

Our purpose

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



Acute Mental Health and North Ayrshire Community Hospital

John Scott, Head of Capital Planning

Capital Investment Network
Tuesday 2 September 2014

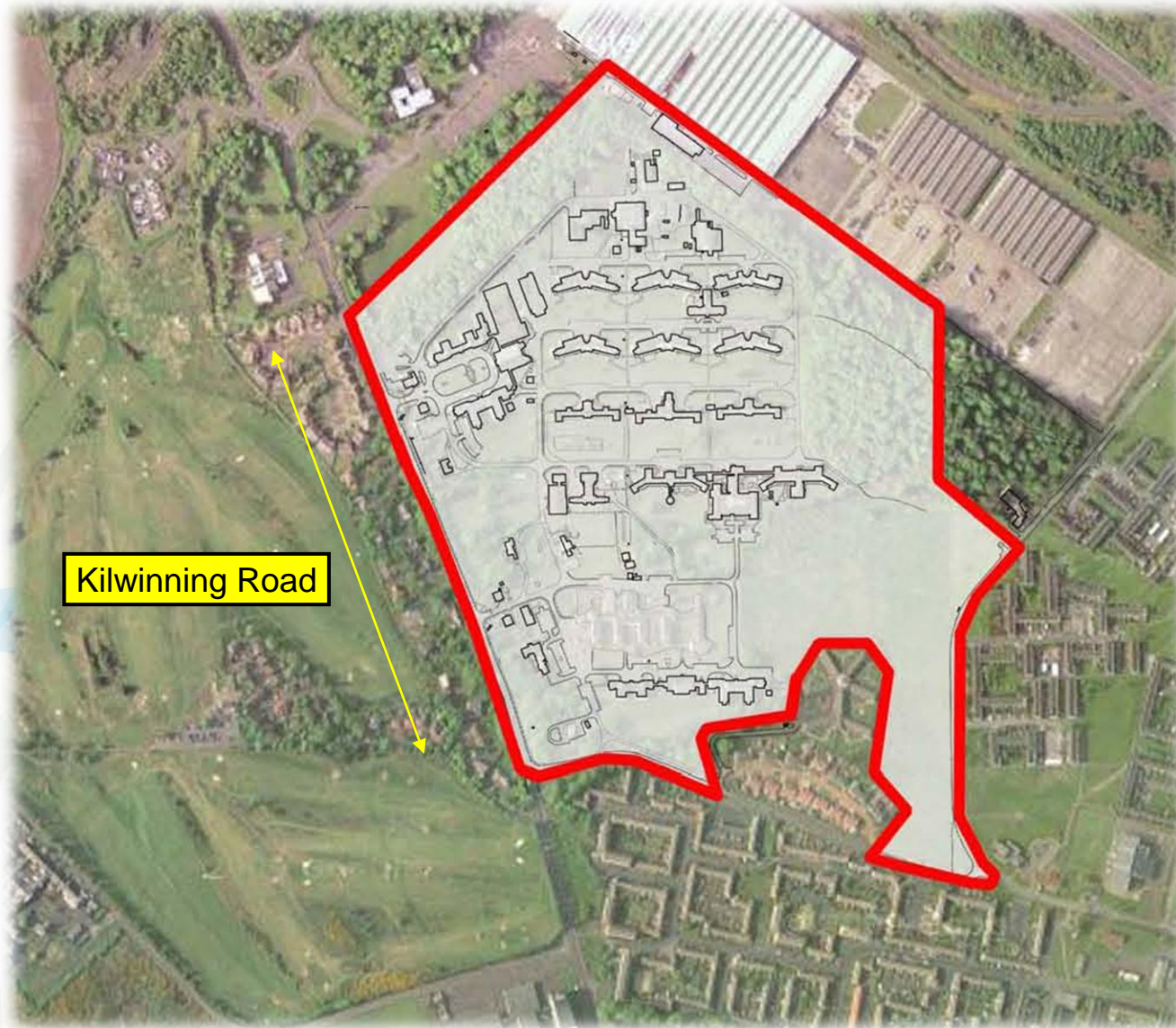
Our values

Caring Safe Respectful

Background

- OBC Approval – 31 May 2012
- Construction Cost Cap set at £48m
- Planning in Principle Application – February 2012
- 12 week consultation process – May to Aug 2012
- Planning in Principle approval – March 2013

The Site



Kilwinning Road

Services and Bed Numbers

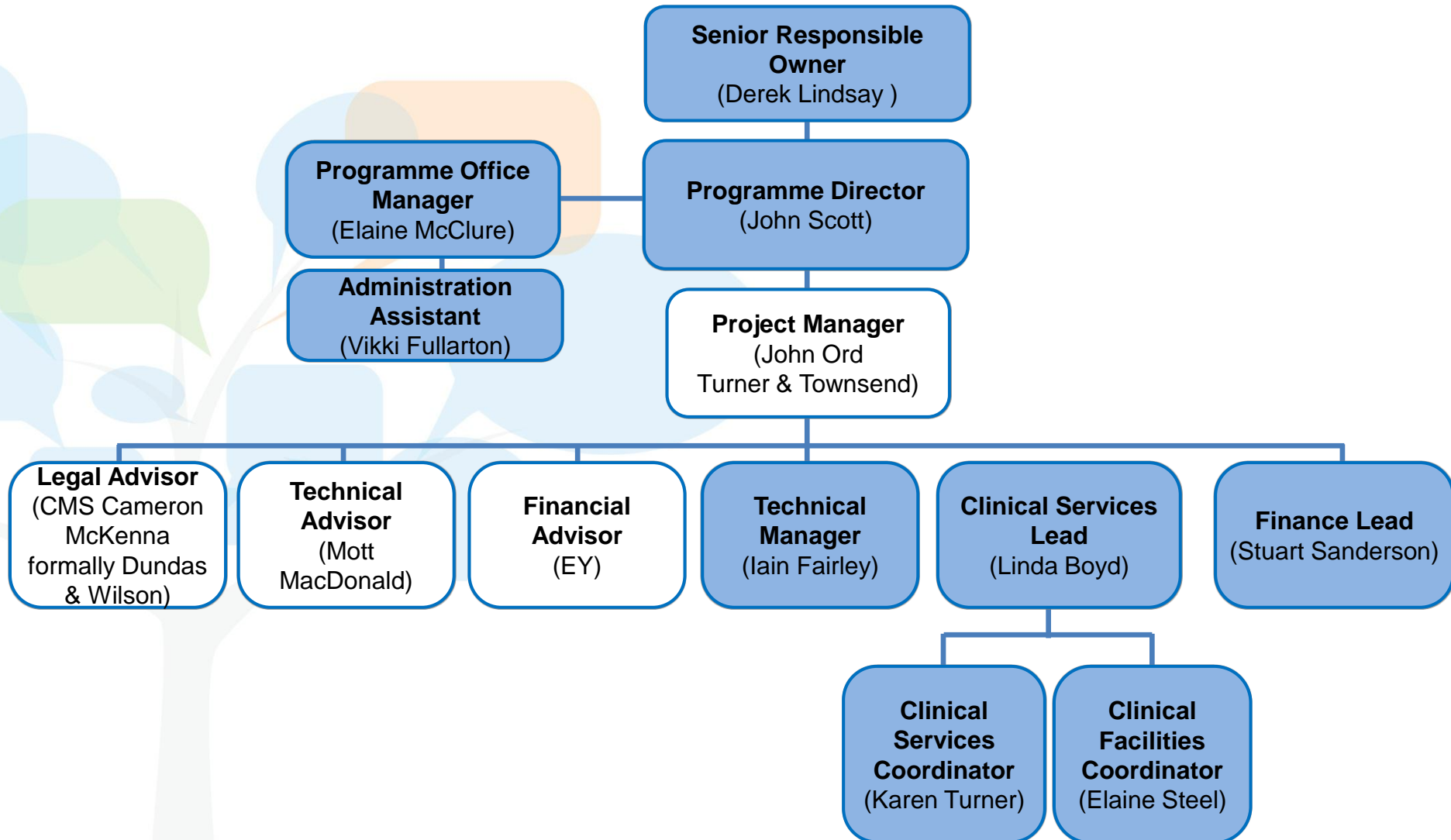


- 60 beds Adult Acute Mental Health
- 30 beds Mental Health Rehabilitation
- 10 beds Addiction Rehabilitation
- 8 beds Mental Health Forensic Rehabilitation
- 8 beds Intensive Psychiatric Care Unit (IPCU)
- 30 beds Elderly Mental Health
- 30 beds Care of the Elderly Long-term Care
- 30 beds Care of the Elderly Rehabilitation
- Additional Outpatient Clinics and Treatments
- **Total 206 beds**

Reference Design



Project Team Structure



Advisor Team



- **Project Manager** – Turner & Townsend
- **Legal Advisor** - CMS Cameron McKenna
formally Dundas & Wilson
- **Technical Advisor** – Mott MacDonald
- **Financial Advisor** – EY
- **Insurance** – Willis Limited
- **CDM** – Brian Johnstone Associates

Programme to Final Tender

- OBC Approval – 31 May 2012
- Advisors Appointment – July 2012
- Issue OJEU - 14 January 2013
- Bidders' Day - 1 February 2013
- PQQ return date - 8 March 2013
- Completion of PQQ evaluation/ ITPD issue - 5 April 2013
- Bidder Briefings - 16-18 April 2013
- Competitive Dialogue – 30 April to 19 September 2013



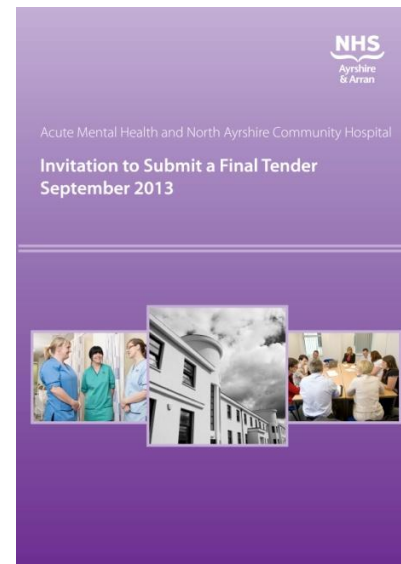
Competitive Dialogue

- 30 April – 19 September 2013
- 9 Technical meetings
- 4 Commercial meetings

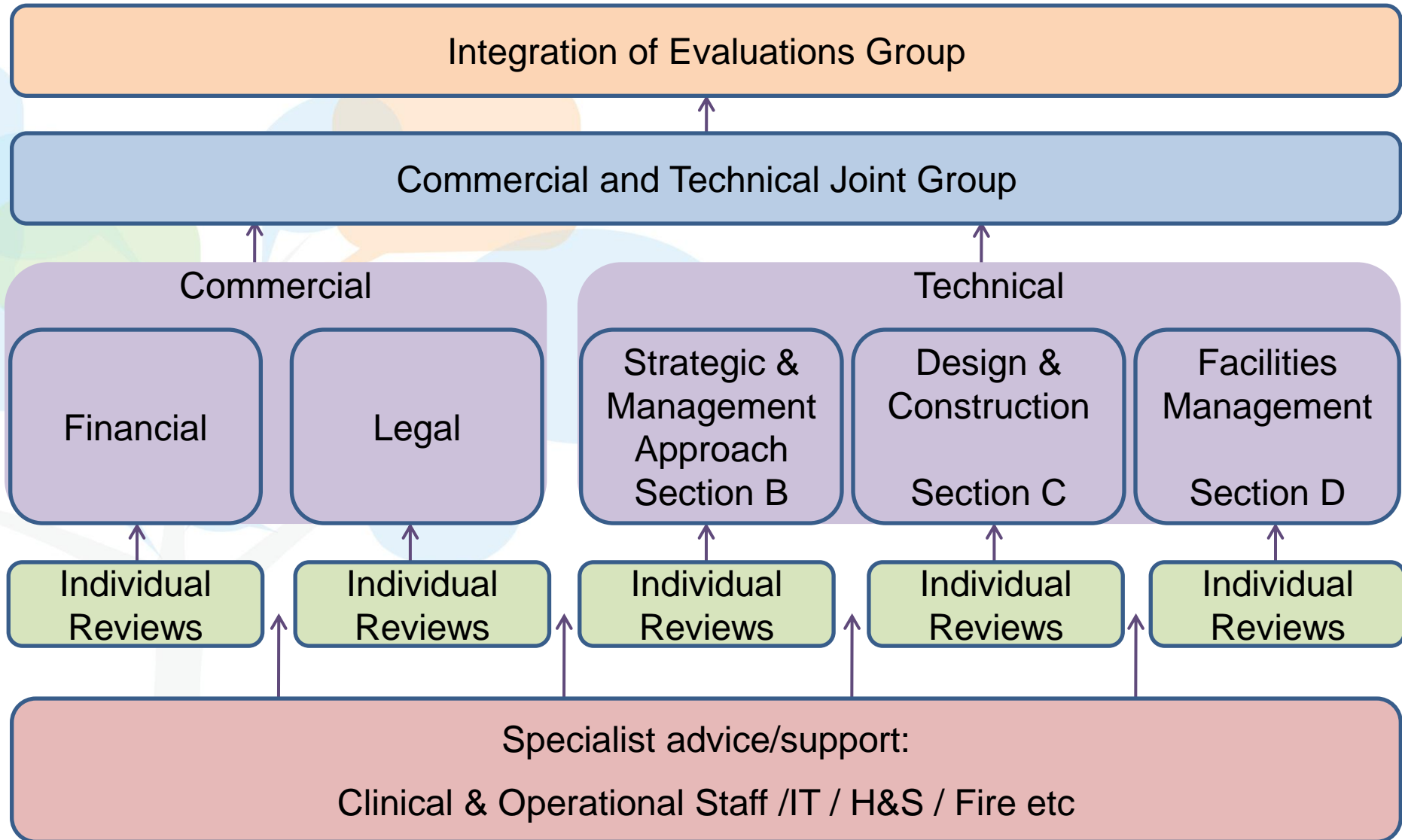


Programme to PB

- Draft Final Tender (DFT) submissions – 10 October 2013
- NHS A&A Response to DFT – 22-24 October 2013
- Issue ISFT – 18 November 2013
- Submission of Final Tenders – 16 December 2013
- NHS A&A Evaluation of Final Tenders – 16 Dec to 31 Jan 2014



Evaluation Strategy



Evaluation Framework

Cost
60%

- Calculated on the Net Present Value (NPV) of each submission over the 25 year period
- lowest economic cost scoring the maximum 60%

Quality
40%

- Section A – Executive Summary (0%)
- Section B – Strategic and Management Approach (5%)
- Section C – Approach to Design and Construction (27%)
- Section D – Approach to Facilities Management (8%)

Approval Timetable



Event	Date (2014)
Programme Board Preferred Bidder Approval	5 th Feb
Capital Programme Management Group Preferred Bidder Approval	12 th Feb
SFT Pre-Preferred Bidder Key Stage Review	14 th Feb
Corporate Management Team Preferred Bidder Approval	18 th Feb
Issue Preferred Bidder Letter/Preferred Bidder Appointment	18 th /19 th Feb
Notify Unsuccessful Bidders	19 th Feb
Unsuccessful Bidder Debriefs	25 th Feb/3 rd March
Preferred Bidder Initiation Workshop	13 th March
Submit Planning Application	10 th March
Planning Approval	28 th May
Full Business Case Approval	22 nd April
Financial Close	19 th June
Standstill Period	2 nd June - 12 th June

Key Stage Reviews

- Pre-Issue of OJEU Notice
- Pre-Issue of Invitation to Participate in Dialogue (ITPD)
- Pre-Close of Dialogue (Invitation to Submit Final Tender)
- Pre-Preferred Bidder Appointment
- Pre-Financial Close

Cost

- Capex £46.6m
- An Annual Service Payment (ASP) will be payable to the operator over a period of 25 years
- The monthly amount is adjusted for Performance and Availability deductions

The New Development



Entrance



Courtyard and Social Area



Cafe Area and Bedroom



Post FC Programme

- Financial Close – 19 June 2014
- Construction commence – July 2014
- Construction completion - March 2016
- Phased occupation – April to May 2016
- Demolition of existing buildings – May to September 2016



Programme Summary

- OJEU to Preferred Bidder – 13 months
- Preferred Bidder to Financial Close - 17 weeks
- Construction period – 21 months



Defining Success Factors

- Strong and experienced project leadership
- Strong clinical leadership and management of clinical input – extensive consultation with clinical user groups in the background, whilst using a strong central team to convey that in dialogue and post PB meetings
- A compact and dedicated project team, supported by a skilled advisory team
- NHS A&A governance arrangements supported timely decision making
- Strong Balfour Beatty consortium track record of similar mental health projects
- Establishing a robust suite of Invitation to Participate in Dialogue documentation and in particular the Specific Clinical Requirements and Authority Construction Requirements
- Holding open and meaningful discussion during dialogue

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Questions

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