

## GRAMPIAN NHS BOARD

### INFRASTRUCTURE INVESTMENT

#### 1. Actions Recommended

The Grampian NHS Board is asked to approve the following recommendations:

##### **Baird Family Hospital and ANCHOR Centre**

- i. Approve for submission to the Scottish Government Capital Investment Group (CIG), the Full Business Case (FBC) for investment in The Baird Family Hospital and ANCHOR Centre on the Foresterhill Health Campus;
- ii. Approve the allocation of funding within the Board's financial plan to cover the additional recurring revenue consequences of the new facilities as set out in section 3.1.7 (c);
- iii. Authorise the Chief Executive and Board Chairman, subject to confirmation of approval of the FBC by CIG, to extend the appointment of the Principal Supply Chain Partner for the Major Acute Services in NHS Grampian Project (Baird Family Hospital and ANCHOR Centre) by entering into a Stage 4 (Construction) Contract,
- iv. Authorise the Board's Director of Finance to incur up to £0.5m in additional fees should further design work become necessary to address findings from the independent design assurance review or to maintain momentum on the programme during the Full Business Case approval process.

In considering the above, the Board is asked to note the following:

- i. Final approval of the FBC by CIG is dependent upon the outcome of the independent design assurance process commissioned by the Scottish Government;
- ii. The final project cost estimate of £223.6m includes the outcome from the various actions agreed to address the recommendations from an independent external review of project process and costs commissioned jointly by the Board and Health Facilities Scotland and prepared by the Royal Institute of Chartered Surveyors (RICS),
- iii. The target price offer from Graham Construction Ltd, the Board's appointed Principal Supply Chain Partner (PSCP), assumes a programme with start on site in May 2020 leading to practical completion in November 2022. Any delay in the programme may result in further inflationary cost pressures on the project.

## **Cyclotron Replacement**

- i. Note the progress to date and the allocation of additional capital funding of £350k from the Scottish Government to cover the increased costs of installation.

## **Cardiac Catheter Laboratory (Cath Lab) Replacement**

- i. Note the progress to date
- ii. Approve the allocation of additional capital funding of £450k within the Board's infrastructure plan to cover the additional costs of installation.

## **Dr Gray's Hospital**

- i. Note the recent commitment to progress improvements in Ward 7, the Renal Unit and the Birthing Unit at Dr Gray's Hospital.

## **2. Strategic Context**

The Infrastructure Investment Plan approved by the Board in April 2019 sets out an ambitious programme of investment in our infrastructure, linked to NHS Grampian's clinical strategy and supporting the strategic theme of delivering high quality care in the right place through providing safer, effective and sustainable services.

The range of infrastructure projects progressed during the year are consistent with our strategic themes, delivering the following benefits:-

- improvements in patient experience and environment (person centred),
- improved access, quality and efficiency of key diagnostic processes (effective),
- reduction in the level of backlog risks (safe),
- supports the key strategic commitment in relation to delivering the Maternity Services Strategy approved by this Board in 2010

## **3. Key matters relevant to recommendation**

### **3.1 Baird Family Hospital and ANCHOR Centre**

The Board are in the final stages of planning for two major infrastructure developments which will facilitate the redesign and modernisation of our clinical services.

### **3.1.1 Baird Family Hospital**

The Baird Family Hospital will be a new purpose built hospital which will provide maternity, gynaecology, breast screening and breast surgery services. It will also include a neonatal unit, centre for reproductive medicine, an operating theatre suite, Community Maternity Unit and research and teaching facilities. The new hospital will be called The Baird Family Hospital in recognition of the contribution made to health by the Baird family over many years in Aberdeen and elsewhere in Scotland.

The Baird will deliver on the following principles:

- Facility to appropriately care for different patient groups
- Provide opportunity for redesign
- Plan for local, regional and national service delivery
- Support women, patients and families e.g. Patient Hotel
- Fit for purpose, co-location, e.g. Paediatric Surgery, ITU and MRI

The Baird will also support the following Operating Model

- New service models e.g. Triage, Transitional Care
- Ambulatory care as the norm
- 100% surgical pre-assessment
- 85% admission on day of surgery
- Enhanced Recovery
- Reduce length of stay appropriately
- Increased patient choice e.g. water births
- Increase recruitment to clinical trials

### **3.1.2 Anchor Centre**

The Anchor Centre will be the next significant phase in the development of services for haematology and oncology patients, creating much needed purpose built day and out-patient treatment and support accommodation space. This new purpose built facility will be called The ANCHOR Centre. ANCHOR (Aberdeen and North Centre for Haematology, Oncology and Radiotherapy) is a well-respected and highly regarded 'brand', established in the North of Scotland for almost two decades.

The new centre will be co-located with the Radiotherapy Centre and once commissioned both will operate as a single ambulatory centre for the patients of Grampian and the North of Scotland providing out-patient and day-patient investigation and treatment services for patients with cancer and for patients with

blood and bone marrow disorders, including non-cancer conditions as well as cancers. The centre will also include aseptic pharmacy, research and teaching facilities.

The ANCHOR centre will deliver the following service delivery environment:

- Comfortable, non-threatening communal areas
- Maintains dignity and privacy
- Facilitates clinical trials, research and teaching
- Specific provision for teenager and young adults
- Safe, efficient and productive working environment

And support the development of working practices:

- Acknowledgement of increasing prevalence of disease and associated treatments
- Oncology and Haematology services work seamlessly:
- Change in working models
- Nurse-led clinics
- Scheduling

### **3.1.3 Approval Process**

The Full Business Case (FBC), now presented to the Board for approval, is the third and final phase in the business planning process for the project. The first phase Initial Agreement (IA) was approved by the Board in June 2015 and the Scottish Government Capital Investment Group (CIG) in September 2015 and the second phase Outline Business Case (OBC) was approved by the Board in February 2018 and CIG in March 2018.

The FBC confirms the commercial arrangements for the project, considers value for money, and demonstrates to the Board that the Project is ready to proceed to Construction. Its purpose is to:

- Re-confirm the Project Scope;
- Outline the main commercial and contractual arrangements of the recommended offer;
- Set out the full financial implications for the project, including the project's overall funding and affordability arrangements; and
- Confirmation that the management arrangements are in place to ensure the project's successful implementation.

### 3.1.4 Design Assurance

The innovative design concept for the project was developed following a significant period of consultation with all clinical groups, patients and the general public. These new facilities will be key enablers to allow a significant redesign of our clinical services improving not only the quality of care our patients receive, with many able to be cared for on an outpatient or daycase basis, but also delivering efficiency benefits from the improved flow of patients throughout the buildings and the wider Hospital environment at Foresterhill. This exercise was informed by an extensive review of all clinical activity data over recent years and facilitated by experienced Health Care planners and involved a lengthy period of dialogue with all of the medical, nursing, midwifery, other healthcare professional staff and our facilities and estates staff who will use the facility. This approach has been tested throughout the business case process.

In addition, design review by appropriate technical officers, external experts and clinical stakeholders has been an integral component of the development of this Project's facilities. An internal design assurance process is in place and has included recent workshops to revisit design sign off for water and drainage, electrical infrastructure, ventilation, fire and medical gases.

The purpose of the NHSScotland Design Assessment Process (NDAP) is to promote design quality and the service outcomes realised through this. Following regular engagement, an NDAP FBC submission to Architecture Design Scotland (AD+S) and Health Facilities Scotland (HFS) was made in November 2019. HFS have agreed to review the submission in parallel with consideration of the FBC.

In response to the findings of the recent design reviews at other Scottish Health Facilities, HFS and Health Protection Scotland (HPS) are developing a new Key Stage Authorisation Review process and this Project will be subject to an additional external design assurance review during February 2020 in advance of construction commencement.

### 3.1.5 Key Milestones

The table below outlines the key milestones for delivery of the project assuming approval in March 2020.

Milestone	Date
FBC Approval	March 2020
Construction Commencement	May 2020
ANCHOR Construction Completion	May 2022
ANCHOR Bring into Service	July 2022
Baird Construction Completion	November 2022
Construction Completion Date	November 2022
Baird Bring into Service	March 2023



framework and the opportunity to benefit from gain share arrangements should actual costs of construction fall below the agreed Target Price. Payment is made monthly to the PSCP based on the value of work completed to date, through a project bank account arrangement which guarantees timely payment to all participating sub-contractors. The Board's independent cost advisors check and certify all valuation certificates prior to payment.

### 3.1.7 (a) Capital Costs

Key enabling projects including the permanent relocation of Foresterhill Health Centre and the Eye Outpatient Department and the temporary relocation of the Breast screening service were completed during 2018 in order to facilitate demolition and clearance of the preferred site. These projects cost a total of £13.4m and were subject to separate funding arrangements.

The capital cost associated with construction of the new facilities and for which approval is required as part of this business case is summarised as follows:

#### Summary of Capital Investment for Approval

	Baird	ANCHOR	FBC Total	OBC Total
	£000s	£000s	£000s	£000s
Construction Related Costs	166,246	40,377	206,623	146,716
Furniture and Equipment	15,253	1,747	17,000	17,000
<b>Total Initial Investment</b>	<b>181,499</b>	<b>42,124</b>	<b>223,623</b>	<b>163,716</b>
<b>Sources of Funding</b>				
SG Additional Capital Funding	181,499	42,124	223,623	163,716
<b>Total Sources of Funding</b>	<b>181,499</b>	<b>42,124</b>	<b>223,623</b>	<b>163,716</b>

Of the £223.6 million, £8 million has been previously approved to advance planned design activity and £7.2m to deliver a range of works to prepare the site for construction, including demolitions, service diversions, drainage, water attenuation, asbestos removal, signage, pedestrian walkways, car parking and road realignments and piling mat installation. This work was completed in July 2019.

The revised project cost estimate of £223.6m was produced by the Joint Cost Advisor (JCA) based on the developing design and the Target Price submitted by the PSCP, following a comprehensive market testing and tendering process.

The previous cost estimate of £163.7m included in the OBC approved by the Board in February 2018, was produced by the Joint Cost Advisor (JCA) in consultation with the Principal Supply Chain Partner (PSCP), based on the emerging design and prevailing market conditions at that time.

### 3.1.7 (b) Review of Capital Costs

Following receipt of the revised project cost estimate, the Joint Cost Advisors and in consultation with the PSCP prepared an analysis of the main reasons for the increase in cost of £59.9m (40.8%) which are summarised as follows :-

- (i) cost planning allowances and assumptions at OBC did not sufficiently reflect the complexity of the Project,
- (ii) coordination of the design development process was inadequate in production of Cost Plan, including reliance on benchmarking data not fully aligned to emerging designs
- (iii) market conditions and inflation both across the construction sector generally and in relation to the specific type and scale of the Project mean that tender returns were higher than anticipated and
- (iv) instructed design changes.

From this analysis it was clear that, although some essential design changes had been instructed by the Board (estimated value £1.4m) there had been no material changes to the scope or design of the project and that the increase reflected mainly the current market pricing of the tendered works packages.

As a source of independent assurance and in order to verify the reasons for the variance and to better understand the issues driving the increase in anticipated construction costs the Board jointly commissioned, with Health Facilities Scotland, an independent external review of project process and costs through the Royal Institute of Chartered Surveyors (RICS).

The key findings of the RICS review were:

- It is entirely reasonable for NHS Grampian to have expected to be able to place reliance upon the Joint Cost Advisor (JCA) and the PSCP to work collaboratively to present an accurate cost plan.
- A significant number of the total variances reported arose from inaccuracies in the cost plan, arising from benchmarking that did not fully take account of factors prevailing at the project and in the market and from a failure to track appropriately the impact of costs arising from design development and authorised changes.

- Limitation on the number of bidding contractors for certain packages of work, especially MEP, is likely to have restricted competition and ability to achieve ultimate best value.
- Both anecdotal and hard evidence to support the notion that market forces at play in Grampian, in Scotland generally, and in relation to the type and scale of the Project are such as to render the Project less attractive to potential bidders.

In line with the recommendations of the external reviewer the following action was taken by the Board and the outcome is reflected in the final project cost estimate of £223.6m:-

- A further independent review was commissioned specifically to focus on the tendered Mechanical, Electrical and Plumbing (MEP) aspects of the project. This was also an area highlighted by the project's Joint Cost Advisors who commented that tendered values fell outwith expected benchmark costs. An MEP specialist team within AECOM Ltd , another firm of cost advisors on the NHS Scotland Consultant framework, were appointed by the Board to carry out this additional review. AECOM subsequently confirmed that, based on their own library of projects and taking into account the specifics of the Baird and ANCHOR Project the MEP tender rates fall within an acceptable range.
- Four of the most significant building works tender packages (groundworks, concrete, partitions and ceilings) have been re-tendered with no material betterment in price.
- Preliminary Costs have been renegotiated to reflect tendered scope rather than a percentage of construction costs.

In summary, the PSCP Target Price for construction following a tender process, has been jointly developed on an 'Open Book' basis. This has been reviewed by the project's Joint Cost Advisors and they have concluded their work on the target price. The key area that they have highlighted is in relation to the MEP packages; which has been subject to a further independent review by AECOM as noted above.

In terms of current tenders these will remain on offer for a limited period. The PSCP is also of the view that any further re-tendering is likely to get a mixed response from the market, given the uncertainty around the project and that a number of packages have been re-tendered, without a material change in the initial tendered cost. The option of re-tendering the whole project was considered and whilst this is an option it will take in the region of 9 months to complete and expose the Project to additional risks including loss of supply chain and inflationary cost pressures (at current rates each month delay in the project is estimated to cost an additional £0.7m).

Recognising the above therefore the Project Board recommend acceptance of the Target Price submitted and the revised project cost estimate of £223.6m.

The Project Team will continue to work with the JCA and PSCP to deliver any further cost efficiencies that might be available.

### 3.1.7 (c) Revenue Costs

New facilities will also provide an opportunity to deliver services differently and implement better ways of working. Some of these service changes will deliver efficiencies however overall operating costs will rise partly as a consequence of increased staffing levels necessary to operate within the new facilities e.g. The Baird Family Hospital will have all single room accommodation in line with national policy and partly due to building related costs such as depreciation, rates, heating, lighting, cleaning and maintenance costs associated with running a much larger building footprint. A substantial programme of service redesign is being undertaken to ensure maximum benefit from the transition.

The table below sets out the additional recurring costs that will be incurred during the first full year of operation (2023/24). These additional revenue costs will start to be incurred from the period of commissioning in 2022. Budgetary provision for these additional costs will be included in the Board's financial plans.

#### Summary of Recurring Revenue Implications - First Full Year of Operation (2023/24)

	Baird	ANCHO R	Total	OBC Total
	£000s	£000s	£000s	£000s
<b>Recurring Revenue Costs</b>				
Additional Depreciation	4,276	978	<b>5,254</b>	4,289
Additional Clinical Service Costs	839	168	<b>1,007</b>	948
Additional Non-Clinical Service Costs	340	85	<b>425</b>	425
Additional Building Related Running Costs	2,299	714	<b>3,013</b>	2,974
<b>Total Recurring Revenue Costs</b>	<b>7,754</b>	<b>1,945</b>	<b>9,699</b>	<b>8,636</b>
<b>Sources of Funding</b>				
Third Party (University of Aberdeen (UoA))	157	0	157	165
NHSG Revenue Funding (Other Scheme Costs)	3,321	967	4,288	4,182
<b>Total Identified Sources of Funding</b>	<b>3,478</b>	<b>967</b>	<b>4,445</b>	<b>4,347</b>
Revenue Funding (Depreciation)*	4,276	978	5,254	4,289
<b>Total Core and Non Core funding available</b>	<b>7,754</b>	<b>1,945</b>	<b>9,699</b>	<b>8,636</b>

\*NHSG have requested that SG provide additional support for the costs associated with depreciation

### 3.2 CYCLOTRON REPLACEMENT

A cyclotron is a particle accelerator and is an essential part of the supply chain for radiopharmaceuticals used in Positron Emission Tomography (PET/CT), an increasingly important part of many cancer pathways and other diseases.

In December 2018 the Board approved the award of a contract for the replacement of the existing cyclotron machine located at Aberdeen Royal Infirmary on the following basis:

- The existing machine had reached the end of its life span (over 20 years old);
- Replacing the existing machine was the only viable option for the Aberdeen Service (The other production facilities in Scotland do not have the capacity).
- A new cyclotron will increase capacity, allow for more flexible working, broaden the range of services we can offer and reduce production cost per unit dose.
- The PET is a national service and is a key part of the cancer delivery plan. There are 4 specialist locations in Scotland for the delivery of this service. The project will also improve regional sustainability. Currently all PET scans are provided for Highland by NHS Grampian. With production of FDG locally, the Grampian facility will have the capacity to supply Dundee's PET scanner. Currently they get their FDG from central England.
- Additional funding to cover disposal and purchase of the replacement was available from the Scottish Government national Radiotherapy Programme.

The procurement process, supported by Health Facilities Scotland and the Central Legal Office completed during 2019. The old machine has been removed and transported to a safe disposal area and work is ongoing to prepare for installation of the new machine in March 2020. Arrangements are in place to source the raw materials from Glasgow and to make the FDG in the laboratory in Aberdeen during the down time, in order to ensure there is no adverse impact on existing PET/CT services.

The project costs can be analysed as follows:

	Tendered value £000's	Estimated Out Turn £000's	Movement £000's
Cyclotron Machine	1,500	1,500	0
Turnkey De installation/Installation	2,155	2,505	(350)
Additional functionality for research	577	450	127
<b>Total investment</b>	<b>4,232</b>	<b>4,455</b>	<b>223</b>

The tendered value included provisional sums relating to decommissioning and installation recognising the restrictions on access to complete full surveys until the existing machine had been removed. The estimated out turn reflects the final costs following completion of these detailed surveys, an increase of £350k compared to previous estimates. The Scottish Government have confirmed funding from the National radiotherapy programme to cover this additional cost.

### **3.3 CARDIAC CATHETER LABORATORY REPLACEMENT**

In December 2019 the Board approved the replacement of the two existing permanent Cardiac Catheter Laboratories at Aberdeen Royal Infirmary and essential enabling and turnkey installation works on the following basis :-

- The diagnostic and therapeutic procedures carried out in these facilities, including 24/7 cover for emergency Primary Coronary Interventional Procedures, are a fundamental part of the cardiac service provided to the Grampian population and also to the populations served by NHS Orkney, NHS Shetland and NHS Highland, who depend on the ARI facilities for out of hours access to cardiac procedures or for more complex procedures requiring the expertise of the tertiary cardiac centre.
- Demand for the cath lab facilities has increased significantly over the last 10 years due to the continued development of interventional cardiology procedures, in particular: angiography, percutaneous coronary intervention (PCI) procedures and Transcatheter Aortic Valve Implantation (TAVI). ARI became the regional centre for delivery of a TAVI service to the North of Scotland population in April 2019. The demand for these services will continue to increase with the ongoing development of interventional procedures and the impact of demographic changes such as the ageing population.
- The two permanent cath labs at ARI are over 11 and 14 years old respectively and reaching the end of their useful lives. Although functional, they are outdated technology and increasingly unreliable with regular periods of downtime.
- Both currently operate at full capacity and the continued growth in demand now requires the intermittent use of a mobile cath lab facility made available through an external provider in order to cope with peaks in demand.
- Access to cath lab facilities has been highlighted as an ongoing risk by clinicians and service managers who consider that the rapid development of, and growing demand for, cardiology treatments requires reliable modern technology and equipment in order to ensure a safe, effective and efficient clinical service.

The project costs can be analysed as follows:

	Approved Budget £000's	Estimated Out Turn £000's	Movement £000's
Siemens Artis Floor Cath Lab x (Equipment only)	1,040	1,126	86
Siemens/Measured Term - New Cath Lab (Construction)	900	1,182	282
Siemens Replacement Cath Lab 2 (Construction)	150	232	82
<b>Total investment</b>	<b>2,090</b>	<b>2,540</b>	<b>450</b>

The previous estimate included provisional sums relating to decommissioning and installation pending more detailed surveys. It was also necessary to amend the specification following consideration of the likely use of these facilities for more invasive procedures in future. The increased cost of £450k is therefore explained as follows:

- Amendments to the scope of the turnkey work,
- Changing spec for the new Cath Lab room size/layout as the project developed, and
- Requirement to extend the footprint of the room to accommodate a larger Air Handling Unit (AHU)

Design team colleagues have confirmed that following scrutiny of Siemens revised offer (Nov 2019) they are satisfied this now covers all aspects of the turnkey work required. A number of provisional sums are still included but it is anticipated there is scope for these costs to reduce down. Acceptance of the offer includes a number of qualifying conditions to ensure additional costs and particularly provisional sums are reduced where possible.

The benefits of Siemens providing the full turnkey package mean they will provide their expertise through all stages of the project from design/construction of the new lab to installation, testing of the new kit and the lab becoming fully operational.

The Board is asked to approve the allocation of a further £450k capital funding to cover the increased cost of the project.

### **3.4 DR GRAY'S HOSPITAL**

In November 2019 the Asset Management Group approved several projects intended to improve the patient amenity and address backlog maintenance and statutory compliance issues in ward accommodation at Dr Gray's Hospital.

#### **3.4.1 Birthing Unit**

The current store room and adjacent labour room will be combined to create a birthing room to include both a pool and a labour bed with ensuite facilities and with sufficient space for the other necessary medical equipment required – resuscitaire, cardiotocography, etc. This would provide a birthing room of a standard necessary to support the delivery of midwife led care which has been evidenced to optimise birth outcomes (Sandall 2016) and is recommended in The Best Start: A Five Year Forward plan for Maternity and Neonatal Care in Scotland.

The enhanced pool room will enable safe evacuation in an emergency and support women to maintain dignity as they could transition from the pool to the bed and/or walk around without leaving the room.

The old pool room will be converted in to a store with adequate charging points for clinical equipment and the remaining three labour and birth rooms will also be refurbished to install ensuite facilities and achieve an environment more conducive to improving outcomes.

The planned works programme is anticipated to take six months from approval, allowing time for building warrant etc, and the cost is estimated at £0.35m. The service have confirmed that they have reviewed the extent and nature of planned works and that it should be practical to continue to operate the service from the unit without any significant impact on the quality of care, while the work is ongoing.

#### **3.4.2 Ward 7**

In addition to mitigating various backlog maintenance and statutory compliance risks, the proposed scheme will deliver the following benefits to our patients:

1. Provide a safer ward for all of our patients, but most especially our dementia patients who are most at risk of falling and of sustaining harm as a result of falls.
2. Be better able to provide a holistic environment & experience for our end of life patients and their relatives.
3. Ensure that wherever possible, patients achieve their maximum potential independence and mobility as early as possible and maximise opportunities to return patients to their homes and communities, in turn reducing their length of stay.
4. Provide personal care facilities which enhance privacy and dignity for all our patients.

The proposed scope of works is summarised below.

Backlog maintenance – estimated cost £0.485m:

- Install piped medical gases to all bed areas and reconfigure/realign all bedhead services to match the configuration of the ward.
- Replace the flooring with cushioned non slip and dementia friendly floor coverings.
- Relocate the nurses station and create an additional nursing desk space to ensure visibility of all patients at all times.
- Compartmentalise all bedded areas to meet current fire code standards.
- Install new fire doors in all corridors and communal areas and repair and upgrade existing fire doors where they do not meet current standards.

Patient Experience – estimated cost to be met through endowment funds £0.455m:

- Redecorate the ward bays and single rooms and replace the screens and curtains throughout in dementia friendly colours.
- Create a wet room with a shower in each 4 bedded bay replacing the existing toilet and sink.
- Remove riser plinths from all toilets.
- Replace all disabled hand and grab rails with dementia friendly equipment which can clearly be seen and identified as support aids.
- The bath will be removed from the existing bathroom which will be partitioned to create a dedicated storage space for commodes, sanichairs, hoists and walking aids and a new laundry room.
- One of the existing bed bays will be reconfigured to retain the same number of beds in a more suitable setting but also to partition off excess space which together with the existing laundry room area will be converted to create a day room for patients to meet with their families, mobilise, attend dedicated group physiotherapy / rehabilitation programmes and eat meals away from their bedsides and a further room to allow private meetings between medical staff and patients or their relatives.

### **3.4.3 Renal Unit**

Replacement of the water treatment plant at the earliest opportunity is an essential requirement. To achieve this will require some reconfiguration of the accommodation within the unit involving the reduction of overall treatment space to accommodate the new water treatment plant. The staff within the unit have been working closely with

estates and service management colleagues to develop a plan for the reconfiguration of the accommodation which not only accommodates the new plant but will create a much improved, more comfortable and efficient unit that will significantly improve the experience of the patients using the service.

The scope of works, estimated to cost £0.508m, includes:

- Reconfiguring existing treatment areas using part of the space, mainly the existing isolation treatment room, to accommodate new water treatment plant.
- Convert an existing store in to a new isolation treatment room and re provide the store using the existing space used as an office by ward staff.
- Convert the existing DSR in to an office for ward staff and re provide the DSR by partitioning the existing shared sluice room.
- Convert the existing water treatment room in to a pantry bringing this on to the ward and convert the old pantry, external to the ward, in to a store room.
- Replace the nurse station with a small unit more conducive to effective delivery of patient care.
- Close off the door to the toilet in the corridor and create a new entrance into the area within the Renal Ward corridor.

#### **4. Risk Mitigation**

The Aberdeen cyclotron machine has reached the end of its life span (over 20 years old) and is the only viable option for the Aberdeen Service (The other production facilities in Scotland do not have the capacity).

Access to cath lab facilities has been highlighted as an ongoing risk by clinicians and service managers who consider that the rapid development of and growing demand for cardiology treatments requires reliable modern technology and equipment in order to ensure an effective and efficient clinical service.

Approval of the recommendations as outlined will assist in mitigating the Board's strategic risk number 2155 "that our infrastructure will not be fit for purpose nor compliant with statutory requirements if we do not have an adequate medical equipment, information technology and backlog maintenance programme and plan for redesign and transformation of services."

## 5. Responsible Executive Director and contact for further information

If you require any further information in advance of the meeting please contact:

**Responsible Executive Director**

Alan Gray  
Director of Finance  
[alangray@nhs.net](mailto:alangray@nhs.net)

**Contact for further information**

Garry Kidd  
Assistant Director or Finance  
[garry.kidd@nhs.net](mailto:garry.kidd@nhs.net)

**15 January 2020**

**Attachments:**

Baird Family Hospital and ANCHOR Centre Full Business Case Executive Summary

**On Request:**

Baird Family Hospital and ANCHOR Centre Full Business Case