailsa Hospital
Dalmelington Road
AYR
KA6 6AB



Our ref: A3174584

31 May 2012

NHS AYRSHIRE AND ARRAN – ACUTE MENTAL HEALTH AND NORTH AYRSHIRE COMMUNITY HOSPITAL – OUTLINE BUSINESS CASE

Dear John

The above Outline Business Case has been considered by the Health Directorate's Capital Investment Group (CIG) using expedited procedures. Following resolution of a number of outstanding issues CIG have now recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to prepare for procurement of the project via the NPD model and to submit a Full Business Case prior to reaching financial close.

In accordance with my letter to NHS Boards of 22 March 2011 detailing the funding arrangements for the the revenue financed pipeline of projects attached to this letter is a schedule of funding conditions that will apply to the project going forward. I would therefore be grateful for confirmation of your acceptance of these conditions as soon as is practicable.

In accordance with SCIM Guidance, business cases/addendums are required to be placed within the Scottish Parliament Library (SPICe) within one month of receiving approval. Therefore, I would be grateful if you could forward a public version of the Outline Business Case to Glenda Roy at the address below within one month of receiving this approval letter.

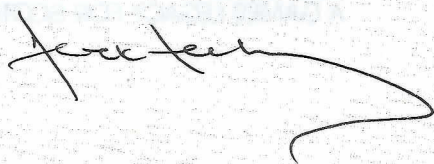
It is a compulsory requirement within SCIM, for schemes in excess of £5m, that NHS Boards set up a section of their website dedicated specifically to such projects. The approved Business Cases/ contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at http://www.scim.scot.nhs.uk/Approvals/Pub_BC_C.htm.



I would ask that if any publicity is planned regarding the approval of the business case that NHS Ayrshire and Arran liaise with SG Communications colleagues regarding handling.

If you have any queries regarding the above please contact Mike Baxter on 0131 244 2079 or e-mail Mike.Baxter@scotland.gsi.gov.uk

Yours sincerely



DEREK FEELEY

Schedule : Funding Conditions

These are the conditions of conditional revenue funding referred to in the foregoing letter of approval of the Outline Business Case for the Acute Mental Health and North Ayrshire Community Hospital project (NACH)

The Outline Business Case (“OBC”) submitted by Ayrshire & Arran Health Board (the “Board”) for the NACH project (the “Project”) has been approved by the Scottish Ministers on the basis set out in the foregoing letter and this Schedule and have agreed that the Project should progress through the publication of a contract notice in the Official Journal of the European Union (“OJEU notice”) subject to the conditions listed in paragraph 9 below being satisfied. A firm offer of revenue funding support will be made at the end of the procurement process, subject to the Scottish Ministers’ overall and final approval of the Project after consideration of a Full Business Case (“FBC”) prior to contract signature/financial close. The scope and the conditions of this approval are set out in detail below.

As the procurement process for the Project progresses, Scottish Futures Trust (“SFT”) will apply scrutiny through the Key Stage Review (“KSR”) process and the approval of the Scottish Government’s Health and Social Care Directorates (“SGHSCD”) will be needed for the Project to proceed at each stage; and the approval of the Scottish Ministers for this Project will be required at FBC stage and will be dependent, inter alia, on the Board demonstrating that the Project offers value for money (see paragraph 5 below) and is affordable.

1. Project Costs

The revenue funding support will cover the following costs, which will be incurred by the private sector partner and included within its financial model for the Project and re-charged to the Board through an annual unitary charge, associated with the Project:

1.1 Construction costs

- 1.1.1 The construction costs¹ eligible for revenue funding support are capped at [£48m] (exclusive of VAT) (the “Construction Cost Cap”). This is £2.9m less than the estimate of construction cost set out in the OBC, as it is agreed that further cost efficiencies are deliverable.
- 1.1.2 The Construction Cost Cap assumes a construction mid-point of Q3 2014, as specified in the OBC. The latest BCIS All In TPI Index indicates a figure of 223 for Q4 2011 and forecasts a figure of 235 for Q3 2014. This implies an inflation allowance included in the Construction Cost Cap of 5.38% from the Q4 2011 pricing base date.
- 1.1.3 The Construction Cost Cap is therefore based upon a figure of £45.55m in Q4 2011 prices. The construction cap has been set on the basis that inflation allowance will be reassessed and recast periodically up to financial close by reference to any difference (positive or negative) between (a) the cost inflation from the pricing base date that is implied by this forecast and (b) the cost inflation from the pricing base date implied by the forecast (or reasonable extrapolation) of the same index at the time of financial close (assuming financial close is not delayed beyond March 2014) will be

¹ These include the cost of the building, IT infrastructure, Group 1 (supply and installation) & 2 (installation only) equipment and private sector design fees post financial close.

reflected in a commensurate increase or decrease (as the case may be) in the revenue funding support for the Project's construction costs, as determined by the Scottish Ministers. The Board is expected to limit project scope or design creep to ensure that any apparent surplus inflation allowance is not utilised.

1.1.4 The Construction Cost Cap assumes that the Project will deliver the project scope as detailed in the OBC (i.e. a combined mental health and elderly care facility extending to 16,600 square metres). Should the Board choose to expand the scope of the Project beyond what is detailed in the OBC, or if (subject to paragraph 1.1.3 above) the Project is not deliverable within the Construction Cost Cap, the Board will be required to fully fund any resultant increase in unitary charge, including any inflationary impact, over the term of the contract. Should the Board choose to decrease the scope of the Project below that agreed, the level of Scottish Government's revenue funding support will reduce commensurately, as determined by the Scottish Ministers.

1.1.5 As referred to in the then Acting Director General Health and Social Care's letter of 22 March 2011 the Board will be required to satisfy both the Scottish Government and the SFT that it has sought to minimise capital and operating costs within the agreed project scope and that it has undertaken a whole of life cost analysis of bidders' proposals. This will be scrutinised at critical points in the procurement (i.e. Pre-OJEU, pre-dialogue, pre-final tender, pre-preferred bidder and pre-financial close) through the KSR process.

1.1.6 As noted in Recommendation of SFT's Design Review, there are a number of areas that could be targeted as part of the design development through the NPD process including scope to reduce the number of larger rooms and clarification of the volumes and traffic between the new facility and the existing hospital. It is expected that the Board will work through the various issues raised in the recommendations in the Project Review to develop further the Project within the overall Construction Cost Cap.

1.1.7 Indexation will not be applied to the construction cost element of the annual unitary charge.

1.2 Financing interest and financing fees

1.2.1 The Board must seek to secure a competitive and deliverable financing package for the Project.

1.2.2 The terms of the financing package (including, for example, interest rates, margins and fees) offered by the preferred bidder will be scrutinised by SFT through the KSR process and will form part of the Scottish Government's overall and final assessment of the Project (and its affordability) at FBC stage.

- 1.2.3 The Scottish Government reserves the right to call for a funding competition after the appointment of a preferred bidder and the Board must ensure that this right is expressly referred to in the tender documentation issued to bidders.
- 1.2.4 The Scottish Government will take the risk of movements in interest rates up to the point of financial close.
- 1.2.5 The Scottish Government and/or SFT will approve the interest rate proposed at financial close (or will provide instructions in relation to the interest rate swap process with which the Board will be required to comply).
- 1.2.6 The Board must promptly provide the Scottish Government and SFT with such information as they may request in connection with the bidders' financing proposals for the Project.
- 1.2.7 The Board must comply with any guidance and requests that the Scottish Government, or SFT on behalf of the Scottish Government, may issue in connection with the financing of the Project and securing value for money financing proposals.
- 1.2.8 Indexation will not be applied to the financing costs and financing fees elements of the annual unitary charge.

1.3 Private sector development costs

- 1.3.1 Private sector development costs are eligible for revenue funding support. SFT currently estimates that on this project these costs will be in the region of 3% of the capital value of the project (not indexed). This amount has been determined by SFT to provide an indicative annual unitary charge for the purposes of Scottish Government budgeting at this stage but will be reviewed throughout the procurement process. This estimate is assumed to include all costs incurred by the SPV during the bidding and construction periods including staffing, administration, office and equipment costs; employers agent, audit, and other SPV and lender external advisory (e.g. legal, technical and insurance) fees; and all SPV success fee costs (other than design success fees).
- 1.3.2 The Board must seek to secure competitive proposals from bidders. SFT will scrutinise the bidders' proposed development costs, and the manner in which the Board has factored these into the bid evaluation process, as part of the KSR process. SFT will comment on whether the bidders' proposals are reasonable in the context of their overall submissions and having regard to relevant external benchmarks. These costs will be included in the Scottish Government's overall and final assessment of the Project (and its affordability) at FBC stage.
- 1.3.3 The Board must promptly provide the Scottish Government and SFT with such information as they may request in connection with the bidders' proposals for recovery of development costs.

1.3.4 The Board must comply with any guidance and requests that the Scottish Government, or SFT on behalf of the Scottish Government, may issue in connection with private sector development costs and securing value for money in relation to these.

1.3.5 Indexation will not be applied to the private sector development cost element of the annual unitary charge.

1.4 SPV operating costs (operational phases)

1.4.1 The current expectation is a for a total of £100,000 per annum (at 31 December 2011 prices) for SPV operating costs. This figure excludes operational period insurance costs (which will be a direct pass through cost to be covered by revenue funding support).

1.4.2 Rather than specify a cap or a budget for these costs, Scottish Government requires that the Board seek to secure competitive, value for money proposals from bidders. SFT will scrutinise the bidders' proposed SPV operating costs, and the manner in which the Board has factored these into the bid evaluation process, as part of the KSR process. SFT will comment on whether the bidders' proposals are reasonable in the context of their overall submissions and having regard to relevant external benchmarks which will include recent projects and prevailing market conditions. These costs will form part of the Scottish Government's overall and final assessment of the Project (and its affordability) at FBC stage.

1.4.3 The Board should note that under the standard form NPD contract operational insurance premiums are recovered by the SPV as a pass-through cost rather than through the annual unitary charge. These should therefore not be included within bidders' proposed SPV operating costs (and hence unitary charge), but shown separately as cost chargeable to the Board

1.4.4 The Board must promptly provide the Scottish Government and SFT with such information as they may request in connection with the bidders' proposals in relation to SPV operating costs.

1.4.5 The Board must comply with any guidance and requests that the Scottish Government, or SFT on behalf of the Scottish Government, may issue in connection with SPV operating costs and securing value for money in relation to these.

1.4.6 Indexation will be applied to the SPV operating costs (during the operational phase only) element of the annual unitary charge.

1.5 Lifecycle maintenance costs

1.5.1 Revenue funding support will cover 50% of the lifecycle maintenance costs for the scope of the Project that is eligible for NPD funding. For the avoidance of doubt the Board will be responsible for the remaining 50% of

these lifecycle maintenance costs as well as 100% of the lifecycle maintenance costs for any additional space should it choose to expand the scope of the Project beyond that detailed in the OBC. The Board's estimate of lifecycle costs is £416,000 per annum over 25 years or £25 per m2 or £10,400,000 in total (all in December 2011 prices).

1.5.2 As referred to in the Scottish Government's letter of 22 March 2011 the Board will be required to satisfy both the Scottish Government and SFT that it has sought to minimise capital and operating costs within the agreed project scope and undertaken a whole of life cost analysis. Lifecycle maintenance costs will form part of the Scottish Government's overall and final assessment of the Project (and its affordability) at FBC stage.

1.5.3 The Board must seek to secure competitive, value for money proposals from bidders in relation to their lifecycle maintenance proposals and costs. SFT will scrutinise the bidders' proposed lifecycle maintenance proposals and costs, and the manner in which the Board has factored these into the bid evaluation process, as part of the KSR process. SFT will comment on whether the bidders' proposals are reasonable in the context of their overall submissions and having regard to relevant external benchmarks. The Board's current estimate of £25 per square metre per annum (excluding VAT) at Q4 2011 prices is considered to be within the expected range of benchmarks for lifecycle maintenance costs for a project of this nature and scope. In comparing bidders' proposals against benchmarks the Board must take account of the scope of the SPV's obligations under the standard NPD contract (in particular the internal decoration responsibilities that are retained by the Board) and it should be noted that recent market data from live projects suggests that there may be scope for a reduction in the Board's estimate.

1.5.4 The Board must promptly provide the Scottish Government and SFT with such information as they may request in connection with the bidders' lifecycle maintenance proposals and costs.

1.5.5 The Board must comply with any guidance and requests that the Scottish Government, or SFT on behalf of the Scottish Government, may issue in connection with lifecycle maintenance costs and securing value for money in relation to these.

1.5.6 Indexation will be applied to the lifecycle maintenance costs element of the annual unitary charge.

1.6 Other costs

Other costs that are included within the unitary charge (i.e. hard facilities management and remaining lifecycle maintenance costs) will require to be funded by the Board, as will other project costs outwith the unitary charge (such as soft facilities management, utilities and rates).

2. Standard form contract

- 2.1 This approval and any offer of revenue funding support is and will be conditional on the Board using the standard form NPD contract documentation developed by SFT (available at www.scottishfuturestrust.org.uk).
- 2.2 All changes to the standard form contract documentation will require SFT's approval. Further information on the approval process is available in SFT's Standard Project Agreements User's Guide.²
- 2.3 The Board should note that it will be a condition of revenue funding support that any Surpluses and Refinancing Gains paid to the Board in terms of the NPD contract must be paid by the Board to SGHSCD. The Board must not agree a refinancing proposal under the Project Agreement for the Project without the prior approval of SGHSCD.

3. Staffing Protocol

The Board must comply with the terms of "Public Private Partnerships in Scotland – Protocol and Guidance Concerning Employment Issues" (available at <http://www.scotland.gov.uk/Topics/Government/Finance/18232/12271>).

4. Tender Evaluation

- 4.1 The Board must develop and adopt an evaluation methodology that strikes an appropriate balance between assessments of price and quality and that in assessing price takes account of the net present value of the overall unitary charge (and not just those elements that are funded by the Board). The Board will be required to demonstrate this through the KSR process.
- 4.2 The Board will co-operate and liaise with SFT in relation to the tender evaluation methodology and process and must comply with any relevant guidance issued by Scottish Government and/or SFT.

5. Value for Money

The Authority must comply with relevant value for money guidance (available at http://www.scottishfuturestrust.org.uk/publications/funding_and_finance). This will be scrutinised through the KSR process.

6. Accounting treatment

It will be a condition of revenue funding support that the Project is assessed as being a service concession under IFRIC12 and as being classified as a non-government asset for national accounts purposes under relevant Eurostat (ESA95) guidance.

7. Resourcing and governance

It is a condition of this approval and will be a condition of revenue funding support that the Board has and maintains in place a dedicated, qualified and sufficiently resourced project team to lead the delivery of the Project which must include recognised expertise in project management and delivering revenue financed projects. Further, the Board must have in place a governance structure, clearly linked to its own organisational governance arrangements, which will ensure effective oversight and scrutiny (at a

² http://www.scottishfuturestrust.org.uk/publication/standard_project_agreements_user_guide

senior level) of the work of the project team and the development of the Project. The Board's continuing compliance with these conditions will be monitored through the KSR process.

8. Information

- 8.1 SFT will continue to provide support to the Board throughout the procurement process and the Board must continue to co-operate with SFT in this regard and keep SFT informed as to progress and developments on the Project. Scottish Government expects that SFT will be invited to attend Project Board meetings.
- 8.2 The Board must, promptly on request, provide the Scottish Government and/or SFT with any information that they may reasonably require to satisfy themselves as to the progress of the Project and compliance with the conditions set out in this schedule.
- 8.3 The Scottish Ministers may, at FBC stage, specify additional information and reporting requirements for the construction and operational phases of the Project.

9. Additional project-specific conditions

This approval is subject to the following additional conditions:

- 9.1 The timing of publication of the OJEU notice must be agreed with SFT who will be mindful of issues such as anticipated market response given activity across the wider NPD pipeline.
- 9.2 The Board must satisfy SGHSCD and SFT, in advance of OJEU, that its draft OJEU notice, Information Memorandum and Pre-qualification Questionnaire are in final form and reflect guidance and recommendations made by SGHSCD and SFT.
- 9.3 The Board will implement the recommendations of the report by SFT following its Design Review of the Project dated 30th April 2012 to the extent not yet implemented, prior to the issue of the ITPD documentation and at the Pre ITPD KSR, SFT consider whether the Recommendations have been satisfactorily addressed by the development of the Reference Design and Authority's requirements and as reflected in the ITPD documentation.
- 9.4 Before the OJEU is advertised :
 - 9.4.1 There is an agreed position with SFT regarding the masterplan for the surplus land requirements on the Ayrshire Central Hospital site in Irvine.
 - 9.4.2 Planning in principle is obtained for the new facility.
- 9.5 That the extent of negotiable and non negotiable elements is developed by the Board on the basis that bidders should be provided with maximum flexibility to propose their own design and engineering solution, within defined parameters, and avoiding the need to open up the clinical adjacencies which has been settled with the Board's clinicians.

9.6 That a comprehensive delegation scheme should be put in place before the issue of the OJEU.

9.7 That the Board should provide a written commitment, before the issue of OJEU, that an appropriate additional resource to provide commercial PPP experience, as part of the project team, will be put in place as soon as possible and that the resource must in any event be in place prior to the issue of the ITPD documentation.

10. Further assurance and approvals processes

Approval of the FBC will fix the level of Scottish Government's revenue funding support based on the out-turn construction costs, private sector development costs, SPV operating costs, lifecycle maintenance costs and anticipated financing terms. As stated at paragraph 1.2.4 above, the Scottish Government is taking the risk of movements in interest rates up to the date of financial close. As stated at paragraph 1.2.5 above, the interest rate proposed at financial close will be subject to the approval of SFT (on behalf of the Scottish Government) and the process for SFT approval will be confirmed to the Board in due course.

11. Timing/payment of revenue funding support

11.1 Subject to approval of the Project by Scottish Ministers at FBC stage, revenue funding support will become payable once the unitary charge becomes due and payable under the NPD contract.

11.2 Further detail on the timing and mechanics of payment of revenue funding support will be given in due course.

12. Withdrawal of provisional offer of revenue funding support

The Scottish Ministers reserve the right to withdraw this approval if the Board fails to comply with any of its conditions or if the Project fails to reach financial close by 30 June 2014.

Appendix B



RECEIVED 28 FEB 2013

**NORTH AYRSHIRE
COUNCIL**

KAREN YEOMANS : Head of Service (Development Planning Services)

No N/12/00475/PPPM

CONDITIONAL PLANNING PERMISSION IN PRINCIPLE Type of Application: Major Application

TOWN AND COUNTRY PLANNING (SCOTLAND) ACTS
TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT PROCEDURE) (SCOTLAND)
REGULATIONS 2008

To : NHS Ayrshire & Arran
 NACH Programme Office
 University Hospital Crosshouse
 23 Lister Street
 Kilmarnock
 KA2 0BB

With reference to your application received on 24 August 2012 for outline planning permission under the above mentioned Acts and Orders for :-

Erection of acute mental health and community hospital

at Ayrshire Central Hospital
 Kilwinning Road
 Irvine
 Ayrshire
 KA12 8SS

North Ayrshire Council in exercise of their powers under the above-mentioned Acts and Orders hereby grant planning permission in principle, in accordance with the plan(s) docquetted as relative hereto and the particulars given in the application, subject to the following conditions and associated reasons :-

- Condition 1. Prior to the commencement of development on site, a further application(s) for the approval of the matters specified in this condition must be submitted to and approved by North Ayrshire Council as Planning Authority. These matters are as follows:
- (a) the layout of the site, including all roads, footways, shared paths, car parking areas, cycle parking and open spaces;
 - (b) the siting, design and external appearance of all building(s) and any other structures, including plans and elevations showing their dimensions and type and colour of external materials;
 - (c) detailed cross-sections of existing and proposed ground levels, details of under-building and finished floor levels in relation to a fixed datum, preferably ordnance datum and detailing how fold issues are addressed.
 - (d) the means of access to the site;
 - (e) the design and location of all boundary treatments including walls and fences;
 - (f) the landscaping proposals for the site, including details of existing trees and other planting to be retained and tree protection measures together with proposals for new planting specifying number, size and species of all trees and shrubs and a woodland management implementation programme;
 - (g) the means of drainage and sewage disposal including Sustainable Urban Drainage Systems (SUDS);
 - (h) details of the phasing of development (covering all relevant aspects of development detailed in (a) above);
 - (i) a design and access statement: design issues addressed in the formulation of the proposals shall be set out in line with the relevant supplementary design guidance produced by North Ayrshire Council.

- Reason 1. In order that these matters can be considered in detail.
- Condition 2. The application(s) for approval of these further matters must be made to the Council as Planning Authority before whichever is the latest of the following:
(a) expiry of 3 years from when permission in principle was granted
(b) expiry of 6 months from date when an earlier application for approval was refused, and
(c) expiry of 6 months from date on which an appeal against the refusal was dismissed.
- Approval of the further specified matters can be made for -
(i) different matters, and
(ii) different parts of the development
at different times.
- Only one application for approval of matters specified in conditions can be made after 3 years from the grant of planning permission in principle.
- Reason 2. To comply with section 59 of the Town and Country Planning (Scotland) Act 1997, as amended.
- Condition 3. That the further application(s) required under the terms of Condition 1 above shall include the retention of the existing access points off Kilwinning Road to serve the development, unless it can be demonstrated that there are sound technical and operational requirements for a replacement access and that satisfactory measures can be taken to minimise the loss of trees, to the satisfaction of North Ayrshire Council as Planning Authority.
- Reason 3. To meet the requirements of North Ayrshire Council as Roads Authority.
- Condition 4. That the further application(s) required under the terms of Condition 1 above shall include a detailed design of any required improvements to the local road network and design issues associated to accommodating public transportation needs, multi-user/pedestrian crossing facilities within the site and any required improvements to crossing points on the road network external to the site, all for the approval in writing of North Ayrshire Council as Planning Authority.
- Reason 4. To meet the requirements of North Ayrshire Council as Roads Authority.
- Condition 5. That the further application(s) required under the terms of Condition 1 above shall include a detailed Transport Assessment and Parking Strategy, including a detailed internal layout of the development including a swept path assessment for servicing, for the approval in writing of North Ayrshire Council as Planning Authority.
- Reason 5. To meet the requirements of North Ayrshire Council as Roads Authority.
- Condition 6. That the further application(s) required under the terms of Condition 1 above shall include details of the shared path / cycle way connections throughout the site and linkages to the National Cycle Route all for the approval in writing of North Ayrshire Council as Planning Authority.
- Reason 6. Requirements of Roads and Transportation Services, North Ayrshire Council's Access Officer and SPT.
- Condition 7. That the further application(s) required under the terms of Condition 1 above shall include a Public Transport Strategy detailing the frequency and routing of new/amended bus services for the consideration and detailed approval of the Council as Planning Authority. The strategy may include public transport infrastructure (bus stops and shelters), provision for taxi access and drop-off / pick-up, travel information to ensure users are aware of pedestrian, cycle and public transport provision which may also include for the provision of real time information unless otherwise agreed by North Ayrshire Council as Planning Authority.
- Reason 7. Requirements of Roads and Transportation Services, North Ayrshire Council's Access Officer and Strathclyde Partnership for Transport.

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|-----------|-----|--|
| Condition | 8. | That before the commencement of the use, hereby approved, the recommendations of the Public Transport Strategy, outlined in condition 7 above shall be implemented to the satisfaction of North Ayrshire Council as Planning Authority. |
| Reason | 8. | Requirements of Roads and Transportation Services, North Ayrshire Council's Access Officer and Strathclyde Partnership for Transport. |
| Condition | 9. | That the further application(s) required under the terms of Condition 1 above shall include a Green Travel Plan and any measures detailed therein to reduce car trips, shall be implemented and thereafter monitored to the satisfaction of North Ayrshire Council as Planning Authority. The needs of walkers, cyclists and public transport users should also be considered, with reference to the criteria in Policy PI 1 of the draft Local Development Plan. |
| Reason | 9. | Requirements of Roads and Transportation Services and North Ayrshire Council's Access Officer. |
| Condition | 10. | That the further application(s) required under the terms of Condition 1 above shall include a Signage Strategy to improve directional and information provision to the satisfaction of North Ayrshire Council as Planning Authority. |
| Reason | 10. | In the interests of traffic safety and to reduce clutter. |
| Condition | 11. | Development shall not commence until an assessment of the potential for the proposed use to cause noise and vibration nuisance including, if applicable, noise produced by the ventilation equipment, to occupants in the surrounding area, has been submitted to the Council as Planning Authority. Where potential noise or vibration disturbance is identified, proposals for the attenuation of that noise or vibration shall be submitted to and approved in writing by North Ayrshire Council as Planning Authority. The approved scheme shall cover both development and operational phases and be implemented prior to either commencement of development or the development being brought into use, whichever is relevant, and shall thereafter be retained in accordance with the approved scheme to the satisfaction of North Ayrshire Council as Planning Authority. Such an assessment and the recommendation of any attenuation measures shall be carried out by a suitably qualified person. |
| Reason | 11. | To meet the requirements of Environmental Health. |
| Condition | 12. | (a) Prior to commencement of any works on site, the recommendations contained within the 2010 Geo-Environmental Assessment and Ground Investigation Report, submitted in support of the application, shall be implemented. Any amendments to the approved remediation plan shall not be implemented unless approved in writing by North Ayrshire Council as Planning Authority.

(b) On completion of the remediation works, the developer shall submit a completion report to North Ayrshire Council as Planning Authority, confirming that the works have been carried out in accordance with the approved remediation plan and that the works have successfully reduced risks to acceptable levels.

(c) Any previously unsuspected contamination which becomes evident during the development of the site shall be brought to the attention of North Ayrshire Council as Planning Authority within one week or earlier of it being identified. A more detailed site investigation to determine the extent and nature of the contaminant(s) and a site-specific risk assessment of any associated pollutant linkages, shall then require to be submitted to and approved in writing by the Council as Planning Authority. |
| Reason | 12. | To meet the requirements of Environmental Health. |
| Condition | 13. | That before work commences on site a local air quality monitoring and modelling assessment shall be carried out and the information submitted to and approved by North Ayrshire Council as Planning Authority, unless otherwise agreed. The information shall be used to assess potential impacts of the development on existing air quality during both the |

construction and operational phases. The assessment shall have regard to the contributory impact on air quality that the development may pose.

Reason 13. To meet the requirements of Environmental Health.

Condition 14. That the further application(s) required under the terms of Condition 1 above shall include:

(a) an updated Flood Risk Assessment for the approval in writing of North Ayrshire Council as Planning and Flood Authority. Such an assessment shall include: finished floor levels against ordinance datum; protection against a 1:1000 year flood event; and that flood resilient and resistant materials are incorporated.

(b) comprehensive assessment of the wider flood and surface water drainage issues within the applicants ownership, including: the opening up of the Red Burn; and SUDs provision.

(c) a comprehensive Drainage Assessment.

Reason 14. Requirements of North Ayrshire Council as Flood Authority and SEPA.

Condition 15. That the further application(s) required under the terms of Condition 1 above shall include an Arboricultural Impact Assessment and Arboricultural Method Statement. Such documents should be used to guide the detailed design process. The recommendations within the submitted Tree Survey Schedule shall be implemented to the satisfaction of North Ayrshire Council as Planning Authority. Demonstration of the undertaking and/or programming of the Tree Survey Schedule recommendations shall be submitted for the approval in writing of North Ayrshire Council as Planning Authority.

Reason 15. To secure the preservation and protection of trees.

Condition 16. The recommendations within the Extended Phase 1 Ecology Assessment, submitted in support of the application, shall be implemented to the satisfaction of North Ayrshire Council as Planning Authority. Details shall be submitted demonstrating of the undertaking and/or programming of these recommendations implementation.

Reason 16. In the interests of preserving and protecting flora and fauna.

Condition 17. That the further application(s) required under the terms of Condition 1 above shall include detailed landscaping proposals. Such details should contribute to the establishment of a wider "green corridor" network, for outdoor recreation, and landscape and nature conservation, and provide for amenity grounds for users of the development.

Reason 17. To secure a landscaping scheme in the interest of amenity and biodiversity.

Condition 18. That the further application(s) required under the terms of Condition 1 above shall include submission of a strategic assessment of how new buildings shall reduce their CO2 emissions to a level above or in line with the building standards through appropriately designed: on-site low or zero carbon generating technologies (LZCGTs); and/or passive/operational energy efficiency measures. The specific implementation/detail documentation shall be submitted at the time of submission for Building Warrant

Reason 18. To secure a sustainable development.

Condition 19. Within the detailed design proposals details shall be incorporated showing how the provision of public art shall be integrated into the development.

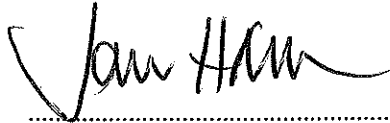
Reason 19. In the interests of amenity and to secure community involvement.

Reason(s) for approval 1. The proposal complies with the relevant provisions of the development plan and there are no other material considerations that indicate otherwise.

Dated this : 20 February 2013

Ayrshire Central Hospital Kilwinning Road Irvine Ayrshire KA12 8SS

No N/12/00475/PPPM

A handwritten signature in black ink, appearing to read 'Ian Ham'. The signature is written in a cursive style with a large initial 'I' and a long horizontal stroke at the end.

.....
for the North Ayrshire Council

Ayrshire Central Hospital Kilwinning Road Irvine Ayrshire KA12 8SS

No N/12/00475/PPPM

Drawings relating to decision

Drawing Title	Drawing Reference	Drawing Version
Block Plan / Site Plan	P(00)02	Rev A

(See accompanying notes.) (The applicant's attention is particularly drawn to note 5 (limit of duration of planning permission))

The applicant is advised to consult the following authorities prior to the commencement of the development hereby approved :-

1. The applicant/developer is directed to the Planning Committee Report related to this decision for further guidance and explanation in relation to the matters set out in planning conditions. Additional clarification can thereafter be obtained from the Development Management Section of North Ayrshire Council.
2. Development Planning (Roads), North Ayrshire Council, Perceton House, Perceton, Irvine, KA11 2AL with regard to the scope and detail of all road infrastructure related matters and such issues controlled by conditions 3, 4, 5, 6, 7, 8, 9 and 10.
3. Patricia Rowley, Structural Engineer, North Ayrshire Council, Development Planning: Transportation and Lighting Maintenance and Design (Development and Environment), Perceton House, Irvine KA11 2AL (01294 225259 or patriciarowley@north-ayrshire.gov.uk) with regard to the scope and detail of flood and drainage issues, particularly those detailed in condition 14.
4. Contaminated Land Officer (William McNish), Development and Environment, North Ayrshire Council, Cunninghame House, Irvine, KA12 8EE (t: 01294 324378 e: wmcnish@north-ayrshire.gov.uk) with regard to the scope and detail of Condition 12.
5. Arboricultural Officer (Walter Swanston), Environment and Related Services: Streetscene (Development and Environment), Montgomerie House, 2A Byrehill Drive, West Byrehill Industrial Estate, Kilwinning, KA13 6HN (t: 01294 541585) with regard to the scope and detail of conditions 15 and 17.
6. SNH, Russell House, King Street, Ayr KA8 OBE (t: 01292 270760) in relation to issues associated to protected species and scope and detail of recommendations within submitted supporting Phase 1 Habitat Survey, as required by condition 16.
7. Principal Environmental Health Officer, Development and Environment, North Ayrshire Council, Cunninghame House, Irvine, KA12 8EE with regard to scope and detail of Noise, Vibration and Air Quality issues and the associated and additional matters set out in conditions, 11 and 13. Also in relation to appropriate construction and demolition practices.
8. Access Officer (Louise Kirk), Development Planning: Planning (Development and Environment), Cunninghame House, Irvine KA12 8EE (t: 01294 324766 e: lkirk@north-ayrshire.gov.uk) regarding the scope and detail of conditions 6, 7, 8, 9 and 10.
9. Strathclyde Partnership for Transport, Consort House, 12 West George Street, Glasgow G2 1HN (t: 0141 333 3744 e: elizabeth.mackay@spt.co.uk) with regard to scope and detail of conditions 6, 7, 8 and 10.
10. SEPA (Lynne Anderson) at planning.ek@sepa.org.uk (t: 01355 574 200) with regards to the scope and detail of condition 14. Please also note that technical and procedural guidance can be accessed at the SEPA website: sepa.org.uk.

11. Team Manager Building Standards (David Drennan), Development Planning: Building Standards (Development and Environment) (t: 01294 324353 e: ddrennan@north-ayrshire.gov.uk) regarding the scope and detail associated to condition 18.

12. Route Manager (A78), Network South, Buchanan House, 58 Port Dundas Road, Glasgow G4 0HF (t: 0141 272 7100) regarding the scope and detail of condition 9. It should be noted that planning consent does not carry with it the right to carry out works within the trunk road boundary and that permission must be granted by Transport Scotland, Trunk Road and Bus Operations.

13. Community and Culture: Community Services (Education and Skills), Cunninghame House, Irvine KA12 8EE with regard to scope and detail of condition 19.



NORTH AYRSHIRE
COUNCIL

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT, 1997,
AS AMENDED BY THE PLANNING ETC (SCOTLAND) ACT 2006.
TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT PROCEDURE) (SCOTLAND)
REGULATIONS 2008 – REGULATION 28

IAN T. MACKAY : Solicitor to the Council (Corporate Services)

FORM 1

1. If the applicant is aggrieved by the decision of the planning authority to refuse permission for or approval required by a condition in respect of the proposed development, or to grant permission or approval subject to conditions, the applicant may appeal to the Scottish Ministers under section 47 of the Town and Country Planning (Scotland) Act 1997 within three months from the date of this notice. The notice of appeal should be addressed to the Directorate of Planning and Environmental Appeals, 4 The Courtyard, Callendar Business Park, FALKIRK FK1 1XR
2. If permission to develop land is refused or granted subject to conditions, whether by the planning authority or by the Scottish Ministers, and the owner of the land claims that the land has become incapable of reasonably beneficial use in its existing state and cannot be rendered capable of reasonably beneficial use by the carrying out of any development which has been or would be permitted, the owner of the land may serve on the planning authority a purchase notice requiring the purchase of the owner of the land's interest in the land in accordance with Part 5 of the Town and Country Planning (Scotland) Act 1997.

**NOTES ACCOMPANYING PLANNING APPLICATIONS, APPLICATIONS FOR
PLANNING PERMISSION IN PRINCIPLE AND APPLICATIONS FOR APPROVAL
OF MATTERS SPECIFIED IN CONDITIONS**

1. The applicant is advised to consult the party(s) listed over to discuss their requirements/recommendations. This advice does not relieve the applicant of any other obligation imposed by Act or Byelaw.
2. If the applicant is aggrieved by the decision of the Planning Authority to refuse permission or approval subject to conditions, there is a right of appeal within 3 months of the date of this notice. The procedure for lodging an appeal depends on the type of development and the method of determining the planning application. Please contact the Planning Authority on 01294 324319 if you are unsure as to how your planning application was determined. For all local developments determined from the 3rd August 2009 under delegated powers, applicants shall have the right to request a review by the Local Review Body. Form 2 that accompanies this decision notice outlines the process of local reviews. The applicant/agent is required to complete the Notice of Review form that is available on the Council's website. The Notice of Review shall be submitted to North Ayrshire Council, Legal & Protective Services (Development Management), Cunninghame House, Irvine, KA12 8EE. For cases of non-determination appeals for local developments, the applicant has 3 months of the application target date in which to lodge an appeal. If the local review is not conducted within 2 months of receipt, it is deemed to have been refused and the applicant can appeal to Scottish Ministers.
3. For the remaining applications that relate to major and national developments (including any associated appeals for non-determination) and for local developments that were determined at planning committee, there is a right of appeal to the Directorate for Planning and Environmental Appeals, 4 The Courtyard, Callendar Business Park, Callendar Road, Falkirk FK1 1XR and a copy of the notice of appeal should also be sent to the Planning Authority. Form 1 that accompanies the decision notice outlines the process of appealing to the Directorate for Planning and Environmental Appeals (Scottish Ministers). Appeal forms are available on the Scottish Government Website.
4. If permission to develop land is refused, or granted subject to conditions, whether by the Local Authority or by the Scottish Ministers, and the owner of the land claims that the land has become incapable of reasonably beneficial use in its existing state and cannot be rendered capable of reasonably beneficial use by the carrying out of any development which have been or would be permitted, he may serve on the Planning Authority a purchase notice requiring the purchase of his interest in the land in accordance with the provisions of Part V of the Town and Country Planning (Scotland) Act 1997.
5. If no time limit for the commencement of the development is specified in the permission:

- (A) In accordance with Section 58(1)(a) of the Town and Country Planning (Scotland) Act 1997 (as amended), permission is deemed to be granted subject to the condition that the development must be begun not later than the expiration of 3 years beginning with the date on which the permission is granted.
- (B) Where planning permission in principle is granted for development consisting in or including the carrying out of building or other operations in accordance with Section 59(2) and (4) (as amended) permission is deemed to be granted subject to conditions to the following effect:
- (a) that, in the case of any applications for approval of matters specified in conditions must be made before:
- (i) the expiration of 3 years from the date of the grant of the planning permission in principle; or
 - (ii) the expiration of 6 months from the date on which an earlier application for the requisite approval was refused; and
 - (iii) the expiration of 6 months from the date on which an appeal against such refusal was dismissed.

Provided that only one such application may be made in the case after the expiration of the 3 year period mentioned in the sub-paragraph (i) above.

- (b) that the development to which the permission relates must be begun not later than whichever is the later of the following dates:
- (i) the expiration of 3 years from the date of the grant of the planning permission in principle; or
 - (ii) the expiration of 2 years from the requisite approval being obtained (or in the case of approval of different matters on different dates, from the requisite approval for the last such matter being obtained).
6. The applicant should contact the Assistant Chief Executive (Development and Promotion) Perceton House, Irvine, to have the official street names and numbers/postal addresses, allocated to the development, by the Council. The applicant is advised to make clear, to purchasers and prospective purchasers, the difference between any unofficial marketing name, and the official street name.
7. In the case of contaminated land the responsibility for safe development and secure occupancy of the site rests with the developer. The Planning Authority has determined the application on the basis of the information available to it, but this does not mean that the land is free from contamination.

Notification of Initiation of Development

A person who has been granted planning permission and intends to start development must, once they have decided the date they will start work on the development, inform

the Planning Authority of that date as soon as is practicable. This notification shall be carried out using the appropriate form ("Notification of Initiation of Development") that is enclosed with the decision notice. Failure to submit this notice is a breach of planning control under Section 123(1) of the Town and Country Planning (Scotland) Act 1997 (as amended).

Notification of Completion of Development

A person who completes a development for which planning permission has been given must, as soon as practicable after doing so, give notice of completion to the planning authority. This notification shall be carried out using the appropriate form ("Notification of Completion of Development") that is enclosed with the decision notice.

Display of Notice While Development is Carried Out

In the case of a major development, a national development and a development of a class specified in Schedule 3 to the Town and Country Planning (Development Management Procedure) (Scotland) Regulations 2008, the developer must, for the duration of the development, display a sign or signs containing certain information. The notice that shall be displayed is enclosed with the decision notice ("Notice to be Displayed While Development in Progress"). The notice must be displayed in a prominent place or in the vicinity of the site of the development and readily visible to the public. Failure to display this notice, if required, is a breach of planning control under Section 123(1) of the Town and Country Planning (Scotland) Act 1997 (as amended).

Appendix C

Membership of the North Ayrshire Community Hospital Programme Board

Derek Lindsay	Director of Finance (NHS A&A) SRO and Chair
Allan Gunning	Executive Director, Policy, Planning and Performance (NHS A&A)
Billy McClean	Associate Director for AHPs (NHS A&A)
Clive Shephard	Public Reference Group (Joint Chair)
Dan Doherty	Assistant Director of Estates and Capital Planning (NHS A&A)
Elma Murray	Chief Executive, North Ayrshire Council
Gordon MacKay	Staff side representative (NHS A&A)
Iain Fairley	Senior Project Manager, Capital Planning (NHS A&A)
John Ord	Project Manager (Turner & Townsend)
John Scott	Head of Capital Planning (NHS A&A) Programme Director
Kerry Alexander	Associate Director, Scottish Futures Trust
Linda Boyd	Health Care Manager (NHS A&A)
Liz Moore	Health Care Director (NHS A&A)
Maire Currie	Health Care Manager, Older People and Vulnerable Adults (NHS A&A)
May Smith	Head of Communications (NHS A&A)
Mike Baxter	Deputy Director of Capital Planning and Asset Management, Scottish Government
Patricia Leiser	Director of Organisation & Human Resource Development (NHS A&A)
Sandy Agnew	Assistant Director of Clinical Support Services (NHS A&A)
Stuart Sanderson	Assistant Director of Finance (NHS A&A)

Membership of the North Ayrshire Community Hospital Steering Group

John Scott	Head of Capital Planning (NHS A&A) Chair
Andy Grayer	Technical Project Manager ehealth (NHS A&A)
Audrey Fisher	Head of Clinical Support Services (North) (NHS A&A)
Elaine McClure	Programme Office Manager (NHS A&A)
Elaine Steel	Clinical Facilities Co-ordinator (NHS A&A)
Iain Fairley	Senior Project Manager, Capital Planning (NHS A&A)
John Ord	Project Manager (Turner & Townsend)
Julie Graham	Communications Assistant (NHS A&A)
Karen Turner	Clinical Services Co-ordinator (NHS A&A)
Linda Boyd	Health Care Manager (NHS A&A)
Stuart Sanderson	Assistant Director of Finance (NHS A&A)
Vikki Fullarton	Administration Assistant (NHSA&A)

Appendix D

North Ayrshire Community Hospital Benefits Realisation Action Plan February 2014 for FBC submission

Summary of current deficit	"6 dimensions of quality"	Benefit & SMART Measures	Benefit Sponsor	Benefits Realisation Manager	Stakeholder	Critical Supporter and Enablers	Data availability/comment
Priority Outcome 1. Assisting in the delivery/ provision of NHS Ayrshire & Arran published values Caring: I will show concern for others and care about the health, safety, and wellbeing of everyone I come into contact with. Safe: I will do my job well, striving to learn and do things better, while taking responsibility for the quality, safety, and effectiveness of my actions. Respectful: I will see everyone as an individual, be open, approachable and treat everyone with dignity and respect.							
<i>Environmental limitations contribute negatively to patient experience</i>	Equitable Effective Safe	<ul style="list-style-type: none"> Complaints about where values have been breached (for instance: safety, confidentiality, privacy and dignity) due to environment will be reduced compared to existing rates for relevant wards. 	Iona Colvin Liz Moore	Linda Boyd Carol Fisher Andrew Moore Maire Currie	Service users and carers	CSM's, CNM's HCGA dept	Information available via Complaints Department. Service user surveys
Priority Outcome 2. Improved quality of clinical care including standards and clinical outcomes							
<i>Compliance with QIS Clinical Standards is compromised due to current physical design of current buildings</i>	Effective	<ul style="list-style-type: none"> QIS IPCU standards will achieve a 10% higher compliance than baseline within 2 years QIS Schizophrenia ICP measures for inpatient care aspects will achieve a 10% higher compliance than current baseline within 2 years QIS Admission to Hospital standards will achieve a 10% higher compliance than current baseline within 2 years Frail Elderly Clinical Quality Care Indicators will improve by 10% from baseline within 2 years 	Iona Colvin Liz Moore	Linda Boyd Derek Barron Maire Currie Maire Currie	Service Users	HCGA dept	Standards may be superseded and if required will be replaced by comparative measures

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Priority Outcome 3. Enhance the delivery of all current, national and local and future strategies, policies and targets e.g. "having the right care in the right place at the right time"							
<i>Safety incidents relating to environment</i>	Patient Centred Safe Effective Efficient Equitable Timely	<ul style="list-style-type: none"> The number of Adverse Incidents relating to environment occurring within in-patient facilities will be reduced within 2 years of opening compared to baseline 	Iona Colvin Liz Moore	Linda Boyd Carol Fisher Maire Currie	Service Users	CSM CNM's HCGA dept	Data will be available from the Datix incident reporting system
<i>Formal report by MWC raises concern regarding environment</i>	Effective	<ul style="list-style-type: none"> MWC will have zero recorded matters in relation to environment 	Iona Colvin	Linda Boyd		CSM's	Mental Welfare Commission (MWC) visit letters and Annual Report
<i>Ward environment fails to meet security requirements</i>	Safe Effective Patient Centred	<ul style="list-style-type: none"> There will be a 5% decrease in absconds from within acute wards from baseline within 2 years of the facility opening 	Iona Colvin	Linda Boyd		CSM's	
<i>Minimal access to single room accommodation</i>	Patient Centred	<ul style="list-style-type: none"> 100% of service users will have single room accommodation compared to baseline 	John Wright	John Scott			
<i>Minimal choice of socialisation space</i>	Patient Centred	<ul style="list-style-type: none"> At least 25% more service users will rate the choice available to them as good at 1 year against baseline. 	Iona Colvin Liz Moore	Linda Boyd Maire Currie		HCGA dept	
<i>Minimal access to therapeutic, rehabilitation, re-enablement activity</i>	Patient Centred	<ul style="list-style-type: none"> Measured at 1, 3 and 5 years an overall 20% increase in therapeutic activity hours from baseline will occur and be sustained in this period. 	Iona Colvin Liz Moore	Linda Boyd Carol Fisher Maire Currie Billy McClean		HCGA dept	

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Priority Outcome 4. Bringing an end to institutional living and ensuring that the mental health stigma associated with existing facilities does not transfer to the new development							
<i>The current facilities contribute to the stigma of mental illness</i>	Equitable	<ul style="list-style-type: none"> Service users and carers using the new facility report a decrease in experience of stigmatised behaviour/attitude from baseline 	Iona Colvin	Linda Boyd Carol Fisher Maire Currie	Service Users and Carers Public	Anti Stigma Group	To contribute questions to service user satisfaction survey to establish baseline
Priority Outcome 5. Delivering future flexibility and functionality							
<i>Models of care and bed throughput measures are currently restricted due to lack of flexibility and functionality. There is currently a requirement for cross site boarding to meet the clinical needs of those requiring in-patient admission to single room accommodation causing issues in continuity of care.</i>	Timely Efficient Equitable	<ul style="list-style-type: none"> There will be flexibility to respond to specific re-alignment of ward/clinical areas within 5 years of opening to allow minor clinical service model change to be accommodated by the flexibility of the building. Any associated cost will be within "minimal" range 	Iona Colvin Liz Moore	Linda Boyd Carol Fisher Maire Currie Jean Hendry	NHS Ayrshire & Arran	Clinical Service Managers and Clinical Nurse Managers	Number of patients requiring to be boarded to other Boards due to bed pressures or requiring IPCU/forensic will be monitored.
<i>Current buildings do not comply with guidance</i>	Efficient	<ul style="list-style-type: none"> All current building guidance and space standards will be met by the development 	John Wright	John Scott	NHS Ayrshire & Arran	Capital Planning	

North Ayrshire Community Hospital Benefits Realisation Action Plan February 2014 for FBC submission

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Priority Outcome 6. Minimising the risk of healthcare acquired infections (HAI)							
<i>Environmental limitations impact negatively on models of care</i>	Safe	<ul style="list-style-type: none"> • All HAI criteria will be met and the Healthcare Acquired Infections (HAI) SCRIBE process will be followed • National cleaning audit performance will be improved within 1 year • Infection control audits will show improvements within 1 year • Environmental audits will demonstrate 100% achievement in new build areas within 1 year 	Fiona McQueen John Wright Iona Colvin Liz Moore	Sandy Agnew TBC	Service Users and Carers Public	Senior Infection Control Nurse	Date requires to be confirmed with Infection Control
Priority Outcome 7. Supporting an improved and safer working and clinical environment Implicit in the Staff Governance Standard is that all legal obligations are met, including NHS employers complying with current employment legislation, and that all policies and agreements are implemented. The Standard requires that all NHS Boards must demonstrate that staff are: <ul style="list-style-type: none"> • Well informed • Appropriately Trained • Involved in decisions which affect them • Treated fairly and consistently Provided with an improved and safe working environment							
<i>High quality management of change agenda required</i>	Patient Centred Safe Effective Efficient	Proposed measurements attributable to the new site: <ul style="list-style-type: none"> • More than 75% of staff will agree that their working environment has improved • Staff audit results will show a measurable improvement within 2 years in levels of satisfaction • All staff will feel safe working 	Patricia Leiser	Iona Colvin Liz Moore	Staff	O & HRD and staff partnership	Staff audit to be established and administered annually commencing 2015 to establish baseline and trend questions and measures to be revised by Service partnership Forum or

North Ayrshire Community Hospital Benefits Realisation Action Plan February 2014 for FBC submission

Summary of current deficit	“6 dimensions of quality”	Benefit & SMART Measures	Benefit Sponsor	Benefits Realisation Manager	Stakeholder	Critical Supporter and Enablers	Data availability/ comment
	Equitable Timely	within the new facility • Staff audit results show that staff within the development are kept well informed • Staff audit results show that staff feel they are appropriately trained • Staff audit results show that staff feel they are involved in decisions which affect them • Staff audit results show that staff are treated fairly and consistently • Staff audit results show that staff are provided with an improved and safe working environment					equivalent
Priority Outcome 8. Maximised opportunities for partnership working and wider public involvement/engagement/community benefit							
<i>Community integration and community benefits are currently very limited on current sites</i>	Equitable	• The number of community groups accessing group/meeting facilities will increase by 10% from baseline within 3 years • Volunteer opportunities will be established and demonstrate a 10% increase from year 1 to 3 from opening • Employment by NHS Ayrshire & Arran of North Ayrshire Residents as a direct result of the new build will increase by 1% of the WTE within 5 years from baseline • A minimum of 2 events and opportunities which contribute to the Curriculum for Excellence for P1-S6 pupils can be directly	John Scott Linda Boyd TBC	Jill Rodgers Patricia Leiser Project Co	Public Third sector	PFPI HR	Determined by number of bookings for rooms by partners and agencies. Measure uptake. A proxy measure of café income will be used Subject to HR data of employee postcode being available

**North Ayrshire Community Hospital
Benefits Realisation Action Plan February 2014 for FBC submission**

Summary of current deficit	"6 dimensions of quality"	Benefit & SMART Measures	Benefit Sponsor	Benefits Realisation Manager	Stakeholder	Critical Supporter and Enablers	Data availability/comment
		<p>attributed to the new Build during construction and in within years 1-3 post opening</p> <ul style="list-style-type: none"> • The Art Strategy will deliver its outcomes inclusive of those for the public • The target for employability and training opportunities and other community benefits including SMEs and Social Enterprises during construction and operation as detailed in ISFT will be achieved. • It will be possible to demonstrate examples of Social Enterprises contribution to construction • The 'Greening the NHS' opportunities such as cycle routes and walkways within the site that are accessible to the community will be delivered by completion of construction as detailed in ISFT • The site masterplan will seek and encourage the application for social enterprise companies 		<p>Linda Boyd</p> <p>Project Co</p> <p>Project Co</p> <p>Project Co</p> <p>John Scott</p>			<p>Ref: Art Strategy</p> <p>Ref ISFT</p> <p>Ref ISFT</p> <p>Ref ISFT</p> <p>TBC</p>
<p>Priority Outcome 9. Making more efficient and effective use of resources</p>							
	Efficient	<p>Whole life cost savings will result in a reduction in capital, energy/maintenance and replacement charges</p> <ul style="list-style-type: none"> • When the development 	John Wright	John Scott		Iain McInally	Available

**North Ayrshire Community Hospital
Benefits Realisation Action Plan February 2014 for FBC submission**

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		realises the BREEAM rating (2008) of healthcare Very Good, the whole life cycle costs will be realised					

Appendix E

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Viability		
Issue	Question	Response
Project level objectives and outputs	Is the Procuring Authority satisfied that a long term, operable contract has been constructed for the project?	Yes, the Board is satisfied that a long term operable contract will be constructed, Based on SFT standard NPD contract. A draft PA has been agreed with the preferred bidder.
	Confirm that the contract describes service requirements in clear, objective, output-based terms over a long term period.	The draft contract describes service requirements in clear, objective, output-based terms over a long term period.
	Confirm that the contract supports assessments of whether the service has been delivered to an agreed standard.	The contract does support the assessment of service delivery to the agreed standard.
	Confirm that the proposed project outcomes meet the project objectives and address the need.	The proposed project outcomes meet the project objectives as set by the Board.
	Are significant levels of investment in the new capital assets and related services required?	Yes, capital costs cap totals £46.6m
	Confirm that any interfaces with other projects or programmes are clear, manageable and the various responsibilities have been captured within the relevant contracts.	Interfaces with other projects and programmes are clear and manageable and the implications captured in the relevant contracts.
	Confirm that the services to be provided as part of the project do not require the essential involvement of Procuring Authority personnel. To what extent does any involvement negate the risk transfer that is needed for VfM?	The project services do not require the essential involvement of Board personnel with the exception of soft FM and clinical services that will remain with the Board.
	Will the private sector have control / ownership of the intellectual property rights associated with the performance / design / development of the assets for the new service?	This involvement is not expected to materially negate the risk transfer position of the Board. The risk transfer included in the VfM assessment reflects this position.

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Viability		
Issue	Question	Response
Operational flexibility	Is the Procuring Authority satisfied that the proposed contract offers sufficient operational flexibility which can be maintained over the lifetime of the contract at an acceptable cost?	Yes, the Board is satisfied that there is sufficient operational flexibility in the contract.
	Is there a practical balance between the degree of operational flexibility offered in the contract and long term contracting based on up-front capital investment in projects?	Yes, the Board is satisfied with the degree of flexibility in the contract.
	What is the likelihood of large contract variations being required during the life of the contract?	The Board does not expect there to be any large contract variations during the life of the contract.
Equity, efficiency and accountability	Are there public equity, efficiency or accountability reasons for providing the project directly rather than through a private finance / NPD contract?	No, private sector delivery of the envisaged services has been established within the health sector. The NPD structure delivers greater stakeholder involvement via the presence of stakeholder and independent directors on the NPD Board.
	Does the scope of the project services allow the private sector to have control of all the relevant functional processes? Do the services have clear boundaries?	Yes.
	Are there regulatory or legal restrictions that require project services to be provided directly?	No, there are no such restrictions.
	Will the private sector be able to exploit economies of scale through the provision, operation or maintenance of other similar services to other customers?	Yes, the private sector delivers the same services as for other PPP/PFI projects which are well established within Scotland and the UK. During operations the stakeholder and independent director have a role to ensure that the Project Co operates efficiently. Financial benefits of efficiencies can be used to make charitable distributions.

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Viability		
Issue	Question	Response
	Does the private sector have greater experience / expertise than the Procuring Authority in delivery of the project services? Are the services in the project non-core to the Procuring Authority?	Yes, the private sector has an extensive amount of experiences in the sector. Due to the procuring authority being a health board, this construction and maintenance is a non-core activity.
	Is a privately financed / NPD procurement basis for projects likely to deliver improved value for money to the Procuring Authority as a whole?	Yes, during operations the stakeholder and independent director have a role to ensure that the Project Co operates efficiently. Financial benefits of efficiencies will be passed back the private sector through surpluses.
OVERALL VIABILITY	Is the relevant Accountable Officer satisfied that operable contracts with built in flexibility have been constructed across the project, and that strategic and regulatory issues have been overcome?	Yes

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Desirability		
Issue	Question	Response
Risk management	Does the project involve the purchase of significant capital assets, where the risks of cost and time overruns are likely to be significant?	Yes. The facilities will be provided with a total cap spend of c.£46m
	Is the private sector likely to be able to manage the generic risks associated with the project more effectively than the Procuring Authority?	Yes, the private sector participants have a great deal of experience in this sort of project.
	Bearing in mind the relevant risks that need to be managed for the project, has the private sector demonstrated its ability to price and manage these risks?	The private sector participants have demonstrated the ability to price and manage these risks both in the experience and credentials they reference and also in their conduct through the dialogue phase.
	Do the proposed payment mechanisms and contract terms incentivise good risk management within the project?	Yes, the proposed payment mechanism and contract terms have been developed with the objective of incentivising risk management.
Innovation	Have bidder submissions displayed innovative ideas for the project?	Yes, bidders have brought innovative ideas to the procurement.
	Does some degree of flexibility remain in the nature of the technical solutions / services and / or the scope of the project?	Yes, there is some degree of flexibility remaining in the scope of the project and the technical solutions.
	Are solutions adequately free from constraints imposed by the Procuring Authority, legal requirements and / or technical standards?	Yes, the solutions are sufficiently free from constraints imposed by the Board.
	To what extent have the individual project's scope, specification and operation been pre-set or open to negotiation with the private sector?	All project briefing documents were based off a reference design with included agencies required for the project. This was proposed within a construction price cap with operational cost benchmarks provided.

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Desirability		
Issue	Question	Response
	Has the private sector suggested improvements to the level of utilisation of the assets underpinning the project (e.g. through selling, licensing, commercially developing for third party usage etc)?	No, as a health facility the private sector was not required to provide third party income opportunities.
Service provision	In relation to the project, has any soft service provision not been retained in-house? What are the relative advantages and disadvantages of this approach?	Yes, as per SG policy soft FM services have been retained by the Board.
Incentive and monitoring	Have the outcomes or outputs of the project been described in contractual terms which are unambiguous and measurable?	Yes, the outputs have been incorporated into the contract in clear, measurable terms.
	Have standards been agreed against which the project services will be assessed?	Yes, standards have been agreed against which deliverability of service can be assessed.
	Are incentives on service levels enhanced through the standard contract and payment mechanism?	Yes, the contract and the payment mechanism incentivise the private sector to deliver.
Lifecycle costs / residual value?	Have the design, build and operation of the project been integrated?	Yes
	Is a lengthy contract envisaged?	A 25 year contract is envisaged
	Will long-term contractual relationships be suitable (or advantageous) for the service?	Yes, contracts this length are well established in the health sector.
	Are there constraints on the status of the assets at contract end?	At the end of the concession the asset will revert to the Health Board at nil value. The standard form contract contains hand-back provisions which must be met
	Are there significant ongoing operating costs and maintenance requirements across the project?	Yes.

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Desirability		
Issue	Question	Response
	Are these sensitive to the type of construction?	The procurement process allowed bidders to develop their own proposals for balancing capital investment with long term maintenance costs.
OVERALL DESIRABILITY	Overall, is the relevant Accountable Officer satisfied that the project and the bids received would bring sufficient benefits?	Yes

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Achievability		
Issue	Question	Response
Transaction costs and client capacity	Is there sufficient Procuring Authority capability to manage the preferred bidder process through to financial close and appraise the ongoing performance against agreed outputs?	Yes there is sufficient capability to manage the preferred bidder process and ongoing performance from the Board with support from advisors.
	Has an appropriately skilled procurement team been assembled and made available to the project throughout the procurement?	Yes, the procurement team has remained consistent throughout the process and will remain in place until the procurement is complete.
	Does the project remain feasible within the required timescale?	Yes, the project does remain feasible within the required timescales.
	Is there sufficient time for resolution of key Procuring Authority issues?	The timescales set provide sufficient time to resolve key issues such as planning.
	Does the size of the project continue to justify the transaction costs?	Yes, the size of the project continues to justify the transaction costs.
Competition / Market Interest	Is there evidence that the private sector is capable of delivering the required outcomes?	Yes, the private sector has a strong track record on delivering outcomes on similar projects.
	Has sufficient market appetite been demonstrated for the project?	Yes, three bidders pre-qualified for the competitive dialogue phase and have been taken through the ITPD and ISFT stages, demonstrating sufficient market appetite.
	Have any similar projects been tendered to market?	Yes, similar projects have been tendered to market both in Scotland and in the UK, across various sectors including health.
	Has the Procuring Authority's commitment to a privately financed / NPD solution for this type of project been demonstrated?	Yes, the Board's commitment to an NPD solution has been demonstrated – Board minutes approving the project and the affordability sign off support this position.

Value for Money Assessment - Pro Forma

Stage 3: Procurement Level VFM Assessment - Achievability		
Issue	Question	Response
	Have the nature of the investment and / or the strategic importance of the work and / or the prospect for further business encouraged market appetite in the project?	Yes, the strategic importance of the work has encouraged market appetite.
OVERALL ACHIEVABILITY	Overall is the relevant Accountable Officer satisfied that the project is still achievable, that the project team will continue to be sufficiently resourced and the project has received sufficient market interest?	Yes

Appendix F

North Ayrshire Community Hospital

BUCHAN
ASSOCIATES



Schedule of Accomodation

MASTER SHEET

Accommodation	Type	Net m ²	Gross m ²	Comments
Central (Walk-in) Entrance	Admin	517	722.0	
Consultation & Inverventional Area	OP	521.5	744.7	
Ambulance Entrance	Admin/Circ	55.25	77.2	
20 Bed AMH Wards (MH)	Clinical		3027.7	3 x 20 bed wards
30 Bed Rehab' Unit (MH)	Clinical	1045.75	1526.3	1 x 30 bed unit
8 Bed Forensic Rehab' Unit (MH)	Clinical	464.25	677.6	1 x 8 bed ward
8 Bed IPCU (MH)	Clinical	444.25	657.7	1 x 8 bed ward
10 Bed Addictions Ward (MH)	Clinical	463.75	676.8	1 x 10 bed ward
15 Bed Elderly Wards (MH)	Clinical		1725.9	2 x 15 bed wards
ECT/AHP/Minor Surgery Suite	Clinical	183.25	255.9	
Support Cluster 1 (AMH)	Clinical/Admin	219.75	313.8	
Support Cluster 2 (Rehab)	Clinical/Admin	112	163.5	
Support Cluster 3 (Elderly)	Clinical/Admin	193.75	282.8	
30 Bed Elderly Rehab Ward	Clinical	985.75	1438.7	
30 Bed Long Term Care Ward	Clinical	985.75	1438.7	
Pharmacy	Admin/Clin	115.25	154.9	
Tribunal & Meeting Area	Admin	110.25	154.0	
Total			14038.0	

EXEMPLAR ADJUSTMENT TO MEET BRIEF

ADD PLANT	737.0
ADD COMMUNICATIONS	1825.0
TOTAL	16600.0

Approved on behalf of NHS Ayrshire & Arran	
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Central (Walk-in) Entrance

	No	Area m ²	Total Area m ²	Comments
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Main Entrance				
Covered Entrance	1			
Entrance Foyer	1	30	30	
Reception/Volunteers	1	10	10	
Administration Office: 5 Place	1	27.5	27.5	
Records area	1	16	16	
Waiting area: 12 places, incl. 3 wheelchair places	1	25.5	25.5	
Wheelchair/Trolley Bay	1	6	6	
Head Porter's office	1	10.5	10.5	
Porter's Duty Room	1	12	12	
Porter's Store	1	4	4	
Mail Room	1	18	18	
Security Office/Store	1	12	12	
Security Store	0	4	0	
Sub-Total			171.5	

Café Area/Coffee Shop/Retail				
Café/Coffee Shop	1	100	100	
Retail Outlet/Shop	1	40	40	
Sub-Total			140	

Support facilities: Sanitary				
Adult changing/WC (disabled)	1	12	12	
WC's Public (unisex, wheelchair accessible)	2	5.5	11	
Breast Feeding Room (with en-suite toilet)	1	11	11	
Female WC's (Ambulant)	1	12.5	12.5	
Male WC's (Ambulant)	1	10	10	
Cleaners' (Housekeeping) room	1	10	10	
Sub-Total			66.5	

Spiritual Care Area				
"Spiritual" area	1	24	24	
Quiet "Sanctuary" Space	1	12	12	
Interview room	0	10.5	0	
Ablutions Area Including Foot wash	1	6	6	
Sub-Total			42	

Hospital Admin/Support				
Cashiers Office: 3 Place	1	18	18	
Sub-Total			18	

MH Operational Mgt Team (Currently in Ailsa)			
Office – 1 position + meeting area	1	12	12
Office: 1 staff	1	10.5	10.5
Office: 6 place	1	33	33
Office: 2 place	0	13	0
Office: 2 place	0	13	0
Sub-Total			55.5

Distributed Plant			
IT Main Server	0	40	0
BMS PC	1	8	8
IT Hubs/Node Room	1	12	12
DB Cupboard	2	1.75	3.5
Sub-Total			23.5

Total Net			517.0
Planning allowance	5%		25.9
Sub-total			542.9
Engineering Allowance	3%		16.3
Circulation	30%		162.9
Total			722.0

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Consultation & Intervention Area

	No	Area m ²	Total Area m ²	Comments
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Main Consultation & Intervention Reception/Support Area				
Reception Admin Support	1	11	11	
Records area	1	8	8	
Seminar Room: 20 Persons	0	40	0	Use tribunal room
WC's Public (unisex, wheelchair accessible)	0	5.5	0	
Sub Total			19	

Adult Clinic Areas (2 required)				
Waiting Area	1	20	20	
WC's Public (unisex, wheelchair accessible)	1	5.5	5.5	
Consulting/Therapy Space	6	13.5	81	
Pantry	0.5	6	3	Shared
Seminar Room: 10 Persons	1	20	20	
Clean Utility	0.5	11	5.5	Shared
Dirty Utility	0.5	12	6	Shared
Store Room	3	3	9	
Specimen / Disabled WC	1	4.5	4.5	
Staff WC	1	2	2	
Cleaners' (Housekeeping) room	0.5	10	5	Shared
Sub Total for cluster			161.5	
Sub Total	2	161.5	323	

Child & Adolescent Clinic Area				
Waiting Area: 10 persons including 2 wheelchair user	1	18	18	
Sub-reception	1	10	10	
WC's Public (unisex, wheelchair accessible)	1	5.5	5.5	
Physical Measurement & Phlebotomy	1	12	12	
Therapy Room	5	16.5	82.5	
Seminar Room: 10 Persons	1	20	20	
Clean Utility	1	11	11	
Dirty Utility	1	12	12	
Store Room	1	3	3	
Specimen / Disabled WC	0	4.5	0	
Staff WC	1	2	2	
Sub Total	1		176	

Distributed Plant				
DB Cupboard	2	1.75	3.5	(1x1.75m)
Sub-Total			3.5	

Total Net			521.5	
Planning allowance	5%		26.1	
Sub-total			547.6	
Engineering Allowance	3%		16.4	
Circulation	33%		180.7	
Total			744.7	

Ambulance Entrance

	No	Area m ²	Total Area m ²	Comments
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Main Entrance				
Entrance Foyer	1	10	10	
Waiting area (5 + 1 wheelchair)	1	9	9	
Wheelchair/Trolley Bay	1	5	5	
Sub-Total			24	

Support facilities: Sanitary				
WC's Public (unisex, wheelchair accessible)	1	5.5	5.5	
Cleaners' (Housekeeping) room	0	10	0	
Sub-Total			5.5	

Support facilities: Bed/Eqpt Store and Cleaning Area				
Bed/Eqpt store/test area	1	24	24	
Sub-Total			24	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net			55.3	
Planning allowance	5%		2.8	
Sub-total			58.0	
Engineering Allowance	3%		1.7	
Circulation	30%		17.4	
Total			77.2	

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MH 20 Bed Ward

Modified From SHPN 35, SHPN 37,

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
Waiting/visiting area: 5 persons including 1 wheelchair user	1	9	9	
WC and hand-wash: accessible, wheelchair assisted	1	5.5	5.5	
Sub-Total			26.5	

In-patient facilities				
Single bedroom	18	15.5	279	
Single bedroom (larger size)	2	18	36	
En-suite WC and shower	12	4.5	54	
En-suite WC and shower (Small)	8	4	32	
"Night time" Touchdown bases	4	2	8	
Sub-Total			409	

Clinical facilities				
Multi-disciplinary room: 10 persons	1	20	20	
Clean utility	1	11	11	
Dirty utility: bedpan disposal and urine test	1	12	12	
Sub-Total			43	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	2	2	4	
WC and hand-wash: accessible, w'chair assisted	1	5.5	5.5	
Bath, WC and wash: assisted	1	15	15	
Sub-Total			24.5	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Duty Room With "Front Desk"	1	10	10	
Staff WC	1	2	2	
Sub-Total			22.5	

Support facilities				
Store: linen	1	4	4	
Personal laundry	1	11.5	11.5	
Store: equipment and supplies	1	12	12	
Cleaners' (Housekeeping) room	1	10	10	
Sub-Total			37.5	

Day and visiting facilities			
Social Sitting Area	1	45	45
Dining Area With Snack/Beverage Preparation	1	40	40
Meal trolley bay	1	3	3
Sitting room: 5 patients (Quiet room)	2	10	20
Pantry: serving ward	1	12	12
Distressed patient (Calming room)	1	10	10
Sub-Total			130

Distributed Plant			
IT Hubs/Node Room	1	12	12 (3x4m)
DB Cupboard	1	1.75	1.75 (1x1.75m)
Sub-Total			13.75

Total Net			706.8
Planning allowance	5%		35.3
Sub-total			742.1
Engineering Allowance	3%		22.3
Circulation	33%		244.9
Total			1009.2

TOTAL FOR ALL MH WARDS 3 1009.2 **3027.7**

Includes:

Acute MH 3 Wards 60 beds

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MH 30 Bed Rehabilitation Unit

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
Waiting area: 5 persons including 1 wheelchair user	1	9	9	
WC and hand-wash: accessible, wheelchair assisted	1	5.5	5.5	
Sub-Total			26.5	

In-patient facilities				
Single bedroom	27	15.5	418.5	
Single bedroom (larger size)	3	18	54	
En-suite WC and shower	22	4.5	99	
En-suite WC and shower (Small)	8	4	32	
"Night time" Touchdown bases	3	2	6	
Sub-Total			609.5	

Clinical facilities				
Multi-disciplinary room: 10 persons	1	20	20	
Clean utility	1	11	11	
Dirty utility: bedpan disposal and urine test	1	12	12	
Sub-Total			43	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	4	2	8	
WC and hand-wash: accessible, w'chair assisted	2	5.5	11	
Bath, WC and wash: assisted	1	15	15	
Sub-Total			34	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Staff Base	1	12	12	
Duty Room With "Front Desk"	2	10	20	
Staff WC	2	2	4	
Sub-Total			46.5	

Support facilities				
Store: linen	1	4	4	
Personal laundry	1	14	14	
Store: equipment and supplies	1	20	20	
Cleaners' (Housekeeping) room	1	10	10	
Sub-Total			48	

Day and visiting facilities			
Social Sitting Area	1	66	66
Dining Area With Snack/Beverage Preparation	3	20	60
Meal trolley bay	2	3	6
Self -catering kitchen	2	22	44
Pantry: serving ward	1	12	12
Sitting room (Quiet room)	3	15	45
Distressed patient (Calming room)	0	10	0
Sub-Total			233

Distributed Plant			
DB Cupboard	3	1.75	5.25 (1x1.75m)
Sub-Total			5.25

Total Net			1045.8
Planning allowance	5%		52.3
Sub-total			1098.0
Engineering Allowance	3%		32.9
Circulation	36%		395.3
Total			1526.3

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MH 8 Bed Forensic Rehabilitation Unit

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
Waiting area: 5 persons including 1 wheelchair user	1	9	9	
WC and hand-wash: accessible, wheelchair assisted	1	4.5	5.5	
Sub-Total			26.5	

In-patient facilities				
Single bedroom	6	15.5	93	
Single bedroom (larger size)	2	18	36	
Special Care Area	1	8	8	
En-suite WC and shower	8	4.5	36	
"Night time" Touchdown bases	2	2	4	
Sub-Total			177	

Clinical facilities				
Multi-disciplinary room: 10 persons	1	20	20	
Staff base: 3 staff	1	9	9	
Clean utility	1	11	11	
Dirty utility: bedpan disposal and urine test	1	12	12	
Sub-Total			52	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	2	2	4	
WC and hand-wash: accessible, w'chair assisted	1	5.5	5.5	
Bath, WC and wash: assisted	1	15	15	
Sub-Total			24.5	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Duty Room	1	10	10	
Staff WC	1	2	2	
Sub-Total			22.5	

Support facilities				
Store: linen	1	3	3	
Store: Personal Goods	1	8	8	
Self-catering kitchen	1	20	20	
Personal laundry	1	10	10	
Store: equipment and supplies	1	10	10	
Cleaners' (Housekeeping) room	1	10	10	
Sub-Total			61	

Day and visiting facilities				
Social/Activity/Therapy Area with open plan dining	1	40	40	
Meal trolley bay	1	3	3	
Sitting room: 5 patients	2	10	20	
Fitness Suite	1	24	24	
Pantry: serving ward	1	12	12	
Sub-Total			99	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net				
Planning allowance	5%		23.2	
Sub-total			487.5	
Engineering Allowance	3%		14.6	
Circulation	36%		175.5	
Total			677.6	

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MH 8 Bed Intensive Psychiatric Care Unit (IPCU)

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
Waiting area: 5 persons including 1 wheelchair user	1	9	9	
WC and hand-wash: accessible, wheelchair assisted	1	5.5	5.5	
Sub-Total			26.5	

In-patient facilities				
Single bedroom	8	18	144	
Special Care Area	1	8	8	
En-suite WC and shower	8	4.5	36	
"Night time" Touchdown bases	2	2	4	
Sub-Total			192	

Clinical facilities				
Multi-disciplinary room: 10 persons	1	20	20	
Staff base: 3 staff	1	9	9	
Clean utility	1	11	11	
Dirty utility: bedpan disposal and urine test	1	12	12	
Sub-Total			52	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	2	2	4	
WC and hand-wash: accessible, w'chair assisted	1	5.5	5.5	
Sub-Total			9.5	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Duty Room	1	10	10	
Staff WC	1	2	2	
Sub-Total			22.5	

Support facilities				
Store: linen	1	3	3	
Store: Personal Goods	1	8	8	
Personal laundry	1	10	10	
Store: equipment and supplies	1	10	10	
Cleaners' (Housekeeping) room	1	10	10	
Sub-Total			41	

Day and visiting facilities				
Social/Activity/Therapy Area: 8 patients with open plan dining area	1	40	40	
Meal trolley bay	1	3	3	
Sitting room: 5 patients	2	10	20	
Fitness Suite	1	24	24	
Pantry: serving ward	1	12	12	
Sub-Total			99	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net			444.3	
Planning allowance	5%		22.2	
Sub-total			466.5	
Engineering Allowance	3%		14.0	
Circulation	38%		177.3	
Total			657.7	

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MH 10 Bed Addictions Ward

Modified From SHPN 35, SHPN 37,

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
Waiting area: 5 persons including 1 wheelchair user	1	9	9	
WC and hand-wash: accessible, wheelchair assisted	1	4.5	4.5	
Sub-Total			25.5	

In-patient facilities				
Single bedroom	8	15.5	124	
Single bedroom (larger size)	2	18	36	
En-suite WC and shower	6	4.5	27	
En-suite WC and shower (Small)	4	4	16	
Sub-Total			203	

Clinical facilities				
Staff base: 3 staff	1	9	9	
Treatment room: general and UVL, both sides couch access, 1 patient	0	16	0	
Clean utility	1	11	11	
Dirty utility: bedpan disposal and urine test	1	12	12	
Pass-through toilet associated with Dirty Utility	0	4.5	0	
Sub-Total			32	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	1	2	2	
WC and hand-wash: accessible, w'chair assisted/Pass-through toilet associated with Dirty Utility	1	5.5	5.5	
Bath, WC and wash: assisted	1	15	15	
Sub-Total			22.5	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Duty Room With "Front Desk"	1	10	10	
Staff WC	1	2	2	
Sub-Total			22.5	

Support facilities				
Store: linen	1	4	4	
Personal laundry	1	10	10	
Store: clinical equipment	0	11.5	0	
Store: equipment and supplies	1	12	12	
Cleaners' (Housekeeping) room	1	10	10	
Sub-Total			36	

Day and visiting facilities				
Social Sitting Area	1	22	22	
Dining Area With Snack/Beverage Preparation	2	20	40	
Activity/Therapy Areas/Group Spaces	1	20	20	
Meal trolley bay	1	3	3	
Sitting room: 5 patients	1	10	10	
Pantry: serving ward	1	12	12	
Consultation Room	1	13.5	13.5	
Distressed patient (Calming room)	0	10	0	
Sub-Total			120.5	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net				
Planning allowance	5%		23.2	
Sub-total			486.9	
Engineering Allowance	3%		14.6	
Circulation	36%		175.3	
Total			676.8	

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MH 15 Bed Wards - Elderly

Modified From SHPN 35, SHPN 37,

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
Waiting area: 5 persons including 1 wheelchair user	1	9	9	
WC and hand-wash: accessible, wheelchair assisted	1	5.5	5.5	
Sub-Total			26.5	

In-patient facilities				
Single bedroom	13	15.5	201.5	
Single bedroom (larger size)	2	18	36	
En-suite WC and shower	15	4.5	67.5	
Sub-Total			305	

Clinical facilities				
Staff base: 3 staff	1	9	9	
Treatment room: general and UVL, both sides couch access, 1 patient	1	16	16	
Clean utility	1	11	11	
Dirty utility: bedpan disposal and urine test	1	12	12	
Sub-Total			48	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	2	2	4	
WC and hand-wash: accessible, w'chair assisted	2	5.5	11	
Bath, WC and wash: assisted	1	15	15	
Sub-Total			30	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Office: 2 staff	1	13	13	
Staff WC	1	2	2	
Sub-Total			25.5	

Support facilities				
Store: linen	1	4	4	
Store: clinical equipment	1	11.5	11.5	
Store: equipment and supplies	1	12	12	
Cleaners' (Housekeeping) room	1	10	10	
Sub-Total			37.5	

ECT Suite/AHP Area/Minor Procedures Area (Including on-call bedroom)

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Waiting Area	1	16	16	
Office – 1 position + meeting area	1	12	12	
WC and hand-wash: accessible, w'chair assisted	1	5.5	5.5	
Assisted shower with changing space	1	12	12	
On-call bedroom	1	12	12	
Staff WC	1	2	2	
Sub-Total			59.5	

Clinical facilities				
Preparation Area	1	13.5	13.5	
Treatment room	1	23	23	
Observation Area	1	5	5	
Recovery Room (Stage 1) 5 place	1	40	40	
Recovery Room (Stage 2)	1	16	16	
Disposal/Sluice/Test	1	12	12	
Trolley Bay	1	4.5	4.5	
Locked Store For AHP Eqpt	1	4	4	
Locked cupboard for ECT eqpt	1	4	4	
Sub-Total			122	

Distributed Plant				
IPS/UPS Room	0	36	0	Possibly located in Attic. May not be required depending on surgery requirements.
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net			
Planning allowance	5%		9.2
Sub-total			192.4
Engineering Allowance	3%		5.8
Circulation	30%		57.7
Total			255.9

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Support Cluster 1 AMH (Primarily Supporting AMH Wards)

		Area	Total	Comments
	No	m ²	Area m ²	

Support Accommodation				
Administration Office: 5 Place	1	27.5	27.5	
Waiting area: 5 persons including 1 wheelchair user	1	9	9	
Multi-purpose Group/Therapy Area	1	30	30	
Store	3	4	12	
Multi-function Assesment area	1	20	20	
ADL kitchen	1	22	22	
Fitness Suite	1	24	24	
Consulting Rooms	2	12	24	
Workstation Area: 2 Place	1	10	10	
WC and wash: ambulant	2	2	4	
WC and hand-wash: accessible, w'chair assisted	1	5.5	5.5	
Dirty utility	0	8	0	
Store: equipment and supplies	0	10	0	
Disposal Hold	2	10	20	
Cleaners (Housekeeping) Room	1	10	10	
Sub-Total			218	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net			
Planning allowance	5%		11.0
Sub-total			230.7
Engineering Allowance	3%		6.9
Circulation	33%		76.1
Total			313.8

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Support Cluster 2 Rehab' (Primarily Supporting 30 Bed Rehabilitation Unit)

	No	Area m ²	Total Area m ²	Comments
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Support Accommodation				
Multi-purpose Group/Therapy Area	1	30	30	
Store	3	4	12	
Consulting Rooms	2	12	24	
Fitness Suite	1	24	24	
Workstation Area: 2 Place	1	10	10	
WC and wash: ambulant	0	2	0	
WC and hand-wash: accessible, w'chair assisted	0	5.5	0	
Disposal Hold	2	6	12	
Cleaners (Housekeeping) Room	0	10	0	
Sub-Total			112	

Distributed Plant				
Sub-Total			0	

Total Net				
Planning allowance	5%		5.6	
Sub-total			117.6	
Engineering Allowance	3%		3.5	
Circulation	36%		42.3	
Total			163.5	

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Support Cluster 3 Elderly (Primarily Supporting Elderly MH and Frail Elderly Wards)

	No	Area m ²	Total Area m ²	Comments
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Support Accommodation				
Office – With Reception	0	11	0	
Waiting area: 5 persons including 1 wheelchair user	1	9	9	
Multi-purpose Group/Therapy Area	1	40	40	
Pantry	0	6	0	
Rehabilitation Area With Fixed Eqpt	1	40	40	
Multi-function Assesment area	0	20	0	
ADL kitchen	1	22	22	
Store	3	4	12	
Consulting Rooms	2	12	24	
Workstation Area: 2 Place	1	10	10	
WC and wash: ambulant	0	2	0	
WC and hand-wash: accessible, w'chair assisted	0	5.5	0	
Dirty utility	1	8	8	
Store: equipment and supplies	1	12	12	
Disposal Hold	1	15	15	
Cleaners (Housekeeping) Room	0	10	0	
Sub-Total			192	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m).
Sub-Total			1.75	

Total Net			193.8
Planning allowance	5%		9.7
Sub-total			203.4
Engineering Allowance	3%		6.1
Circulation	36%		73.2
Total			282.8

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30 Bed Rehab Ward (Frail Elderly) Modified From SHPN 35, SHPN 37,

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
WC and hand-wash: accessible, wheelchair assisted	1	5.5	5.5	
Sub-Total			17.5	

In-patient facilities				
Single bedroom	26	15.5	403	
Single bedroom (larger size)	4	18	72	
En-suite WC and shower	30	4.5	135	
Sub-Total			610	

Clinical facilities				
Staff base: 3 staff	1	9	9	
Treatment room: general and UVL, both sides couch access, 1 patient	1	16	16	
Clean utility	1	14	14	
Dirty utility: bedpan disposal and urine test	1	12	12	
Sub-Total			51	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	2	2	4	
WC and hand-wash: accessible, w'chair assisted	2	5.5	11	
Bath, WC and wash: assisted	1	15	15	
Sub-Total			30	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Office: 2 staff	0	13.5	0	
Duty Room/MDT Room	1	20	20	
Staff WC	1	2	2	
Sub-Total			32.5	

Support facilities				
Store: linen	1	4	4	
Personal laundry	1	11.5	11.5	
Store: equipment and supplies	1	12	12	
Cleaners' (Housekeeping) room	1	10	10	
Switchgear cupboard	0	2	0	
Sub-Total			37.5	

Day and visiting facilities			
Dining area	2	40	80
Sitting room: 30 patients	1	65	65
Meal trolley bay	1	3	3
Quiet Sitting room: 10 patients	1	30	30
Pantry: serving ward	1	12	12
Sub-Total			190

Distributed Plant			
IT Hubs/Node Room	1	12	12 (3x4m)
DB Cupboard	3	1.75	5.25 (1x1.75m)
Sub-Total			17.25

Total Net			
Planning allowance	5%		49.3
Sub-total			1035.0
Engineering Allowance	3%		31.1
Circulation	36%		372.6
Total			1438.7

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30 Bed Long Term Care Ward (Frail Elderly) Modified From SHPN 35, SHPN 37,

	No	Area m ²	Total Area m ²	Comments
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Entrance, reception and waiting facilities				
Reception/Interview Room	1	12	12	
WC and hand-wash: accessible, wheelchair assisted	1	5.5	5.5	
Sub-Total			17.5	

In-patient facilities				
Single bedroom	26	15.5	403	
Single bedroom (larger size)	4	18	72	
En-suite WC and shower	30	4.5	135	
Sub-Total			610	

Clinical facilities				
Staff base: 3 staff	1	9	9	
Treatment room: general and UVL, both sides couch access, 1 patient	1	16	16	
Clean utility	1	14	14	
Dirty utility: bedpan disposal and urine test	1	12	12	
Sub-Total			51	

Support facilities: Sanitary				
WC and hand-wash: semi-ambulant	2	2	4	
WC and hand-wash: accessible, w'chair assisted	2	5.5	11	
Bath, WC and wash: assisted	1	15	15	
Sub-Total			30	

Staff support facilities				
Office: 1 staff	1	10.5	10.5	
Office: 2 staff	0	13.5	0	
Duty Room/MDT Room	1	20	20	
Staff WC	1	2	2	
Sub-Total			32.5	

Support facilities				
Store: linen	1	4	4	
Personal laundry	1	11.5	11.5	
Store: equipment and supplies	1	12	12	
Cleaners' (Housekeeping) room	1	10	10	
Switchgear cupboard	0	2	0	
Sub-Total			37.5	

Day and visiting facilities			
Dining area	2	40	80
Sitting room: 30 patients	1	65	65
Meal trolley bay	1	3	3
Quiet Sitting room: 10 patients	1	30	30
Pantry: serving ward	1	12	12
Sub-Total			190

Distributed Plant			
IT Hubs/Node Room	1	12	12 (3x4m)
DB Cupboard	3	1.75	5.25 (1x1.75m)
Sub-Total			17.25

Total Net			
Planning allowance	5%		49.3
Sub-total			1035.0
Engineering Allowance	3%		31.1
Circulation	36%		372.6
Total			1438.7

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Pharmacy/dispensary

	No	Area m ²	Total Area m ²	Comments
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Reception and Waiting				
Waiting area	1	9	9	
Counselling/Interview Room	1	10.5	10.5	
Records/Storage Area	1	6	6	
Sub-Total			25.5	

Dispensary Areas				
Dispensary (Including 4 "hot desks")	1	60	60	
Sub-Total			60	

Clinical Support				
Office Accommodation (Open plan): 5 persons	1	22.5	22.5	
WC and hand-wash: accessible, w'chair assisted	1	5.5	5.5	
Sub-Total			28	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net			
Planning allowance	5%		5.8
Sub-total			121.0
Engineering Allowance	3%		3.6
Circulation	25%		30.3
Total			154.9

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Tribunal & Meeting Area

		Area	Total	Comments
	No	m ²	Area m ²	

Tribunal Suite/Additional Seminar Accommodation				
Reception – open	1	8	8	
Sub Waiting Area	1	8	8	
Tribunal Room	1	40	40	
Ante-room	1	15	15	
Meeting Room	1	20	20	
Store Cupboard	1	2	2	
Pantry	1	6	6	
WC dual access and hand-wash: accessible, w'chair assisted	1	5.5	5.5	
WC and hand-wash: semi-ambulant	2	2	4	
Sub-Total			108.5	

Distributed Plant				
DB Cupboard	1	1.75	1.75	(1x1.75m)
Sub-Total			1.75	

Total Net				
Planning allowance	5%		5.5	
Sub-total			115.8	
Engineering Allowance	3%		3.5	
Circulation	30%		34.7	
Total			154.0	

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