NHS Greater Glasgow and Clyde

New South Glasgow Hospitals Project

Memorandum of Information
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### 1.0 Introduction

### 1.1 Acute Services Strategy and the Project

NHS Greater Glasgow and Clyde ("the Board") has entered a period of dramatic and exciting change. Over the last ten years the Board has been developing its Acute Services Review ("ASR") to modernise the acute adult health service in Glasgow. The ASR proposals were approved in 2002 and subsequently updated in 2006 to reflect the decision that the New Children’s Hospital would be located on the Southern General site. The strategy is to reduce the number of adult inpatient sites from the current five hospital sites to three, two with A&E and trauma facilities and the third providing an acute receiving facility. The A&E and trauma services will be located at the Glasgow Royal Infirmary and the Southern General sites, with the acute receiving facility at Gartnavel General. This will involve building a new inpatient hospital on the Southern General site and refurbishment/smaller builds at the Glasgow Royal Infirmary and Gartnavel General sites.

The ASR proposals are comprised of four distinct phases:

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• West of Scotland Cancer Centre at Gartnavel;</td>
<td>• New maternity build at Southern General Hospital allowing full closure of Queen Mother’s Hospital;</td>
</tr>
<tr>
<td>• Replacement of major elements of Victoria Infirmary and Stobhill Hospital with the development of new Stobhill and Victoria Hospitals;</td>
<td>• New Children’s Hospital allowing full closure of Royal Hospital for Sick Children;</td>
</tr>
<tr>
<td>• The transfer of Cardiothoracic Services to Golden Jubilee Hospital;</td>
<td>• New build major acute hospital for South Glasgow (enabling closure of Western Infirmary, Victoria Infirmary and Mansionhouse Unit); and</td>
</tr>
<tr>
<td>• Laboratory development on Gartnavel site.</td>
<td>• New Build Laboratory Facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Glasgow Royal Infirmary – redevelopment.</td>
<td>• Gartnavel General Hospital – redevelopment.</td>
</tr>
</tbody>
</table>
ASR Final Configuration

The conclusion of the ASR programme will create the following final configuration:

- New cancer hospital at Gartnavel Hospital;
- Cardiothoracic service and interventional cardiology at Golden Jubilee Hospital;
- 2 maternity units (Princess Royal Maternity Hospital and Southern General Hospital);
- 2 new Ambulatory Care Hospitals (Stobhill/Victoria);
- 2 major acute sites (Southern General Hospital and Glasgow Royal Infirmary);
- 3rd inpatient site (Gartnavel General Hospital);
- New children's hospital; and
- Transfer of services and closure of Western Infirmary, Stobhill Hospital, Victoria Infirmary, Mansionhouse Unit, Queen Mother’s Hospital and Royal Hospital for Sick Children.

As noted above, the second ASR phase includes the provision of a new adult acute hospital, a new children's hospital, laboratory facilities, associated support areas and other site facilities and infrastructure on the existing hospital site at the Southern General in Govan, Glasgow (“the Project”).

The Project involves a capital investment estimated to be in the region of £500-550million to provide in the order of 160,000m2 of new hospital facilities for the Board's services comprising:

- a 1,109 bed adult hospital;
- a 240 bed children's hospital;
- laboratory facilities; and
- support accommodation including energy and facilities management structures and infrastructure.

This document provides key information about the Board, the Project and the procurement strategy, as well as identifying the strategic context of the Board and the underlying investment considerations and acknowledgements.

The Board is seeking a private sector partner to design and build the new facilities comprised within the Project (“the New South Glasgow Hospitals” or “NSGH”), as well as consider an extended defects liability/compliance period post-construction, and has issued a notice in the Official Journal of the European Union seeking applications from candidates who can fulfil the necessary requirements.

The contract will be awarded through the use of the competitive dialogue procedure under the Public Contracts (Scotland) Regulations 2006.
1.2 Overview of NHS Greater Glasgow & Clyde

The Board is Scotland’s largest health board. Formed in April 2006, it joined the Clyde region of the former Argyll & Clyde Health Board with the former Greater Glasgow Health Board to create NHS Greater Glasgow and Clyde. The Board has 40,000 staff serving a total population of 1.2 million people, with a budget of £2.6 billion.

Acute services are delivered from 10 hospitals, 3 of which lie within Clyde and the remaining 7 are located within the Greater Glasgow area. The geographical area covered includes West Dunbartonshire, Inverclyde, Renfrewshire, East Renfrewshire, East Dunbartonshire, Glasgow City, South Lanarkshire (Rutherglen & Cambuslang) and North Lanarkshire.

Within Glasgow, the Western and Gartnavel General Hospitals operate in tandem delivering acute care in the west-end of the city. In the north-east of the city acute care is delivered from Stobhill Hospital and Glasgow Royal Infirmary. The Victoria Infirmary serves the south-east and the Southern General Hospital the south-west of the city. Services for children are provided centrally from the Royal Hospital for Sick Children, Yorkhill. Full adult Accident and Emergency services are provided at the Western Infirmary, Glasgow Royal Infirmary, the Victoria Infirmary and the Southern General Hospital. Stobhill Hospital has a casualty department which is covered by Consultant staff from Glasgow Royal Infirmary and the Western Infirmary.

The location of these acute hospitals can be seen in the diagram below:
2.0 Scope of the Project

2.1 Introduction

The provision of the New South Glasgow Hospitals represents the second phase of the Board's ASR.

As illustrated in Appendix A – Hospital Site and Surrounding Area, the Southern General Hospital site extends to some 28.6 hectares and is located within the Govan area, lying to the south-west of Glasgow City Centre adjacent to the residential neighbourhood of Drumoyne and the industrial areas of Shieldhall and King George V Dock. The site is located 500 metres south of the River Clyde. The site's northern boundary is defined by Renfrew Road/Govan Road with the eastern boundary defined by Moss Road/A739 (Clyde Tunnel approach road). Langlands Drive and residential developments delineate the southern boundary and Hardgate Road runs north-westwards to identify the western boundary of the site.

The development site for the Project extends to some 8.6 hectares and is located in the west-central area of the hospital site as identified in Appendix B – Existing Site Plan. The development site is bounded by operational healthcare buildings to three sides, with boundaries to neighbouring industrial areas to the north/north-west. The existing buildings within the development site (as identified in Appendix B) are to be demolished by the Board in advance of the Project, as described in section 2.2.3. below.

The Project includes the provision of 1,109 adult and 240 children's beds, with target operational dates of summer 2014 (children's) and summer 2015 (adult). The bed numbers are illustrated in Table 1 – Proposed Bed Numbers – Adult and Children's Hospitals. Key elements of the Project include:

- Development of an integrated adult acute and children's hospital proving the full range of acute health services.
- Development of a new laboratory facility including mortuary and post-mortem services, biochemistry, haematology and medical genetics.
- Provision of a rooftop helipad.
- Possible provision of non-clinical services such as an extended defects liability / compliance services to the new facilities by the contractor for an initial 3-5 year period.
- The supply and installation of Group 1 equipment and location and/or fitting of Group 2 equipment supplied by the Board.

It should be noted that Information Management and Technology (IM&T) is outwith the scope of this Project. The Board is procuring software and end-use hardware as part of a separate IM&T project. The contractor shall, however, provide the requisite hard infrastructure to support the Board's IM&T requirements.

The contractor will be required to support the social and economic regeneration objectives of the Board in the carrying out and completion of the Project.
### Table 1 – Proposed Bed Numbers – Adult and Children’s Hospitals

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Beds</th>
<th>Specialty</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine (incl MHDU)</td>
<td>407</td>
<td>Inpatient (incl critical care areas)</td>
<td>193</td>
</tr>
<tr>
<td>Haematology</td>
<td>14</td>
<td>Short-stay (observation ward)</td>
<td>20</td>
</tr>
<tr>
<td>Dermatology</td>
<td>18</td>
<td>Day Care/Day Surgery</td>
<td>27</td>
</tr>
<tr>
<td>Nephrology (incl surgery)</td>
<td>80</td>
<td>Total Inpatient Beds</td>
<td>240</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCU</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITU</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHDU</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery &amp; Vascular</td>
<td>169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopaedic &amp; Ortho Rehab</td>
<td>141</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clyde Beds</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Inpatient Beds</strong></td>
<td><strong>1,109</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2.2 Key Benefits

It is anticipated that the Project will deliver the following range of benefits for patients and staff:

- Provision of high quality services which are timely, accessible and consistently available by providing local access to core medical and surgical services and consolidating specialist and tertiary services on fewer sites within the city;
- Investment in high tech equipment and Information Technology;
- Attention to design and landscaping to improve the patients overall care;
- Facilities that are fully accessible to all and DDA (Disability Discrimination Act) compliant;
- Reduced waiting times for treatment through the provision of more efficient services increasing clinical capacity by investment in Information Technology (IT), the concentration of clinical teams onto fewer sites, optimising departmental and functional relationships and improving access to diagnostic services such as laboratory services;
- Access to highly specialised care provided by skilled staff facilitated through the centralisation of adult acute services;
• Rapid, one stop services through high volume processing of diagnostic tests and an extended working day to fit in with new models of care;
• Protection of acute adult elective workload from disruption by emergencies thereby improving the efficiency of the service and reducing the number of cancellations;
• Enhanced staff skills and knowledge through improved retention and recruitment due to a radically better working environment;
• Modern, fit for purpose facilities which meet the needs of patients, visitors and staff; and
• Enhanced University links through co-location of an academic centre with the New South Glasgow Hospitals. This will enhance teaching, and research and play a significant role in attracting and retaining high quality staff in all disciplines.

Further, the development is seen as a catalyst for wider economic and social regeneration activity, contributing to the creation of higher aspirations for the physical development of the local area as well substantially contributing to the economy of the South West area of Glasgow and the wider locality.

2.3 Accommodation Overview

2.3.1 New Adult Hospital

This will provide A&E services and acute specialist in-patient care as well as medical day cases and out-patient clinics serving the local population. No day surgery will be undertaken as this will be provided by the new ambulatory care hospitals for the north (Stobhill) and south (Victoria) of the city. Key components of the facility will include:

• In Patient Accommodation
  435 surgical beds (general surgery, orthopaedics, urology, vascular, ENT and renal); 571 medical beds. ITU/HDU/CCU – 77 beds total; Acute Stroke – 26 beds.

• Out Patient Accommodation
  Full range of general outpatient clinics including, among others, diabetic unit, respiratory, and urology.

• Day Services
  24 medical day bed area; 30 station dialysis unit.

• Treatment & Diagnostic Services
  Accident & Emergency, 20 operating theatres, imaging, endoscopy and rehabilitation.

• Clinical Support Services
  Pharmacy dispensary, medical physics, medical illustration. (laboratory services linked to hospital by underground route and pneumatic tube system, aseptic unit within the children’s hospital.)

• Non Clinical Support Services
  Main entrance, medical records, administration, chaplaincy, social work, staff changing, switchboard, estates, facilities, security, catering, portering, domestic, management and energy centre.
2.3.2 New Children’s Hospital

This will provide A&E services and a comprehensive range of inpatient and day case specialist medical and surgical paediatric services on a local, regional and national basis. The new development will also have outpatient facilities. The care strategy is that all of Glasgow’s Children’s Services (up to the age of 16 and up to 18 years where appropriate) will be provided at the New Children’s Hospital. Of the 240 beds planned, around 20% of the beds will be for day patients and the balance for inpatient requirements.

Key components of the facility will include:

- **Outpatient Accommodation**
  Full range of Children’s outpatient clinics including audiology, general paediatrics, orthopaedics, ENT etc;

- **Day Services**
  Circa 10 medical day beds; 4 dialysis stations and circa 25 day surgery beds;

- **Treatment & Diagnostic**
  Accident and Emergency, minor injuries, Imaging, 7 theatres, rehabilitation;

- **Clinical Support Services**
  Aseptic unit, pharmacy, medical physics, medical illustration;

- **Non Clinical Support Services**
  Facilities, ancillary services, administration, spiritual services, medical records, staff change, staff dining.

2.3.3 Laboratory Facilities

The new facilities will be one of two major laboratory sites in Glasgow. The services planned to be delivered from the new laboratory build at the New South Glasgow Hospitals include biochemistry, haematology, medical genetics, mortuary and post mortem. The mortuary and post mortem facilities may include the re-provision of the Glasgow City mortuary which also provides forensic services for the city of Glasgow.

2.3.4 Facilities Management Building and Energy Centre

These key support accommodation areas shall be developed in line with the operational needs of the Board and the energy strategy adopted for the Project.

2.3.5 Retained Facilities

The remainder of the site will retain approximately 630 beds within the Institute of neurological services, maternity, spinal injuries and Langlands buildings. The Langlands facility provides older people’s services and also services for the young physically disabled.
2.4 Site Considerations and Constraints

2.4.1 Live Hospital Site

The Southern General is a live hospital site, and as such will place restrictions on the contractor and his team in delivering the Project. Essential ‘blue light’ and other access routes will require to be kept clear and accessible 24/7 by the contractor for the duration of the construction period, with interface protocols, communications plans and emergency/contingent planning to be discussed and agreed with the Board to ensure clarity over these critical issues.

2.4.2 Other Projects On-Site

In addition to the ongoing access and operational requirements of the Board to deliver medical and related services, there will be other construction works ongoing on the site at varying times over the construction period. These include (but may not be limited to) works to create a new neo-natal facility, multi-storey car parks and University facilities as well as a variety of site enabling, utilities and demolition works across the campus.

2.4.3 Site Clearance

It is the intention of the Board to provide the development site for the Project to the contractor with the current buildings demolished and utilities removed. A Site Planning Group has responsibility for site clearance and enablement in advance of the works.

2.4.4 Site Investigations

The Board has procured site investigations with regard to ground conditions across the site, the results and interpretative report shall be made available to shortlisted bidders.

2.4.5 Planning

Outline planning permission for the Project has been secured by the Board. This has forty-three conditions attached and is conditional on a Section 75 Agreement being concluded in respect of transportation issues. A final meeting took place between the Board and the Planners with regard to the Section 75 Agreement on 08 January 2009. Subsequent to that meeting, both the Section 75 Agreement and the Heads of Terms for a proposed Fastlink service are expected to be signed off in the near future by both the Planners and the Board.
2.5 Project Management and Advisers

The Board has established a project organisation structure to oversee the implementation of the ASR, including this Project. The ASR Programme Board is responsible for the implementation of the ASR strategy. The ASR Programme Board consists of the Chief Executive; the Acute Services Chief Operating Officer; the Director of Acute Services Strategy, Implementation and Planning; the Project Director; Divisional Directors; Finance Director; Executive Medical and Nursing Directors; Partnership Representation; and a Senior Civil Servant.

A Project Director, who has executive responsibility for the implementation of the Project, and a Project Team have been appointed by the Board. The New South Glasgow Hospitals Executive Board has been established to ensure that all the governance and Project milestones are achieved.

The Project Team includes a range of staff from clinical, operational, planning, facilities, finance and estates areas and is responsible for the co-ordination of all workstreams, reporting to the Board through its governance structures. The Project Team is led by the Project Director and is supported by legal, financial and technical advisors, as identified in Table 2 – Key Board and Advisory Roles below.

<table>
<thead>
<tr>
<th>Role</th>
<th>Individual/Organisation</th>
</tr>
</thead>
</table>
| Senior Responsible Owner    | Ms Helen Byrne  
Director of Acute Services Strategy, Implementation and Planning                      |
| Project Sponsor             | Mr Robert Calderwood  
Chief Operating Officer                                                               |
| Project Director            | Mr Alan Seabourne  
Project Director – New South Glasgow Hospitals Project                                  |
| Project Technical Lead      | Mr Peter Moir  
Head of Major Projects                                                                |
| Board Technical Advisor     | Currie & Brown UK Limited  
James Hackett, Director                                                                |
| Board Legal Advisor         | Shepherd + Wedderburn LLP  
Juliet Haldane, Partner                                                                |
| Board Financial Advisor     | Ernst & Young LLP  
Michael McVeigh, Assistant Director                                                   |

Table 2 – Key Board and Advisory Roles
A number of groups have been set up to support the Project as follows:

2.5.1 **New South Glasgow Hospitals Executive Board**

The New South Glasgow Hospitals Executive Board ("Executive Board") will have delegated authority to make executive decisions on critical points in the Project's process. The role of the Executive Board will be to oversee the overall process of the Project and to co-ordinate work streams. The Board will meet bi-monthly or more frequently depending upon the stage of the project and will report into the ASR Programme Board.

2.5.2 **ASR Systems Redesign Group**

The development of the New South Glasgow Hospitals will result in a number of radical changes not just in reconfiguring clinical services across Glasgow but also in working practices and the way in which patients receive their treatment. A comprehensive and co-ordinated process will be developed to take forward the redesign aspects and in an integrated fashion with staff, human resources and workforce planning to ensure both staff involvement and that the right number of staff and skills are available to support the new ways of working.

2.5.3 **Procurement and Finance Group**

This has been established to meet the requirement for specialist skills in relation to taking the procurement process forward, as well as with regard to the funding, affordability and value for money aspects.

2.5.4 **Joint Project Team**

The Joint Project Team is responsible for managing the day to day complexities of the Project. The Joint Project Team reports to the Executive Board and, where necessary, to the ASR Programme Board, the ASR Systems Redesign Group and the Procurement and Finance Group. The Joint Project Team will be responsible for planning the following:

- Designing a plan;
- Identifying activities;
- Estimating;
- Scheduling;
- Analysing risk; and
- Completion of plans.

2.5.5 **Site Programme Co-ordinating Group**

There is a very substantial construction programme planned over the next six years at the Southern General Hospital. The site will continue to operate during the full construction programme and therefore there is a requirement to establish a group to monitor, co-ordinate and control all on-site works. The technical advisors for the Project sit on the SPCG.

2.5.6 **Site Planning Group**

The Site Planning Group provides a mechanism for all site project leads, technical advisers, operational staff and health & safety advisors to meet as a group and enable projects to be progressed and developed in a safe and co-ordinated way.
3.0 Strategic Context of the Board

3.1 Overview

Glasgow is located on the River Clyde in the west central lowlands of Scotland. It is the largest city in Scotland and the third most populous in Great Britain. The Board was formed in 2006 by the joining of the Clyde region of the former Argyll and Clyde Health Board with the former Greater Glasgow, this creating NHS Greater Glasgow and Clyde. The Board has 40,000 staff serving a total population of 1.2 million people, with a budget of £2.6 billion.

3.2 Organisational Structure

The Board is comprised of an Acute Division, a Mental Health Partnership, 10 CHCPs/CHPs (including some joint CHP's with Lanarkshire) and a number of corporate functions.

The Acute Division brings together all acute services across the city and Clyde under a single management structure led by the Chief Operating Officer. The Division is made up of eight Directorates of clinical services each managed by a director and clinical management team along with a Facilities Directorate. These are:

- Emergency care and medical services;
- Women's and Children's Services;
- Surgery and anaesthetics;
- Oral health;
- Rehabilitation;
- Diagnostics;
- Regional services; and
- Facilities.

3.3 Responsibilities of NHS Greater Glasgow and Clyde

The Board is responsible for strategic planning and investment in healthcare services to ensure that they meet the needs of the local population and that national targets and directives are implemented.

The Board's core purposes are to assess the state of health of the people of Greater Glasgow and Clyde and plan and provide services which:

- Promote good health;
- Prevent ill-health;
- Improve health; and
- Provide safe and sustainable and equitable treatment for patients.

In doing this, the Board works in close partnership with other NHS organisations, local authorities and other agencies to ensure that social work, education, housing, employment and environmental services unite effectively and efficiently with the NHS in tackling inequalities and underlying health problems in local communities.
3.4 Services and Activity

The Acute Division of the Board provides a comprehensive range of services from community based care (midwives, dental services and various outreach services) in addition to the full range of general hospital services.

The organisation also hosts some of the most specialised health services in the country, including: cardiothoracic services, the Beatson Oncology Centre, the new West of Scotland Cancer Care Centre, the Institute of Neurological Sciences, transplant services, world-class paediatrics and obstetrics.

The breakdown of patient activity seen within Glasgow Acute Hospitals by Health Board in 2005/06 is shown in Table 3 – Pan Board Patient Activity below. This identifies that over 80% of the pan-Board workload is attributable to NHS Greater Glasgow & Clyde, with Lanarkshire and Highland accounting for approximately 5% and 4% of inpatient activity respectively.

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Activity Inpatient</th>
<th>Episodes</th>
<th>Day Case Episodes</th>
<th>New Outpatient Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>%</td>
<td>Actual</td>
<td>%</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>211,731</td>
<td>84%</td>
<td>107,276</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>288,230</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>12,975</td>
<td>5.2%</td>
<td>10,282</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16,773</td>
</tr>
<tr>
<td>Highland</td>
<td>11,247</td>
<td>4.5%</td>
<td>5,732</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11,920</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>7,044</td>
<td>3%</td>
<td>4,283</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8,075</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>3,531</td>
<td>1.3%</td>
<td>2,909</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,570</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1,255</td>
<td>0.5%</td>
<td>301</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>876</td>
</tr>
<tr>
<td>Others remaining Scottish</td>
<td>3,041</td>
<td>1%</td>
<td>644</td>
<td>0.5%</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>1,821</td>
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<tr>
<td>Others</td>
<td>1,204</td>
<td>0.5%</td>
<td>73</td>
<td>0.1%</td>
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<td></td>
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<td>301</td>
</tr>
<tr>
<td>Total</td>
<td>252,028</td>
<td>100%</td>
<td>131,500</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>331,575</td>
</tr>
</tbody>
</table>

Table 3 – Pan Board Patient Activity

3.5 Financial Performance

The Board has an established record of sound financial management and has consistently achieved its targets. The Board’s financial plan forecasts that total expenditure will be contained within its overall funding envelope thereby enabling it to secure achievement of its revenue financial target by managing within its “revenue resource limit” (RRL).

The financial plan incorporates provisions for the latest forecast of additional funding required to support implementation of the Acute Services Review (e.g. Beatson Cancer Centre, and Stobhill and Victoria new hospitals).

The baseline assumption is that the New South Glasgow Hospitals (including the new laboratory facility) will operate on a revenue cost neutral basis.

3.6 Health Status and Health Improvement

Much of Glasgow has now become a more affluent and ‘middle class’ city with a profile that is currently similar to most UK cities. Yet, Glasgow’s overall health status does not fully reflect these changes.
3.6.1 Mortality and Morbidity

Trends in overall deaths are downward, but the mortality gap between the communities with the highest and lowest mortality has widened noticeably. When the West of Scotland councils are compared there is and eight year gap in male life expectancy with Glasgow having the lowest life expectancy (69.1) and East Dunbartonshire (77.2) the highest.

Even within Greater Glasgow there are differences in life expectancy, for instance, there is an estimated 15 year gap in male life expectancy between Bridgeton & Dennistoun and Anniesland, Bearsden & Milngavie.

Among West of Scotland councils, Glasgow City has one of the lowest proportions of children in its population but the highest proportion of working age.

In Glasgow the proportions of men and woman of pensionable ages are strikingly different – 22% of women compared to 12% of men.

It is notable how relatively young people are when they are first affected by limiting long standing illness, as is the length of time people, particularly women, live with a limiting long-term illness.

Despite overall reductions in mortality, huge health inequalities remain and indeed such inequalities appear on the basis of a number of different mortality and life expectancy measures, to have widened over the last 10 to 20 years.

3.6.2 Education

Glasgow City has by far the highest proportion of pupils from minority ethnic communities of any Scottish Local Authority (10.9%), equating to 7,500 pupils. It also has the highest percentage of pupils from less affluent households – 42% of primary school pupils were eligible to receive free school meals in 2004, double the nation's average.

3.6.3 Social Environment

Homelessness applications in Glasgow have been consistently double the Scottish average for the last eight years and are much higher proportionally than in the other West of Scotland council areas.

Glasgow City has the highest overall crime rate among councils in Scotland and within the West of Scotland, Glasgow has the highest rates for a range of crime types.

Analysis of violent crime in Glasgow shows that male offenders outnumber females by over three to one and the peak of ages for the offenders and victims are mid-teenage years to early twenties. The areas of residence of violent offenders and victims of violence are highly correlated with deprivation. In some smaller communities in Glasgow over one in ten people have been the victim of a violent crime in the last three years.
3.6.4 Economy / Employment / Income

In terms of business, it is clear that Glasgow has retained a position within the UK as a major business centre, and is rated second only to London as a retail centre. However, Glasgow’s ranking in terms of economic output has fallen relative to other UK cities in recent years.

There are now more women than men in employment in Glasgow and part-time work has grown to represent more than a quarter of all jobs. The number of Glasgow residents in employment has grown in the recent years (by more than 45,000 jobs in the period 1998-2004) but employment levels remain considerably lower than the Scottish average, although the gap has reduced.

The official unemployment rate and the claimant unemployment rate have both reduced greatly over the last four to five years. Relative inequalities in employment between different parts of the West of Scotland, and within Glasgow, remain however, and official unemployment rates do not provide a true measure of the extent of worklessness. In Glasgow it is estimated that there are 110,000 adults who are not economically active, equating to 30% of the working age population.

The Board is committed to tackling health inequalities and has created a framework around which action plans for CH(c)P’s/CHP’s, the Acute Operating Division and the Mental Health Partnership are being developed. This is detailed in the NHS Greater Glasgow & Clyde Planning and Priorities Guidance 2007-2010 and the Board’s Single Equality Scheme 2007.

3.7 Workforce

Approximately 40,000 staff members are employed by the Board. In addition to these, there are University and voluntary staff who also contribute to the Board’s output. The current whole time equivalent by discipline is identified in Table 4 – Workforce By Discipline.

<table>
<thead>
<tr>
<th>Categories</th>
<th>NHSSGG&amp;C Acute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (inc GPs)</td>
<td>4,154</td>
</tr>
<tr>
<td>Dentistry</td>
<td>765</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>17,423</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>3,253</td>
</tr>
<tr>
<td>Healthcare Science and Technical staff</td>
<td>2,408</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>708</td>
</tr>
<tr>
<td>Administration/Clerical and Senior Management</td>
<td>7,083</td>
</tr>
<tr>
<td>Estates, Works and Ancillary</td>
<td>4,456</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40,250</strong></td>
</tr>
</tbody>
</table>

*Table 4 – Workforce By Discipline.*

3.8 Sustainability

The Board has a significant asset base and, as a responsible healthcare provider and employer, it is committed to sustainability and carbon reduction in line with relevant and appropriate guidance and directives in this area.
4.0 Investment Drivers

4.1 Outline Business Case

The Outline Business Case (OBC) for the Project was approved by the Scottish Government Health Directorates (SGHD) on 21 May 2008 and was updated in December 2008. Since the approval the technical team identified in section 2.5 have been engaged and this has led to the ongoing development and masterplanning of the site with the Board as well as the generation of design strategy and details in preparation for issue to bidders.

4.2 Funding

The Project will be funded by public capital. The total capital funding requirement has been approved.

4.3 Business Drivers

The Board recognises the need to ensure that patients who require access to hospital care can be seen, fully investigated and treated as quickly as possible within the appropriate facilities. For patients presenting as an emergency there should be access to specialised care of the highest quality, with access to state of the art investigations and treatment facilities on a 24 hour /7days a week basis.

For elective care, patients should be seen, investigated and leave the hospital with a diagnosis and treatment plan wherever possible on the first visit. Underpinning this should be effective information and computer systems which allow GPs, Specialists and patient access to all relevant information needed to deliver high quality and effective patient care.

In order to deliver the necessary patient and staff environments the Board carried out an Acute Services Review (ASR), as identified in the OBC. The components of the acute service strategy are as follows:

- A new Beatson West of Scotland Cancer Centre at the Gartnavel General site (2007).
- Two Ambulatory Care and Diagnostic Hospitals on the Stobhill site and on a site adjacent to the Victoria Infirmary site, this will support the future reduction from 6 to 3 adult inpatient sites.
- A reduction in Maternity services from three sites to two, those being the Princess Royal Maternity Hospital at Glasgow Royal site and the redeveloped maternity facility on the new southern campus.
- In North Glasgow, acute in-patient services will be provided from Glasgow Royal Infirmary and Gartnavel General Hospital.
- In South Glasgow, acute in-patient and acute paediatric services will be provided from a major new development at the Southern General Hospital.
- Full A&E services will be provided from two sites, located at Glasgow Royal Infirmary and the Southern General Hospital.
- Trauma and Orthopaedic in-patient services will be provided from the two full A&E sites. Orthopaedic out-patient and day case services to be provided from all five adult sites (Gartnavel, Stobhill, GRI, Victoria and Southern General)
- Minor Injury Units will be provided from all five adult sites.
The process to transform acute hospital services across the city is well underway with the opening of the new West of Scotland Cancer Centre in 2007 and construction of two, state of the art, Ambulatory Care Hospital at the Victoria and Stobhill sites nearing completion. The business need drivers for the project are clear in the context of the overall acute services strategy; on completion of the new adult hospital, the Board will be able to enact the following:

- inpatient services in the Victoria Infirmary to transfer to the new development thus vacating the Victoria Infirmary site;
- inpatient services at the Mansion House Unit (MHU) to transfer allowing closure of the MHU;
- inpatient services housed in outdated buildings on the southern site to be relocated; and
- transfer of Accident and Emergency services and associated beds at the Western Infirmary enabling closure of the Western Infirmary.

4.4 Stakeholder Involvement

4.4.1 Partnership Involvement

Throughout the planning process for the Project there has been a high degree of involvement with staff side through their staff partnership representatives.

The staff partnership are represented on all planning groups including Acute Services Review Project Board (ASRPB), Project Executive Group (PEG), New Children's Project Group and a range of working groups.

The staff are also kept fully briefed through regular meetings with the Southern General Project Team and they have been involved in many of the appraisal and assessment processes.

The Board’s Employee Director has also been involved in key debates and discussions through the relevant committee structure.

Presentations on the progress of the new development at the Southern General Hospital have been made to many fora including the Health Board Partnership Forum.

The governance structure for the delivery stage of the project culminating in the completion of the Full Business Case (FBC) will have staff partnership members throughout the structure and involved in all discussions and decision making.
4.4.2 Community Engagement

Following Scottish Executive approval of the Board's Acute Services Strategy in 2002 a Community Engagement Team was established to inform and involve patients and the public in the Acute Services Strategy. The role of the team is to:

- manage public and patient stakeholder involvement in service change and redesign
- ensure patient and public views are central to planning and design structures
- ensure compliance with statutory responsibilities for public and patient participation
- build and maintain relationships with stakeholders
- support the diversity agenda

Two dedicated Community Engagement Managers have been allocated to manage community involvement in the Project. One is responsible for the New South Glasgow Adult Acute Hospital while another is the named lead for the New Children’s Hospital.

The process has also helped establish the foundations for long term and meaningful engagement structures to ensure the continued engagement of stakeholders and communities throughout the development, build and commissioning phases of the Project.

4.5 Wider Social Economic Benefits

A socio-economic benefits analysis was carried out by the Board in partnership with a number of other contributors including Scottish Enterprise and Glasgow City Council.

The analysis looked at the potential impact on the immediate area around the Southern General site, the wider city of Glasgow and the Glasgow Metropolitan City Region. The analysis identified potential benefits within the following categories: economic, human and social, knowledge (e.g. research and development) and place.

The analysis estimated that the future service configurations on the Southern General site will have a combined direct, indirect and induced economic impact of between £30 and £40 million on the South West Glasgow economy; between £110 and £140 million on the city economy and between £240 and £290 million on Glasgow city region by 2012/13. The Project will also contribute to opportunities for training and employment and the development has the potential to support collaboration between academic, public and private sector partners to realise opportunities in research and development, bio-medical and life sciences.

The Project is seen as a catalyst for wider social and economic regeneration activity contributing to the creation of higher aspirations for the physical development of the local area. The Board will be incorporating community benefit considerations into the procurement of the Project in line with the Scottish Government's Guidance on Community Benefits in Public Procurement. In particular the Board will seek to work in partnership to develop initiatives around the following:

- Targeted recruitment & training;
- Developing SME businesses; and
- Developing Social Enterprises.
5.0 Outline Programme

The indicative outline timetable for the procurement is as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication of OJEU (incl MoI and PQQ)</td>
<td>06 February 2009</td>
</tr>
<tr>
<td>Closing date for responses to PQQ</td>
<td>20 March 2009</td>
</tr>
<tr>
<td>Evaluation of PQQ responses and shortlisting of bidders</td>
<td>03 April 2009</td>
</tr>
<tr>
<td>Issue of Invitation to Participate in Competitive Dialogue (ITPD) to bidders</td>
<td>14 April 2009</td>
</tr>
<tr>
<td>Stage 1 Final Tender Return</td>
<td>14 August 2009</td>
</tr>
<tr>
<td>Evaluation of Bids and Contract Award</td>
<td>09 October 2009</td>
</tr>
<tr>
<td>Stage 2 (Design Development) commences</td>
<td>12 October 2009</td>
</tr>
<tr>
<td>Stage 2A (Design + Construction of Laboratories) commences</td>
<td>08 November 2009</td>
</tr>
<tr>
<td>Stage 2 completion, FBC and approval to proceed</td>
<td>05 November 2010</td>
</tr>
<tr>
<td>Stage 3 (Construction of Adult and Children’s Hospitals) commences</td>
<td>08 November 2010</td>
</tr>
<tr>
<td>Completion (Construction) - Laboratory Facilities</td>
<td>16 December 2011</td>
</tr>
<tr>
<td>Operational Date – Laboratory Facilities</td>
<td>24 February 2012</td>
</tr>
<tr>
<td>Completion (Construction) – Children’s Hospital</td>
<td>03 December 2013</td>
</tr>
<tr>
<td>Completion (Construction) – Adult Hospital</td>
<td>12 January 2015</td>
</tr>
<tr>
<td>Operational Date – Children’s Hospital</td>
<td>04 June 2014</td>
</tr>
<tr>
<td>Operational Date – Adult Hospital</td>
<td>24 August 2015</td>
</tr>
</tbody>
</table>
6.0 Procurement and Prequalification

6.1 Procurement Strategy

The Board’s procurement strategy will use the competitive dialogue procedure to facilitate discussion with bidders around certain technical and commercial matters. The outcome of the competitive dialogue will be the selection of a preferred partner who will contract with the Board under an NEC agreement to (i) design and construct the new laboratory building and (ii) design and construct the new Adult and Children’s Hospital under a target price arrangement.

At ITPD stage the design of the new laboratory element will have been developed by the Board to Stage E (RIBA). The design of the Adult and Children’s Hospital will have been developed to Stage C (RIBA).

The terms of the contract awarded (including the overall target price for the works and programme dates and activity schedule milestones) will be based on the preferred contractor’s final tender response at the end of the competitive dialogue process. Specific gateway criteria (including necessary business case approvals) will be incorporated into the design development, programme and activity schedule in the contract through to the commencement of construction of the Adult and Children’s Hospital.

During the dialogue the Board would like to explore the potential for an extended compliance period (circa 3 years) and this shall form a workstream for discussion with bidders.

The Board has considered the time and cost implications of the bidding market in its procurement strategy and considers that the route being adopted reflects market requirements and the commercial drivers of bidding a scheme of this size, nature and type: this is supported by the market sounding and engagement that has taken place with regard to the scheme. The Board has identified the particular aspects of the Project that will form the basis of discussion during the competitive dialogue. Further, the Board has developed certain levels of works information aimed at minimising transaction time and costs for Bidders, including:

- the completion of full clinical output specifications for all departments;
- approved 1:500 podium layouts and departmental adjacencies;
- approved 1:200 ward layouts;
- approved 1:50 room layouts for 100nr of key rooms and ADB room data sheets for 100nr of rooms – this accounting for approximately 10% of the total accommodation; and
- the production of laboratory information to Stage E to allow a single stage bid and pricing of that aspect of the scheme.

It should be noted that certain key guidance is likely to influence the process, namely:

- Scottish Government’s Policy and Design Quality for NHS Scotland;
- NHS Greater Glasgow and Clyde Design Action Plan;
- Achieving Excellence Design Evaluation Toolkit (AEDET Evolution); and
- A Staff and Patient Environmental Collaboration Tool (ASPECT).
In summary the stages of the procurement can be summarised in outline as follows:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Heading</th>
<th>Outline Activities/Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Competitive Dialogue</td>
<td>Bid and design development leading to submission of technical and cost information in final tenders. Identify maximum target price and agree pain/gain share. Select contractor – contract award.</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Design Development</td>
<td>Design development of adult and children’s hospitals: Programme and Activity Schedule agreed, with payment as per NEC conditions.</td>
</tr>
<tr>
<td>Stage 2A</td>
<td>Construct Laboratories</td>
<td>Consecutive to Stage 1 and concurrent with Stage 2. Programme and Activity Schedule as per NEC conditions.</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Construct Adult and Children’s Hospital</td>
<td>Consecutive to Stage 2. Programme and Activity Schedule as per NEC conditions.</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Compliance Period</td>
<td>Consecutive to Stage 3.</td>
</tr>
</tbody>
</table>

Table 5 - Stages of Procurement

6.2 Construction Agreement

This will be NEC3 – Engineering and Construction Contract Option C Target contract with Secondary Option Clauses as stated in Contract Data.

The contract will cover the design development and construction of:

- Laboratory Buildings;
- Adult Hospital;
- Children’s Hospital; and
- Associated Infrastructure.

The Target Price for the Project will be agreed prior to the contract award and will comprise three distinct areas with separate Programme and Activity Schedule details, namely:

- Conclusion of design and construction of the Laboratory Buildings;
- Design Development to FBC Stage for the Adult and Children’s Hospitals; and
- Conclusion of design and construction of the Adult and Children’s Hospitals.
6.3 Prequalification

Parties interested in bidding for the Project are required to submit a completed prequalification questionnaire ("PQQ"). Responses to the PQQ will be evaluated as follows to identify the bidders that will be invited to participate in dialogue with the Board:

- The Board will undertake a two-stage evaluation process which includes a preliminary and then more detailed assessment of the PQQ as detailed in sections 6.3.1 and 6.3.2 below;
- Where required, as part of the detailed evaluation, bidders may be asked to attend an interview to clarify and test PQQ responses related to technical capability, capacity and financial standing;
- Following evaluation of the PQQs (including any interviews), the Board envisages a minimum of three and maximum of five bidders will be selected to proceed to the next stage of the procurement. The NSGH Executive Board will be asked to ratify the decision of the evaluation and approve the short list to whom the ITPD documentation will be issued.

6.3.1 Preliminary evaluation

The preliminary evaluation is designed to determine whether or not bidders’ responses comply with the PQQ’s basic requirements. The following will be taken into account:

- Completeness of information;
- Responses to "pass/fail" questions;
- Demonstration of relevant technical experience (at least one £200m+ healthcare project undertaken in the last three years); and
- Eligibility/Form of Good Standing.

6.3.2 Detailed evaluation

The detailed evaluation involves evaluating and scoring bidder responses to the PQQ according to pre-defined criteria. Each scored question is weighted, and the weighted scores feed through into an overall quantitative assessment of:

- technical capability (in terms of experience, working practices and structure);
- capacity (in terms of expertise and availability); and
- financial and economic standing.

The weighting to be applied between the evaluation areas and sections of the PQQ are as set out the under noted Table 6 – Prequalification Weighting. The “General Evaluation” allows the Board to assess the overall response, such as the overall structure of the bid and the overall quality of the submission. The weightings attributed to individual PQQ questions are identified in Appendix 1 of the PQQ.
The scoring assessment to be utilised is as identified in Table 7 – Prequalification Scoring Assessment.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very Poor</strong> - completely fails to demonstrate required capacity and capability</td>
<td>0</td>
</tr>
<tr>
<td><strong>Poor</strong> - limited evidence of required capacity and capability</td>
<td>1 - 4</td>
</tr>
<tr>
<td><strong>Satisfactory</strong> - provides sufficient evidence of required capability and capacity to undertake the project.</td>
<td>5 - 6</td>
</tr>
<tr>
<td><strong>Good</strong> - shows good evidence of capacity and capability that meet the project requirements, and in some areas shows innovation in excess of the project requirements.</td>
<td>7 - 8</td>
</tr>
<tr>
<td><strong>Very Good</strong> - shows considerable evidence of capacity and capability in all areas, shows and exhibits innovation in excess of the project requirements in most areas.</td>
<td>9 - 10</td>
</tr>
</tbody>
</table>
7.0  Guidance to Bidders

7.1  Costs

The Board will not be liable for any costs and expenses incurred by Bidders in connection with the preparation of their responses to the PQQ or any later bid at any stage during the tendering process.

7.2  Disclaimer

The information contained within this MoI and the PQQ has been prepared in good faith by the Board and its advisers for the guidance of the Bidders. No warranty or representation is given as to the accuracy or completeness of any such information and the Board and its advisers shall not be under any liability for any error, misstatement or omission.

Nothing contained within this MoI or the PQQ shall constitute any contract or any form of undertaking or offer on the part of Board.

Under no circumstances shall the Board incur any liability in respect of this MoI or any supporting documentation.

7.3  Right to Vary or Cancel Process

The Board reserves the right to reject all or any of the responses to the PQQ, to change the basis of or the procedures for the competitive tendering process or to terminate the process at any time without awarding a contract and in doing so will not be liable for the payment of any bid development costs to the Bidder or any Relevant Organisation.

7.4  Freedom of Information

The Board is committed to meeting its legal responsibilities under the Freedom of Information (Scotland) Act 2002. Accordingly, all information submitted to the Board may need to be disclosed by the Board in response to a request under the Act.

If a Bidder considers that any of the information included in its PQQ response is commercially sensitive, it should identify it and explain what harm may result from disclosure if a Freedom of Information request is received, and the time period applicable to that sensitivity.

Bidders should be aware that, even where they have indicated that information is commercially sensitive, the Board may be required to disclose it under the Act.

Bidders should also note that the receipt of any material marked "confidential" or equivalent by the Board should not be taken to mean that the Board accepts any duty of confidence by virtue of that marking.
7.5 Submission of PQQ Responses

Bidders must submit their responses to the PQQ (accompanied by the signed declaration set out at Section E) by 1300hrs on 20 March 2009.

Responses should be submitted in the following format:

- 5 paper copies; and
- 5 composite (single) Adobe Acrobat pdf electronic copies on disc (one with each paper copy to comprise an individual pack).

Responses should be submitted to:

Carol Craig  
NHS Greater Glasgow & Clyde  
St Andrew's House  
80 Queen Elizabeth Avenue  
Hillington  
G52 4NQ

Tel: 0141 892 6700  
Fax: 0141 892 6701  
Email: southglasgowhospital@nhsggc.org.uk

7.6 Confidentiality

Any information documents issued by the Board must be treated as private and confidential. Release of these documents to any third party must be with the written consent of the Board.

7.7 Canvassing and Collusion

Direct or indirect canvassing of any member, representative, employee or adviser of the Board concerning the Project, or any attempt to procure information from any such person concerning the PQQ may result in the disqualification of the Bidder from the bidding process for the Project.

Bidders must not exchange information in respect of the PQQ or their responses to them. Failure to comply with this condition may result in disqualification of the relevant Bidders from the bidding process for the Project.

7.8 Further Information

Further information relating to the project can be obtained (by e-mail or telephone in the first instance) from:

Carol Craig  
NHS Greater Glasgow & Clyde  
St Andrew’s House  
80 Queen Elizabeth Avenue  
Hillington  
G52 4NQ

Tel: 0141 892 6700  
Fax: 0141 892 6701  
Email: southglasgowhospital@nhsggc.org.uk
Appendix A – Hospital Site and Surrounding Area
Appendix B – Existing Site Plan