Threesixty Architecture

Gilbert Bain Hospital - Cladding Remedials

RIBA Stage 1 Report - March 2025

Executive Summary

This RIBA Stage 1 Report aims to capture the Strategic and Initial Briefing Items for Gilbert Bain Hospital Cladding Remedials and decant requirements. It covers various key topics including the Project Vision, Client's Objectives, Site Information, Facade Replacement Methodology and Project Risks. Decant Options at Feasibility Stage are explored and presented alongside Structural and Services input and Initial Cost Plans.

The briefing content has in part been provided from a conditional survey of the facade and decant options have been developed with the client, key stakeholders and design team This initial Concept Stage of work has seen Threesixty, with the Design Team, undertaking a review of the design opportunities and improvements, alongside the technical aspects of achieving a full re-clad of an existing building within a sensible budget allowance.

The intent is that this RIBA Stage 1 level design exercise should provide the Client with a strategy for a phased decant to accommodate the cladding replacement, together with a review of cladding options and buildability for the facade replacement works.

This document contains the appropriate level of drawing, schedules and diagrams to convey the proposed decant options, as well as supporting elevational & detail drawings which will assist the project QS in preparing a preliminary cost appraisal for the overall re-cladding strategy.

Gilbert Bain Aerial Image

Contents

1 Strategic Brief

The Project Vision

Due to structural failures identified in Mott MacDonald's Report on Condition of External Walls published in Dec '24, NHS Shetland are looking to replace the façades of selected elevations of the Gilbert Bain Hospital. The outer leaf of some walls has begun to lean away from the structure causing cracking on the facade and water ingress in the wards. Repair of these façades will improve the internal environment for staff and patients, increasing comfort, reducing drafts and long standing issues with water ingress.

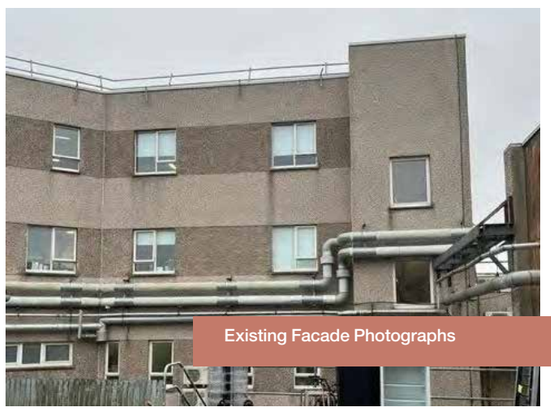
Our Stage 1 exercise shall explore the existing site conditions and constraints, identify departments impacted, work with stakeholders to consider pros and cons of feasibility options for phased (or whole) decants, develop phasing diagrams and decant plans, develop a preferred approach to a typical wall build up (as far as reasonably practical at this early stage) and area extents for costing (by others), working with the Team to consider buildability to help inform the outline programme.

The overall key deliverables for the Team is the preparation and delivery of a **Costed Feasibility Study** that explores the options for **Phasing and Decant**, as well as outline proposals for new **Cladding**. This information shall be to a suitable level to convey a 'Roadmap' for the project but also robust enough to allow a costing exercise to be undertaken by Thomson Gray.







Existing Facade Photographs

1.2 Objectives and Key Information

The objective of this report is to provide output to a **RIBA Stage 1 - Preparation and Briefing** level. It is important to recognise that this Stage of work is not a design stage. This stage is about layering detail and requirements into the Project Brief, before the design process commences at Stage 2.

The content in this section of the report has been developed from continuous information exchanges, workshops and meetings where we have interrogated and challenged the Brief. This is to ensure the project has the correct foundation on which to build upon. A Brief that is aligned with the Client's Strategic Objectives is critical to the success of the subsequent design orientated stages of a Project.

The following key outputs are provided in this Stage by the Design Team members (in conjunction with NHS Sheltand's input) :

Architectural
Strategic Project Brief.
Initial Project Brief.
Cladding Study
Decant Schedules of Accommodation
Decant Options

Structural
Stage 1 Report on Condition of External Walls.

M&E Services
Preliminary Report on Proposed External Cladding Installation Interface with M&E Services

PM / Cost Services
Strategic Project Programme
Risk Register
Stage 1 Initial Cost Plan

Advising Contractor
Draft Construction Programme
Buildability / Sequencing Report

Client Team
Client:
NHS Shetland
Key Contacts:
David Wagstaff - Project Director
Paul Nadin - Project Manager
Christina McDavitt - Project Clinical Lead
Michelle Wikinson - Senior Infection Control
Department Representatives:
Amanda McDermott - Chief Nurse (Acute + Specialist)
Janice Irvine - Senior Charge Midwife

Client's Agent
Hub North / Thomson Gray
Key Contacts:
Fraser Innes - Place & Partnership Director
Stuart Findlay - Project Manager
Ross Lovatt - Cost Manager

Design Team
Architect
Threesixty Architecture
Key Contacts:
Gillian Allan - Project Director
Giovanni Pesiri - Project Architect

Structural Engineer
Mott MacDonald
Key Contacts:
Neil Pearson

Services Engineer
Callidus Design Ltd.
Key Contacts:
Daniel Brady - Project Director
Gary Speirs - Mechanical Engineer
Stewart Brown - Electrical Engineer

Advising Contractor
Robertson Construction Group
Key Contacts:
Graeme Lawrie
John McHardy

Programme
Full Project - Refer to Thomson Gray Programme within Appendices for Key Dates
Next Stage - NHS Shetland / Hub North to instruct team to progress to RIBA Stage 2 following review and approval of this Stage 1 Report and preferred decant route.

Project Budget
Costing information to be provided by Thomson Gray as agreed with NHS Shetland / Hub North

Project Reporting
Reporting to follow RIBA Plan of Work Stages for both the Recladding and Decant works, supported by end of stage Cost Plans. For speed, the Stage 2 Cladding Study is to progress during the 2-week Client Sign Off period at the end of Stage 1, with instruction to proceed through to completion of Stage 4b within 2 weeks of the issue of the Stage 1 Report and Cost Plan.

Stakeholder Engagement
Stakeholder Engagement to occur at RIBA stages 1 & 2. Approval gateways to occur at end of Stage 1 and Stage 2. Stages 3 and 4 will be progressed as one scope of service from the Design Team.

Procurement Route
As of at the end of Stage 1, it is envisaged a Principal Contractor will be appointed to manage the project as a whole, via Hub North's supply chain partners. The project's procurement is likely to be split with a local contractor undertaking the enabling works for the Decant proposals, The Principal Contractor, through the engagement of a specialist cladding contractor, will undertake the contractor design and installation of the recladding and elevational repairs, whilst NHS Shetland will procure the temporary accommodation via the Scottish Government and NHSScotland supply chain partners. The forms of contract to be confirmed.

Procedures
CAD
Threesixty to use CAD to deliver the Project. We will issue our information in PDF/CAD to the consultant team as required.

Statutory Applications
There will be a requirement for Planning and Building Warrant Approval. The number of applications for each will be dependant on the preferred option for the Department Decants.

Following the formal submission of a pre-application enquiry to Shetland Islands Council Planning Department, they have confirmed that as the decant accommodation is likely to require more than 100sqm of temporary accommodation, and the recladding works are at a height of more than 4m above ground floor level, both will be subject to the requirement for full Planning Permission.

Following a pre-application consultation with Shetland Islands Council Building Standards, they advised the temporary accommodation will need a Building Warrant but that these works could be considered via the Limited Life Warrant application process (for buildings with a life of less than 5 years). They advised separate warrant applications would be advisable for 1. The enabling works, 2. The temporary decant accommodation and 3. The Recladding works to enable a more efficient approval process.

The correspondence received from both Departments is included in this report's appendices.

SHTM/SHBN Compliance
The existing Gilbert Bain Hospital does not comply with many of the current NHS Technical Standards and guidelines and long term, there is an identified requirement to replace the building with a fully compliant new facility. As such, for the purposes of this Feasibility Study, any temporary spaces will equal or better the space standards currently provided in the Hospital. Any derogations to the HTM Guidelines will require to be agreed by NHS Assure

Environmental Targets & Accreditations
Due to the age of the existing building, the temporary nature of the decant, and the long-term aspiration for a new Hospital, no specific environmental targets have been set for this project.

1.2 Objectives and Key Information
Project Management

Programme
Thomson Gray Project Manager has, in conjunction with the Client and Design Teams, prepared a Project Programme to identify detailed Pre-Construction tasks as well as general allowances for the construction period of the works. GBH Cladding, Master Programme, 25-03-2025, Rev 5 is located within the appendices of this report for reference.

Project Risk Register
Thomson Gray Project Manager has, in conjunction with the Client and Design Team, prepared a Project Risk Register which identifies risks which may impact the Project. Several meetings have taken place to inform the register namely:

- Risk Register Workshop- 27-02-2025
- NHS Programme Board and Risk Management Group- 12-03-2025
- PEP and Risk Register Meeting- 14-03-2025

From these meetings, wherever possible, mitigations have been noted and 'GBH Cladding Risk Register 25-03-2025 Rev 2' is located within the appendices of this report for reference. This register is a live document which will continue to be reviewed and updated as the Project progresses.

Cost Plan
Thomson Gray Cost Consultant has prepared a Stage 1 Cost Plan: Cladding Remedials - Cost Estimate March 25 rev B that should be read in conjunction with this Report and separate reports prepared by the Structural Engineer and Services Engineer. The estimate has been prepared to assess the likely construction costs associated with the emergency repair work associated with the cladding / envelope of the 4 storey and 3 storey buildings on the Gilbert Bain Hospital Campus, Lerwick. A list of assumptions and exclusions are contained within the report but the works are planned to be carried out in phases as it is assumed the hospital will remain functional throughout. Temporary decant facilities and enabling works to facilitate the project have been included in the overall estimate, with allowances for professional fees, internal costs, optimism Bias and Inflation included.

2

Existing Site Information

2.1 Site Context

Site Address
Gilbert Bain Hospital
South Road
Lerwick
ZE1 0TB
Shetland

Site Ownership
The site is wholly owned by the Client, NHS Shetland. The site plan opposite highlights the red line boundary to the site.

The hospital is surrounded by residential dwellings to the west, north west and north east. Cairnfield Rd runs along the south boundary and provides the main access to the site for staff, patients and emergency vehicles.

The main service access to the site is off Gilbertson Road to the North East. South Road runs along the south western boundary of the site with a variety of commercial properties opposite including Lerwick Health Centre (also owned by NHS Shetland).

Site Boundaries
NHS Shetland have provided a legal title plan which identifies the ownership boundaries. There are no known legal entitlements or rights of access across the site that we have been made aware of.

There are HV cables and district heating pipework running below the carpark in the far western part of the site.

Site Access
The main vehicular access to the site is from Cairnfield Road, off South Road. There are 2 access points to the site, with both accessible to Staff and patients, Emergency vehicles use the furthest west access point on Cairnfield Road for A&E Traffic and a one way system operates with site exit closer to the South Road end of Cairnfield Road.

The entrance / exit off Gilbertson Road provides access for staff and patients with a service road running along the rear of the hospital which serves the pharmacy and deliveries courtyard as well as the laundry and plant outbuildings.

Site Surveys
A site wide topographical survey was recently carried out (May 2024) and we are in receipt of this drawing in CAD and PDF format.

There are several below ground services drawings available and depending on the extent of land required for decant accommodation, further below ground investigations may be required.

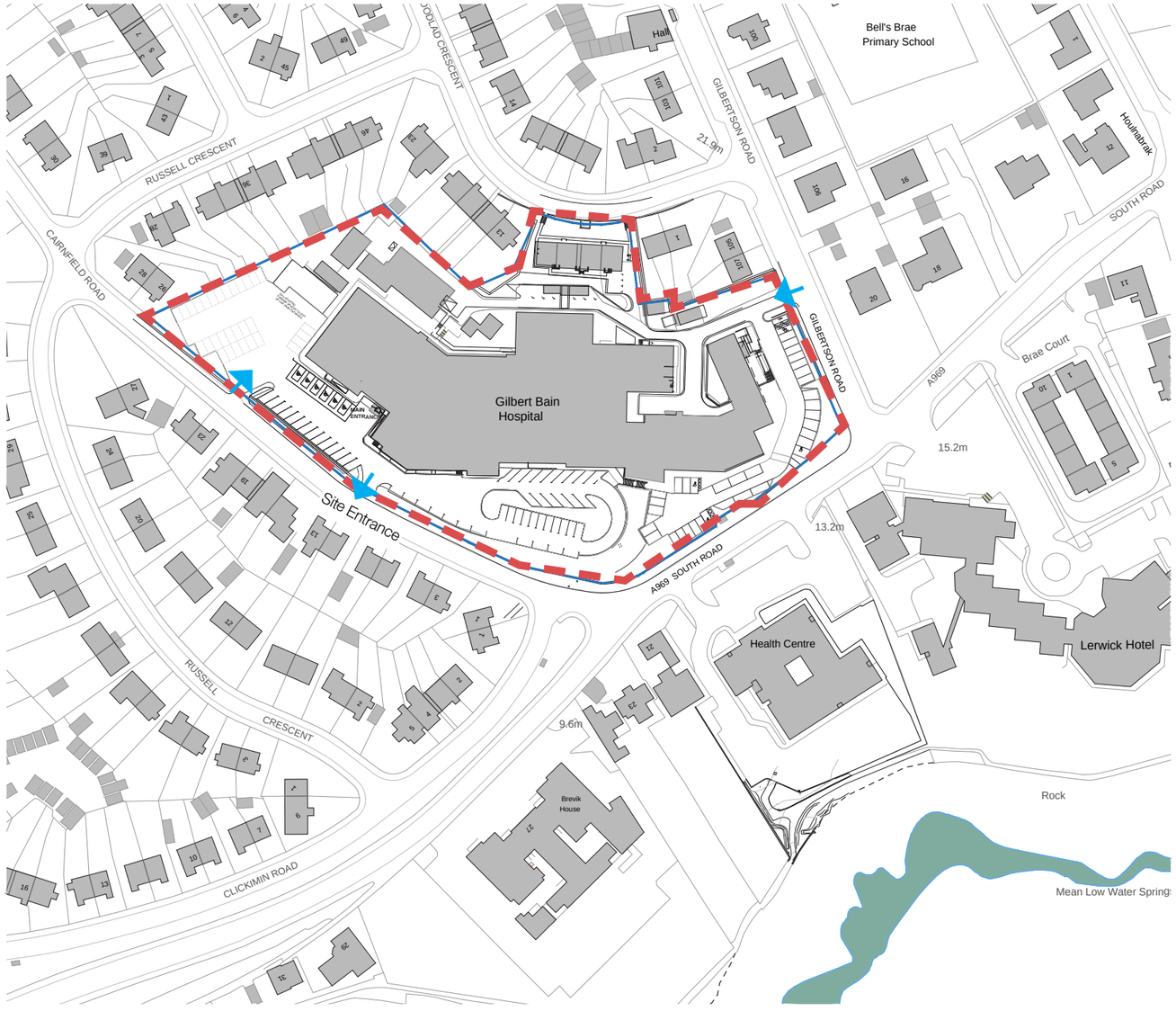
Furthermore a digital survey of the hospital elevations was carried out by others and CAD drawings were provided in May 2024.

The lack of below ground survey information is highlighted as a risk item and moving into Stage 3 we would recommend surveys are commissioned to support the next stages of design; e.g:

- Geo Technical
- Environmental
- Archaeological (if appropriate)

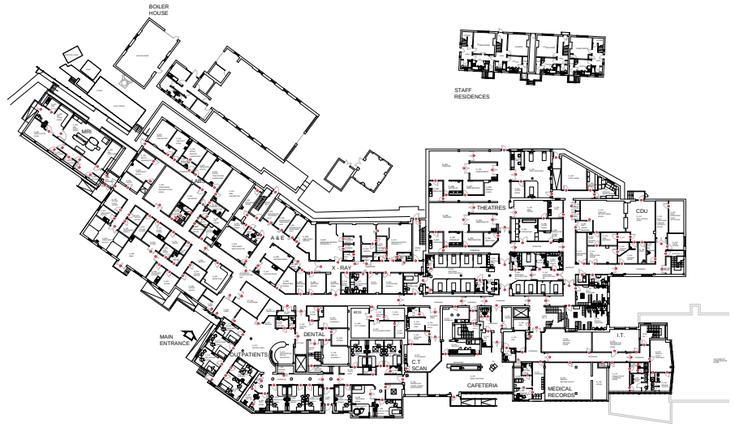
The existing Asbestos Risk register suggests there may be asbestos present in some affected areas. An updated Asbestos survey should also be carried out once the extent of the decant works has been confirmed.

For this stage we have worked from CAD OS information, digital elevations provided by Malcolm Hughes Chartered land surveyors and updated record plans prepared by Threesixty Architecture to consolidate all recent alterations.



2.2 Existing Building Information
Plans

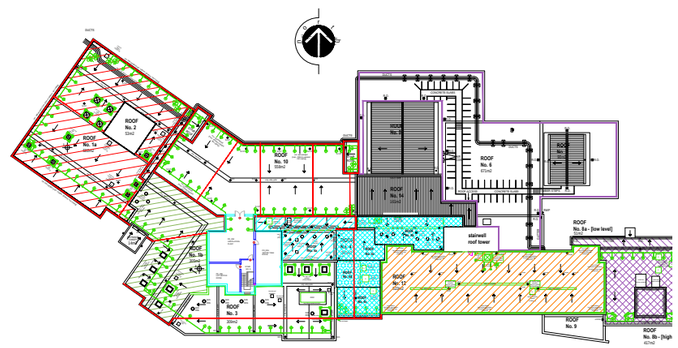
The new Gilbert Bain Hospital was first opened in 1961 comprising the furthest east four storey admin block, the Theatres, with wards 1 and Ronas ward above. The Phase 1 extension was built in 1989 comprising a 4 storey block containing key departments including A&E, Xray, Dental, and the main access corridor at ground floor, with wards located on the first and second floors above, with plant rooms on the top floor all connected to the original building via a two-storey link corridor. In 2001, a ground floor extension was built to wrap around the original Phase 1 building and this accommodates the current Outpatients Department. Most recently in 2023, a single storey extension containing a new MRI Facility was installed at the far western end of the clinics' corridor.



Ground Floor Plan

Second Floor Plan

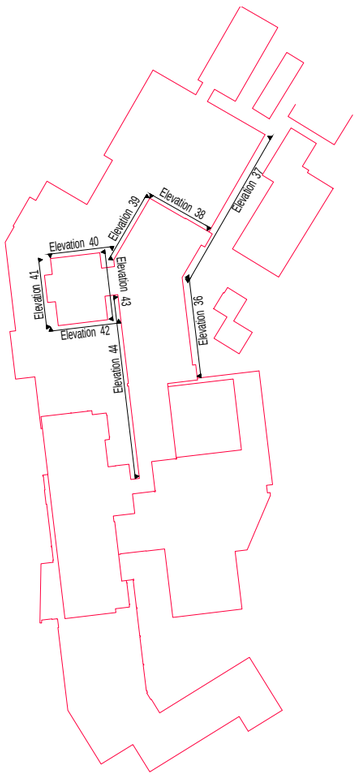
First Floor Plan



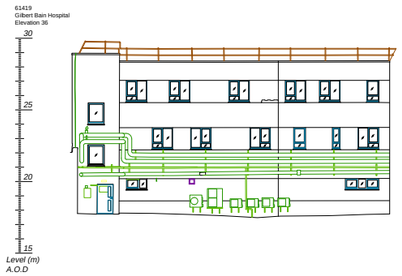
Third Floor Plan

2.2 Existing Building Information
Elevations

Given the way in which the Hospital Campus has developed over the last 65 years, there are 48 elevations forming the entire envelope of the building. Intermittent water ingress around the southern facing elevations of the hospital has been investigated to varying degrees, and despite numerous repairs over the years, including a remedial parapet flashing being installed with successful results at some of the elevations, the continued focus has been on elevations 38 to 44. The focus of this Stage 1 report is therefore on those identified elevations and we have extracted them from a recent digital survey displayed opposite.



Elevation 36



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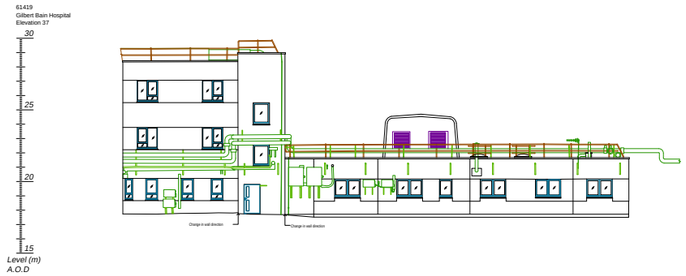
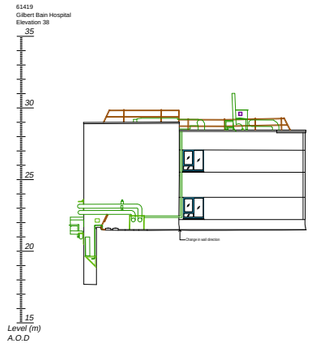
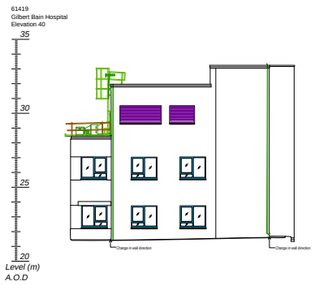


Elevation 38

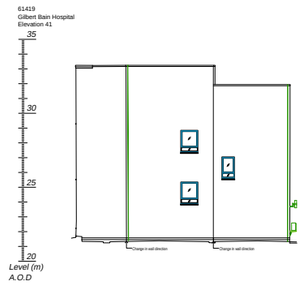


Elevation 39

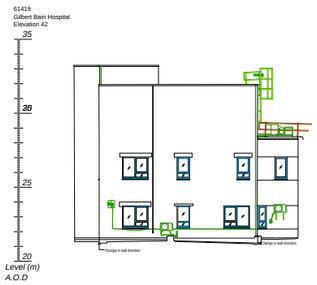
Elevation 40



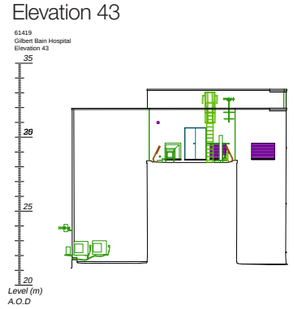
Elevation 41



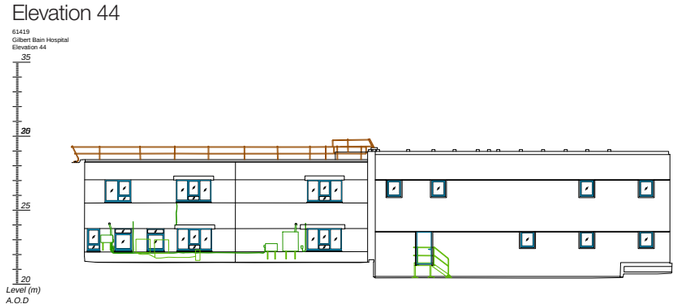
Elevation 42



Elevation 43



Elevation 44



2.3 Site Constraints

Site Location
The hospital site is very constrained with low rise housing backing onto the rear boundaries. Various services outbuildings pepper the rear service access road with pedestrian escape routes threading through these areas. The site falls away from west to east, dropping a storey in height across the site, with split level parking to all available land wrapping around the main building. Blue light vehicluar access is required to be maintained at all times at the front of the hospital.

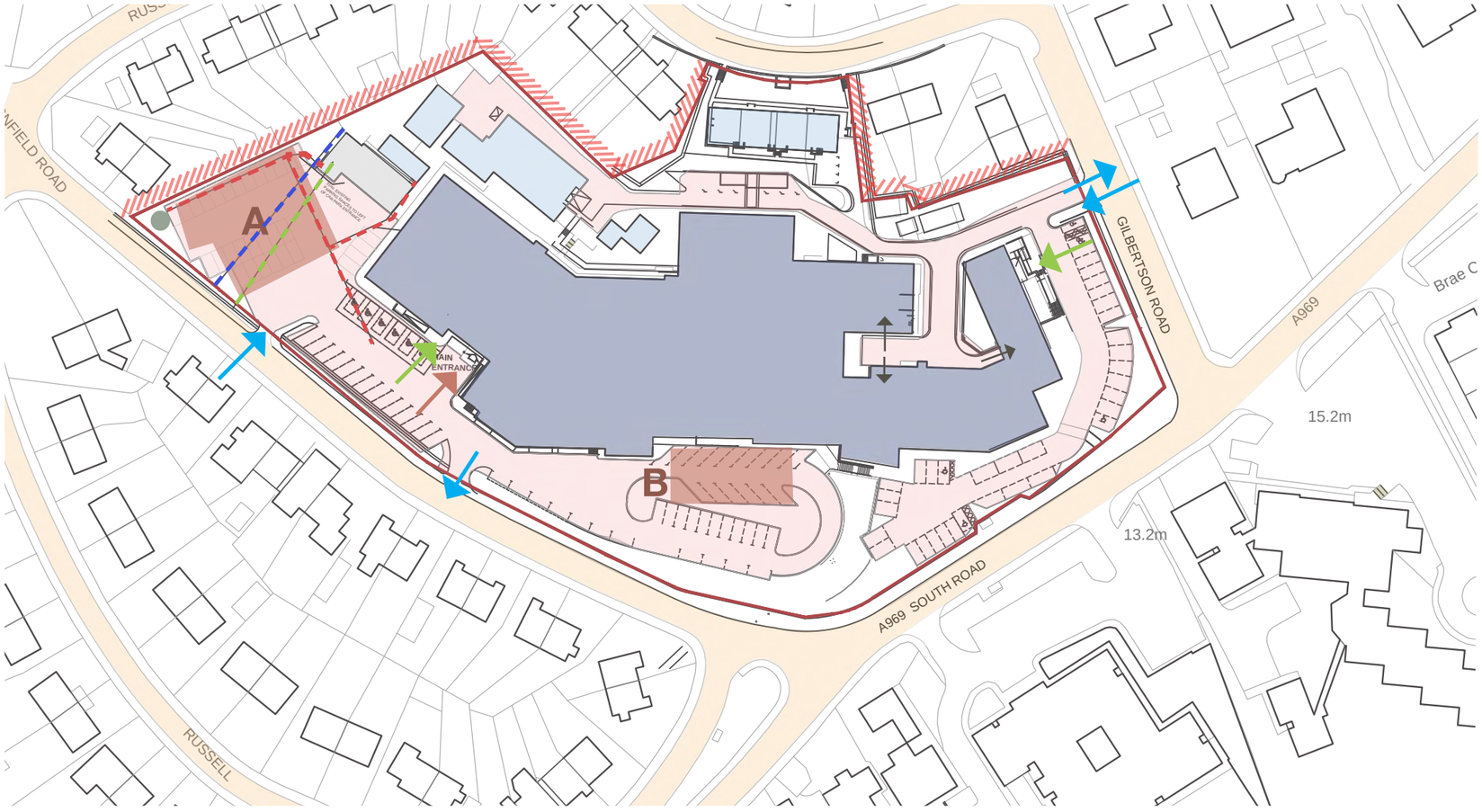
Potential Decant Locations
Two sites have been identified as potential decant zones, both of which impact on parking provisions. Site A - directly in front of the recent MRI extension has potential to link into the main building via the MRI link corridor. Site B - previously used for the Mobile Theatre Unit, this zone could provide space for a mobile stand alone clinical service such as Renal or Chemo, or corridor compound.

Site Entrances
As noted previously there are 2 existing access points to the site, and 1 exit only point. The one way vehicular access and route around the upper car park will be maintained throughout.

All 3 points must remain available throughout the duration of the works with emergency vehicles able to drop off / pick up at the main entrance.

Parking
Visitor / Staff parking is very limited on the site and will be reduced further during the works for the contractor compound and decant accommodation. No additional parking can be provided on site.

Existing Services
The land identified as a buildable zone is known to have various underground services from the rear outbuildings to the sub station and beyond to Cairnfield Road. This includes underground HV cables and District Heating pipework. The locations of these will need clarified as a preferred site layout and building footprint is identified.



3 Initial Project Brief

3.1 Extent of Works
Building Fabric

NHS Shetland became concerned with defects in the east elevation wall of the 4 storey tower element of the main building at the Gilbert Bain Hospital following years of intermittent water ingress which had intensified in February 2024 following a prolonged period of south easterly gales accompanied by heavy rain. Mott MacDonald was instructed to inspect the walls of the Phase 1 construction in March 2024 and to inspect cores taken in the outer leaf blockwork between September and October 2024. Their findings are recorded in their Condition Survey Report dated December 2024 which identified various degrees of remedial work required. Mott MacDonald's report has led to the commissioning of this Stage 1 Study.

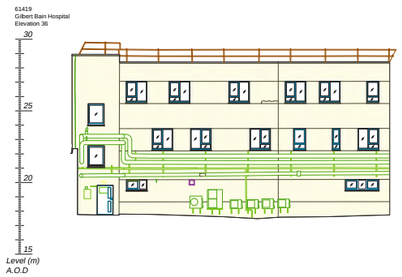
Subsequent to the initial condition report, and with the recent installation of scaffold around these elevations, further investigations can be commissioned, to develop a detailed scope of works, but for now 2no potential options have been identified:

Option 1
Elevations 36 and 37 require some areas of bossed render to be identified and replaced.

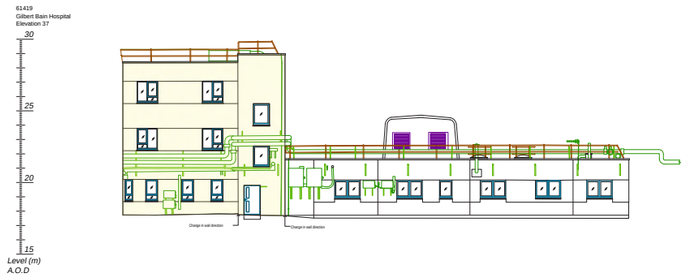
Elevations 38 and 39 Remedial works to prevent water ingress should be undertaken as required including provision of new lintels, cills, movement joints and render stop beads. (extent to be confirmed following further Structural Engineer review)

Elevations 40 to 44 require the complete dismantling of the outer leaf of the cavity walls and removal of existing windows. Replacement cladding spanning between the reinforced concrete columns with new insulation is to be installed together with new windows throughout.

Elevation 36

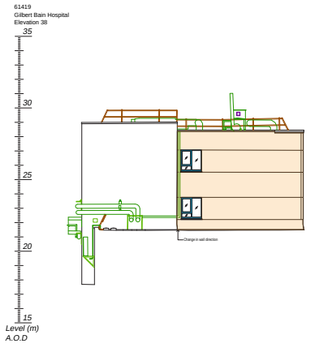


Elevation 37



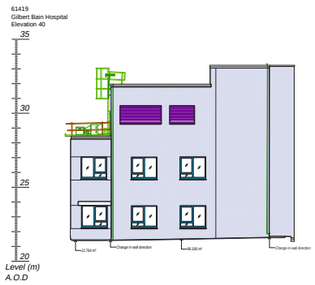
EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

Elevation 38



Elevation 39

Elevation 40



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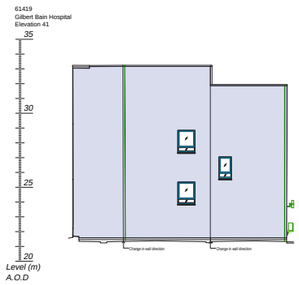

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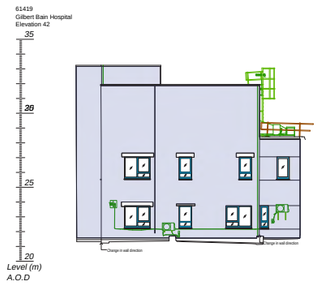
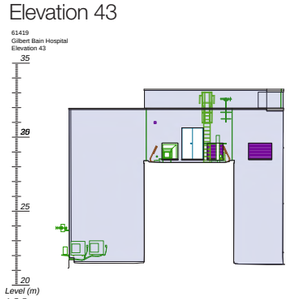
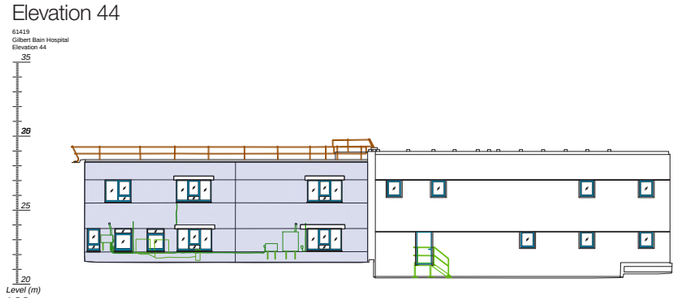


Elevation 43



Elevation 44



3.1 Extent of Works
Building Fabric

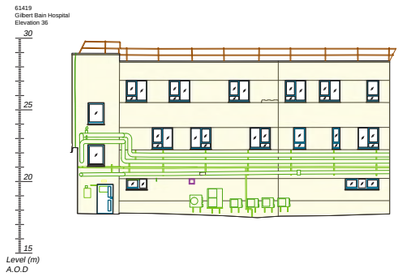
Option 2
Elevations 36 and 37 require some areas of bossed render to be identified and replaced.

Elevations 38 and 39 require all existing render to be removed from the outer leaf of blockwork, and a new rainscreen cladding system is to be installed, spanning between reinforced columns with replacement of cills and lintels throughout.

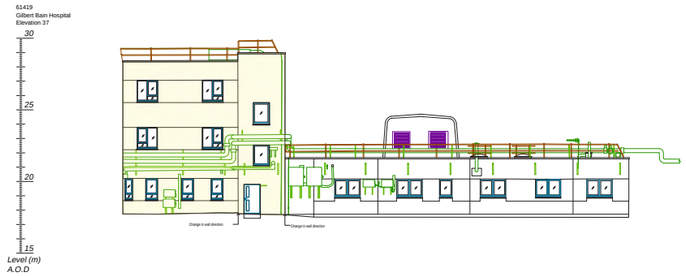
Elevations 40 to 44 require the complete dismantling of the outer leaf of the cavity walls and removal of existing windows. Replacement cladding spanning between the reinforced concrete columns with new insulation is to be installed together with new windows throughout.

Whether we proceed with Option 1 or 2 for the external elevational repairs, both options will have a significant impact on the associated internal spaces. Scaffolding on the roof of the Outpatients building has already been erected to shroud the 4 storey Phase 1 building. Internal propping to the inner leaf blockwork walls will be required for the period when the existing inner leaf alone is exposed to wind loading. Because of this, affected areas have been identified and this Stage 1 Report has also had to consider how the identified external repairs can be implemented whilst maintaining critical healthcare services throughout the duration of the works.

Elevation 36

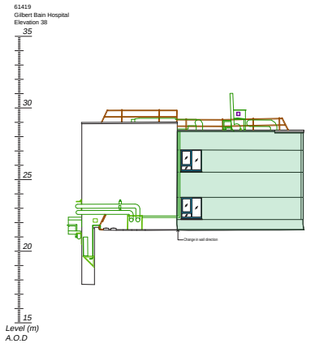


Elevation 37



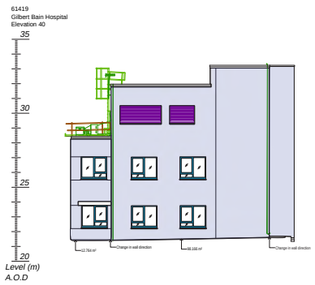
EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

Elevation 38



Elevation 39

Elevation 40



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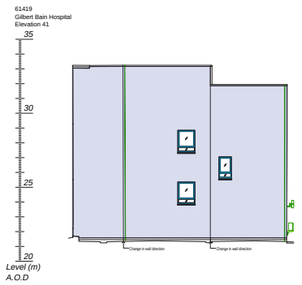
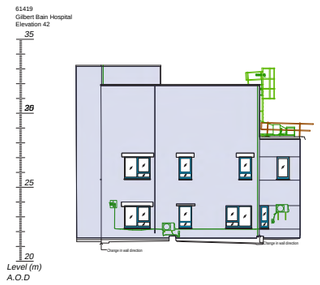


Elevation 42



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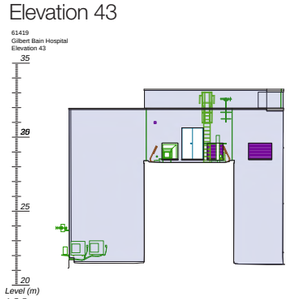
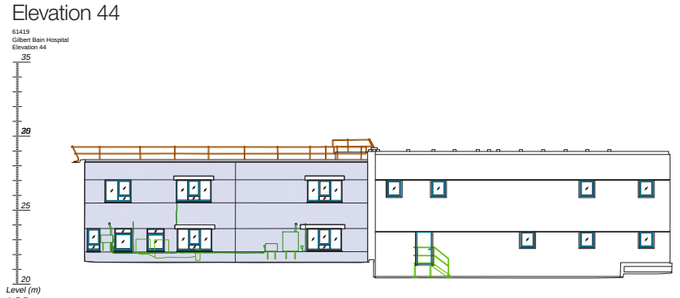


Elevation 44



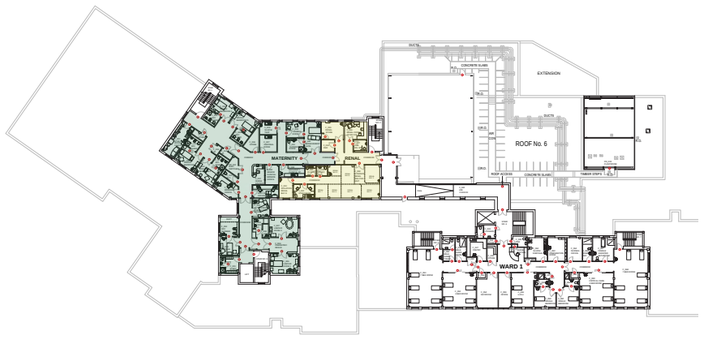
3.2 Extent of Works
Maintaining Services

The 4 storey tower is a part of the 1960s Phase 1 construction and includes plant rooms at third floor, a General Medical Ward 3 on the second floor and the Maternity and Renal departments at first floor. At ground floor the newer 1980s Outpatients Department was built around the original building, which includes the Dental Department, ECG and the main corridor of the hospital providing access to every department via the main lift and stair core.

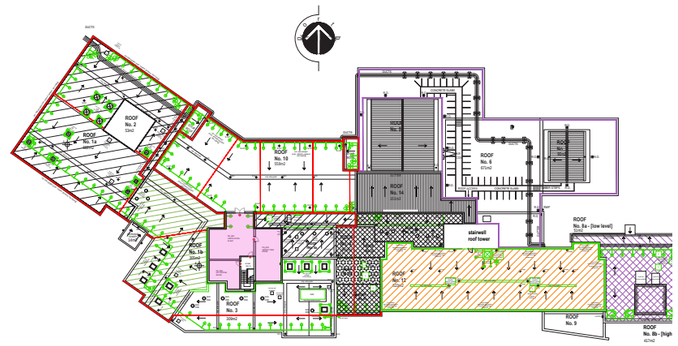
Following several workshops with Clinical Stakeholders, the impact of the external repairs has been deemed too obtrusive to allow them to deliver continuous clinical care in a safe, warm, quiet and clean environment for the duration of the works. Therefore as a minimum, alternative temporary accommodation must be provided for the directly impacted departments located on first floor (Maternity and Renal) and second floor (General Medical Ward 3). In addition, there are concerns that with lengthy exposure of the internal block face of Elevations 40-44, and poorly installed cavity trays at the junction with the Ground Floor roof, water ingress could increase to ground floor departments including Outpatients, Dental and ECG and the main Hospital access corridor. If this were to materialise, these departments may also need to be temporarily displaced. The potential impacted areas are highlighted on the plans opposite.

Ground Floor Plan

Second Floor Plan



First Floor Plan



Third Floor Plan

3.3 Department Decant

Through dialogue with Clinical Stakeholders, some spaces in other locations in the Hospital have been identified as potentially suitable for decant, if this were to ensure co-localities / dependencies of departments can be maintained, namely Chemotherapy and Clinical Skills on the second floor, closed beds on Ward 1 on the first floor and SDEC on the ground floor. The diagram opposite, identifies all potential departments considered for decant within this report and further details can be found in Section 5 Affected Areas.

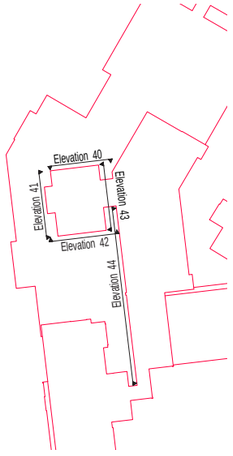
4 Cladding Study

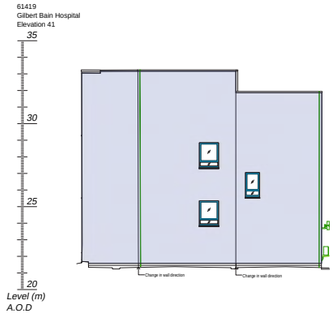
4.1 Identified Repairs
Elevations 40-44

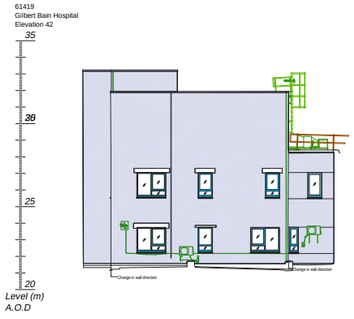
In Mott MacDonald's condition report Elevations 40-44 have been identified as suffering outward displacement, with significant cracking at the wall head which has raised concerns over the stability of the blockwork. Wall ties are loose at points and the tested mortar mix is weak and friable over most of the 4 storey outer leaf walls above ground floor. As such, to eliminate the risk of progressive displacement and instability, the outer leaf of blockwork to Elevations 40-44 must be dismantled and replaced with a lightweight insulated cladding system. Due to the condition of the existing inner leaf, we have been advised this cladding cannot be fixed into the inner leaf blockwork but instead must span between the existing concrete columns. This will require the installation of secondary steelwork to support the new cladding rails.

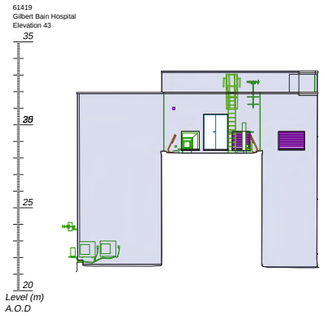
Where the blockwork outer leaf is removed, secondary horizontal steelwork and non-combustible mineral wool insulation slabs are to be installed with a min 25mm continuous cavity between this and the new rainscreen cladding.

The total area of coverage required is 638.92sqm









ELEVATION AREAS	
Elevation 40	130.28m²
Elevation 41	155.73m²
Elevation 42	136.52m²
Elevation 43	111.77m²
Elevation 44	104.62m²
TOTAL	638.92m²

EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

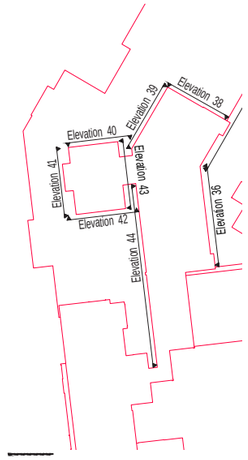
4.1 Identified Repairs
Elevations 38-39

In Mott MacDonald's condition report Elevations 38-39 are not showing the same signs of outward displacement, but water ingress is still an issue. Whilst the mortar to the outer leaf of these walls is considered adequate, repairs should be carried out to any defective lintels, cills, movement joints and render beads. The exact extent of these repairs still needs to be quantified, so for now two options have been highlighted.

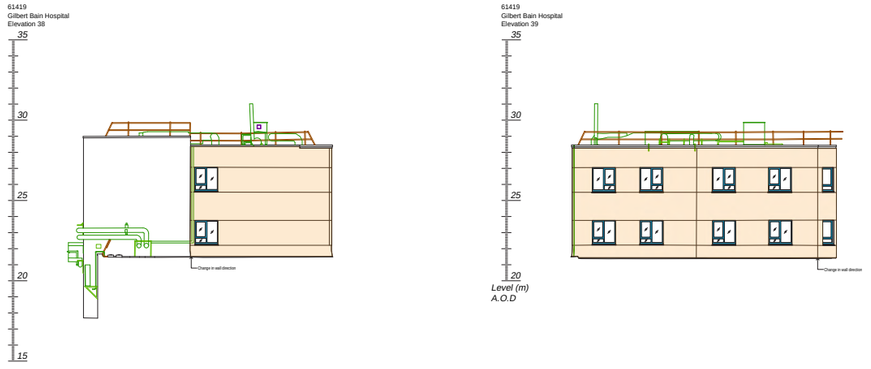
Option 1 – retain the external render and carry out repairs as noted above.

Option 2 – carefully remove all external render, retain the outer leaf of blockwork and install a rainscreen cladding system to match Elevations 40-44 (minus new insulation slabs).

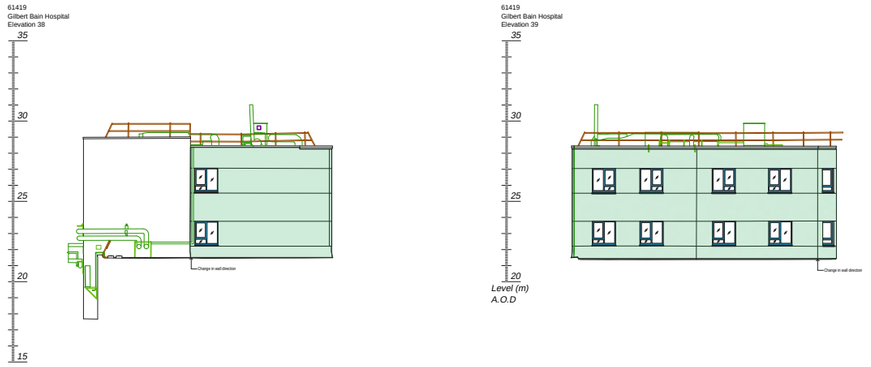
The total area of coverage required is 147.61sqm



Option 1



Option 2



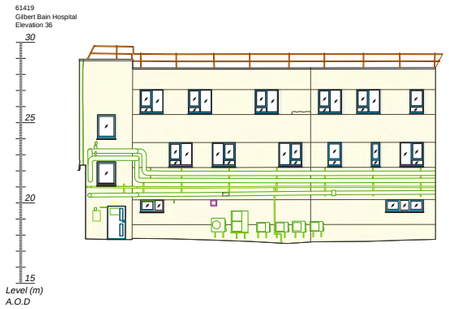
ELEVATION AREAS	
Elevation 36 -	204.13m²
Elevation 37	102.31m²
TOTAL	306.44m²
Elevation 38	55.69m²
Elevation 39	91.92m²
TOTAL	147.61m²

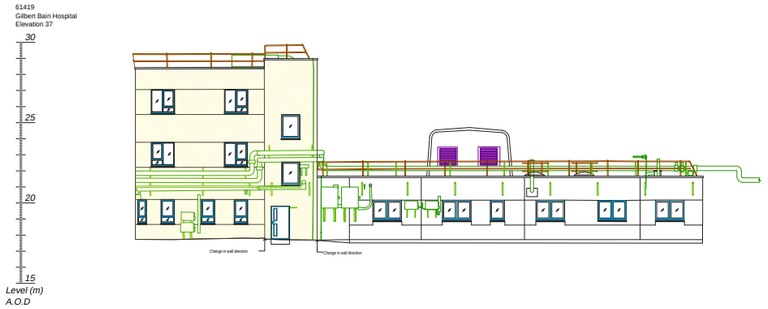
EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

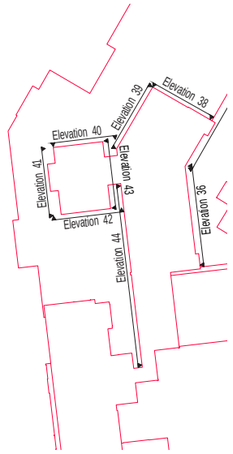
4.1 Identified Repairs
Elevations 36-37

In Mott MacDonald's condition report Elevations 36-37 are not affected by the water ingress issues highlighted elsewhere, nor is there any displacement or mortar concerns. As such it is proposed to identify any areas of bossed render which could present a hazard of falling onto the path below, carefully remove and replace with new.

The total area of coverage required is 306.44sqm







ELEVATION AREAS	
Elevation 36	204.13m²
Elevation 37	102.31m²
TOTAL	306.44m²
Elevation 38	55.69m²
Elevation 39	91.92m²
TOTAL	147.61m²

EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

4.2 Cladding Comparisons

Having identified the extent of cladding works to Elevations 36 to 44, Threesixty Architecture then carried out a comparison of several different types of cladding systems including aluminium rainscreen, anodised aluminium panels, fibre cement boards and mineral fibre insulated panels. Key factors in our consideration of each system focused on:

- Fire Rating
- Exposure Classification
- Fully certified specialist design and specification service
- Lead-in times
- Delivery timescales
- Colour Range

The table opposite summarises each cladding system and how it performs across each of these factors.

The only system which can achieve A1 combustible fire rating, a finish suitable for C5 exposure classification and a fully specialist contractor designed and certified system is the Valcan Vitradual Rainscreen Cladding system. Furthermore, lead-in times for both standard and non standard colours were more favourable with the Valcan system. Delivery timescales across all systems ranged from 2-4 weeks for Shetland. Whilst the area of new cladding required at the Gilbert Bain is over 630sqm (Option1) and potentially as much as 778sqm (Option 2) and therefore exceeding minimum order quantities for non-standard colours, Valcan was the only system that could provide standard colour range panels to site within 4-6 weeks.

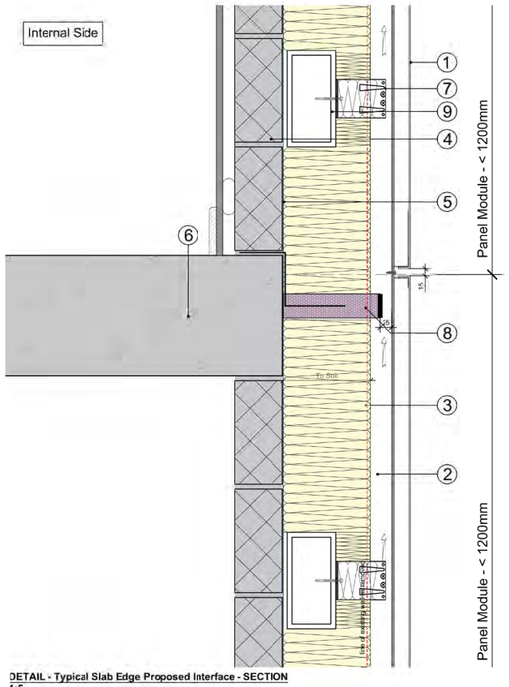
In conclusion, this Stage 1 Report is based on the Valcan Vitradual system (from the 14 standard colour range) for costing and programme purposes.

Cladding System	Description	Reference Image	Finish applicable for C5 conditions	Leading Times In Weeks*	Full System Certified/ accredited	Standard Colour Range	Pros/Cons
Valcan Vitradual	3mm Aluminium Non-combustible A1-rated rainscreen façade panel		PVDF KYNAR 500 or FEVE	Standard Colours: 1 to 2 weeks. Non-standard Colours: 8 weeks. Allow additional 2-4 weeks for delivery to Shetland	Yes	14 Standard Colours in express range	**Pros:** • Full System. Incl. SER calculations and design • C5 as standard • Non-Combustible • Can be recycled at end of life **Cons:**
Taylor Maxwell Anvil	1.5 to 3mm Aluminium Panel A2 rated		Anodized	8-10 Standard colours Add 2 Weeks for delivery to Shetland	Yes	15 Standard Anodized Colours	**Pros:** • Full System. Incl. SER calculations and design • Ease of installation • Non-Combustible **Cons:** • Risk of high Cost for anodizing for C5
Swiss Pearl Fibre Cement	A2 Fibre Cement Board		Fibre-cement	6-8 Weeks for standard colours, 8mm Panel Add 2-4 Weeks for delivery to Shetland	No	9 to 5 Standard Colours Depending on panel finish	**Pros:** • Ease of installation • Non-Combustible • Enhanced sound insulation • Made from recycled material **Cons:** • Not-Full system, third party manufacturer input required
Trimo Insulated Panel	Mineral Fibre Insulated Panel		Metal Composite Panel	7- 9 Week for standard product Add 2 weeks for delivery to Shetland	No	11 Standard Colors	**Pros:** • PVDF finish (recently completed in coastal conditions in Aberdeen without additional coating, varies from location to location) • Composite Panel including Insulation. Long warranties can be provided • Stackable self-supporting interlocking • Non-Combustible and provides fire rating up to 240 mins **Cons:** • Weight may be an issue onto existing

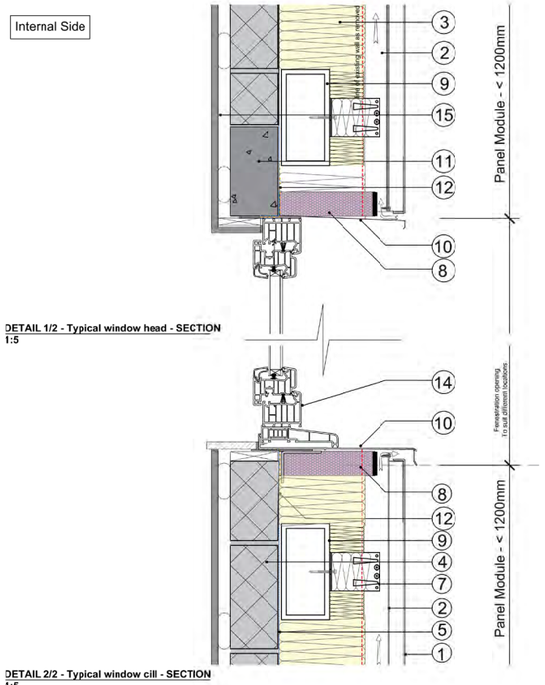
4.3 Cladding Typical Details
Elevation 40-44

Material Reference:

1. 3mm Aluminium Cladding Cassette A1 Non-Combustible - Valcan Vitradual or equal - Secret fix. 15mm joints Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete slab retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel member. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New horizontal structural support, galvanised hot rolled to S.E design. Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
12. EPDM membrane overlap over breather membrane to cladding sub-contractor design
13. 60/60 FR Vertical full fill continuous rainscreen firestopping/cavity barrier at corners, around openings and at compartment lines. Max. cavity size 20 mt . Rockwool Firestop SP or equal
14. New UPVC Window, frame colour TBC. Windows to meet statutory U-Value as per table
15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
16. External leaf to be retained, render to be stripped, surface to be made good to accept new cladding
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works

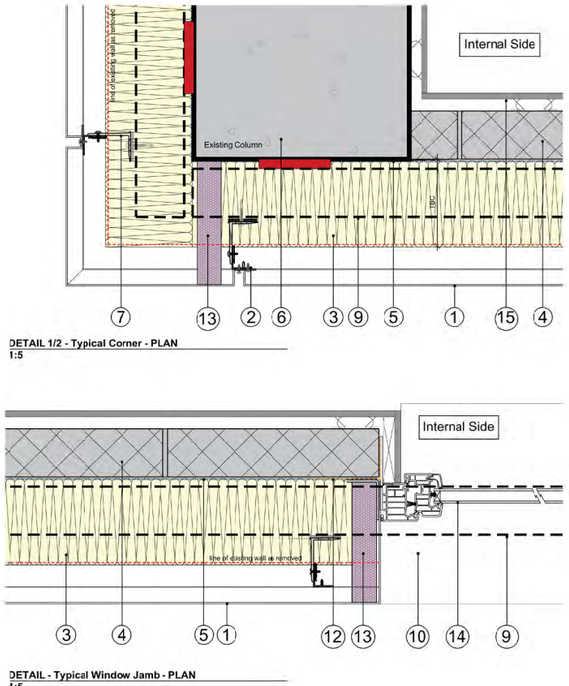


DETAIL - Typical Slab Edge Proposed Interface - SECTION
1:5



DETAIL 1/2 - Typical window head - SECTION
1:5

DETAIL 2/2 - Typical window cill - SECTION
1:5



DETAIL 1/2 - Typical Corner - PLAN
1:5

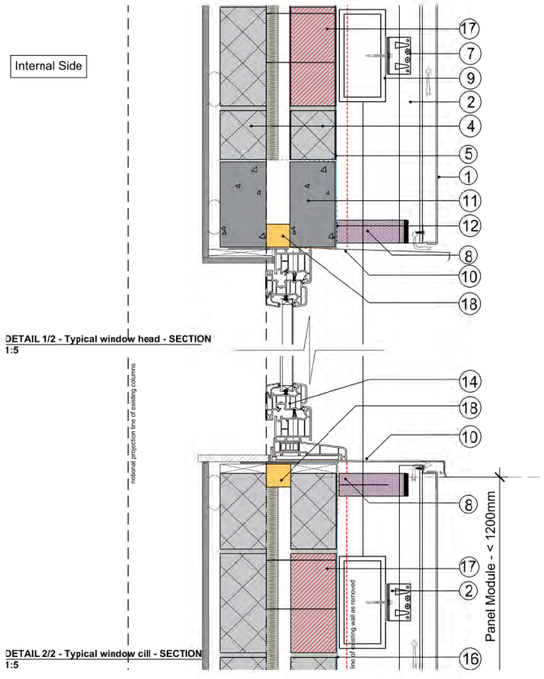
DETAIL - Typical Window Jamb - PLAN
1:5

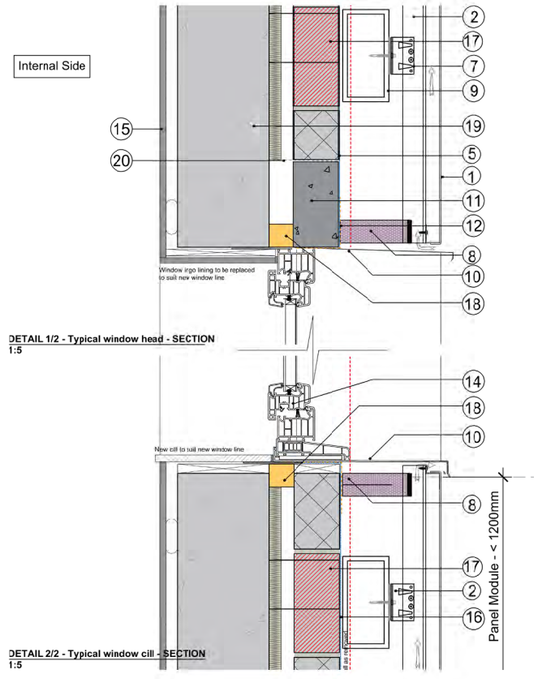
Indicative typical wall build-up details have been prepared for the two scenarios noted in Section 4.1 of this report, for high level costing purposes. These will be developed over the coming months through dialogue with the Structural Engineer and Valcan's specialist technical advisers.

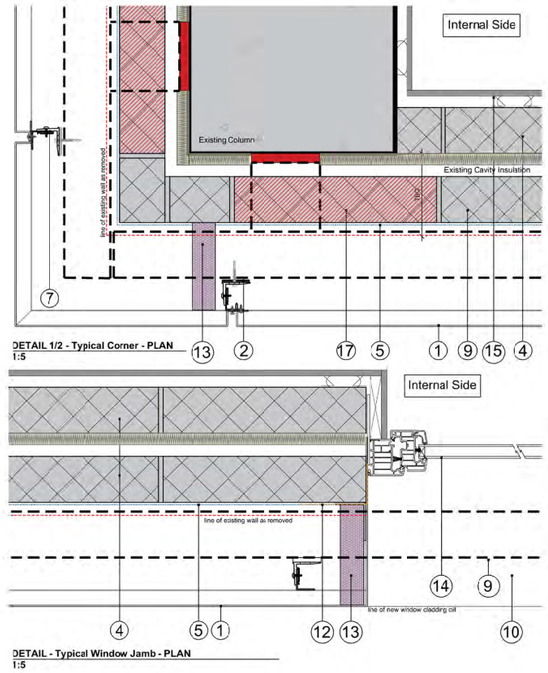
4.3 Cladding Typical Details
Elevation 38-39 (Option 2)

Material Reference:

1. 3mm Aluminium Cladding Cassette A1 Non-Combustible - Valcan Vitradual or equal - Secret fix, 15mm joints Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete slab retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel member. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New horizontal structural support, galvanised hot rolled to S.E design. Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
12. EPDM membrane overlap over breather membrane to cladding sub-contractor design
13. 60/60 FR Vertical full fill continuous rainscreen firestopping/cavity barrier at corners, around openings and at compartment lines. Max. cavity size 20 mt . Rockwool Firestop SP or equal
14. New UPVC Window, frame colour TBC. Windows to meet statutory U-Value as per table
15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
16. External leaf to be retained, render to be stripped, surface to be made good to accept new cladding
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works







4.4 Structural Considerations

150 x 75 x 18 PFC Fixings to RC columns/walls 1no Hilti HIT HY200 HAS-U M16 with 125mm embedment. 300 x 90 x 41 PFC Fixings to RC columns 2no Hilti HIT HY200 HAS-U M20 with 170mm embedment. Intermediate fixings to blockwork outer leaf walls along channels Hilti HIT HY270 HAS-U M12 with 80mm embedment at 900mm centres.

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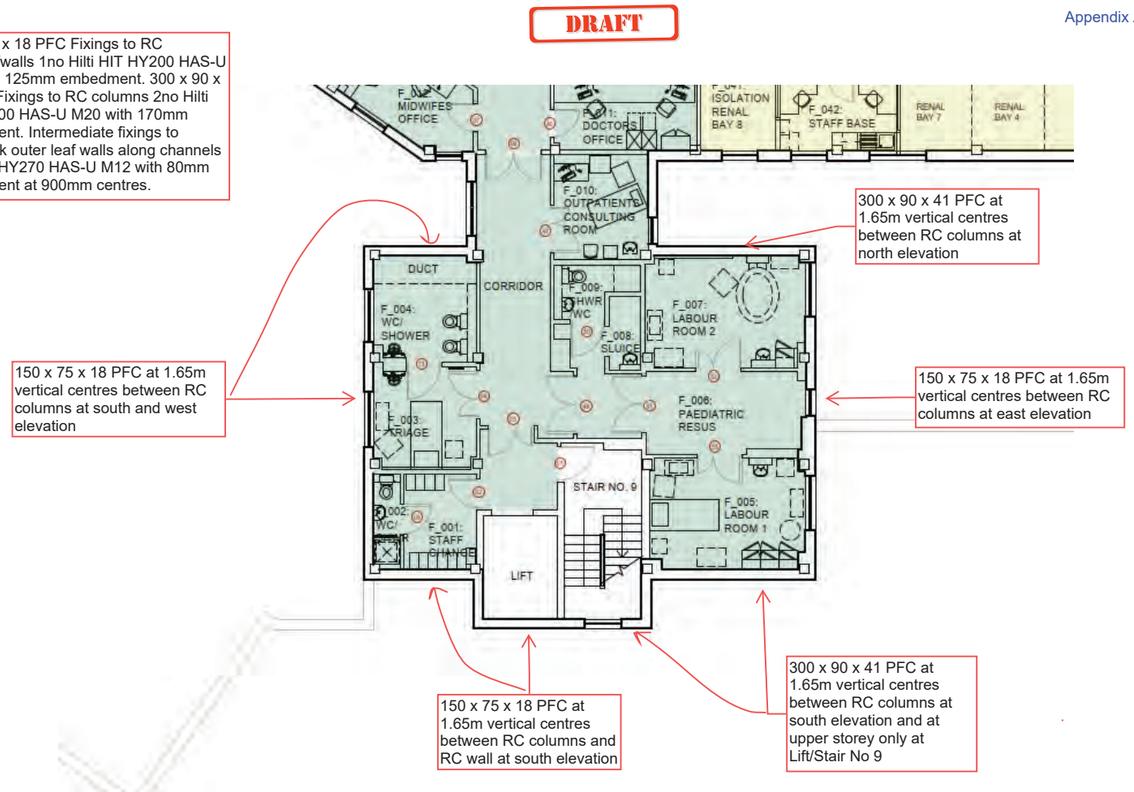
Appendix A



In addition to the provision of their Report on Condition of External Façades dated December 2024, Mott MacDonald are in the process of carrying out the following further studies:

- Monitoring Plan for Facades
- Further Inspection of Facades 38/39
- Temporary internal propping of Facades 40-44

Monitoring plan for facades

With the scaffold now in place around the Phase 1 elevations, it has been agreed that a monitoring plan needs to be implemented until such times that the outer leaves are dismantled, to ensure the integrity of the elevations doesn't deteriorate further during this time. Mott MacDonald will establish a baseline with a survey for cracking and walls out of plumb in April 2025. Visual inspections and checks of tell tales in the Plant Room would then be undertaken in June 2025 and on a three-monthly basis thereafter. They will be checking for any increase in cracking extent or widths; any increase in out of plumb measurements and any signs of bulging, in addition to movement in the tell tales. Furthermore, after any severe weather events of prolonged wind gusts greater than 70mph or reports of any significant water ingress the same monitoring inspections would be carried out at that time.

Temporary strapping to Facades 40-44

To further protect the unstable facades from collapse during the works, the diagram opposite gives an indication of the potential external strapping Mott MacDonald proposes to install on the outer face of these elevations during the summer of 2025, the detail of which will be developed in the coming weeks.

Further inspections of Facades 38/39

Following Robertson Group's site visit in late February, they queried whether the proposed work required to elevations 38 and 39 proposed in Mott MacDonald's Condition Report may need to be increased. As such, two options for these elevations are being considered. Option 1 will focus on remedial works only, to prevent water ingress based on retaining the existing external render finish with the provision of some new lintels, cills, movement joints and render stop beads. Option 2 assumes the extent of repairs is more extensive and would therefore benefit from the complete removal of the existing external render, making good the external block leaves to take a new rainscreen cladding system spanning between the reinforced columns with replacement of cills and lintels throughout.

Mott MacDonald carried out a more detailed inspection of these elevations on Friday 21st March and will produce a report confirming the number of lintels and cills that require to be replaced in due course. This will inform the decision on whether Option 1 or Option 2 is progressed.

Temporary internal propping of Facades 40 – 44

Where the external blockwork leaves require to be dismantled, Internal propping to the inner leaf blockwork walls will be required for the period when the existing inner leaf alone is exposed to wind loading. Mott MacDonald are currently reviewing the strategy for this with Roberston Group and anticipate temporary wind posts should be installed at regular centres throughout the internal face of the inner leaves across elevations 40 – 44. These supports would remain in place for the duration of the cladding works, to be removed only when the façade replacements are complete. Mott MacDonald have produced draft drawings indicating likely positions and numbers of supports, however, further detailed consideration will be necessary as the design develops, to refine wind loadings for each elevation and for the interface with openings and support at the top storey steelwork.

The positions or all internal propping shall be coordinated with existing M&E services, such that modification to existing services is minimised as far as practicable in order to minimise operational disruption to the relevant departments.

Refer Mott MacDonald's drawings in Appendix 7.5 for details of the proposal to be developed

4.5 Mechanical & Electrical Considerations

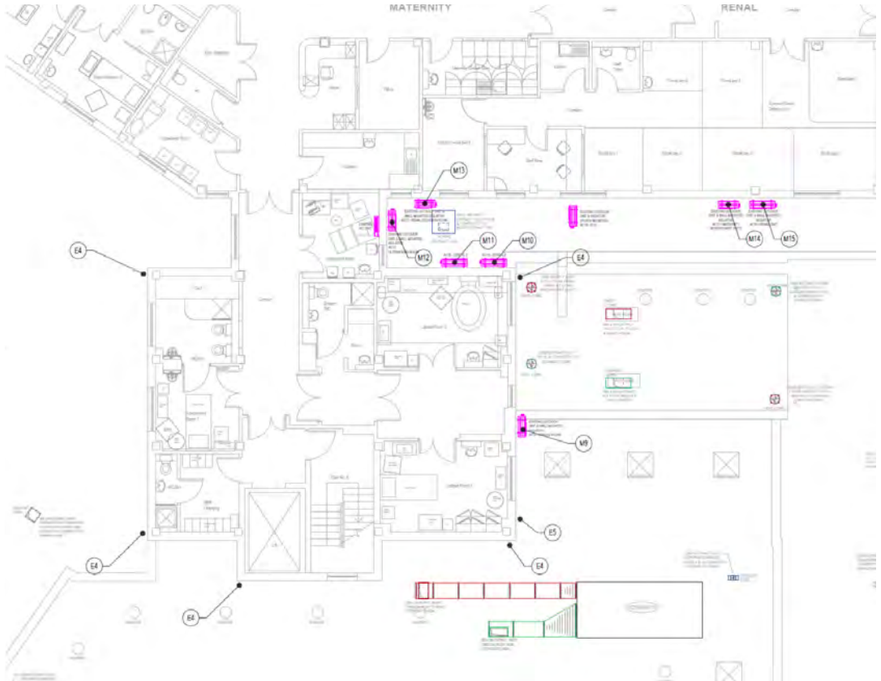
This section provides a high level summary of the M&E services that are likely to be affected by the proposed installation of new external cladding. The following drawings identify the approximate location and type of M&E service which will interact with the removal of the existing outer blockwork leaf or installation of the new cladding, i.e. they will either connect to or pass through the building structure. All mechanical services are designated using an “M” reference, e.g. M1, M2, etc. All electrical services are designated using an “E” reference, e.g. E1, E2, etc.

Drawing No.	**Drawing Description**
790 (5-) ME200 Penetrations	First Floor, Maternity & Renal Unit, M&E Service
790 (5-) ME400	Third Floor, Plantroom, M&E Service Penetrations

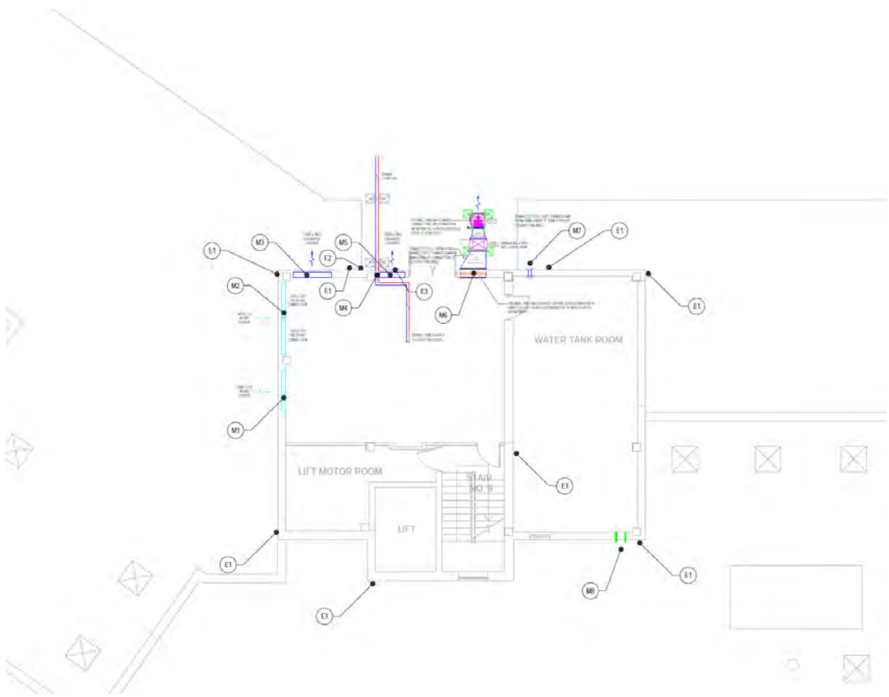
The service references on the drawings correspond with the list of services below from the third floor to first floor level (highest M&E services to lowest).

Reference	Floor Level	Service Description
M1	Third Floor	AHU 10 Fresh air intake louvre
M2	Third Floor	AHU 1 & 2 Fresh Air Intake Louvre
M3	Third Floor	AHU 1 Exhaust Louvre
M4	Third Floor	20mm Flow & Return LTHW Pipes serving RCU AHU 1
M5	Third Floor	AHU 2 Exhaust Louvre
M6	Third Floor	AHU 2 Exhaust Louvre
M7	Third Floor	Water Tank Room Exhaust Fan
M8	Third Floor	Water Tank Overflow Warning Pipes
E1	Third Floor	Lightning Protection tape (multiple locations)
E2	Third Floor	TV Aerial Installation
E3	Third Floor	Cable tray installation
M9	First Floor (Roof)	A/C Heat Pump Outdoor unit (Dental Store)
M10	First Floor (Roof)	A/C Heat Pump Outdoor unit (Dental Suite 1)
M11	First Floor (Roof)	A/C Heat Pump Outdoor unit (Dental Suite 2)
M12	First Floor (Roof)	A/C Heat Pump Outdoor unit (Maternity Ultrasound Room)
M13	First Floor (Roof)	A/C Heat Pump Outdoor unit (Renal Unit isolation room)
M14	First Floor (Roof)	A/C Heat Pump Outdoor unit (Maternity Bereavement Suite)
M15	First Floor (Roof)	A/C Heat Pump Outdoor unit (Renal Unit)
E4	First Floor (Roof)	Lightning Protection tape (multiple locations)
E5	First Floor (Roof)	TV Aerial Installation

For a more detailed assessment of the impact to the M&E services, please refer to separate Callidus Design preliminary report titled 'Proposed External Cladding Installation - Interface with M&E Services' Revision B dated 19th March 2025



FIRST FLOOR: Maternity and Renal



THIRD FLOOR: Plantroom

4.6 Advising Contractor Considerations

Robertson Construction was asked by Hub North, to join the team for this Stage 1 report, in order to impart their construction knowledge for such a complex project.
They have been assisting NHS Shetland, Thomson Gray and the design team to develop proposals for the façade works at the Gilbert Bain Hospital focussing on programme, risk, buildability considerations, site logistics and estimating Prelims costs for the project.
A site visit was undertaken on 18/02/25 to understand the site constraints and assess the impact of the proposed works on the live hospital.

Delivery Considerations: The impact of the façade works on the existing hospital accommodation was assessed and to ensure best continuity of clinical services, it has been concluded that the Maternity dept, Renal zone and Ward 3 will have to be fully vacated during the works. Rooms within these departments on Façade 36 could be used for non-patient functions during the construction period but will still be affected by noise and cold air, which limits the use of these spaces.

Furthermore, when removing the outer leaf of blockwork to facades 40-44, the existing cavity tray at the flat roof of the Outpatients Department has shown to be ineffective at stopping water entering the cavity and reaching the ground floor accommodation. Maintaining a fully functioning Outpatients department in its current location is critical for NHS Shetland during the works and reducing the risk of water ingress to the ground floor will be an important consideration as the works progress on site. The down takings methodology and replacement cladding sequence has been developed to minimise the risk of water ingress and is essential that some form of effective cavity tray/seal is installed as sections of the façade blockwork are removed. Suitable cavity tray products are being assessed and it is hoped a solution can be developed in the coming weeks. Water ingress at the ground floor Outpatients Dept. will remain a risk during severe weather and the effectiveness of the mitigation strategy will need to be carefully monitored during the works.

Whilst generally existing services equipment can be removed and relocated elsewhere during the recladding works and afterwards, the district heating pipes which run above the ground floor windows on Facades 36 and 37 make it impossible to address any render issues behind these services. It is currently unclear whether the render behind these pipes is bossed, so for now the assumption has been made to retain the horizontal band of render behind the pipes and this will require further investigation at Stage 2.

Following inspection of the render on Façade 39, Roberston Construction believe it will all need to be removed. This has led to the inclusion of two options for Facades 38 and 39, and again, a decision on how these elevations are treated will be taken during Stage 2.

Logistics: The area of hospital car park (Location B) on the plan opposite has been identified for the contractor office, welfare and storage during the work. This zone will provide access to the façade workfaces via a temporary stair tower from car park level to the flat roof of the Outpatients Department. Any temporary accommodation required to maintain clinical services will need to be connected to the existing link corridor of the MRI suite. A timber framed, flat roofed, temporary corridor with hygienic internal finishes is proposed to serve as a suitable patient and staff route between the decanted spaces and the main GBH ground floor departments. A more detailed logistics plan can be found in the contractor's Summary report.

Programme: Robertson Construction have prepared a draft Construction Programme which is located in appendix 7.2 of this Stage 1 report. They have worked with Thomson Gray to agree the logic, sequence and durations identified to achieve a site start date in February 2026. As part of this exercise, they have liaised with a cladding subcontractor to understand the productivity outputs, weather risks and how the works can be sequenced to minimise water ingress.

The overall duration for the façade works has been assessed at 39 weeks, commencing 23/02/26 and completing 27/11/26. A further 11 weeks of activities have been identified to reinstate services, test and commission services, recommission clinical areas and remove the temporary accommodation. This gives a total contract duration of 52 weeks considering the Christmas 2026 2-week shutdown period.

For each façade there will be a two week 'winded off provision' to prepare it for the recladding works which can be split in sequence and timings as follows:

Elevation 44: 11 weeks from 06/03/26 – 30/04/26

Elevations 36 and 37: 7 weeks from 06/03/26 – 30/04/26

Elevation 42/part 43:15 weeks from 20/04/26 – 04/08/26

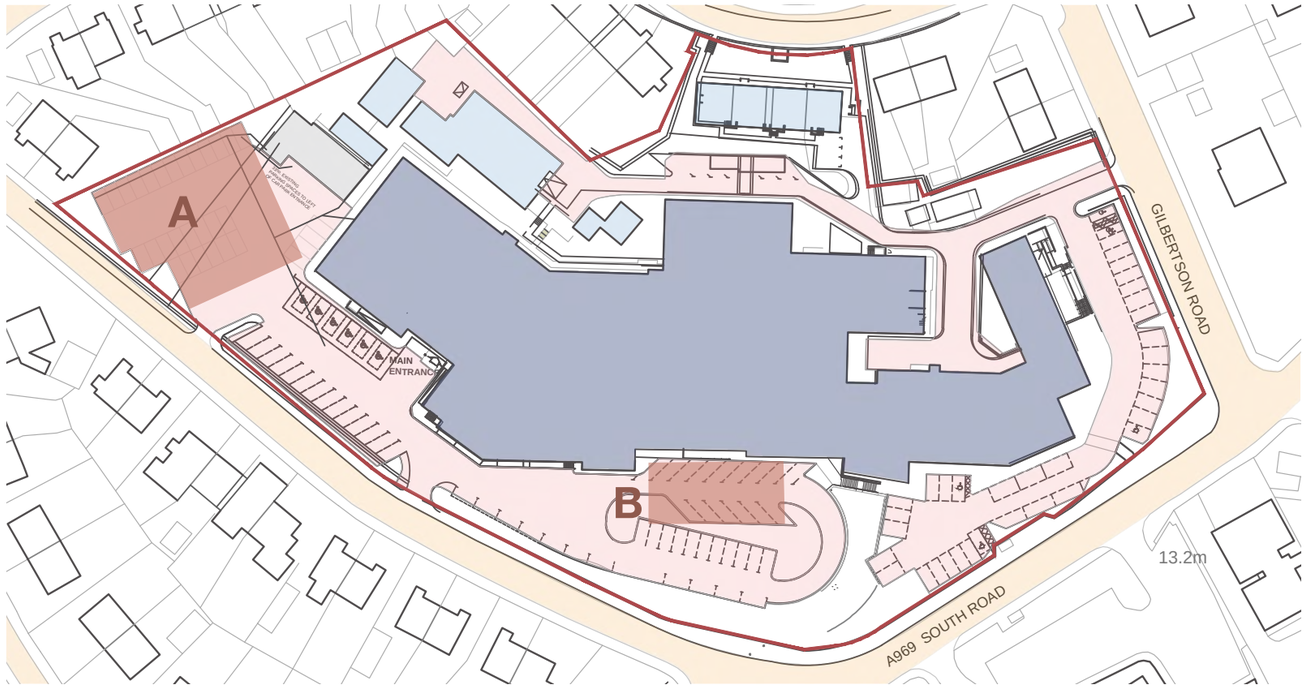
Elevation 41: 12 weeks from16/06/26 – 08/09/26

Elevation 40/part of 43: 12 weeks from 27/07/26 – 20/10/26

Elevation 39: Option 1 - 12 weeks from 24/08/26 – 17/11/26
or Option 2 - 7 weeks from25/08/26 – 14/10/26

Elevation 38: Option 1 - 6 weeks from 06/10/26 – 18/11/26
or Option 2 - 6 weeks from 02/10/26 – 16/11/26

For a more detailed assessment of the logistics of the recladding element of the project, please refer to the separate Robertson Construction Summary Report to be read in conjunction with this Stage 1 document.



5 Affected Areas

5.0 Stakeholder Engagement

During this Stage 1 process, Stakeholder engagement has been vital to help crystallise the brief for potential decants, as well as ensuring decisions are fully collaborative. In addition to several Stakeholder workshops between Threesixty Architecture, NHS Shetland's Head of Estates, Project Clinical Lead and Senior Charge Midwife, the Head of Estates has also been holding initial stakeholder meetings with senior clinical staff in areas directly affected; including with Chief Nurse Acute Services, Assistant Director of Acute Services and Chief Midwife, Elective Care Lead, Senior Clinical Midwife, Senior Renal Staff Nurse. This helped refine essential and non-essential areas to allow build-up of the existing and proposed decant Schedules of Accommodation. High level discussions are also held at Hospital Management Team meetings and at the Area Medical Committee.

In addition, weekly meetings are held between SRO (Director of Acute Services) and Project Director. Biweekly meetings between SRO, Clinical Lead and Project Director. The project is a standing agenda item on Capital and Asset Management Group meetings and the Infection Control Committee meeting.

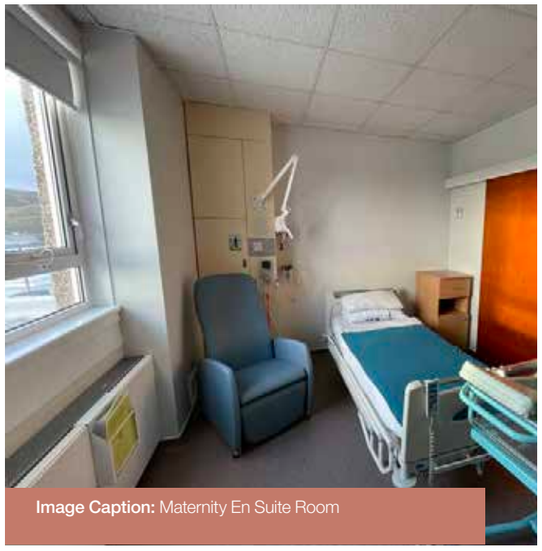


Image Caption: Maternity En Suite Room

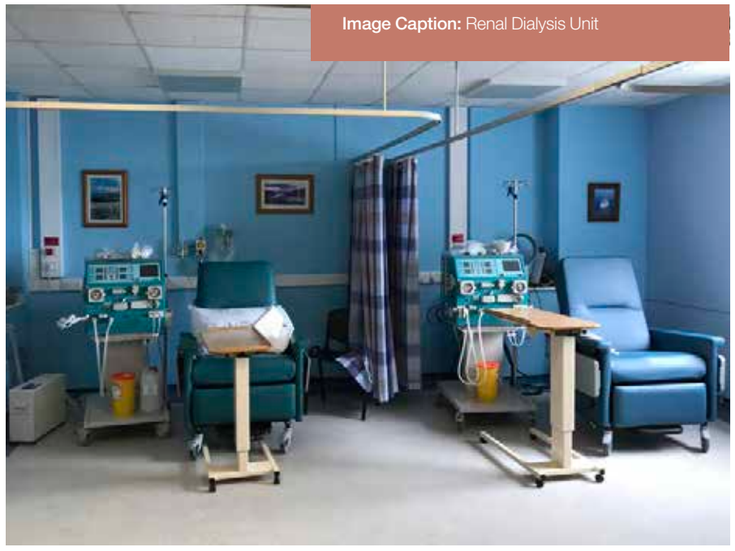


Image Caption: Renal Dialysis Unit

Image Caption: Chemotherapy Treatment Room

Image Caption: Maternity Labour Suite

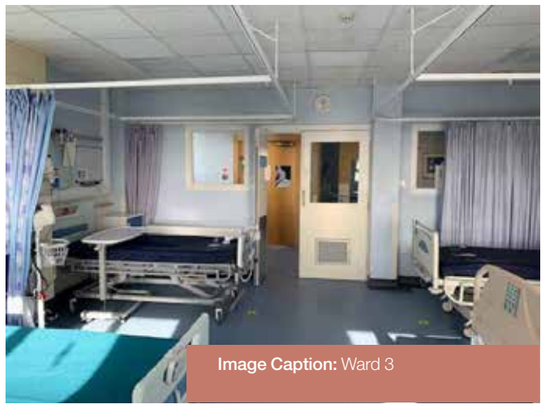
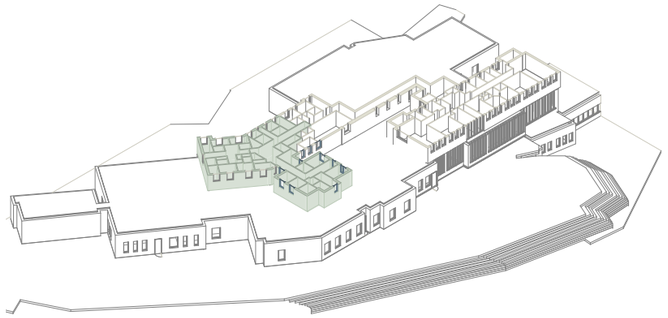


Image Caption: Ward 3



5.1 Maternity

Located on the first floor of the main hospital building, the Maternity Unit at Gilbert Bain provides facilities for outpatient assessments, two labour suites with paediatric resus, 4 en-suite single rooms and a dedicated Bereavement Suite, together with staff support spaces.

The department is served by two escape stairs and a lift with access to further circulation through the Renal Department and link corridor beyond.

During the Decant period the minimum accommodation to be provided would be outpatient assessment, one labour suite with paediatric resus, 2 en-suite single rooms and staff support services.

Due to staffing numbers, staff facilities must be retained alongside the clinical spaces.

Options for Relocation

- Ronas
- Portacabins on site

Existing Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

MATERNITY

Room Type	No.	Area per room SQM	Total Area SQM		
Single Bedroom	4	13.15	52.6	Clinical	
En-suite	4	4.49	17.96	Clinical	
Triage Room & En-suite	1	21.79	21.79	Clinical	
Labour Room	2	17.37	34.74	Clinical	
Paediatric Resus	1	12.41	12.41	Clinical	
Nurse Station	1	7.94	7.94	Clinical	
Outpatients Consultant Room	1	10.4	10.4	Clinical	
Bereavement Suite	1	30.96	30.96	Clinical	
SUB-TOTAL					188.8
Disposal Room	1	8.94	8.94	Ancillary	
Sluice/Test	1	6.84	6.84	Ancillary	
Labour Sluice/Test	1	2.53	2.53	Ancillary	
Store	4	3.38	13.51	Ancillary	
Clinical Store	1	9.39	9.39	Ancillary	
Shower Room	2	7.18	14.36	Ancillary	
SUB-TOTAL					55.57
Staff Change & WC	1	10.07	10.07	Staff	
Office	3	9.66	28.97	Staff	
Staff Room/Pantry	1	16.42	16.42	Staff	
SUB-TOTAL					55.46
TOTAL					299.83
Circulation/Plant					158.41
GRAND TOTAL					458.24

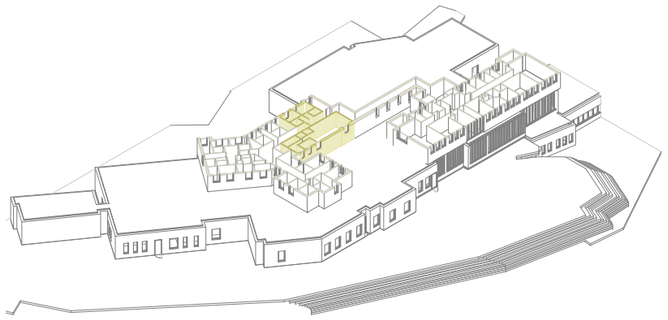
Essential Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

MATERNITY

Room Type	No.	Area per room SQM	Total Area SQM		
Single Bedroom	2	13.15	26.3	Clinical	
En-suite	2	4.85	9.7	Clinical	
Triage Room & En-suite	1	21.79	21.79	Clinical	
Labour Room	1	17.37	17.37	Clinical	
Paediatric Resus	1	12.41	12.41	Clinical	
Nurse Station	1	7.94	7.94	Clinical	
Outpatients Consultant Room	1	10.4	10.4	Clinical	
SUB TOTAL					105.91
Disposal Room	1	8.94	8.94	Ancillary	
Sluice/Test	1	6.84	6.84	Ancillary	
Store	2	3.38	6.76	Ancillary	
Clinical Store	1	9.39	9.39	Ancillary	
Shower Room	1	7.18	7.18	Ancillary	
SUB TOTAL					39.11
Staff Change & WC	1	9.63	9.63	Staff	
Office	2	9.66	19.32	Staff	
Staff Room/Pantry	1	16.42	16.42	Staff	
SUB TOTAL					45.37
TOTAL					190.39
Circulation/Plant Allowance 30%					57.12
GRAND TOTAL					247.507

Total Area for Decant : 247.507m²



5.2 Renal

The Renal Department provides dialysis to day patients 3 times per week and is situated on the first floor of the main hospital sandwiched between maternity and the link corridor.

The current space has 7 standard dialysis bays plus an isolation bay and staff support services which must be relocated alongside the clinical space.

During the decant and assuming sessions can be reorganised in half day periods a minimum of 4 standard bays plus an isolation bay are required.

Options for Relocation

- Ronas
- Portacabins on site
- Portable Vehicle within the hospital grounds

Existing Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

RENAL

Room Type	No.	Area per room SQM	Total Area SQM		
Renal Dialysis Bay	7	7.22	50.55	Clinical	
Staff Base	1	8.8	8.8	Clinical	
Isolation Renal Bay	1	8.7	8.7	Clinical	
SUB-TOTAL					68.05
Sluice Room	1	3.59	3.59	Ancillary	
Dis. WC	1	4.86	4.86	Ancillary	
Staff WC	1	3.59	3.59	Ancillary	
Renal Store	1	12.45	12.45	Ancillary	
DSR	1	4.86	4.86	Ancillary	
SUB-TOTAL					29.35
Renal Office	1	12.45	12.45	Staff	
SUB-TOTAL					12.45
TOTAL					109.85
Circulation/Plant					45.42
GRAND TOTAL					155.27

Essential Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

RENAL

Room Type	No.	Area per room SQM	Total Area SQM		
Renal Dialysis Bay	4	7.22	28.88	Clinical	
Staff Base	1	8.8	8.8	Clinical	
Isolation Renal Bay	1	8.7	8.7	Clinical	
SUB TOTAL					46.38
Sluice Room	1	3.59	3.59	Ancillary	
Dis. WC	1	4.86	4.86	Ancillary	
Renal Store	1	12.45	12.45	Ancillary	
DSR	1	4.86	4.86	Ancillary	
SUB TOTAL					25.76
Renal Office	1	12.45	12.45	Staff	
SUB TOTAL					12.45
TOTAL					84.59
Circulation/Plant Allowance 30%					25.38
GRAND TOTAL					109.967

Total Area for Decant : 109.967m²

5.3 Ward 3

Ward 3 is located on the second floor of the hospital and provides 21 beds in a mix of room types. These include 6 no single en-suite rooms, 3 no. four bed wards and a 3 bed isolation bay. Staff support areas are located off the main ward within the Stair 9 tower.

Ward 3 is served by 3no escape stairs with 1no lift and access to the 2nd lift via the link corridor.

Initially 2 options were considered for Ward 3.

Option 1: the minimum provision of 16 beds which assumed the 7 overflow beds could be made available in Ward 1 (with alterations made to sanitary facilities).

Option 2: the maximum provision of 21 beds leaving Ward 1 untouched.

In both options the bed types had to include a minimum of 6 no en-suite single rooms and an isolation facility.

Through further discussion with the Client team, and given that Ward 1's empty beds are used for surge capacity which is often close to full, it was agreed that only Option 2 is viable for decant options.

Options for Relocation

- Ronas
- Portacabins on site (staff facilities could be on a first floor directly above the ward area).

Existing Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

WARD 3

Room Type	No.	Area per room SQM	Total Area SQM	Function	Totals
Single Bedroom	6	12.08	72.5	Clinical	
3 Bed Isolation Bay	1	37.25	37.25	Clinical	
4 Bed Room	3	39.24	117.72	Clinical	
En-Suite	10	4.19	41.9	Clinical	
Nurse Station	2	7.4	14.8	Clinical	
SUB-TOTAL					284.17
Linen Store	1	10	10	Ancillary	
Store	1	11.22	11.22	Ancillary	
Staff WC	1	2.18	2.18	Ancillary	
D.S.R	1	8.45	8.45	Ancillary	
Dirty Utility	1	20.66	20.66	Ancillary	
Preparation Room	1	16.29	16.29	Ancillary	
SUB-TOTAL					68.8
Ward Nurses Office	1	10.74	10.74	Staff	
Pantry	1	9.53	9.53	Staff	
Staff Room	1	11.35	11.35	Staff	
Multi Disiplinary Room	1	13.87	13.87	Staff	
Doctor's Room	1	17.04	17.04	Staff	
SCN Office	1	9.94	9.94	Staff	
SUB-TOTAL					72.47
TOTAL					425.44
Circulation/Plant					185.92
GRAND TOTAL					611.36

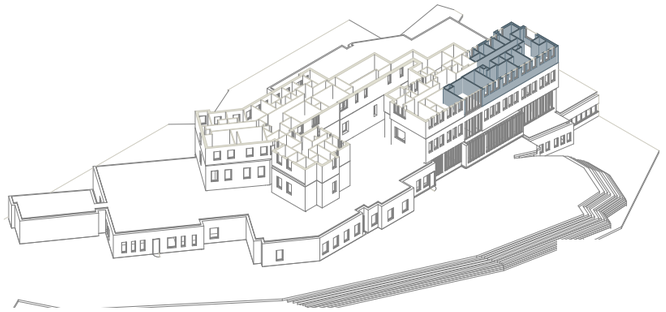
Essential Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

WARD 3

Room Type	No.	Area per room SQM	Total Area SQM		
Single Bedroom	6	12.08	72.48	Clinical	
3 Bed Isolation Bay	1	37.25	37.25	Clinical	
4 Bed Room	3	39.24	117.72	Clinical	
En-Suite	10	4.19	41.9	Clinical	
Nurse Station	2	7.4	14.8	Clinical	
SUB TOTAL					284.15
Linen Store	1	10	10	Ancillary	
Store	1	11.22	11.22	Ancillary	
Staff WC	1	2.18	2.18	Ancillary	
D.S.R	1	8.45	8.45	Ancillary	
Dirty Utility	1	20.66	20.66	Ancillary	
Preparation Room	1	16.29	16.29	Ancillary	
SUB TOTAL					68.8
Pantry	1	9.53	9.53	Staff	
Staff Room	1	11.35	11.35	Staff	
Nurses/Doctors Office	1	20	20	Staff	
SCN Office	1	9.94	9.94	Staff	
SUB TOTAL					50.82
TOTAL					403.77
Circulation/Plant Allowance 30%					121.13
GRAND TOTAL					524.901

Total Area for Decant : 524.901m²



5.4 Clinical Skills

The facilities in the old Ronas ward on the second floor are not directly impacted by the facade replacement works, but have been identified as able to be relocated to make way for decanted accommodation better suited to remain within the hospital envelope, in close proximity to identified co-dependant hospital departments (Such as X-ray, theatre etc).

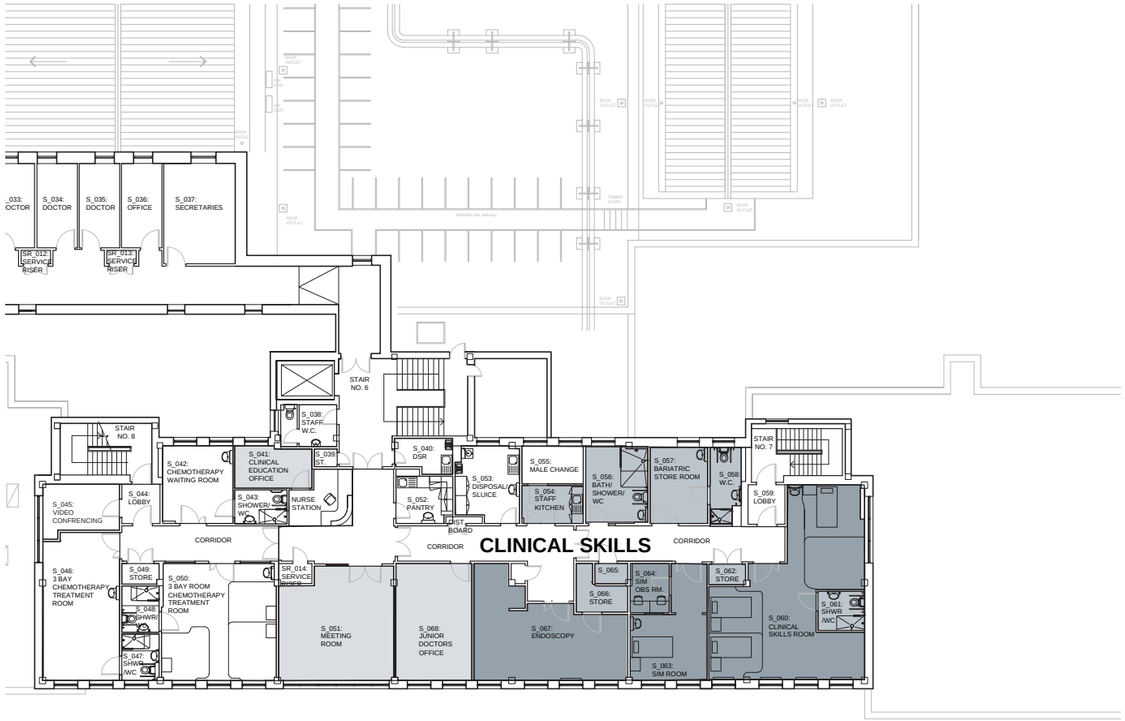
The main part of the space provides training rooms for Clinical Skills as well as the Junior Doctors Office and the single largest meeting room on the hospital grounds.

Some of the spaces are not currently used (Endoscopy, Various shower rooms) and other spaces are shared with the Chemo Department directly next door.

The minimum provision of any decant would need to provide the meeting room, Junior Doctors Office (which could be located separate from clinical skills), the Sim/Observation Room, a 4 bay clinical skills room plus two additional side bays. Other staff facilities could be shared with other departments.

Options for Relocation

- Meeting Room to SDEC
- Junior Doctors Office + Male Changing to the north side of Ward 3
- Clinical Skills Department to a First Floor Portacabin on site
- Full Department to first floor portacabins on site.



Existing Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

CLINICAL SKILLS

Room Type	No.	Area per room SQM	Total Area SQM		
Clinical Skills Room	1	56.4	56.4	Clinical	
Sim Room with Observation Space	1	25.54	25.54	Clinical	
Endoscopy Room	1	34.44	34.44	Clinical	
SUB-TOTAL					116.38
Bariatric Store Room	1	11.76	11.76	Ancillary	
Bath/Shower/WC	1	12.59	12.59	Ancillary	
WC	2	6.13	12.26	Ancillary	
Staff Kitchen	1	6.26	6.26	Ancillary	
Store	3	2.82	8.46	Ancillary	
SUB-TOTAL					51.33
Junior Doctors Office	1	23.8	23.8	Staff	
Clinical Education Office	1	8.48	8.48	Staff	
Meeting Room	1	33.45	33.45	Staff	
SUB-TOTAL					65.73
TOTAL					233.44
Circulation/Plant					70.03
GRAND TOTAL					303.47

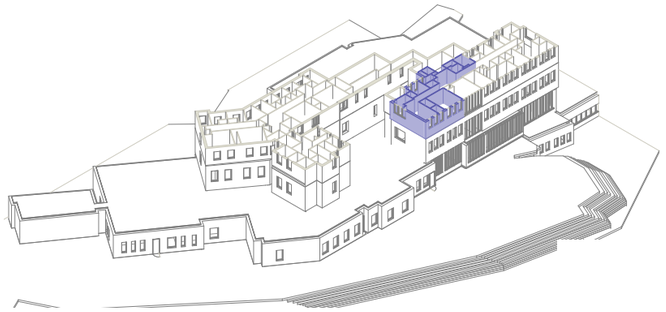
Essential Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

CLINICAL SKILLS

Room Type	No.	Area per room SQM	Total Area SQM		
Clinical Skills Room	1	56.4	56.4	Clinical	
Sim Room with Observation Space	1	25.54	25.54	Clinical	
Clinical Skills Bay	2	14	28	Clinical	
SUB-TOTAL					109.94
WC	2	6.13	12.26	Ancillary	
Staff Kitchen	1	6.26	6.26	Ancillary	
DSR	1	3	3	Ancillary	
Disposal / Sluice	1	12	12	Ancillary	
Store	3	2.82	8.46	Ancillary	
SUB-TOTAL					41.98
Clinical Education Office	1	8.48	8.48	Staff	
SUB-TOTAL					8.48
TOTAL					160.4
Circulation/Plant Allowance 30%					48.12
GRAND TOTAL					208.52
To be provided elsewhere in Hospital					
Junior Doctors Office	1	23.8	23.8	Staff	
Meeting Room	1	33.45	33.45	Staff	
SUB-TOTAL					57.25

Total Area for Decant : 208.52m²



5.5 Chemo

Chemo is situated in the old Ronas Ward on the second floor of the main hospital building, alongside the Clinical Skills wing.

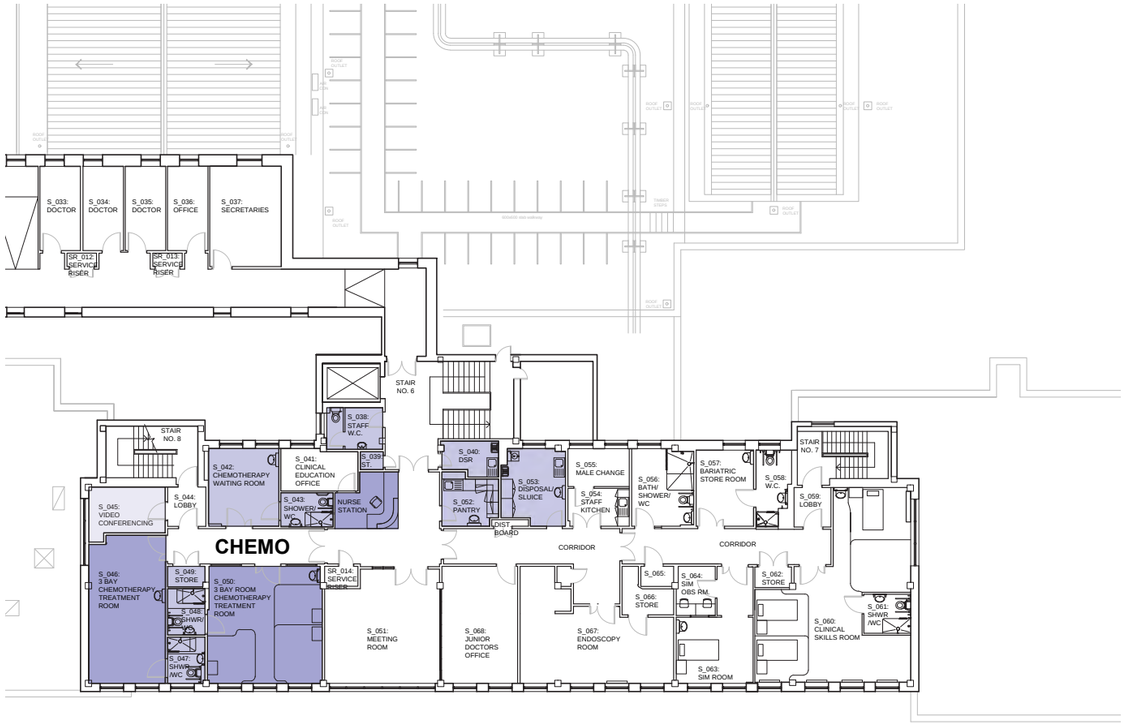
The 3 existing Chemo Bays are in the process of being expanded to 5-6 bays in the old Chemo Office, which is now located elsewhere in the building.

With the increase in Paediatric Chemo and also generally, any decanted facility will need to provide 2 separate spaces each with 3 bays and a patient toilet to maximise treatment options.

It could be relocated anywhere on the hospital grounds but must have it's own private waiting room and be kept away from any infection / isolation spaces.

Options for Relocation

- Portacabins on Site
- Portable Vehicle within hospital grounds



Existing Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

CHEMO

Room Type	No.	Area per room SQM	Total Area SQM		
Nurse Station	1	8.26	8.26	Clinical	
Chemotherapy Treatment Room (3 Bays)	1	35.85	35.85	Clinical	
Chemotherapy Treatment Room (3 Bays)	1	30.2	30.2	Clinical	
SUB-TOTAL					74.31
Ensuite	3	4.79	14.37	Ancillary	
Chemotherapy Waiting Room	1	14.67	14.67	Ancillary	
Staff WC	1	6.29	6.29	Ancillary	
Disposal/Sluice	1	12.36	12.36	Ancillary	
Panty	1	7.2	7.2	Ancillary	
DSR	1	5.05	5.05	Ancillary	
Store	2	2.04	4.08	Ancillary	
SUB-TOTAL					64.02
Video Confrencing	1	9.79	9.79	Staff	
SUB-TOTAL					9.79
TOTAL					148.12
Circulation/Plant					28.51
GRAND TOTAL					176.63

Essential Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

CHEMO

Room Type	No.	Area per room SQM	Total Area SQM		
Nurse Station	1	8.26	8.26	Clinical	
Chemotherapy Treatment Room (3 Bays)	1	35.85	35.85	Clinical	
Chemotherapy Treatment Room (3 Bays)	1	30.2	30.2	Clinical	
SUB-TOTAL					74.31
Ensuite	3	4.79	14.37	Ancillary	
Chemotherapy Waiting Room	1	14.67	14.67	Ancillary	
Staff WC	1	6.29	6.29	Ancillary	
Disposal/Sluice	1	12.36	12.36	Ancillary	
Panty	1	7.2	7.2	Ancillary	
DSR	1	5.05	5.05	Ancillary	
Store	2	2.04	4.08	Ancillary	
SUB-TOTAL					64.02
Video Confrencing	1	9.79	9.79	Staff	
SUB-TOTAL					9.79
TOTAL					148.12
Circulation/Plant Alowance 30%					44.44
GRAND TOTAL					192.56

Total Area for Decant : 192.56m²

5.6 Outpatients

Located on the ground floor, outpatients wraps around the Stair 9 core and Dental which sits within the original base of the upper floors of the 4 storey tower requiring facade replacement.

Temporary propping has been installed throughout the department, to support the scaffold to façades built off the outpatients roof.

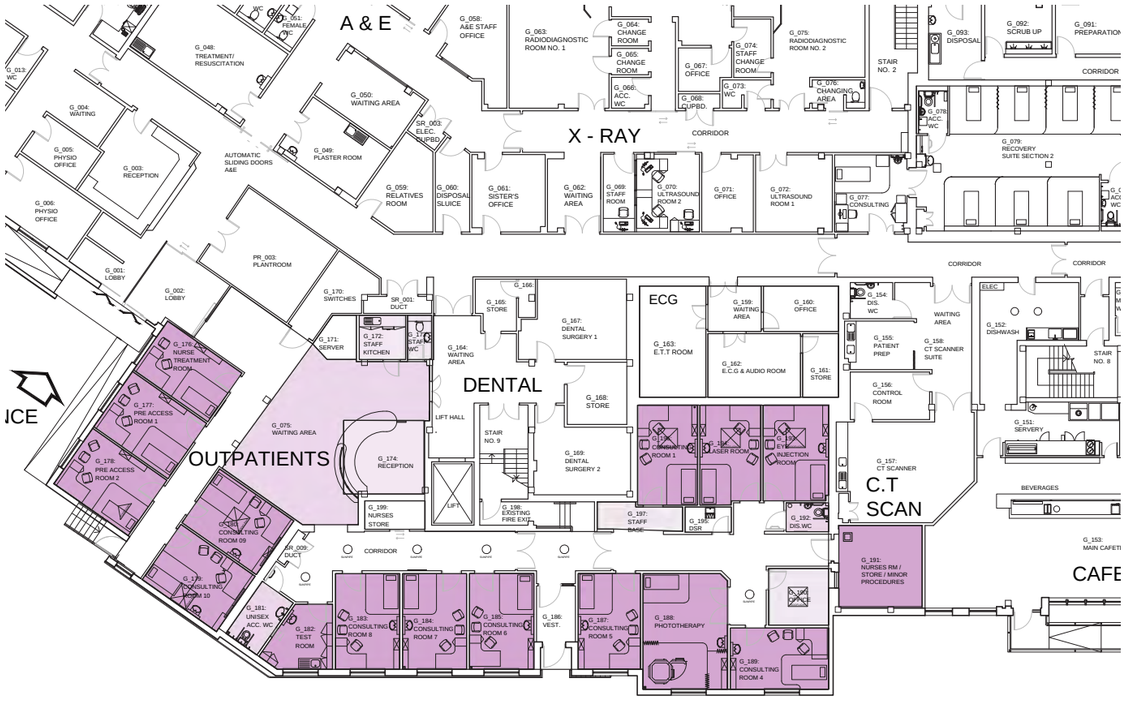
Whilst it is now operational again, there are concerns that when the façades are removed, water ingress may increase, necessitating outpatients to be temporarily decanted for the duration of the works.

If so, it will need to be relocated in it's entirety.

It may be possible to lose 2 clinical rooms over to Lerwick Health Centre but this can't be confirmed at this stage.

Options for Relocation

- Full department to portacabins on hospital grounds
- Dental reception to be relocated to Main Hospital Reception



Existing Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

OUTPATIENTS

Room Type	No.	Area per room SQM	Total Area SQM		
Consulting Room	8	16.49	131.92	Clinical	
Test Room	1	10.02	10.02	Clinical	
Pre Assess Room	2	16.45	32.9	Clinical	
Nurse Treatment Room	1	14.51	14.51	Clinical	
Eye Injection Room	1	16.81	16.81	Clinical	
Laser Room	1	16	16	Clinical	
Nurses Rm/Store/Minor Procedures	1	18.4	18.4	Clinical	
Phototherapy	1	26.19	26.19	Clinical	
SUB-TOTAL					266.75
Servers	1	4.1	4.1	Ancillary	
Nurse Store	1	4.61	4.61	Ancillary	
Dis WC	1	3.3	3.3	Ancillary	
Unisex Acc WC	1	6.46	6.46	Ancillary	
Waiting Area (serves 14 Clinical rms)	1	51.65	51.65	Ancillary	
DSR	1	3.12	3.12	Ancillary	
SUB-TOTAL					73.24
Reception (Serves OP & Dental)	1	15.95	15.95	Staff	
Staff Base	1	5.79	5.79	Staff	
Staff WC	1	2.88	2.88	Staff	
Staff Kitchen	1	5.52	5.52	Staff	
Office	1	9.11	9.11	Staff	
SUB-TOTAL					39.25
TOTAL					379.24
Circulation/Plant					142.43
GRAND TOTAL					521.67

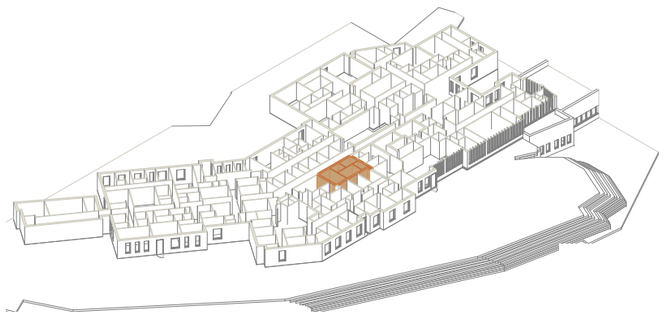
Essential Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

OUTPATIENTS

Room Type	No.	Area per room SQM	Total Area SQM		
Consulting Room	8	14	112	Clinical	
Test Room	1	10.02	10.02	Clinical	
Pre Assess Room	2	14	28	Clinical	
Nurse Treatment Room	1	14.51	14.51	Clinical	
Eye Injection Room	1	16.81	16.81	Clinical	
Laser Room	1	16	16	Clinical	
Nurses Rm/Store/Minor Procedures	1	18.4	18.4	Clinical	
Phototherapy	1	14	14	Clinical	
SUB-TOTAL					229.74
Nurse Store	1	4.61	4.61	Ancillary	
Dis WC	1	3.3	3.3	Ancillary	
Unisex Acc WC	1	6.46	6.46	Ancillary	
Waiting Area (serves 12 Clinical rms)	1	50	50	Ancillary	
DSR	1	3.12	3.12	Ancillary	
SUB-TOTAL					67.49
Reception (Serves OP only)	1	12	12	Staff	
Staff Base	1	5.79	5.79	Staff	
Staff WC	1	2.88	2.88	Staff	
Staff Kitchen	1	5.52	5.52	Staff	
Office	1	9.11	9.11	Staff	
SUB-TOTAL					35.3
TOTAL					332.53
Circulation/Plant Allowance 30%					99.76
GRAND TOTAL					432.289

Total Area for Decant : 432.289m²



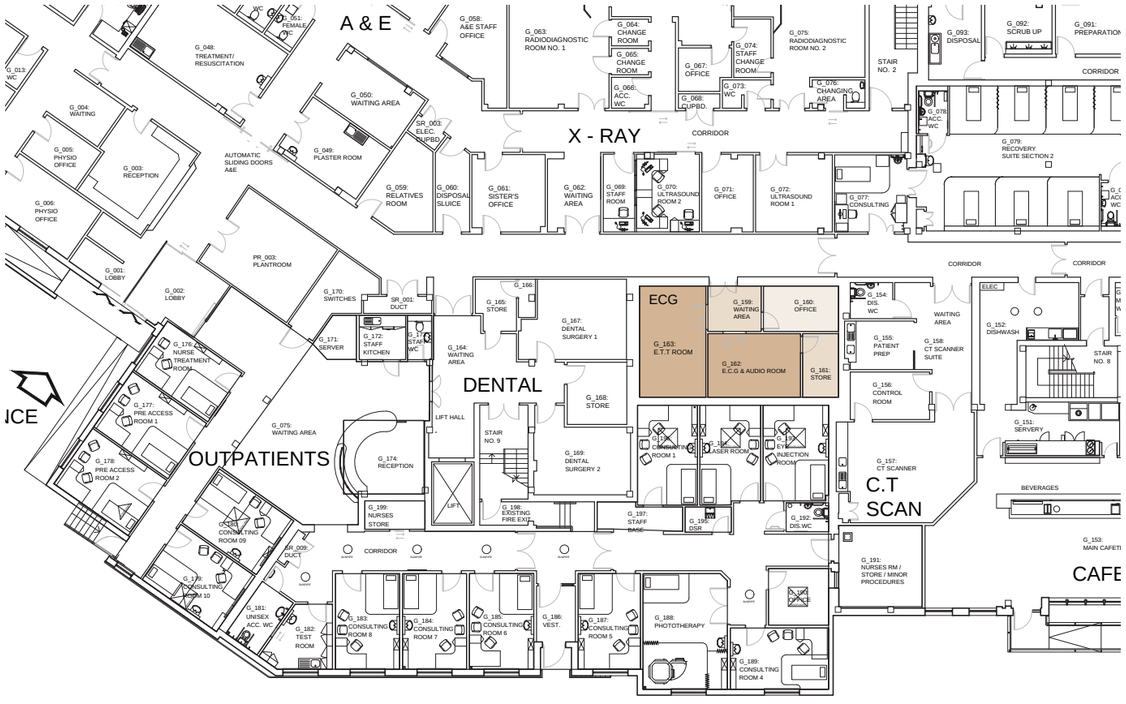
5.7 ECG

ECG is located on the ground floor of the main building, in-between Dental and CT Scanning. It's position sits directly below the outside face of Renal and ward 3 therefore similarly to outpatients, should water ingress become a problem during the facade works, it may need to be temporarily decanted in it's entirety.

Due to co-location dependencies, the decant facility would suit being sited alongside Ward 3.

Options for Relocation

- SDEC (Which would not require to be re-provided elsewhere)
- Alongside the decanted Ward 3 in Portacabins in hospital grounds



Existing Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

ECG

Room Type	No.	Area per room SQM	Total Area SQM		
E.T.T Room	1	19.8	19.8	Clinical	
E.C.G & Audio Room	1	15.78	15.78	Clinical	
SUB-TOTAL					35.58
Waiting Room	1	6.45	6.45	Ancillary	
Store	1	6.13	6.13	Ancillary	
SUB-TOTAL					12.58
Office	1	9.19	9.19	Staff	
SUB-TOTAL					9.19
TOTAL					57.35
Circulation/Plant					2.13
GRAND TOTAL					59.48

Essential Accommodation Schedule

24069A GBH Cladding Remedials — Department Decants

ECG

Room Type	No.	Area per room SQM	Total Area SQM		
E.T.T Room	1	19.8	19.8	Clinical	
E.C.G & Audio Room	1	15.78	15.78	Clinical	
SUB-TOTAL					35.58
Waiting Room	1	6.45	6.45	Ancillary	
Store	1	6.13	6.13	Ancillary	
SUB-TOTAL					12.58
Office	1	9.19	9.19	Staff	
SUB-TOTAL					9.19
TOTAL					57.35
Circulation/Plant Allowance 30%					17.21
GRAND TOTAL					74.56

Total Area for Decant : 74.56m²

6 Decant Options

6.1 Department Decants
Maternity Decant Options [247.507m²]

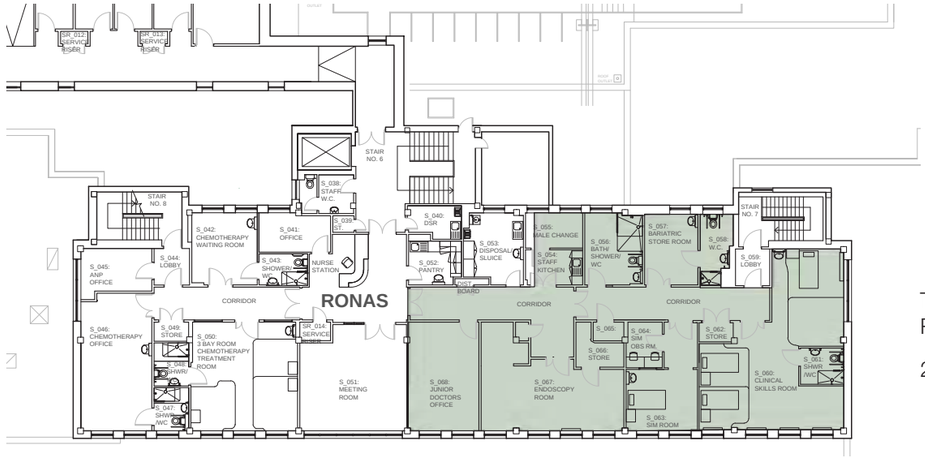
Two options were identified for the decant of a reduced Maternity Department.

Option 1 considered relocation within the main hospital building, to the 2nd floor ex Ronas Ward area currently being used for Clinical Skills Training. This option would ensure that Maternity Services remain close to other key departments such as Ultrasound and Theatres, which are critical for emergency care.

Option 2 considered relocation to temporary modular accommodation within the car park of the hospital, potentially with a covered link connecting into the man hospital building.

With Chemotherapy able to remain alongside minimal alterations required to accommodate Maternity within Ronas, and maintaining Maternity's closer proximity to the Theatres for emergency procedures, **Option 1** is deemed the preferred decant solution.

OPTION 1: Maternity into Ronas Ward



Total Required Area in Ronas Ward

247.507m²

OPTION 2: Maternity into Portacabins

10no. 7540x3460mm Portacabins

260.884m²

6.1 Department Decants
Renal Decant Options [109.967m²]

Three options were identified for the decant of the Renal Department.

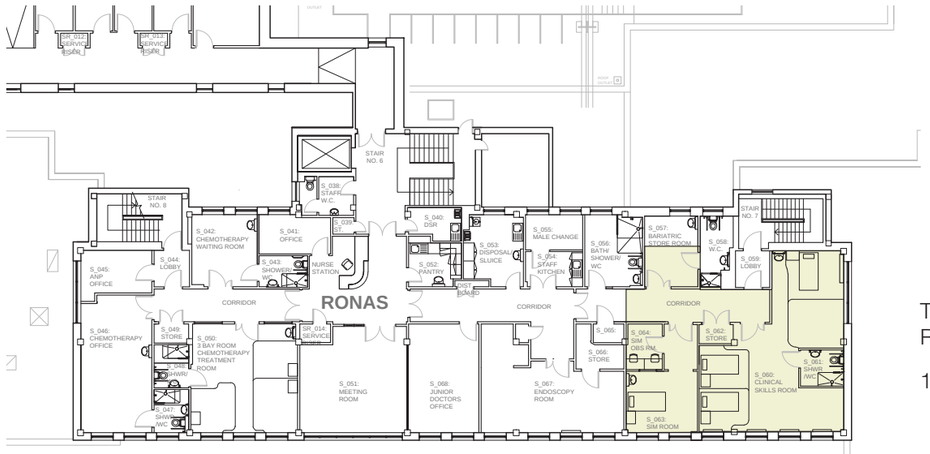
Option 1 considered relocation within the main hospital building, to the 2nd floor ex Ronas Ward area currently being used for Clinical Skills Training. This option could consolidate regular outpatient procedures alongside Chemotherapy.

Option 2 considered relocation to temporary modular accommodation within the car park of the hospital.

Option 3 considered relocation to a Mobile Dialysis Unit within the car park of the hospital.

Relocating Renal to Ronas (either alongside Chemo or by itself) would leave too little usable residual space in Ronas to be to be assigned to another decanted department. With space at a premium within the car park decant zone, **Option 3** is deemed the preferred decant solution, as a Mobile Dialysis Unit for up to 5 chairs is available and takes up less space in the car park.

OPTION 1: Renal into Ronas Ward



Total Required Area in Ronas Ward

109.967m²

OPTION 2: Renal into Portacabins

4no. 9940x3460mm Portacabins

137.57m²

OPTION 3: Renal into Mobile Units

13800x4490mm 5 Bay Infusion Mobile Unit

55.6m²

6.1 Department Decants

Ward 3 Decant Options [524.901m²]

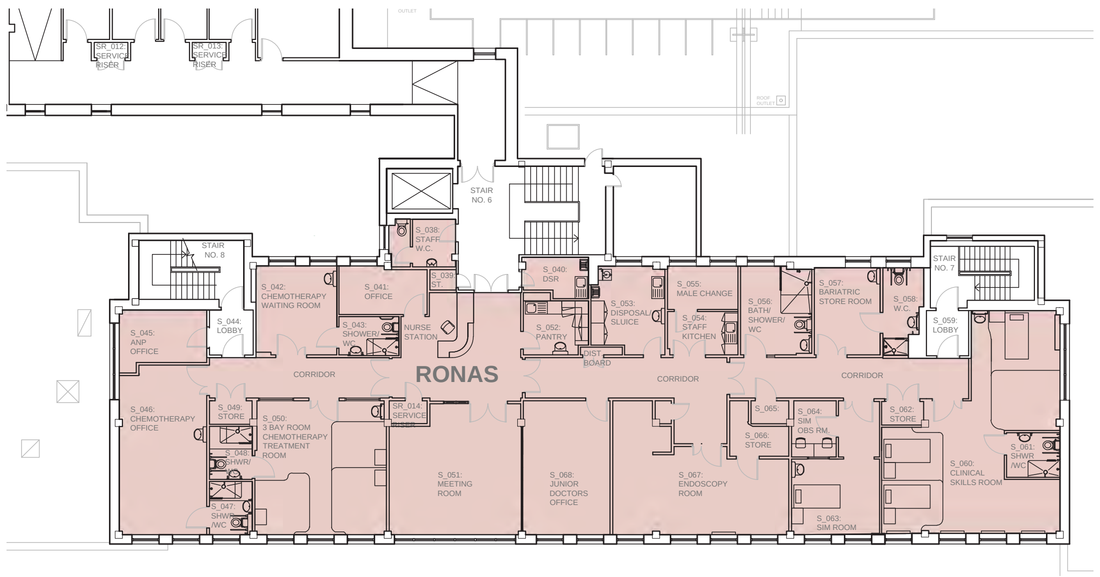
Two options were identified for the decant of the full 21 bed General Medical Ward 3.

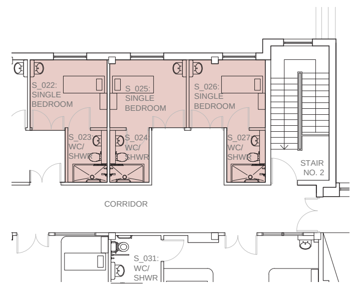
Option 1 considered relocation within the main hospital building, to the 2nd floor ex Ronas Ward area currently being used for Clinical Skills Training and Chemotherapy.

Option 2 considered relocation to temporary modular accommodation within the car park of the hospital, potentially with a covered link connecting into the man hospital building.

In order to reprovide Ward 3 within Ronas, not all staff facilities could be provided immediately alongside the bedded areas, with some Ward 3 staff areas having remain within the north side of the decanted Ward 3 area. It was also require both Chemo and Clinical Skills to be decanted, thus impacting more departments than necessary. Ensuring Ward 3 staff facilities are decanted alongside the bedded areas, **Option 2** is deemed the preferred decant solution.

OPTION 1: Ward 3 into Ronas Ward





485.42m² Accommodated in Ronas Ward

42.87m² of staff facilities located on North Side of Ward 3, accessed via link corridor

OPTION 2: Ward 3 into Portacabins

16no. 9940x3460mm Portacabins

550.28m²

6.1 Department Decants
Clinical Skills Decant Options [208.52m²] [57.25m²]

Due to Maternity Option 1 being identified as the preferred decant solution, Clinical Skills will need to be temporarily relocated. As such, two options were identified.

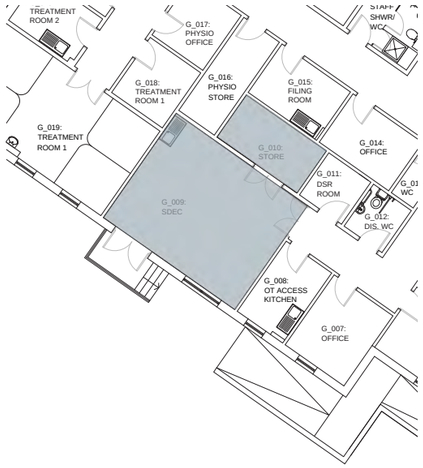
Option 1 considered full relocation to temporary modular accommodation within the car park of the hospital.

Option 2 would split the existing facilities, with the Main Meeting Room being moved to SDEC on the ground floor of the Main Hospital Building, and the Male Locker Room being located within the north side of the decanted Ward 3 area. This would leave the remainder of Clinical Skills to be decanted to a reduced element of temporary modular accommodation within the car park of the hospital.

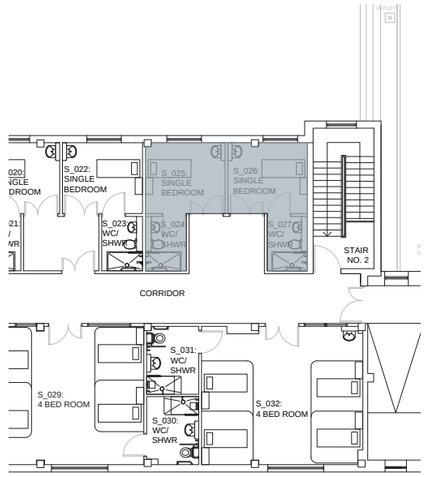
In both options, the accommodation located in temporary modular accommodation could potentially be situated on an upper level as this would be a staff only area and does not require direct access to the main hospital building.

With space at a premium within the car park decant zone, **Option 2** is deemed the preferred decant solution, potentially on an upper level following further investigation with modular accommodation providers.

Meeting Room into SDEC



Junior Doctors Office to North Side of Ward 3



Meeting Room into SDEC
44.44m²

Junior Doctors Office to North Side of Ward 3
28.28m²

Total 72.72m²

OPTION 1: Full Ronas Ward into Portacabins

11no. 7540x3460mm Portacabins

286.97m²

OPTION 2: Clinical Skills into Portacabins

8no. 7540x3460mm Portacabins

208.7m²

6.1 Department Decants
Chemo Decant Options [192.56m²]

Three options were identified for the Chemo Department.

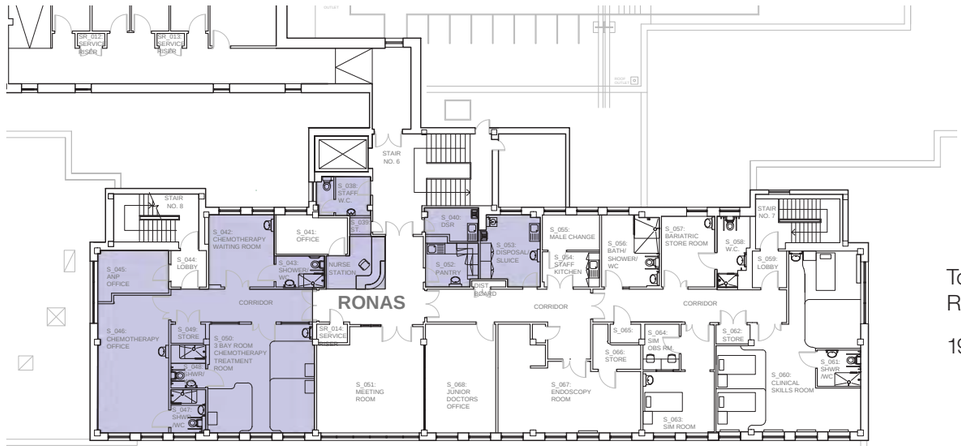
Option 1 considered relocation to temporary modular accommodation within the car park of the hospital.

Option 2 considered retaining Chemotherapy in it's current location within the 2nd floor ex Ronas Ward.

Option 3 considered relocation to a Mobile Infusion Unit within the car park of the hospital.

Staff highlighted that many patients value the privacy that the Chemo Department's current setting provides them with, which would be harder to offer in any of the suggested temporary locations, therefore **Option 2** is deemed the preferred solution.

OPTION 2: Chemo to Remain



Total Required Area to Remain in Chemo

192.56m²

OPTION 1: Chemo into Portacabins

6no. 9940x3460mm Portacabins

206.35m²

OPTION 3: Chemo into Mobile Units

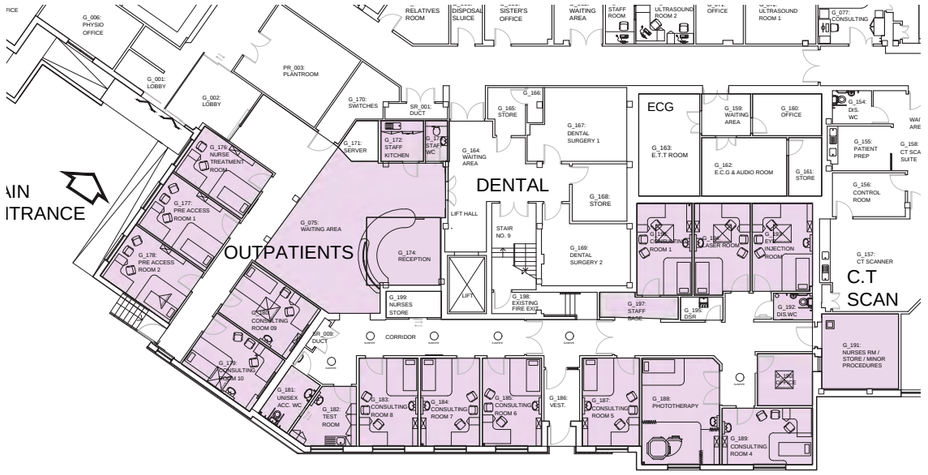
3800x4490mm 5 bay Infusion Mobile Unit

55.6m²

6.1 Department Decants
Outpatients Decant Options [432.289m²]

With Outpatients being located on the ground floor of the main hospital building, apart from some temporary propping already installed in the department to support the roof mounted scaffold above, there is no immediate requirement to decant these facilities. However, concerns have been raised that water ingress during the recladding works above could prove difficult to manage and therefore a potential decant should be considered. Whilst the Advising Contractor is investigating mitigation of risks of exposure during the works, consideration has been given to relocating the Outpatients department elsewhere. Being over 430sqm in area and with it's co-dependency on other hospital services, to relocate off site is not viable. Therefore at present, the only solution is for full relocation to temporary modular accommodation within the car park of the hospital. With Ward 3 already relocated in the car park, not all clinical spaces can be accommodated at ground level. Given that Ward 3 is more likely to utilise patient trolleys to move patients to other parts of the Hospital building (Xray, MRI, Theatre), the current proposal would see Outpatients being positioned on the first floor of the temporary modular accommodation.

Outpatients to Remain



Total Required Area to Remain in Outpatients

432.289m²

Outpatients into Portacabins

13no. 9940x3460mm Portacabins`

447.1m²

6.1 Department Decants
ECG Decant Options [74.56m²]

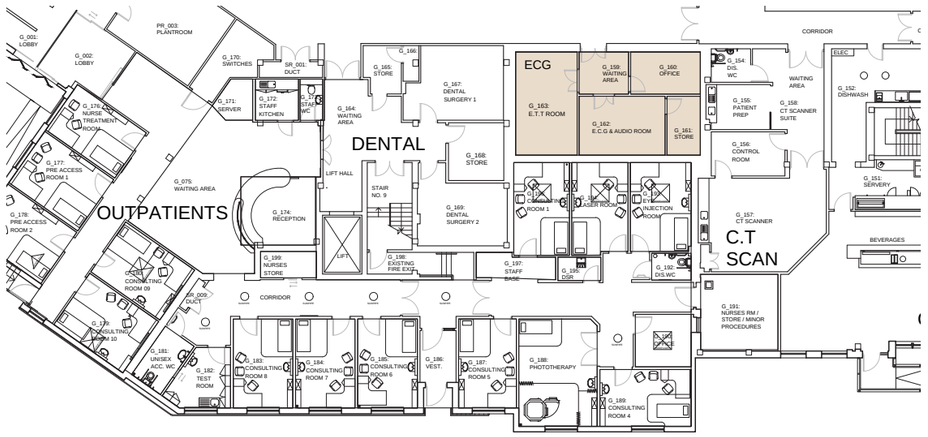
Similar to Outpatients there is no immediate requirement to decant ECG unless water ingress during the recladding works above proves difficult to manage, therefore 2 options for potential decant should be considered.

Option 1 looked at possible relocation to SDEC, but the area available is not sufficient to accommodation ECG without incorporating additional space for adjoining rooms.

Option 2 considered relocation to temporary modular accommodation within the car park of the hospital.

Given the regular passage of patients between Ward 3 and ECG, it was felt that co-locating these departments would be the most effective solution during the decant period, therefore **Option 2** is deemed the preferred solution, should it be necessary.

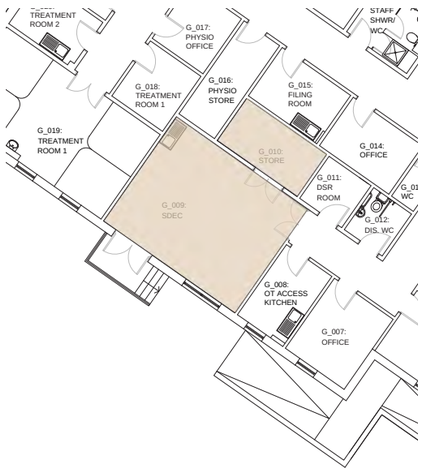
ECG to Remain



Total Required Area to Remain in ECG

74.56m²

OPTION 1: ECG into SDEC



ECG into SDEC
44.44m²

30.12m² to be Accommodated Elsewhere

OPTION 2: ECG into Portacabins

3no. 7540x3460mm Portacabins

78.27m²

6.2 Decant Solutions
Best Case Scenario

In this scenario, we have assumed potential issues with water ingress to the ground floor of the hospital during the recladding works will be designed out (solution developed in conjunction with Design Team and Advising Contractor). As such this Decant Solution combines options as follows

Maternity: Option 1 (pg. 38)
Renal: Option 3 (pg.39)
Ward 3: Option 2 (pg.40)
Clinical Skills: Option 2 with Meeting Rm retained / Junior Doctors relocated in GBH (pg 41)
Chemo: Option 2 (pg.42)

Outpatients and ECG to remain in their existing locations.

Aim is to locate all decanted space within a single storey block within the car park.

Maternity

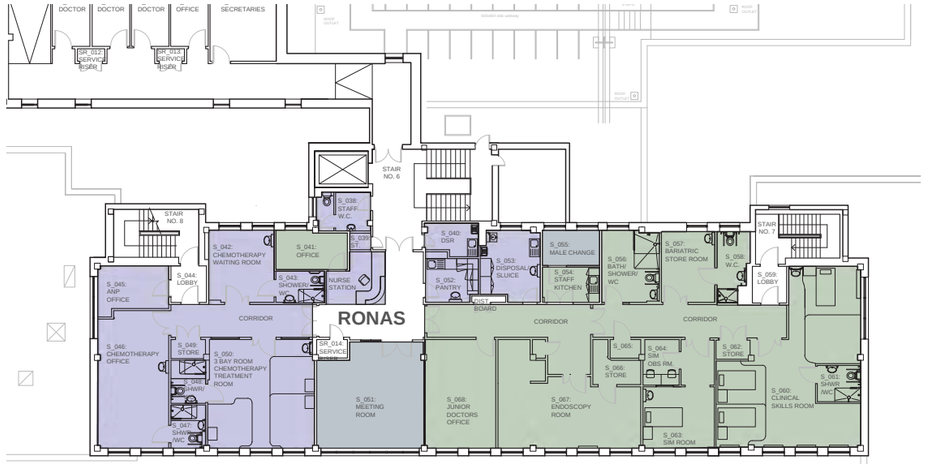
Renal

Ward 3

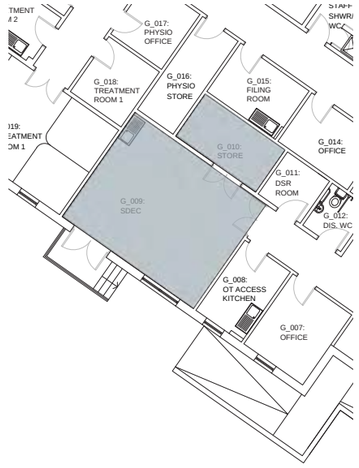
Clinical Skills

Chemo

Maternity in Ronas Ward with Chemo,
Meeting Room and Male Change to Remain



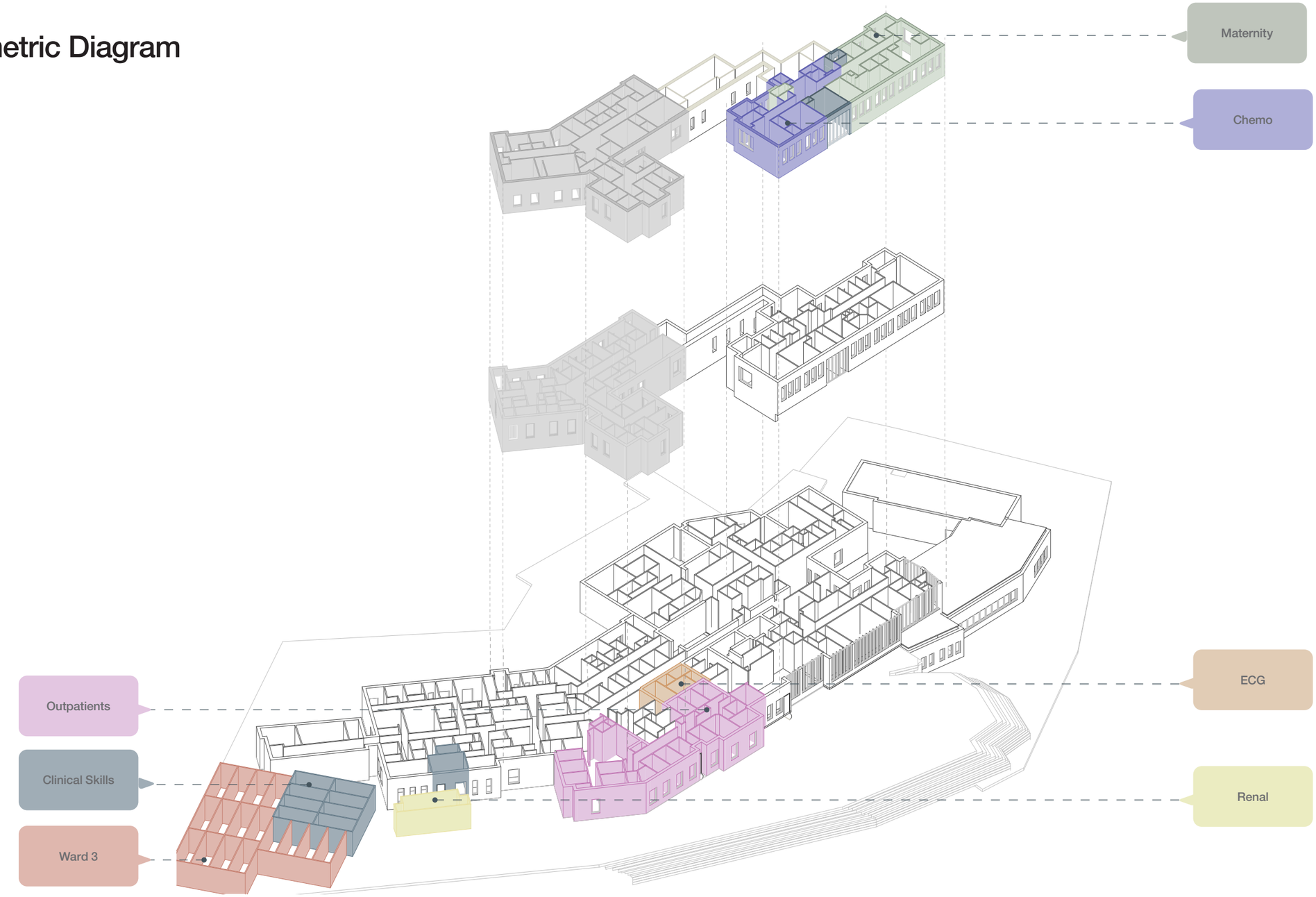
Junior Doctors Office into SDEC



Ward 3 and Clinical Skills into Portacabins
Renal into Mobile unit in Carpark

6.2 Decant Solutions

Best Case Scenario Axonometric Diagram



6.2 Decant Solutions
Worst Case Scenario

In this scenario, we have assumed the risk of water ingress to the ground floor of the hospital during the recladding works is deemed too high and therefore both Outpatients and ECG departments will need to be decanted too. As such this Decant Solution combines options as follows

Maternity: Option 1 (pg. 38)
Renal: Option 3 (pg.39)
Ward 3: Option 2 (pg.40)
Clinical Skills: Option 2 with Meeting Rm retained / Junior Doctors relocated in GBH (pg 41)
Chemo: Option 2 (pg.42)
Outpatients: relocated to portakabins (pg.43)
ECG: Option 2 (pg.44)

A two storey solution will be required for the temporary accommodation block in the car park. That being the case, it will not be possible to locate all clinical rooms at ground floor.

In addition, the main corridor in the hospital will need temporary protection from water ingress for the duration of the recladding works.

Outpatients

ECG

Maternity

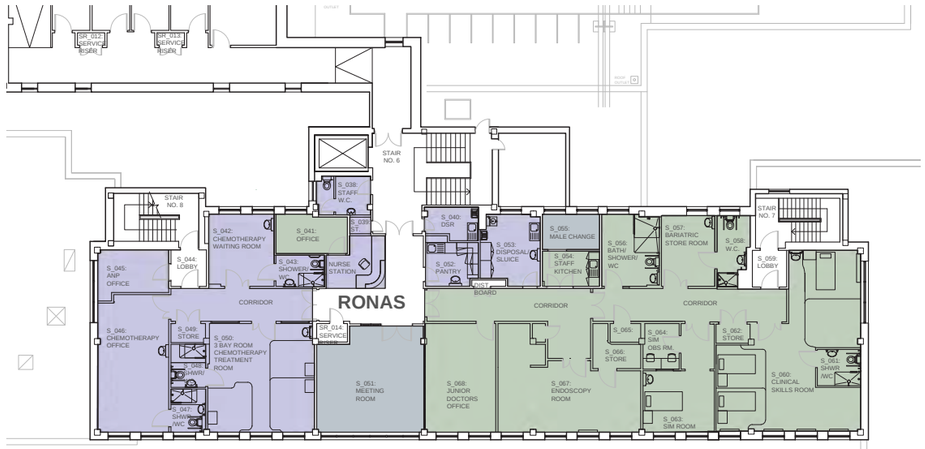
Renal

Ward 3

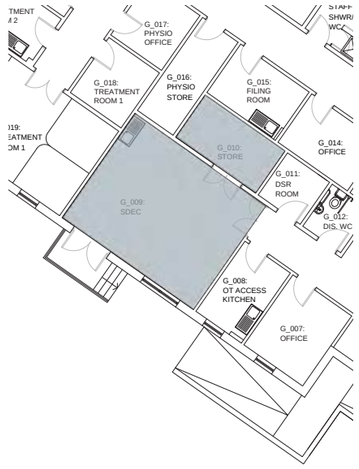
Clinical Skills

Chemo

Maternity in Ronas Ward with Chemo,
Meeting Room and Male Change to Remain



Junior Doctors Office into SDEC

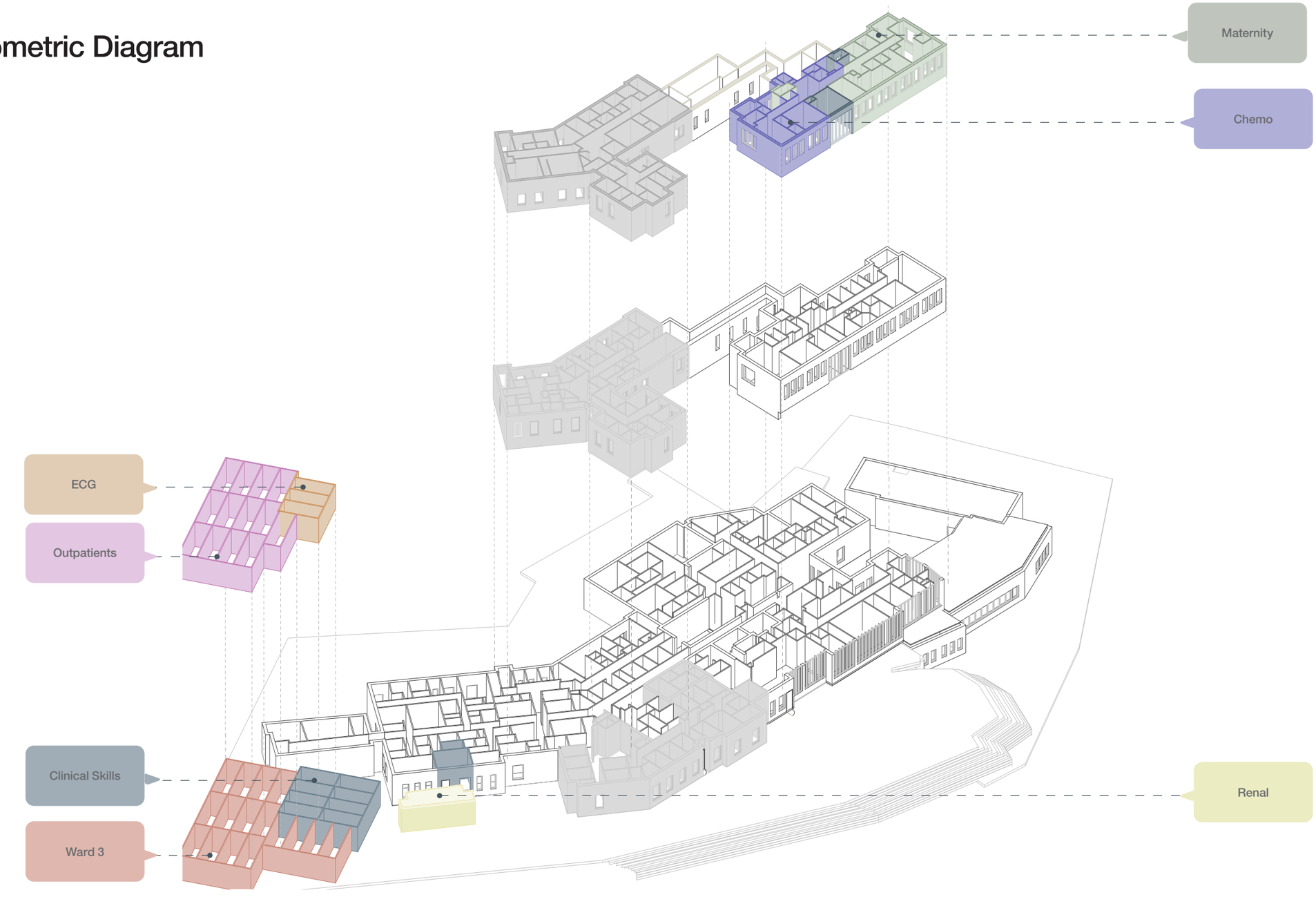


Ground Floor Portacabin - Ward 3 and Clinical Skills
Renal into Mobile Unit in Carpark

First Floor Portacabin - Outpatients and ECG

6.2 Decant Solutions

Worst Case Scenario Axonometric Diagram



6.3 Temporary Accommodation

In order to progress the potential procurement of Temporary Modular / Mobile Accommodation for the decanted departments, NHS Shetland have been holding biweekly meetings with the Head of Procurement and Commodity Manager at NHS Scotland Procurement. This has identified 3 suppliers on the national frameworks, Portacabin, Vanguard Healthcare and Premier Modular. Initial kick-off meetings and follow-up scoping meetings have been held with all 3 suppliers to outline case of need, scope of works including SoA and site constraints. All 3 suppliers have indicated the timetable for delivery and execution is achievable although will be tight to meet the programme's early deadlines for permissions etc.

Issues raised to date (similar across all 3 suppliers):

- Area of external space for requirements of modular build;
- Derogations from standards (SHTM/ SHBN);
- Service integrations;
- Configurations/ layouts versus existing clinical spaces to allow potential residual resale value post contract;
- Length of contract.

This dialogue will continue over the coming months, with a Planning Submission target date of 6th June 2025.

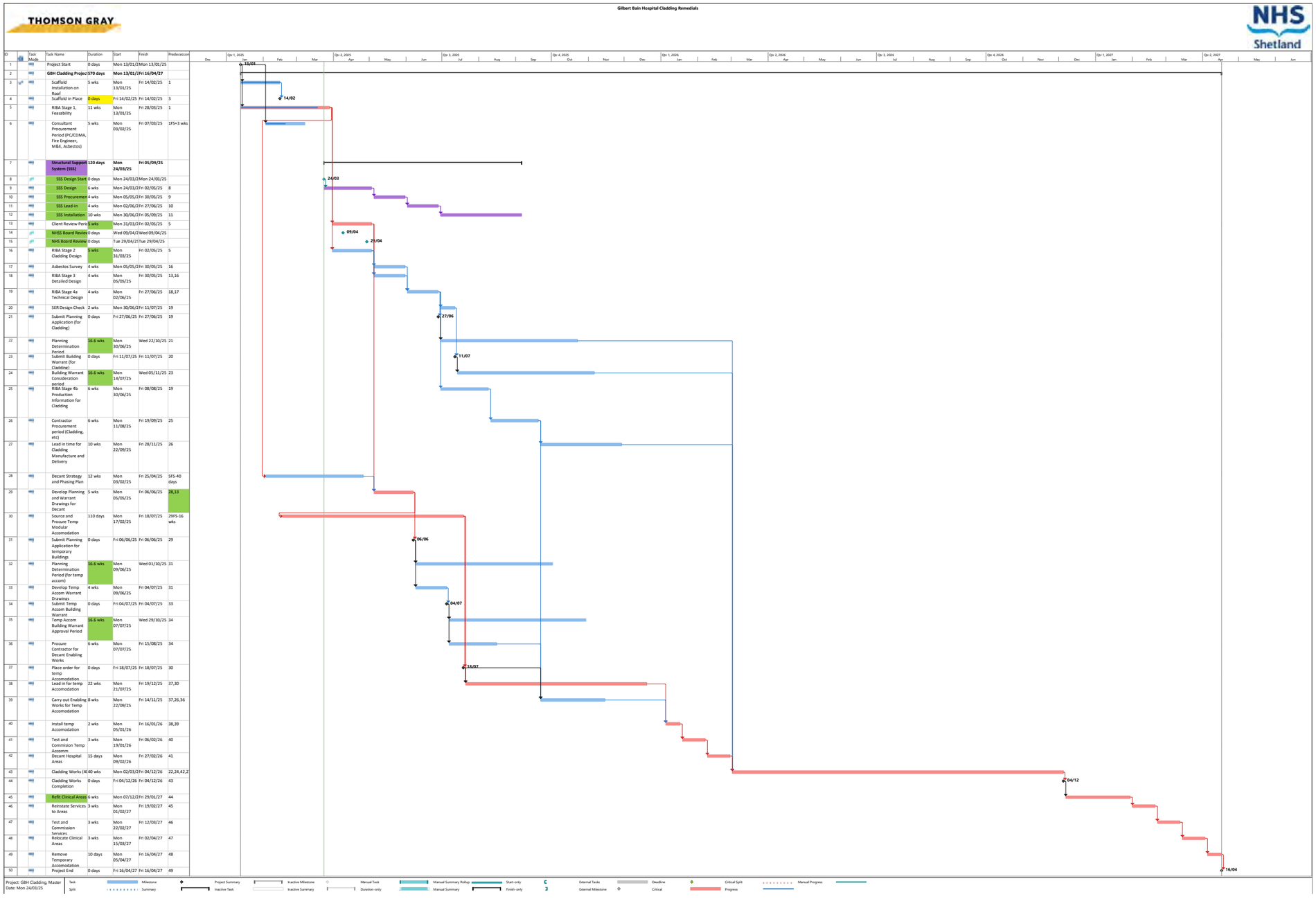
Image Caption: Portakabin

Image Caption: Vanguard

7 Appendices

7.1 Pre-Construction Programme

GBH Cladding,
Master Programme,
25-03-2025, Rev 5 prepared by
Thomson Gray (Project Manager)



ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors
1		Project Start	0 days	Mon 13/01/25	Mon 13/01/25	
2		**GBH Cladding Project**	**570 days**	**Mon 13/01/25**	**Fri 16/04/27**	
3		Scaffold Installation on Roof	5 wks	Mon 13/01/25	Fri 14/02/25	1
4		Scaffold in Place	0 days	Fri 14/02/25	Fri 14/02/25	3
5		RIBA Stage 1, Feasability	11 wks	Mon 13/01/25	Fri 28/03/25	1
6		Consultant Procurement Period (PQC/CDMA, Fire Engineer, M&E, Asbestos)	5 wks	Mon 03/02/25	Fri 07/03/25	1FS+3 wks
7		**Structural Support System (SSS)**	**120 days**	**Mon 24/03/25**	**Fri 05/09/25**	
8		SSS Design Start	0 days	Mon 24/03/25	Mon 24/03/25	
9		SSS Design	6 wks	Mon 24/03/25	Fri 02/05/25	8
10		SSS Procurement	4 wks	Mon 05/05/25	Fri 30/05/25	9
11		SSS Lead-in	4 wks	Mon 02/06/25	Fri 27/06/25	10
12		SSS Installation	10 wks	Mon 30/06/25	Fri 05/09/25	11
13		Client Review Period	5 wks	Mon 31/03/25	Fri 02/05/25	5
14		NHSS Board Review	0 days	Wed 09/04/25	Wed 09/04/25	
15		NHS Board Review	0 days	Tue 29/04/25	Tue 29/04/25	
16		RIBA Stage 2 Cladding Design	5 wks	Mon 31/03/25	Fri 02/05/25	5
17		Asbestos Survey	4 wks	Mon 05/05/25	Fri 30/05/25	16
18		RIBA Stage 3 Detailed Design	4 wks	Mon 05/05/25	Fri 30/05/25	13,16
19		RIBA Stage 4a Technical Design	4 wks	Mon 02/06/25	Fri 27/06/25	18,17
20		SER Design Check	2 wks	Mon 30/06/25	Fri 11/07/25	19
21		Submit Planning Application (for Cladding)	0 days	Fri 27/06/25	Fri 27/06/25	19
22		Planning Determination Period	16.6 wks	Mon 30/06/25	Wed 22/10/25	21
23		Submit Building Warrant (for Cladding)	0 days	Fri 11/07/25	Fri 11/07/25	20
24		Building Warrant Consideration period	16.6 wks	Mon 14/07/25	Wed 05/11/25	23
25		RIBA Stage 4b Production Information for Cladding	6 wks	Mon 30/06/25	Fri 08/08/25	19
26		Contractor Procurement period (Cladding, etc)	6 wks	Mon 11/08/25	Fri 19/09/25	25
27		Lead in time for Cladding Manufacture and Delivery	10 wks	Mon 22/09/25	Fri 28/11/25	26
28		Decant Strategy and Phasing Plan	12 wks	Mon 03/02/25	Fri 25/04/25	5FS-40 days
29		Develop Planning and Warrant Drawings for Decant	5 wks	Mon 05/05/25	Fri 06/06/25	28,13
30		Source and Procure Temp Modular Accomodation	110 days	Mon 17/02/25	Fri 18/07/25	29FS-16 wks
31		Submit Planning Application for temporary Buildings	0 days	Fri 06/06/25	Fri 06/06/25	29
32		Planning Determination Period (for temp accom)	16.6 wks	Mon 09/06/25	Wed 01/10/25	31
33		Develop Temp Accom Warrant Drawings	4 wks	Mon 09/06/25	Fri 04/07/25	31
34		Submit Temp Accom Building Warrant	0 days	Fri 04/07/25	Fri 04/07/25	33
35		Temp Accom Building Warrant Approval Period	16.6 wks	Mon 07/07/25	Wed 29/10/25	34
36		Procure Contractor for Decant Enabling Works	6 wks	Mon 07/07/25	Fri 15/08/25	34
37		Place order for temp Accomodation	0 days	Fri 18/07/25	Fri 18/07/25	30
38		Lead in for temp Accomodation	22 wks	Mon 21/07/25	Fri 19/12/25	37,30
39		Carry out Enabling Works for Temp Accomodation	8 wks	Mon 22/09/25	Fri 14/11/25	37,26,36
40		Install temp Accomodation	2 wks	Mon 05/01/26	Fri 16/01/26	38,39
41		Test and Commision Temp Accomm	3 wks	Mon 19/01/26	Fri 06/02/26	40
42		Decant Hospital Areas	15 days	Mon 09/02/26	Fri 27/02/26	41
43		Cladding Works (4C	40 wks	Mon 02/03/26	Fri 04/12/26	22,24,42,2
44		Cladding Works Completion	0 days	Fri 04/12/26	Fri 04/12/26	43
45		Refit Clinical Areas	6 wks	Mon 07/12/26	Fri 29/01/27	44
46		Reinstate Services to Areas	3 wks	Mon 01/02/27	Fri 19/02/27	45
47		Test and Commission Services	3 wks	Mon 22/02/27	Fri 12/03/27	46
48		Relocate Clinical Areas	3 wks	Mon 15/03/27	Fri 02/04/27	47
49		Remove Temporary Accomodation	10 days	Mon 05/04/27	Fri 16/04/27	48
50		Project End	0 days	Fri 16/04/27	Fri 16/04/27	49

7.2 Draft Construction Programme

Draft Programme V
04 12 Mar 25 prepared by
Robertson Construction
Group (Advising Contractor)

GILBERT BAIN HOSPITAL RECLADDING PROJECT
DRAFT TENDER PROGRAMME - V04

NHS Shetland

ROBERTSON

Line	Name	Duration	Start	Finish
1	**GILBERT BAIN HOSPITAL SHETLAND - V04**	**105w**	**13/01/2025**	**01/03/2027**
2	**Clients Pre Con Programme**	**105w**	**13/01/2025**	**01/03/2027**
3	Scaffold installed on roof of A&E	5w	13/01/2025	14/02/2025
4	Scaffold completed		14/02/2025	14/02/2025
5	RIBA Stage 1 Feasibility	11w	13/01/2025	28/03/2025
6	Consultant procurement period	5w	03/02/2025	07/03/2025
7	Client review period	2w	31/03/2025	11/04/2025
8	RIBA stage 2 cladding design	2w	31/03/2025	11/04/2025
9	Asbestos survey	4w	14/04/2025	14/05/2025
10	RIBA stage 3 detailed design	4w	14/04/2025	14/05/2025
11	RIBA stage 4a Tech design	4w	12/05/2025	09/06/2025
12	SER Design check	2w	09/06/2025	20/06/2025
13	Submit planning application for cladding		06/06/2025	06/06/2025
14	Planning determination period	12w	09/06/2025	01/09/2025
15	Submit Building warrant for cladding		20/06/2025	20/06/2025
16	Building warrant consideration period	12w	23/06/2025	15/09/2025
17	RIBA stage 4b production information for cladding	6w	09/06/2025	18/07/2025
18	Contractor procurement period - cladding etc	6w	21/07/2025	01/09/2025
19	Lead in time for cladding, manufacture and delivery	10w	01/09/2025	07/11/2025
20	Decant strategy and phasing plan	12w	03/02/2025	29/04/2025
21	Develop planning and warrant drawings for decant	5w	28/04/2025	03/06/2025
22	Sounce and procure temporary modular accommodation	21w	10/02/2025	10/07/2025
23	Submit planning application for temporary buildings		30/05/2025	30/05/2025
24	Planning determination period for temp accommodation	12w	02/06/2025	22/08/2025
25	Develop temp accommodation warrant	4w	02/06/2025	27/06/2025
26	Submit temp accommodation warrant		27/06/2025	27/06/2025
27	Temp accommodation warrant approval period	12w	30/06/2025	22/09/2025
28	Procure contractor for Decant enabling works	6w	30/06/2025	08/08/2025
29	Place order for temp accommodation		11/07/2025	11/07/2025
30	Lead in for temp accommodation	22w	14/07/2025	15/12/2025
31	Carry out enabling works for temp accommodation	8w	01/09/2025	24/10/2025
32	Install temp accommodation	2w	15/12/2025	09/01/2026
33	Test & commission temp accomodation	3w	12/01/2026	30/01/2026
34	Decant hospital	3w	02/02/2026	20/02/2026
35	Cladding works	39w	23/02/2026	27/11/2026
36	Cladding works completed		27/11/2026	27/11/2026
37	Reinstate services to areas	3w	30/11/2026	18/12/2026
38	Test & commission services	3w	04/01/2027	22/01/2027
39	Relocate clinical wards	3w	25/01/2027	12/02/2027
40	Remove temp accommodation	2w	15/02/2027	26/02/2027
41	Project completion		01/03/2027	01/03/2027
42	**Construction Programme**	**37w 3d**	**23/02/2026**	**18/11/2026**
43	Commence on site		23/02/2026	23/02/2026
44	Set up temporary welfare & segregation	2w	23/02/2026	06/03/2026
45	**Elevation 36 & 37 (replace bossed render only)**	**7w 3d**	**06/03/2026**	**30/04/2026**
46	Protect external plant fixed to elevation (9no)	2d	06/03/2026	09/03/2026
47	Erect standing scaffold	1w	10/03/2026	16/03/2026
48	Protect existing glazing (where render to be removed)	2d	17/03/2026	18/03/2026
49	Identify and agree all bossed areas to be stripped	2d	18/03/2026	19/03/2026
50	Remove bossed render (extent to be confirmed)	2w	23/03/2026	07/04/2026
51	Re render bossed areas	2w	03/04/2026	16/04/2026
52	Re seal / mastic where applicable	3d	17/04/2026	21/04/2026
53	Clean down sills and remove glazing protection	2d	20/04/2026	21/04/2026
54	Dismantle scaffold	1w	22/04/2026	28/04/2026
55	Remove plant protection.	2d	29/04/2026	30/04/2026
	Elevations 40 to 44 - 3 Storey tower			
56	**Elevation 44 (104m2)**	**11w**	**20/03/2026**	**10/06/2026**
57	Decommission and remove Heat pump M13, M14 & M15 and secure for re-installation after cladding	4d	20/03/2026	25/03/2026
58	Seal off / protect internal services in wards (2nd floor)	2d	20/03/2026	23/03/2026
59	Install temp bracing / support (design TBC) 2nd floor	4d	24/03/2026	31/03/2026
60	Seal off / protect internal services in Renal wards (1st floor)	2d	24/03/2026	25/03/2026
61	Install temp bracing / support (design TBC) 1st floor	4d	26/03/2026	02/04/2026
62	Dismantle external block elevation	1w 2d	03/04/2026	13/04/2026
63	Temporary sealing solution at cavity at 1st floor level	2d	14/04/2026	15/04/2026

Trades Contractor,Procurement Stages

Roughcasting | Scaffolding | Joinery | Cavity tray application | Bricklayer | Winded off factor | Wall cladding | MEP

Milestone Appearances

Start Milestone

Robertson Construction Group
Robertson House,
Castle Business Park,
Stirling,
FK9 4TZ
TEL: 01786 431600

ISSUE DATE 12 March 2025
REVISION DATE
1. V03 - Aligned with Thomson Gray updated precon prog rev 4.
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PROGRAMME No :Tender V04
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7.2 Draft Construction Programme

NHS Shetland

GILBERT BAIN HOSPITAL RECLADDING PROJECT
DRAFT TENDER PROGRAMME - V04

ROBERTSON

Line	Name	Duration	Start	Finish
64	Permanent cavity barrier solution @ 1st floor level	1w	13/04/2026	17/04/2026
65	Install new cladding support steelwork	1w 4d	16/04/2026	28/04/2026
66	Install new windows (8no)	4d	28/04/2026	01/05/2026
67	Winded off time factor	2w	29/04/2026	13/05/2026
68	Install cladding panels	1w 2d	14/05/2026	22/05/2026
69	Roof top flashings	3d	26/05/2026	28/05/2026
70	Remove temp bracing internally	4d	28/05/2026	02/06/2026
71	Reinstate MEP Heat pumps and recommission.	1w 1d	03/06/2026	10/06/2026
72	Make good internal finishes around new windows.	1w 1d	03/06/2026	10/06/2026
73	**Elevation 42 & part of 43 (186m2)**	**15w**	**20/04/2026**	**04/08/2026**
74	Decommision and remove Heat pumps M12, M11, M10, M6 and M9. Remove exhaust fan M7 and alter water tank overflow warning pipes (M8). Remove existing lightning protection tapes E1, E3 E4 & E5 and relocate TV ariel.	2w	20/04/2026	01/05/2026
75	Seal off / protect internal services in ward 3 (2nd floor)	2d	20/04/2026	21/04/2026
76	Install temp bracing / support (design TBC) 2nd floor	4d	22/04/2026	27/04/2026
77	Seal off / protect internal services in Maternity wards (1st floor)	2d	22/04/2026	23/04/2026
78	Install temp bracing / support (design TBC) 1st floor	4d	24/04/2026	29/04/2026
79	Dismantle external block elevation	2w 4d	30/04/2026	20/05/2026
80	Temporary sealing solution at cavity at 1st floor level	2d	19/05/2026	20/05/2026
81	Permanent cavity barrier solution @ 1st floor level	1w	21/05/2026	28/05/2026
82	Install new cladding support steelwork	2w 4d	26/05/2026	12/06/2026
83	Install new windows (8no)	4d	15/06/2026	18/06/2026
84	Winded off time factor	2w	15/06/2026	26/06/2026
85	Install cladding panels	2w 2d	30/06/2026	15/07/2026
86	Roof top flashings	3d	16/07/2026	20/07/2026
87	Remove temp bracing internally	4d	16/07/2026	21/07/2026
88	Make good internal finishes around new windows.	1w 1d	22/07/2026	29/07/2026
89	Reinstate Heatpumps and electrical items as noted in task 35	2w	22/07/2026	04/08/2026
90	**Elevation 41 (155m2)**	**12w**	**16/06/2026**	**08/09/2026**
91	Remove existing lightning tapes E1 (2no)	2d	16/06/2026	17/06/2026
92	Seal off / protect internal services in ward 3 (2nd floor)	2d	16/06/2026	17/06/2026
93	Install temp bracing / support (design TBC) 2nd floor	4d	18/06/2026	23/06/2026
94	Seal off / protect internal services in Maternity wards (1st floor)	2d	18/06/2026	19/06/2026
95	Install temp bracing / support (design TBC) 1st floor	4d	22/06/2026	25/06/2026
96	Dismantle external block elevation	2w	26/06/2026	09/07/2026
97	Temporary sealing solution at cavity at 1st floor level	2d	09/07/2026	10/07/2026
98	Permanent cavity barrier solution @ 1st floor level	1w	10/07/2026	16/07/2026
99	Install new cladding support steelwork	2w	16/07/2026	29/07/2026
100	Install new windows (3no)	2d	30/07/2026	31/07/2026
101	Winded off time factor	2w	29/07/2026	11/08/2026
102	Install cladding panels	2w	12/08/2026	25/08/2026
103	Roof top flashings	3d	26/08/2026	28/08/2026
104	Remove temp bracing internally	3d	26/08/2026	28/08/2026
105	Make good internal finishes around new windows.	1w 1d	01/09/2026	08/09/2026
106	Reinstate lightning tapes	2w	03/08/2026	14/08/2026
107	**Elevation 40 / part of 43 (130m2)**	**12w 1d**	**27/07/2026**	**20/10/2026**
108	Remove existing AHU grills M1, M2, M3, M4 & M5 & Lightning protection tapes E1 & E4	1w 1d	27/07/2026	03/08/2026
109	Seal off / protect internal services in ward 3 (2nd floor)	2d	27/07/2026	28/07/2026
110	Install temp bracing / support (design TBC) 2nd floor	4d	29/07/2026	03/08/2026
111	Seal off / protect internal services in Maternity wards (1st floor)	2d	29/07/2026	30/07/2026
112	Install temp bracing / support (design TBC) 1st floor	4d	31/07/2026	05/08/2026
113	Alterations to 4no existing fresh air inlet / exhaust grills	1w	30/07/2026	05/08/2026
114	Dismantle external block elevation	2w	06/08/2026	19/08/2026
115	Temporary sealing solution at cavity at 1st floor level	2d	19/08/2026	20/08/2026
116	Permanent cavity barrier solution @ 1st floor level	1w	20/08/2026	26/08/2026
117	Install new cladding support steelwork	2w	26/08/2026	09/09/2026
118	Install new windows (6no)	2d	10/09/2026	11/09/2026
119	Winded off time factor	2w	10/09/2026	23/09/2026
120	Install cladding panels	2w	24/09/2026	07/10/2026
121	Roof top flashings	3d	08/10/2026	12/10/2026
122	Remove temp bracing internally	3d	08/10/2026	12/10/2026
123	Make good internal finishes around new windows.	1w 1d	13/10/2026	20/10/2026
124	Reinstate AHU grills M1, M2, M3, M4 & M5 and lightning protection tapes.	1w 2d	24/09/2026	02/10/2026

Trades Contractor,Procurement Stages
Roughcasting | Scaffolding | Joinery | Cavity tray application | Bricklayer | Winded off factor | Wall cladding | MEP

Milestone Appearances
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FK9 4TZ
TEL: 01786 431600

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7.2 Draft Construction Programme

GILBERT BAIN HOSPITAL RECLADDING PROJECT
DRAFT TENDER PROGRAMME - V04

NHS Shetland | ROBERTSON

Line	Name	Duration	Start	Finish
125	**Elevation 39 (92m2) Replace lintels, cills, movement joints & beads**	**12w 1d**	**24/08/2026**	**17/11/2026**
126	TW design for roof support / scaffolding	1w	24/08/2026	28/08/2026
127	Install temporary roof support to GF for scaffolding (in A&E)	1w	01/09/2026	07/09/2026
128	Erect scaffold on GF roof	1w	08/09/2026	14/09/2026
129	Seal off / protect internal services in ward 3 - 2nd floor	1w	08/09/2026	14/09/2026
130	Temporary works to support 2nd floor window lintels	1w	15/09/2026	21/09/2026
131	Remove windows (5no)	2d	22/09/2026	23/09/2026
132	Remove & replace 2nd floor lintels & cills (5no)	3d	24/09/2026	28/09/2026
133	Install new windows	2d	29/09/2026	30/09/2026
134	Temporary works to support 1st floor window lintels	1w	29/09/2026	05/10/2026
135	Remove windows 5no)	2d	06/10/2026	07/10/2026
136	Remove & replace 1st floor lintels & cills (5no)	3d	08/10/2026	12/10/2026
137	Install new windows	2d	13/10/2026	14/10/2026
138	Break out existing movement joints & render beads	1w	13/10/2026	19/10/2026
139	Renew movement joints and render beads	1w	20/10/2026	26/10/2026
140	Re render affected areas	2w	27/10/2026	09/11/2026
141	Renew mastic	3d	10/11/2026	12/11/2026
142	Remove internal protection from wards - 2nd and 1st floor	3d	13/11/2026	17/11/2026
143	**Elevation 38 (55m2) Replace lintels, cills, movement joints & beads**	**6w 2d**	**06/10/2026**	**18/11/2026**
144	Seal off / protect internal services in ward 3 - 2nd floor	4d	06/10/2026	09/10/2026
145	Temporary works to support 2nd floor window lintels	2d	12/10/2026	13/10/2026
146	Remove windows (1no)	1d	14/10/2026	14/10/2026
147	Remove & replace 2nd floor lintels & cills (1no)	1d	15/10/2026	15/10/2026
148	Install new windows	2d	16/10/2026	19/10/2026
149	Temporary works to support 1st floor window lintels	2d	19/10/2026	20/10/2026
150	Remove windows 1no)	1d	21/10/2026	21/10/2026
151	Remove & replace 1st floor lintels & cills (1no)	1d	22/10/2026	22/10/2026
152	Install new window	1d	23/10/2026	23/10/2026
153	Break out existing movement joints & render beads	1w	26/10/2026	30/10/2026
154	Renew movement joints and render beads	1w	02/11/2026	06/11/2026
155	Re render affected areas	1w	09/11/2026	13/11/2026
156	Renew mastic	1d	16/11/2026	16/11/2026
157	Remove internal protection from wards - 2nd and 1st floor	2d	17/11/2026	18/11/2026
158	**Elevation 39 Option B - Rainscreen cladding system fitted onto face of existing facade.**	**7w 1d**	**25/08/2026**	**14/10/2026**
159	Protection measures with in maternity ward spaces	2d	25/08/2026	26/08/2026
160	Clear / remove any loose debris on facade	1d	27/08/2026	27/08/2026
161	Install carrier system to the blockwork face	1w	28/08/2026	04/09/2026
162	Insulation board to carrier system	3d	07/09/2026	09/09/2026
163	Install new windows 8 no	3d	10/09/2026	14/09/2026
164	Winded off time factor	2w	10/09/2026	23/09/2026
165	Rain screen cladding	1w 3d	24/09/2026	05/10/2026
166	Flashings at roof level	1d	06/10/2026	06/10/2026
167	Remove existing window (internally) 8 no	3d	07/10/2026	09/10/2026
168	Reinstate window ingo finishes	3d	12/10/2026	14/10/2026
169	**Elevation 38 Option B - Rainscreen cladding system fitted onto face of existing facade.**	**6w 2d**	**02/10/2026**	**16/11/2026**
170	Protection measures with in maternity ward spaces	2d	02/10/2026	05/10/2026
171	Clear / remove any loose debris on facade	1d	06/10/2026	06/10/2026
172	Install carrier system to the blockwork face	4d	07/10/2026	12/10/2026
173	Insulation board to carrier system	3d	13/10/2026	15/10/2026
174	Install new windows 2 no	3d	16/10/2026	20/10/2026
175	Winded off time factor	2w	15/10/2026	28/10/2026
176	Rain screen cladding	1w 1d	29/10/2026	05/11/2026
177	Flashings at roof level	1d	06/11/2026	06/11/2026
178	Remove existing window (internally) 2 no	3d	09/11/2026	11/11/2026
179	Reinstate window ingo finishes	3d	12/11/2026	16/11/2026
180	Remove scaffolding from 3 storey tower	4w	13/10/2026	09/11/2026
181	Remove scaffold from elevations 38 & 39	1w	17/11/2026	23/11/2026
182	Remove temporary support within GF A&E	4w	17/11/2026	14/12/2026

Trades Contractor,Procurement Stages
Roughcaasting | Scaffolding | Joinery | Cavity tray application | Bricklayer | Winded off factor | Wall cladding | MEP

Milestone Appearances
Start Milestone

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7.3 Project Risk Register

GBH Cladding Risk Register 25-03-2025 Rev 2 prepared by Thomson Gray (Project Manager)

RISK REGISTER	
Project Title	Gilbert Bain Cladding Remedials
Revision No.	Rev 2, 25-03-2025
Risk Champion	David Wagstaff - NHSS Project Director

Ref No:	Type	Workstream	Risk Description	Prior to Mitigation			Mitigation	Post Mitigation			Risk Owner	Risk/Mitigation Manager	Action Date	Comments
				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				
1	Stakeholder	Decant	Inadequate Stakeholder Engagement or Design; May fail to engage with stakeholders or stakeholders are unable to dedicate adequate time for design.	2	4	8	Identify key stakeholders and negotiate appropriate time. Programming stakeholder time in advance in line with availability (6 weeks where possible for clinical staff).	1	4	4	NHS	David Wagstaff		
2	Design	Decant/Cladding	Lack of existing site survey information at appointment of Contractor	3	4	12	As built information is being sought. Some external surveys have been carried out	3	4	12	NHS	David Wagstaff		27-02-2025 Further decant and enabling surveys are required to old part of hospital. Asbestos register to be circulated. RONAS etc will need an asbestos refurb survey caried out. No intrusive work has been carried out. Chosen option info from 360 will advise areas to be surveyed. Services info may need to be reviewed but MRI project provided info for the west car park area. Water and drainage are known to be in this area.
3	Brief	Decant/Cladding	Insufficient parking in car park following installation of temporary accommodation and contractor compound and safety cordon..	4	4	16	Alternative locations to be identified for temporary accommodation or parking..	2	3	6	NHS	David Wagstaff		27-02-2025 Parking to be designated for patients and visitors- off site parking may be required for staff, with transport plan (shuttle busses?). To be included in cost plan. Contractor will need to provide transport/delivery schedule.
4	Construction/Cost	Cladding	Adverse weather delays work.	4	4	16	Weather allowance to be incorporated into programme and costs	3	4	12	NHS	David Wagstaff		27-02-2025 Contractor to provide programme including weather allowances as tasks for deliveries and works. Materials deliveries on ferries can be delayed by weather. Knock on delays for rebooking. This may affect temp accommodation and cladding deliveries.
5	Site	Cladding	Ingress of rain water to ground floor once outer leaf of wall removed causes disruption to services in Outpatients department	4	5	20	Implications of removal of the outer leaf to be established during design and solution identified. Contractor to be engaged to assist in identifying a solution to this issue.	2	3	6	Contractor	TBC		27-02-2025 Possible Tyvek layer may assist.
6	Design	Cladding	Wind affects inner leaf of walls following removal of the outer leaf.	4	3	12	Suitability of internal walls to be considered prior to exposing and suitable method of supporting identified.	2	3	6	NHS	David Wagstaff		27-02-2025 MM and Robertson to liaise and review.
7	Contractor	Cladding	Works cause damage to ground floor roof.	3	5	15	Contractor to review suitability RAMS for keeping water out of the areas of the building that remain.	1	5	5	Contractor	TBC		27-02-2025 Contractor RAMS to be developed.
8	Site	Decant	Loss of continuity of (affected) clinical services during the relocation or construction phases.	4	5	20	Robust planning of relocation strategy to be undertaken.	2	5	10	NHS	David Wagstaff		27-02-2025 Ongoing- regular meetings with stakeholders.
9	Site	Cladding	Externally mounted plant serves unaffected areas of the building leading to additional works to maintain services.	3	5	15	Detailed investigation and surveys to be carried out prior to works to determine the areas served by external items of plant (eg air conditioning plant, etc)	2	5	10	NHS	David Wagstaff		27-02-2025 Engagement of M&E consultant to review.
10	Cost	Decant/Cladding	Costs of proposed solution are greater than cost estimate.	4	3	12	Regular reviews to be undertaken to ensure cost estimate is valid.	3	3	9	NHS	David Wagstaff		27-02-2025 Unknows will affect the costs, once site works start, once absolute detail is known.
11	Programme	Decant	Decant strategy and procurement of accommodation takes longer than expected to develop leading to project delays.	4	3	12	Early stakeholder engagement to be undertaken to develop robust strategy	2	3	6	NHS	David Wagstaff		27-02-2025 Procurement has started and supply chain engagement is underway to identify what accommodation is available.
12	Site	Decant/Cladding	Increased traffic movements during construction, including requirements for materials handing, etc., cause disruption.	5	4	20	Contractor to develop delivery schedule and programme deliveries outwith peak periods.	2	5	10	Contractor	Contractor		27-02-2025 Traffic management plan. Peak period to be identified/ defined. Liaison with management team in hospital for future deliveries. Blue light route to be protected at all times.

7.3 Project Risk Register

RISK REGISTER	
Project Title	Gilbert Bain Cladding Remedials
Revision No.	Rev 2, 25-03-2025
Risk Champion	David Wagstaff - NHSS Project Director

Ref No:	Type	Workstream	Risk Description	Prior to Mitigation			Mitigation	Post Mitigation			Risk Owner	Risk/Mitigation Manager	Action Date	Comments
				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				
13	Brief	Decant	Clinical Brief; May fail to define appropriately the clinical need resulting in change.	3	4	12	Output specifications drawn up with users and signed off. Revisions will follow same process. Clinical leads to review clinical need based on service history and projected demand.	1	4	4	NHS	David Wagstaff		27-02-2025 Liaison ongoing
14	Brief	Decant	Management of Expectations (Clinical Brief) Planned temporary facilities do not meet expectations of public, staff, clinicians, NHS, etc. Impacting reputation & Service Delivery Impact.	2	3	6	Stakeholder engagement to be included in the programme.	1	3	3	NHS	David Wagstaff		27-02-2025 Liaison ongoing
15	Site	Decant	Lack of power and other services for temporary clinical accommodation to accommodate all planned buildings resulting in programme delay and increased project cost.	2	4	6	Load capacity check to be carried out on existing power supply to determine the availability of power for temporary facilities.	2	4	3	NHS	David Wagstaff		27-02-2025 M&E consultant to be engaged.
16	Stakeholder	Decant/Cladding	NHS SCIM process including NDAP, KSAR, etc is not required for the project. Confirmation that ths is not required should be confirmed. Current programme and scope assumes that there is no requirement to follow the SCIM process. Implementation of this process will have an impact on the programme.	3	3	9	Confirmation of requirements to be confirmed as soon as possible. NHS Assure to be included and updated throughout the programme. NHS Assure to be invited to meetings as required.	1	3	3	NHS	David Wagstaff		27-02-2025 Process does not exist but advice can be sought as required, via NHS Assure.
17	Governance	Decant/Cladding	Poor definition of roles, responsibilities and communication routes/paths leading to unfulfilled roles and responsibilities.	2	3	6	Robust governance structures agreed. Terms of Reference, internal matrices and appointment documents in place for the project. PEP developed.	1	3	3	NHS	David Wagstaff		27-02-2025 PEP development underway.
18	Design	Decant/Cladding	Contractor may fail to identify and address site constraints (environmental concerns, ground conditions, public access, car parking, transport).	3	3	9	Contractor to undertake site surveys to confirm site conditions and constraints and develop RAMS accordingly.	2	2	4	Contractor	Contractor		27-02-2025 Ongoing, and will be developed along side proposals.
19	Governance	Decant	Fire Strategy does not match NHS Fire Officer and Building Control and Fire Code requirements.	2	3	6	Fire strategy for temporary accommodation to be developed an approved prior to installation.	2	3	6	Contractor	Contractor		27-02-2025 Fire Consultant to be engaged when suitable info is available.
20	Governance	Decant/Cladding	NHS Scotland Assure do not support the project.	3	4	12	NHSScotland Assure are providing support to NHS Shetland in an informal basis and no formal process is being followed (i.e. NDAP or KSAR) therefore there is no risk that NHSScotland Assure will affect the programme.	1	4	4	NHS	David Wagstaff		19-03-2025 AW advised in an email that this is not a risk (see mitigation comment). Post mitigation risk rating probability reduced from 2 to 1. 27-02-2025 Advice to be sought as to whether this is relevant.
21	Site	Decant/Cladding	Disruption to blue light routes.	2	5	10	Contractor to plan deliveries (delivery schedule), suitable traffic management and clear supplier driver instructions to be developed if required.	1	4	4	Contractor / NHS	Contractor/David Wagstaff		27-02-2025 Contractor TM plan and site TM plan to be reviewed.
22	Site	Decant/Cladding	Issues with pedestrian / vehicle / cyclist interface and routes	3	3	9	Ensure a robust Contractor traffic management plan is in place. Plan deliveries, suitable traffic management and clear supplier driver instructions to be developed.	2	3	6	Contractor	Contractor		27-02-2025 Contractor TM plan and site TM plan to be reviewed.
23	Governance	Decant/Cladding	Approval of Planning application by Shetland Islands Council may impact design, cost and/or programme	4	3	12	Commence engagement as early as possible with Shetland Islands Council.	2	3	6	NHS	David Wagstaff		27-02-2025 Programme currently allows adequate time to achieve Planning Permission. 360 have submitted initial request to Planning with areas of decant and cladding proposals.
24	Governance	Decant/Cladding	Approval of Building Warrant application by Shetland Islands Council may impact design, cost and/or programme	4	3	12	Commence engagement as early as possible with Shetland Islands Council.	2	3	6	NHS	David Wagstaff		27-02-2025 Programme has currently allows adequate time to achieve Building Control approval.
25	Governance	Decant/Cladding	Project Team Continuity including clinical team and project team (both client and lead advisor teams).	3	3	9	Ensure handover processes are prepared and implemented. Documentation to detail decision making processes internally and find suitable alternatives.	3	2	6	NHS	David Wagstaff		
26	Governance	Decant/Cladding	External communications management – reputational damage if not managed appropriately.	2	3	6	Appointment of dedicated Comms Manager by NHS.	2	2	4	NHS	David Wagstaff		27-02-2025 Comms team/ corporate services manager will cover public comms.
27	Governance	Decant/Cladding	Business case not supported by Scottish Government due to wider public sector budgetary pressures	3	5	15	Continued engagement with Scottish Government / NHS project board.	3	5	15	NHS	David Wagstaff		27-02-2025 Project supported to the end of March. To be reviewed.

7.3 Project Risk Register

RISK REGISTER	
Project Title	Gilbert Bain Cladding Remedials
Revision No.	Rev 2, 25-03-2025
Risk Champion	David Wagstaff - NHSS Project Director

Ref No:	Type	Workstream	Risk Description	Prior to Mitigation			Mitigation	Post Mitigation			Risk Owner	Risk/Mitigation Manager	Action Date	Comments
				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				
28	Governance	Decant/Cladding	Business case not supported by Scottish Government due to exceeding current budget allocation	2	5	10	Initial Cost Plan currently being undertaken and OB Workshop completed. NHS to take updated costs once provided and progress through internal governance process.	2	5	10	NHS	David Wagstaff		27-02-2025 Unknows will affect the costs, once site works start, once absolute detail is known.
29	Governance	Decant/Cladding	Delay in internal assurance and governance process impacts programme for delivery due to resource pressures	3	4	12	Confirm NHS committee / meeting dates in advance including when inputs are due, and allocate realistic duration for governance processes within the programme.	2	4	8	NHS	David Wagstaff		27-02-2025 Multiple Programme Boards. New clinical areas being established as part of decant will need to be passed through Infection control. Temp facilities will need allowance in programme for test commissioning, water testing period to included in decant programme. Also to be included at the end of the programme prior to return to accommodation.
30	Brief	Decant/Cladding	Employers Brief document hierarchy not suitably defined leading to ambiguity in Works Information	3	3	9	Project Team will review the briefing information prior to issue to the Contractor. Hierarchy of documentation to be detailed within the Technical Brief or other documentation.	2	3	6	NHS	David Wagstaff		27-02-2025 RIBA stage reports will be the brief for the project. Info required following this will be determined by the procurement route. If Board do not accept proposals then procurement will be delayed.
31	Site	Decant/Cladding	Potential access issues may be encountered preventing proposed site surveys to be progressed by Contractor	3	3	9	Plan any surveys in advance and seek approval from necessary stakeholder.	1	3	3	Contractor / NHS	TBC / David Wagstaff		
32	Site	Decant/Cladding	Affect of temporary accommodation/contractors compounds (including services installation, vehicle movements, etc) on the car park surfacing, etc.	4	3	12	Area to be monitored during works. Possible resurface/remedial works may be required.	2	4	8	NHS	David Wagstaff		27-02-2025 Dilapidation survey to be carried out prior to occupying these areas.
33	Site	Decant	Workforce pressures may impact the nature of any decant proposals as staff teams can't be split across additional sites unless their numbers are increased – and the island location makes this more difficult to manage	4	3	12	Where teams are to move, whole teams to be moved to same location and not split across locations. .	3	3	9	NHS	David Wagstaff		27-02-2025 360 to consider decant strategy.
34	Site	Decant	Delayed patient discharges can account for up to 30% higher bed requirements. If we can reduce delayed discharges, we can reduce the number of beds required in the decant, therefore reduce the areas required. If delayed discharges go up, pressure on bed numbers for any decant will increase	4	3	12	Under review at present- to be updated.	4	3	12	NHS	David Wagstaff		
35	Contractor	Decant/Cladding	On island availability and cost of accommodation for contractors may be a significant challenge	4	3	12	Early booking of accommodation to be carried out by contractor.	3	4	12	Contractor	Contractor		
36	Contractor	Decant/Cladding	Ferry space for deliveries may be a challenge.	4	3	12	Early booking of ferries to be carried out by contractor.	3	3	9	Contractor	Contractor		
37	Contractor	Cladding	Noise and vibration may disrupt the hospital	5	4	20	Works are close to patient areas. Noisy working times to be agreed with clinical staff on a daily basis Decant of patients directly adjacent to work areas is planned	2	3	6	Contractor	Contractor		
38	Contractor	Cladding	Patient privacy may disrupt the scheduling of the construction works	5	4	20	Window film to be considered for privacy Decant of patients directly adjacent to work areas is planned.	2	3	6	Contractor	Contractor		
39	Contractor	Cladding	Ward 3 Lift and thoroughfare must be maintained for ward access and contingency and evacuation purposes.	3	4	12	Contractor RAMS to be developed to keep this area clear. First floor roof access to be planned from external areas.	1	3	3	Contractor	Contractor		
40	Site	Decant/Cladding	Inability to secure temporary staffing to free up capacity for the Clinical Lead to undertake planning, oversight, execution and delivery of the relocation of services across the site.	4	4	16	NHS workig with agency, Hub North and NHS to source suitable candidate.	4	4	16	NHS	David Wagstaff		
41	Construction	Decant/Cladding	HSE or other statutory body intervention either planned or ad-hoc leading to delays/ changes to the project deliverables.	3	4	12	Competent contractor to be engaged to ensure that works are carried out to current standards	1	4	4	Contractor	Contractor		

7.3 Project Risk Register

RISK REGISTER	
Project Title	Gilbert Bain Cladding Remedials
Revision No.	Rev 2, 25-03-2025
Risk Champion	David Wagstaff - NHSS Project Director

Ref No:	Type	Workstream	Risk Description	Prior to Mitigation			Mitigation	Post Mitigation			Risk Owner	Risk/Mitigation Manager	Action Date	Comments
				Probability (1-5)	Impact (1-5)	Risk Rating (1-25)		Probability (1-5)	Impact (1-5)	Risk Rating (1-25)				
42	Design	Decant/Cladding	Adherence to built environment guidance (SHTM's etc) leading to design/ execution delays and increased costs.	3	4	12	Areas will be relocated but standards may not always be met other thanitems such as fire, water quality, some areas of ventilation, etc. further discussinf required with NHSS Assure	3	4	12	NHS	David Wagstaff		
43	Site	Decant	Inability to secure a decant solution that meets the clinical and operational requirements of the organisation.	5	5	25	Early engagement with mobularaccommodation suppliers, clinical teams etc. Further discussions required	5	5	25	NHS	David Wagstaff		
44	Site	Cladding	The structural integrity risk associated with a delay caused by funding allocation and/ or inability to secure a clinical decant solution.	5	5	25	Structural support of the walls around the tower to be implemented and installed. Design solution to be sought and solutioninstalled.	5	5	25	NHS	David Wagstaff		

7.4 Statutory Authority Responses

Planning Response Received 27.02.25

Dear Mrs Allan

I refer to your pre-application enquiry above, submitted in respect of alterations to part of the facacde of the Gilbert Bain Hospital which is likely to result in approximately 1,093m2 of replacement cladding and the provision of temporary hospital accommodation for patients in the form of temporary mobile units and/or portacabin type treatment units within the existing parking area serving the hospital for a period of approximately 1 year.

You have not specified the type of cladding system to be used on the exterior elevations, nor provided an indication of the number of treatment units/portacabins (nor dimensions) that may be required on site, however having considered Class 9C of The Town and Country Planning (General Permitted Development) (Scotland) Order 1992 (as amended) I can advise that full planning permission will be required for both elements of the development works you have described.

Although no dimensions of the existing parking area to be taken up with the mobile units has been provided, it would appear that this area to be used for decanting patients, albeit temporarily, would exceed 100sqm. Furthermore, the existing car park to be used for an alternative function also lies within 10 metres of the boundary of the curtilage of the premises and given that the proposal would result in a reduction in the space available for the parking and turning of vehicles, the proposal would not benefit from permitted development rights in this instance. The part of the works which relate to the recladding of part of the exterior of the building would exceed 4 metres above ground level in places and as such, full planning permission would also be required for that element of the works.

Given that these development are intrinsically linked, from a planning perspective, it would make sense to ensure both developments are included on the one planning application submission, however it is entirely up to your client as to how they wish to proceed, however as one part of the development work is entirely dependent on the other, it is likely that two separate applications for each component part would be assessed and determined at the same time.

Should your client wish to proceed with an application for this development, I would strongly advise that they contact the Council's Roads Service prior to any submission as parking capacity and accessibility in and around the Gilbert Bain Hospital is already somewhat constrained and the displacement of a further 25 spaces, albeit for a temporary period of approximately 1 year, is also likely to give cause for concern. Please also note that existing and proposed plans for each element of the proposed development will require to be submitted and appropriately scaled and dimensioned, with full details of the colour and material finishes also to be included.

I trust the above information is of use to you in the interim, however please note that my response constitutes informal officer advice only, which shall not prejudice the outcome of any application you subsequently make, nor any decision taken by the Planning Authority.

Regards

Dawn Stewart, BA, MA, MRTPI
Planning Officer – Development Management
Shetland Islands Council
Development Department
Planning Service
8 North Ness
Lerwick
Shetland
ZE1 0LZ

Tel: 01595 744817
Email: dawn.stewart@shetland.gov.uk

Building Control Response Received 12.03.25

Shetland
Islands Council

Executive Manager: Iain S McDiarmid
Director: Neil Grant

Planning
Development Services
8 North Ness Business Park
Lerwick
Shetland
ZE1 0LZ

Telephone: 01595 744293
www.shetland.gov.uk

If calling please ask for:
Hannah Gillie
Business Support Officer
building.standards@shetland.gov.uk
Direct Dial: 01595 744815

Threesixty Architecture
The Garment Factory, 6th Floor
10 Montrose Street
Glasgow
G1 1RE

FAO Gillian Allan

Your Ref:
Our Ref: **PA/2025/002**

Date: 5th March 2025

Dear Sir/Madam,

The Building (Scotland) Act 2003

Building Standards Pre-application Enquiry

Your pre-application enquiry regarding 'Replacement of parts of defective external leaf of the building with new cladding, plus provision of temporary decant accommodation in the grounds of the hospital' at Gilbert Brain Hospital, Lerwick has been received and will be answered as quickly as possible by the next available duty officer.

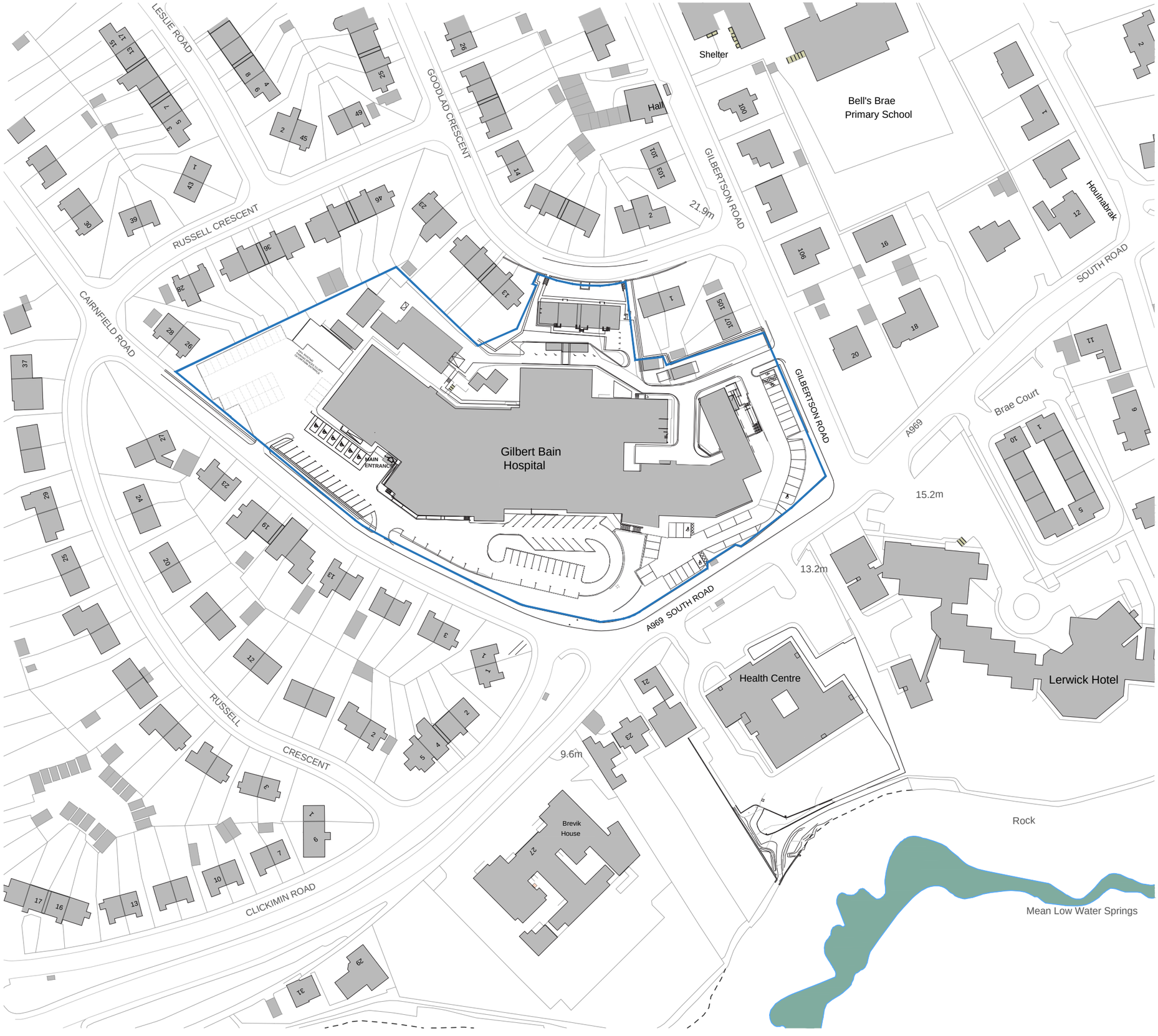
In the meantime you may find further useful information about the building warrant system on our website at www.buildingstandards.gov.uk/buildingstandards and also on the Local Authority Building Standards Scotland (LABSS) website at www.labss.org.

Thank you.

Yours faithfully,
Hannah Gillie

Hannah Gillie
Business Support Officer

7.5 Drawings



NHS Shetland Ownership Boundary

N

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NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately. Do not scale dimensions from this drawings.

REVISION

PLANNING

SCALE	DATE	DRAWN	CHECKED
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PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

Location Plan
As Existing

Threesixty Architecture
10 MONTROSE STREET
GLASGOW
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24069A-10-001

NOTES

ORIGINAL A1

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REVISION

SCALE	DATE	DRAWN	CHECKED
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PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

GROUND FLOOR PLAN
AS EXISTING

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DRAWING No.

24069A-10-003

NOTES

ORIGINAL A1

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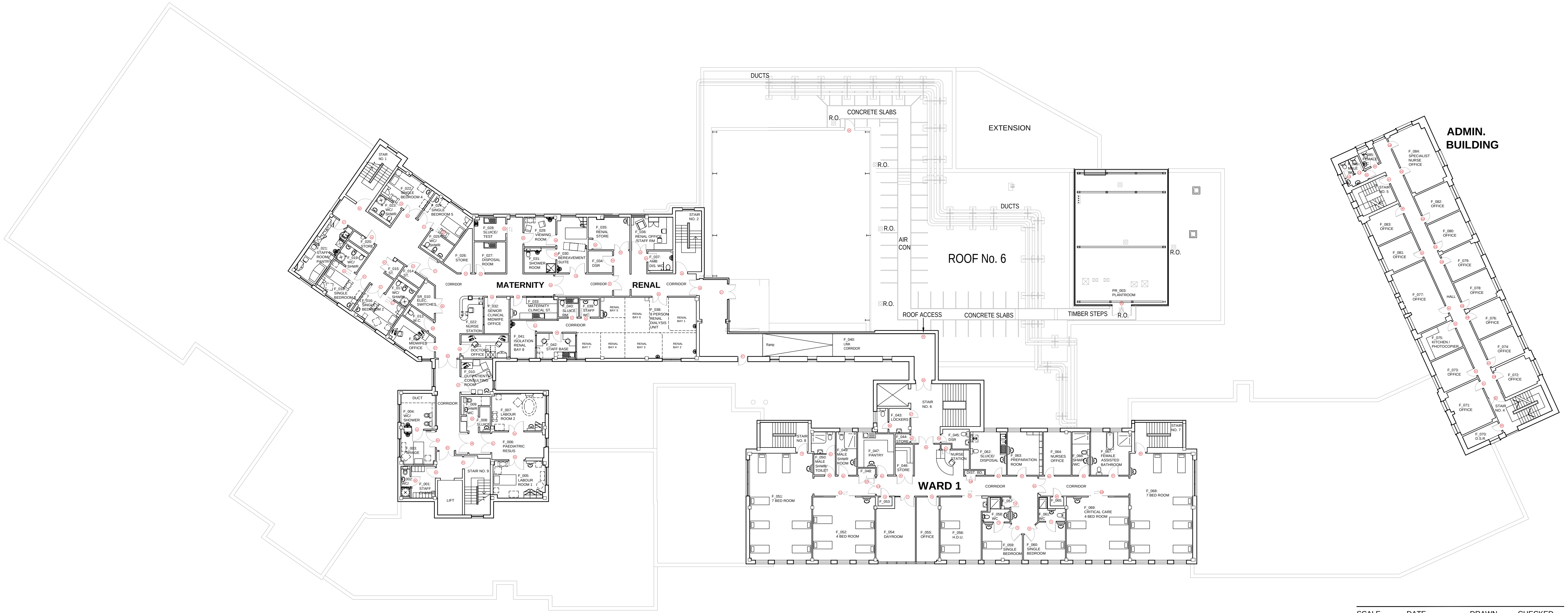
REVISION



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PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

FIRST FLOOR PLAN
AS EXISTING

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NOTES

ORIGINAL A1

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

REVISION

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PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

SECOND FLOOR PLAN
AS EXISTING

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24069A-10-005

NOTES

ORIGINAL A1

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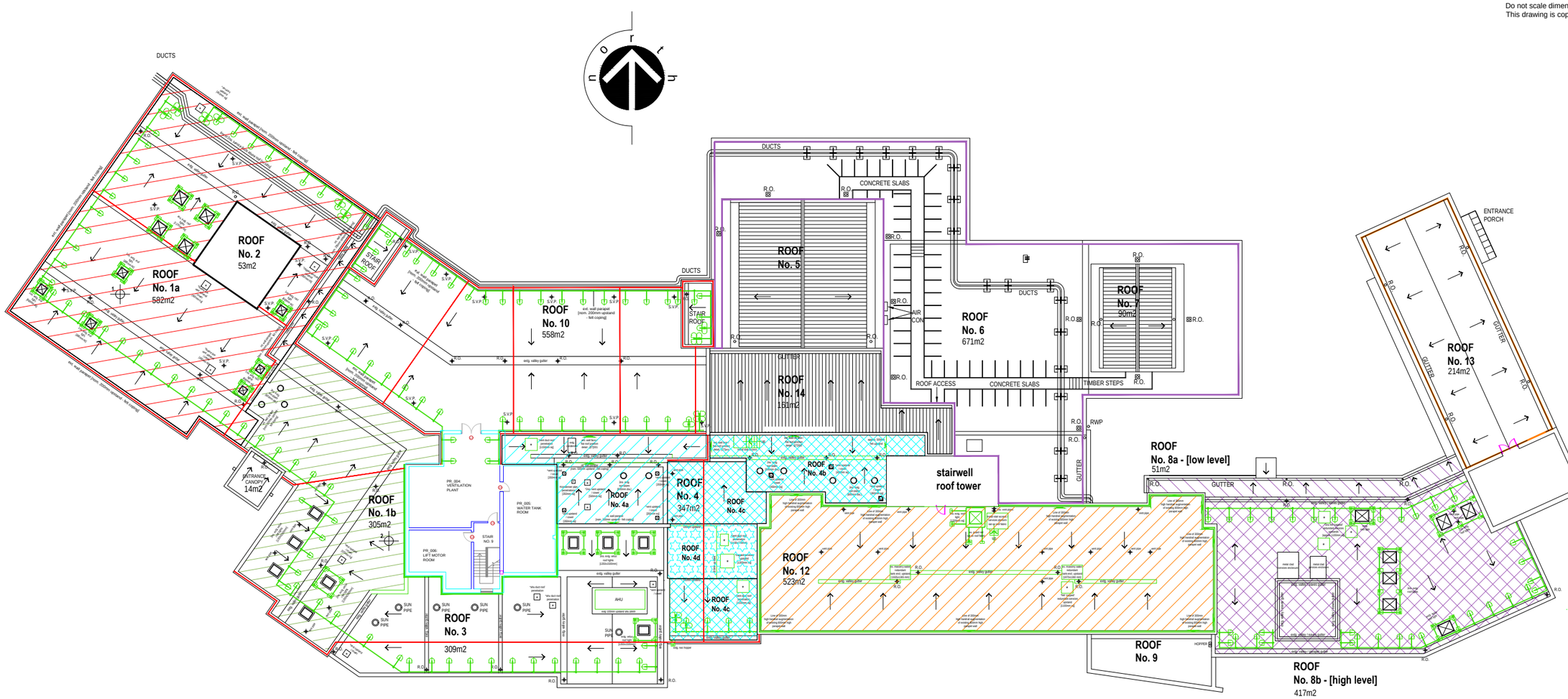
Do not scale dimensions from this drawings.



REVISIONS

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PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

Third Floor Plan
As Existing

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DRAWING No.

24069A-10-006

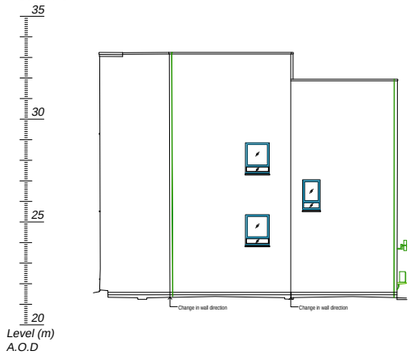
NOTES ORIGINAL A0

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

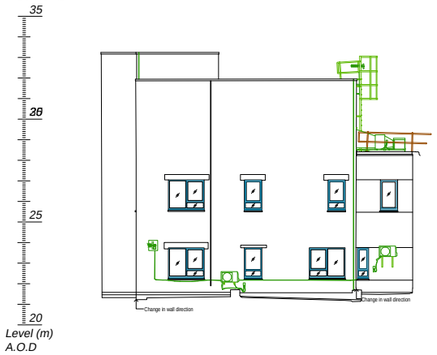
REVISION

61419
Gilbert Bain Hospital
Elevation 40

61419
Gilbert Bain Hospital
Elevation 41



61419
Gilbert Bain Hospital
Elevation 42



61419
Gilbert Bain Hospital
Elevation 43

61419
Gilbert Bain Hospital
Elevation 44

Gilbert Bain Hospital, Lerwick

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SCALE	DATE	DRAWN	CHECKED
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PROJECT
Gibert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING
Elevations as existing (Sht 1 of 2)

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24069A-10-008

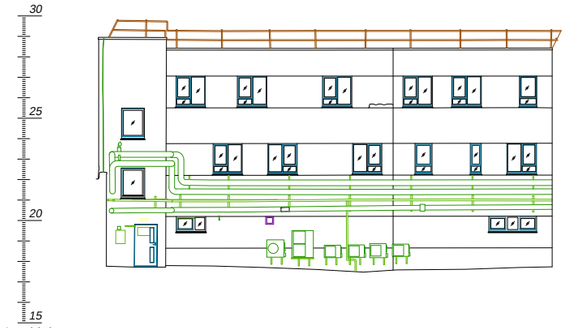
NOTES

ORIGINAL A0

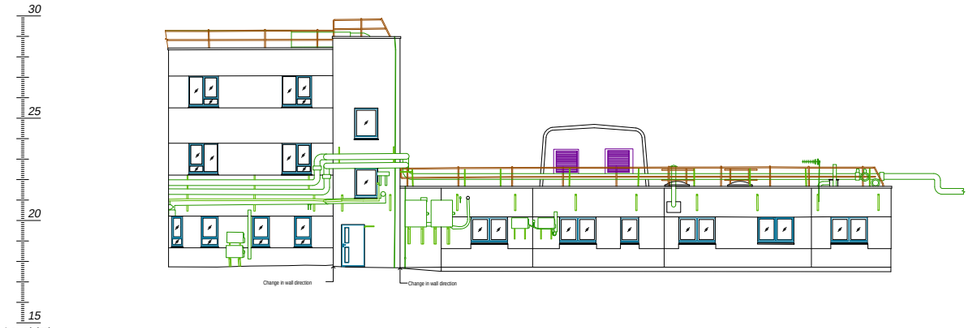
All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

REVISION

61419
Gilbert Bain Hospital
Elevation 36



61419
Gilbert Bain Hospital
Elevation 37



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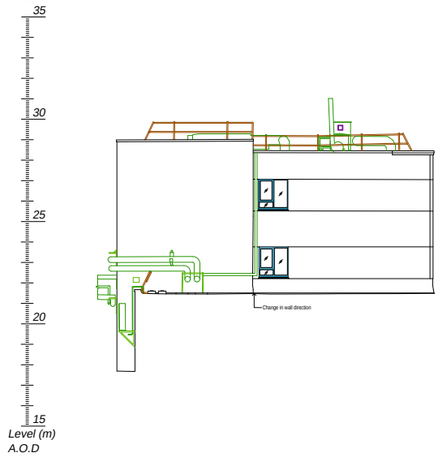
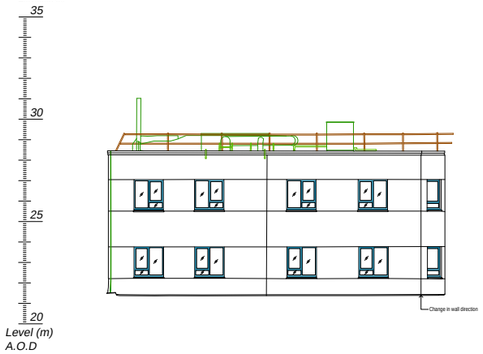
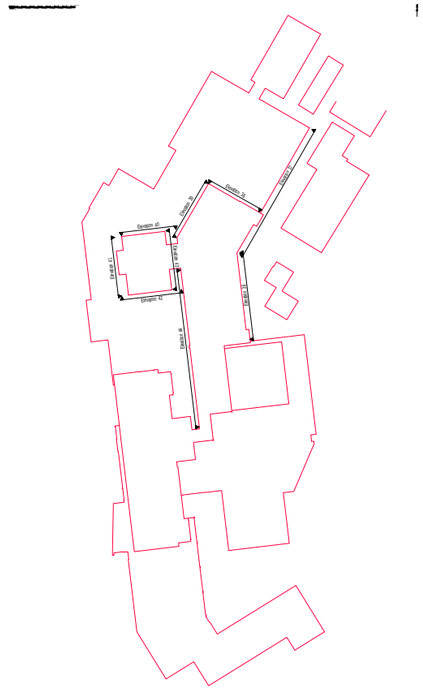
Gilbert Bain Hospital
Elevation 38



61419
Gilbert Bain Hospital
Elevation 39



Gilbert Bain Hospital, Lerwick



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PROJECT

Gibert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

Elevations as existing
(Sht 2 of 2)

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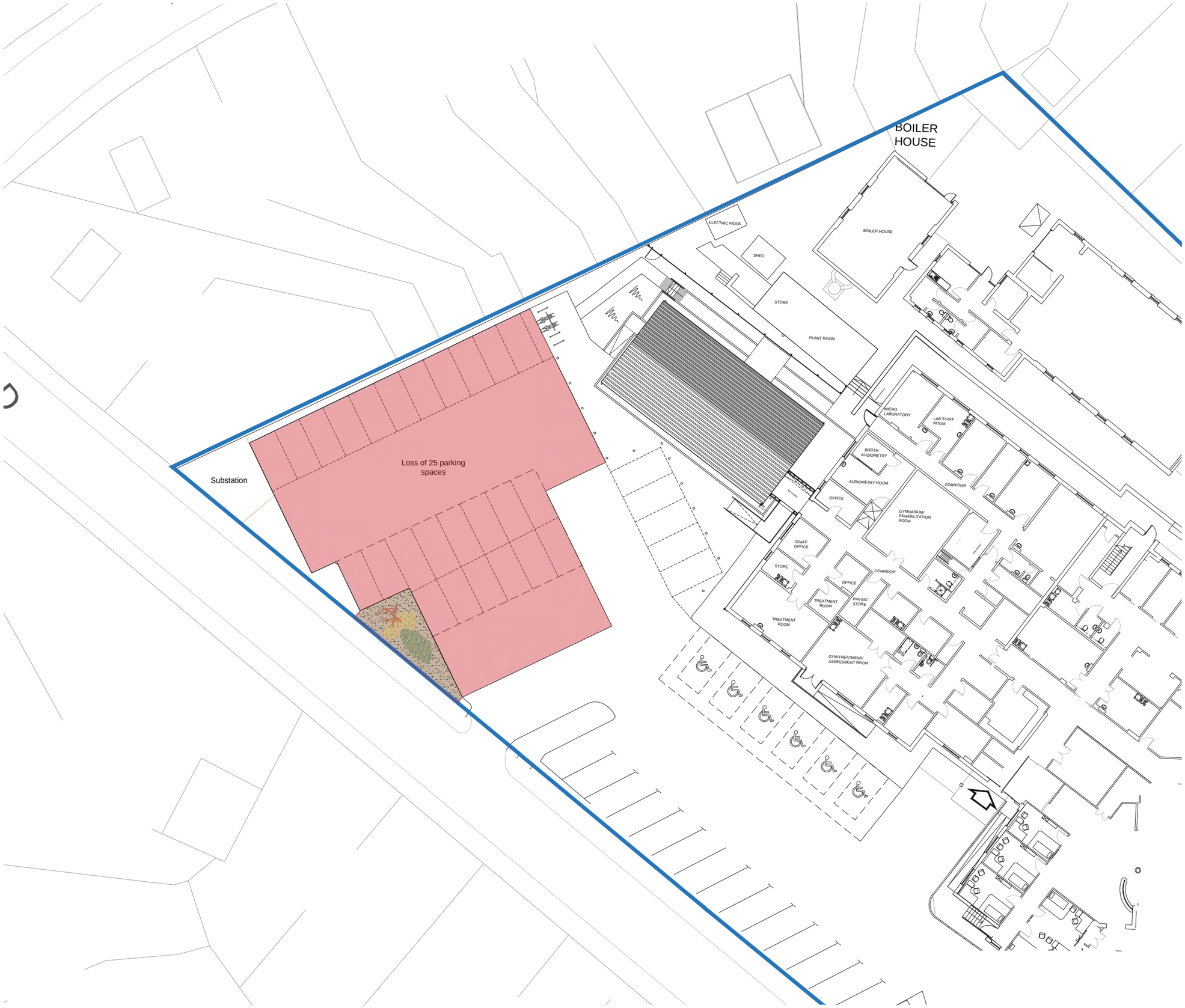
DRAWING No.

24069A-10-009



NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

REVISION

N

Area Available for Decant
Accommodation : 636.22m²

SCALE 1:200

0 2m 4m 6m 8m 10m

PLANNING

SCALE	DATE	DRAWN	CHECKED
1:200@A3	Jan'25	OP	GA

PROJECT
Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING
Site Plan -
Area Available for Decant

Threesixty Architecture
10 MONTROSE STREET
GLASGOW
G1 1RE
t 0141 229 7575
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24069A-11-001

NOTES

ORIGINAL A1

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REVISION

A	03.03.25	Updated Room Names	OP	PH

DEPARTMENT AREAS (m²)		
	Dental	83.85m²
	Outpatients	521.67²
	ECG	59.48m²
	C.T Scan	80.58m²

SCALE	DATE	DRAWN	CHECKED
1:200@A1	Jan'25	HM	GA

PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

GROUND FLOOR PLAN
IMPACTED AREAS

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DRAWING No.

24069A-11-002 A

NOTES ORIGINAL A1

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
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REVISION

A 03.03.25 Updated Room Names OP GA

DEPARTMENT AREAS (m²)		
	Total Maternity	458.24 m²
	Renal	155.27 m²

SCALE	DATE	DRAWN	CHECKED
1:200@A1	Jan'25	HM	GA

PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

FIRST FLOOR PLAN
IMPACTED AREAS

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DRAWING No.

24069A-11-003 A

NOTES

ORIGINAL A1

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

REVISION

A	03.03.25	Updated Room Names	OP	GA

DEPARTMENT AREAS (m²)		
	Ward 3	611.36 m²
	Chemo	176.63 m²
	Ronas	296.03 m²

SCALE	DATE	DRAWN	CHECKED
1:200@A1	Jan'25	HM	GA

PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

SECOND FLOOR PLAN
IMPACTED AREAS

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24069A-11-004 A

NOTES

ORIGINAL A1

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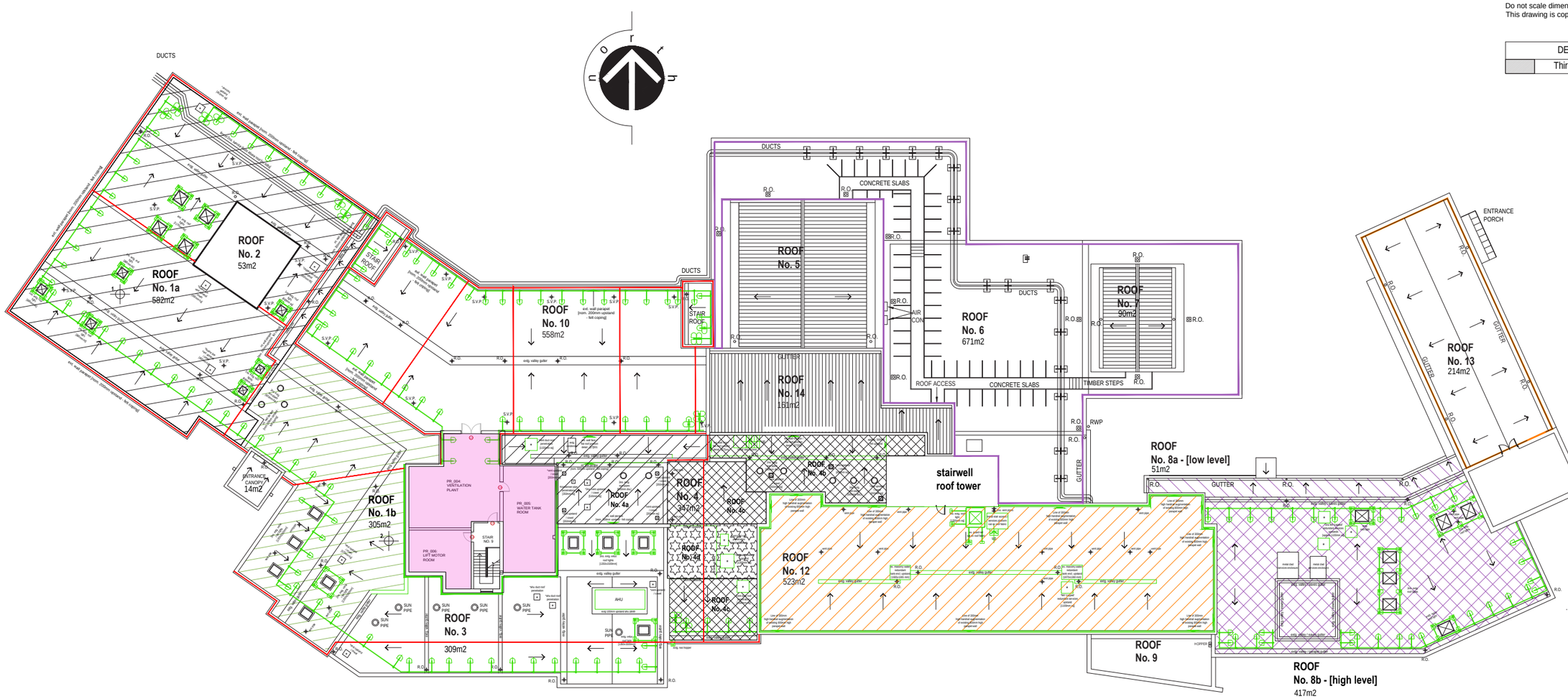
DEPARTMENT AREAS (m²)		
	Third Floor	142.04 m²



REVISIONS

SCALE	DATE	DRAWN	CHECKED
1:200@A1	Jan'25	OP	GA

PROJECT

Gilbert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING

Third Floor Plan
Impacted Areas

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DRAWING No.

24069A-11-005

61419
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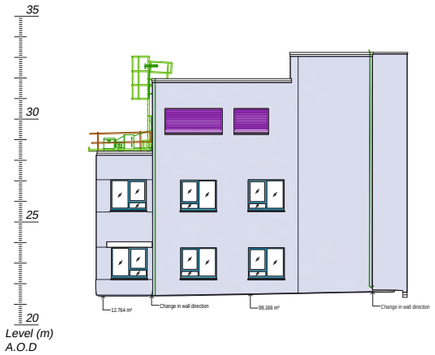
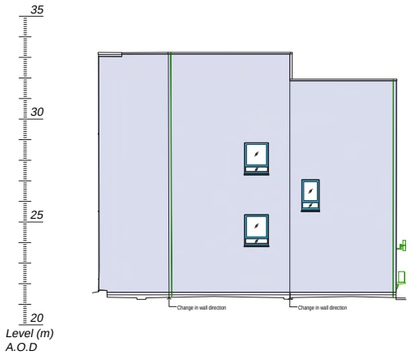
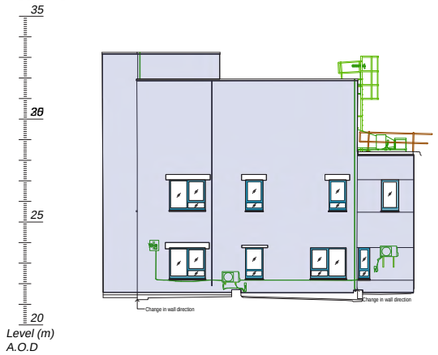
Elevation 40



61419
Gilbert Bain Hospital
Elevation 41



61419
Gilbert Bain Hospital
Elevation 42



NOTES ORIGINAL A0

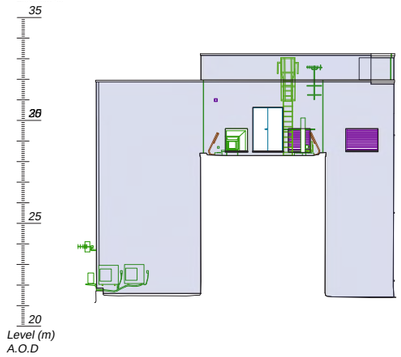
All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

REVISION

ELEVATION AREAS	
Elevation 40	130.28m²
Elevation 41	155.73m²
Elevation 42	136.52m²
Elevation 43	111.77m²
Elevation 44	104.62m²
TOTAL	638.92m²

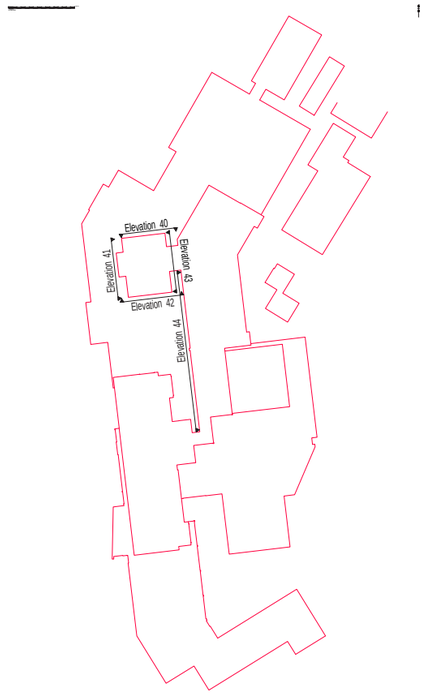
EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

61419
Gilbert Bain Hospital
Elevation 43



61419
Gilbert Bain Hospital
Elevation 44

Gilbert Bain Hospital, Lerwick



A0@1:100scale

SCALE	DATE	DRAWN	CHECKED
1:100@A0	Jan'25	OP	GA

PROJECT
Gibert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING
Affected Elevations -
extent of works (sheet 1 of 2)

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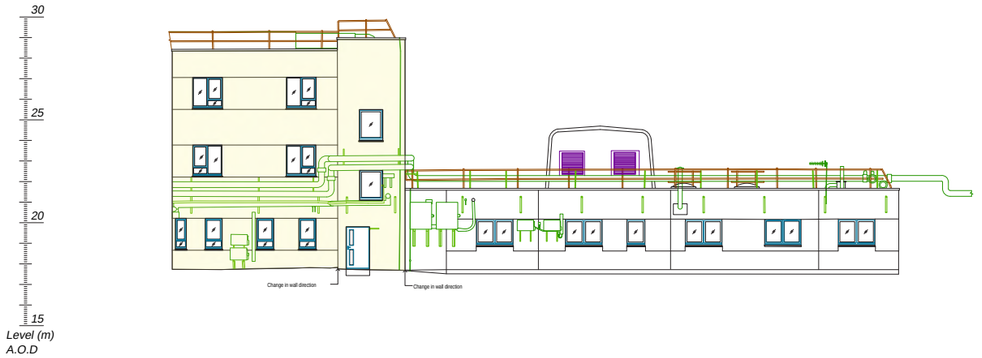
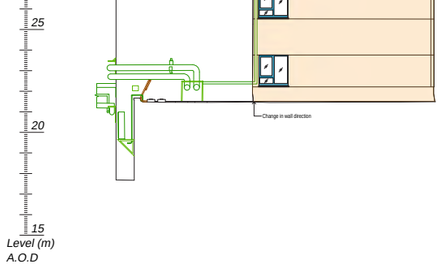
DRAWING No.
24069A-11-007

61419
Gilbert Bain Hospital
Elevation 36

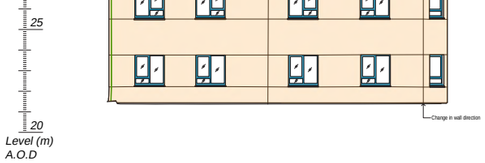
61419
Gilbert Bain Hospital
Elevation 37



61419
Gilbert Bain Hospital
Elevation 38



61419
Gilbert Bain Hospital
Elevation 39



NOTES — ORIGINAL A0

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
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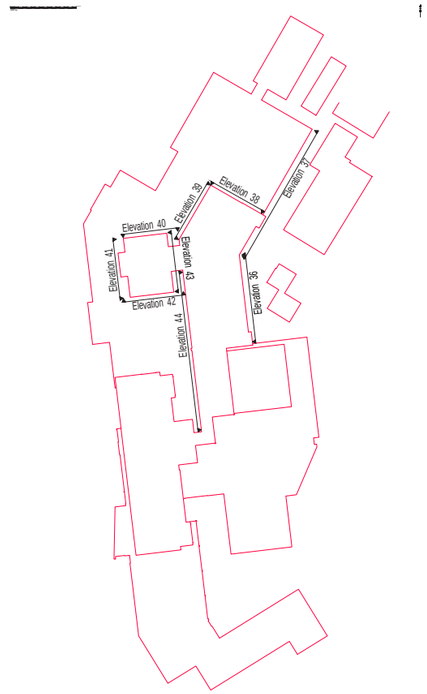
REVISION

ELEVATION AREAS	
Elevation 36	204.13m²
Elevation 37	102.31m²
TOTAL	306.44m²
Elevation 38	55.69m²
Elevation 39	91.92m²
TOTAL	147.61m²

EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

Gilbert Bain Hospital, Lerwick



A0@1:100scale

SCALE	DATE	DRAWN	CHECKED
1:100@A0	Jan'25	OP	GA

PROJECT
Gibert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING
Affected Elevations -
Extent of works (Option 1)

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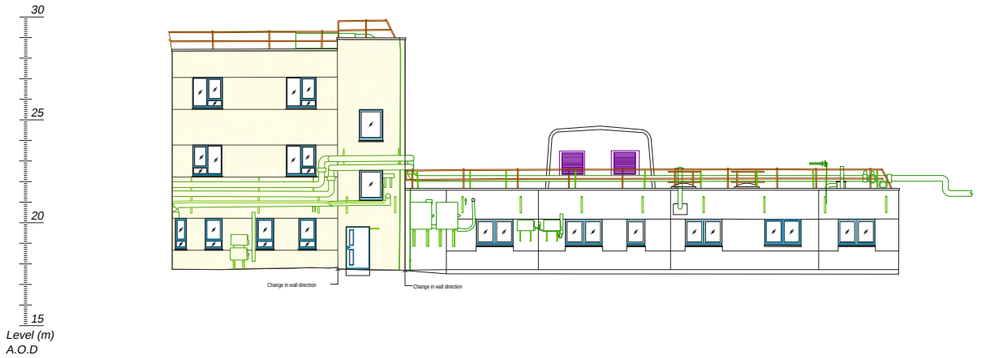
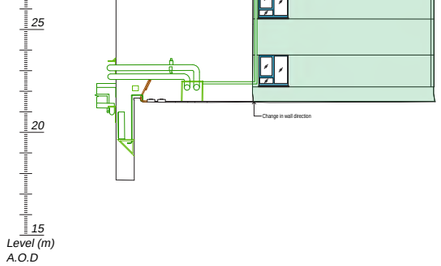
DRAWING No.
24069A-11-008

61419
Gilbert Bain Hospital
Elevation 36

61419
Gilbert Bain Hospital
Elevation 37



61419
Gilbert Bain Hospital
Elevation 38



61419
Gilbert Bain Hospital
Elevation 39

NOTES — ORIGINAL A0

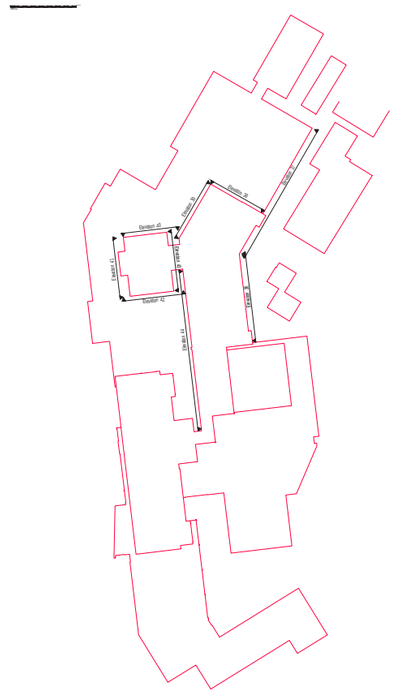
All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

REVISION

ELEVATION AREAS	
Elevation 36	204.13m²
Elevation 37	102.31m²
TOTAL	306.44m²
Elevation 38	55.69m²
Elevation 39	91.92m²
TOTAL	147.61m²

EXTENT OF REPAIRS	
	Full Facade Replacement
	Replace Lintels and Cills, Replace movement joints & render beads
	Identify and Replace Areas of Bossed Render only
	Render removed, overcladding to cavity walls, replace lintels & cills

Gilbert Bain Hospital, Lerwick



A0@1:100scale

NOTE
Extent of Replacement Works is subject to the outcome of more detailed investigations to be carried out by the Structural Engineer

SCALE	DATE	DRAWN	CHECKED
1:100@A0	Jan'25	OP	GA

PROJECT
Gibert Bain Hospital
Elevational Structural Issues
for NHS Shetland

DRAWING
Affected Elevations -
extent of works (Option 2)

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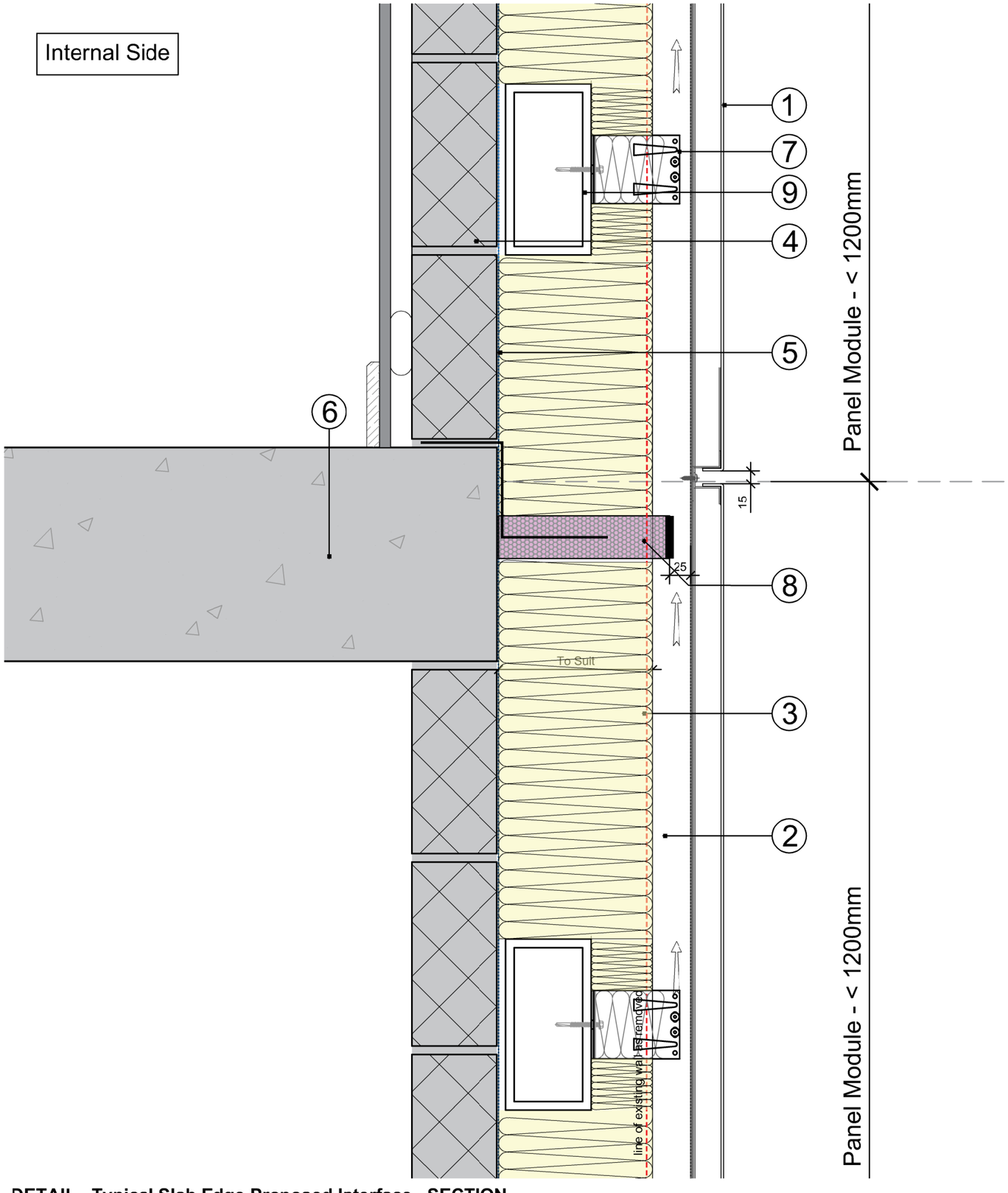
DRAWING No.
24069A-11-009



DETAIL - Typical Slab Edge Proposed Interface - SECTION
1:5

Material Reference:

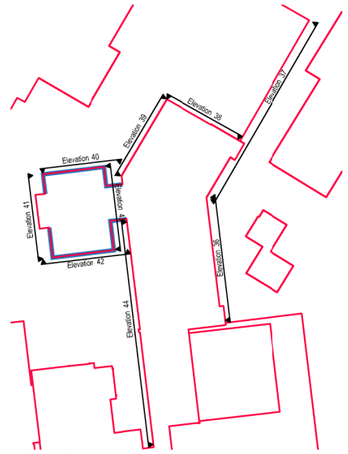
1. 3mm Aluminium Cladding Cassette A1 Non-Combustible - Valcan Vitradual or equal - Secret fix, 15mm joints Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete slab retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel mamber. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New cladding horizontal structural support, galvanised hot rolled to S.E design. Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
12. EPDM membrane overlap over breather membrane to cladding sub-contractor design
13. 60/60 FR Vertical full fill continuous rainscreen firestopping/cavity barrier at corners, around openings and at compartment lines. Max. cavity size 20 mt . Rockwool Firestop SP or equal
14. New UPVC Window, frame colour TBC. Windows to meet statutory U-Value as per table
15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
16. External leaf to be retained, render to be stripped, surface to be made good to accept new cladding
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works

NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately. Do not scale dimensions from this drawings.

REVISION

A 26.03.25 Legend revised. GP GA



Key Plan 1:1000 — **Extents of Detail**

Targeted U-Values (statutory requirements to table 6.2.1)
Building Control to confirm target:

Walls:	0.21 W/m²K
Floors:	0.18 W/m²K
Roof:	0.16 W/m²K
Windows:	1.61 W/m²K
Pedestrian Doors:	1.4 W/m²K

STAGE 1

SCALE	DATE	DRAWN	CHECKED
1:5@A3	Jan'25	GP	GA

PROJECT
NHS Shetland
Gilbert Bain Hospital
External Remedial Works

DRAWING
SECTION DETAIL - Slab edge
Single Leaf Masonry Retained

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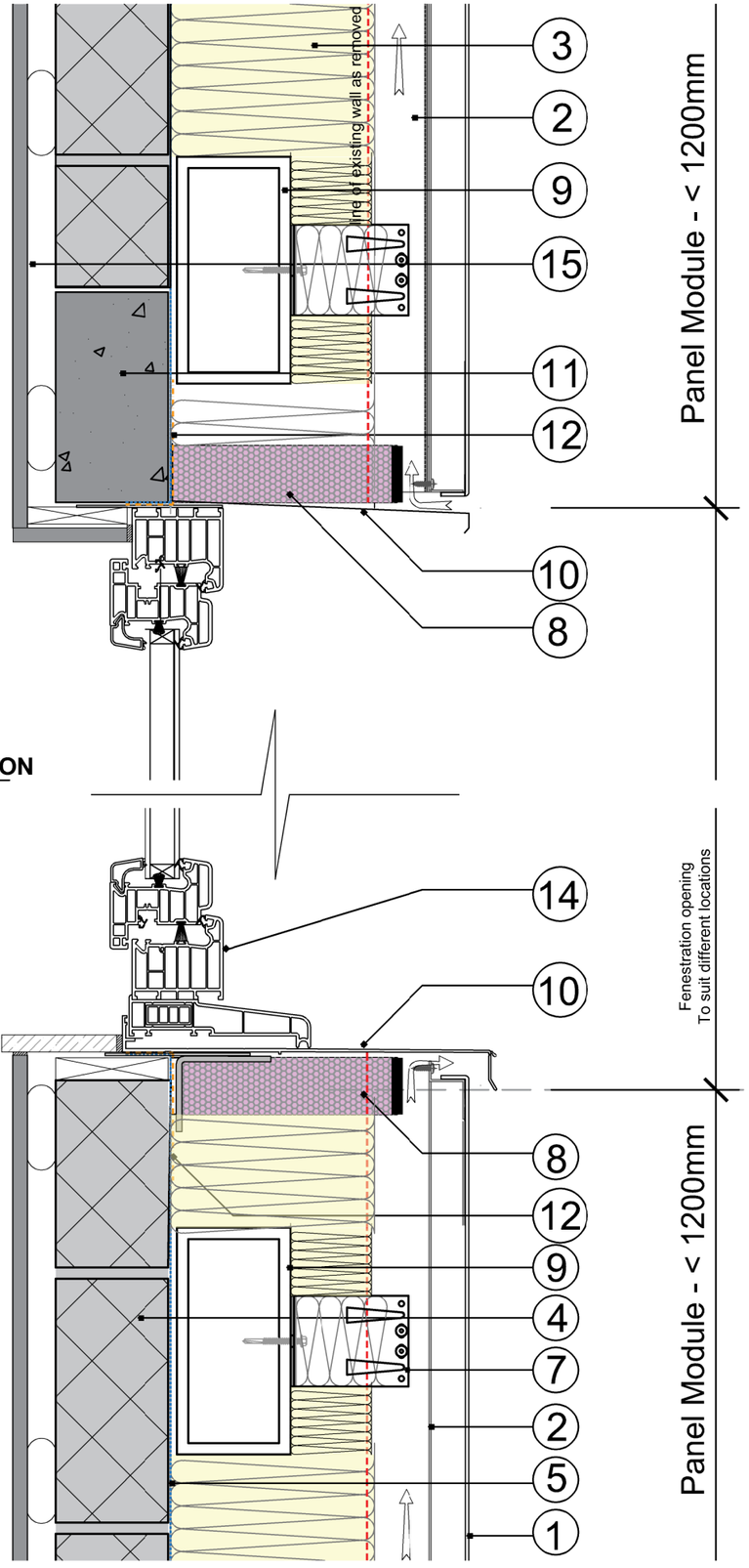
DRAWING No.
24069-21-101A

Internal Side



DETAIL 1/2 - Typical window head - SECTION
1:5

DETAIL 2/2 - Typical window cill - SECTION
1:5

Material Reference:

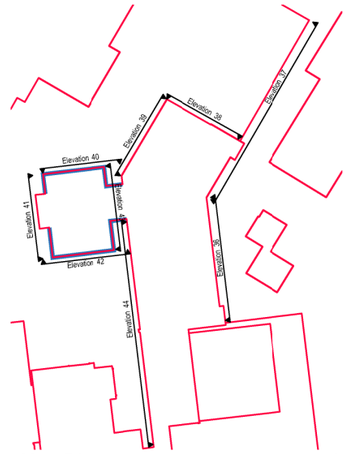
1. 3mm Aluminium Cladding Cassette
   A1 Non-Combustible - Valcan Vitradual or equal - Secret fix, 15mm joints
   Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails
   floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete slab retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel mamber. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New horizontal structural support, galvanised hot rolled to S.E design.
   Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
12. EPDM membrane overlap over breather membrane to cladding sub-contractor design
13. 60/60 FR Vertical full fill continuous rainscreen firestopping/cavity barrier at corners, around openings and at compartment lines. Max. cavity size 20 mt . Rockwool Firestop SP or equal
14. New UPVC Window, frame colour TBC. Windows to meet statutory U-Value as per table
15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
16. External leaf to be retained, render to be stripped, surface to be made good to accept new cladding
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works

NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately.
Do not scale dimensions from this drawings.

REVISION

A	26.03.25	Material Legend Revised	GP	GA



Key Plan
1:1000

Extents of Detail

Targeted U-Values (statutory requirements to table 6.2.1)
Building Control to confirm target:

Walls:	0.21 W/m²K
Floors:	0.18 W/m²K
Roof:	0.16 W/m²K
Windows:	1.61 W/m²K
Pedestrian Doors:	1.4 W/m²K

STAGE 1

SCALE	DATE	DRAWN	CHECKED
1:5@A3	Jan'25	GP	GA

PROJECT
NHS Shetland
Gilbert Bain Hospital
External Remedial Works

DRAWING
SECTIONAL DETAIL - Typical Cill and Head - Single Block Retained

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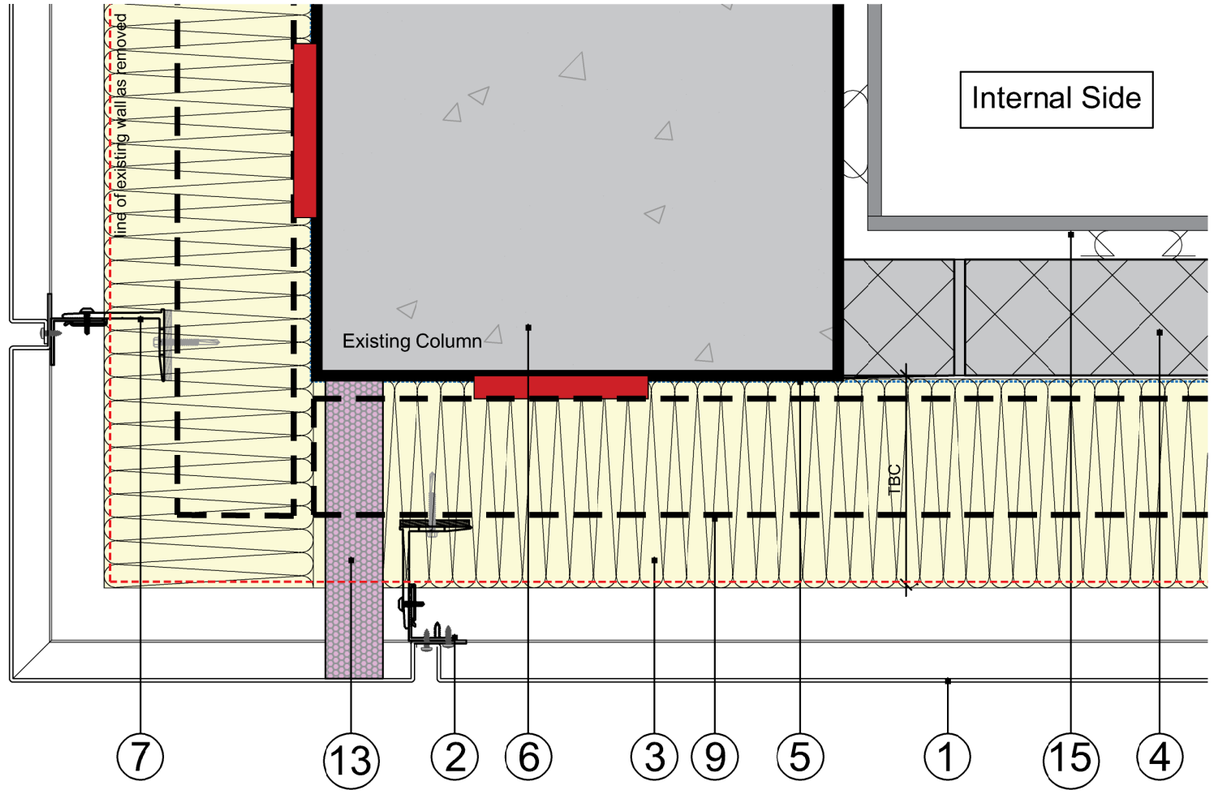
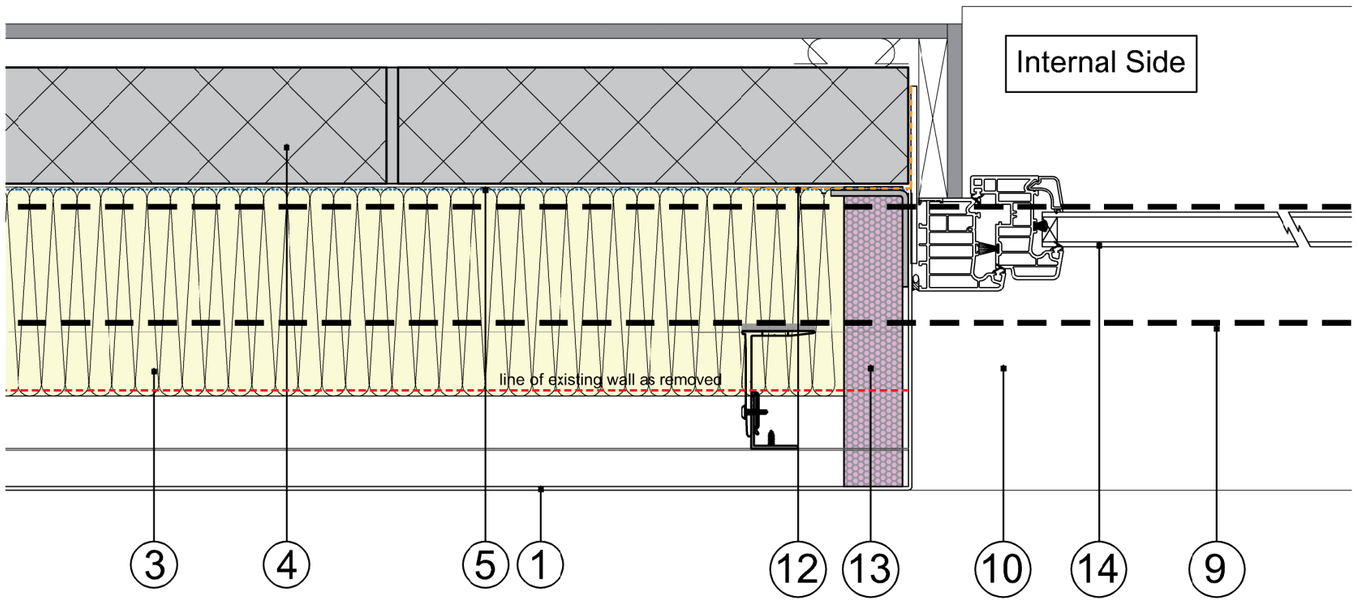
DRAWING No.
24069-21-102A



DETAIL 1/2 - Typical Corner - PLAN
1:5



DETAIL - Typical Window Jamb - PLAN
1:5

Material Reference:

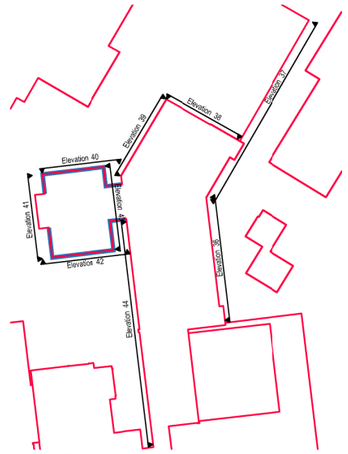
1. 3mm Aluminium Cladding Cassette A1 Non-Combustible - Valcan Vitradual or equal - Secret fix, 15mm joints Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete column retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel member. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New horizontal structural support, galvanised hot rolled to S.E design. Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
12. EPDM membrane overlap over breather membrane to cladding sub-contractor design
13. 60/60 FR Vertical full fill continuous rainscreen firestopping/cavity barrier at corners, around openings and at compartment lines. Max. cavity size 20 mt . Rockwool Firestop SP or equal
14. New UPVC Window, frame colour TBC. Windows to meet statutory U-Value as per table
15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
16. External leaf to be retained, render to be stripped, surface to be made good to accept new cladding
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works

NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately. Do not scale dimensions from this drawings.

REVISION

A	26.03.25	Material Legend Revised	GP	GA



Key Plan
1:1000

Extents of Detail

Targeted U-Values (statutory requirements to table 6.2.1)
Building Control to confirm target:

Walls:	0.21 W/m²K
Floors:	0.18 W/m²K
Roof:	0.16 W/m²K
Windows:	1.61 W/m²K
Pedestrian Doors:	1.4 W/m²K

STAGE 1

SCALE	DATE	DRAWN	CHECKED
1:5@A3	Jan'25	GP	GA

PROJECT
NHS Shetland
Gilbert Bain Hospital
External Remedial Works

DRAWING
PLAN DETAIL - Typical Perimeter Single Blockwork Leaf Retained

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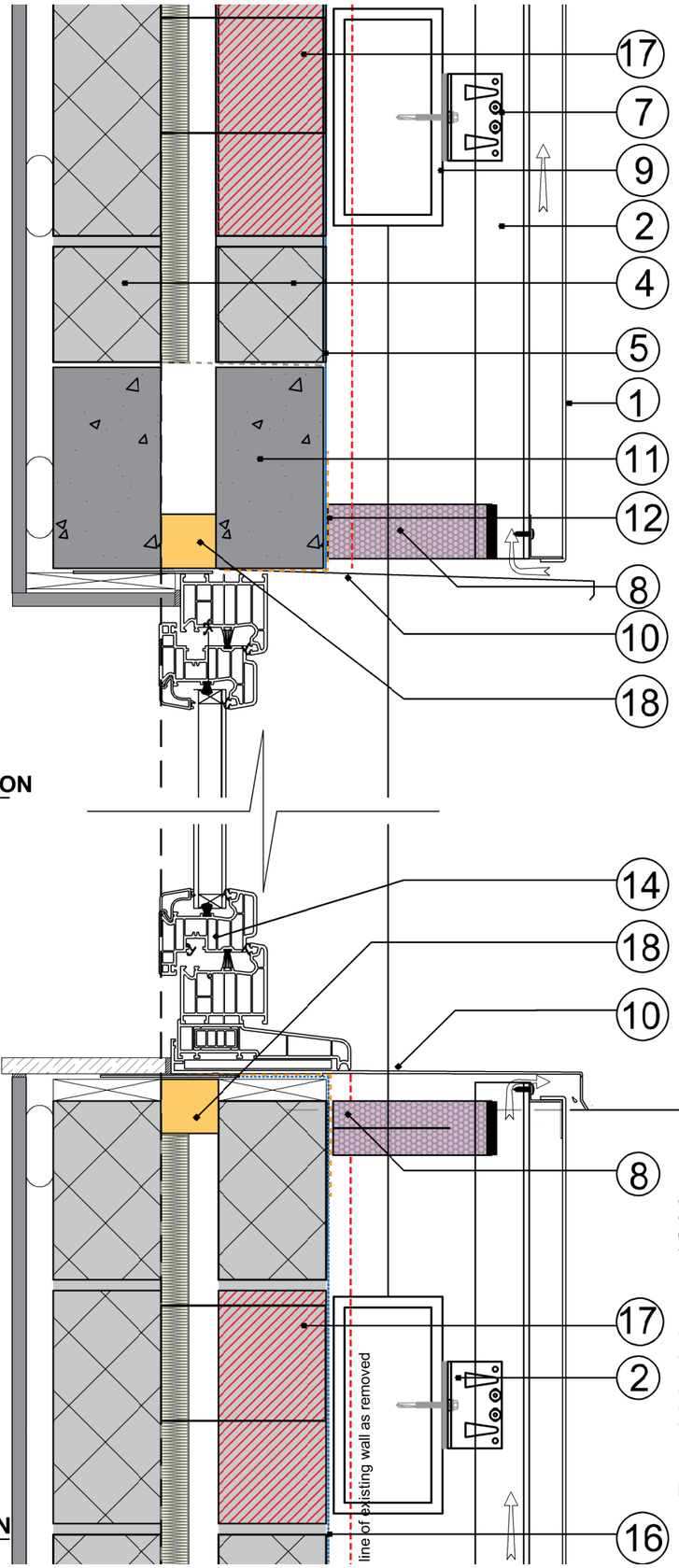
DRAWING No.
24069-21-103A

Internal Side



DETAIL 1/2 - Typical window head - SECTION
1:5

DETAIL 2/2 - Typical window cill - SECTION
1:5

Material Reference:

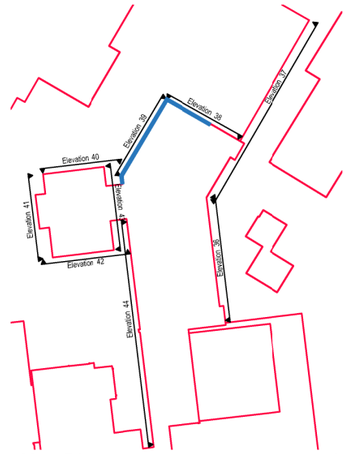
1. 3mm Aluminium Cladding Cassette A1 Non-Combustible - Valcan Vitradual or equal - Secret fix, 15mm joints Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete slab retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel mamber. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New horizontal structural support, galvanised hot rolled to S.E design. Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
12. EPDM membrane overlap over breather membrane to cladding sub-contractor design
13. 60/60 FR Vertical full fill continuous rainscreen firestopping/cavity barrier at corners, around openings and at compartment lines. Max. cavity size 20 mt . Rockwool Firestop SP or equal
14. New UPVC Window, frame colour TBC. Windows to meet statutory U-Value as per table
15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
16. External leaf to be retained, render to be stripped, surface to be made good to accept new cladding
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works

NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately. Do not scale dimensions from this drawings.

REVISION

A	26.03.25	Material Legend Revised.	GP	GA



Key Plan
1:1000

Extents of Detail

Targeted U-Values (statutory requirements to table 6.2.1)
Building Control to confirm target:

Walls:	0.21 W/m²K
Floors:	0.18 W/m²K
Roof:	0.16 W/m²K
Windows:	1.61 W/m²K
Pedestrian Doors:	1.4 W/m²K

STAGE 1

SCALE	DATE	DRAWN	CHECKED
1:5@A3	Jan'25	GP	GA

PROJECT
NHS Shetland
Gilbert Bain Hospital
External Remedial Works

DRAWING
SECTIONAL DETAIL - Typical Cill and Head -

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10 MONTROSE STREET
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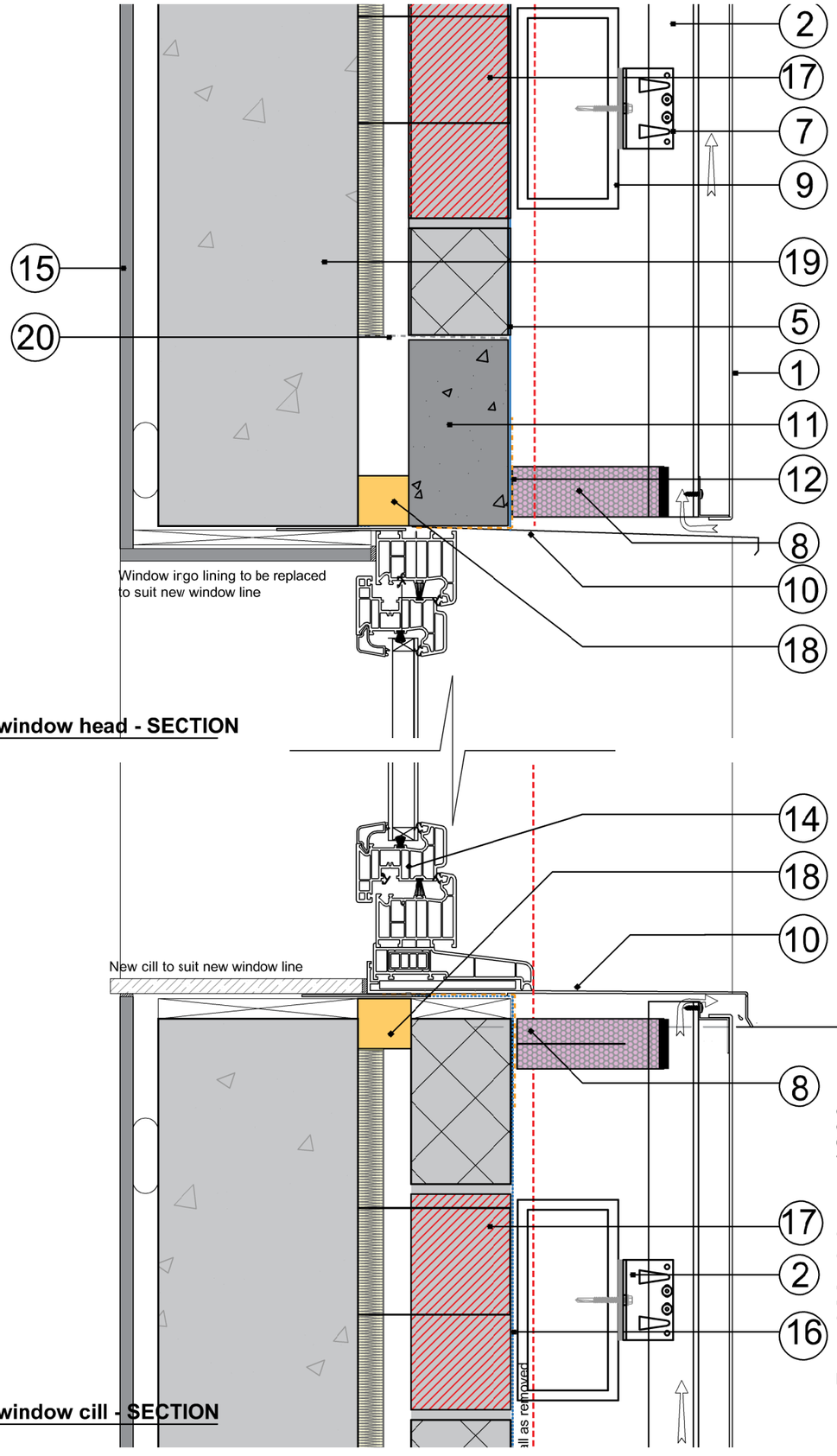
DRAWING No.
24069-21-104A

Internal Side



DETAIL 1/2 - Typical window head - SECTION
1:5

DETAIL 2/2 - Typical window cill - SECTION
1:5

Material Reference:

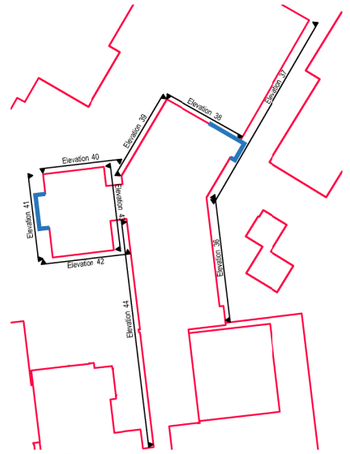
1. 3mm Aluminium Cladding Cassette A1 Non-Combustible - Valcan Vitradual or equal - Secret fix, 15mm joints Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete slab retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel mamber. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New horizontal structural support, galvanised hot rolled to S.E design. Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
12. EPDM membrane overlap over breather membrane to cladding sub-contractor design
13. 60/60 FR Vertical full fill continuous rainscreen firestopping/cavity barrier at corners, around openings and at compartment lines. Max. cavity size 20 mt . Rockwool Firestop SP or equal
14. New UPVC Window, frame colour TBC. Windows to meet statutory U-Value as per table
15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
16. External leaf to be retained, render to be stripped, surface to be made good to accept new cladding
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works

NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately. Do not scale dimensions from this drawings.

REVISION

A	26.03.25	Material Legend Revised.	GP	GA



Key Plan 1:1000 — **Extents of Detail application**

Targeted U-Values (statutory requirements to table 6.2.1)
Building Control to confirm target:

Walls:	0.21 W/m²K
Floors:	0.18 W/m²K
Roof:	0.16 W/m²K
Windows:	1.61 W/m²K
Pedestrian Doors:	1.4 W/m²K

STAGE 1

SCALE	DATE	DRAWN	CHECKED
1:5@A3	Jan'25	GP	GA

PROJECT
NHS Shetland
Gilbert Bain Hospital
External Remedial Works

DRAWING
SECTIONAL DETAIL - Typical Cill and Head - Concrete Cores

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10 MONTROSE STREET
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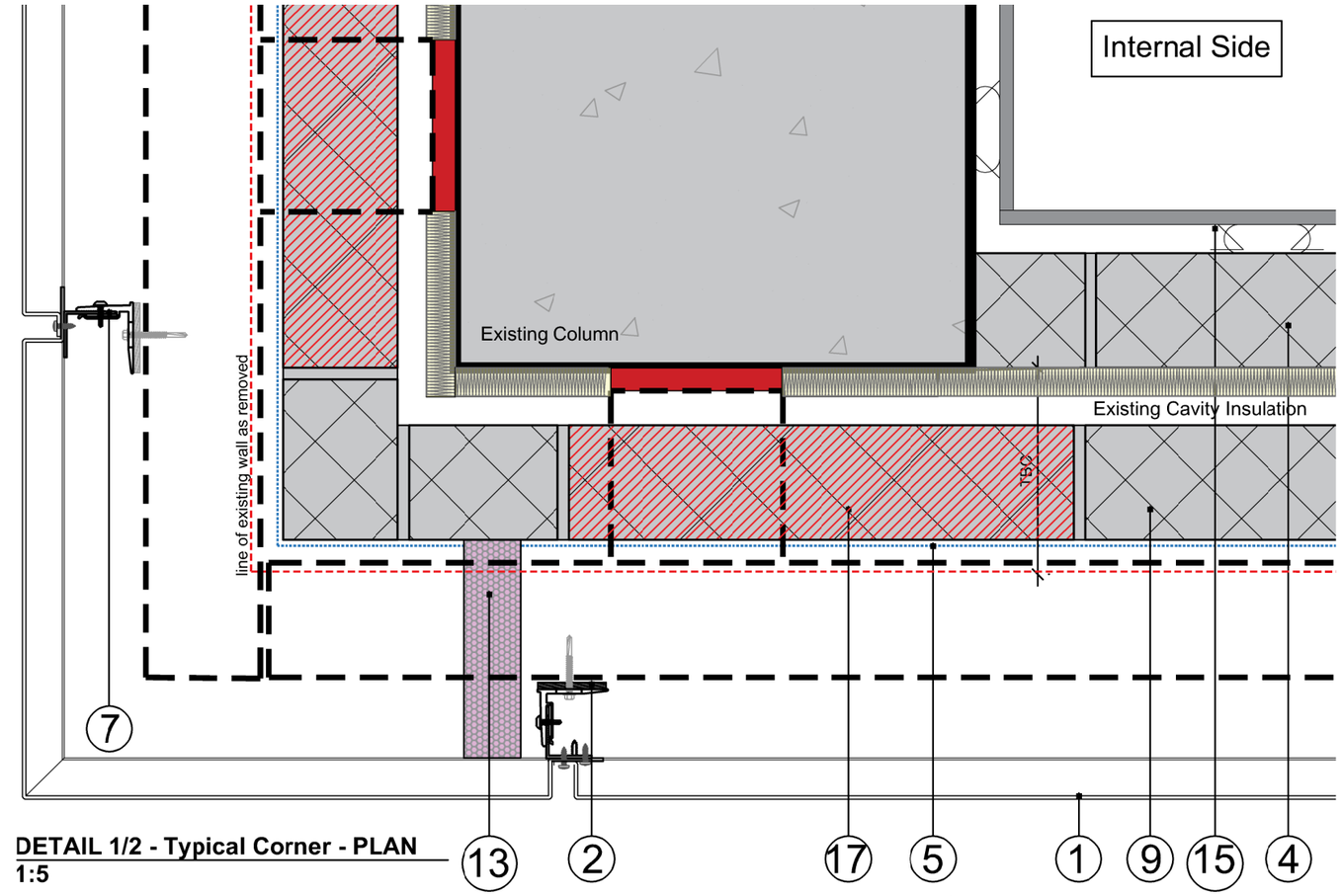
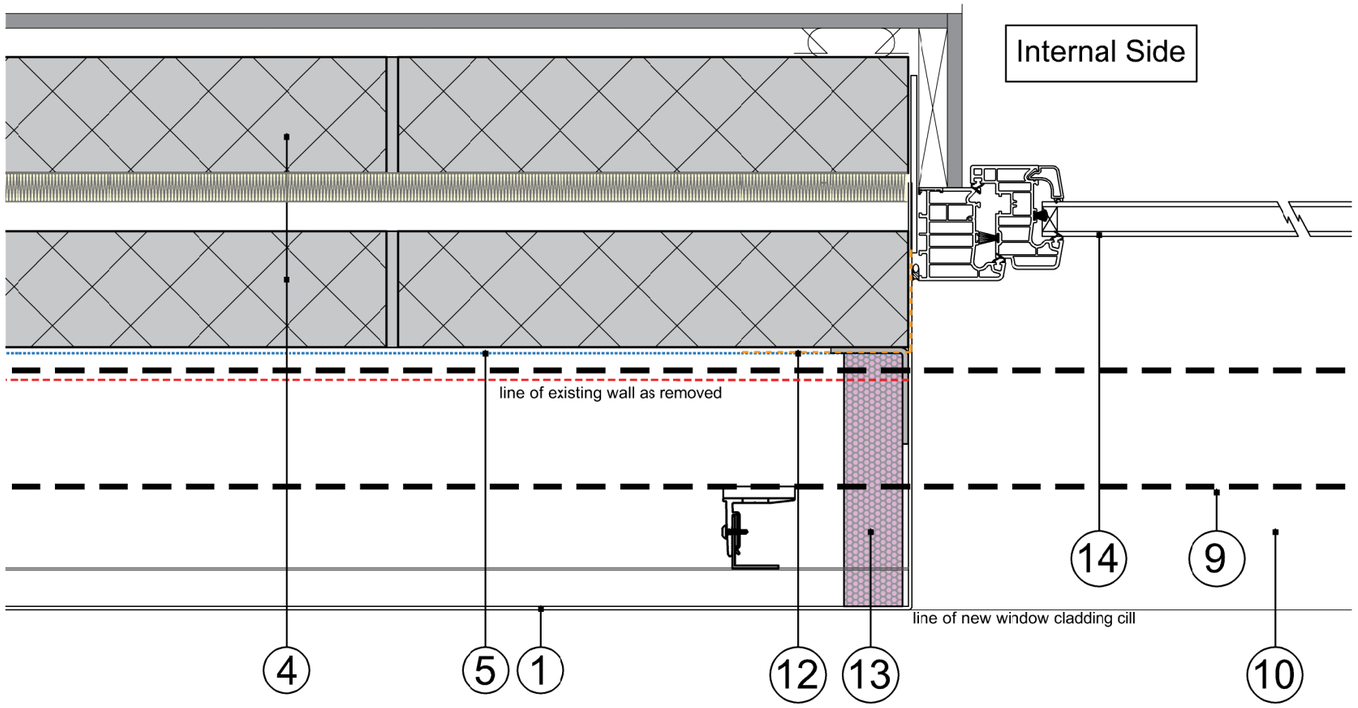
G1 1RE
t 0141 229 7575
www.360architecture.com

DRAWING No.
24069-21-105A



DETAIL 1/2 - Typical Corner - PLAN
1:5



DETAIL - Typical Window Jamb - PLAN
1:5

Material Reference:

1. 3mm Aluminium Cladding Cassette A1 Non-Combustible - Valcan Vitradual or equal - Secret fix, 15mm joints Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
2. Proprietary Vertical Cladding Rails floor to floor span. Valcan Vitrafix system or equal to cladding sub-contractor design
3. Non-Combustible mineral wool insulation slabs. Rockwool rainscreen duoslab or equal to meet U-Value
4. 100mm Existing blockwork internal leaf wall to be retained .
5. Breather membrane
6. Existing concrete slab retained
7. Proprietary Valcan Vitrafix or equal cladding support channel, to be fixed to new horizontal steel mamber. Size TBC by cladding sub-contractor - Where applicable -Gap in-between insulation to be filled with non-combustible insulation to preserve thermal continuity.
8. min. 25mm Continuous vertical aerated cavity60/60 min. Horizontal firestopping suitable for ventilated rainscreen, Rockwool OSB or equal, with intumescent expanding edge.Firestopping around openings, compartments and separation lines
9. New horizontal structural support, galvanised hot rolled to S.E design. Final position TBC. New horizontal structure to be fixed to existing columns to S.E design . Centres TBC. Thermal insulation from existing to be provided to avoid cold bridging
10. Aluminium flashing to match aluminium cladding.Finish: PVDF KYNAR 500 suitable for coastal location - Colour TBC
11. Existing/New lintel to be retained and made good to accommodate new windows
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15. Where possible,internal lining to be retained as per existing conditions,to be made good to accept new fenestration elements.
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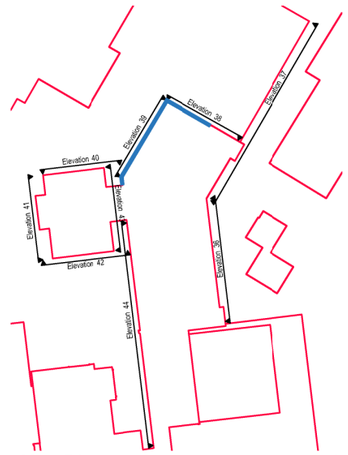
17. Existing block to be removed to allow for installation of new galv. structural outrigger to be fixed to existing concrete columns/walls
18. New cavity closer to be installed between existing masonry leafs upon removal of existing fenestration
19. Existing 200mm Concrete Wall retained, applicable to stair cores.
20. Cavity Tray/Weep Holes - Retention TBC - as part of the lintel replacing works

NOTES ORIGINAL A3

All levels and dimensions to be checked on site prior to construction / fabrication; report discrepancies immediately. Do not scale dimensions from this drawings.

REVISION

A	26.03.25	Material Legend Revised.	GP	GA



Key Plan
1:1000

Extents of Detail

Targeted U-Values (statutory requirements to table 6.2.1)
Building Control to confirm target:

Walls:	0.21 W/m²K
Floors:	0.18 W/m²K
Roof:	0.16 W/m²K
Windows:	1.61 W/m²K
Pedestrian Doors:	1.4 W/m²K

STAGE 1

SCALE	DATE	DRAWN	CHECKED
1:5@A3	Jan'25	GP	GA

PROJECT

NHS Shetland
Gilbert Bain Hospital
External Remedial Works

DRAWING

PLAN DETAIL - Typical Perimeter Double Blockwork Leaf Retained

Threesixty Architecture
10 MONTROSE STREET
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www.360architecture.com

DRAWING No.

24069-21-107A

GBH FIRST FLOOR
SCALE 1:125

Temporary supports are subject to review for fire engineering requirements and may need to be fire protected or an alternative material to timber used for the supports

1:125 0 25m 50m

Notes

1. All dimensions are in metres unless noted otherwise.
2. All levels are in metres unless noted otherwise.

Key to symbols

2 nr. 220 x 47 (C24) Temporary Props at 1.1m centres

Reference drawings

MMD-100106891 NH04-S-DR-00-02-001 - Second Floor Plan
MMD-100106891 NH04-S-DR-00-03-001 - Third Floor Plan
MMD-100106891 NH04-S-DR-00-XX-001 - Elevations (Sheet 1 of 2)
MMD-100106891 NH04-S-DR-00-XX-002 - Temporary Propping Details and Elevations (Sheet 2 of 2)

DRAFT
Date : 25-03-2025

Rev	Date	Drawn	Description	Ch'k'd	App'd
P1	03:25	EW	Preliminary Issue	NP	JM

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ZE1 0TB

Title
Gilbert Bain Hospital Phase 1 Construction

Re-Cladding of External Walls

First Floor Plan - Props to Inner Leaf Walls

Designed	N Pearson	NP	Eng check	A Stout	AS
Drawn	E Wishart	EW	Coordination	N Pearson	NP
Dwg check	N Pearson	NP	Approved	J Moncrieff	JM

Scale at A1	Status	Rev	Security
1:125	PRE	P1	STD

Drawing Number
MMD-100106891 NH04-S-DR-00-01-001

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GBH SECOND FLOOR
SCALE 1:125

Temporary supports are subject to review for fire engineering requirements and may need to be fire protected or an alternative material to timber used for the supports

1:125 0 25m 50m

Notes

1. All dimensions are in metres unless noted otherwise.
2. All levels are in metres unless noted otherwise.

Key to symbols

2 nr. 220 x 47 (C24) Temporary Props at 1.1m centres

Reference drawings

MMD-100106891 NH04-S-DR-00-01-001 - First Floor Plan
MMD-100106891 NH04-S-DR-00-03-001 - Third Floor Plan
MMD-100106891 NH04-S-DR-00-XX-001 - Elevations (Sheet 1 of 2)
MMD-100106891 NH04-S-DR-00-XX-002 - Temporary Propping Details and Elevations (Sheet 2 of 2)

DRAFT

Date : 25-03-2025

Rev	Date	Drawn	Description	Ch'k'd	App'd
P1	03:25	EW	Preliminary Issue	NP	JM

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Title

Gilbert Bain Hospital Phase 1 Construction

Re-Cladding of External Walls

Second Floor Plan - Props to Inner Leaf Walls

Designed	N Pearson	NP	Eng check	A Stout	AS
Drawn	E Wishart	EW	Coordination	N Pearson	NP
Dwg check	N Pearson	NP	Approved	J Moncrieff	JM

Scale at A1	Status	Rev	Security
1:125	PRE	P1	STD

Drawing Number
MMD-100106891 NH04-S-DR-00-02-001

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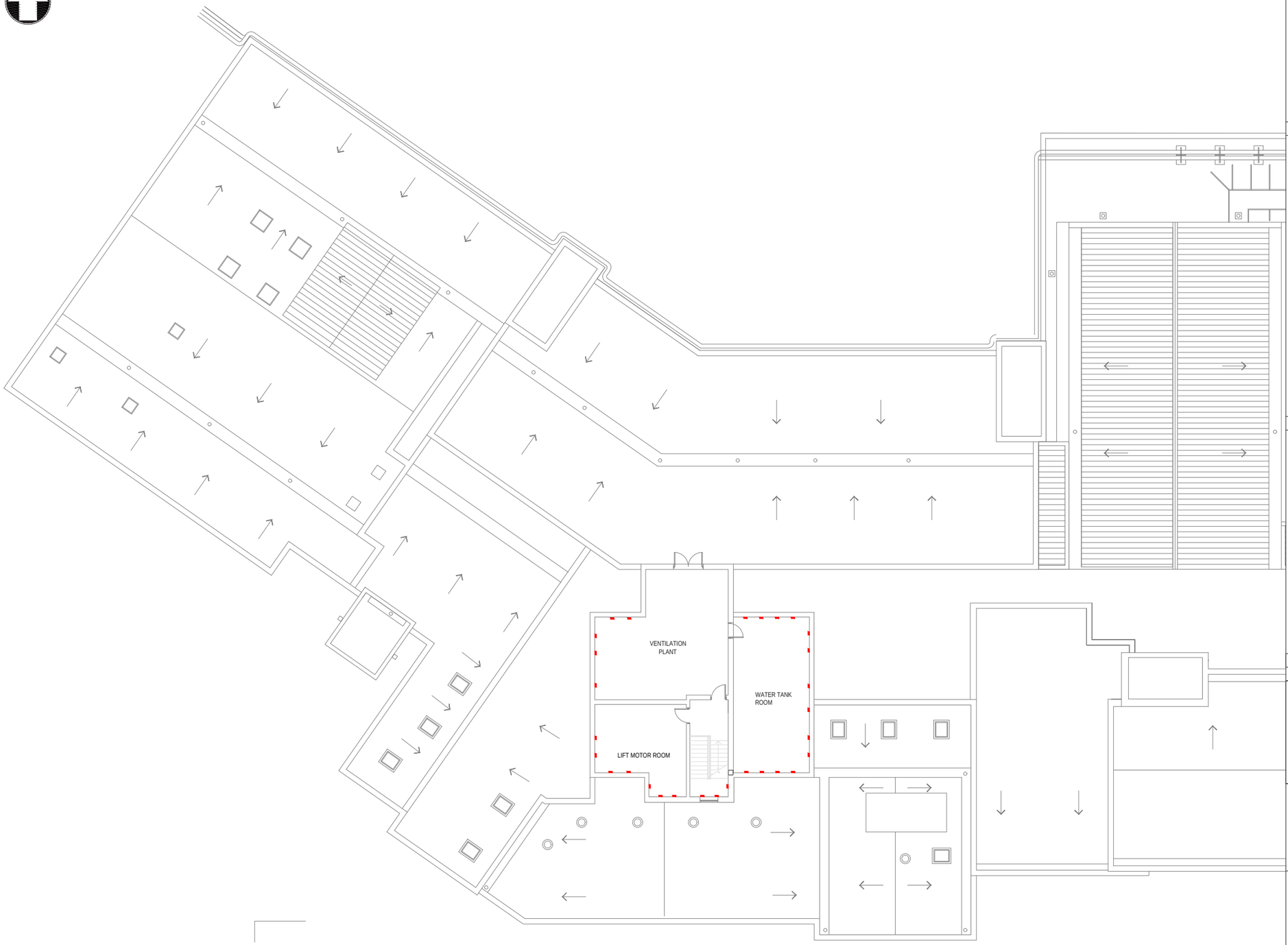

THIRD FLOOR PLAN
SCALE 1:125

Temporary supports are subject to review for fire engineering requirements and may need to be fire protected or an alternative material to timber used for the supports

1:125 0 25m 50m

Notes

1. All dimensions are in metres unless noted otherwise.
2. All levels are in metres unless noted otherwise.

Key to symbols

2 nr. 220 x 47 (C24) Temporary Props at 1.1m centres

Reference drawings

MMD-100106891 NH04-S-DR-00-01-001 - First Floor Plan
MMD-100106891 NH04-S-DR-00-02-001 - Second Floor Plan
MMD-100106891 NH04-S-DR-00-XX-001 - Elevations (Sheet 1 of 2)
MMD-100106891 NH04-S-DR-00-XX-002 - Temporary Propping Details and Elevations (Sheet 2 of 2)

DRAFT
Date : 25-03-2025

Rev	Date	Drawn	Description	Ch'k'd	App'd
P1	03:25	EW	Preliminary Issue	NP	JM

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Title
Gilbert Bain Hospital Phase 1 Construction

Re-Cladding of External Walls

Third Floor Plan - Props to Inner Leaf Walls

Designed	N Pearson	NP	Eng check	A Stout	AS
Drawn	E Wishart	EW	Coordination	N Pearson	NP
Dwg check	N Pearson	NP	Approved	J Moncrieff	JM

Scale at A1	Status	Rev	Security
1:125	PRE	P1	STD

Drawing Number
MMD-100106891 NH04-S-DR-00-03-001

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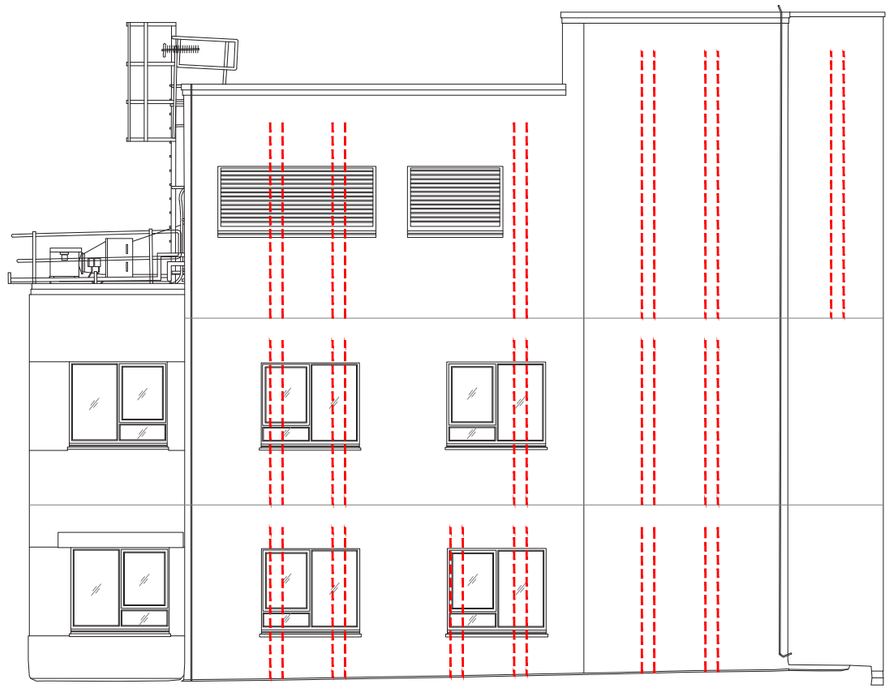
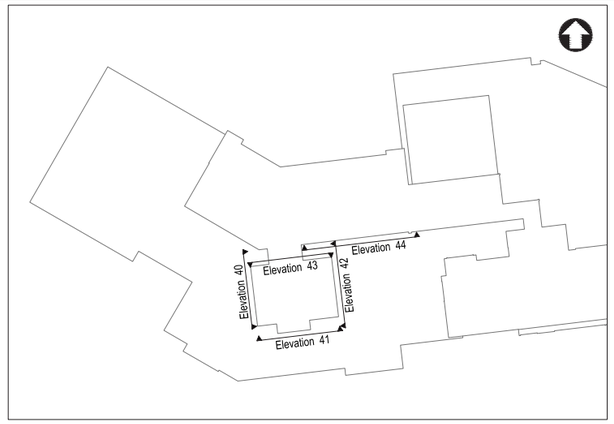
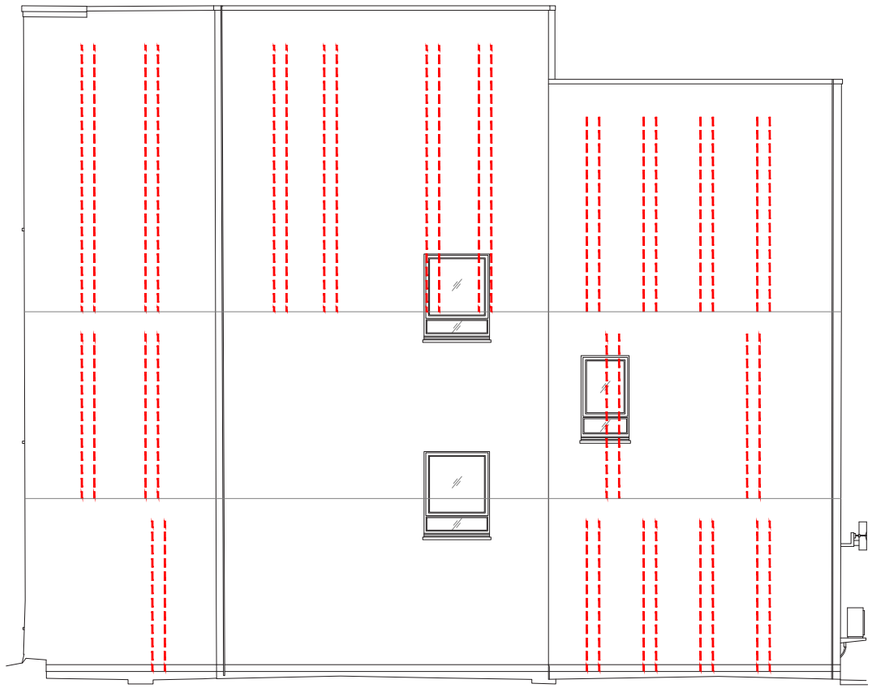


ELEVATION 40
FOUR STOREY WEST ELEVATION
SCALE 1:50

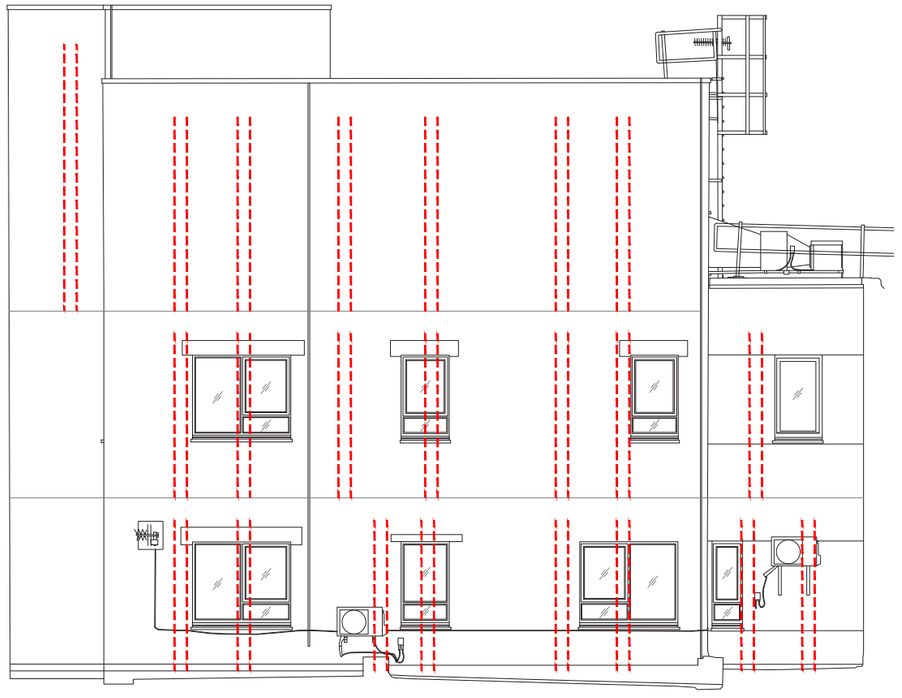


GILBERT BAIN HOSPITAL
ELEVATION LOCATION PLAN
SCALE 1:500

Temporary supports are subject to review for fire engineering requirements and may need to be fire protected or an alternative material to timber used for the supports



ELEVATION 41
FOUR STOREY SOUTH ELEVATION
SCALE 1:50



ELEVATION 42
FOUR STOREY EAST ELEVATION
SCALE 1:50

1:50 0 2.5m 5m

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Notes

1. All dimensions are in metres unless noted otherwise.
2. All levels are in metres unless noted otherwise.

Key to symbols

2 nr. 220 x 47 (C24) Temporary Props at 1.1m centres

Reference drawings

MMD-100106891 NH04-S-DR-00-01-001 - First Floor Plan
MMD-100106891 NH04-S-DR-00-02-001 - Second Floor Plan
MMD-100106891 NH04-S-DR-00-03-001 - Third Floor Plan
MMD-100106891 NH04-S-DR-00-XX-002 - Temporary Propping Details and Elevations (Sheet 2 of 2)

DRAFT
Date : 25-03-2025

Rev	Date	Drawn	Description	Ch'k'd	App'd
P1	03:25	EW	Preliminary Issue	NP	JM

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NHS Shetland
Gilbert Bain Hospital
South Road
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ZE1 0TB

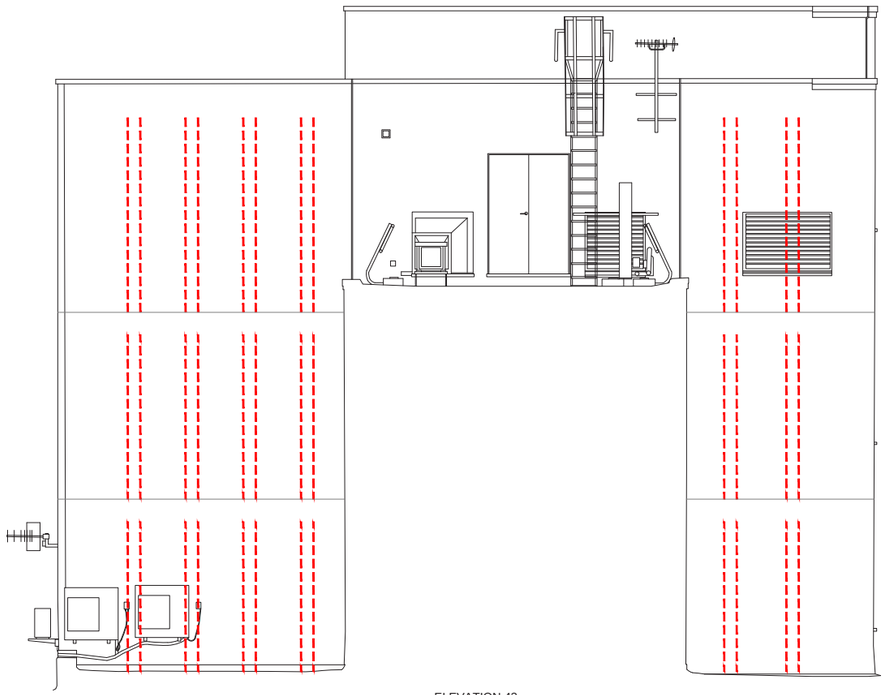
Title
Gilbert Bain Hospital Phase 1 Construction

Re-Cladding of External Walls
Elevations (Sheet 1 of 2) - Props to Inner Leaf Walls

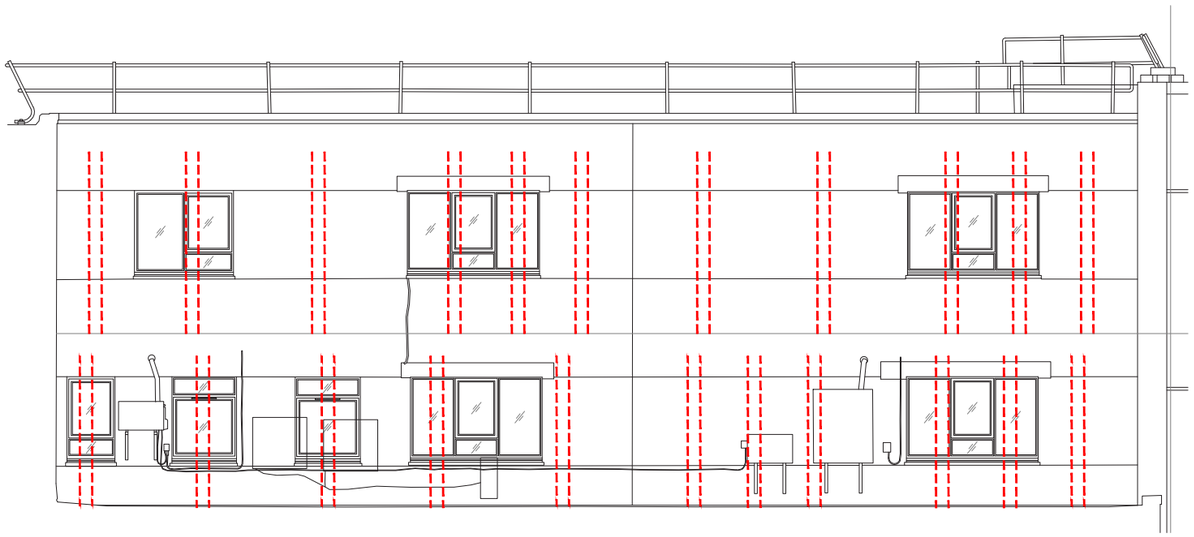
Designed	N Pearson	NP	Eng check	A Stout	AS
Drawn	E Wishart	EW	Coordination	N Pearson	NP
Dwg check	N Pearson	NP	Approved	J Moncrieff	JM

Scale at A1	Status	Rev	Security
1:50	PRE	P1	STD

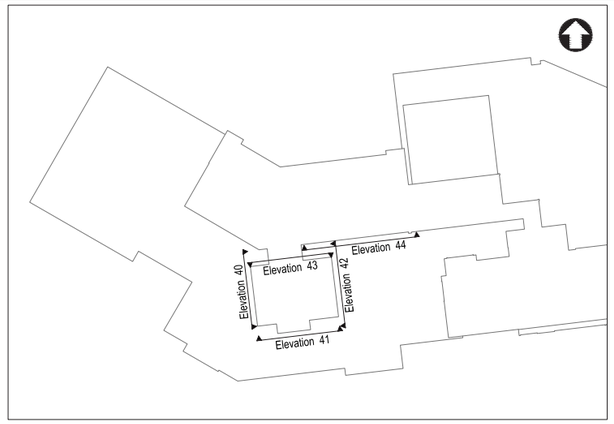
Drawing Number
MMD-100106891 NH04-S-DR-XX-001



ELEVATION 43
FOUR STOREY NORTH ELEVATION
SCALE 1:50

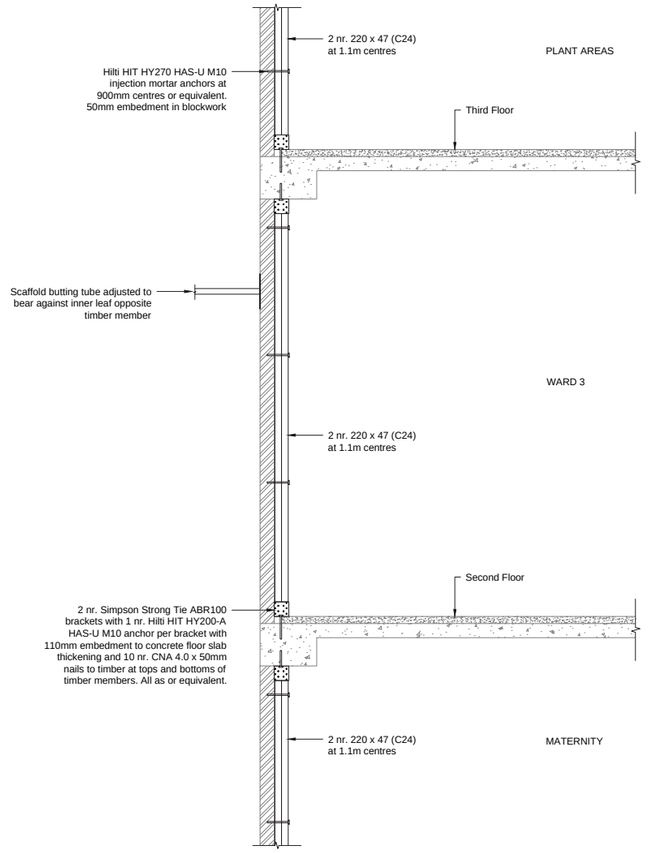


ELEVATION 44
THREE STOREY SOUTH ELEVATION
SCALE 1:50



GILBERT BAIN HOSPITAL
ELEVATION LOCATION PLAN
SCALE 1:500

Temporary supports are subject to review for fire engineering requirements and may need to be fire protected or an alternative material to timber used for the supports



TEMPORARY PROPS TO INNER LEAF BLOCKWORK WALLS
SECTION
SCALE 1:20

1:20 0 1m 2m

1:50 0 2.5m 5m

Notes

1. All dimensions are in metres unless noted otherwise.
2. All levels are in metres unless noted otherwise.

Key to symbols

2 nr. 220 x 47 (C24) Temporary Props at 1.1m centres

Reference drawings

MMD-100106891 NH04-S-DR-00-01-001 - First Floor Plan
MMD-100106891 NH04-S-DR-00-02-001 - Second Floor Plan
MMD-100106891 NH04-S-DR-00-03-001 - Third Floor Plan
MMD-100106891 NH04-S-DR-00-XX-001 - Elevations (Sheet 1 of 2)

DRAFT
Date : 25-03-2025

Rev	Date	Drawn	Description	Ch'k'd	App'd
P1	03:25	EW	Preliminary Issue	NP	JM

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Lerwick
ZE1 0TB

Title
Gilbert Bain Hospital Phase 1 Construction Re-Cladding of External Walls Temporary Propping Details and Elevations (Sheet 2 of 2) - Props to Inner Leaf Walls

Designed	N Pearson	NP	Eng check	A Stout	AS
Drawn	E Wishart	EW	Coordination	N Pearson	NP
Dwg check	N Pearson	NP	Approved	J Moncrieff	JM

Scale at A1	Status	Rev	Security
1:50; 1:20	PRE	P1	STD

Drawing Number
MMD-100106891 NH04-S-DR-XX-002

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MATERNITY

RENAL

M13 M14 M15 M11 M10 M12 E4 E5 M9

NOTES

1. This drawing is to be read in conjunction with the preliminary report produced by Callidus Design detailing the potential interfaces between the building structure and the M&E services.

B	OUTDOOR UNIT REFERENCES UPDATED	GGS	NAC	19.03.25
A	INITIAL ISSUE	GGS	NAC	10.03.25

Gilbert Bain Hospital, Lerwick
Proposed External Cladding Installation
Interface with M&E Services

NHS Shetland

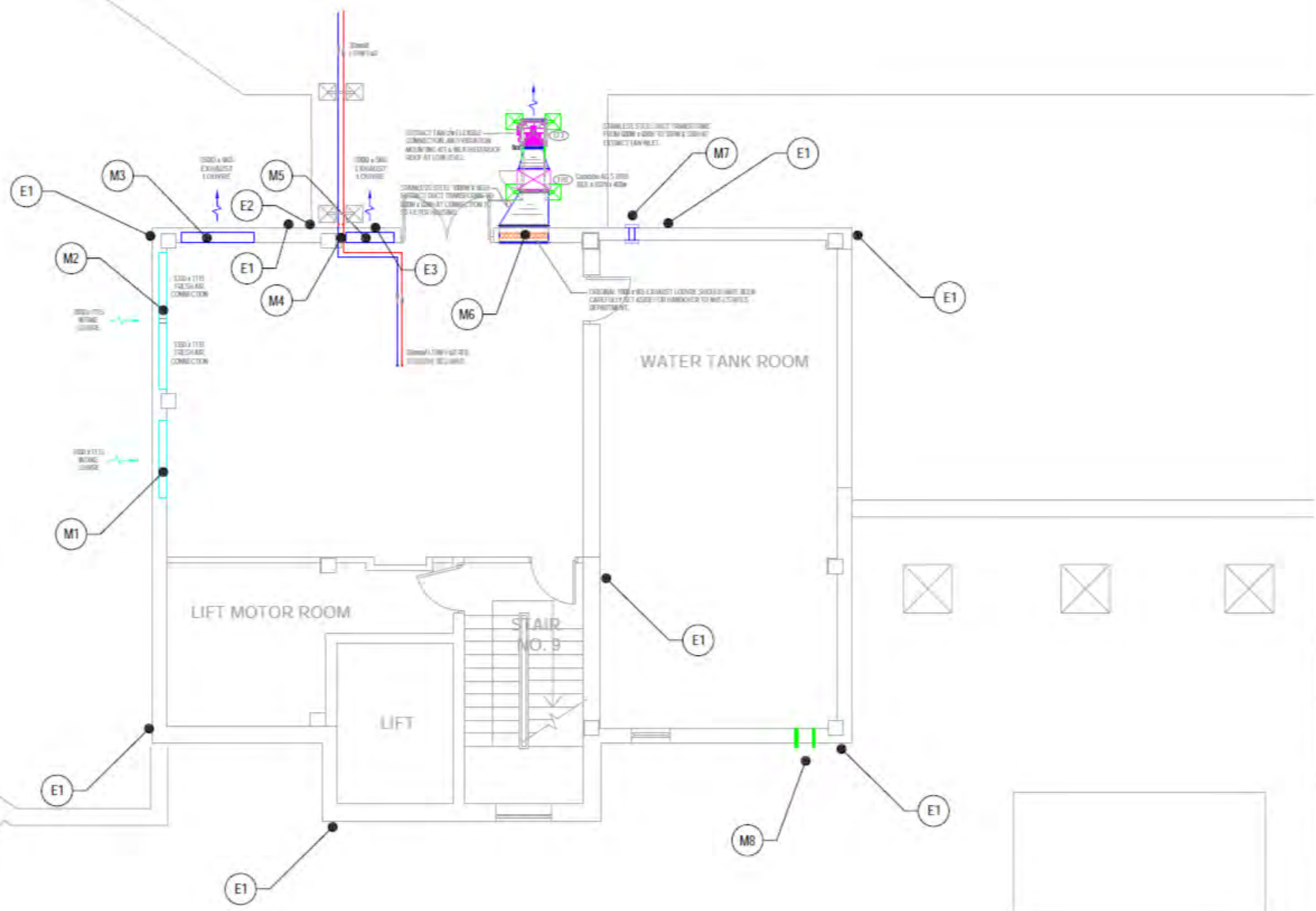
callidus design limited
Law House
Fairbairn Place
Livingston
EH54 6TN
Tel: 01506 418188

7905-ME200		GGS	DGB
TSL0790	MAR 25	1:50	@ A1

First Floor
Maternity & Renal Unit
M&E Service Penetrations

790 (5-) ME 200 B

FOR DISCUSSION



NOTES

1. This drawing is to be read in conjunction with the preliminary report produced by Callidus Design detailing the potential interfaces between the building structure and the M&E services.

A INITIAL ISSUE GCS NAC 10.03.25

Gilbert Bain Hospital, Lerwick
Proposed External Cladding Installation
Interface with M&E Services

NHS Shetland

callidus design limited
Law House
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Third Floor
Plantroom
M&E Service Penetrations

790 (5-) ME 400	A

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