



**Scottish
Ambulance
Service**
Taking Care to the Patient



Glasgow South Station Initial Agreement

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Section 1: Executive Summary

1.1 Purpose

This proposal explores options for the improved provision of emergency and urgent care services provided by the Scottish Ambulance Service (the Service) to the population of Glasgow South and the surrounding area. An additional opportunity for improvement, is the creation of a Health and Wellbeing Centre for the local area, has been identified and is discussed within this Initial Agreement.

Background of the development of the IA

The Initial Agreement (version 4) was approved by the Scottish Ambulance Service Board in January 2020, this was then submitted to the Capital Investment Group (June 2020) and following their review and in response to further questions, an updated addendum was presented to the Scottish Ambulance Service Board in September 2020 (version 8). This was approved by the Board with the next steps being:

- this would be resubmitted to the Capital Investment Group. This was actioned following the Board meeting
- The Service was working with Healthcare Facilities Scotland to progress the Design Statement which was delayed due to COVID-19
- The Board had already approved the preferred procurement route using Hub West Scotland

Due to COVID-19 the Capital Investment Group had paused activities and we received feedback from the Capital Investment Group in February 2021 that stated:

Following review of the above business case by the NHS Capital Investment Group (CIG), the CIG sees real merit in the proposal and welcomes the idea of creating a Health and Wellbeing Centre for the local area. However as you are aware, following the publication of the Scottish Government's Infrastructure Investment Plan and the Capital Spending Review 2021-22 to 2025-26, budget availability will be a real challenge over the next five years. Consequently, I have asked you to consider alternative proposals beyond full replacement of the station.

As a result of the feedback, and over the last 12 months we have undertaken the following actions:

- Through a range of workshops and meetings with key stakeholders including staff, local community groups. Glasgow City Council, Health and Social Care

Partnerships and academia to critically assess the need for the Health and Wellbeing Centre in the local area

- Reviewed the options including the impact of COVID-19, a review of the costs, the drivers for the development, including the benefits and revisiting the options appraisal
- Recognising the capital spending challenges pursued other funding options
- Reviewed the landscape including the local health needs and challenges and
- Reviewed other proposals including the option of only replacing the South Ambulance Station then
- Undertook the design workshop with a good range of internal and external engagement. This is a key requirement for the Initial Agreement submission and this aims to described in more detail how the preferred option would work, what is negotiable and non–negotiable in terms of stakeholders requirements and ideas on the building look and feel. This was required to be completed prior to any resubmission of the Initial Agreement.

A further update of the document was submitted to the Capital Investment Group in February 2022. Feedback from the Capital Investment Group was received on the 14th March 2022 with 3 key areas of work requiring an update:

‘Our policy is that business cases should not be progressed to CIG without a completed NDAP review, NHS Scotland Assurance Review (KSAR) and Sustainability Review. Those are basic ‘check-list’ requirements that must be met before a business case is put on a CIG meeting agenda as we know that if they are not complete, the business case will not be approved by the CIG’.

The Service had been engaging with Health Facilities Scotland (HFS) who lead the NDAP review throughout the IA process. HFS had previously informed the Service that the NDAP was not required until the Outline Business Case. This has now however been completed and submitted to Health Facilities Scotland. The NHS Scotland Assure requirements have just been recently launched. The updated position on this is described within section 4.7 of the updated Initial Agreement.

‘We have subjected the IA to a ‘pre-CIG review’ (which is done for all submissions) and some further information is required’.

This has been completed and the updated IA reflects these changes. Appendix H describes the detail of the pre-CIG review and our actions.

NHS Boards are developing over 50 business cases that will require CIG review and SG funding, yet we know our funding envelope means that most of these are not affordable over the Capital Spending Review period (up to 2025-26). The National

Infrastructure Board (NIB) is establishing a prioritisation framework, and there is a reluctance to approve any business cases until this is completed.

The Health and Social Care Management Board are meeting over the next few weeks and SG should be in a position to communicate capital position fairly shortly thereafter. This does not however change the intent of the IA and a separate meeting with SG finance colleague will be set up prior to the CIG submission.

1.2 Strategic Context

The Service has defined the following key strategic estates themes in the Property Strategy which was approved by the Service Board in July 2020:

- **Health outcome led** – the Property Strategy is explicitly future needs and demand led (as opposed to being supply led, i.e. how can we better use the existing estate)
- **Collaborative locally** – where feasible ambulance stations are co-located with relevant public partners including NHS and other emergency services and consider the benefits associated with this
- **Efficient use of resources** – the estate strategy enables the optimal deployment of assets – staff, finance, vehicles and ICT.

The Service is in the process of implementing our Demand and Capacity review. The Service commissioned work to model the overall capacity and workforce requirements to respond to current and future projected demand in unscheduled care across the Service. In particular the current and future demand for the Glasgow South area is increasing and staff and vehicles will need to increase further over the next 2 years to meet our response targets recognising this increasing demand. Within the South station locale in response to these demands the Service has established 2 satellite stations, co-locating with the Scottish Fire and Rescue Service, at Clarkston and Castlemilk.

1.3 Background

Glasgow South Station (GSS) is currently located in the Govanhill area of Glasgow at Butterbiggin Road. The Station is located within the top 10% most deprived areas in Scotland. As such, the local area has been subject to regeneration strategies and initiatives in recent years. The Station is located in the heart of Govanhill and has the potential to be a key strategic landmark site providing integrated services for both staff and the local community.

Built in 1994, the station acted primarily as a garage/depot to store the Service's vehicles with limited staff accommodation included. These limited welfare facilities were for approximately 15 staff, which were (at that time) predominately male. The service model has changed significantly since this time.

1.4 The Need for Change

The key drivers for change are described in the table below:

Driver for Change	Description
Increasing Demand	Between April 2017 and March 2019, GSS responded to 59,191 immediately life threatening (ILT) calls. Out of 9 Glasgow South Standby Points, GSS responded to 18% of all Immediately Life Threatening calls across the country. Considering the volume of calls and 8-minute response radius, a refurbished station could improve response time, increasing health and safety standards and designing a more logical station structure
Health and Wellbeing Needs of the Local Population	The station is currently situated in a heavily deprived area of Scotland which has been the focus of regeneration initiatives. Local community engagement and population health is one the Service's key priorities in the developing 2030 strategy.
Lack of Local Shared Community Facilities	The Service routinely works across the boundaries of health and social care with NHS, emergency services, third sector and community partners. However, the Service does not have a facility which facilitates community engagements into one tangible entity in the Glasgow South area. Early engagement with local stakeholders has identified a lack of shared community facilities within the local area. This acts as a barrier to community engagement and collaboration.
Age and Dilapidation of Existing Station	The title to the building was first registered in 1922 and subsequently acquired by the Service in 1994. It was not purpose built as an ambulance depot. The building was adapted for use by the Service as a garage to house emergency vehicles with only a small provision for staff accommodation. This met the service delivery model at the time; however, this no longer meets the Service's needs. The station requires a considerable amount of building and engineering backlog works to restore its condition to a satisfactory level.
Overcrowding	The station is overcrowded. This is an operational ambulance station and not an office/admin environment. The current locker room does not have sufficient space to accommodate the staff requirement. There are no other rooms available on-site which can be converted to provide additional staff locker space.
Functional Unsuitability	It is functionally unsuitable and in terms of the range and standard of the staff and vehicle accommodation provided. The current site does not have appropriate locker, shower and toilet facilities. There are no eLearning facilities and infection control risks.
Restrictive Access	Vehicle access to the current site is a 'one way system' which is tight to enter and exist. Egress is restrictive; a redesign will allow crews to exit the site quicker and respond to patients faster and more effectively.
Inefficient Energy and Environmental Performance	The boiler installed is an old style model which cannot reduce our carbon output. There are no double glazed windows and the internal insulation is poor. The station also loses heat through the frequent opening and closing of the garage doors. This is particularly an issue during winter.

1.5 Opportunities for Improvement

Inter-Agency Working

This project presents an excellent opportunity for inter-agency working with NHS and emergency services partners, Glasgow City Council, Integrated Joint Boards (IJBs) and local community partners.

Inter-Agency Asset Sharing

The Service is able to share electric vehicle charging infrastructure installed at the site with NHS partners and other emergency services partners. The planned increased in electric charging infrastructure to be installed at the Glasgow South Station site will not only benefit the Service, but wider services partners.

Health and Wellbeing Centre

A specific opportunity for improvement has emerged as result of this project, with the introduction of a Health and Wellbeing Centre within the facility. This would form a community and staff hub which would facilitate engagement between the Service and the local multicultural community. The Centre would consolidate community engagement in one place and provide a visual and tangible entity. It would also establish the Service's brand continuing to build upon patient and public confidence. The Health and Wellbeing Centre would operate as a 'community hub' rather than a 'patient hub' and would be operated by the Service. It is proposed that the Centre will be utilised by local community groups, charities and industry partners.

The station is located in a heavily deprived area, an ideal location to focus on key health priorities such as drug addiction and mental health. This presents a significant opportunity for improvement. Local community engagement and population health is one the Service's key priorities in the developing 2030 strategy.

This project has the potential to be a landmark facility within the local community making if designed and used effectively could make a positive contribution to the inclusive growth of the local economy. The Service is in a unique position as a community based provider working across the boundaries of health and social care, accessing all local community pathways..

The Service is able to develop strong existing relationships with the local community and aims to expand the community reach allowing us to collaborate and develop exciting, improved ways of working. This will allow the Service to focus on developing our role in population health, supporting the shift in the balance of care from hospital based settings to the community. Regeneration is already a key priority in the local area tackling a range of issues; healthcare, the economy, the environment, housing and social cohesion. Our landmark facility will add significant value to the local area.

1.6 Investment Objectives

Our investment objectives are summarised on the table below:

Driver / Opportunity	Investment Objective
1. The accommodation capacity is struggling to cope with the rising demand for the service	Increase the functional capacity of the accommodation and other infrastructure
2. Poor service performance puts at risk positive health outcomes for patients	Provide the infrastructure necessary to support the service in meeting or exceeding its performance targets
3. Building is in poor state of repair which impacts on service performance, and the health and safety of staff	Provide modern, fit for purpose accommodation
4. Current building is highly energy inefficient and a significant carbon emitter	Provide a net zero carbon building
5. Opportunity to support promotion of health and wellbeing for the local community	Create an environment whereby the health and wellbeing of the local community can be supported
6. Opportunity to become a landmark facility within its community that contributes to the inclusive growth of its economy	Maximise the inclusive growth impact that the service and infrastructure has on its local community

1.7 Economic Case

The initial agreement considered the following list of options:

Number	Option
1	Do minimum: retain functional size of the station and service model. Undertake backlog maintenance statutory requirements (this would be a short term option)
2	Increased functional size of station and retain existing service model with improvements in response times and patient outcomes.
3	Increased functional size of existing model with improvements in response times and patient outcomes and further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working

Indicative Costs

The costs have been reviewed over the previous 12 months to account for the current economic situation and the current indicative costs of the options described within the Initial Agreement are noted below:

Cost Heading	Option 1 / Do Minimum £	Option 2 £	Option 3 £
NPV of Capital Expenditure			
NPV of Revenue Expenditure			
Total Net Present Value (NPV)			
Optimism Bias			
Equivalent Annual Charge			

The following assumptions have been applied:

- A discount rate of 3.5% has been used

- VAT and other direct taxes are not included
- A mitigated optimism bias uplift has been included for all three options

Preferred Way Forward

The preferred way forward identified for the Service is **Option 3** (Increased functional size of existing model with improvements in response times and patient outcomes and further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working).

Option 3 would result in safe, suitable and improved Station facilities necessary to support the delivery of emergency and non emergency services to the population of Glasgow South. In addition, Option 3 provides the infrastructure to support health promotion by not only providing a space to engage with the local community but by also establishing a landmark facility in the area consolidating local services suited to the population's needs.

It presents an exciting opportunity to establish the Service's brand and wider role in health promotion, to build patient and public confidence, and to make a positive impact to the health and wellbeing of the local community.

1.8 Affordability

Estimated capital requirements, inclusive of VAT and direct taxes, range between [REDACTED] dependent upon the chosen option. Capital funding will be via an ear-marked capital allocation from Scottish Government. Revenue costs will be funded via the Service's core revenue budget in the relevant financial years. Implementation of the preferred option will result in an additional ongoing revenue requirement of approximately [REDACTED] per annum compared to existing costs.

However, it is currently planned that the additional revenue requirement will be offset by income generated through the Health and Wellbeing Centre. This will be further described in the outline business case with the inclusion of a detailed business plan.

1.9 Readiness to Proceed

The project will be procured using Hub West Scotland. Hub West Scotland have demonstrable experience in delivering a range of community benefits across a wide range of projects.

1.10 Recommendation

It is recommended that the preferred way forward (Option 3: Increased functional size of existing model with improvements in response times and patient outcomes and further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working) outlined in this Initial Agreement is endorsed and that a mandate is given to progress to the Outline Business Case (OBC) stage.

Section 2: Introduction

2.2 Purpose of the Business Case

The purpose of this Initial Agreement (IA) is to explore options for the improved provision of emergency and urgent care services provided by the Scottish Ambulance to the population of Glasgow South and the surrounding area.

The IA follows the guidance published in the Scottish Capital Investment Manual (SCIM). It will describe the proposal for investment and demonstrate why it is a good thing to do.

2.2 What is the proposal about?

The Scottish Ambulance Service (the Service) is a National Health Board providing emergency, urgent response and patient transport services to the population of Scotland. The Service responds to around 1.5 million calls for emergency and non-emergency assistance each year including attending over 700,000 emergency and unscheduled incidents. Over 600,000 patient transport journeys are undertaken each year supporting the transfer and discharge of patients due to their medical and mobility needs.

This proposal explores options to improve the emergency and non-emergency ambulance services to the population of Glasgow South and the surrounding area.

An additional opportunity for further improvement is the creation of a Health and Wellbeing Centre for local communities, staff and to support the Scottish Ambulance Service strategic intent for innovation, has been identified and is discussed in this Initial Agreement.

Project Scope

This business case will cover the procurement and re-provision of Glasgow South Station (GSS) describing how the estate options can improve the current service. The new estate will be fit-for-purpose to support improved delivery of emergency and non-emergency care to the local area.

The core project is restricted to the improvement and modernisation of Glasgow South Ambulance Station and how this will improve the services to the current area through increased response time, greater engagement and collaboration and includes the creation of a Health and Wellbeing Centre.

The Initial Agreement seeks to confirm investment support for this full development. As the business case progresses there is likely to be further opportunities to explore additional funding from third sector, private sector, regeneration funds and other potential innovation funding to provide additional resources to this exciting new facility.

Summary of Revisions to IA

The Initial Agreement (version 4) was approved by the Board in January 2020, this was then submitted to the Capital Investment Group and following their review and in

response to further questions, an updated addendum was presented to the Board in September 2020 (version 8). This was approved with the next steps being:

- this would be resubmitted to the Capital Investment Group. This was actioned following the Board meeting
- The Service was working with Healthcare Facilities Scotland to progress the Design Statement which was delayed due to COVID-19
- The Board had already approved the preferred procurement route using Hub West Scotland

Due to COVID-19 the Capital Investment Group had paused activities and we received feedback from the Capital Investment Group in February 2021 that stated:

Following review of the above business case by the NHS Capital Investment Group (CIG), the CIG sees real merit in the proposal and welcomes the idea of creating a Health and Wellbeing Centre for the local area. However as you are aware, following the publication of the Scottish Government's Infrastructure Investment Plan and the Capital Spending Review 2021-22 to 2025-26, budget availability will be a real challenge over the next five years. Consequently, I have asked you to consider alternative proposals beyond full replacement of the station.

As a result of the feedback, and over the last 12 months we have undertaken the following actions:

- Through a range of workshops and meetings with key stakeholders including staff, local community groups. Glasgow City Council, Health and Social Care Partnerships and academia to critically assess the need for the Health and Wellbeing Centre in the local area
- Reviewed the options including the impact of COVID-19, a review of the costs, the drivers for the development, including the benefits and revisiting the options appraisal
- Recognising the capital spending challenges pursued other funding options
- Reviewed the landscape including the local health needs and challenges and
- Reviewed other proposals including the option of only replacing the South Ambulance Station then

- Undertook the design workshop with a good range of internal and external engagement. This is a key requirement for the Initial Agreement submission and this aims to described in more detail how the preferred option would work, what is negotiable and non–negotiable in terms of stakeholders requirements and ideas on the building look and feel. This was required to be completed prior to any resubmission of the Initial Agreement.

The September 2020 Initial Agreement (version 8), assessed the following options

Number	Sept 2020 updated Options	Previous January 2020 options
1	Do minimum: retain functional size of the station and service model. Undertake backlog maintenance statutory requirements (this would be a short term option and is included as a baseline comparator only).	<i>This was previously option 2 in the Jan 2020 submission of: do minimum stay on site and undertake backlog</i>
2	Increased functional size of station and retain existing service model to meet Demand and Capacity pressures.	<i>Increase the footprint of the ambulance station to meet the demand and capacity additional staffing</i>
3	Increased functional size of existing model, including integrated services and enhanced health and wellbeing promotion function.	<i>Increase the footprint of the ambulance station, plus include a new Health and Wellbeing centre for the local community and for the staff</i>

The Initial Agreement described in detail the need for change, the opportunities for improvement, our investment objectives and the economic case. The preferred option was approved by the Board. This would result in a safe, suitable and improved Station facilities necessary to support the delivery of emergency and non emergency services to the population of the Glasgow South. This option provided the infrastructure to support health promotion, anticipatory care and preventative care in the local community, by establishing a landmark facility delivery services best suited to the local population needs. Importantly it provided an exciting opportunity to establish the Service brand and wider role in anticipatory and preventative care, to build patient and public confidence, and to make a positive impact to the health and wellbeing of the local community.

This was well received by the Capital Investment Group, however given current demands on capital funding, CIG have asked us to explore alternative options beyond full replacement as per the preferred option.

Following the feedback from CIG in February 2021, we have

- ✓ been engaging and learning from our staff, stakeholders, and residents to test the need for creating the Health and Wellbeing Centre, as this was a key cost of the development

- ✓ been actively engaging with Glasgow South Station staff on the need for the station replacement
- ✓ implemented phase 1 and 2 of the demand and capacity recommendations and have had to relocate the additional staff due to based at Glasgow South Station, at temporary accommodation(s) while we await the expansion replacement build for Glasgow South Station (where the greatest impact on response times will be seen)
- ✓ developed and submitted phase 3 demand and capacity business case including the impact of COVID-19 on our services and the greater need to improve response times. This will continue to require additional staff based in the Glasgow South Station and the need for a greater footprint
- ✓ undertaken a detailed landscape, working with community groups, on the health needs and demands for the local area

This work is now described in more detail in the next sections of this Initial Agreement (version 10). This will focus on:

1. An update on the strategic context describing what has changed since February 2021, this describes an even greater need to do something proactive focusing on the increased patient harm and the increased gap in inequalities and social deprivation (Section 3: Strategic Case)

2. Describing what have we been doing since February 2021 to reconsider the options (Section 4: Economic Case):

- ❖ the in depth community engagement work to continually test the need for the community hub as well as the ambulance station
- ❖ the impact of the now implemented (phase 1 and phase 2) and developing phase 3 of the demand and capacity programme with the need for the increased station footprint, which as a result of COVID-19 required now more than ever
- ❖ the community needs
- ❖ the feedback from the community engagement and new and exciting ideas that have come through (from staff and the local community) as real tangible actions to make improvements to population health including
 - work with local school children with an innovative programme to develop them as community first responders
 - development of a SAS cadet school working with school children who quite often due to the multicultural diversity in the area, are the key communicators with the ambulance crews
 - ideas to create a community wealth and health hub looking at developing local skills to create community wealth
 - development of a community garden
 - ideas to breakdown language barriers, there are 88 different languages spoken in this local area

- ❖ the development of a strategic partnership (and a funding bid) with the University of Glasgow as part of a wider programme to improve the health and wellbeing of the Govan area
- ❖ An even greater emphasis on staff health and wellbeing focusing on staff needs as and when it is required and working with other emergency services on trauma, peer support and mental health needs
- ❖ Our now approved Research and Innovation Strategy and how the Glasgow South Station development can be a test bed for a range of research and innovations

3. Then moving into the **so what ... how has this changed from the preferred option** (Section 4: Economic Case)

4. Updating on the financial impact and the potential for some funding sources (Section 4: Economic Case and Section 6: Financial Case)

5. Our updated recommendation. (Section 8: Conclusion and Recommendations)

6. All supported by the recently completed Design Statement, which is included in Appendix E.

Section 3: Strategic Case

3.1 Strategic Context

Organisation Strategy

The Service is due to launch its 2030 strategy in July 2022. Consultations with the public staff and our partners due to be completed by June 2022. The 2030 strategic aims build upon the 2020 Strategy: Taking Care to the Patient". which was based on the fundamental principle that care should be appropriate to the patient need and where that care is delivered should be appropriate, shifting the balance of care by taking more care to the patient.

Our 2030 strategy currently in its final stages of development focusing on how the Service can improve population health as well as continuing to improve responding to urgent and emergency care. The strategy is taking shape with the following diagram describing the key core elements.



How the new South Station development supports this emerging strategy is summarised below:

- ✓ Urgent and essential capacity has been created within the Glasgow South Station redevelopment to meet our rising demand within the West region. To create this capacity existing staff have been relocated to co-locate with our Scottish Fire and Rescue partners in Calton Fire Station and we are in the process of co-locating to Castlemilk Fire Station with discussions also ongoing

in relation to Govan Fire Station. This joint venture has been fully supported by Scottish Fire and Rescue.

- ✓ The design of the new building also improves our response rates by up to 30 seconds; this is approx. a 5-10% increase in response time. The building will also support our advanced practitioners triage model.
- ✓ Through our new Health and Wellbeing centre working with local communities, patients and the public to improve population health and support self management. Specific focus on developing pathways for mental health, drug addiction, falls and stroke. Making use of the centre and improve the health and wellbeing of staff working with peer support, trauma support and general health promotion
- ✓ : Addressing health inequalities by ensuring the local community is provided with the best possible care with a view to improvements in outcomes, not just processes. Engaging through the Glasgow South station with our Advanced Practitioners triage and assessing urgent calls in the local area and supporting our 'high intensity users'
- ✓ Using our own data to intelligently deliver local services when and where they are needed, working with the IJB and other partners to develop local pathways based on local patient needs.
- ✓ : Through the development of a fit for purpose (designed by our staff) health and wellbeing space in addition to a new modern ambulance station with digital capabilities, an innovation space and improved support services

The development work at South Station as described within this Initial Agreement is at the cornerstone of where the Service aspires to strengthen its presence within communities across Scotland by focusing on where the greatest needs and demands are of local populations. We are placing particular emphasis and priorities on those stations in deprived and of greatest need communities.

Replacing or refurbishing the Glasgow South Ambulance Station is focusing on contributing towards the Service's high quality delivery model for emergency and non-emergency services.

This project aligns with the Service's strategies for emergency and non-emergency ambulance services.

Crucially this also links to the NHS Scotland policy direction and priorities including specifically:

- Saving lives of critically ill patients such as those affected sudden cardiac arrest or major trauma
- Supporting the redesign of acute care pathways by land and air
- Shifting the balance of care through exciting new ways of working between SAS and IJBs is presenting to understand demand, variation and outcomes and design pathways and services which meet the needs of patients and improve the efficiency and effective use of Health and Care resources
- Contributing to solving Scotland's public health problems such as drug related deaths and promoting good health and impacting the illness prevention agenda
- Tackling inequality and focusing resources and services in areas of deprivation in partnership with IJBs

- Direct paramedic support to Primary Care as part of work to support GP clusters and ensure the successful implementation of Scotland's GP GMS contract.
- Improving support in Mental Health through prevention and early intervention and improving access to treatment

The initial agreement has been updated to reflect the impact of COVID-19 to ensure this strategic development remains a key focus of our service delivery in Glasgow.

The Service submitted the Remobilisation Plan (from August-March 2021) to Scottish Government on 7th August 2020. The Service's key responsibility, during the remobilisation of health and social care services, is to continue to deliver the best care.

The plan highlights the key areas of focus for the period August 2020 to March 2021.

The key themes described in the Remobilisation Plan are:

- Build upon the gains of COVID-19 with new techniques, technologies and clinically safe and faster pathways for patients
- Ensure capacity within the Service to be able to respond to the continuing presence of COVID-19 and upcoming winter pressures.
- Support Scotland's goals of a greener, fairer, more sustainable country
- Embed and develop digital services which will be reinforced by the development of the Service's first dedicated Digital Strategy in 2020/21.
- Work with Scottish Government and key stakeholders in the programme of work associated with Redesigning Urgent Care. This will include enhancing the clinical response model, placing Advanced Practitioners in Urgent and Primary Care and taking an active role in developing community pathways.
- Continue to develop the Service's response to Major Trauma, Critical Care, and Stroke and Thrombectomy patients.
- Improve understanding and ability to deliver good End of Life Care through partnership working, education and technology.
- Expanding the Service's role in community care and improving population health through collaborative cross-body working.
- Focus on promoting good mental health and work in collaboration with other key agencies to care for people and treat their mental health with parity as physical health.

[Estates Strategy \(Property and Asset Management Strategy\)](#)

The Service is required as all NHS Scotland bodies are, to have a Property and Asset Management Strategy (PAMS). The Service recognises the PAMS as an integral part of the corporate and strategic planning process. Effective asset investment and management is essential for the delivery of the Service's strategy "Towards 2020: Taking Care to the Patient".

A full PAMS covering the period 1 April 2019 to 31 March 2024 was submitted and approved in December 2019.

The Scottish Ambulance Service PAMS 2019 defines the following key strategic estate objectives:

- **Health outcome led** – the Property Strategy is explicitly future needs/demand led (as opposed to being supply led, i.e. how can we better use the existing estate)
- **Collaborative locally** – where feasible ambulance stations are co-located with relevant public partners including NHS and other emergency services and consider the benefits associated with this
- **Efficient use of resources** – the estate strategy enables the optimal deployment of assets – staff, finance, vehicles and ICT.

These three themes have been further developed in the Service's Property Strategy covering the period 2020 to 2030. The Property Strategy was approved by the Service Board in July 2020.

The Property Strategy, of which Glasgow South Station is the key priority, aims to:

- Invest in people and improve wellbeing through the provision of fit for purpose accommodation for our staff that is current but also future proof.
- Engage with staff and key stakeholders and be visionary and define what staff need to feel valued.
- Improve the quality of our clinical services is to have our stations in the right location to provide the best clinical care.
- Consider population health needs in collaboration with communities to support their local health needs. We will do this by intelligently analysing data and working proactively within communities – particularly in more deprived areas – to improve health and wellbeing through secondary prevention and health promotion activities.
- Embrace innovation and research in the use of deprivation data to make intelligent decisions on future estates provision. Our long-term estates goal to ensure intelligent use of data is to use data to make decisions on refurbishments, disposals and co-locations. The Service will do this by analysing data from physical condition surveys, recurring revenue costs, building lifespans, and building suitability, and making intelligent decisions that are underpinned by robust data analysis.
- Provide greater benefit to the population health of communities we serve, our approach to our physical estate will be framed by public health, as well as operational considerations.
- Become environmentally and financially sustainable is to reduce emissions to “net-zero” by 2045, with a 70% interim target by 2030. We will do this by managing and monitoring the energy consumption of our physical estate, ensure any refurbishments or new builds are sustainable developments.

The Service's long term goal to collaborate, co-design and share decision making is to work with NHS partners and potentially other emergency services to design estates facilities in order to co-locate, and establish a closer working relationships.

This will be facilitated by engaging with NHS partners, and being involved in early decisions in new buildings or refurbishments of existing Health Board sites, community assessment hubs and any other health based site where the Service can be included in the future planning assumptions.

This will result in us being co-located with other health care professionals and allows our staff to learn and develop closer working relationships with partners.

Performance Targets

The Service has agreed key performance targets with Scottish Government. The 2021/22 targets relevant to this project are listed below:

Performance Indicator	2021/22 Full Year Target
Purple Coded Incident Response Times	Median < 6 min Percentile <15min
SAS Red Coded Incident Response Times	Median < 7 min Percentile <15min
SAS Amber Coded Incident Response Times	Median <15 min Percentile <30 min
SAS Yellow Coded Incident Response Times	Median <20 min Percentile <60 min

Definitions of the aforementioned clinical response categories are included at Appendix A: Clinical Response Model Hierarchy.

The South Station improvement plan needs to ensure the continued delivery of these targets.

Demand and Capacity Review

In support of meeting the agreed performance targets, the Service is in the process of implementing our Demand and Capacity review. The Service commissioned an external organisation to model the overall capacity and workforce requirements to respond to current and future projected demand in unscheduled care;

- to meet performance standards; and,
- to improve staff experience and ensure staff welfare.

The modelling reviewed unscheduled care rosters and complements work which is taking place reviewing:

- Ambulance Control Centres;
- Enhancing Capability strategy which provides greater integration between our Specialist Operations Response Teams and our core A&E teams;
- Air Ambulance/ScotSTAR– the new re-procurement of this service will commence in 2020.
- Paramedics in Primary Care – over 100 Advanced Practitioners have been or are currently being trained to rotate between 999 response and primary care in and out of hours services. Spending a portion of their time in Primary Care will contribute not only to make more utilisation of community pathways and

services but also to the multi-disciplinary approach aligned to government policies such as Realistic Medicine and Primary Care Reform. Many of these Advanced Practitioners will be assigned to urban areas where poverty and deprivation are major contributing factors to both poor physical and mental health. Others will significantly help in the delivery of quality care in more remote and rural locations where recruitment and retention of doctors is a continuing challenge.

This work has identified where we have the highest acuity of patients and levels of demand and how we need to increase our capacity to cope with these demand levels whilst maximising efficiency and effectiveness.

The increased capacity will crucially allow us to respond to our sickest patients quickly saving even more lives, and reduce response times for less acutely ill patients, allowing for timely assessment and conveyance where necessary and management within communities where appropriate.

This will also relieve significant stress on our staff, reducing shift overruns, allowing time for staff rest periods and improving overall staff health experience and wellbeing.

Our Demand and Capacity review was a key driver for the improvement required within South Station area and specifically identified:

- The South Station current location is optimal to respond to the current and future patients needs. Described further in section 3.2 below.
- The size of the location needs to be increased. Overcrowding at the station is further described later in section 3.3 below
This is critical given the areas is of significant deprivation sitting within the 10% most deprived zones in Scotland and requiring the most significant health needs.

The following modelling describes what will happen (by 2022) if the Service does not increase capacity:

- Response times would worsen across the country. Only 59% of immediately life threatening patients would be responded to within 8 minutes against the target of 75% and for the lower acuity patients the 90th percentile wait time is 64.25 minutes against a 60 minute standard.;
- At a health board level our Amber and Yellow response times would be as high as 82minutes in NHS Lothian and NHS Greater Glasgow and Clyde (including South Station locale). This is against a median target of less than 15 minutes and 90th percentile target of less than 30 minutes for Amber response times and a median target of less than 20 minutes and 90th percentile target of less than 60 minutes for Yellow response times.
- Staff would experience greater shift overruns and would impact detrimentally on rest breaks, we know this has a knock on effect to staff wellbeing including sickness and absence

The Demand and Capacity Review has identified a total of 80 additional staff required at the new South Station development to make the maximum impact for demand and

capacity and response times up to 2022. All 80 wte have been recruited to by March 2022 and are being temporarily based in a range of stations, across Glasgow, primarily Leverndale, Springburn, Castlemilk and Clarkston. A breakdown of the increased WTE across the West Region is shown in the table below.

Station	WTE
Carlton Fire Station	18.44
Clydebank	46.09
East Glasgow	68.33
Kirkintilloch	23.56
Leverndale	53.99
Maryhill	18.44
South Glasgow	79.89
Springburn	80.62
West Glasgow	49.16
Castlemilk (APs)	6.15
Clarkston	12.29
Totals	456.94

Requirements have been reviewed for post 2022, taking into account the impact of Covid on increased on scene times and have forecast a further 8 WTE at South Station who are in the process of being trained. Due to capacity constraints, we plan to reallocate the majority of these to Leverndale on a temporary basis.

The longer term planning and demand for these services have been reflected in the demand and capacity programme and are unlikely to change significantly in the future. The 2030 strategy describes an evolving role for ambulance services in an anticipatory and preventative care as well as continuing as an emergency responder service.

More information in relation to the Demand and Capacity Review is included at Appendix B. This describes the methodology applied in forecasting demand and required capacity required.

An Update on the Strategic Context

There have been a number of engagement sessions with internal and external stakeholders to help develop and understand potential strengths, weaknesses, opportunities and threats concerning the Glasgow South Station replacement.

The Glasgow South Station is in the heart of Glasgow's Govanhill in the primary 5% of considerably disadvantaged neighbourhoods in Scotland. In recent years, the local area has been subject to regeneration strategies and initiatives; however, new statistics show that the COVID-19 pandemic has exacerbated inequalities and will affect poverty outcomes negatively. The evidence is showing us that the pandemic will continue to stretch inequalities in income and wealth over the medium term. It is further likely to cause unequal outcomes more severely in a range of health conditions.

As a result of the pandemic, services have been greatly affected, requiring urgent developments to how they are provided. On the 31 May 2020, the Scottish Government Published its Framework for NHS Scotland, "Re-mobilise, Recover, and Re-design". Our response to this focused on innovations and making clinical improvements that we could provide as part of our response to the pandemic while continuing to deliver the best care whenever and wherever possible.

We have successfully implemented our remobilisations plans through collaboration with partners across Health and Social Care developing health and care services such as remote triage and suitable alternative local community pathways to prevent hospital admissions.

We remain committed to our responsibility to deliver the best possible care now and in the future. Today we see that the pandemic bears a profound and continuing impact on our population, with the landscape of the economy uncertain and health and wellbeing impacted dramatically. While we continue to recover from the pandemic's lasting effect, including our responsibilities and preparations for any new variants, our focus more than ever needs to add value to the National Performance Outcomes to continue our delivery of the best care whenever and wherever possible. This remains a key foundation and driver for our Glasgow South Station development. The pandemic has simply reinforced this.

Glasgow remains a local authority likely to experience high infection levels in the future, and since March 2020, there have been a total of 12,372 deaths registered with COVID-19, across Scotland, as of 19 December 2021. All-cause deaths in 2020 saw 7,292 of these in Glasgow City, a 15.5% increase from 6,314 deaths in 2019. Of these deaths, 3,637 (49.9%) were female and 3,655 (50.1%) were male. The leading cause of death for males in 2020 was ischaemic heart disease (13.3% of all male deaths), and the leading cause of death for females in 2020 was dementia and Alzheimer's disease (13.1% of all female deaths).

In 2020, there were 1,339 deaths in Scotland linked to drug use, an increase of 5% in the previous year and more than double compared to 2009. This is the most significant number ever recorded in Scotland and is the highest rate in Europe. Greater Glasgow and Clyde had the most significant increase in its drug-related death rate, from 8.9 per 100,000 in 2000-2004 to 30.8 per 100,000 in 2016- 2020.

Emergency admissions increased to a peak of 95% of normal levels by the end of August 2020, decreasing to around 80% at the end of January 2021. Emergency admissions then increased to 102% of normal levels in mid-June and remained at 93% to 100% of normal levels until the end of October 2021. Excess deaths in Scotland are 8% above average for this time of year. This data demonstrates that continued action is needed to support the indirect consequences of COVID-19.

People have been circumspect in pursuing non-COVID-19 healthcare treatment during the pandemic. Evidence indicates that since the end of October 2020, between 21-33% of individuals advised they would bypass contacting a GP practice, even if they had an urgent medical concern (not linked to coronavirus). Further research

collected between May and July 2020 highlighted that people aged 18-44 are more likely to have felt lonely at least some of the time, and 53-59% of people felt lonely some/most/almost all or all of the time. That trend shows a figure at 49% presently.

Our emerging SAS 2030 strategy, building upon our high-quality clinical service, is to develop our role in community and population health, including preventative and anticipatory care. Our Re-design of the Urgent Care programme is the access route adopting community pathways as an alternative to emergency departments, with the Service playing a pivotal role in this area. Significant activity continues with Integrated Joint Boards/Health and Social Care Partnerships to optimise usage of existing pathways and provide evidence for developing available alternatives of care.

Discussion documents for the public and Service staff were published in April 2022 to engage and seek further feedback. This document set out 6 ambitions for the 2030 Strategy which are all wholly relevant to this proposal and are set out in the table below.

#	Ambition	How will this proposal help meet this ambition?
1	We will provide the people of Scotland with compassionate, safe and effective care where and when they need it	Retaining the current site location has been identified as the optimal location for the quickest response times to meet the needs of the Glasgow South population. Response times will increase by up to 30 seconds, this is approximately a 5-10% increase, which is critical in life threatening situations.
2	We will be a great place to work focusing on staff experience, health and wellbeing	Through the development of a fit for purpose (designed by our staff) health and wellbeing space in addition to a new modern ambulance station with digital capabilities, an innovation space and improved support services
3	We will innovate to continually improve our care and enhance the resilience and sustainability of our services	Provision of a modern fit-for-purpose ambulance station and through using our own data to intelligently deliver local services when and where they are needed, working with the IJB and other partners to develop and implement local pathways based on local patient needs and crucially avoid unnecessary hospital admissions
4	We will work collaboratively with citizens and our partners to create healthier and safer communities	Improved access to the community facilitated through our new Health and Wellbeing centre working with partners to improve population health and support patient self management. Making use of the centre and improve the health and wellbeing of staff working with peer support, trauma support and general health promotion
5	We will improve population health and tackle the impact of inequalities	Engaging through the Glasgow South station with our Advanced Practitioners triage and assessing urgent calls in the local area and supporting our 'high intensity users' and supporting primary care.
6	We will deliver our net zero climate targets	Site redesign will address existing energy performance and carbon emissions rather than

		relying upon stopgap fixes which do not address the underlying issues.
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The Service response to the pandemic was also built upon the strengths of our traditional and emerging mobile service provision, evidenced by our ability to establish a Mobile Testing Unit (MTU) model. This was developed and successfully delivered in under six weeks, with almost 500 new staff employed across the country and achieving around 95% utilisation of MTU teams. We have now delivered a total of 2 million tests, with this service likely to continue in some form in the future. We also manage the mobile vaccination clinics as a service to the public in areas where vaccines are hard to access, targeting hard to reach communities and users.

The development of the Glasgow South Ambulance Station remains one of the Service key priorities. The indirect impact of the pandemic needs implementable solutions to continue our response to the needs of each of the local communities whilst presenting opportunities towards supporting improving National Performance Outcomes.

3.2 What are the Current Arrangements?

Evolving Service Delivery Model

Acquired by the Service in 1994, the station acted primarily as a garage/depot to store the Service's vehicles with limited staff accommodation included. These welfare facilities were for approximately 15 staff, which were (at that time) predominately male. The service model has changed significantly since this time. Title to the site was first registered in 1922 and was not purpose-built as an ambulance station.

The station has a gross internal area (GIA) of 1,037m². It currently accommodates 70 WTE staff, 11 A&E emergency vehicles (including 1 paramedic response unit) and 3 patient transport vehicles.

The station also has a range of facilities:

- 1 mess room
- 1 training room
- 3 locker rooms
- 2 offices
- 2 store rooms
- 1 laundry room
- 1 sluice room
- 1 domestic services room
- 1 oxygen store.

The current staff and vehicle numbers cannot be accommodated within the existing footprint. All staff requiring accommodation are front-line patient-facing staff and therefore not suitable for agile working arrangements. Additional staff are currently being temporarily accommodated in a range of stations, across Glasgow, primarily Leverndale, Springburn, Castlemilk and Clarkston, and will then transfer into the new South Station development. This is the most optimum location for ambulance response times, as assessed by data analysis supporting our demand and capacity programme.

These are temporary accommodation arrangements only and to deliver the lowest response times are not sustainable for a prolonged period.

The site itself is restrictive. There is no latitude to extend the property and to refurbish within the garage area would require vehicle to be parked external and there is no external area available to do this.

The current and future demand for the area is increasing and staff and vehicles will need to increase again over the next 2 years to meet our current response targets against this demand. The recently completed Demand & Capacity review has identified an increase in staff numbers from 70 WTE to 105.6 WTE and 2 further vehicles. The existing facility does not have the capacity to facilitate these numbers.

In response to these demands the Service has established 2 satellite stations, co-locating with the Scottish Fire and Rescue Service, at Clarkston and Castlemilk.

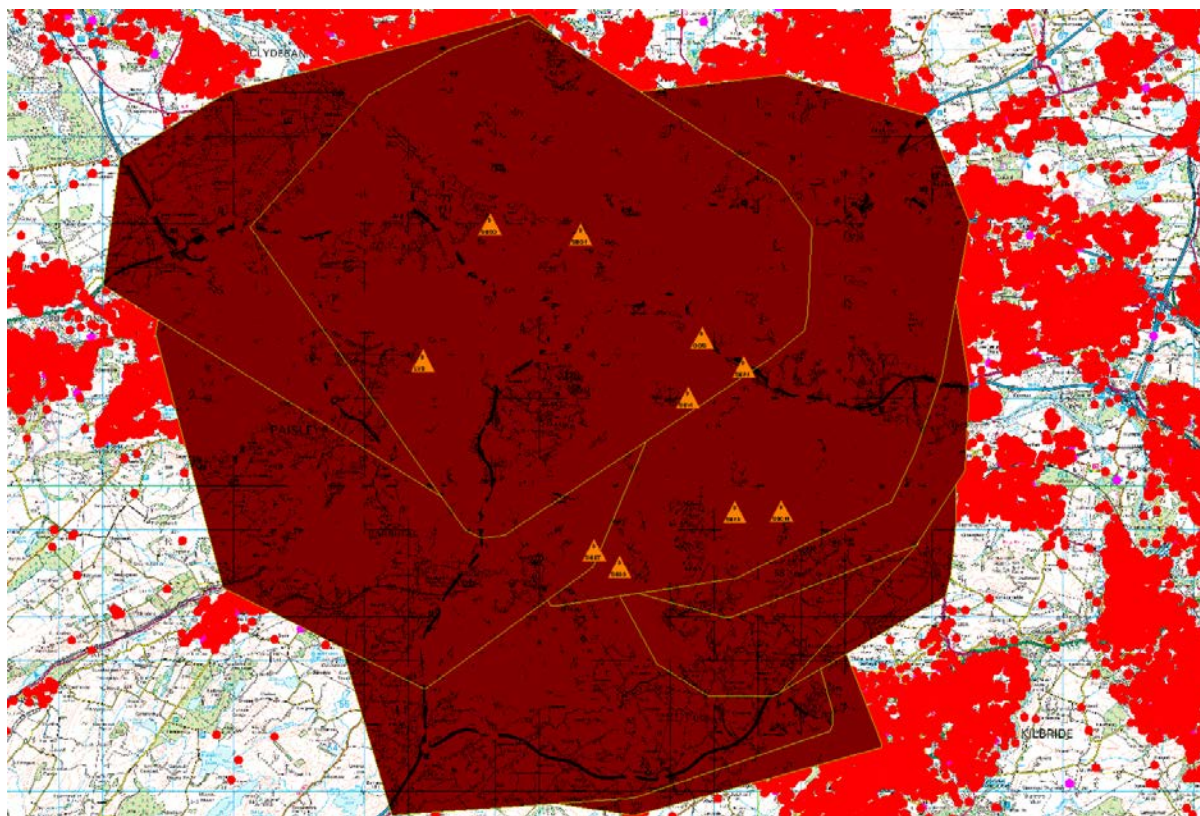
This meets a key strategic objective of the PAMS, collaborative locally, by co-locating with relevant public partners. The Satellite stations are established in the local area to improve the response times to areas out with the base station radius.

Station Location

Glasgow South Station supports the delivery of emergency and non-emergency ambulance services to the population of Glasgow South and the surrounding area. The maps below show the response radius and geographical spread within the locality that can be met within 8 minutes from Glasgow South Station and corresponding stand-by points.



Glasgow South Station: 8-minute Immediately Life Threatening (ILT) Response Radius



Glasgow South Station and surrounding stand-by points: 8-minute Immediately Life Threatening (ILT) Response Radius

Service Capacity and Demand

The maps above shows the level of demand that can be met by responding crews from Glasgow South Station and its stand by points. However, the Service given the increasing demand needs to increase capacity to meet these targets and has received [REDACTED] of funding from Scottish Government to recruit and train 460 additional staff. A total of 80 of these staff will be based within the South Station development. .

The table below details the number of immediately life threatening calls attended to by Glasgow South stand-by points, April 2017 – March 2019:

Dispatch Point Code	Dispatch Point Description	Number of calls
GGS	Glasgow South Station	59,191
LVD	Leverndale Station	33,558
SBPF	Stand-by Polmadie Fire Station	54,831
SBCM	Stand-by Castlemilk Swimming Pool	16,282
SBDD	Stand-by Clarkston Fire Station	18,706
SBET	Stand-by Eastwood Toll	20,753
SBFD	Stand-by Castlemilk Fire Station	20,473
SBGF	Stand-by Govan Fire Station	46,954
SBSG	Stand-by Southern General Hospital	46,929

Total	317,677
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The following table summarises progress against the Service's performance targets in the Glasgow South area in 2020/21 and 2021/22

Target Description	Performance Target	2020/21 Actual Performance (GSS)	2021/22 Actual Performance (GSS)
Purple Coded Incident Response Times	Median < 6 min Percentile <15min	Median 6:51 (MM:SS) Percentile 11:18 (MM:SS)	Median 6:47 (MM:SS) Percentile 12:35 (MM:SS)
SAS Red Coded Incident Response Times	Median < 7 min Percentile <15min	Median 8:14 (MM:SS) Percentile 15:05 (MM:SS)	Median 8:28 (MM:SS) Percentile 16:03 (MM:SS)
SAS Amber Coded Incident Response Times	Median <15 min Percentile <30 min	Median 15:53 (MM:SS) Percentile 36:02 (MM:SS)	Median 19:08 (MM:SS) Percentile 54:07 (MM:SS)
SAS Yellow Coded Incident Response Times	Median <20 min Percentile <60 min	Median 29:54 (MM:SS) Percentile 167:29 (MM:SS)	Median 62:18 (MM:SS) Percentile 368:53 (MM:SS)
<i>Note: this data relates to all attended incidents where Glasgow South resources arrived as first resource on the scene. Definitions of the above categories are included at Appendix A.</i>			

The table shows that the Service did not meet the response times targets for all categories within the Glasgow South area in both 2020/21 and 2021/22. The position worsened in between years in all areas, with the exception of the median response times for purple coded incidents which showed a minimal reduction of 4 seconds. The requirement to increase capacity is now critical.

Existing Costs

The ongoing annual revenue costs are summarised below:

- Heat, Light and Power
- Rates and Water
- Maintenance
- Total



The site currently has outstanding physical condition works amounting to [REDACTED] (including VAT). [REDACTED] relates to engineering backlog works and [REDACTED] relates to building backlog works.

Current Condition and Performance

The overall performance covering the following six facets – physical condition, statutory compliance, functional suitability, space utilisation, environmental management and quality efficiency, is rated as C. This information is consistent with the data submitted to SGHSCD alongside the Property and Asset Management Strategy (PAMS) Interim Update in June 2019.

Several health and safety issues such as broken fixtures and fittings and decayed structural work affect the station. Engineering works have reached the end of their useful life expectancy, with replacement now required.

The physical condition of staff areas such as locker rooms and bathrooms as well as the vehicle garages is incredibly poor. For example, there is significant cracking to male

and female changing room and office walls. There are large areas of defective render which is allowing water penetration to the walls behind. The ceilings are in poor condition, with cracks from movement and leaks from the roof evident. There are leaks throughout the property. Additionally, the neighbouring property has been dumping rubbish onto the path which poses a fire hazard and will attract vermin. A detailed list of these issues is included at Appendix C – Property Condition Appraisal 2019.

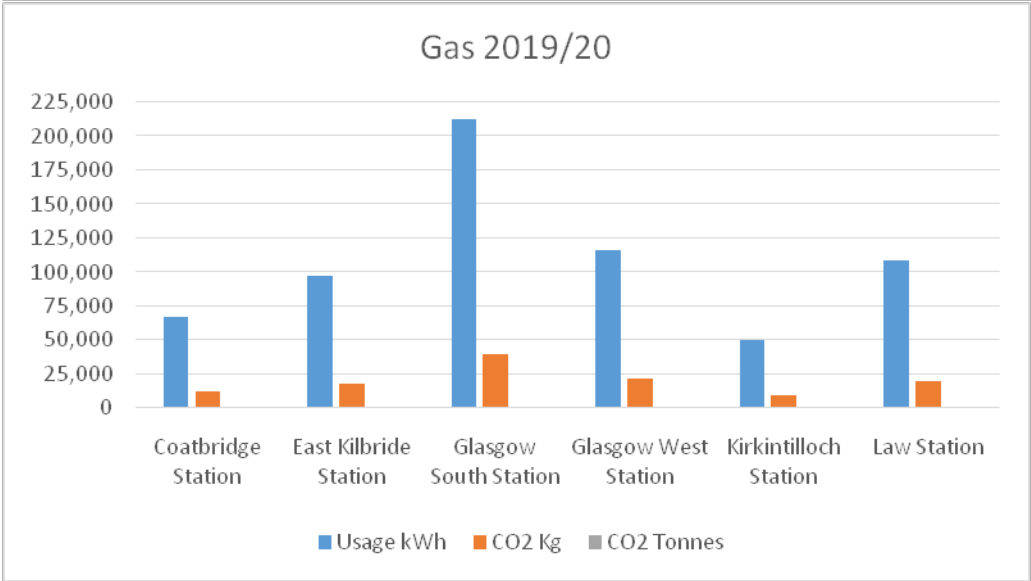
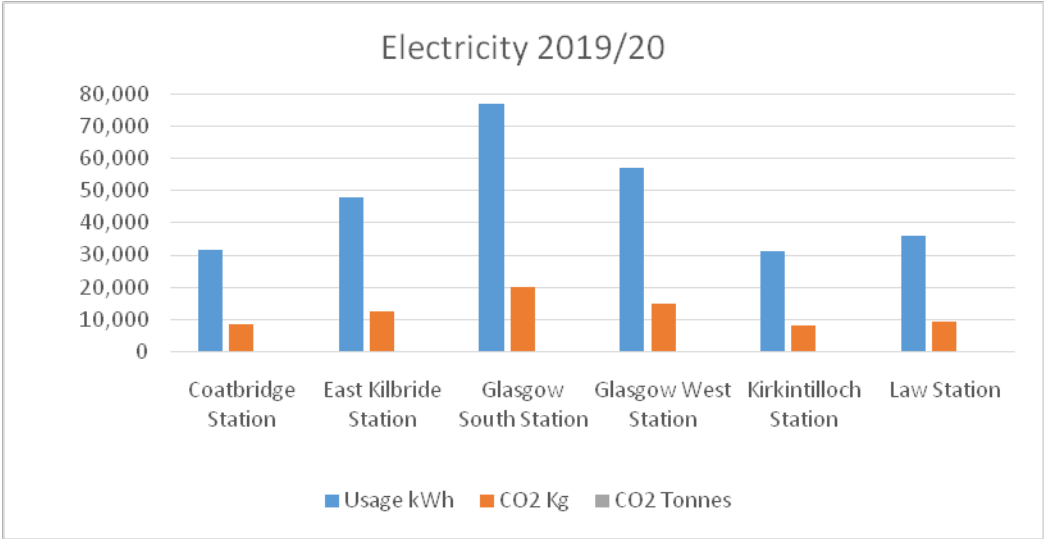
This station replacement is considered one of the Service priority stations and aims to provide a safe, clean environment that complies with statutory requirements as well as providing facilities for staff with appropriate functional content and suitability. This, in addition to the new development of a Health and Wellbeing centre, will provide a more efficient and effective working environment and improve patient care and staff health and wellbeing. The Achieving Excellence Design Evaluation Toolkit (AEDET) multi-stakeholder review process will be followed, reviewing existing facilities and their limitations. Further detail on the AEDET process is included in Section 4.7 – Design Quality Objectives.

A selection of images is included on the following pages to demonstrate the current condition of GSS.

Energy Performance and Carbon Emissions

The current site is not economical to run as the building and systems are old and not environmentally friendly. At a minimum, the site requires refurbishment to address these issues. The existing building produces significant co2 emissions and is a high user of both gas and electricity. The boiler installed is an old style model which contribute to our carbon footprint. There are no double glazed windows and the internal insulation is poor. The station also loses heat through the frequent opening and closing of the garage doors. This is particularly an issue during winter. A full station replacement presents the opportunity to reconfigure the space and create a carbon free facility.

The graphs below display Glasgow South's consumption figures for electricity and gas. Stations with a similar size as South Station are included as comparators.



Glasgow South Locality

Glasgow South station is currently located in the Govanhill area of Glasgow at Butterbiggins Road. The Station is located within the top 10% most deprived areas in Scotland¹. As such, the local area has been subject to regeneration strategies and initiatives in recent years.

A 10 year Vision and Community Plan for Govanhill was published by the Govanhill Regeneration Group in September 2017. The Group comprises of a structured forum with representatives from the public and third sector and the local community. The plan covers a range of issues including health, housing, the local economy, and community safety. The document establishes the 'Better Govanhill Vision':

In Govanhill, Glaswegians of all ages, who come from various parts of the world, come together to make the city's most colourful, diverse and interesting areas. People want to live here because of Govanhill's range of quality housing and facilities, its distinctive sense of community and its connections to other parts of the city. People want to visit here to experience its enthusiastic people, its distinctive shopping and eating experiences and its unique atmosphere.²

The Service is looking to exploit its unique position of being able to work across the boundaries of health and social care in furtherance of the 'Better Govanhill Vision'. The Service routinely works alongside partners in primary, secondary and tertiary care and social care and third sector bodies.

Glasgow South Station is located in the heart of Govanhill and has the potential to be a key strategic landmark site providing community and staff integrated services. A local housing development programme is underway at Butterbiggins Road, launched to provide mid-market rent³ housing. Pictures of the local housing development in the area are included below. It is anticipated these will be made available between September 2020 and July 2021.

¹ Scottish Index of Multiple Deprivation (SIMD) 2020, Data Zone S01010033 (in which Glasgow South Station is located) ranks 574 out of 6,975 data zones in Scotland, whereby rank 1 is the most deprived data zone in Scotland. (Available via: <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>).

² Reference (available via; <https://www.glasgowcpp.org.uk/CHttpHandler.ashx?id=39192&p=0>)

³ This is high quality, affordable housing for low to moderate income households (income does not exceed £47,143.20 per household). Rent is set between social rents and market rents in the area.



The proposed design of the new station will look to complement the local architecture but to also be aesthetically distinct so as to act as a focal point in the heart of the community.

3.3 Drivers for Change

Issues with the current arrangements have been described alongside the previous current arrangements, and can be summarised as follows:

Driver for Change	Detail
Increasing Demand	Between April 2017 and March 2019, GSS responded to 59,191 immediately life threatening (ILT) calls. Out of 9 Glasgow South Standby Points, GSS responded to 18% of all ILT calls. Between the volume of calls and 8-minute response radius, a refurbished station could improve response time by increasing health and safety standards and designing a more logical station structure. The Service is not currently able to meet increasing demand due to under capacity. In the Glasgow South locality, the Service responded to 60.32% of ILT calls within 8 minutes in 2018/19, reducing to 55.28% in 2019/20. The Service did not meet the 75% target in both financial years in the Glasgow South Station area.
Health and Wellbeing Needs of the Local Population	The station is currently situated in a heavily deprived area of Scotland which has been the focus of regeneration initiatives. Local community engagement and health prevention is one the Service's key priorities in the developing 2030 strategy.
Lack of Local Shared Community Facilities	The Service routinely works across the boundaries of health and social care with NHS, emergency services, third sector and community partners. However, the Service does not have a facility which consolidates community engagements into one tangible entity in the Glasgow South area. Early engagement with local stakeholders has identified a lack of shared community facilities within the local area. This acts as a barrier to community engagement and collaboration.
Age and Dilapidation of Existing Station	The Service first occupied the building in 1994. The building was originally built as a garage to house emergency vehicles with only a small provision for staff accommodation. This met the service delivery model at the time; however, this no longer meets the Service's needs. The property has deteriorated over the last five years. There is an overriding requirement to replace the station as the facilities do meet the required standard. As outlined in the previous section (3.2 <i>What are the Current Arrangements?</i>), the station requires a considerable amount of buildings and engineering backlog works to restore its condition to a satisfactory level. The overall performance of the property is rated as category C. Nonetheless, outstanding physical condition works amounting to [REDACTED] would only bring the building up to statute but would not extend the life of the fabric of the building.
Overcrowding	The station is overcrowded. This references the lack of space in the locker rooms as this is an operational ambulance station rather than an office environment. The current locker room does not have sufficient space to accommodate the full requirement. There are no other rooms available on-site which can be converted to provide additional locker space. It is worth noting that the square meterage requirement per locker may increase due to additional Personal Protective Equipment (PPE) requirements as a result of COVID-19.

Functional Unsuitability	It is functionally unsuitable and in terms of the range and standard of the staff and vehicle accommodation provided. The current site does not have correct locker, shower and toilet facilities. There are no eLearning facilities and a lack of infection control.
Restrictive Access	The location was appraised during the Demand and Capacity Review which confirmed the station was in the right location to respond to the local community. However, access to the current site is a 'one way system' which is tight to enter and exist. Egress is restrictive; a redesign will allow crews to get off site quicker and respond to patients quicker.
Inefficient Energy and Environmental Performance	The boiler installed is an old style model which cannot reduce our carbon output. There are no double glazed windows and the internal insulation is poor. The station also loses heat through the frequent opening and closing of the garage doors. This is particularly an issue during winter.

3.4 Opportunities for Improvement

Inter-Agency Working

This project presents an excellent opportunity for inter-agency working with NHS and emergency services partners, Glasgow City Council, Integrated Joint Boards (IJBs) within the locality and local community partners. The Service is liaising with key partners to understand local needs and opportunities for collaborative working. This will be fully explored at the OBC.

Inter-Agency Asset Sharing

Another opportunity for improvement is the ability to share electric vehicle charging infrastructure installed at the site with NHS partners and other emergency services partners. The Service is already working with NHS, Scottish Fire and Rescue Service and Police Scotland to develop an integrated electric charging infrastructure networks to enable use of charging points installed at each other's sites. The Service is working with the NHS Electric Vehicle Infrastructure project and partner agencies to ensure strategic alignment and interoperability. The planned increased in electric charging infrastructure to be installed at the Glasgow South Station site will not only benefit the Service, but other NHS and emergency services partners.

Health and Wellbeing Centre

A specific opportunity for improvement has emerged as result of this project, namely, the introduction of a Health and Wellbeing Centre within the facility. This would form a community and staff hub which would facilitate engagement between the Service and the local multicultural community. The Centre would consolidate community engagement in one place and provide a visual and tangible entity. It also would also establish the Service's brand and build upon patient and public confidence.

The station is located in a heavily deprived area, an ideal location to focus on key health priorities such as drug addiction and mental health. Glasgow South Station is

located within the top 10% most deprived areas in Scotland⁴. This presents a significant opportunity for improvement. Local community engagement and health prevention is one the Service's key priorities in the developing 2030 strategy.

The Health and Wellbeing Centre would operate as a 'community hub' rather than a 'patient hub' and would be run by the Service. It is proposed that the Centre will be utilised by local community groups and charities. For example, local drug and alcohol community support groups, and mental health groups. There will be no provision of direct healthcare but more of a focus on health promotion and improvement. Groups would be provided with space and facilities potentially on a 24/7 basis, allowing the community to access it at a time which suits their needs. This has been a significant advantage raised by the local community leaders.

The Health and Wellbeing Centre can also be utilised as an innovation space, facilitating partnership working between the Service, local industries, education providers, charities and other agencies.

This space could be used as a key enabler in promoting health and wellbeing for the staff. Educational health and wellbeing sessions could be delivered at the Centre.

Along with the Health & Wellbeing Centre, the provision of a community roof-top garden is also being considered to promote health and community cohesion and develop social support. The provision of a garden would also benefit the local community by improving mental and physical health through the use of recuperative space and improvements in air pollution from flora planted in the garden. To accommodate the Health and Wellbeing Centre and provide a space for staff and community wellbeing, requirements of an additional floor and roof top garden are currently being considered and will be explored further within the Initial Agreement.

It is considered that to make best use of the community engagement, the Centre should be publicly accessible; and how this interfaces with the ambulance station will be planned as part of the Outline Business Case.

Detailed engagement planning has commenced through engagement with key community leaders. In addition, the Service has engaged with the Scottish Football Association, the Chair of the National Suicide Prevention Leadership Group (ex-Deputy Chief Constable), Police Scotland, Scottish Fire and Rescue Service, and local mosque leaders.

This proposal is being shaped and co-designed through engagement with community, innovation and Scottish Government leads; ideas on how this might shape out are illustrated on the following pages of this document.

Through recent discussion there could be a further opportunity, taking account of the broader Scottish Government objectives, is that this project has the potential to be a landmark facility within the local community making if designed and used effectively

⁴ Scottish Index of Multiple Deprivation (SIMD) 2020, Data Zone S01010033 (in which Glasgow South Station is located) ranks 574 out of 6,975 data zones in Scotland, whereby rank 1 is the most deprived data zone in Scotland. (Available via: <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>).

could make a positive contribution to the inclusive growth of the local economy. Early discussions have commenced on this basis.

The Service is in a unique position as a community based provider working across the boundaries of health and social care, accessing local community pathways. This makes the Service an ideal partner to provide a landmark community facility. The Service is able to exploit strong existing relationships with the local community and hopes to expand the community reach allowing us to collaborate and unearth exciting, improved ways of working. This will allow the Service to focus on and develop our role in health and wellbeing promotion, supporting the shift in the balance of care from hospital based settings to the community. Regeneration work is already a focus in the local area tackling a range of issues; healthcare, the economy, the environment, housing and social cohesion.



Design of the Front of the Building - *Example*



Design of the Back of the Building - *Example*



Design of Conference Room - *Example*



Design of Reception Area, Pods and Breakout Space – *Example*



Design of Roof Garden - Example

3.5 Investment Objectives

The following table describes the investment objectives and opportunities:

Driver / Opportunity	Investment Objective
1. The accommodation capacity is struggling to cope with the rising demand for the service	Increase the functional capacity of the accommodation and other infrastructure
2. Poor service performance puts at risk positive health outcomes for patients	Provide the infrastructure necessary to support the service in meeting or exceeding its performance targets
3. Building is in poor state of repair which impacts on service performance, and the health and safety of staff	Provide modern, fit for purpose accommodation
4. Current building is highly energy inefficient and a significant carbon emitter	Provide a net zero carbon building
5. Opportunity to support promotion of health and wellbeing for the local community	Create an environment whereby the health and wellbeing of the local community can be supported
6. Opportunity to become a landmark facility within its community that contributes to the inclusive growth of its economy	Maximise the inclusive growth impact that the service and infrastructure has on its local community

3.6 Benefits Criteria

Benefit Criteria	Description	Baseline Data	Target	Relevant Stakeholders
Increased Capacity	The functional capacity of the accommodation will increase, supporting the Service in meeting response times. The station will be able to accommodate future additional resources and any changes to the Strategic Direction of the organisation that affect resources.	Currently able to accommodate 70WTE staff, 11 A&E emergency vehicles and 3 patient transport vehicles. Current Space Utilisation score is 4 - Overcrowded	Able to accommodate planned increased as a result of the Demand and Capacity Review: 120 WTE (105.6 WTE staff will be accommodated at the site as a result of the review, a higher target has been set to 14 A&E vehicles 3 Scheduled care vehicles Space utilisation score 1 .	Patients Staff Organisation
Improved Emergency Response Times	The solution will be located at an ideal site to fully meet the rising demand of the minimum response radius criteria.	Key Performance indicators (see section 3.2 for full detail) 2019/20 SAS H2 55.28% SAS H3& H4Median 5.50 min SAS H5 & H6Median 7.41 min SAS H7& H8Median 14:45 min SAS H9& H10 Median 29:37 min	SAS H2 75% SAS H3& H4Median < 6 min SAS H5 & H6Median < 7 min SAS H7& H8Median <15 min SAS H9& H10 Median < 20 min	Patients Staff Organisation
Improved Health and Safety and Statutory compliant	The solution provides a modern, safe, clean environment and facilities compliant with statutory requirements.	Current statutory compliance appraisal score is 3 – Achieved 51-75%	Statutory Compliance appraisal score 1 .	Staff Organisation

Benefit Criteria	Description	Baseline Data	Target	Relevant Stakeholders
Functionality , suitability and space utilisation	The solution provides facilities for staff with appropriate functional content, layout and suitability.	Current Functional Suitability score is C – below an acceptable standard Current Space Utilisation score is 4 - Overcrowded	Functional suitability score A . Space utilisation score 1 .	Staff Organisation
Performance rating	The option improves the current score for the 6 facets of asset management- physical condition, statutory compliance, functional suitability, space utilisation, environmental management and quality efficiency	Current performance rating is C - needs major upgrade/change	Overall performance rating A	Patients Staff Organisation
Expense Containment	The option provides containment in the current on-going running costs.	Current annual revenue expenditure is [REDACTED].	Contain current costs and aim to reduce energy costs by up to 5%	Organisation
Energy efficiency	The option improves the energy efficiency of the building and is a net zero carbon building	2019/20 Electricity usage 77,351 kWh Electricity CO2 20,187 Kg Gas usage 212,699 kWh Gas CO2 39,104 Kg	Reduce electricity consumption by 20% Reduce gas consumption by 45%	Organisation
Health and Wellbeing Promotion	The option provides dedicated and accessible facilities to facilitate engagement with the local community, NHS and other public partners.	The current site does not extend beyond an operational ambulance station. There is a lack of communal space and the site has secured access only for ambulance personnel	The new site has dedicated meeting rooms and communal space which is separately accessible from the operational ambulance station.	Patients Staff Wider Public NHS, public and emergency

Benefit Criteria	Description	Baseline Data	Target	Relevant Stakeholders
				services partners
Landmark Community Facility	This option provides a landmark facility within the community that contributes to the growth of Glasgow South's local economy.	The site not currently a focal point in the local area. It is a standard ambulance station which is only used by Service staff and is not accessible by the wider community	Number of external partners utilising the shared facilities. Qualitative feedback from stakeholders	Patients Staff Wider Public NHS, public and emergency services partners

As per Scottish Capital Investment Manual guidance⁵, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at OBC stage.

⁵ Scottish Government Capital Investment Manual – Benefits Realisation, available via <https://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm> (last accessed: 19/09/19)

3.7 Risks

The following risks have been assessed.

Risk Criteria	Description	Action planning
Response Time	There is a risk that there is no improvement in response time performance arising from this project resulting in negative health outcomes for patients	Communication with internal stakeholders to ensure any organisational change impact is known and addressed. Design of facility to take account of future strategic direction of the organisation including the Demand & Capacity programme to ensure the building is flexible to accommodate increases of staff and resources in future years
Funding	There is a risk that insufficient funding will be available to deliver the project and that funding will not be available in the financial years required resulting in either delayed or non-delivery of the project.	Extensive stakeholder engagement to take place to develop robust plan for all requirements and to determine financial parameters (capital and revenue). Cost estimates included in the Business Case to be supported by market research to ensure financial envelope is adequate to complete project and successfully deliver all objectives
Legal	There is a risk that legal/contractual difficulties associated with the project causes delays/changes to the option.	Extensive stakeholder engagement to take place to identify any potential issues Ensure potential changes to legislation / standards that would affect design or project is identified and factored in
Technical Failure	There is a risk that technical failure in IT and/or Communications during project disrupts project/service delivery.	Extensive stakeholder engagement to take place to identify any potential issues Ensure operational requirements are known and factored into design and project plan
Supplier Delay	There is a risk that supplier difficulties during project cause delays/changes.	Early engagement with the market Ensure robust design is developed Ensure successfully supplier is fully conversant with NHS standards and regulations
Organisation priorities change	There is a risk that organisational change within the Service impacts on the project resulting in delays to deliverability and/or an increase in cost.	Ensure flexibility is built into design to accommodate change in organisational priorities Ensure ongoing engagement with all stakeholders to ensure any change in priorities is identified early and addressed
Interdependencies	There is a risk that the organisation will not have the ability to absorb change due to other prioritised activities being progressed at a similar time.	Project plan to be developed in partnership will all relevant parties Maintain regular communication with all stakeholders Identify resources (staff) required for the project and appoint into dedicated roles to ensure project can be delivered successfully

Procurement Process	There is a risk that the procurement process takes longer and / or that the procurement process will be challenged by unsuccessful suppliers resulting in delays and increased cost.	Project plan to be developed in partnership with all relevant parties Maintain regular communication with all stakeholders
Suitable Temporary Base	There is a risk that there will not be a suitable site to decant existing staff to whilst the building works are being undertaken resulting in a reduced ability to respond to the health needs of the Glasgow South population.	Project plan to be developed to scope options for decant locations. Early engagement with surrounding stations, satellite stations, local NHS partners and emergency services partners.

A full risk register will be developed for the project at the OBC stage.

3.8 Constraints and Dependencies

There are a number of key constraints with the delivery of this project including:

- Options must provide flexibility to respond to future service requirements;
- Continuity of current service must be maintained during planning and implementation of Project;
- Staff time (managerial and operational) to devote to assisting with project planning, testing and business case development;
- Requirements to deliver within the capital budget for the project;
- Ability to implement due to competing organisational priorities;
- Amount of change currently ongoing within the Service to deliver the objectives of the strategic framework;
- The footprint of the existing site is too restrictive to be able to accommodate larger vehicles belonging to other partners (e.g. fire engines, police vans)

The following dependencies have also been identified:

- The ability to use another temporary base/site for Glasgow South Station while the rebuild is ongoing;
- Buy-in and ongoing engagement with external stakeholders;
- The availability of external stakeholders;
- The objectives of the Service's strategic framework Towards 2020 - Taking care to the patient;
- The development and objectives of the Service's new strategic framework (2021 – 2030).

Section 4: Economic Case

4.1 'Do Minimum' Baseline Option

The 'Do Minimum' option entails the station remaining at the existing site with some minor investment to address the building and engineering backlog works. This would ensure the property condition is compliant with statutory requirements but would not extend the life of the station.

This option acts as a baseline comparator only and sets out the costs of the statutory maintenance. This is not a feasible long term option as the existing site is not fit-for-purpose and this has been further reinforced by this review of the options. The site pictures included within the Initial Agreement reinforce this. A 'Do Nothing' option has been deemed an inappropriate baseline comparator as remedial building and engineering backlog works are required to ensure staff are able to work in a safe environment and to comply with Health and Safety Regulations.

4.2 Service Change

This Project has been driven by the need for service change to (a) increase our capacity to meet our forecast demand predictions and (b) to strengthen our role in public health in line with our strategic framework. .

Detailed work has shown that the location is best placed to meet the demands of the local area and improve response times and patient outcomes. .Stakeholder engagement has informed us of the strong community support and staff support to include the addition of the Health and Wellbeing Centre.

4.3 Stakeholder Engagement

The Service has engaged with a number of stakeholders and will continue to do so throughout the life of the project to confirm support and to help inform the preferred solution. The following engagement has taken place so far:

Stakeholder Group	Summary of Engagement
Staff	Several station meetings Regular newsletter produced Staff group formed
Staff side	Regular updates are provided to staff side
Estates	Ongoing dialogue
Health and Safety	Ongoing dialogue
Infection and Control	Ongoing dialogue
External stakeholders – significant engagement through community groups, leaders and partners	Ongoing dialogue

Details of engagement carried out with community partners is included at Appendix D: including key Community Stakeholders within the Govanhill Area.

An update on the engagement work and discussions since February 2021

In May 2021, we carried out more detailed internal engagement sessions through a virtual internal stakeholder workshop, which brought together a number of colleagues across multiple functions in the Service in order to provide a safe, interactive space to generate ideas and thoughts on what we need.

The workshop created space to discuss our opportunities with an innovative thinking approach, asking colleagues to highlight what benefits we could bring to supporting our patients, staff and the local community, risks in delivering this and alternative options. This also created a stakeholder vision map. A number of breakout sessions was set up and enabled good detailed participation.

Setting the scene within the workshop provided an opportunity to explain better the area population. This included a case study approach about drug harm reduction and the impact of related drug deaths during the pandemic. Additionally, NHS Healthcare Improvement Scotland (HIS) provided further support to help us understand planning and people guidance when approaching service change. The stark reality of how much was needed within the local community was highlighted within the case studies presented. Focusing on just as one example, is how we can reduce the number of Drug Deaths in Scotland by optimising prevention, response and wider access to service opportunities that may avoid unnecessary Hospital admissions and save lives. There was overwhelming support that the new Glasgow South Station development could help deliver this.

Since its publication in February 2020, preventing drug-related deaths in Scotland: emergency response strategies, we have established links for our clinicians in Glasgow to directly connect individuals with drug and alcohol use to assertive outreach teams, comprising of Police Scotland, mental health services, social work, drug and alcohol services. Furthermore, 75% of ambulance clinicians are now trained to supply Take-Home Naloxone, which has resulted in 827 Take Home Naloxone kits supplied since the beginning of the pilot in January 2020.

Data related to incidents where SAS administer Naloxone is now being shared with Public Health Scotland to inform early warning systems, and we can see from the data that 126 opioid drug overdose patients attended NHS Greater Glasgow & Clyde general acute settings in 2020/21, an increase of 40% from the previous year. In 2019/20, among those who indicated recent drug use, the percentage of people reporting heroin as their primary drug was 36%. This has embedded our ability to share improved data with GG&C on incidents where we have attended overdoses and administered or supplied Naloxone.

Another identified community need that was highlighted in the discussions was Mental Health. Our collaborative work continues with NHS 24 and Police Scotland to improve and update the National Mental Health Hub-hosted within NHS 24. Since the go-live, we have increased the number of appropriate 999 calls directly referred to avoid inappropriate dispatching of Accident and Emergency ambulance crews. 1,055 mental health calls were identified as potentially suitable for transfer to the NHS 24 Mental Health Hub, of which 907 (86%) have been referred. On average, around 22 patients

per week out of 25 were passed to NHS 24. Further collaboration work with See Me patient experience is underway with an agreement to repeat this work every 18 months. Again there was overwhelming support for the Glasgow South Station development to be used to reinforce our commitment to the public to improve mental health provision with the Service and use this facility to hear the views of service users. As part of our stakeholder discussions we also initiated a meeting with senior Glasgow City Council planning managers. They were extremely enthusiastic about the development and raised specific points on:

- Keen to engage with their work on sustainability and a new hydrogen development at Polmadie. This ties in nicely with joint research work with SAS and the University of Glasgow on a prototype hydrogen ambulance
- Very supportive from a planning perspective and regeneration opportunities
- Linked us to the local schools and we have organised a workshop with the local headmaster to discuss a community first responder project for young school children, development of a cadet ambulance school and a number of local community initiatives

We also initiated a meeting with the Glasgow City Health and Social Care Partnership. They have also shown interest and excitement about the community hub project and a separate workstream with their South planning manager and Glasgow lead for unscheduled care is being set up. They are particularly focused on working with us on developing local pathways to avoid hospital admissions, care in the community, research projects using data simulation and working with the local community groups through our ambulance high intensity users work.

In July 2021, the Board approved the SAS Research, Development and Innovation Strategy. This was recognising the need to enhance the role research, development and innovation must play in rebuilding and reshaping our society to help stimulate economic recovery and address new and existing health challenges. This focused on 3 key goals: intelligent use of data; adding value through technology and embracing innovation and research. Since then, work on Artificial Intelligence in the Ambulance Control Centre, Robotics and Drones and remote monitoring has commenced. This strategy provides an excellent foundation for the establishment of a research and innovation centre within Glasgow South Station. Discussions with the local community groups has embraced this concept with real excitement on community health and wealth with great ideas on for example PPE, uniforms, art and crafts and equipment innovations.

The Glasgow South Station development has also provided a catalyst for a potentially exciting number of strategic collaborations between SAS and the University of Glasgow. The aim of this collaborative work is to improve the health and wellbeing of the population of Glasgow, Scotland and beyond, whilst realising wider societal and economic benefits. A summary of these developing partnership opportunities is shown on the diagram below.

Fig. 1:
The following diagram extends the unique opportunity for collaboration and partnership working between Scottish Ambulance Service and University of Glasgow.



Building upon this partnership the University of Glasgow are considering a bid to invest in the Glasgow South Station development and provide the funding to support the Community Health and Wellbeing Hub potentially to the value of [REDACTED]. A joint partnership paper is being developed by both Boards over the next month.

We have used all of this work and continued engagement both with internal and external stakeholders culminating in an engagement session in December 2021,

bringing together 24 key stakeholders and partners using the NHS Scotland Design Assessment Process to delve into the detail of how the development would work for both internal and external stakeholders. This was to, in principle, agree on the non-negotiables for how the Glasgow South Station would develop and be designed to meet the needs of all service users. As a result of the session, a design statement was produced (Appendix E) and will be submitted as part of this addendum and previous Initial Agreement.

This final session provided invaluable dialogue about the community's needs and how the Service could help support targeted services. Innovative concepts such as youth cadet programmes would provide opportunities for local recruitment and early pathways to health careers. Other quotes during the session were 'We see the South Station as an opportunity to reduce inequalities caused by social-economic disadvantages'. 'We want to provide a voice for the people and communities, showing how disadvantaged experiences disproportionately impact their sex, race, disability, and other protected characteristics'. 'This is vital when considering the communities income and wealth by providing an opportunity to employ from hard to reach communities'.

So has all of this work changed the original ask and preferred option?

In developing a greater understanding of the local community needs and wants, this has strengthened the need for a new approach to anticipatory and preventative care led by the Scottish Ambulance Service. The engagement with the Health and Social care partnership in Glasgow has strengthened this development complementing the work already in place. The brand, trust and already established relationship with the Service and the local community through the staff provides a strong foundation for developing this landmark development further.

The staff are excited about the much needed new station replacement and the current state of this is unacceptable and untenable. The staff are also working with us to develop ideas, most of which are highlighted in this addendum has come from them, on how to engage the community in dealing with their current and future health needs.

This would be a 'first of its kind' development in Scotland and reinforced by this engagement provides a potential 'blue print' for similar facilities throughout the country. This innovative approach also provides for whole system data analysis and sharing for further national and global research in pre hospital and anticipatory care.

4.4 Long List of Proposed Options

Option Number	Option
1	Do minimum: retain functional size of the station and service model. Undertake backlog maintenance statutory requirements (this would be a short term option)
2	Increased functional size of station and retain existing service model with improvements in response times and patient outcomes.
3	Increased functional size of existing model with improvements in response times and patient outcomes and further, including further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working

The strategic options set out in the table above have been reviewed in the September 2020 Initial Agreement and remains as is. These have already been subjected to revised economic and financial appraisals. A range of costs is included for each option to reflect the range of implementation options available. Implementation options are currently being considered and it is anticipated that remaining at the existing site, demolishing and rebuilding will be the preferred implementation option for strategic options 2 and 3. This will be set out and appraised at OBC stage.

4.5 Indicative Costs

The project presents the opportunity to improve the service delivery and create a Health and Wellbeing Centre to provide a facility for staff, public and local community groups. This Centre is still taking shape and gaining momentum.

Initial Economic Appraisal presented in February 2021

The table below showed the Equivalent Annual Charge (EAC) associated with each of the three options. The following assumptions have been applied:

- A discount rate of 3.5% has been used
- VAT and other direct taxes are not included
- A mitigated optimism bias uplift has been included for all three options

Cost Heading	Option 1 / Do Minimum £	Option 2 £	Option 3 £
NPV of Capital Expenditure			
NPV of Revenue Expenditure			
Total Net Present Value (NPV)			
Optimism Bias			
Equivalent Annual Charge			

Capital costs have been developed to include redevelopment works, professional fees, furniture, and acquisition of land. A range of costs has been included for options 2 and 3 to recognise the variance in the cost of differing implementation options, e.g. rebuild on existing site, refurbish alternative site or erect a new build property on a newly acquired site.

The revenue requirements of the project include heat, light and power costs, rates, water and ongoing property maintenance. Non recurring revenue is required for all options for decant and relocation of staff during the project.

Revised Economic Appraisal as at February 2022

The capital costs have been uplifted to reflect the potential additional costs of materials and labour as a result of the pandemic. Additionally, the revenue costs for staff decant have been uplifted by 25%. The updated range of costs are as below:

Cost Heading	Option 1 / Do Minimum £	Option 2 £	Option 3 £
NPV of Capital Expenditure			
NPV of Revenue Expenditure			
Total Net Present Value (NPV)			
Optimism Bias			
Equivalent Annual Charge			

4.6 Initial Assessment of Options

	Do minimum: retain functional size of the station and service model. Undertake backlog maintenance statutory requirements (this would be a short term option)	Option 2: Increased functional size of station and retain existing service model with improvements in response times and patient outcomes.	Option 3: Increased functional size of existing model with improvements in response times and patient outcomes and further, including further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working
Strengths	<p>No capital cost.</p> <p>Addresses the minimum backlog maintenance statutory requirements.</p>	<p>Purpose built facility meeting all statutory, sustainability and staff requirements.</p> <p>Addresses increasing demand and provides appropriate facilities to accommodate increase in staff and vehicles resulting from our Demand & Capacity Review.</p> <p>Improvements in response time for patients and patient outcomes.</p> <p>Opportunity for inter-agency asset sharing through shared electric vehicle charging facilities with our NHS and emergency services partners.</p>	<p>Purpose built facility meeting all statutory, sustainability and staff requirements.</p> <p>Addresses increasing demand and provides appropriate facilities to accommodate increase in staff and vehicles resulting from our Demand & Capacity Review.</p> <p>Improvements in response time for patients and patient outcomes.</p> <p>Opportunity for inter-agency asset sharing through shared electric vehicle charging facilities with our NHS and emergency services partners.</p> <p>Improve population health – the community hub presents opportunities to engage with local communities, patients and the public to improve population health and support self-management. The site is located in a heavily-deprived area (within the top 10% most deprived areas in Scotland) which makes it an ideal location to focus on key public health priorities such as mental health and drug addiction.</p> <p>Project aligns to the regeneration work already being undertaken in the Glasgow South locality.</p> <p>Opportunities to source innovation and/or regeneration funds.</p>

			<p>Potential to act as a Landmark Facility within the Glasgow South locality increasing reach within marginalised communities.</p> <p>Establishes the Scottish Ambulance Service's brand, consolidating community engagement in one place, providing a visual and tangible entity.</p> <p>Exploits the Service's unique position as a community-based provider, working across the boundaries of health and social care. This will help support the shift in the balance of care from hospital-based settings to the community.</p> <p>'Proof of concept' proposal, which has the ability to be replicated and benefit communities throughout Scotland.</p> <p>Opportunity for inter-agency working with NHS and emergency services partners, Glasgow City Council, Integrated Joint Boards (IJBs) within the locality and local community partners.</p> <p>Aligns to our 2030 Strategy, which focuses on reducing health inequalities.</p> <p>Sets the facility as an anchor institution through now established local relationships focusing on community led health improvement and our SAS 'young minds saves lives' programme with the local secondary schools</p>
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Weaknesses	Current site is overcrowded which will not be addressed through this option Unacceptable working environment for staff Option only restores building to a satisfactory level, it does not extend the life of the building	Higher capital costs. No opportunity for engagement through the Glasgow South station with our new Advanced Practitioners assessing urgent calls in the local area; No or limited opportunity for inter-agency working; Option would not create an environment to support improvements to the wider health and wellbeing of the local area.	Higher capital costs. Higher revenue costs.
Does the option meeting the Investment Objectives (Fully, Partially, No, N/A)			
IO1 - Increase the functional capacity of the accommodation and other infrastructure	No	Fully	Fully
IO2 - Provide the infrastructure necessary to support the service in meeting or exceeding its performance targets	No	Fully	Fully
IO3 - Provide modern, fit for purpose accommodation	No	Fully	Fully
IO4 - Provide a net zero carbon building	No	Fully	Fully
IO5 - Create an environment whereby the health and wellbeing of the local community can be improved	No	No	Fully

IO6 - Maximise the inclusive growth impact that the service and infrastructure has on its local community	No	No	Fully
Are the indicative costs likely to be affordable? (Yes, maybe, unknown, no)			
Affordability	Yes	Yes	Yes
Preferred / Possible / Rejected	Rejected - taken forward to OBC as baseline	Possible	Preferred

Short- Listed Options and Preferred Way Forward

The above assessment has identified that the preferred way forward for the Service is **Option 3** (Increased functional size of existing model with improvements in response times and patient outcomes and further, including further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working). This option fully meets the investment objectives defined in section 3.5 above. Option 3 would result in safe, suitable and improved Station facilities necessary to support the delivery of emergency and non emergency services to the population of Glasgow South. In addition, Option 3 provides the infrastructure to support health promotion by not only providing a space to engage with the local community but by also establishing a landmark facility in the area consolidating local services suited to the population’s needs. It presents an exciting opportunity to establish the Service’s brand and wider role in health promotion, to build patient and public confidence, and to make a positive impact to the health and wellbeing of the local community.

Option 2 has been rejected as this option would result in limited use as a landmark community facility and would not create an environment to support improvements to the wider health and wellbeing of the local area.

Option 1 (do minimum) has been rejected based on the above analysis due to its failure to fully meet any of the defined investment objectives. However, in order to ensure a fair evaluation can be made, this ‘do minimum’ option will also be taken forward and fully assessed in the Outline Business Case.

The short listed implementation options are listed in the table below.

Short listed Service Solution Option	Corresponding Implementation Option
Option 1 - Do minimum: retain functional size of the station and service model. Undertake backlog maintenance statutory requirements (this would be a short term option)	Option 1- Stay at existing site and refurbish
Option 3 - Increased functional size of existing model with improvements in response times and patient outcomes and further, including further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working	Option 3a – Stay on site, demolish and rebuild Option 3b – Relocate site, establish a new build property Option 3c – Relocate site, refurbish existing building

4.7 Design Quality Objectives

A Policy on Design Quality for NHS Scotland, [NHS CEL 19 \(2010\)](#) is Scottish Government’s policy mandating that all NHSScotland investments that require Scottish Government approval. This also includes demonstrable sustainability targets, that due to recent Climate Emergency announcements up this policy to ‘net zero greenhouse gas emissions by 2045’.

Healthcare Facilities Scotland manage the NHSScotland Design Assessment Process (NDAP) jointly with A&DS on behalf of Scottish Government. At IA stage NDAP requires wide stakeholder consultation to co-design the key briefing documentation for each project. This then becomes the benchmark used later at all key stages to test the proposals meet investment requirements.

Each project requires a minimum of 3 half day stakeholder workshops at IA stage to set the brief and include the key qualities and sustainability targets. These include:

1. **AEDET** - is sometimes described as a set of generic psychometric questions, but specific for healthcare environments. At IA stage, stakeholders score how the service being invested in is currently delivered, plus set higher weight for those questions that are our highest priorities on this specific project. This helps for next stage, when testing design proposals.
2. **Design Statement** – part 1: stakeholders outline the bespoke essential requirements for the environment that is needed to deliver this investment's key benefits (objectives described in IA business case).
3. **Design Statement** – part 2: stakeholders confirm above requirements and agree their bespoke key benchmarks i.e. examples of what success would look like.

Often stakeholders find it useful to do AEDET first followed by Design Statement. As AEDET through its pointed question set, draws out what works and doesn't work in the current service(s). This helps stakeholders to visualise what the new service and facilities need to be like, and this can be captured during the Design Statement workshop. Key principles adopted by the service in taking forward this work were:

- It is important that the right mix of stakeholders are involved – leaders of the community, health professionals, SAS staff and including if possible private sector/innovation leads
- Everyone has the opportunity to discuss their needs, how the facility would be used and what the benefits would be.
- Stakeholders will all have different views and needs, it is important that all views, even the challenging ones, are taken on board and discussed by the group. Not all may be viable to include in the final statement but at least all stakeholders are given the opportunity to put their views and needs forward and they are discussed and agreed upon by the group as a whole.
- As a working assumption usually 6 objectives / outcomes would be agreed by everyone.

Multi-Stakeholder AEDET Review

The Service has undertaken the initial AEDET review in collaboration with Healthcare Facilities Scotland (HFS), staff and key stakeholders in early March, with further workshops being planned for April and May (pre-COVID).

The following benchmarks and target figures have been established and agreed with HFS:

Glasgow South Ambulance Station

Summary

Category	Benchmark	Target	OBC	FBC	POE
Use	1.2	4.5	0.0	0.0	0.0
Access	2.1	4.4	0.0	0.0	0.0
Space	1.9	4.4	0.0	0.0	0.0
Performance	1.0	4.5	0.0	0.0	0.0
Engineering	0.8	3.8	0.0	0.0	0.0
Construction	0.0	4.0	0.0	0.0	0.0
Character and Innovation	1.0	4.5	0.0	0.0	0.0
Form and Materials	1.3	4.6	0.0	0.0	0.0
Staff and Patient Environment	1.0	4.5	0.0	0.0	0.0
Urban and Social Integration	1.2	4.5	0.0	0.0	0.0



[AEDET Design Statement](#)

The Service has worked closely with HFS and internal and external stakeholders to complete the design statement. The final AEDET Design Statement for this project, resulting from the recent workshop, is included at Appendix E

4.8 KSAR Review

HFS have now confirmed that this project does not have to go through a formal Key Stage Assurance Review (KSAR) at the IA stage. Instead NHS Assure have arranged a 'lesson learned' presentation with members of the project team to reflect on common themes that have been encountered on other KSAR's and to look ahead to OBC requirements. This presentation will take place prior to the IA being submitted to CIG.

Section 5: Commercial Case

5.1 Outline Commercial Case

In accordance with Scottish Government guidance, the Service is considering the different options of procuring the projects. The Service has undertaken an option appraisal to determine the most appropriate procurement route for this project.

There are currently 3 main procurement and construction options for this project:

- Traditional in-house managed construction with SAS designing, project managing and procuring all aspects of the build
- Use of Hub Scotland
- Framework 3 Design and Build Procurement Option

In-House Managed Construction

The Service's in-house Estates Team is small, consisting of 1wte Surveyor, 1wte Designer, 1wte Head of Estates and 1wte Assistant Head of Estates. The Service has reviewed capacity within the team and has determined to take on a project on this scale as well as continuing to deliver BAU Estates projects is unviable for the current team. A new team would need to be created.

Hub West Scotland

The Scotland wide hub programme is based on a partnership between the public and private sectors to deliver new community facilities. The aim of the partnership is to build new community facilities whilst providing the best possible value for money to the public purse. Construction projects support local communities by creating local employment and educational opportunities.

Frameworks Scotland 3

Frameworks Scotland 3 is a procurement programme which provides a wide variety of construction-related services for both new build and refurbishment projects. This national framework is an agreement with five Principal Supply Chain Partners (PSCPs) selected via an Official Journal of the European Union (OJEU) tender process for capital investment construction schemes across Scotland. An NHS health or social care client may select a PSCP for a project they wish to undertake without having to go through an OJEU procurement themselves.

The 2 procurement options suitable for the replacement of Glasgow South Station using Hub West Scotland or Frameworks 3 have been appraised; the full Options Appraisal paper is included at Appendix F of this Initial Agreement. It has been concluded that although both Options have similar benefits, the requirement to maximise all community benefits are a key objective for this project and the Service doesn't have the capacity or skills to deliver this in-house. The success of the Health and Wellbeing centre depends on community engagement and support. Hub West Scotland have demonstrable experience in delivering a range of community benefits across a wide range of projects.

In addition, the contract with Hub West Scotland includes project management and consultancy services reducing the contract management responsibilities for the Service.

Similar Hub West projects have been successfully delivered and building upon that experience the recommended procurement process for the replacement of Glasgow South Station is therefore to use Hub West Scotland.

5.2 Indicative Commercial Timeline

An indicative commercial timeline is included below, which aligns to the High Level Project Plan included at Section 7.2 of this document.

Stage	Indicative Timescale	Indicative Start & End Date
NPR to Stage One (OBC)	5 months	Sept 22 – Feb 23
Stage One to Stage Two (FBC)	6 months	Aug 23 – Feb 24
Contract Close	3 months	May 24 – Aug 23
Construction Period	18 months	May 24 – Oct 25

5.3 Next Steps

Engagement with the community continues, which has been facilitated through the Service's Community Engagement Manager. However, further and regular engagement will be required throughout each stage of the business case and implementation of the project.

Following approval of the Initial Agreement, the Service will establish a programme management governance structure using the Hub West approach and develop the implementation plan in line with the Outline Business Case.

Section 6: Financial Case

6.1 Summary of High Level Financial Case

The Service has identified this project as a key priority within its Annual Operational Plan, its Property and Asset Management Strategy and its Estates Strategy. The current estimated capital requirement for the core project is between [REDACTED] dependent upon the chosen option. The inclusion of a Health and Wellbeing Centre is applicable to option 3 only. A business and implementation plan for the development will be included within the Outline business case. This project has been prioritised by the Board. Indicative costs, inclusive of VAT and other direct taxes, are shown in the tables below:

Initial Financial Appraisal as at February 2021

Cost Heading	Option 1 £	Option 2 £	Option 3 £
Capital Requirements	[REDACTED]		
Non Recurring Revenue Requirements			
Ongoing Revenue Costs per annum			
Depreciation Costs per annum			

The planning assumption is that funding for this project will be via an ear-marked Capital Allocation from the Scottish Government Capital Investment Group to support a capital procured solution. The capital funding for this project will be required during financial years 2022/23 and 2023/24. Any revenue costs associated with this project such as on-going running costs will be funded via the Service's core revenue budget in the relevant financial years and additional income and costs as part of the Community hub, Health and Wellbeing Centre and Research and Innovation Centre developing business and implementation plan. For clarity, the Service does not intend to charge for NHS provided health and wellbeing services, any income generation would result from the hire of community spaces. It is envisaged that the site will support the needs of the local community being able to facilitate workshops, events, initiatives etc. but not directly provide any primary care services. Full details will be worked up and included at OBC stage.

Implementation of the preferred option will result in an additional ongoing revenue requirement of approximately [REDACTED] per annum compared to existing costs. However, the additional revenue requirement may be partially offset by income generated through the Health and Wellbeing Centre. Deprecation has been calculated on a straight line basis using a 45 year useful life for options 2 and 3. Depreciation has been calculated using a 25 year useful life for option 1 in line with the remaining useful economic life advised by the District Valuer at April 2020.

Building works costs are based on Building Cost Information Service (BCIS) square meterage costs and constitute a high level estimate. All costs will be refined through the OBC and FBC stages.

Revised Financial Appraisal as at February 2022

Cost Heading	Option 1 £	Option 2 £	Option 3 £
Capital Requirements			
Non Recurring Revenue Requirements			
Ongoing Revenue Costs per annum			
Depreciation Costs per annum			

Summary of Changes

The capital costs associated with the project have increased since the original economic and financial appraisals were undertaken. As an onset of COVID-19, increased global demand and material shortages, labour and materials costs have increased across the construction industry. A release from the UK Office for National Statistics has noted that construction output prices have been increasing since December 2019⁶. Data published by the UK Department for Business, Energy and Industrial Strategy (BEIS) showed that the average cost of materials rose by 24.5% between October 2020 and October 2021⁷. Construction material costs are currently at a 40 year high, with an annual increase in Provisional Price Adjustment Formulae Indices for timber, steel sections and steel for reinforcement of 79.4%, 60.4% and 80% respectively⁸. Estimates on overall price increases range from 20% to 30%. A percentage uplift of 25% has therefore been used to calculate the revised economic and financial costs of the options.

Capital works costs have been uplifted by 25% for all options to reflect this increase in costs. Capital costs for the purchase of furniture and land have not been uplifted. Hub West Scotland professional fees have also been included in the revised costings.

Additionally, the revenue costs for staff decant have been uplifted by 25%.

Revised estimated capital requirements, inclusive of VAT and direct taxes range between [REDACTED] dependent upon the chosen option. The original capital estimates were between [REDACTED]

⁶ The Office for National Statistics, 'Price movements in construction materials and plant hire, UK: 2019 to 2021' (20 October 21), available via <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/pricemovementsinconstructionmaterialsandplanthireuk/2019to2021> (last accessed on 07/01/2022)

⁷ Department for Business, Energy & Industrial Strategy, 'Building materials and components statistics: November 2021' Table 1, available via <https://www.gov.uk/government/statistics/building-materials-and-components-statistics-november-2021> (last accessed on 07/01/2022)

⁸ RICS, 'Construction Material Cost Increases Reach 40-year high' (19 November 21) <https://www.rics.org/uk/news-insight/latest-news/news-opinion/construction-materials-cost-increases-reach-40-year-high/> (last accessed on 07/01/2022)

The assumptions in the range of costs are summarised below.

Option	Basis for Lower Estimate	Basis for Upper Estimate
1	No range of costs included. Cost is based on outstanding statutory engineering and building backlog works required at the existing site.	
2	Assumes remaining at existing site, demolishing and rebuilding.	Assumes identifying new site and new build.
3	Assumes remaining at existing site, demolishing and rebuilding with 3 floors.	Assumes identifying new site and new build with additional 4 th floor.

6.2 Identification of Resources

Successful delivery of the project will be dependent on adequate resourcing of the Project Team. The Service has identified the key support required across a range of disciplines to support the process and the individuals involved have previous experience in delivering programmes and projects across a range of size, complexity and procurement routes. Given the scale of the project and likely procurement route, this Project will have a dedicated Project Manager allocated to it. They will lead on all aspects of the programme. Operational support will be in place to manage stakeholder engagement and the Service Community Engagement Manager will continue to play a key role in the local community.

6.3 Updated Funding Arrangements

Capital Costs

It is currently assumed that all capital funding requirements will be via an ear-marked capital allocation from Scottish Government.

It should be noted that the Service is also looking into other potential routes to fund any capital shortfalls, noted below. Discussions with partners below are at early stages and an update will be provided at OBC stage as to the progress with these discussions.

- University of Glasgow Collaboration – the Service is actively engaging with the Living Laboratory, a University of Glasgow initiative based in Govan which aims to drive economic growth in Glasgow through real world implementation of precision medicine. The Service is exploring funding opportunities linked to the proposed Community Hub. A bid of [REDACTED] investment is being collated and will be submitted to the University of Glasgow management board.
- Fleet Replacement Programme Brexit Contingency – the Service included an annual Brexit contingency in the approved business case for Fleet Replacement between 2021 and 2026 to cover unknown cost increases related

to supply chain issues and additional import costs. The need for the contingency has not materialised in 2021/22, however the situation is not stable and the requirement for the Brexit contingency to cover additional fleet costs will be monitored on a year to year basis. This could be a potential funding source for the Glasgow South Station development and could be in the range of [REDACTED] million. Discussion will need to commence with Scottish Government to assess how this could be utilised.

Revenue Costs

The recurring revenue costs associated with running the operational ambulance station will be funded via the Service's core revenue allocation in the relevant financial years. Implementation of option 2 or option 3 will result in an additional ongoing revenue requirement of approximately [REDACTED] per annum compared to existing costs.

Several options are being explored to fund the additional recurring revenue costs associated with the community hub, health and wellbeing hub and research and innovation centre (included in option 3). These are noted below and will be explored further as part of the Outline Business Case. For clarity, the Service will underwrite the funding of these additional revenue costs but will look to offset the increase through one or more of the options listed below.

- Income generation – income generated through the Research and Innovation Centre would partially offset the additional revenue costs. The Centre would produce a platform to foster partnerships between the Service, local industries, education providers, charities and other agencies. This would give access to modern amenities to deliver benefits such as research and ideas flowing into innovations that would interest local entrepreneurs to encourage, generate and invest viable income. For the avoidance of doubt, the Service is not proposing to charge users to access wellbeing facilities and NHS provided services. Rather, income generation resulting from this site would be for activities such as room hire.
- NHS Charities Together funds – potential use of charitable monies in line with the Charity's purpose. NHS Charities Together funds are earmarked for the Service and subject to a bidding process. A meeting has taken place with the Charity and they are particularly excited about the Glasgow South Station development given its unique status. A bid is being collated to access the funds to support this development including for example a community liaison lead, centre manager etc. These monies will not be used to fund any core provision of the Service (i.e. expenditure relating to the operational ambulance station). Any use of endowment funds will be in line with the Scottish Ambulance Service Endowment Funds Charter and Standing Orders and will comply with the Office of the Scottish Charity Register (OSCR) regulations.
- University of Glasgow Collaboration – in addition to the potential capital contribution discussed above, the Service is also in discussions as to the possibility of funding staff costs associated with running the Community Hub including the research and innovation aspect of the work.

The range of costs for the station replacement only is included within option 2 and ranges from [REDACTED] depending on location of the site. This will be further explored in the Outline Business Case.

Section 7: Management Case

7.1 Outline Project Management Case

A Project Team have been established and will operate under the principles of PRINCE2 project management. The project will be managed by the appointed Project Director and will be supported by the Service's Estates Department, which is highly experienced in delivery new build projects. The operational project team will be formed of the following:

Project Team Member	Skills and Suitability
Head of Estates	Currently responsible for a portfolio of over 140 owned properties, the Head of Estates will lead on the commissioning process in collaboration with Hub West. The wider Estates Department and other key stakeholders will support the Head of Estates throughout the project.
West Regional Management Support	West Regional Management will provide stakeholder and operational input. They will also facilitate dissemination of information to staff, patient and community groups.
Glasgow South Staff User Group	Operational staff who will use the new facility day-to-day and will define detailed user requirements of the project. Staff have a wide understanding of the local community and its challenges, playing a vital role in shaping what the new facility will look like.
Health and Wellbeing Centre working group	This will be formed of cross-departmental members across the organisation. The Service will also include relevant health and social care partners and community groups in discussions where appropriate to maximise opportunities and the reach of the Health and Wellbeing Centre. Subject matter experts will be drawn upon as and when required.

7.2 High Level Project Implementation Plan

The project has commenced development; with a project implementation plan in draft and will be developed further as the project implementation commences.

Below summarises indicative key dates:

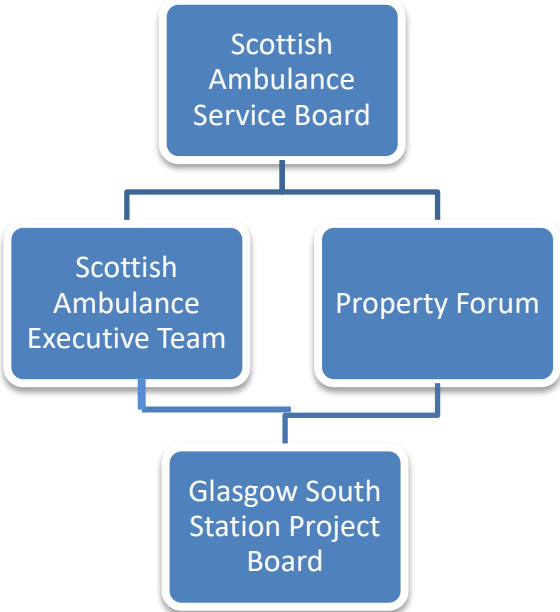
Stage	Indicative Date/Timescale
Initial Agreement approved by the Service Board	January 2020
Presented to CIG	June 2020
Positive and supportive feedback received from CIG with request to update referencing CIG presentation and discussion	June 2020
Resubmitted IA for review by CIG	October 2020
Feedback received from CIG requesting a review of options and to ensure wider engagement	January 2021
Resubmitted IA approved by the Service Board	May 2022

Final Initial Agreement approval	August 2022
Outline Business case preparation	12 months
Outline Business Case approval	Aug 2023
Full Business Case preparation	9 months
Full Business Case approval	May 2024
Construction Period	May 2024 - Oct 2025
Project completion	Oct 2025

7.3 Governance Arrangements

This project will ensure robust project management governance arrangements with a Project Board being established with reporting directly to the Executive Team and reported through the Property Forum. The Board have also requested regular updates.

This is an exciting and innovative new development for the service and Board scrutiny and ownership is critical in the design and engagement as the business case progresses. The high level governance structure is shown in the following diagram.



7.4 Summary of Governance Support for Proposal

The following table summarises to date and planned engagement with relevant governance groups and confirmation of their support for the proposal:

Governance Group	Engagement that has taken place / will take place	Confirmed support
Glasgow South Station Staff	Regular engagement through several station meetings and newsletters. Staff user group formed.	Ongoing dialogue
External Stakeholders –	Initial contact has been made with several key stakeholders in the	Ongoing dialogue

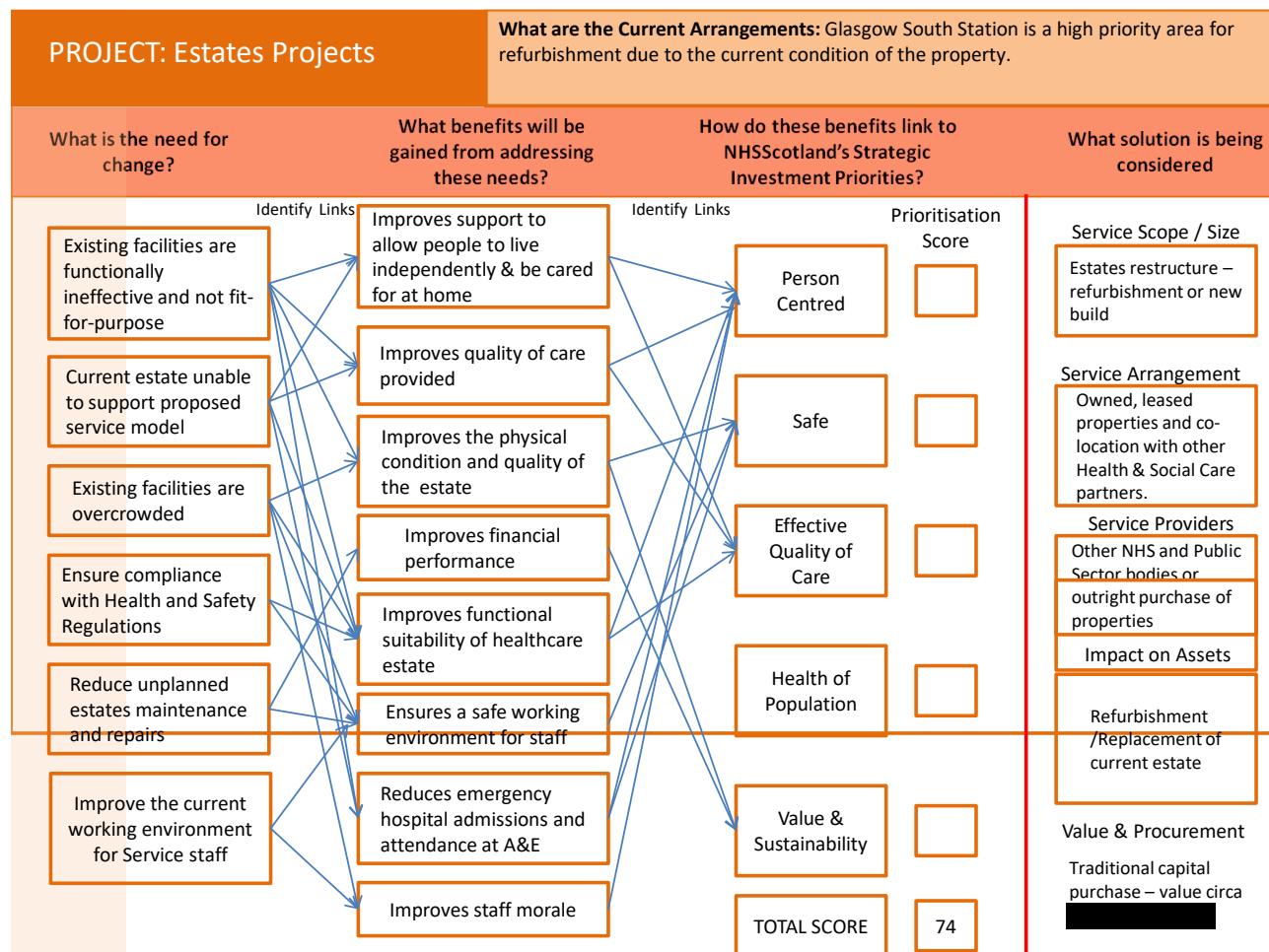
Governance Group	Engagement that has taken place / will take place	Confirmed support
Community Groups and Leaders	community through the Service's Community Engagement Manager. A separate user group will be established. Representation will include Larkfield Community Centre, Govan Neighbourhood Centre, Foodbank, Govanhill Community Development Trust and Mungo Foundation (a dementia residential home). IJB, Local GP services and Community Hubs	
Health & Safety and Infection Control Departments	Ongoing dialogue is being maintained with these departments which are key stakeholders to the project.	Ongoing dialogue
Scottish Ambulance Service Property Forum	This will be the key governance group reporting to the Executive Team.	Ongoing
Scottish Ambulance Service Executive Team	The Initial Agreement requires the support of the Service's Executive Team and has been presented for their approval to proceed.	The IA was approved by the Executive Team at in September. The updated IA (following CIG comments) was noted by the Executive Team on 24th August 2020
Organisation / Scottish Ambulance Service Board	<p>The Service is fully supportive of this proposal, with Julie Carter Director of Finance, Logistics & Strategy taking the lead sponsor role.</p> <p>This proposal is incorporated into the Board's Operational Delivery Plan, Property and Asset Management Strategy (PAMS) and Property Strategy - all of which have received Scottish Ambulance Service Board approval.</p>	The IA was approved by the SAS Board on 29 th January 2020. An updated IA was distributed to the Service Board in September 2020 (following final CIG approval)
Scottish Government Capital Investment Group (CIG)	The Initial Agreement requires the support of Scottish Government Capital Investment Group and will be presented for their approval to proceed to Outline Business Case stage.	The IA was presented to the Scottish Government Capital Investment Group at their June 2020 meeting. Following positive comments

Governance Group	Engagement that has taken place / will take place	Confirmed support
		and support, an updated IA has been submitted to the September CIG meeting.

The above table will be updated as the Initial Agreement progresses through the governance and approval process.

7.5 Is the Proposal Still a Priority?

There has been no substantial change to the Strategic Assessment as submitted to SGHSCD in June 2018 and therefore the Project remains a key priority for the Service:



Since the submission of the Strategic Assessment, the capital requirements have been revised and are outlined in section 2.3 (Indicative Costs).

Section 8: Conclusion and Recommendation

8.1 Conclusion

The information included in this document has demonstrated that reasons why the investment in the estate at Glasgow South Station is necessary and why it needs to be done at this point in time. The Service see this as an exciting and innovative development servicing both the current demand and pressures of the local area and as a new way to improve the health of the local community and staff wellbeing.

8.2 Recommendation

It is recommended that the preferred way forward (Option 3: Increased functional size of existing model with improvements in response times and patient outcomes and further community and staff integrated services through the enhanced health and wellbeing services and inter-agency working) outlined in this Initial Agreement is endorsed and that a mandate is given to progress to the Outline Business Case (OBC) stage.

Option 3 is the only option which fully meets all of the defined investment objectives. Option 1 (do minimum) will also be assessed at Outline Business Case stage to act as a baseline comparator.

Through extensive consultation with our staff, local community and key partners, we have outlined the evidence and experiences as to how the Glasgow South Station development can support the long term aims and impact of not only that of the pandemic but to better place what we want to become by increasing our capacity and ability to better support the needs and demands of our communities.

Now more than ever, we feel we have a real opportunity to further our relationship with the local community, operating across public safety, health care, public health, and as a mobile service meeting the scheduled, unscheduled and emergency care needs of the population of Scotland in every community 24 hours, seven days a week.

The National Performance Framework asks that we continue to work in partnership to mitigate the most negatively affected outcomes. We see the Glasgow South Station as having an essential role in supporting the local neighbourhood and those most seriously affected in this disadvantaged area. We want to use this facility to form partnerships that apply research, innovation, and economic improvement and with Glasgow South Station's expansion, we see a significant role for SAS in contributing to positive outcomes.

As described in the joint Scottish Government and COSLA report on "Scotland's Wellbeing: The Impact of COVID-19", the pandemic exacerbated existing inequalities. Those already experiencing disadvantage – minority ethnic communities, disabled people, older and younger people, and women – were disproportionately impacted, often in multiple ways and compounding effects. This suggests that, unless significant action is taken in the post-

COVID-19 policy space, unequal outcomes for different groups could increase in the future – particularly inequalities relating to income or socio-economic status, gender, age, ethnicity and disability. The indirect impact of the COVID-19 means that the role of SAS within the community is more important than ever and will be vital in informing future strategic decision-making to assist with the recovery and renewal process.

Our ambition for Govanhill and surrounding areas is to respond to the community's future and current health needs by providing a new modern ambulance station fit for our growing needs.

This Initial Agreement includes a first of its kind community facility with a local 24/7 365 days a year ambulance response, but in addition, it could provide:

- community hub to support community needs, including preventative and anticipatory care.
- staff health and wellbeing centre that provides welfare and education, providing the best support to our staff and,
- research and innovation centre that builds upon community health and wealth and works in partnership with social, education and research partners

We have committed to supporting and improving staff health and wellbeing by creating a culture where staff is at the heart of what we do, and this is new development is evidence of a practical, and accessible facility for staff support, leading to an improved staff experience.

With this in mind, we urgently see the need to replace our existing Glasgow South Station Ambulance Station based in Govanhill. It has never been more apparent that we need to continue understanding local needs and unwarranted variation in social and economic outcomes due to the uncertainty of the pandemic's long-term effects.

Appendix A: Clinical Response Model Hierarchy

<p>Purple Response Category</p> <p>Identified by patients with a Cardiac Arrest Rate over 10% (actual rate ~50%) 2018/19 Service Demand: 10k attended emergencies (2% of emergency demand)</p>
<p>Red Response Category</p> <p>Identified by patients with a Cardiac Arrest Rate over 1% or defined need for resuscitation (actual rate ~1.5%) 2018/19 Service Demand: 71k attended emergencies (14% of emergency demand)</p>
<p>Amber Response Category</p> <p>Identified by acute pathway need i.e. FAST+/STEMI/AAA 2018/19 Service Demand: 123k attended emergencies (23% of emergency demand)</p>
<p>Yellow Response Category</p> <p>Identified by exclusion of Purple, Red and Amber categories 2018/19 Service Demand: 317k attended emergencies (60% of emergency demand)</p>
<p>Green Response Category</p> <p>Exclusion of above categories and defined potential for potential alternative care pathway 2018/19 Service Demand: 5k attended emergencies (1% of emergency demand)</p>

Appendix B: Demand and Capacity Review Extract

Benchmarking Analysis Appendix 1

The review considered a benchmarking exercise to show how the Service compared with Ambulance Trusts throughout the UK.

The analysis focused on three key performance measures:

1. Time at the scene;
2. Ambulance time at hospital – this looks at the turnaround times across the UK;
3. Conveyance rate for emergency calls.

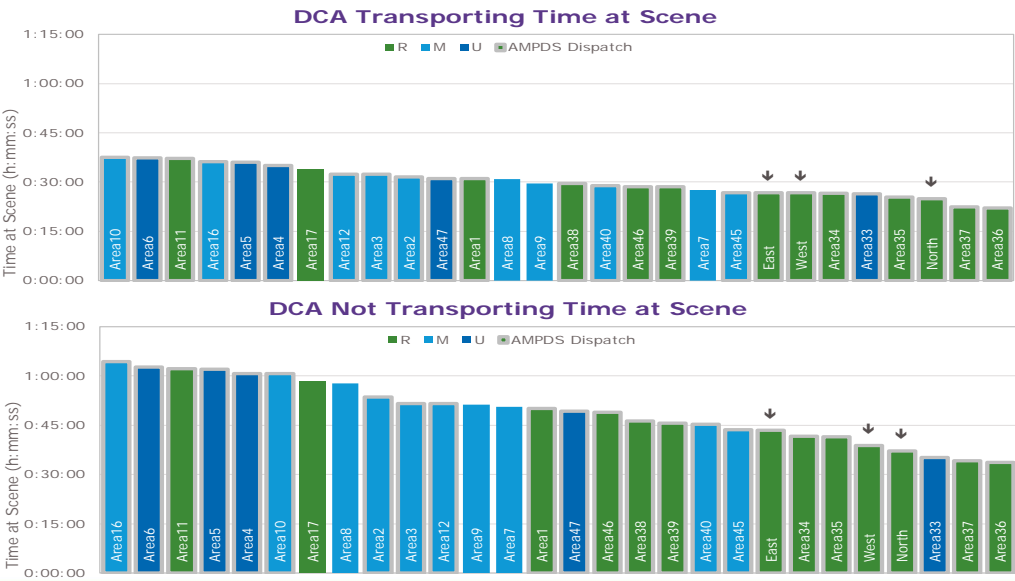
The following graphs showing how the Service compares with other UK ambulance Trusts in regards to how much time our ambulance crews spend with patients, for both patients who are taken to hospital and those who do not attend hospital.

Ambulance Time at Scene

The following graph shows the time ambulance crews spend with patients at the scene. This ranges across the UK from almost 45 minutes to less than 30 minutes. The East, West and North region are shown by the arrows in the graph below. This shows that all 3 regions across Scotland are performing very favourably in comparison to other ambulance services. Whilst this could reflect improved efficiency, it may also be assumed that by slightly increasing time spent on-scene, we may ultimately convey fewer patients to the A&E.

The second graph shows the time on scene when the patient is not being transported to an A&E. The time overall across the UK increases to over 1 hour at the highest and 30 minutes at its lowest time. Within Scotland all 3 regions are once again performing favourably when compared with other UK services.

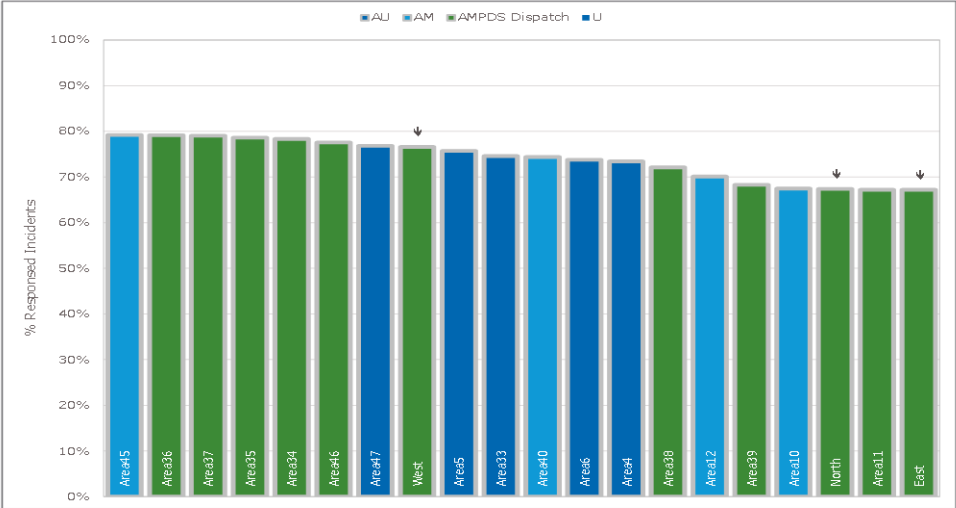
Ambulance Time at Scene



Reducing conveyance is a key element of the Service’s strategy to shift the balance of care with more patients being treated either at home or in their local communities. The Service continuously monitors performance by measuring conveyance rates.

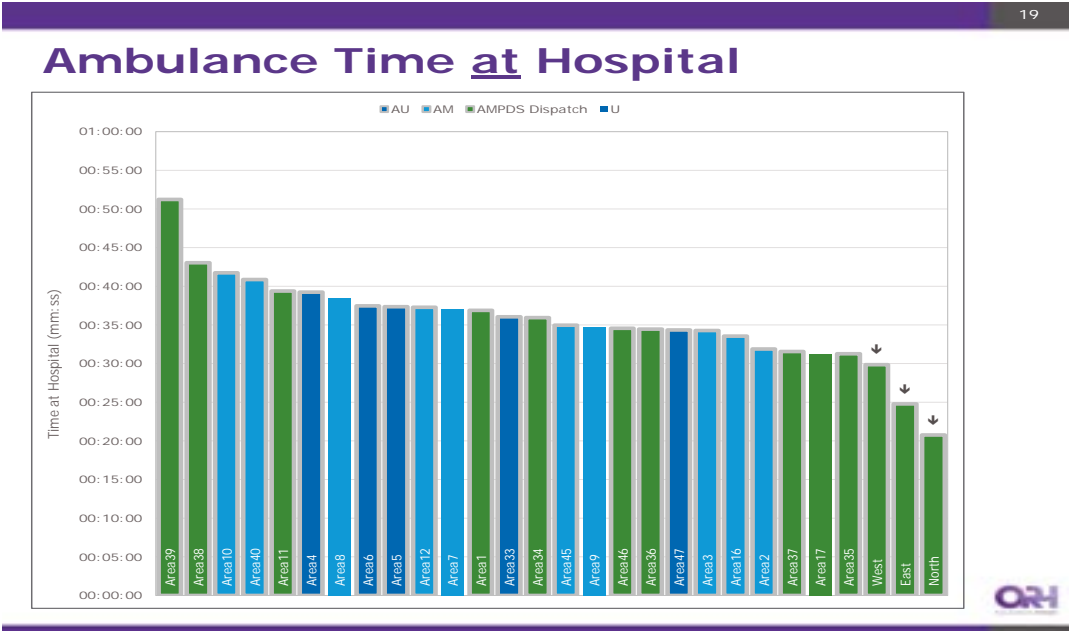
The following graph shows the conveyance rate for emergency calls across the UK. At its highest it is 80% with the lowest in the East of Scotland at less than 70%. The North is also within this lower end and the West sitting within the middle range.

Conveyance Rate for Emergency Calls



We are working to our performance target of reducing hospital attendances with greater than 35% of unscheduled cases managed by telephone or face to face assessment.

The other performance measure relates to the length of time at hospital. The following graph shows the average turnaround time across the UK with the current highest average waits at 50 mins and the lowest average waits in Scotland at 20-30mins.

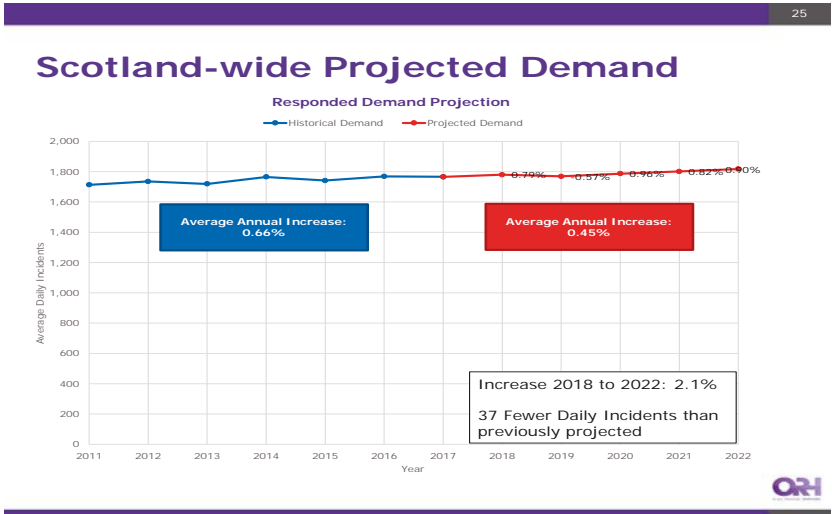


The benchmarking exercise demonstrated that although some improvements could be made within current modelling and resourcing, when compared to other Ambulance Trusts, the Service was consistently at the upper range and performing extremely well in terms of these performance measures.

The benchmarking demonstrated that:

- The Service was performing at the upper end of efficiency when compared to other Ambulance Trusts in the UK;
- The incident service time can be split into time to respond, time spent at scene, time to hospital and time at hospital. Time spent on scene by ambulances in Scotland is lower than most other Ambulance Trusts.

Demand Projections – Appendix 2



In order to map this demand across our regions and local areas, a sample of the population statistics from National Records of Scotland used throughout the review can be seen below. This was used to map the demographic change and aim to future proof locations to cope with expected demand.

53

Change in Population

Age Group	Population (2017)	Population (2022)	% change
0-15	913,447	928,364	1.6%
16-30	1,032,531	991,478	-4.0%
31-45	1,009,536	1,030,707	2.1%
46-60	1,164,777	1,135,861	-2.5%
61-75	864,978	926,916	7.2%
76+	410,363	448,929	9.4%
Total	5,395,632	5,462,255	1.2%

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Source: National Records of Scotland 2014-based population projections

ORH

This shows the greatest growth in demand is from the 61years + of the population.

The year on year demand by Board is also shown below. This shows most areas are showing a % growth except for NHS Lanarkshire. The growth in population numbers have been played into the modelling.

Year-on-Year Demand Change by NHS Board

Area	2016	2017	2018	2019	2020	2021	2022
Ayrshire and Arran	-	0.3%	1.9%	2.1%	2.2%	2.0%	2.1%
Borders	-	3.9%	2.3%	2.8%	2.8%	2.7%	2.9%
Dumfries and Galloway	-	0.2%	2.2%	2.4%	2.4%	2.4%	2.4%
Fife	-	-1.3%	0.0%	0.2%	0.3%	0.2%	0.3%
Forth Valley	-	0.1%	1.2%	1.4%	1.4%	1.4%	1.4%
Grampian	-	2.0%	0.4%	0.5%	0.5%	0.4%	0.7%
Greater Glasgow and Clyde	-	2.1%	0.4%	0.6%	0.7%	0.6%	0.7%
Highland	-	1.8%	1.5%	1.7%	1.7%	1.6%	1.7%
Lanarkshire	-	-3.6%	-1.2%	-1.1%	-1.1%	-1.3%	-1.2%
Lothian	-	0.9%	0.9%	0.9%	1.0%	0.9%	1.1%
Orkney	-	5.8%	2.2%	1.8%	1.7%	1.5%	1.7%
Shetland	-	-1.8%	2.3%	2.6%	2.5%	2.4%	2.5%
Tayside	-	0.4%	1.5%	1.6%	1.7%	1.7%	1.8%
Western Isles	-	1.2%	0.7%	1.1%	1.3%	1.2%	1.4%
Scotland	-	0.6%	0.7%	0.8%	0.9%	0.8%	0.9%



Baseline Response Times Performance – Appendix 3

The Base Model Performance (without demand projections) table describes the:

- percentage of ILT, Purple and Red calls responded to within 8 mins by area;
- Response times for the 50th and 90th percentile for amber, Yellow, Green and urgent calls.

This shows that:

- there was a shortfall in achieving the Immediately Life Threatening (ILT) target across all areas;
- particularly in the urban areas, some significant average waiting times for patients of lower acuity (Amber and Yellow) ranging as high as 41 mins in NHS Lothian and 40mins in NHS GG&C;
- Urgent calls ranged from averaging 9 mins to 35 mins with the Islands reaching as high as 52 mins.

Base Model Performance (without demand projections)

Subdivision	Purple	Red	ILT	Amber		Yellow		Green		Urgent	
	8	8	8	50th	90th	50th	90th	50th	90th	50th	90th
Borders	50.9%	56.3%	55.5%	08:48	22:48	09:53	27:16	22:44	79:25	10:40	33:57
Fife	69.3%	62.4%	63.4%	09:03	17:35	10:44	25:42	26:47	85:43	12:19	29:38
Forth Valley	69.1%	60.2%	61.4%	10:05	19:50	12:54	32:06	29:00	103:49	14:22	28:44
Lothian	73.5%	65.1%	66.1%	10:44	19:50	14:26	41:07	37:19	138:50	13:40	34:17
Tayside	72.2%	65.9%	66.8%	08:20	20:53	09:49	27:35	22:11	91:36	11:50	37:42
East	70.7%	63.8%	64.7%	09:53	19:44	12:19	33:14	27:53	104:56	12:47	33:50
Grampian	69.6%	58.5%	63.6%	08:22	21:04	10:03	27:26	19:57	64:31	10:36	31:23
Highland	61.2%	61.9%	61.8%	08:59	23:41	09:13	27:06	16:13	56:58	09:24	35:21
North	64.7%	60.7%	61.6%	08:32	21:54	09:47	27:22	18:19	62:01	10:09	32:31
Argyll & Clyde	72.3%	64.0%	65.1%	09:41	22:04	12:01	39:20	23:05	97:57	07:17	25:44
Ayrshire & Arran	65.1%	58.3%	59.2%	10:56	21:23	13:12	34:13	28:53	114:14	11:28	29:03
Dumfries & Galloway	61.7%	60.3%	60.5%	09:15	22:47	09:21	27:22	17:29	70:23	07:56	27:21
Greater Glasgow	81.3%	71.1%	72.4%	10:43	19:12	14:11	42:15	40:02	159:50	17:21	34:31
Lanarkshire	71.4%	58.7%	60.4%	11:51	21:29	14:19	36:44	36:30	136:24	13:52	31:27
West	74.0%	64.9%	66.1%	10:49	20:45	13:32	38:04	30:30	128:04	12:50	30:58
Island	51.7%	60.9%	59.3%	08:45	27:41	10:01	31:06	13:43	47:48	07:02	52:33
Scotland-wide	71.2%	64.0%	65.0%	10:11	20:35	12:33	34:47	27:22	119:50	12:55	37:29



Building

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Likelihood	Total Risk

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Likelihood	Total Risk

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Likelihood	Total Risk

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Likelihood	Total Risk

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Likelihood	Total Risk

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Likelihood	Total Risk

Engineering

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Consequence	Likelihood	Total Risk

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Consequence	Likelihood	Total Risk

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Consequence	Likelihood	Total Risk

OFFICIAL

Sub Element	Design	Materials	Condition	Remaining Life (Yrs)	Year	Life Cycle Period	Comments	Remedial Action	Quantity	Unit	Rate	Cost	Consequence	Likelihood	Total Risk

Appendix D: Community Stakeholders in Govanhill area.

Community Engagement Manager, Scottish Ambulance Service

Below are a list of stakeholders I spoke to in order to get a snapshot of need in the community for a community hub element of the redeveloped ambulance station at 134 Butterbiggins Road, Glasgow.

I include what they said and recommendations they make. I make none of my own. My comments are in italics and are focused on the follow-up that should be done.

However, much more engagement work is needed to get a full picture in order to aid in development and design.

The Larkfield Centre (community centre)

Two spaces – one large and one small available to book. However, as the centre are only funded Monday to Friday, bookings on a Saturday and Sunday include a charge for the whole day of opening the centre, which exaggerates costs by up to 4x.

Anne-Marie tells us that the cost associate with booking from her centre put a lot of individuals and community groups off. She tells us that a space the community could use for free, or little charge, would be very welcome – especially if it was a large function space.

She would welcome us and loves the sound of a family fun/open day, and the chance to learn more about our service.

Govanhill Neighbourhood centre (community centre)

Large community centre in Govanhill. *Due to a vacancy in centre management, no one was available to speak to right now.*

Foodbank, which operates, four doors down from current station, four days a week.

They fed 11, 000 people last year in Govanhill and SE. Due to community's need, the foodbank requires more space.

They provide free legal advice, benefits check, and act as a Citizen's Advice for people that have been referred to the foodbank.

Audrey tells us that the community is always looking for spaces to run community activities. She tells us that rooms provided by local community centres are too expensive, too small, but even still, are in high demand.

She would welcome our space. For her, a kitchen would allow them to serve tea and coffee to people who have been referred, and allow them a chance to relax and meet other people – Like a dementia café.

Govanhill Community Development Trust, Govanhill Housing Association.

Runs community initiatives which develop the local economy, improve the environment or make Govanhill a more cohesive and integrated community. Also runs the local voluntary sector forum, the local Enterprise network, and administer youth funding in the area.

He was mention by many in Govanhill as a community leader.

Has issues with accessing suitable spaces for learning activities, gatherings and elements of many of their projects – *space and expense, mentioned by Audrey Flannigan*. They currently own and run the community garden next to the current station.
He would welcome us, and says he could fill each and every space himself.



Mungo Foundation – Dementia Residential Home.
Patients require 2:1 care.

Was also in touch with the three churches in the area, radio station and community health project. They were not will to engage with me at this time but would love to follow-up with them as community leaders. I would also engage with local MP, Alison Thewliss, and MSP, Nicola Sturgeon – from experience, MPs and MSPs know their community better than anyone and having their support can often stop unnecessary question coming into the team.

Appendix E: Final AEDET Design Statement

Glasgow South Ambulance Station: **DRAFT SCIM DESIGN STATEMENT**

notes from Workshop 01(10.03.20) & Workshop 02 (02.12.21) for development (inc. images selection) refinement, and agreement by the Project Team.

The Business Objectives for the project are:

1. **Emergency Service:** meet the operational (response time) and clinical performance targets
2. **Patient Transport Service:** improve the reliability, punctuality and responsiveness of the scheduled care service
3. **Staff Wellbeing:** Improve overall staff health and wellbeing
4. **Community Wellbeing:** work with local communities and identify the greatest health needs. Develop actions across a range of partners to support those needs with a focus on anticipatory and preventative care.
5. **Estates:** ensure the estate is fit for purpose in terms of supporting the delivery of emergency and non-emergency ambulance services
6. **Innovation:** Generate innovation ideas and income to the local area. Create an innovation space that could be promoted to local and national organisations


Therefore, in order to achieve these objectives, the completed development must have the attributes described below.


NB: where experiences are described below, these are expected for all people irrespective of physical, sensory or cognitive impairments.

1.0 AGREED NON-NEGOTIABLES FOR STAFF

Non-Negotiable Performance Objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
1.1 The layout of the site must facilitate safe and convenient staff access during daylight and darkness, in a manner that supports green travel where possible.	<ul style="list-style-type: none"> • Reliable vehicular staff only parking for staff working late at night/early morning near the facility entrance. • Staff vehicular parking should have direct access/short routes to the facility and be well lit. • A sufficient number of Electric vehicles and or Hydrogen charging points (incl. infrastructure in place to provide more at a future date).

	<ul style="list-style-type: none"> Secure cycle store with associated washing/changing area and facilities (refer also to 1.5 below) and charging point for electric cycles.
1.2 The layout of the site and the facility must ensure efficiency of travel routes for Staff.	<ul style="list-style-type: none"> Staff need to be able to move between Staff Mess and ambulance vehicles quickly in a short, safe and reliable route. Reduce travel time between changing and showering – ‘everything to be at hand’
1.3 Ambulances to be secure from general public with clear and safe access at all times.	<ul style="list-style-type: none"> Clear, direct and protected entrance/exit routes for ambulances which ensures safety of staff, pedestrians and visitors to the facility. Covered area for cleaning/infection control of vehicles. ‘Reduce impact wherever possible on neighbours’. Electric service vehicle charging points. Security measures for vehicle protection should not look unsightly. <div data-bbox="750 729 1288 1141" data-label="Image"> </div> <div data-bbox="1294 729 2007 1077" data-label="Image"> </div>
1.4 Staff must be able to enter and exit the facility securely in a manner which records who is in the building.	<ul style="list-style-type: none"> Dedicated secure ‘Staff Only’ entrance. Fob Access Control (NOT a key pad entry system) which allows staff to enter and exit securely and will also provide an audit trail as to who is in the building. Staff Only entrance should be identifiable but clear it is not for public use.

	
<p>1.5 The facility must provide for the human needs of staff, both in terms of immediate needs and in promoting personal health and wellbeing. They must be able to:</p> <ul style="list-style-type: none"> • Prepare for being on duty and for life outside of work. • Store their personal belongings in a safe and accessible space. • Relax in a calm, clean and simple space available to all staff. • Have access to a sanctuary space for quiet discussions in case of trauma etc - a space that isn't associated with disciplinary/difficult discussions. • Come together socially. 	<ul style="list-style-type: none"> • Quiet room where staff can go following a traumatic experience to debrief and decompress. • Physio room. • Counselling area for onsite counselling service. • Flexible changing facilities that are inviting and inspiring, that allow for personal privacy and are designed to respect gender sensitivities • Shower facilities and space for staff to dry clothing to encourage green travel options. • Full length mirrors required – staff should be able to check themselves before going on duty. • Space for staff to store personal belongings (Lockers for all staff members). • Kitchen/dining area (separate to Mess area) with places to store and prep food. This should be suitably equipped to minimise waiting times with sufficient provision of microwaves and instant boiling water tap. • Clean, simple and uncluttered Mess Area which must be attractive to encourage use. It must have good daylight, interesting views and a range of seating areas, some more social and some to allow quiet time. • Active spaces and equipment to exercise - gym/activity equipment (cross trainer, ellipticals etc) and suitable storage.

<ul style="list-style-type: none">• Exercise – good to have energy release at start or end of shift• Have space for activities.• Have opportunities for respite and therapy.	<ul style="list-style-type: none">• Opportunities for respite and relaxation (Look at Swedish model where whole floors are dedicated to Staff welfare and provide massage tables with water jets, saunas, VR headsets etc.)• Space dedicated to mental health support. Dark room to help with symptom management of migraines etc.• Lighting to staff rest areas should be adjustable/dimmable and NOT motion sensed.• Dedicated staff only external space where staff can go for respite and to wind down. <div></div>
<p>1.6The facility must support interdisciplinary working with health partners and other emergency services. It must</p>	<ul style="list-style-type: none">• Large flexible multi-functional space which can be used for training purposes, for joint emergency services debriefing following major incidents and for community use (would need to be bookable for this purpose). This should be an adaptable space which can be reduced in size if necessary (using dividing screens for example), with breakout rooms

support learning both for staff and the wider community.

located nearby. It should also have whiteboards/magnetic boards to allow people to express their ideas.

- Breakout rooms which could be used by health partners for shared learning and participation events etc.
- Clinical training area to use simulation equipment more effectively.
- Ambulance simulation space (such as that at Edinburgh City Station) for clinical training purposes and also for use in demystifying public perception (particularly young people) of ambulance environments. Also used for training e.g. public or children as part of community first responder or cadet school.




Scottish Ambulance Service, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

Telephone: 0131 314 0000


www.scottishambulance.com

<p>1.7 Staff working environments should be arranged to facilitate flexible and agile working whilst allowing for personal preferences.</p>	<ul style="list-style-type: none">• Natural daylight & ventilation that enables user comfort control.• Different types of spaces to allow for personal preference in working environment such as spaces for quiet working, spaces away from the main working area for 1 on 1 chats/meetings and space for sensitive calls.• Should feel attractive and inviting - not clinical and sterile.• Lighting should be adjustable and strip lights should be avoided.• As noted in 1.5 above, staff should have access to outside space for respite. Partnerships should be explored with local existing facilities such as Tramway Theatre’s Zen Garden. Links and connectivity could be provided to Govanhill Community Garden. <div data-bbox="745 544 2072 1241"></div>
<p>1.8 The maintenance and management of the facility must not impact on the functionality of</p>	<ul style="list-style-type: none">• Plant areas should be accessible for maintenance purposes 24/7 without impacting on function of facility.• Service vehicle routes to be placed away from public areas and entrances.

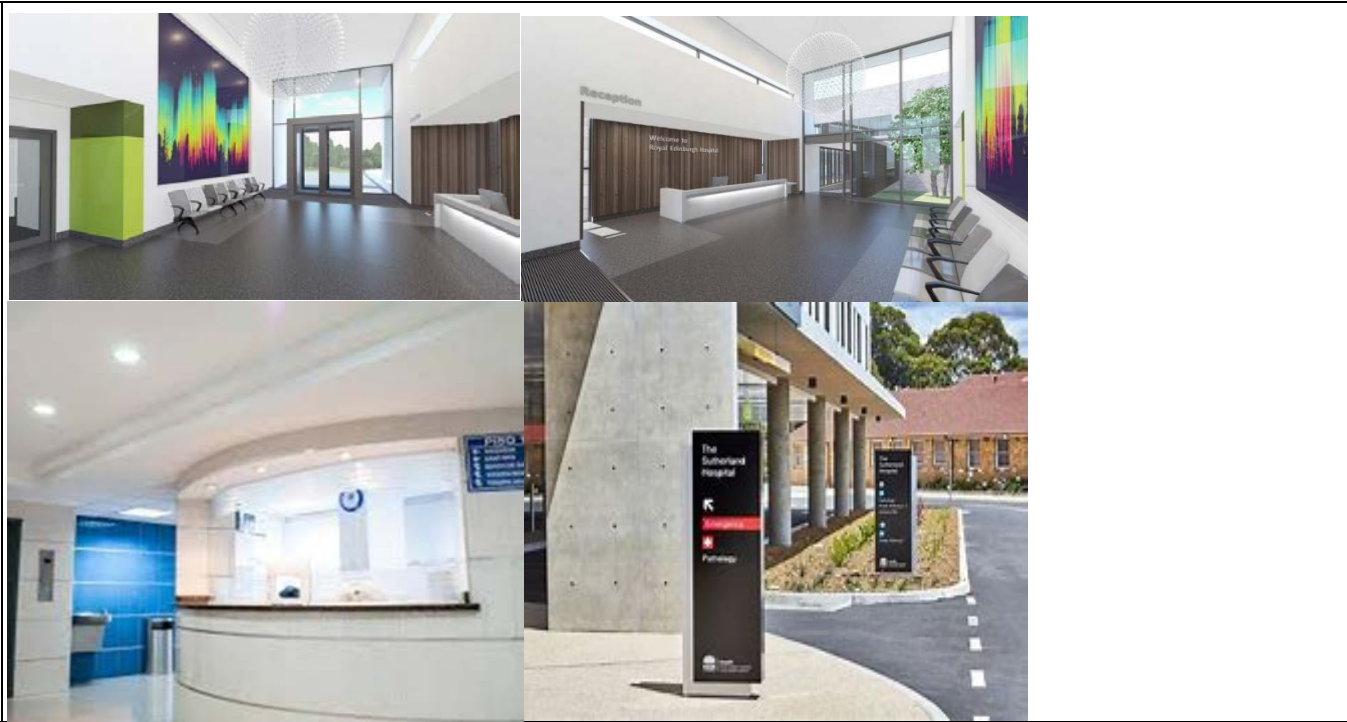
<p>the station and impact the staff rest areas.</p>	<ul style="list-style-type: none"> • Heating & lighting should be zonal for energy efficiency so that unoccupied spaces are not wasting energy. • Control(s) of heating/hot water systems should be designed/located to ensure user control and avoid situations of either being switched off over a weekend. • Lighting should be adjustable/dimmable but NOT motion sensed. • Facilities management should ensure that ambulance station staff are not managing community facilities or dealing with community enquiries.
<p>1.9 The facility must employ sustainable and energy efficient methods of construction and operation.</p>	<ul style="list-style-type: none"> • Sustainable power sources should be utilised such as solar panels on the roof, heat exchangers etc. • 'Brilliant opportunity to create an exciting environmental project' • Environmentally friendly building materials and natural products should be considered, with learning taken from construction methods of other facilities such as QEUH etc. • Grants/Funding incentives for sustainable construction and energy options should be explored. • Opportunities to create biodiversity in the area must be considered.
<p>1.10 The Community should feel welcome but should not limit the functionality of the station or put staff safety at risk.</p>	<ul style="list-style-type: none"> • Routes to community accessible spaces must not allow community members access to Staff spaces such as Mess Room, Office Spaces, Changing areas etc. • Spaces such as a Training Space could be shared with the community. • Enable security (when unmanned too) – views of what is happening around the facility from the office area. Entrance/Exit doors to shut reliably and quickly. • Ambulance Station needs to be secure from public use. <div data-bbox="750 1053 1912 1380">  </div>

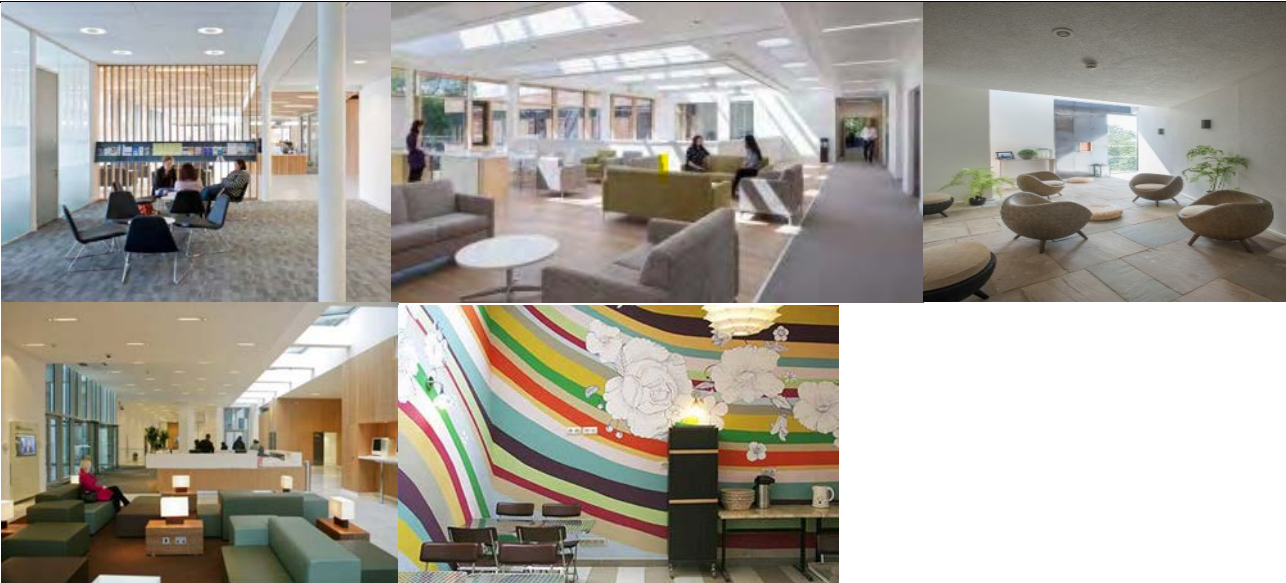
2.0 AGREED NON-NEGOTIABLES FOR COMMUNITY HUB


NB, in reading the experiences below these must be provided for all irrespective of physical, sensory or cognitive impairments.

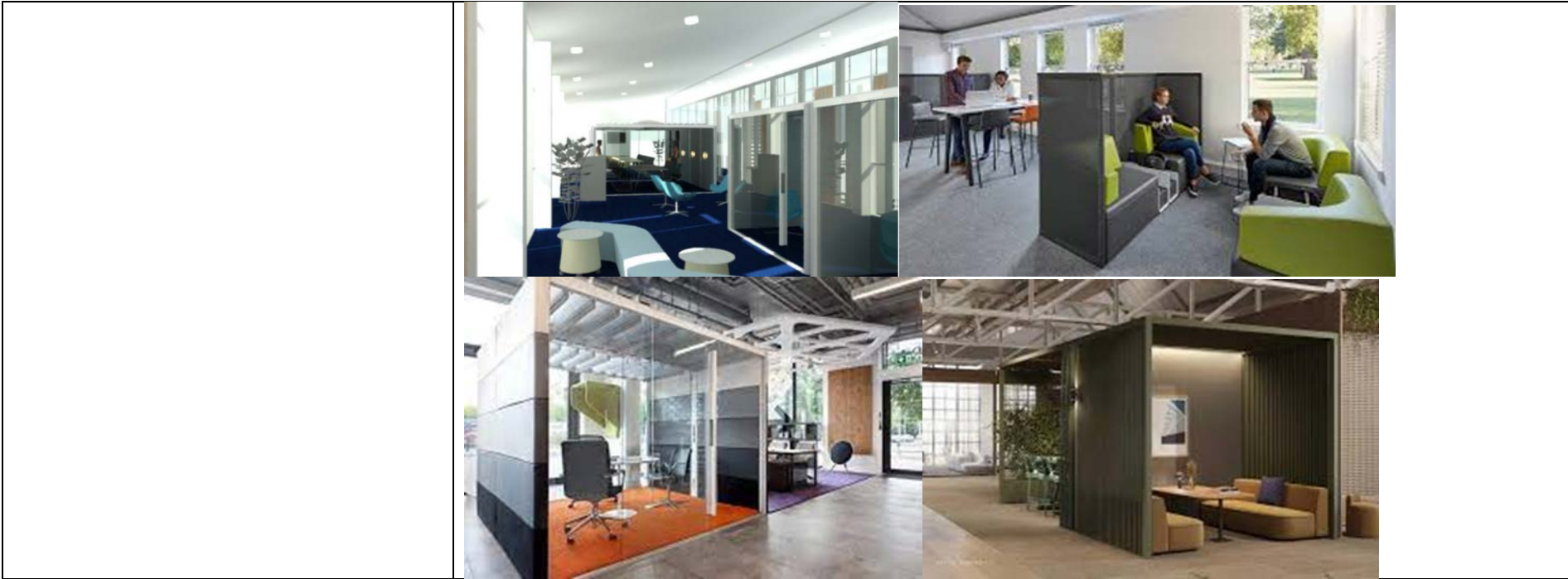
Non-Negotiable Performance Objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>2.1 The facility must be identifiable, be 'of the location' and 'something for Govanhill'. It must work with, relate to, and enhance its existing context. It should be a 'community connector'.</p>	<ul style="list-style-type: none">• Distinct visual identity.• Community Hub Entrance should be clearly identifiable and visible upon approach.• Community 'wing' could be have its own identity/name with clear and identifiable branding.• Public art could be used to highlight community aspect of the facility. This could help with wayfinding and help identify the community hub.• Hard landscaping to be used to create public space where people can congregate and know they are in the right place.• Concierge and or reception desk to be considered provided at community entrance reception to deal with any enquiries and for security purposes.• Delineation of when the community can use the facility is important. <div data-bbox="748 877 2042 1248"></div>
<p>2.2 The facility must be accessible for all, provide safe and intuitive</p>	<ul style="list-style-type: none">• Any parking provided for community use should be disabled parking only to accommodate those with health needs in the community.

<p>routes for any visitors and support green travel options.</p>	<ul style="list-style-type: none"> • Green travel options should be encouraged, with cycle storage facilities & charging points for electric cycles provided. • Wayfinding should be intuitive and not rely on signage as English is not a first language for a large proportion of the local community. <div data-bbox="763 360 1868 778">  </div>
<p>2.3 The arrival experience must be welcoming, comforting and equitable for all different community demographics. Human interaction must be available to help reduce anxiety and reassure visitors they are at the right place. There must be translation services available for those who do not speak English.</p>	<ul style="list-style-type: none"> • There should be a manned/staffed reception linked to the concierge idea to welcome visitors which must be immediately visible on entering the building. • Any employment opportunities within the running of the facility should be offered to local people, particularly those who may not have had opportunities for employment. • There must a technology-based translation service to accommodate the different community demographics. • Digital Information point(s) with touch screens must be provided which can signpost to Third Sector organisations, peer support and provide health and local community information. • Routes to onward journeys should be clear and intuitive and not rely entirely on signage. • Any wayfinding signage should be accessible to all. For example, Golden Jubilee Eye Centre uses braille & visual identities to help with wayfinding which is very effective. • Reception area must be digitally enabled. • Toilets near to entrance, with entrance to toilets visible from reception area.

	
<p>2.4 Waiting Areas should be active and engaging. They must provide positive visual distractions and opportunities to improve school and community links within the area.</p>	<ul style="list-style-type: none">• Waiting areas should be active and engaging with access to external views and natural daylight.• Positive visual distractions (artwork) and stimulus (toys for children) should be provided.• There must be display areas which could be linked to local school groups and art schools to improve school and community links and promote health and wellbeing.• Furniture layout and seating options should be comfortable and offer a variety of sizes and groupings e.g. providing choices for privacy or opportunities to meet other visitors and kindle friendships.• Waiting areas should be digitally enabled to allow for personal choices, for users to connect to reliable WiFi and to charge any electronic devices/phones as necessary.• Sculpture/Artwork loan schemes should be explored.

	
<p>2.5 The facility must provide for the human needs of the visitor and support their wellbeing. It must provide comfortable contemplative spaces, both internally and externally, which can be used for therapeutic purposes, quiet reflection, and religious observance.</p>	<ul style="list-style-type: none">• There must be comfortable contemplative spaces which can be used for quiet reflection and for religious observance.• Different faith groups must be considered and accommodated.• There must be space for the community to prepare and store food.• Garden spaces to be provided for respite and to be accessible to all.• The facility should address the community garden to the rear with improved access, which might make the need for a separate greenspace unnecessary.

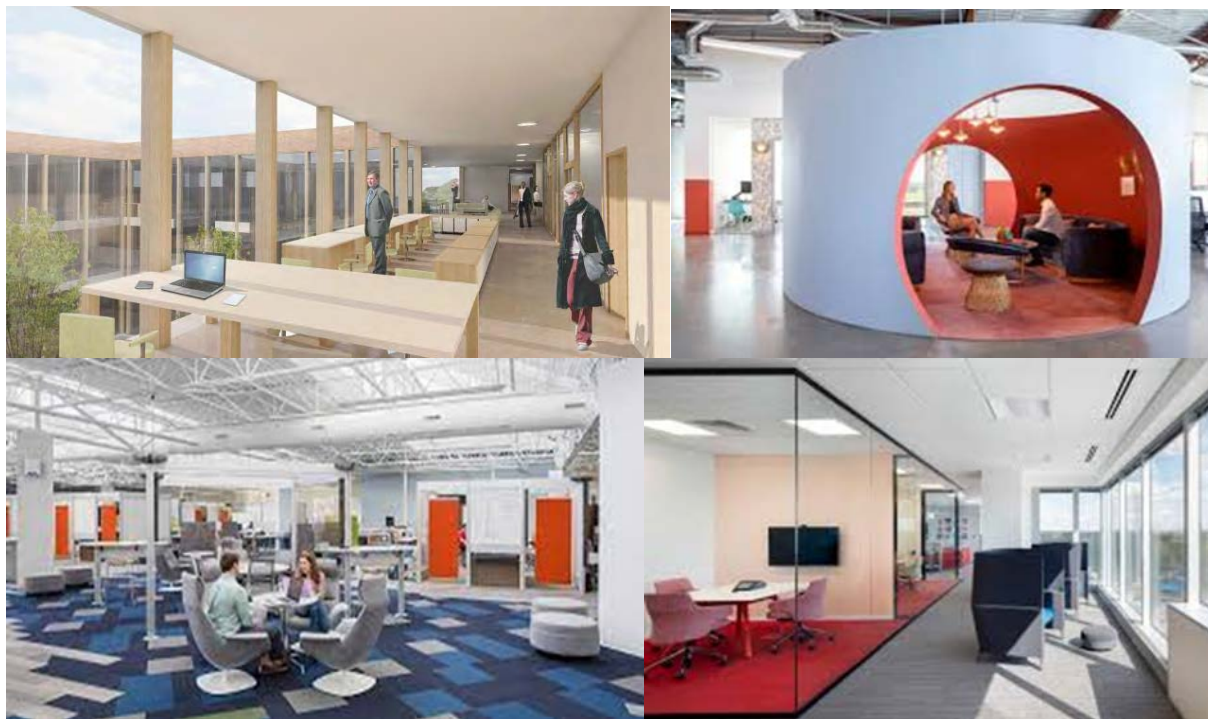
		
<p>2.6 The facility should promote and support collaboration and education. It must not compete with existing services/facilities within the community. It must offer opportunities to build skills in the community.</p>	<ul style="list-style-type: none"> • Large flexible multi-functional space as described in 1.6 above should be used to support collaboration and education. • The design of the facility needs to be respectful of other people's beliefs. Large spaces must be able to be sub-divided to accommodate multi-faith practices and rituals. • There must be suitable spaces to run training/education courses. Staff from the ambulance station could help as run first aid courses with the community and help to address young people's fear of ambulances. Likewise, the community could educate station staff in terms of language and cultural barriers. • The facility should have a digital presence (community webpage for example) to provide information and promote activities within the Community. • Govanhill Community Development Trust already work extensively with local health and wellbeing providers. Relationships should be developed with GCDT to establish how the facility can support this. 	



3.0 AGREED NON-NEGOTIABLES FOR RESEARCH AND INNOVATION CENTRE

Non-Negotiable Performance Objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
3.1 The facility must provide a safe and accessible space which is not intimidating, where innovative ideas can be discussed and explored.	<ul style="list-style-type: none">• There must be a protected space within the facility which is dedicated to research and innovation.• Flexible use space(s) where people can come together to discuss ideas.• It must be digitally enabled to allow for research and knowledge transfer. Users must be able to connect to reliable WiFi and to charge any electronic devices/phones as necessary.

- There must be opportunities for the community to collaborate with universities and industry.
- Any income generated from the work of the Research & Innovation Centre should be fed back into the community.
- Continue to work with partners to provide/enable accreditation and training to ensure ideas are supported and developed to the next level.



4.0 ALIGNMENT OF INVESTMENT WITH POLICY

This section is about the additional benefits (not directly related to the service to be provided) that can be delivered

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>4.1 The design of the facility must contribute to the wider regeneration of the area The facility must provide a space for working with the community in preventative and anticipatory care needs including for example support in mental health, reducing drug deaths and other local health needs</p> <p>The ambulance station must provide a space for staff to work, relax and debrief to improve the overall staff health and wellbeing</p> <p>The facility must be able to be used to work with the health and social care partners, and other related stakeholders to maximise community based and home based care to reduce unnecessary hospital admissions</p>	<p>Increase in community health and wealth Reduction in drug related deaths, reduction in mental health admissions Reduction in sickness absence rates Reduction in hospital admissions</p>
<p>4.2 Provide a flexible space to ensure future service changes can be incorporated</p>	<p>seek guidance from space usage experts to ensure maximum flexibility with moving walls etc.</p>
<p>7. the facility must cope with the rising demands for the service and match appropriate capacity against this demand</p>	<p>Increase the functional capacity of the accommodation and other infrastructure for the increased staff numbers</p>
<p>8. Current building is highly energy inefficient and a significant carbon emitter</p>	<p>Provide a net zero carbon building</p>

This statement was developed through the engagement of the following stakeholders;

Scottish Ambulance Service		Area Service Manager - South Glasgow
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Glasgow City Council		Head of Asset Management Corporate Asset Management
Scottish Ambulance Service		Head of Organisational Development
Scottish Ambulance Service		Research and Innovation rep from Scottish Ambulance Service
Hub West Scotland		Partnership Director
Scottish Futures Trust		Territory Programme Director
Scottish Ambulance Service		Ambulance Paramedic Team Leader
Healthcare Improvement Scotland		Service Change Advisor
Scottish Ambulance Service		Area Service Manager - South Glasgow
Healthcare Improvement Scotland		Engagement Officer
Govanhill Community Development Trust		Sustainable Communities Coordinator
Glasgow City Council		Divisional Director Neighbourhoods, Regeneration and Sustainability
Scottish Ambulance Service		Project Accountant
Thriving Places Govan		Principle Officer
Scottish Ambulance Service		Ambulance Paramedic
Glasgow City Health and Social Care Partnership		Assistant Chief Officer, Primary Care and Early Intervention
Scottish Ambulance Service		Head of Service - Glasgow
Scottish Ambulance Service		Mental Health Clinical Effectiveness Lead
Simon Community		Head of Service for Women Service
Police Scotland		Area Inspector (Glasgow South East)
Scottish Ambulance Service		Regional Planning Manager
NHSGGC		Head of Capital Planning
Govanhill Housing Association		Director

Scottish Ambulance Service		Director of Finance
Simon Community		Head of Service for the Govanhill emergency women's
Scottish Ambulance Service		Clinical Effectiveness Lead - Drug Harm Reduction (West Region)
Scottish Ambulance Service		Head of Estates
Scottish Ambulance Service		Assistant Director of Finance
Scottish Ambulance Service		Ambulance Paramedic

5.0 SELF ASSESSMENT PROCESS

Decision Point	Authority of decision	Additional skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the	Information required to allow evaluation
Site selection	Decision by SAS Board with advice from Project Board	Comment to be sought from NDAP to inform a SAS Board decision	Risk/benefit analysis considering the capability of sites to deliver a development which meets the above stated criteria	Site feasibility (including sketch design to RIBA stage B) for alternative sites. Cost estimates (construction and
Completion of brief	Decision of Project Board with advice for Project Manager & Project Team	Peer review across stakeholders	The above design statement will be included within the brief	Completed brief
Selection of Delivery/Design Team	Decision of Project Board with advice for Project Manager & Project Team	Design Advisor external to Project Team	Quality cost ratio to comply with guidance for complex projects as per annex A, para A.3.5 of Scottish Government Construction Procurement Manual. Must also comply with	Design team proposals and costs

Selection of early design concept from options developed	Decision of Project Board with advice from Project Manager & Project Team	Comment to be sought from NDAP	Assessment of options, utilising AEDET or other methodology, to assess the likelihood of options delivering a facility which demonstrates compliance	Sketch proposals developed to RIBA stage C with colour used to distinguish main use types – circulation, offices, staff facilities, Community Hub
Approval of design proposals to be submitted for planning authority approval	Decision of Project Board with advice from Project Manager & Project Team	Internal and External stakeholder engagement process incorporated	Formal option appraisal to assess the likelihood of options delivering a facility which demonstrates compliance with the	Formal process to approve Stage D agreed with Project Board
Approval of detailed design proposals to allow construction	Decision of Project Board with advice from Project Manager & Project Team	Design Advisor external to Project Team	Review with reference to agreed model and Design Statement	Full design information
Post Occupancy evaluations	Formal Post Project Evaluation in accordance with SCIM	Design Advisor external to Project Team.	Assessment of completed development by stakeholder	Completed SCIM pro-forma documentation

Appendix F: Procurement Options Paper

Replacement of Glasgow South Ambulance Station

Procurement Options Appraisal

Introduction

The Scottish Ambulance Service (The Service) has commenced a project to replace the current Glasgow South Ambulance Station. The project will

- improve and modernise Glasgow South Station
- improve services in the current area through increased response times and
- greater engagement and collaboration with the local community and other NHS, Emergency Services and Public and 3rd Section partners.

A specific opportunity for improvement has emerged as result of this project, namely, the introduction of a Health and Wellbeing Centre within the facility. This would form a community and staff hub which aims to improve staff health and wellbeing and importantly strengthens engagement between the Service and the local community.

The Centre would facilitate our community engagement and builds upon our aim to improve population health through a visual and tangible entity.

This project will follow the Scottish Capital Investment Manual (SCIM) guidelines and due to the value will require to be approved by Scottish Government's Capital Investment Group (CIG) in addition to the Service's Board. The SCIM process is a 3 stage process: Initial Agreement, Outline Business Case and Full Business Case, with each document requiring individual approval.

This project is currently at Initial Agreement stage which focuses on demonstrating that the proposal is a good thing to do and confirming alignment to the strategic direction of both the Service and the wider NHS Scotland national strategies.

As part of the Initial Agreement (IA), the preferred procurement route must be documented and this paper provides details of the different options available to the Service, assesses each one for their suitability and makes a recommendation of the preferred option.

The Project

The Current Site

The current site was built in 1994, primarily as a garage/depot to store the Service's vehicles. It has limited staff accommodation included. The current station has a gross internal area (GIA) of 1,037m². It now accommodates 70wte staff, 11 A&E emergency vehicles (including 1 paramedic response unit) and 3 patient transport vehicles. The site itself is restrictive. There is no latitude to extend the property and to refurbish within the garage area would require vehicles to be externally parked and there is no external area available to do this. The recently completed Demand & Capacity review has identified an increase in staff numbers from 70 WTE to 105.6

WTE and 2 further vehicles. The existing facility does not have the capacity to facilitate these numbers.

The Proposal

Glasgow South Station is located in the heart of Govanhill and has the potential to be a key strategic landmark site providing community and staff integrated services. The proposed design of the new station would look to complement the local architecture but to also be aesthetically distinct so as to act as a focal point in the heart of the community

The proposal, which the IA is seeking approval for is to replace the current station with a fit for purpose and flexible ambulance station, which will meet current demands and needs but will also be adaptable to changes in service models. In addition, the building will include a community and staff wellbeing hub, likely to be housed on a separate floor from the ambulance station, which would facilitate engagement between the Service and the local multicultural community.

This space would also be utilised as an innovation space, facilitating partnership working between the Service, local industries, education providers, charities and other agencies. Along with the hub, the provision of a community roof-top garden is also being considered to promote staff health and wellbeing and community support.

This project is essentially a building construction project; however the inclusion of the Hub and related support functions is innovative for the Service. The design of the building will have to include details such as enhanced security measures to ensure users of the Hub have restricted but appropriate access to the building, the out of hours access by users, aesthetics which promote and inspire innovation and wellbeing and the desire by the Service for the building to be a landmark and focal point within the community. We need to ensure our preferred procurement option has the ability to maximise and drive these innovations.

Procurement Options

There are currently 3 main procurement and construction options for this project:

-
- Traditional in-house managed construction with SAS designing, project managing and procuring all aspects of the build
- Use of Hub Scotland
- Frameworks Scotland 3 Design and Build Procurement Option

These are described in more detail below:

In-House Managed Construction

The Service directly employs an in-house Estates Team which have experience of designing, managing and constructing ambulance station projects. However, the team is small, consisting of 1wte Head of Estates, 1wte Assistant Head of Estates, 1wte Surveyor, 1wte Designer and 3wte Helpdesk staff. This team is responsible for the following services covering 140 sites across Scotland:

- Preventative Maintenance visits for all statutory works;
- Reactive calls arranged by the help desk;
- Provides quotes for reactive and statutory works;
- Design, specification, tendering, project management of refurbishments and new build projects;
- Energy management service through meter reads from sites;
- Sustainability and Environmental management;

In an average year, the Estates Department would carry out around 3,000 preventative maintenance visits and deal with around 2,000 reactive calls. In addition, the Estates team carry out a number of capital projects each year to refurbish and improve existing stations and establish co-locations with other Emergency Services and NHS Partners.

The replacement of Glasgow South Station is a major project, which is likely to take around 18 months from commencement of construction. With the addition of the Hub and Roof Garden, it will involve significant design and management input and although the Head of Estates and Assistant Head of Estates will be key members of the Glasgow South Project, there is no capacity within the team to fully manage a project on this scale as well as continuing to deliver BAU Estates projects. A new team would need to be created.

As this is the first time the Service has undertaken this type of project and therefore the full management and construction implications are unknown at this time, the option of in-house managed construction has been discounted due to lack of capacity.

Hub West Scotland

The Scotland wide hub programme is based on a partnership between the public and private sectors to deliver new community facilities that are built by 5 hub companies spread across Scotland. Operating across the five geographical areas, the public sector bodies in each of the five areas have come together and appointed a private sector development partner to form a joint venture company, known as hubCo. The five hubCo's are

- hub South East
- hub East Central
- hub North
- hub West and
- hub South West

Each of the hubCos takes a long term planning approach to identify the buildings it needs to support the delivery of improved community services.

Hub West Scotland (HWS) was established in April 2012, and is a private sector development company who work in partnership with the public sector in the west of Scotland. The aim of the partnership is to build new community facilities whilst providing the best possible value for money to the public purse. Construction projects support local communities by creating local employment and educational opportunities. Hub West Scotland aim to provide a quicker and more accessible method to deliver construction projects for the public sector, removing the requirement for lengthy OJEU procurement.

HWS offers a suite of services to support public sector partners and local communities, tailored to their individual requirements:

- **Strategic Support Partnering Services** – access to a performance managed supply chain for call-off consultancy services such as business cases; feasibility studies; site surveys and condition surveys;
- **Project Development** – competitive selection of consultants and contractors to deliver successful projects in partnership with public sector clients from inception to completion.
- **Community Benefits Management** – experienced management of the procurement, evaluation and delivery of community benefits in projects delivered by hub West Scotland. Hub West Scotland also have the capacity to provide this service on a consultancy basis on projects not delivered by hub West Scotland.
- **Project Management** – Experienced Project Development Managers provide a key liaison between the public and private sectors, controlling and delivering construction projects to cost and programme, evaluating and balancing risk to achieve client's goals.
- **Contracts and Funding** – hub West Scotland can provide Design and Build contracts, and Design, Build, Finance and Maintain contracts with access to private sector funding solutions.
- **Asset Management** – Management of DBFM facilities on behalf of our public sector partners to ensure building maintenance services are implemented and monitored effectively.

The Service met with HWS in August 2020, to discuss the Glasgow South Station replacement proposal and to gain an understanding of the services HWS could provide. Hub West Scotland are very keen to work with us on this project, they have both the experience and capacity to deliver this.

The hubCo fee is 1.53% of the build costs. This fee covers the management of all community benefit initiatives, and tender management activities (i.e. supply chain manager) as well as the support of the wider hub team as required.

Frameworks Scotland 3

Frameworks Scotland 3 is a procurement programme which provides a wide variety of construction-related services for both new build and refurbishment projects. This national framework is an agreement with five Principal Supply Chain Partners (PSCPs) selected via an Official Journal of the European Union (OJEU) tender process for capital investment construction schemes across Scotland. An NHS health or social care client may select a PSCP for a project they wish to undertake without having to go through an OJEU procurement themselves.

The principal focus of the work under Frameworks Scotland 3 is around the Health sector and includes both refurbishment and new build work together with programmes of backlog maintenance, statutory compliance, business continuity-related and risk reduction work.

Frameworks Scotland 3 provides joint incentives, long-term relationships and performance and affords clients more certainty of time, cost and quality.

The following clients are entitled to call off the framework:- NHS Scotland Health Boards, National Health Boards and other NHS organisations operating in Scotland i.e. any other organisations involved in the provision of health / social care facilities or health / social care related services in Scotland.

The Service met with Health Facilities Scotland in August 2020 to discuss the Glasgow South replacement proposal and to gain an understanding of the services Frameworks Scotland 3 could provide. The new frameworks contract will be in place for the Service to utilise this. Capacity and experience in delivering local projects has also been demonstrated.

The frameworks contract engages the Principle Supply Chain Partner (PSCP) at the early stage. In addition the Service would appoint a project manager, a cost advisor and a building supervisor/clerk of works to manage the build project. They would work closely with the PSCP with an open book approach to design and costs.

Option Appraisal

The 2 procurement options suitable for the replacement of Glasgow South Station using hub West Scotland or Frameworks 3 have been appraised and the details are shown in the table below:

	Hub West Scotland	Frameworks 3
Strengths	Fixed Price Contract – the Service will know the exact cost of the build Simplified Procurement Process – Hub West	Target Price Contract – the build may be cheaper than the target price but not guaranteed, reductions in costs are shared between the Service and the PSCP

	<p>Scotland undertake the procurement process in partnership with SAS</p> <p>Suppliers experienced in constructing various public sector buildings with community engagement at the core of what they do e.g. large acute hospitals, schools etc</p> <p>Contract price includes cost for management and design fees</p> <p>Community Investment Strategy is developed for each project which focuses on identifying priority groups who will benefit from the investment, supporting education and employability to these target groups and working with local small businesses and third sector organisations to identify all opportunities from the investment</p>	<p>Simplified Procurement Process – a Mini-Competition is required with the suppliers on the Framework</p> <p>Suppliers experienced in building NHS Primary Care buildings</p> <p>Separate Framework for Professional Consultants e.g. Project Manager, Cost Advisor which allows flexibility to meet the SAS needs. This is an additional cost to the build price</p>
Weaknesses	<p>Potential issues re availability of resources due to extensive Hub West Scotland workload</p>	<p>No community benefit strategy – the Service will be required to develop its own strategy and identify target groups</p> <p>The Service would need to carry out separate mini-tenders for each of the Professional Consultants which would result in numerous suppliers to manage and co-ordinate</p>

Recommendation

Although both Options have similar benefits, the requirement to maximise all community benefits are a key objective for this project and the Service doesn't have the capacity or skills to deliver this in-house. The success of the well-being centre depends on community engagement and support. Hub West Scotland have demonstrable experience in delivering a range of community benefits across a wide range of projects.

In addition, the contract with Hub West Scotland includes project management and consultancy services reducing the contract management responsibilities for the Service.

Similar HubWest projects have been successfully delivered and building upon that experience the recommended procurement process for the replacement of Glasgow South Station is therefore to use Hub West Scotland.

Next Stages

Following agreement from the Executive team to this procurement approach we will

- Update the Initial Agreement describing this is the preferred procurement approach
- Following approval of the Initial Agreement we will establish a programme management governance structure using the Hub West approach
- Develop the implementation plan in line with our Outline Business Case
- In addition we will undertake visits to recently completed, and in progress hub West projects

Appendix G – Reference List

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