

North Regional Asset Management Plan

2019 to 2029



Planning Regionally, Delivering Locally



We in the North are committed to reducing the reliance on properties and making a case for significant investment in technology to support major service redesign, taking our services closer to our patients.

The North Regional Asset Management Plan is also available in large print and other formats and languages, upon request.

We would like to express our thanks to all the North Region Partners for contributing to the production of this inaugural Regional Asset Management Plan.

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NHS Scotland '20:20' Vision

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Executive Summary

This is the second edition of the North Regions Regional Asset Management Plan (RAMP) within which we will consider the investment needs of the North Region across the investment areas of Equipment; Information Communications Technology (ICT); Property; and Vehicles.

The North now:

The NHS in Scotland owns and leases a significant estate on behalf of the Scottish Ministers. The North Region, defined by the boundaries of its six health boards includes Grampian, Highland, Orkney, Shetland, Tayside and the Western Isles. It encompasses a land area of 54,345 km², which equates to 69% of Scotland's total land mass. The Territory is challenging, not just by its sheer scale, but by its geography including ninety three inhabited islands with populations varying from one to twenty one thousand in the Western Isles, and a large rural heart with the main population centres along Scotland's coastal line. The current population of the North Region is 1,386m which equates to 26% of Scotland's population.

The North Region comprises of 76 hospitals, 239 health centres and clinics supported by 154 independent general practice facilities, independent dental practices, independent ophthalmologist practices and 306 independent community pharmacists. The emphasis of this report is rightly on assets and buildings to provide our staff with the right resources in the right place at the right time in order to undertake their duties efficiently and effectively. However the difficulty of recruiting professionals to undertake these roles places a greater emphasis on the importance of clinical service strategies using and informing the use of technology to modernise our services, and becoming more efficient with the people resource at our disposal. The future shape of the NHS may well be less dependent on buildings than it has been in the past with a greater emphasis on the use of technology, perhaps even being installed in the patient's home.

Equally difficult is the ability for the NHS to recruit and retain the best property, estates and facilities professionals where we compete in the same small 'pool' against other larger, more lucrative, employers.



Current Condition:

Backlog maintenance continues to be a large issue in the North. Contributing to that is the age profile of our properties with 60% being over 30 years old. However, the main risks identified for the North are around our three largest hospitals at Ninewells, Foresterhill and Raigmore, which account for £200m in backlog maintenance of which £117m is of a significant and high risk.

These costs are expressed as a unit cost, which excludes VAT, professional fees and enabling costs. In order to express these figures as project cost we should apply a factor of three. Project costs for high and significant backlog removal for the three main hospitals would be circa £351m, and for the North as a whole the project cost for just high and significant risks alone would be circa £399m. In order to invest in removing some of this backlog it is inevitable that the operation and availability of clinical areas may be compromised for a period of time. This may have an impact on waiting times and government targets.

The Capital Planning System has calculated the need for around £185m to be invested annually to maintain the current North Region property portfolio (assuming no backlog) against a capital investment last year of £118m for all assets including Medical Equipment and ICT.

Bearing in mind that the North Region already have 714,000m² of buildings over 30 years old, It's perhaps should not go unnoticed that older properties are less energy efficient, which also impacts on sustainability, and the UK Government's ambition to achieve net zero carbon emissions by 2050.

The requirement to replace medical equipment varies from board to board in the North, mainly due to how funding is allocated. The current investment identified is £84m.

ICT prominence is increasing and will further increase in the North, as boards maximise their use and capability to provide a more efficient and sustainable NHS. However, major investment will be required if we are to achieve the ambitions of the Scotland Digital Health & Care Strategy.

As has been alluded to above, the lack of availability of sufficient capital funds will require the North Boards to allocate their scarce resources based on risk, need, and the consequential requirement to invest, as opposed to the more traditional approach of providing each of the investment areas a fixed annual split of available capital resources.

The North has invested in the following projects in the last year:

Item	Grampian	Tayside	Shetland	Orkney	Western Isle	Highland
Medical Equipment	£11,270,000	£5,989,000	£279,800	£4,130,000	£700,000	£2,285,000
Projects worthy of note	Radiology - £705k Labs - £726k Radiotherapy - £287k Ultrasound - £837k Pat Monitors - £2.56m Renal Dialysis- £ 923k Neurosciences - £686k ECG's - £797k	Renal Dialysis Machines-£326k Defibrillators - £594k Endoscopes - £483k Infusion Devices - £100k CT Scanner -£518k Imaging Equip - £1.0m	Infusion devices - £38k Imaging Equip - £168k Renal Dialysis Equip - £12.8k	Phototherapy unit - £29k Balfour X-ray and Sterilising equipment - £4m	Defibrillators - £114k Endoscopes - £135k Imaging Equip - £105k Decontamination Equip - £343k	Radiology Equipment
Other Equipment	£2,194,000	£602,000		£1,022,000	£195,000	
Projects worthy of note	Inverurie Hub Equip - £766k Endoscopy Washers - £558k	Hamo instrument Washer - £539k Commercial Box Trailers - £23k	GBH Boiler replacement - GBH washer disinfectant - GBH RO plant -	Other Balfour equipment - £1m Purchase of 1 new vehicle - £22k	Endoscope Drying Cabinets - £54k Catering defrost unit - £13k RO plant - £128k	
IT Investment	£2,497,000	£2,599,000		£537,000		£1,181,000
Projects worthy of note	Storage, comms, networks etc. - £1.037m GP Servers - £470k Dr Grays Telemetry - £216k PC's - £408k	PC replacements - £500k TRAK - £541k Unified comms (telephony) - £898k		Balfour ICT infrastructure - £1m Digitizing Medical Records - £200k		
Property Investment	£23,574,000	£7,247,000		£40,245,000	£1,001,510	£14,007,000
Projects worthy of note	Statutory Compliance & Backlog - £12.237m Baird Family Hospital & Anchor Centre - £8.595m Elective Care - £586k Primary Care - £342k	Hub NHSS PSS - £655k Statutory compliance & backlog - £3.784m Ninewells Infrastructure - £354k Children's theatre suite - £262k Neonatal Intensive Care Unit - £231k Elective Care Centre - £49k	Renal Unit increased capacity - £ Lerwick HC Consulting Rooms - £ GBH Training facility re-located - £ GBH A&E Resus upgrade	New Balfour Hospital & Health Care Facility - £33m Refurbishment and Backlog - £170k	Stornoway HC heating system- £157k Nutwell Body Storage - £10k HC fire alarms - £7k Plate Heat Exchangers - £297k CDU - £530k	Radiotherapy replacement -£2.239m MRI Replacement - £939k Skye, Badenoch & Speyside bundle - £1.856m Elective care - £1.757m Raigmore CCU - £6.035m
Other Investment					-	£1,445,000
Projects worthy of note					2 off electric vans leased	
Totals	£37,956,000	£16,460,000	£2,091,498	£40,245,000	£1,867,131	£19,817,000
TOTAL	£118,436,629					

The Future:

Looking forward, our immediate five year investment programme will continue to be focused on our backlog maintenance programme, 'medical equipment replacement' and commissioning of new health facilities, to meet our ambitious agenda.

Current funded projects being taken forward include:

Board	Projects:	Service	Type	Status	Funding
All	IT Infrastructure and Equipment Life Cycle Replacement	All	Capital	Ongoing	Yes
All	Medical Equipment Life Cycle Replacements	All	Capital	Ongoing	Yes
All	Significant and High risk Backlog Reduction	All	Capital	Ongoing	Yes
All	Vehicle Life Cycle Replacement	Transport	Cap/Rev	Ongoing	Yes
NHSG	Baird and Anchor	Acute	Capital	Business Case	Yes
NHSG	Cyclotron Replacement	Primary Care	Capital	Business Case	Yes
NHSG	Denburn HC Replacement	Primary Care	Capital	Business Case	Yes
NHSG	Elective Care	Acute	Capital	Business Case	Yes
NHSG	Ligature reduction programme	Mental Health	Capital	Construction	Yes
NHSG	North Corridor Health Centres	Primary Care	TBC	Business Case	Yes
NHSH	Badenoch Strathspey and Skye Bundle	Primary Care	TBC	Business Case	Yes
NHSH	Elective Care	Acute	Capital	Business Case	Yes
NHSH	North Coast Care home	Primary Care	Capital	Business Case	Yes
NHSH	Raigmore CCU Project	Acute	Capital	Construction	Yes
NHSH	Raigmore redevelopment, Phase 1, replacement ancillary accommodation	Acute	Capital	Business Case	Yes
NHSO	Primary Care Premises Investment (stage 1)	Primary Care	Capital	Business Case	Yes
NHSS	Additional Clinical space at Scalloway Health Centre	Primary Care	Capital	Construction	Yes
NHSS	Brae Health Centre	Primary Care	Capital	Construction	Yes
NHSS	Bressay Clinic Reconfiguration	Primary Care	Capital	Construction	Yes
NHSS	Gilbert Bain Hospital - Ambulatory Care	Acute	Capital	Business Case	Yes
NHSS	HAI works GBH Theatre	Acute	Capital	Construction	Yes
NHSS	Unst Health Centre Reconfiguration	Primary Care	Capital	Construction	Yes
NHST	Children's Theatre Suite	Acute	Capital	Construction	Yes
NHST	Elective Care Centre	Acute	Capital	Business Case	Yes
NHST	Neonatal Intensive Care	Acute	Capital	Construction	Yes
NHST	Ninewells Infrastructure Works (HV)	Acute	Capital	Construction	Yes
NHSWI	CDU Redevelopment	Acute	Capital	Construction	Yes
NHSWI	St Brendans	Primary care	Hub	Construction	Yes
NHSWI	Western Isles Hospital BMS Replacement	Acute	Capital	Construction	Yes
NHSWI	Uist Dental Re-design	Primary Care	Capital	Construction	Yes
NHSWI	Western Isles Hospital Refurbishment / upgrade	Acute	Capital	Business Case	Yes

Given the issues with an ageing estate, together with a growth in demand for services to be provided as locally as possible, this regional asset plan has identified the need for priority investment in a number of key areas within our acute, primary and social care sectors' infrastructure.

Future investment priorities required to support service improvement:

Board	Projects:	Service	Type	Status
All	Introduction of Alternative Fueled Vehicles	Transport	Cap/Rev	Feasibility Stage
All	IT Infrastructure and Equipment Investment to reduce reliability on Buildings	All	Capital	Feasibility Stage
All	Medical Equipment Life Cycle Replacements	All	Capital	Ongoing
All	Significant and High Risk Statutory Compliance Reduction	All	Capital	Ongoing
NHSG	Ambulatory Care Facilities, ARI	Acute	Capital	Feasibility Stage
NHSG	Banchory Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Danestone Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Ellon Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Keith Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Medical Physics Accommodation	Acute	Capital	Feasibility Stage
NHSG	New and or refurbished Theatre Block and Surgical Wards at ARI	Acute	Capital	Feasibility Stage
NHSG	Refurbishment or replacement of Phase 2 Aberdeen Royal Infirmary	Acute	Capital	Feasibility Stage
NHSG	Re-location of Learning Disability to main RCH site	Mental Health	Capital	Feasibility Stage
NHSG	Replacement Laboratory Information System	Acute	Capital	Feasibility Stage
NHSG	Replacement Laboratory Services to form a Blood Sciences Centre	Acute	Capital	Business Case
NHSG	Replacement Laundry and CSSD on Foresterhill Campus	Acute	Capital	Feasibility Stage
NHSH	Fort Augustus Health Centre	Primary Care	Capital	Business Case
NHSH	Inverness Primary Care Redesign	Primary Care	TBC	Business Case
NHSH	Lawson Hospital Reconfiguration	Primary Care	TBC	Business Case
NHSH	Lochaber Health and Social Care Re-design, Fort William	Primary Care	TBC	Feasibility Stage
NHSH	North Coast Redesign, Kyle of Tongue	Primary Care	TBC	Feasibility Stage
NHSH	Phase 2 of the Highland Children's Unit	Acute	Capital	Business Case
NHSH	Raigmore redevelopment, Phase 2 diagnostic suite, outpatients, A&E and maternity	Acute	Capital	Feasibility Stage
NHSH	Raigmore redevelopment Phase 3 Demolition of redundant facilities	Acute	Capital	Feasibility Stage
NHSH	Ross Memorial Reconfiguration	Primary Care	TBC	Business Case
NHSO	Sanday Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Flotta Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	North Ronaldsay Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Papa Westray Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Stromness Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Stronsay Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Westray Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSS	Gilbert Bain Hospital - CT Scanner Replacement	Acute	Capital	Business Case
NHSS	Gilbert Bain Hospital - New MRI Scanner	Acute	Capital	Business Case
NHSS	Gilbert Bain Hospital - Replacement	Acute	Capital	Business Case
NHST	Angus Care Model - Stracathro	Primary Care	Capital	Feasibility Stage
NHST	Aseptic Dispensing Unit Refurbishment	Primary Care	Capital	Feasibility Stage
NHST	Bridge of Earn / Carse of Gowrie	Primary Care	Capital	Business Case
NHST	Cardiac Cath Lab & Coronary Care Unit Upgrade	Acute	Capital	Business Case
NHST	Critical Care Unit ind SHDU and ICU NW	Acute	Capital	Business Case
NHST	MacMillan Haematology & Oncology Unit	Acute	Capital	Business Case
NHST	Maternity Services Review (incl theatres)	Acute	Capital	Business Case
NHST	Mental Health Environment Reconfiguration	Mental Health	Capital	Business Case
NHST	New Cardiac Cath Lab Ninewells	Acute	Capital	Feasibility Stage
NHST	PRI Laboratory	Acute	Capital	Feasibility Stage
NHST	Primary Care Services Forfat	Primary Care	Capital	Feasibility Stage

NHST	Primary Care Services Montrose	Primary Care	Capital	Feasibility Stage
NHST	Reshaping Non-Acute Care Dundee	Primary Care	TBC	Business Case
NHSWI	Backup generator sets GP practices	Primary Care	Capital	Feasibility Stage
NHSWI	Fire alarm System Stornoway Health Centre	Primary Care	Capital	Business Case
NHSWI	Fleet replacement	All	Capital	Business Case
NHSWI	GP Clinic refurbishments	Primary Care	Capital	Feasibility Stage
NHSWI	Health Board office Phase 2 Internal refurbishments	Office	Capital	Feasibility Stage
NHSWI	Health Board office Phase 1 External refurbishments	Office	Capital	Feasibility Stage
NHSWI	Hospital Hub Uist	Primary Care	Capital	Business Case
NHSWI	Installation of Easy Heat plat heat exchangers WIH	Acute	Capital	Business Case
NHSWI	Laboratory redevelopment WIH	Acute	Capital	Business Case
NHSWI	Mental Health Redesign	Mental Health	Capital	Business Case
NHSWI	Motor Controls variable speed drives	Acute	Capital	Business Case
NHSWI	Smart metering whole estate	All	Capital	Feasibility Stage
NHSWI	St Brendans	Primary Care	TBC	Business Case
NHSWI	Vehicle Electric charge points across whole estate	All	Capital	Feasibility Stage

The North is an ambitious region that wishes to fulfil its contract with the Scottish Government, and that of its patient needs, by investing in appropriate assets. Those assets have a significant role in facilitating service change and performance improvement as well as enhancing the environments in which we provide safe, effective and person centred care.

It is believed that £399m is required to remove all the High and Significant backlog risks, some of which will be through delivery of new, more modern, efficient assets

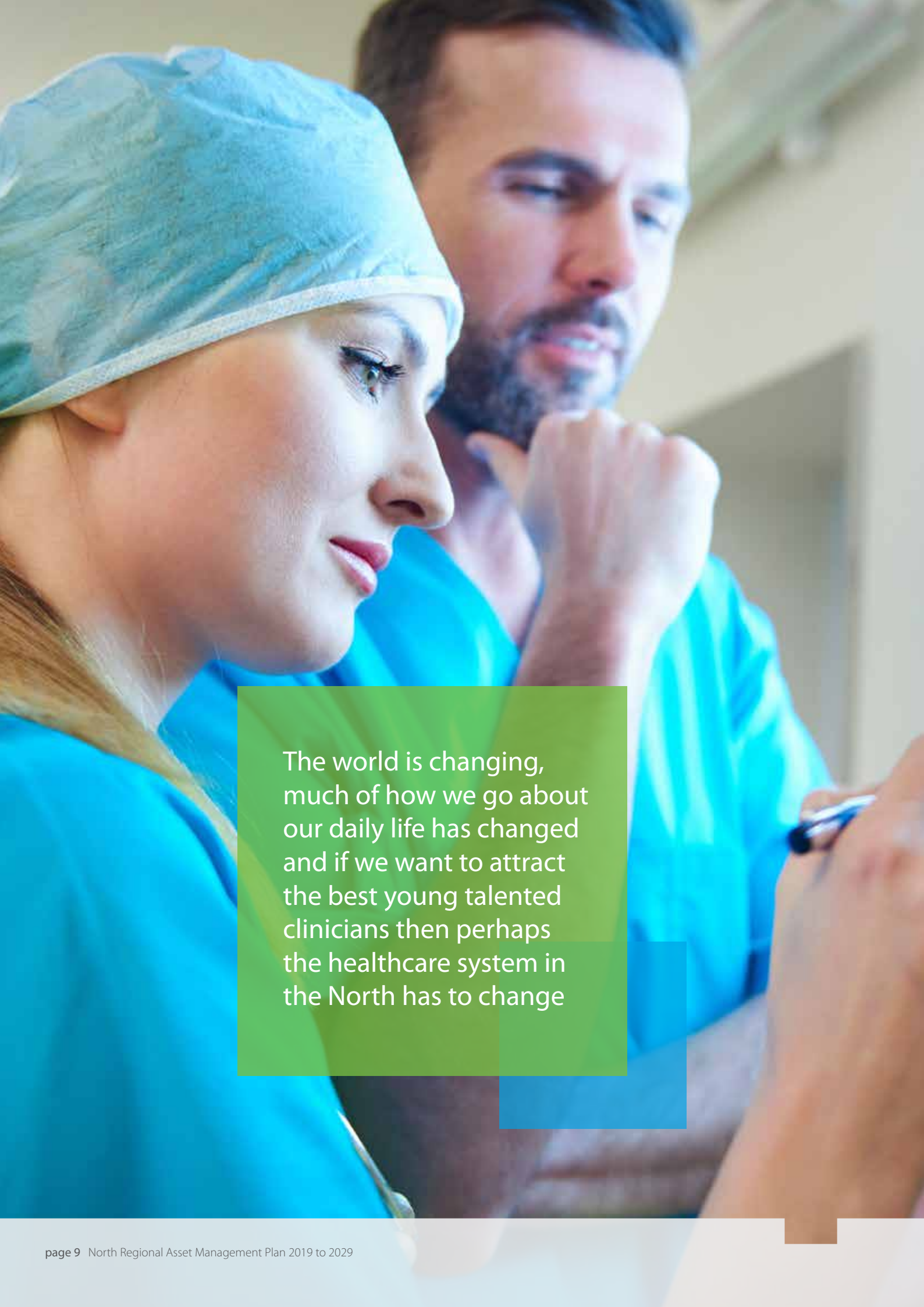
The projects identified for investment within this plan are crucial for the continued improvement and delivery of services to the population in the North of Scotland.



New Balfour Hospital & Health Care Facility, Orkney



The projects identified for investment within this plan are crucial for the continued improvement and delivery of service to the population in the North of Scotland.



The world is changing, much of how we go about our daily life has changed and if we want to attract the best young talented clinicians then perhaps the healthcare system in the North has to change

Introduction

The North Region is made up of six health boards, comprising Grampian, Highland, Orkney, Shetland, Tayside and Western Isles; ten Integration Joint Boards; one Lead Agency; General Practices, Pharmacies, Dentists and Ophthalmologists. The Boards are ambitious and wish to care for their patients as best they can, by optimising the use of all resources at their disposal as effectively and efficiently and in as safe a manner as possible. But, to succeed, will require innovation, creativity and hard work, along with a need to modernise and change the approach to service delivery.

Boards are asked by the Scottish Government to work more collaboratively and in this context the North Region are working together to identify where that should be targeted and, as the collaboration evolves, it is expected that the Regional Delivery Plan (Clinical Strategy) will inform future iterations of this Regional Asset Management Plan and the data, narrative, and use of available resources, will become more refined, informative, and standardised in approach.

The North Region is more rural and has a more dispersed population, than any other region of Scotland, with a population density of 28 people per km² covering the mainland and the ninety three inhabited islands. Compared with Scotland as a whole, which has population density of 67.2 people per km², the challenges that this alone presents should not be underestimated.

The North's aim is to eliminate all but the necessary travel from the islands and rural mainland areas, to the three main hospital centres for clinical consultations and interventions, by providing services as locally as possible and by making use of technological advancements such as Attend Anywhere. This in itself will reduce the use of fossil fuels and CO² emissions leading to a more positive impact on the environment and, consequently, people's health.

The creation of Integration Joint Boards (IJB's) and the Highland Lead Agency, has led to the accountability for health and social care being a key focus of this plan. Currently IJB's do not have the powers to own assets, which will be held either by the Health Board, or the Local Authority. Therefore the assets discussed within this plan will focus on those under the control of the NHS Boards.

Other key factors which will influence this, and future plans, is that of the technology and how we might use this to our advantage, particularly given the workforce challenges which vary only marginally from area to area, but none the less create pressures in themselves that demands a change of approach. However, to take advantage of these technologies will require investment to further enhance the 4G coverage across the North of Scotland. Plans were put in place last year by the Scottish Government for a £25m Mobile Infill Project to boost 4G coverage, but undoubtedly, whilst this will assist greatly, more will need to be done if we are to make best use of technologies to improve efficiency and reduce travel.

The world is changing. Much of how we go about our daily life has changed and, if we want to attract the best young, talented, clinicians then perhaps the healthcare system in the North has to change. To improve efficiency and sustainability, this Regional Asset Management Plan requires the flexibility to respond, by providing better, more effective and efficient assets where needed, and perhaps move away from traditional solutions including that of bricks and mortar.

The North of Scotland Health and Social Care Regional Asset Management Plan is one of a suite of documents which aims to clearly set out the challenges that face the North region, and identify the key investment requirements and future plans with the aim of improving quality, efficiency, and progression, towards a more sustainable health service. The plan does not attempt to describe the detail of each project being taken forward in the North of Scotland, but it does focus on the priority areas where the partners, working in collaboration, can add most value.

The plan aims to reflect the contributions and information received from each of the Health Boards in the North and set out the strategic intent of the partners, the need for change, the model of care, and the investment required in our ageing assets, to enable change in a more coordinated and collective manner than before.

The 2019/29 Regional Asset Management Plan (RAMP) underpins the vision of the North of Scotland Health and Social Care Delivery Plan and will be reviewed annually. It is entirely consistent with the Scottish Government's Chief Executive Letter CEL35(2010): setting out our future investment priorities and our financial planning assumptions, along with how performance, management and utilisation of the North of Scotland Boards entire asset base will be monitored. It also follows the requirements of the "Strategic Property and Asset Management Guidance for NHSScotland" which was released in December 2016, and includes vehicles, equipment, information and technology, and property.

There is a consensus amongst the partners about the scale of the challenge in the North. Meaning we will have to create a public understanding of the need for change. The plan therefore outlines:

- The increasing demand for care and treatment impacting on local authorities, general practice, community services, secondary and tertiary services, arising from the growing elderly population (over 75s will increase by 35% by 2035) and the dispersed nature of the population in the North.
- The financial efficiency savings that require to be achieved over the next five years (£450 million) and the challenge of delivering, this without substantial investment in the asset base, including IT infrastructure and equipment.
- The condition of the health estate in the region and the need for capital investment to eradicate a unit cost of backlog at £344m and at a project cost likely to be c £1bn + statutory standards (the three main hospital sites estimated at a unit cost of £210m).
- Medical equipment replacement estimated at £235m (a reduction of £82m from last year).
- The challenges associated with workforce availability (GP numbers reduced by 2.4% in the last two years compared to 1.9% in the rest of Scotland), and an ageing workforce (39% of the workforce is over 50 years old).
- The gap between demand and capacity for elective care (9% per year in outpatient referrals and 13% per year for inpatient and day case treatment) are clearly stated as challenges that need to be met.
- 60% of the properties in the North Region are over 30 years old, of which 36% are over 50 years old.
- Existing locations versus delivery of Health & Social Care services in accordance with government policy.
- Availability of funding to pump prime the level of change and innovation needed.

▶ Aims of the Regional Asset Management Plan

The Regional Asset Management Plan supports the delivery of the National Clinical Strategy. Whilst supporting the requirements of the National 20:20 Vision, and the world leading desires of the Healthcare Quality Strategy for NHSScotland, it also aims to:

- Demonstrate the appropriate governance and management structure to effectively manage the North of Scotland's assets.
- Identify all the issues driving the need for change, and ensure all assets are used in such a way as to support the existing and future requirements of the service, and the change required.
- Manage all assets within the North of Scotland, (by maintaining, enhancing, replacing or disposing of) ensuring the plan takes us towards the national ambitions of care which is person centred, safe and effective.
- Provide/maintain an appropriate number of quality affordable assets, complementing and supporting the high quality services which meet the population needs and are financially sustainable over the long term.
- Address backlog maintenance and essential equipment replacement where there is a high, significant, or moderate risk likely to impact on the North of Scotland's ability to deliver current and future services.
- The Plan covers the period 2019 to 2029, with investment proposals covering the next 5 financial years, and indicates where investment may be required in the longer term covering the 5 to 10 year period and beyond.





Developing the Plan

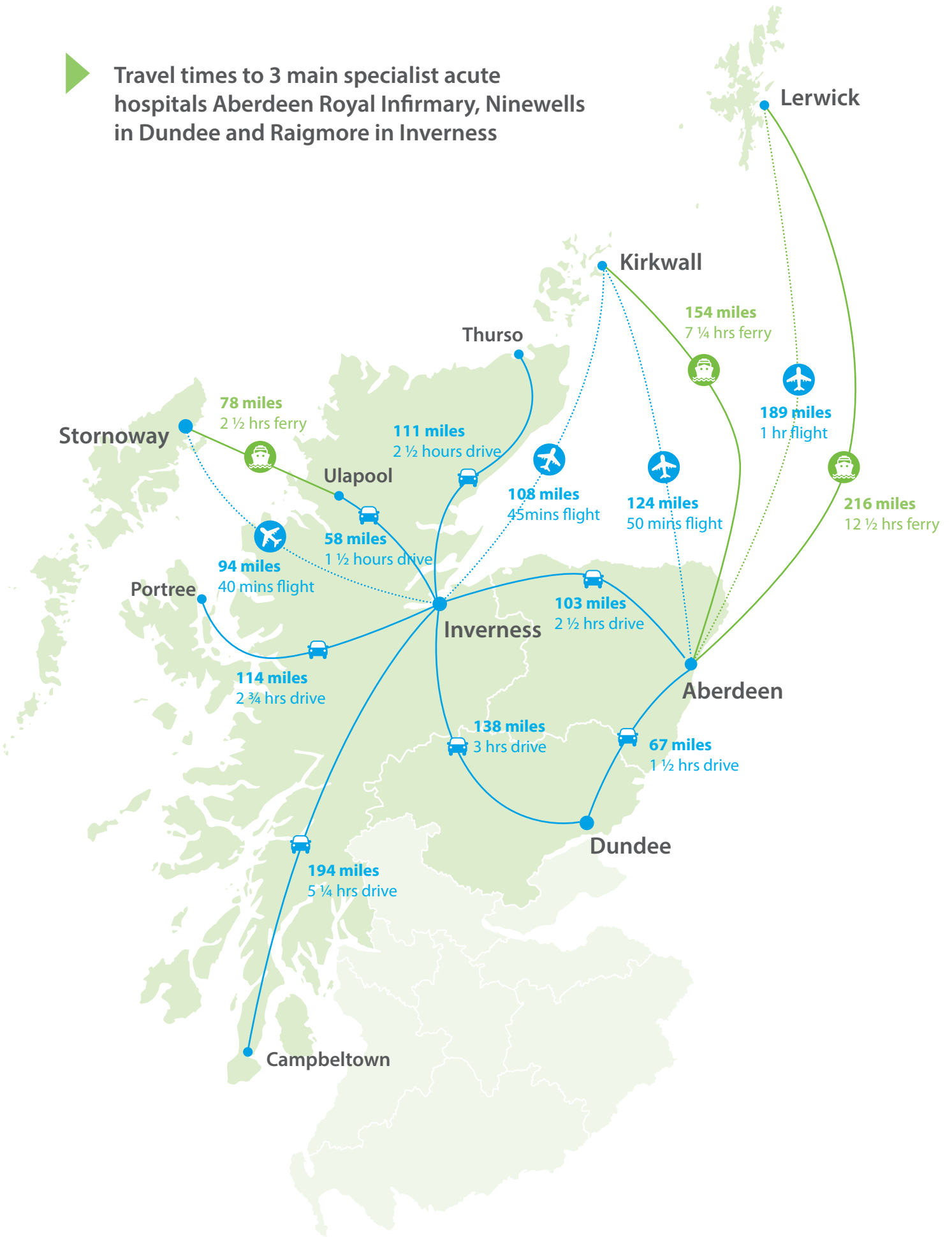
The Plan involved wide consultation with many key members of staff responsible for modernisation, service delivery, finance, facilities, medical equipment and asset management, as well as our many stakeholders including the Local Authorities. The Plan has involved collaboration with all the North Health Boards and has involved information, direction and management from each of the Boards, and Senior Management, to ensure it reflects the requirements of the NHSScotland Clinical Strategy; Health and Social Care Delivery Plan, and the 20:20 Vision.

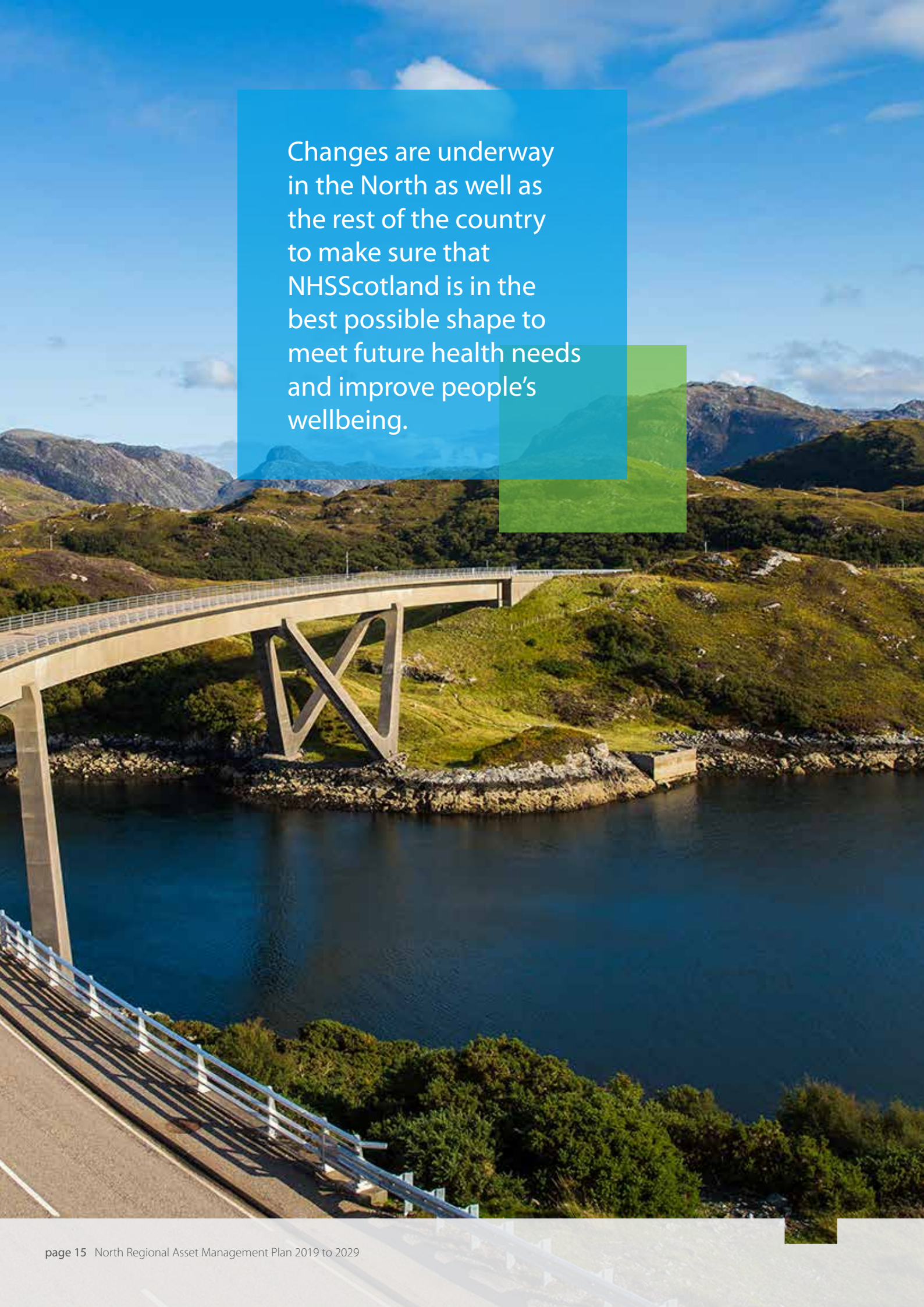
The North Region's Health Boards have continued prioritising and monitoring current and future capital and revenue projects through the Scottish Capital Investment Manual (SCIM) process. This has been further supported with the development of Strategic Assessments and the Capital Planning System. Strategic Assessments and public consultation continue to be developed through workshops with stakeholder and public representation, ensuring that development plans are open, transparent, and outline the need for change; describing thoughts on potential investment proposals and allowing a methodology of prioritising all projects to be developed for the North Region.

A summary of the high level models of care are being developed for further engagement together with an indication of the key issues that need to be addressed to move towards decentralising access to treatment and creating sustainable approaches. This is likely to include the need for the whole health and social care system, including primary and community health and social care, and hospitals to work as a single system.

A specific issue of concern, given the geography and population distribution of the North of Scotland is the key role that general practice, community healthcare, social care and hospital care play in the social and economic life of communities, and balancing the challenges associated with meeting the financial and workforce constraints which may make it difficult to maintain the current pattern of service delivery.

Travel times to 3 main specialist acute hospitals Aberdeen Royal Infirmary, Ninewells in Dundee and Raigmore in Inverness





Changes are underway
in the North as well as
the rest of the country
to make sure that
NHSScotland is in the
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North Regions Ambitions

Changes are underway in the North as well as the rest of the country to make sure that NHSScotland is in the best possible shape to meet future health needs and improve people’s wellbeing. There are a number of national and local policies and initiatives aimed at making NHSScotland more effective and efficient such as the NHSScotland National Clinical Strategy; Better Health, Better Care: Action Plan; the NHSS Quality Strategy; the Efficiency and Productivity Framework, and “Achieving Sustainable Quality in Scotland’s Healthcare – A ‘20:20’ Vision”.

These strategic documents all have a major influence on our healthcare infrastructure, from the number and location of properties, the IT infrastructure required to provide clinical information to our staff, the transport links to make our services accessible and to the equipment required to diagnose and treat the population of the North of Scotland.

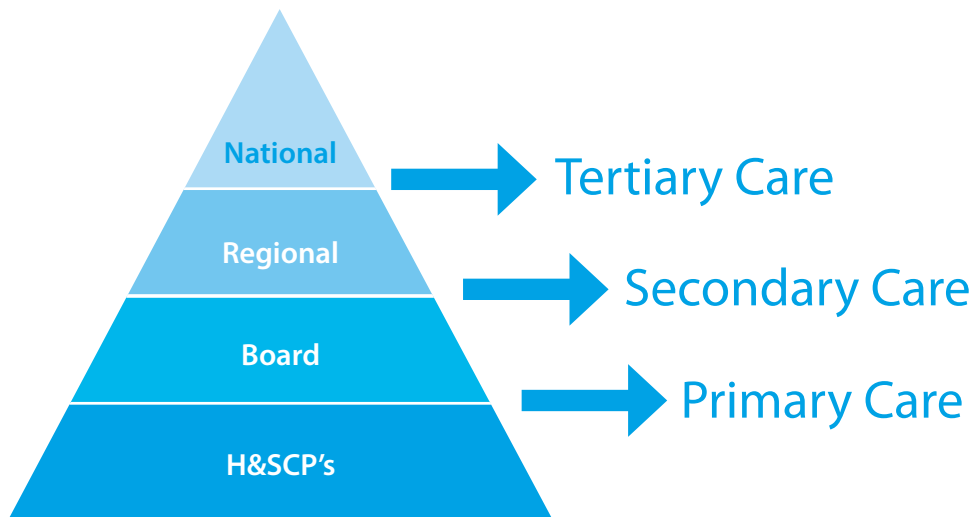


Figure 2: Healthcare Provision Hierarchy

National Context

The National Clinical Strategy for Scotland, published in February 2016, and the Scottish Government's Health and Social Care Plan, published in December 2016, outline the vision for health and social care services in Scotland up to 2030. They set out the case for:

- Planning and delivery of primary care services around individual communities.
- Planning hospital networks at a national, regional, or local level based on population models.
- For services to be integrated.
- For services to focus on prevention, anticipation and supported self-management.
- Where hospital admission is required it will make day-case treatment the norm, where it cannot be provided in a community setting.
- Focusing on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- Ensuring people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.
- Providing high value, proportionate, effective and sustainable health and social care.
- Transformational change supported by investment in e-health and technological advances.

The National Clinical Strategy and Health and Social Care Delivery Plan also set the direction of travel for developing the North of Scotland Clinical Strategy (2017-2022). They guide our planning by focusing on:

- Ensuring quality, safety, clinical effectiveness and a patient-centred approach.
- Integrating health and social care and working in partnership with communities.
- Enhancing clinical roles and greater use of technology.
- Establishing networks of specialist services regionally and nationally.
- Supporting "Realistic Medicine" where patients are informed partners in choosing appropriate care and treatment.

Regional Context

The North is working together through the North Region Health and Care Collaboration (NRHCC), which is developing a Health and Social Care Delivery Plan for the North of Scotland that will link with national and local board strategies, so that we have a common vision for the provision of healthcare services for the future. The plan will continue to be developed as we continue to consult with all stakeholders and move forward with a regional focus.

The purpose of working more closely in the North of Scotland is to support the huge amount of work that is being done in all NHS Boards and HSCPs to improve health and service delivery for the people of the North. The Health and Social Care Delivery Plan for the North aims to drive those actions that can only be taken forward in collaboration across the region, or those where it is most efficient or effective to work closely together as partners. The changing demographics of the population and the likely continued shortage of traditional healthcare staff will mean we have to do things differently. While many of the hospitals in the North are likely to be here five years from now, the way we plan and deliver services within these buildings will need to be dramatically different.

The ambitions of the collaborative are that by 2025:-

- Where people live is much less of an issue as services can be accessed through the best digital infrastructure available.
- People in the North have equitable access to safe, effective and world class treatment and care.
- The North is regarded as the best place to work in the UK.
- The North is regarded internationally as a model of integration, partnership and public participation.
- Clinical services will operate as a single system and will be planned and delivered regardless of organisational boundaries.
- Very specialist services are stable and sustainable and provide good access for the population of the region.

Networks already working together to achieve this includes:-

- North of Scotland Neonatal Managed Clinical Network
- North of Scotland Child & Adolescent Neurology Network
- North of Scotland Paediatric Gastroenterology, Hepatology and Nutrition Network
- North of Scotland Paediatric Respiratory Network
- North of Scotland Trauma Network
- Workforce in the North of Scotland
- North Cancer Alliance

There are also a number of Programmes currently underway that report to the NoS Chief Executives Group, these include:-

- Cardiac Service Review
- Children and Young People's Health Services North of Scotland
- Digital Transformation
- Digital Transformation: Care Portal Programme
- Digital Transformation: Core Infrastructure
- Digital Transformation: Information Governance
- Digital Transformation: Information/Cyber Security
- Digital Transformation: Regional Initiatives
- North of Scotland Facilities & Capital Planning Group
- Forensic Medical Services
- Health Intelligence
- HEPMA
- Laboratory Medicine
- Mental Health
- Ophthalmology
- Research and Innovation
- Restorative Dentistry, Oral and Dental Health
- Review of Radiology Services
- Rural and Island Hospitals
- Secondary and tertiary flow
- Secondary and tertiary flow - Dermatology Workstream
- Secondary and tertiary flow – Urology workstream
- Secondary and tertiary flow – Vascular workstream
- Secondary and tertiary flow – Orthopaedics workstream
- Secondary and tertiary flow – Upper GI workstream
- Secondary and tertiary flow – OMFS workstream
- Workforce

North of Scotland Facilities and Capital Planning Group

To further collaboration from a Property and Asset Management perspective the North of Scotland Facilities & Capital Planning Group was established in 2016 and includes representatives from all 6 Boards. Its role is to take forward a number of work streams that will ensure the North works collaboratively to identify the North's asset investment/disinvestment requirements for the next 1-10 years. The Current work streams being taken forward are:-

- Regional Asset Management Plan
- Reflection on the Cole report
- Shared Services
 - Portering
 - Laundry
 - Catering
 - Patient Transport
 - Energy & Sustainability
- Collaborative Working
 - Waste Management
 - Fleet/Logistics Management
 - Maintenance Services
 - Policy and Procedures
 - Retail
- SCART
- IT Systems

A programme of works with key dates has been developed along with a Benefits Register that will be reviewed at each meeting to ensure the work streams are delivering the anticipated benefits to the Region as a whole.

Local Context

The North Health and Social Care System currently supports a population nearing 1.4m, which by 2039 is expected to rise to 1.5m. The geography of the area is as diverse and challenging as are the conditions of our patients. Sustainable service models underpinned by the availability of workforce and finance, supported by technology will lead in the future to a requirement of different proportions of asset investment compared to that of the past.

We need to build effective alliances of equal partners to meet the challenges – not only involving the partner organisations in the North of Scotland, but also involving staff, patients, individuals, professionals and communities. Effective alliances need a realistic assessment of the challenges and a common understanding of what needs to change.

Each Board in the North has developed a clinical strategy that reflects those local alliances and sets a shared strategic aim, taking a population focus across the North of Scotland. They clarify our general approach and objectives to guide detailed implementation plans, focusing on the added value of all clinical services and concentrate on collective endeavours and mutual interests that will benefit local populations.

NHS Boards Clinical Strategy Links:-

- NHS Grampian – NHS Grampian Clinical Strategy
- NHS Highland – NHS Highland Care Strategy
- NHS Orkney – NHS Orkney Clinical Strategy
- NHS Shetland – NHS Shetland Clinical Strategy
- NHS Tayside – NHS Tayside Clinical Strategy
- NHS Western Isles – NHS Western Isles Clinical Strategy

The aims of the Strategies are to:

- Confirm the direction for clinical services over the next five years and beyond.
- Identify the objectives across the health system to improve patient outcomes.
- Confirm the change that is required to support the health system to work more effectively.
- Outline areas of shared benefit across the system.

The Strategies underpin the National 20:20 Vision, the Quality Ambitions described in NHS Scotland's Quality Strategy, and the NHS Scotland Clinical Strategy and guides the infrastructure needed to meet the future health needs for the North of Scotland.

The North's Clinical Strategies take their place alongside the strategic plans of the Health and Social Care Partnerships (HSCPs) or Integration Joint Boards (IJB's) or Lead Agency (LAge) for the Region. The IJBs came into place in 2016 in shadow format and became legal entities on the 1st April 2017, and are responsible for the planning and delivery of adult health and social care services, whereas the LAge was set up in 2012. The IJBs/LAge have a partnership arrangement: working with voluntary services, private sector partners, and alongside local communities; whilst working closely with the Local Authorities and NHS Boards to improve the quality and effectiveness of health and social care services.

The IJBs/LAge strategic plans describe how they intend to improve the health and wellbeing of adults in the geographic areas through the design and delivery of integrated services. The principles that underpin these strategies are all aligned with the National Clinical Strategy.

Links to the Health & Social Care Partnership's Strategic Plans:-

- NHS Grampian – Aberdeenshire IJB Strategic Plan.pdf, Aberdeen City IJB Strategic Plan.pdf, Moray IJB Strategic Plan.pdf.
- NHS Highland – Highland H&SCP Strategic Plan, Argyll and Bute H&SCP Strategic Plan,
- NHS Orkney – NHS Orkney Strategic Commissioning Plan Refresh 2017-19
- NHS Shetland – Shetland Islands H&SCP Strategic Commissioning Plan 2017
- NHS Tayside – Dundee IJB Strategic Plan, Angus IJB Strategic Plan, Perth & Kinross IJB Strategic Plan
- NHS Western Isles – NHS Western Isles Integration Joint Board Strategy



Specific identified NHS Board demographic data:-

The information below paints an important picture of the potential characteristics of the population in the North of Scotland Region. The information is essential in helping us plan for our future Health and Social care provision.

Nationally

- Persons with dementia are likely to rise by 75% and the number of people living with cancer could rise by 28% in 2022.
- Hospital care could rise between 16-31% over the next 20 years if we do not make substantial changes to the traditional model of care.

NHS Grampian

- The population aged 65-84 will rise by 39% and those over 85 by 123% over the next 20 years.
- Currently there are 27,000 people living with diabetes in Grampian – by 2034 that could reach 35,000.

NHS Western Isles

- Currently 25% of the Western Isles population is aged 65+, by 2036 it is estimated to be 35%.
- By 2039 dementia cases is likely to rise from 613 persons to around 1000.
- Cancer diagnosis currently shows 1000 persons, by 2027 this is likely to rise to 1600 persons.
- ISD prevalence figures for Stroke (from QOF) suggest a rise in the over 65s category of 28% in the next 20 years.
- Similar prevalence figures for Coronary Heart Disease (CHD) shows a rise in over 65s of 28%.

NHS Shetland

If we assume that 'age' is one of the indicators of likely demand for services, it can be noted that by 2027, it is expected that

- over 85 population will have grown by 343, or 63%, and
- the 75-84 population will have grown by 642, or 44%, and
- the 65-74 population will have grown by 328, or 12%.

NHS Orkney

Orkney's population is ageing rapidly and is likely to place a greater demand on adult health and social care services.

- The working age population is reducing.
- The population is ageing rapidly with potential for an associated rise in conditions such as sensory impairments, mental ill-health, hypertension, asthma, diabetes, dementia and multiple chronic disorders.
- By 2037 long term projections indicate a significant increase in the number of people with dementia, especially in older females.
- Recorded smoking cessation rates are poor and the rate of smoking related admissions in Orkney is higher than Scotland.
- The death rate for Chronic Obstructive Pulmonary Disease (COPD) is substantially higher than the national average.
- Young people in Orkney drink more than their Scottish counterparts.

NHS Highland

- Over the next 20 years the population of the Highlands aged over 75 will increase by 38%.
- There are expected corresponding rises in Dementia, diabetes and other chronic diseases, this will also give significant rises in co-morbidities.
- The working age population is projected to increase by 5% as a whole but, over that same period, remote and rural parts of Highland are expected to see continued falls in working age population. This presents considerable sustainability challenges over service delivery in these rural areas which are already being felt and are likely to worsen.
- There are significant pockets of deprivation and poor health in the Highlands.
- life expectancy is at least 4 years lower than the national average.

NHS Tayside

- Dundee City has the lowest life expectancy of the Tayside areas and also lower than the national average.
- The Tayside population is expected to increase by 4% over the next 25 years which is lower than the expected national increase of 5.3%
- More than 66% of adults in Tayside are overweight or obese.
- 17.5% of Primary One children have been assessed as at risk of being overweight or obesity.

▶ On an average North of Scotland Day



37

Babies are born



763

Attendances at ED



2108

Radiology tests



356

Specialist mental health consultations



37

People given advice to quit



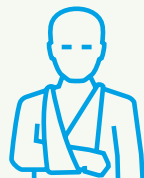
358

Patients have elective surgery



362

Patients admitted in emergency



2997

Outpatient appointments



50

Alcohol brief interventions



8219

Miles travelled to mainland clinics by islanders



5.5

Tonnes of healthcare CO2 emissions



9223

People in care homes

Investing in new ways of working

Buildings, Equipment and Information Technology (IT) are key components of our clinical infrastructure and essential to support the quality of clinical care provided. If the North Region is to fulfil its desire of improving the quality of health and wellbeing for the population of the North of Scotland, further focused investment will be required to enable these major changes and implement new models of care.

Our models of care for the North are informed by the plans and strategies of the partner organisations, which underpins the National Clinical Strategy (2016). The models of care are simple, but require significant change to ensure that they respond to the need for change. The information below outlines the key elements of the model for a citizen of the North of Scotland.

We aim to:

- Create opportunities for the prevention of illness and promotion of health and wellbeing.
- Support people to have the knowledge and skills to stay healthy.
- Provide people with different ways of getting advice, treatment and care.
- Provide as much support as required to allow people to live at home, or as close to home as possible, if ill, frail or living with long term health condition(s).
- Organise for diagnosis and treatment to be provided as locally as possible to minimise travel from home.
- Ensure that the stay in, or visit to, hospital is as short as possible to give the best treatment outcome.
- Ensure that the return home from hospital is organised and coordinated with community services.
- Organise effective clinical networks of professional staff to provide support for those with complex needs.
- Treatment and care needs.
- Provide specialist services in the North of Scotland as far as possible.
- Coordinate the treatment and care effectively if the condition or illness requires travel outside the North of Scotland.

This will mean developing a plan that gives a clear vision for the future of our infrastructure in the North and a framework within which long term plans can be articulated and developed, this will be achieved by:

- Progressing existing work through the Community Planning Partnerships, linked to the Health and Social Care Partnerships, to develop capacity close to home.
- Developing partnerships with individuals, communities, patients and the population to take responsibility for their own health and wellbeing.
- Maximising the use of digital technology to support self-management, video clinics and accessing information using the health portal.
- Delivering more care through networks of social care and clinical professionals.
- Developing new ways of providing diagnosis and treatment in communities.
- Strengthening general practice, primary and social care and supporting the implementation of the new GP contract.
- Making decisions about what services can be provided, where; taking account of population needs, workforce availability and changing clinical practice and technology.
- Balancing the social and economic impact that health and social care services have on communities with the ability to sustain services and good outcomes for smaller populations.
- Reviewing our buildings and facilities to ensure that they are fit for purpose and in the right place to support the delivery of modern treatment and care.
- Agreeing which specialist/tertiary services can be sustained in the North of Scotland and how they should be organised.
- Working with the South East and West Regions, and the National NHS Boards, to plan for services nationally to ensure the best access possible for the North of Scotland population.

Developing the Health and Care Model(s)

There continues to be dialogue between the partners, and with the public, about how the models will be developed to get the best outcomes for the population from the resource available. Most matters that will shape the care models need to be considered within local systems by community planning partners, Health and Social Care Partnerships, Lead Agencies and NHS Boards.

The following is a summary of issues that require to be considered by the partners collectively to ensure that the models of care across the North support the needs of the population:

- Action will be taken to decentralise access to services – this will be done by re-designing services to maximise the use of existing technology, and expand the use of new digital technology to access services remotely to support self-care.
- The sustainability of primary care and general practice is a major priority for Health and Social Care Partnerships and NHS Boards – the successful implementation of the new GP contract will make a major contribution to the future wellbeing of primary care, the delivery of health and social care locally, and avoiding the need for hospital care.
- The partners in the North are taking forward a range of initiatives through service re-design to provide more local access to diagnostic and treatment services – the Angus care model in Tayside, the proposal for diagnostic and treatment hubs in Grampian, the Investigation and Treatment Rooms in Highland, together with redesign in the Islands. These initiatives are entirely consistent with the models of care that will be developed to ensure that unnecessary travel to hospital is eliminated.
- The roles of the main acute hospitals – Raigmore, Belford, Balfour, Western Isles, Gilbert Bain, Dr Gray's, Aberdeen Royal Infirmary/Woodend, Ninewells Hospital, Kings Cross, Stracathro and Perth Royal Infirmary – will continue to be reviewed to ensure that the range of services they provide meets the needs of the populations they serve – these hospitals need to have an increasing focus on what only they can provide i.e. specialist and complex care which requires the concentration of skills and equipment
- Clinical practice and medical technology has changed what acute hospitals have done since establishment – the hospitals will increasingly be organised as a resource for the whole of the North and there will continue to be relocations of activity between the hospitals in line with patient pathway development, to assure quality and safety, and to manage the impact of workforce constraints.
- The rural and island general hospitals play a valuable role in sustaining communities and minimising the need to travel long distances for treatment and care. Like the larger specialist acute hospitals there will need to be clarity about how their role should change to ensure they can be sustained as part of the model for the North
- New partnerships will be forged with the aim of developing sustainable approaches – this could include the closer alignment of Dr Gray's Hospital in Elgin to the larger more specialised Raigmore Hospital in Inverness. Raigmore and Dr Gray's face some similar challenges and their close proximity provides opportunities for collaboration.

- Many of our facilities in the North are modern but some are not in the best location to serve the population, are not configured to support the delivery of modern treatment and care, or have significant maintenance requirements. Being clear about the role of our hospitals, clinics and primary care premises becomes more important, ensuring limited funds for capital investment are targeted effectively.
- Unlike the West and East regions, the North has two tertiary centres at Aberdeen and Dundee, and it will be necessary to determine how small volume specialist services should be configured to assure long term quality, safety, sustainability and good access for the population of the North.
- The model in the North also requires high volume elective activity to be delivered in a dispersed way. The aim is to ensure that routine orthopaedic, ophthalmology, general surgical, urology etc. procedures that cannot be delivered in the community, will continue to be delivered in our acute hospitals. It is not the aim in the North to centralise the delivery of high volume routine treatments and procedures, but it is a priority to achieve the best outcomes from treatment and care.
- The North NHS Boards have in the past benefited from the use of the Golden Jubilee National Hospital, which has provided capacity during peaks of demand or, more recently, capacity to support the Boards to manage a deficit in capacity in order to meet access standards. The strategic intent of the North NHS Boards is to provide capacity in the North of Scotland to avoid the need for patients to travel long distances for routine treatment. The development of this capacity will be over a 5-10 year period and will take account of how Highland, Grampian and Tayside establish additional elective care capacity and improve efficiency and productivity.
- This has also identified a need to maximise and increase the available theatre capacity at the Stracathro Regional Treatment Centre (SRTC) in the short and medium term, to increase activity which will have an impact on current elective waiting time trajectories. Mobile theatres are currently in place with aspirations to increase theatre capacity for the longer term.
- There has been a significant move towards the integration of health and social care services at local level. A feature of the collaboration between the partners in the North will be the increasing integration of health services across NHS Board boundaries e.g. in relation to elective care where there will be a move towards unifying pathways and access policies, and cancer treatment where the three Cancer Centres – Inverness, Aberdeen and Dundee – will work within a single cancer system in the North. The aim of this is to support treatment and care locally and assure the sustainability of cancer services within the North of Scotland.
- The model of care needs a more flexible workforce and the development of the workforce will be a major feature of our workforce plan. New and adapted roles are developing and the ability of staff to support services across current organisational boundaries will be facilitated.
- The development of the model of care in the North will require new approaches to governance i.e. in relation to how the partners consider challenges and agree solutions, how decisions are made across a number of separately accountable organisations, and how clinical governance is organised to support the delivery of services across organisational boundaries.
- The model of care will also be supported by the integration of supporting services including finance, workforce, planning, and eHealth. This will provide consistent support for clinical services, and better value for money.

▶ Acute Hospital Services

Acute hospitals provide a wide range of specialist care and treatment for patients. Typically, services offered in the acute sector are diverse, and include: consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of other professionals); emergency treatment following accidents; routine, complex and lifesaving surgery; specialist diagnostic procedures; and close observation and short-term care of patients with worrying health symptoms.

Another major part of the work of many acute hospitals involves the treatment of patients who have a health problem that requires urgent attention. Many of these patients will be treated within an Accident and Emergency (A&E) department and will not require a hospital admission. A patient will be admitted as an emergency inpatient if their condition is considered by a doctor to be serious enough to warrant urgent hospital care and treatment.

Over the last 10 years, over 20 clinical services, in the North of Scotland, have benefited from a regional approach to planning service delivery, particularly in our acute hospitals. It is recognised that all services should be planned at a national, regional and local level with an emphasis on “Planning Regionally, Delivering Locally”. Historically, the regional approach to planning was often engaged only when services were about to ‘fall over’. Now it is clear that regional should be given equal consideration alongside national and local when services are being planned.



NHS Grampian:

Foresterhill Health Campus - The health campus requires significant further investment to fulfil the Foresterhill Development Framework (approved by Aberdeen City Council Planning Authority in 2008 and updated 2014). The Framework provides strategic design guidance for the future needs and development of the Foresterhill site, and includes development zones agreed with the University of Aberdeen (joint owner) creating certainty for future projects.

This framework facilitates the development of new elective care facilities: the Baird Family Hospital and ANCHOR Centre, along with the Infirmary becoming one of the four major trauma centres in Scotland, which collectively has formed a national network; extending planned care and trauma which provides a real opportunity to transform NHSG's approach to acute care. Plans are also progressing with our partners in the re-provision of Mortuary services for the North east of Scotland.

In the longer term, solutions are required for the re-provision of the remaining in-patient accommodation and theatre services currently located in east end 2 and phase 2 (100 years old and 50 years old respectively). A longer term solution is also required for the provision of ambulatory care, laboratory medicine services, medical physics and the relocation of the central decontamination unit, laundry services and facilities services.

The Foresterhill Campus when conceived by the visionary Professor Matthew Hay in the early 1900s, also included the site which was sold to create the then Grampian Regional Council. An opportunity currently exists, subject to funding to re-instate that original site boundary and preserve the vision of the 1900s in what is fast becoming a health campus with little future expansion space.

Backlog maintenance risks continue to be managed as best they can within limited finance.

Backlog Unit Cost: ARI £77m; Maternity Hospital £6.3m; Royal Aberdeen Children's Hospital £220k

Dr Gray's Hospital - is a district general hospital managed by the Moray HSCP. It provides 170 beds, 4 theatres, accident and emergency facilities, out patients, diagnostic services and a range of interdependent community and social care services. The site is also occupied by Mental Health Services, where the clinical environment requires significant investment. The Acute Care of the Elderly and General Medical Ward requires significant refurbishment to provide modern clinical services for patients. Investment is required to enhance the Diagnostic and Outpatient facilities in the Hospital to support the Elective Care Strategy and this may result in an MRI suite being established. This will be targeted to improve the quality and effectiveness of services such as day surgery procedures as well as supporting the avoidance of unnecessary admissions to hospital. The development of the Moray Clinical Alliance under the direction of the Moray Integration Joint Board and the formation of the Dr Gray's Hospital Reconfiguration Group (DGHRG) will progress the work that will inform this ambition and our asset strategy therein.

Backlog Unit Cost: £4.2m

Woodend Hospital - Is a Community hospital that provides for care of the elderly, elective orthopaedic surgery, mobility and rehabilitation service (MARS), and wheelchair service. It is managed by the Aberdeen HSCP and services continue to be developed. The site is occupied by buildings dating from 1901, some of which are no longer able to provide suitable, modern, clinical environments. Care of the Elderly Services, located in the South Block, require a more appropriate setting for modern clinical care of patients. The Staff home was recently decommissioned and vacated, which has facilitated its closure and future disposal of this building dated from 1901.

Backlog Unit Cost: £6.3m

Royal Cornhill Hospital – is the main hospital in the North East of Scotland for the care and treatment of people with mental health symptoms. Work has commenced to improve the patient environment (including patient safety), on a three year refurbishment programme, on the six acute admission wards with further work planned for the remaining wards.

The Child and Adolescent Mental Health Service (CAMHS) recently moved into a new single “Centre of Excellence” on the former City Hospital site freeing up turnaround space on the RCH site to allow the above refurbishment programme to progress.

The Learning Disability inpatient ward accommodation is located in a remote part of the Cornhill site and requires to relocate to a more appropriate and safer setting for patients and staff closer to the clinical core of the Royal Cornhill Hospital. This would improve response times for staff back-up to arrive in the event of emergencies, for a service which has patients presenting with more challenging conditions more frequently.

Backlog Unit Cost: £12.4m



NHS Western Isles:

Western Isles Hospital - was opened in 1992 with a range of hospital acute specialties and psychiatry. The hospital also includes diagnostic facilities; day hospital; laboratory; and Allied Health Professionals. The central decontamination unit (CDU) is currently being redeveloped and extended. The existing CDU shut down at the end of March 2019 to facilitate the joining of the existing unit to the new extension. At this point the existing areas will be altered, refurbished and all the decontamination plant and equipment will be replaced. The unit is planned to be operational again in June 2019.

In 2018 a new CT scanner was purchased with cost, including alterations to allow for the CT installation. The development will facilitate the installation of a new fluoroscopy suite in the Radiology Department at the Hospital during 2019/20. Over the next five years there will be an investment of approximately £800K to replace imaging equipment at Western Isles Hospital and the Uist & Barra Hospital on Benbecula. New equipment at St Brendan is included in the capital expenditure for the St Brendan's replacement project.

Plans to redesign mental health services are still very much a work in progress. However, care for the elderly population suffering from dementia is now centred in the community and, as a result, late in 2018, the board took the decision to close the inpatient services (Clisham Ward) at Western Isles Hospital. The full implications of this in terms of investment in WIH will not be known until the mental health service redesign, and appraisal process is complete. At the moment we do not have a definitive proposal for the redevelopment or use of Clisham ward, other than it will be used as a decant ward in 2019/20 to facilitate the refurbishment of other areas of the hospital.

The rolling programme of backlog maintenance and refurbishment works will continue for the next 5 years, with the refurbishment of the Maternity Unit and Medical Ward 2 in 2019. During the refurbishments works the ward will be closed and services moved temporarily to Clisham Ward, which will be used as a decant ward. In 2020/21 the main reception and the Education departments will be refurbished.

Backlog Unit Cost: £1.566m

Uist & Barra Hospital - Plans are progressing to redesign the Hospital in Benbecula, providing a more streamlined service for the community, and one that is more appropriate for today's patient pathways. This includes modernising dental services, a GP surgery aligned with medical officer provision at the hospital; and a fit for purpose resuscitation area. Phase 1: to re-develop part of the Hospital to accommodate a dental department and centralise dental services in Uist onto the hospital site. Phase 2: to relocate the Benbecula GP practice to the hospital site. In addition to the two main projects above, several other leased admin properties in Uist will be either relocated to the Hub site or staff will be co-located local authority premises as part of the integration process.

Backlog Unit Cost: £1,265

Isle of Barra - New hospital/healthcare Hub: The OBC was approved in April 2018. The project is now going through the Hub Stage 1 design process. The project costs are currently being reviewed in tandem with the design. The design process is still very fluid as the building layout and the final floor area of the buildings have not been fully agreed at the time of writing. The earliest current estimated commencement of construction is March 2020.

NHS Shetland:

Gilbert Bain Hospital – Is a rural general hospital which has an accident and emergency department, '2 theatres', consultant-led general medical and general surgical ward services; and a Obstetrician-led maternity unit. Other services include a laboratory and a modern radiology department which includes a CT service that was commissioned in 2007. There are physiotherapy and occupational therapy services; outpatient clinics; and a renal unit providing services for the island.

Investment is currently required to extend the Ambulatory Care facility within the hospital, improving the quality and effectiveness of day surgery procedures and to avoid unnecessary admissions to hospital.

A series of Scenario Planning workshops have been undertaken to shape the future of health and care services in Shetland. That work is helping inform the asset management strategy and specifically the number, location, and use of our buildings. The current approach of investment in technology within Gilbert Bain Hospital, supporting the repatriation of activities and care pathways to Shetland, resulting in patients having to travel less for unnecessary appointments, will continue. Within the life of this plan consideration of replacement of key infrastructure is being considered, including the development of a new hospital, which could facilitate many more opportunities to redesign services.

Backlog Unit Cost: £4.0m

NHS Orkney:

The Balfour - The new Hospital & Healthcare facility opened in June 2019. It is a state of the art facility which provides a remote & rural general hospital service including Emergency Department; HDU; Theatre; Maternity; as well as hospital inpatient and outpatient services. There is also a 6 chair Renal Dialysis service as a satellite of NHS Grampian. The hospital is VC enabled to support 'attend anywhere' and reduce patient travel. This purpose-built, state-of-the-art facility is enabling more services to be provided at the hospital. This will ensure some of the most remote communities having to travel less for routine care.

Backlog Unit Cost: NIL

NHS Highland:

Raigmore Hospital - is the only acute district hospital serving the population of the Highlands and has been located on site since 1941. It provides teaching facilities; a Theatre Suite of 9 operating theatres; a 7 bed Intensive Care Unit; a 4 bed Coronary Care Unit; a Maternity Unit; Chest Unit; and a Renal Unit; In addition it has a main Outpatient Department along with a number of specialty outpatient departments including the Highland Breast Centre; Macmillan Suite; Eye clinic; and Ear, Nose and Throat clinic. There is a range of diagnostic clinics providing radiological examinations.

The £39m development to update and redesign Critical Care services is underway and is due for completion by end of 2019. This is the single largest investment the hospital has had since it was built. It provides an opportunity to get adjacencies right and locate all critical services over two floors. The Operating Theatres are being refurbished and an additional theatre will be added to bring the total number of theatres in the suite to 10. Work continues on upgrading building infrastructure including the installation of sprinklers. Plans will also continue to develop around the long term requirements of the hospital and consultation is underway with Highland Council as to how this proposal integrates with local plans and the Inverness city deal funding package to improve the infrastructure serving the hospital.

Pressure continues to grow on Maternity services, and is likely to result in the requirement for a community midwifery unit for the Inverness area.

Backlog Unit Cost: £45m

Raigmore Hospital, Inverness





Ninewells Hospital, Dundee

NHS Tayside:

Ninewells - is a large teaching hospital, based on the western edge of Dundee. It has 878 staffed beds with a full range of healthcare specialties. The hospital has 20 operating theatres covering orthopaedics; neurology; general; gynaecology; urology; vascular; ophthalmology; plastics; oral; and ear, nose and throat (ENT) surgery.

The main and standby electrical power systems on the Ninewells site are no longer fit for purpose. An approved programme of works to rectify these electrical deficiencies is underway. The phased programme of works will be undertaken based on 11 Zones across the Ninewells site and will be completed in 2025/26.

The Children's Theatre Suite (ARCHIE) Project will see the creation of a first class children's theatre suite designed and built for children and their families and with significant input from children and families. The contribution from the ARCHIE Foundation will ensure that a high quality, 21st century child/family friendly environment will be provided.

Neonatal Intensive Care Unit Project addresses issues of safety for babies, parents and staff. Due to it being necessary for the Unit to decant for the duration of the building works, the opportunity will be taken to make several additional improvements within the Unit itself which will ultimately lead to improvements in the service experienced by babies and families.

Backlog Unit Cost: £75m

Perth Royal Infirmary –a General District Hospital serving a population of around 182,000 across the City of Perth and the wider Perth and Kinross area. It offers care in elective surgery and acute medical care and this portfolio of care. The Board is currently planning for the new Elective Care facility to be located on this site.

Plans are being put into place to increase the number of elective care procedures where the hospital will be established as a centre of excellence for elective benign urology and diagnostic urology, elective gynaecology; intermediate general surgery; and elective orthopaedic surgery; specifically arthroplasty surgeries; as well as wide range of day and short stay surgical procedures.

The separation of scheduled and unscheduled care will enable more elective procedures to be undertaken without disruption from fluctuations in unscheduled care.

Backlog Unit Cost: £6m

Stracathro Regional Treatment Centre (SRTC) - is located within the grounds of Stracathro Hospital and shares the site with the Macmillan Centre; Susan Carnegie Centre; and A-Block for care of the elderly. The SRTC provides short stay elective and day care services for all of Tayside and the regional short stay and day case treatment centre for NHS Tayside; NHS Grampian; and NHS Fife. To achieve a more effective and sustainable model for the hospital, it is necessary to look critically at how care is delivered, to meet increasing demand and to ensure services are affordable and sustainable. The provision of a mobile theatre on the Stracathro site has progressed for the short term (approx. 12months). A longer term solution is still under consideration. This would enhance the available resource to provide focussed support in improving the Treatment Time Guarantee (TTG) position for both NHS Tayside and NHS Grampian. Mobile theatres have not previously been located on the Stracathro site, therefore enablement work took place over the summer of 2019.

Backlog Unit Cost: £4m





Primary Care and Community Based Services

The planning and development of primary care is delegated to each of the Integration Authorities under their Integration Schemes or in the case of Highland by NHS Highland as the Lead Agency. The development of Primary Care Improvement Plans (PCIPs) is a requirement of the new GMS contract which also sits with the Integration Authorities. However essential to the success of the plans across each partnership, will be engagement with our primary care practitioners. It will be important to support the development of the role of General Practice and the wider primary care team if the new models of care are to be successful. This engagement, and sharing of good practice models, can become a useful focus for regional working whilst not detracting from the local focus of the Integration Authorities. A key area of focus in the early stages of implementation will be the exploration of how alliances can be developed within local systems between General Practice and hospital based clinicians to put in place coordinated change processes to manage the retention of appropriate activity in community settings.

There will also be a coordinated effort with partners to ensure training opportunities for medical staff are enhanced, increasing the supply of new and flexible clinical roles to support General Practitioners and the development of primary care.

The new GP contract offers significant opportunities for:

- GPs to strengthen their lead role for chronic and complex disease and to build clinical relationships across the wider system ensuring that the patient is managed in the best place
- Development of the extended multi-disciplinary teams by the Health and Social Care Partnerships, freeing up GPs to concentrate on complex care whilst having the right team around every individual to address the broader aspects of care. There will be some opportunity for working on a bigger scale than single practices i.e. at “cluster” or locality level. The future configuration will be part of the local redesign ensuring services and delivery are fit for the future
- There are also some perceived risks in the new contract for more rural practices. This is obviously something for the whole system to work on, with considerable parts of the North being of a rural nature
- Over the next three years the Government has set aside £10m per annum to support transitional arrangements for those GPs wishing to get out of ownership or leased options. The Government, through Health Boards, invited applications from Partnerships wishing to fully engage on transferring property risks to their Health Boards. This provided an opportunity for practices to make their case to their Health Board. Each Health Board’s priorities were then forwarded to Government in the summer of 2019. Since then the Government has confirmed it would fund all applications currently submitted by Health Boards. A loan agreement is being negotiated between the Government and the BMA which will confirm the legal arrangements of the loan agreement.

Strategic priorities for primary and community care

There has already been considerable change in the provision of GP premises whilst we move the balance of care to local communities. Larger, integrated premises however may still be required to allow for prevention and self-management clinics; increased diagnostic and treatment services; and training and community nursing teams. Conversely, the increasing development of intermediate care facilities is changing the demands on general practice and, along with new technologies such as “Attend Anywhere”, and triage working, becoming more the norm, all of which is being influenced by the availability of GPs, the expectation being that this should reduce space requirements of GP premises. Increasingly, integration and co-production is used to describe how we will work in the near future, and this may provide opportunities to make investment decisions which provide greater value for money for all parties.



Listed below are the current GP premises priorities for redevelopment. These will continue to be re-assessed and prioritised on an annual basis.

NHS Grampian

Across Grampian, a wide range of property conditions exist, serving primary care contractor services. Much is known about General Practice with reasonable detail around Dental premises, and less about the condition of Pharmacy and Ophthalmic premises. The location, ownership and condition of these contractor premises vary considerably from new purpose-built facilities to adapted old houses, with established and new emerging communities not served at all.

The NHSG Primary Care Premises plan sets out the current priorities identified by each of the three Health and Social Care Partnerships (HSCPs) Moray, Aberdeen City and Aberdeenshire. The plan covers the period 2019 to 2029 and is reviewed and updated annually. Their priorities are established by the Primary Care Premises Group (a sub-group of the AMG) for 2019/20 and are listed below:

- Dyce Medical Practice (Aberdeen, North corridor Project) – funding identified, IA complete
- Bucksburn Medical Practice (Aberdeen, North corridor Project) – funding identified, IA complete
- Banchory Medical Practice (Aberdeenshire) - No funding, at Initial Agreement stage
- Ellon Medical Practice (Aberdeenshire) - No funding, at Initial Agreement stage
- Denburn/Northfield/Mastrick Medical Practice (Aberdeen) – funding identified, at FBC stage
- Keith Medical Practice (Moray) - No funding, at Initial Agreement stage
- Danestone Medical Practice (Aberdeen) - No funding, at Initial Agreement stage
- Fochabers Medical Practice (Moray) - No funding, at Strategic Assessment stage
- Torry Medical Practice (Aberdeen) - No funding, at Strategic Assessment stage

NHS Western Isles

- All the dental clinics in Uist will be rationalised and re-provided as part of the Uist & Barra hospital clinical hub project. The proposal was agreed by NHS and Local Authority Chief Executives in October 2019.
- Benbecula Medical Practice will also relocate to the Uist & Barra hospital site as part of the clinical hub development project. (Only a proposal at this stage, business case not progressed.)
- The Barra GP practice will form part of the St Brendan's integrated Hospital/Health Hub site. OBC approved - progressing through stage 1 design.
- A programme of backlog maintenance issues, such as minor refurbishment in the form of floor coverings; windows; decoration; replacement heating systems; fabric insulation works; and LED lights and sensors, etc. to all community clinic buildings. (In progress to take place over next 5 years.)
- Due to the more frequent power outages as a result of more frequent winter storms (in the last ten years) NHS Western Isles plan to provide automatic changeover, backup generators to all the main GP Practices outwith Stornoway, over the next ten years. This will require an investment of approximately £150k.

NHS Shetland

- The NHS Shetland Scenario Planning exercise which is programmed for completion October 2019 is likely to prioritise expenditure, creating a bundle of works to the existing estate and enable potential localities which will lead to an increase in services which can be accessed.

NHS Orkney

There are several smaller properties within the Primary & Community Care sector that are in need of improvement and these are identified as follows:

- Stromness Surgery
- Sanday Surgery, Flebister House
- Flotta Surgery, Springbank
- Stronsay Surgery, Geramount
- Westray Surgery, Trenabie House
- North Ronaldsay Surgery, New Manse
- Papa Westray Surgery

These properties will need to form part of a prioritisation of investment programme alongside any service change plans being considered.

NHS Highland

- Lochaber Health & Social Care Redesign, Fort William.
- North Coast Redesign, Kyle of Tongue area.
- Skye, Lochalsh & South West Ross.
- Badenoch & Strathspey.

Many changes are affecting the services provided in community hospitals with this likely to continue as health and social care services integrate and focus on different care models including, prevention, self-care and care at home.

The detailed future configuration of community hospitals and community services will be the subject of comprehensive community planning work undertaken jointly by the NHS, Local Authorities, IJBs and the third sector using the existing Community Planning Structures.

NHS Tayside

Primary Care in Tayside faces significant challenges in ensuring that the current properties can support the ongoing provision of services. The Primary Care Asset Plan sets out the current state and areas of required change. This is summarised as follows:

Angus HSCP Forfar is the HSCP's highest priority, with significant issues including the need for new premises to replace Ravenswood, assist with recruitment and retention and the growth in new residential housing in the town – funding required.

Dundee HSCP A programme of major works is required to roll-out the Health and Community Care Centre facility model across the city. This will include the provision of new centres in the west (Menziesshill), the centre (Stobswell) and in the east of the city (Broughty Ferry), within a seven to ten year timeframe, with the need to find an early solution for delivery of service in the east of the city likely to be the priority – funding required.

A further work stream is also envisaged which will support the delivery of new service models replacing a range of services, currently located inappropriately in acute hospital sites, will be relocated into more appropriate community settings. Accommodation in community facilities will have to be provided to facilitate this transition – funding required.

Perth & Kinross H&SCP Perth & Kinross priorities are to provide suitable premises to support service provision in Errol, Bridge of Earn and Invergowrie - funding required.

In addition hub facilities are required to support the delivery of Community Care and Treatment Services within Perth City. This facility is an essential requirement for Perth & Kinross Health & Social Care to implement Phase 1 of the Perth dimension of the Primary Care Improvement Plan.

Strategic assessments have been completed for Carse of Gowrie/ Bridge of Earn, Forfar

The following have been identified as the combined priorities based upon; the assessment of the service requirements, the available information on the premises position and the anticipated work that can be undertaken through the capital improvements grants. Further work is required to fully consider these and determine the order priority.

- Carse of Gowrie / Bridge of Earn
- Forfar
- Perth City – Community Care and Treatment Service Hub
- Broughty Ferry
- Stobswell
- Menziesshill
- Brechin

Digital Transformation

The comprehensive application of digital technology is essential for the North of Scotland – we need to re-design how we provide services to remove the barrier of distance and rurality and equip staff to improve services and efficiency in supporting the people of the North to improve health and wellbeing. Given the geography and population distribution of the region we aim to be at the forefront in the application of digital technology. We already have a good foundation in the development of the electronic patient record (EPR), a range of digital health initiatives, and innovative clinicians who have a vision of a digitally connected health and social care system.

Some of the features of a digitally enabled system are outlined below:

- Digitally enabled homes will give people with medical conditions the ability to live at home with confidence.
- Video clinics will be routinely used for return outpatient attendances where no physical examination is required.
- Clinicians will be able to provide a range of alternative digital options in place of a standard outpatient appointment.
- Patients will own their health records and be able to access their information electronically.
- Patients will have direct access to test results and to book outpatient appointments.
- Tailored information will be available to individuals to support them to manage their long term health conditions.
- Real time clinical decision support will be available to practitioners and care staff in people's homes and in care homes.
- Clinicians will be able to provide treatment and care to patients in all NHS Board areas through the use of systems and protocols.

3 million miles

Travelled each year by Islanders to attend outpatient clinics on the mainland.




= **120** times around the world



x7,275 trees to offset Co2 emissions
of 1,455 tons

Patient travel from the Northern and Western Isles for treatment in the mainland costs c£7m every year. The cost is not just financial but also time – many hours and sometimes days for patients and their friends or relatives who accompany them.

However, the travel by all mainland rural patients by road accounts for many more than the 3 million miles travelled by islands patients annually. This travel to hospital from both the islands and the rural mainland is often essential for examination and treatment – however many return outpatient clinic attendances are now done by video using technology called Attend Anywhere, a virtual clinic and waiting room. This has been pioneered by NHS Highland through their “NHS Near Me” initiative, and by other Boards for specific clinics.

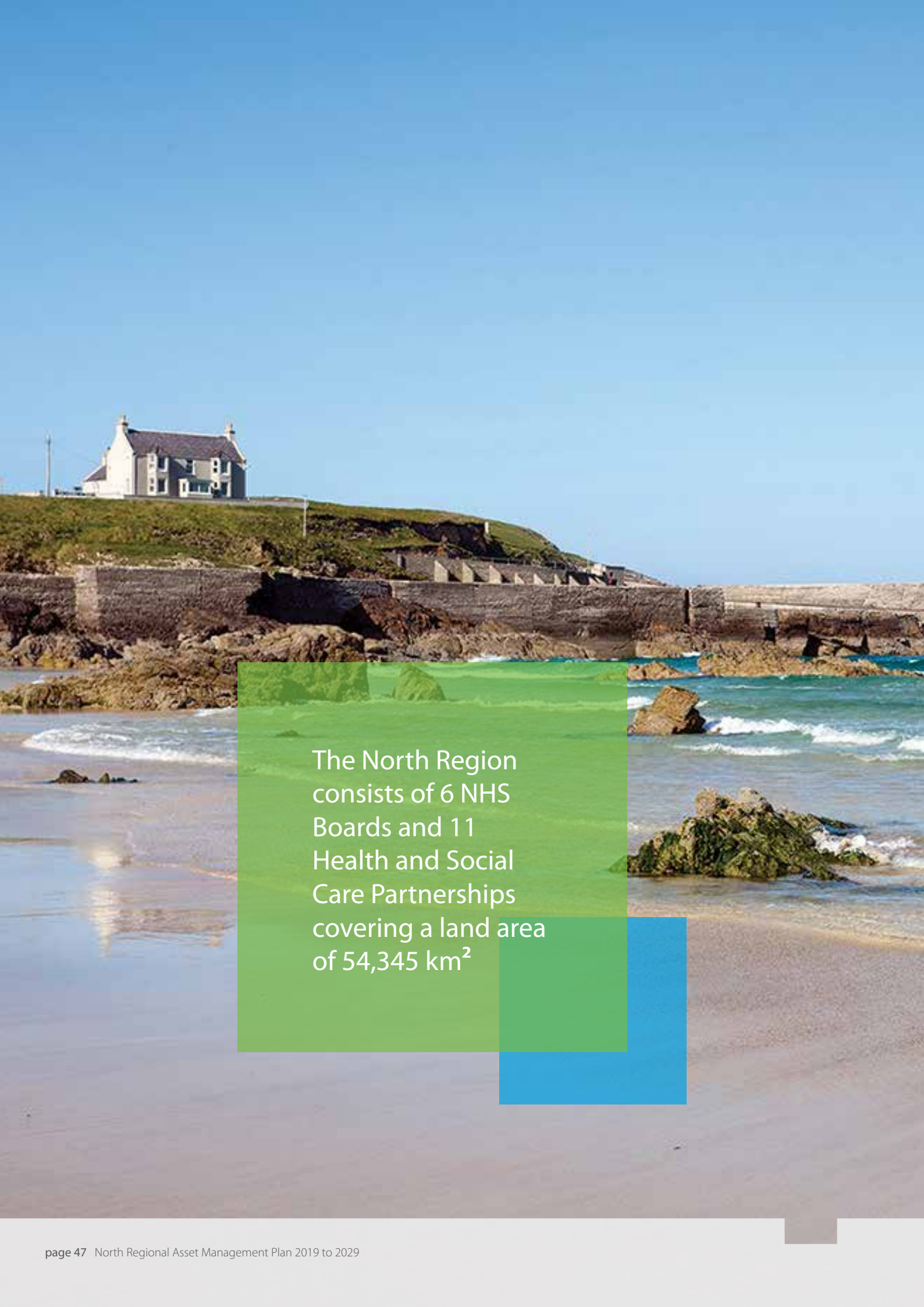


Our more urban areas are focussed around Inverness, Aberdeen and Dundee with remote and rural populations across all the Health Boards but especially the Highlands, Orkney, Shetland and the Western Isles

Our aim in the North is to eliminate all unnecessary travel from the Islands to the mainland i.e. where a virtual clinic attendance could be undertaken by using technology. This does not just require the right technology but also a change in the way of working for clinical staff and how clinics are organised. It is worth doing – if it works for the islands it will work anywhere.

Our key areas of focus to move towards having a digitally enabled system of health and social care will include:

- Information Governance – the harmonisation of policies to support the connection of clinical information across organisational boundaries – essential to make digital connection effective.
- Telecare, virtual clinics and self-directed care – a range of initiatives aimed at supporting staff and the population to make decentralised access to treatment and care a reality e.g. triage of outpatient referrals, and the “No Delays” initiative to provide tailored support for individuals.
- Clinical Systems Workstream – the development and enhancement of a range of systems including Trakcare – the main patient management system – to create an integrated electronic patient record for use across the region.
- Hospital Electronic Prescribing Medicines Administration (HEPMA) Programme – to support the efficient management and dispensing of medicines and improvement of safety for patients.
- North of Scotland Portal Programme – a major programme to provide the connectivity between clinical systems and the people who need access to information to improve treatment and care.
- Scottish Radiology Transformation – a specific initiative to modernise the approach to radiology and clinical imaging.
- Business Systems Workstream – support systems to help make the health and care organisations work as efficiently as possible, including human resources systems, procurement etc.
- Cybersecurity Workstream – ensuring that the best possible security is applied to keep information safe.
- Broadband – develop a partnership approach with the Local Authorities and other partners in the North, linking to a range of initiatives, to ensure that the best broadband coverage can be delivered as soon as possible.
- National Boards – work closely with the National NHS Boards to maximise the support that can be provided on a whole of Scotland basis to deliver the digital ambitions in the North.



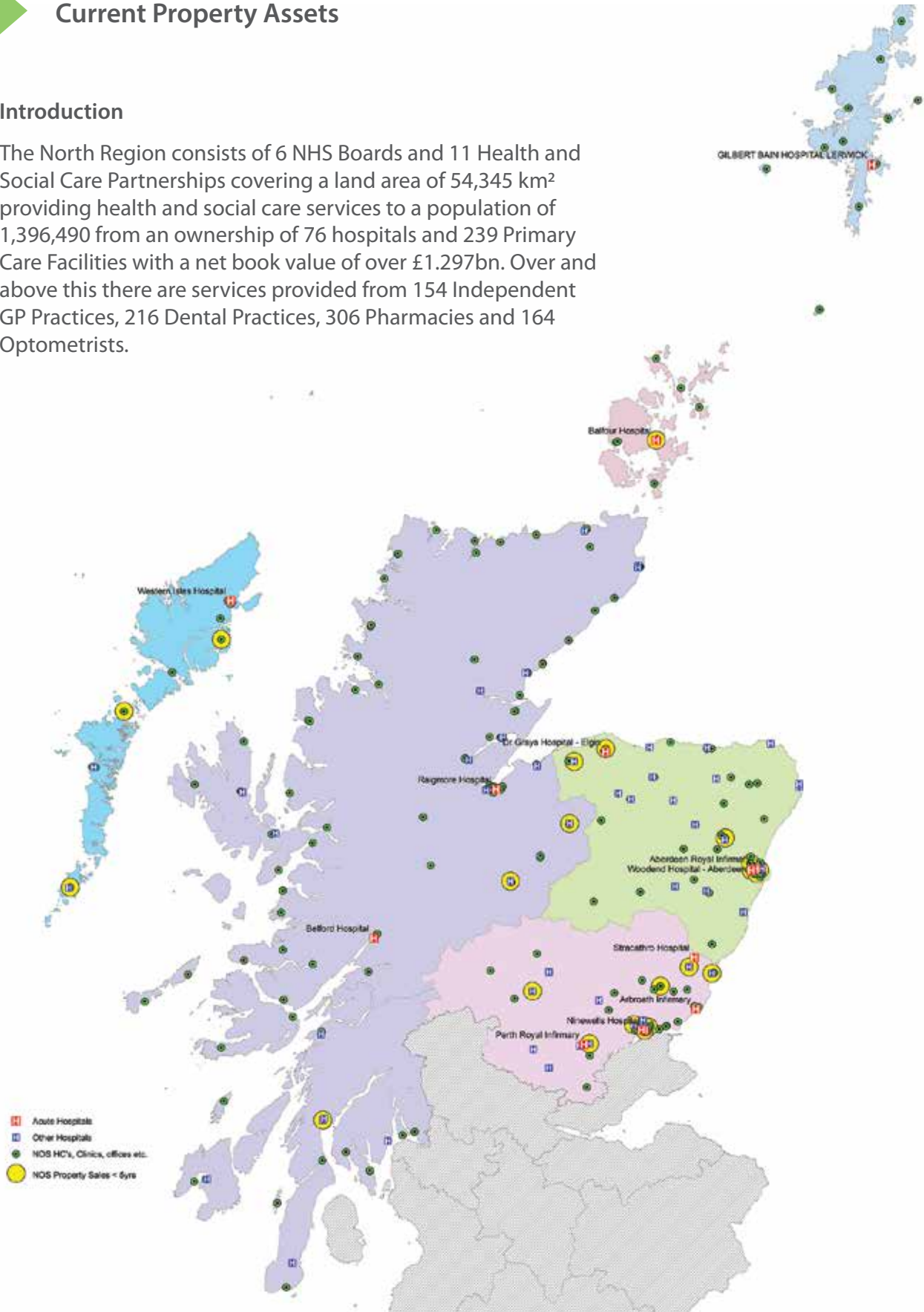
The North Region
consists of 6 NHS
Boards and 11
Health and Social
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covering a land area
of 54,345 km²

North Region's Current Position

Current Property Assets

Introduction

The North Region consists of 6 NHS Boards and 11 Health and Social Care Partnerships covering a land area of 54,345 km² providing health and social care services to a population of 1,396,490 from an ownership of 76 hospitals and 239 Primary Care Facilities with a net book value of over £1.297bn. Over and above this there are services provided from 154 Independent GP Practices, 216 Dental Practices, 306 Pharmacies and 164 Optometrists.



The owned or leased property portfolio within the North varies considerably in condition, functional suitability and space utilisation. This is principally due to age and rurality. **As can be seen in the table below 60% of the buildings are over 30 years old**, 36% of which are over 50 years old despite the major developments and refurbishments in the North over the last 20 years. This remains a key concern. That said, the planned developments due to complete in the next 3 years of Baird Family Hospital, Anchor Centre, Skye Community Hospital, Badenoch and Strathspey Community Hospital and Denburn Health Centre will improve the overall picture.

NHS Board	Age Profile (%)			
	Over 50 years old	30-50 years old	10 - 29 years old	Up to 10 years old
NHS Grampian	36%	24%	28%	12%
NHS Tayside	55%	9%	25%	11%
NHS Shetland	54%	25%	21.25%	0.37%
NHS Orkney	38%	29%	32%	1%
NHS Western Isles	8%	13%	75%	4%
NHS Highland	3%	59%	30%	8%
North Region	23%	38%	28%	11%

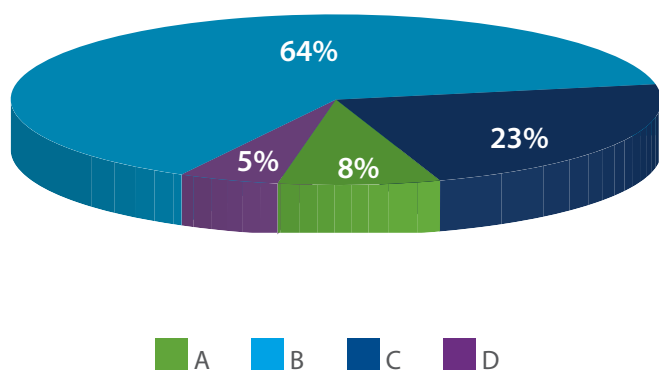
The geography and rurality and remoteness is undoubtedly challenging but so is the need for a clinically driven review of the health and care requirements, across the region, to assess the need to retain many of these ageing facilities. The outcome of which should assist in ensuring investment and, indeed, disinvestment, is focused correctly to ensure the longer term affordability of the estate meets the requirements of our Clinical Strategy(ies).

NHS Board	Total Number of Sites	Total Floor Area (000's sq.m)	Net Book Value (£m)	Hospitals						
				Acute	Long Stay	Mental Health	Psychiatric & Learning Disabilities	Community	Other	Total
NHS Grampian	90	412	433	4	1	3	1	14	2	25
NHS Tayside	64	428	465	3	2	4	2	6	3	20
NHS Shetland	21	24	26	1	0	0	0	0	0	1
NHS Orkney	27	20	4	1	0	0	0	0	0	1
NHS Western Isles	38	32	48	1	0	0	0	1	1	3
NHS Highland	163	252	321	4	2	1	0	14	3	24
North Region	404	1,206	1,356	14	5	8	3	35	9	74

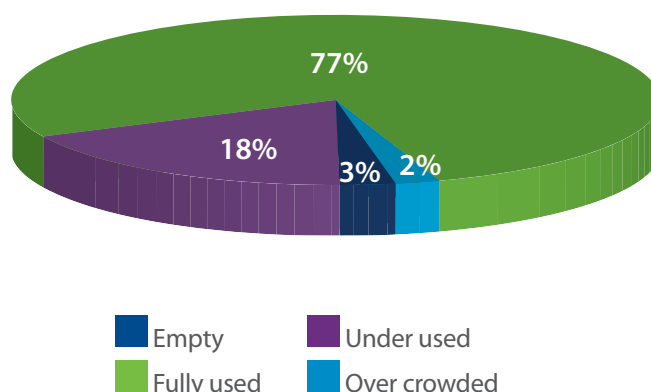
Further analysis shows that functional suitability and space utilisation varies considerably across the region, but that 19% of the estate is either empty or under-utilised and that 32% of the estate is functionally unsuitable for the services currently provided from them (see the table and charts below).

NHS Board	Functional Ranking - % in each category:				Quality Ranking - % in each category:				Space Ranking - % in each category:			
	A	B	C	D	A	B	C	D	Empty	Under-used	Fully used	Over-crowded
NHS Grampian	11%	63%	17%	9%	12%	66%	15%	7%	5%	2%	91%	2%
NHS Tayside	6%	88%	5%	1%	6%	90%	4%	0%	3%	15%	82%	0%
NHS Shetland	0%	63%	29%	8%	0%	45%	39%	15%	8%	7%	29%	57%
NHS Orkney	11%	39%	31%	19%	1%	75%	20%	0%	2%	22%	59%	17%
NHS Western Isles	10%	89%	1%	0%	5%	95%	0%	0%	1%	1%	98%	0%
NHS Highland	6%	25%	64%	5%	9%	37%	48%	6%	0%	49%	50%	1%
North Region	8%	64%	23%	5%	9%	69%	19%	4%	3%	18%	77%	2%

Functional Suitability



Space Utilisation



The under utilisation of accommodation across the region reflects the challenges of a large rural area with the requirement to provide and maintain critical healthcare facilities in locations with very low population centres e.g. The North region accounts for 26% of the total population of Scotland and 69% of the land mass. In contrast the rest of Scotland accounts for 74% of the population and 31% of the land mass. Within the North there are a large number of inhabited islands and the ability, and in many instances the requirement, to provide local accessible services is extremely challenging. At the time of the 2011 census there were 93 inhabited islands with a combined population of 103,700. The population of each of the islands ranged from just one person living on each of Danna, Eilean da Mheinn, Inchfad, Inner Holm and Soay to over 21,000 people living on Lewis and Harris. These remote rural populations, including those on the mainland, still require access to high quality health and social care.

As previously stated, 60% of the properties within the North Region are over 30 years old. It should therefore be no surprise that the condition of these properties is reflective of this. The table over the page shows the backlog maintenance, by level of risk, which have been adjusted to take account of inflation.

With 2018 (3.71%) Inflationary Increase					
NHS Board	Total Backlog Cost (£m) - All Areas				
	Low Risk Items	Moderate Risk Items	Significant Risk Items	High Risk Items	Total Backlog*
NHS Grampian	82	40	27	5	154
NHS Tayside	5	25	34	47	111
NHS Shetland	1	1	2	0	4
NHS Orkney	3	5	2	1	11
NHS Western Isles	1	2	0	0	3
NHS Highland	18	28	13	2	61
North Region	110	101	78	55	344

Backlog for the North Region is £344m as a unit cost. This figure does not include those buildings that are empty and awaiting sale, which currently accounts for a further £17m as a unit cost. The three main acute hospital sites in the North; Aberdeen Royal Infirmary £75m; Raigmore Hospital £45m; and Ninewells Hospital £79m, accounts for 58% of the total backlog of which £117m is identified as either significant or high risk. Indeed the North accounts for 66% of the high risk backlog in Scotland. **Clearly this level of risk in the 3 main acute hospitals** requires to be addressed. After further analysis, site infrastructure/site services are major components of these risks. Other properties worthy of note, and which will require major investment to continue services, are the Foresterhill site £34m (which provides the infrastructure to Aberdeen Royal Infirmary, Royal Aberdeen Children's Hospital; Aberdeen Maternity Hospital; and the Aberdeen Dental School; Perth Royal Infirmary £6m; Stracathro Hospital £12m (currently under-utilised); Argyll and Bute Hospital £7.5m (currently planned for disposal); and Gilbert Bain Hospital £3m (statutory compliance not included and has major functional suitability issues), which would be difficult to resolve with the existing building on a constrained site.

It should be noted the £344m backlog in the table preceding is a unit cost, not a project cost. It therefore does not include; enabling costs (decant, scaffolding, temp services or testing and commissioning); professional fees (design costs, building warrant, planning permission etc.); or VAT. It is estimated that, on average the backlog cost should be multiplied by a factor of three to get a more realistic project cost. This means that the funding required to deal with the **backlog in the North Region would be around £1bn** plus statutory compliance aspects.

Statutory Compliance and Reporting Tool:

Statutory Standards is one of the two facets which makes up backlog and reflects the statutory compliance relating to the estate including fire, water management, ventilation, health and safety and Disability Discrimination Act (DDA). Health Facilities Scotland developed a Statutory Compliance Audit Reporting Tool (SCART), which is a national audit system used to support Health Boards to assess their status with regard to compliance. It asks a series of questions relating to legal requirements, health guidance and management arrangements, building up a picture and measure of the level of statutory compliance within the estate.

All Statutory Compliance issues identified through SCART should have a work plan identified and costed to rectify all the issues, so as to ensure that each property meets the required statutory standards. These costs should be included in the backlog costs reported above. Whilst it is recognised that some of these costs are included within the backlog, evidence suggests that, currently, the majority of the compliance issues are either not costed or not included in the reported figures.

The North of Scotland Facilities and Capital Planning group have formed a sub-group to address the matter of a standardised approach to SCART surveys and costing, whenever possible making best use of the resource available to cost the issues and make good.

However, there still remains a disparity between available funds to maintain the size of the estate in the North. If we are to continue to provide a safe and efficient clinical environment for patients, staff and visitors to enjoy in the 21st century, investment in our essential estate has to be prioritised, along with disinvestment on non-essential assets. The investment required, however, will be very challenging within the existing funding envelope.

Board	Dedicated Resource Y/N	No. of Sites on New SCART	Comments	Total No. of Sites in Board Estate	% of Estate on SCART	No of action plans	Board Compliance %
NHS Grampian	N	68	HFS support Focus on Action plans	68	100	68	85.03
NHS Highland	N	190	Regional coordination & communication, HFS support - completed 2nd full review of inspections PPS trained	190	100	186	35.46
NHS Orkney	N	24	Completed Inspections on New SCART - action plan focus. HFS input, support and visited PPP trained not yet inputting to SCART	24	100	2	80.94
NHS Shetland	N	20	Completed Inspections on New SCART - action plans focus, HFS input, support and visited	20	100	1	86.65
NHS Tayside	Y	4	Focus on Major Acute Hospital. HFS support & visited, achieved all previous Inspections and started Inspections again	54	7	2	55.86
NHS Western Isles	N	29	Completed - action plans focus. HFS input, support and visited	29	100	3	37.35
Total		335		385		162	



Sustainability and Carbon Reduction

Boards in the North take their corporate responsibility towards sustainability seriously, and significant efforts are undertaken to ensure the consumption of scarce resources are minimised. Resources are consumed: to heat and power buildings and to deliver goods and services throughout the region. This is a significant issue in the North Region because of geographic make-up and the requirement to transport patients to and from remote locations to health services.

All NHS Boards in Scotland are expected to comply with the requirements of CEL 2 (2012); A policy on Sustainable Development for NHS Scotland 2012. This is supported by guidance from Health Facilities Scotland, who have developed a Sustainable Development Strategy that provides guidance to NHS Boards when implementing policies and procedures.

In terms of energy consumption for heating; hot water; and power needs, the North Boards account for 29.11% of NHS Scotland consumption, but only account for 27.86% of floor area reported in EAMS. This reflects the northern geographic nature of the Boards, where external temperatures are typically lower than southern Scotland, particularly so in the winter months. Reductions in energy consumptions have been realised over the last few years through the installation of energy efficient plant and equipment. Examples of these include:

NHS Grampian

A contract with Vital Energi supported by the Carbon and Energy Fund (CEF) was signed December 2015. NHS Grampian is benefiting from investment in infrastructure estimated at circa £15.6m over the 25 year life of the contract (£10.4m of initial investment with £5.2m lifecycle replacement of lights and chiller units throughout the contract period).

A significant component of the contract was the creation of an energy link between the Foresterhill Campus and Royal Cornhill Hospital, which allows both sites to be serviced from the main CHP plant on the Foresterhill Campus. This has permitted the old east end boiler house on the Foresterhill campus to be demolished, eliminating £2.8m backlog. The contract also includes replacement of the heating plant at Dr Gray's Hospital which has eliminated a further £0.3m in backlog.

All infrastructure, including the energy link, is now operational and is expected to significantly reduce carbon energy emissions, and progress towards the national environmental targets set by the Scottish Government.

NHS Tayside

Following a review of the energy and infrastructure associated with Ninewells, Perth Royal Infirmary and Stracathro, the first Carbon and Energy Fund (CEF) project in the North Region reached practical completion on 28th February 2017. The CEF project provides a range of energy services specifically tailored for NHS Tayside, which delivers significant reductions in energy costs, carbon emissions and provides significant infrastructure upgrades:

- 4.0MWe CHP unit
- 21,000 LED lighting upgrades
- 1.5MW chiller installation
- Two 11,000kg/hr boiler replacements

- Boilerhouse refurbishment
- Insulation
- BMS upgrades

Energy performance is guaranteed over a 25 year period through collaborative working between NHS Tayside and their partners Vital Energi and The CEF.

The gas turbine at Ninewells has been replaced with a more efficient Combined Heat & Power (CHP) unit and the lighting and Building Management System (BMS) upgraded. Perth Royal Infirmary had sections of missing insulation and inefficient lighting, which have now been addressed with new insulation and upgrading of 4,080 light fittings to LED luminaires. At Stracathro Hospital 392 light fittings were upgraded to LED luminaires. Generation of electricity and heat via the CHP generates significant carbon savings. In the first year these equal 5,321 tonnes of carbon, and 3,453 tonnes have been saved through the lighting and insulation improvements.

These lighting upgrades delivered savings of £428,322 (5,778,260kWh) compared to a forecast of £377,303. New insulation reduced thermal demand and delivered savings of £49,960 (1,879,508 kWh) compared to a forecast of £34,053.

The CHP offset 25,438,658 kWh of imported electricity. This has saved NHS Tayside £1,232,501 on energy bills compared to a forecast of £1,018,817.

Overall the project has so far saved £3,018,993 compared to forecast savings of £2,613,743 and reduced NHST maintenance backlog.

NHS Highland

Working in partnership with HIE and UHI to achieve the Alliance for Water Stewardship standard in Caithness General Hospital. This takes a holistic look at water usage across all users of a water source, ensuring the impact of all uses is considered and managed. Many large multinational companies use this standard. NHS Highland would be the first health care organisation to achieve this standard.

The Board are developing a pilot project with the UHI Environmental Research Institute to understand the effect of pharma waste in the environment, an increasing source of concern for healthcare. This pioneering research is producing interesting results that are garnering significant interest.

NHS Highland is piloting a waste awareness campaign in conjunction with Health Facilities Scotland (HFS) to encourage correct segregation of waste. This campaign, if successful, will then be rolled out to the rest of NHS Scotland. It is intended to reduce the current levels of clinical waste; sampling suggests reductions of 25% are possible by improving segregation.

The board is also working with "Healthcare without Harm" a pan European organisation dedicated to reducing the impact of healthcare activity on the environment. This organisation offers a wealth of experience to improve performance, and many opportunities to collaborate and learn from other providers across Europe. In part this is achieved by using guidance from across Europe to inform the designs of new facilities. This has led NHSH to specify materials in their new builds that will lead to a reduction in carbon. By looking outside the NHS family, we can make significant progress on reducing the environmental impact of our activity without large scale investment.

All lessons learnt will be shared with the North of Scotland partners leading to a far larger reduction to our collective environmental impact.

NHS Western Isles

Over £1m of investment, in projects to reduce energy consumption, are planned over the next 5 years. This includes efforts to reduce heat loss from buildings by increasing loft insulation in all buildings; replacing doors and windows; and reducing the consumption of energy by replacing lighting in community buildings to LED's, which will result in improved energy efficiency. In addition, estate rationalisation will provide reductions in energy consumptions, costs and carbon emissions.

The Board also plan to install electric vehicle charging infrastructure across its estate over the next 8 years to allow it to replace the majority of the diesel/petrol fleet to electric or electric/hybrid vehicles.

NHS Orkney

Efforts are underway to promote sustainability throughout the Board and ensure the estate is fully utilised by creating and improving collaboration links with the Local Authority to support communities services.

NHS Orkney are in the process of completing the NHSScotland Sustainability Assessment Tool which covers various topics including Greenhouse Gases; Welfare, Procurement; Sustainable Care; and Capital Projects. The Environmental Management and Sustainability Group (EMSG) is being developed to submit an annual Climate Change Report. The Board will actively follow the National Waste Management Plan reporting directly to the Senior Management Team.

NHS Shetland

NHS Shetland continue to support the national environmental agenda with a number of initiatives being developed where appropriate, either locally and/or regionally through the North Energy Group; North Waste Group; and North Sustainability Group, these include:

- Non clinical waste data collection – NHS Shetland liaising with Shetland Island Council (SIC) as collection and disposal is carried out by them (not on national contract).
- Recycling (paper and plastics) – liaise with SIC re collection and recycling of plastics (previous exemption no longer applicable).
- Sustainable single use – engage with National Procurement.
- Biodegradable residual waste – discuss with SIC 2021 landfill restrictions.
- Sustainability Development Action Plan – under review by HFS and SG.
- Climate Change report – Annual return to be submitted November 2019.
- Climate Change Risk Tool – under review by HFS and due to be issued early 2019/20.
- Climate Change Adaptation Plan – Subject to outcome of above.
- Sustainability Assessment Tool – replacement for Good Corporate Citizenship- an initial baseline assessment has been carried out but is being refreshed during 2019/20.
- Corporate Greencode – under review by HFS and is anticipated to be revised during 2019/20.
- Energy Policy
- Carbon Management Plan
- Clinical Waste – Contingency Management
- Clinical Waste Contract (New) - Implementation

All the above projects in the North are ongoing and likely to generate a number of Regional Work Plans dependant on whether these have the potential to be addressed on a regional basis, otherwise they will continue to be developed locally.

Due mainly to the introduction of the Zero Waste Regulations on 1st January 2014, all Boards are actively involved in recycling and the reduction of healthcare waste, ensuring the correct segregation of waste is maintained, and that costs are minimised for this waste stream. All other waste not classified as healthcare waste is further segregated in line with the Zero Waste Regulations.

One of the most interesting aspects of sustainability in the North could be the development and use of electric transport vehicles. The geographic nature of the Region would seem to be able to provide significant benefits if an electric charging infrastructure could be realised. Analysis of journeys carried out by fleet transport vehicles is required to determine the viability of this alternative technology. In addition, the proposed ban on the sale of diesel and petrol vehicles in Scotland in 2032 presents an opportunity to carry out option appraisal studies for future investment in transport modes.

Boards	2015/16				2016/17				2016/17 compared to 2015/16			
	EAMS Floor Area (m ²)	Energy (K Wh)	CO ₂ Emissions (tonnes)	Total Cost (£)	EAMS Floor Area (m ²)	Energy (K Wh)	CO ₂ Emissions (tonnes)	Total Cost (£)	EAMS Floor Area (m ²)	Energy (K Wh)	CO ₂ Emissions (tonnes)	Total Cost (£)
NHS Grampian	442,303	250,449,959	59,487	£11,578,178	440,230	243,697,155	54,554	£9,966,303	-0.47%	-2.70%	-8.29%	-13.92%
NHS Tayside	503,446	199,214,383	49,177	£10,510,768	504,746	177,486,015	42,450	£8,531,546	-0.26%	10.91%	-13.68%	-18.83%
NHS Highland	274,346	110,660,708	30,444	£6,260,544	272,253	105,948,292	28,919	£6,439,313	-0.76%	-4.26%	-5.01%	2.86%
NHS Western Isles	32,743	13,737,670	4,304	£918,308	32,857	12,256,602	3,818	£899,046	0.35%	-10.78%	-11.28%	-2.10%
NHS Shetland	22,681	7,844,148	2,338	£666,032	22,681	6,983,680	1,917	£552,121	0.00%	-10.97%	-18.00%	-17.10%
NHS Orkney	13,136	6,322,645	1,854	£337,500	13,855	6,649,839	1,900	£408,892	5.47%	5.17%	2.52%	21.15%
North Region	1,288,656	588,229,514	147,604	£30,271,330	1,286,622	553,021,584	133,558	£26,797,222	-0.16%	-5.99%	-9.52%	-11.48%
NHS Scotland	4,700,024	2,009,660,199	517,139	£109,236,974	4,617,660	1,899,808,709	465,796	£95,055,468	-1.75%	-5.47%	-9.93%	-12.98%
NoS Region % of NHS Scotland Total	27.42%	29.27%	28.54%	27.71%	27.86%	29.11%	28.67%	28.19%				

Comparison of Energy Consumptions, CO₂ Emissions and Costs

The table above does show improvements generally in the reduction of CO₂ emissions and, consequently, that of cost.

It should be noted that Corporate GREENCODE® has been developed for NHS Scotland Boards as a Corporate Environmental Management System (EMS). This has been designed to achieve the same standard as ISO14001. Work within this area will continue to be progressed throughout the North Region.



Office Accommodation

The NHSScotland Smarter Offices Programme was established in October 2013 with the aim of improving utilisation of office accommodation, across the NHS estate by supporting NHS Boards and Special Boards in the development of a strategic approach to their office accommodation. The following benefits are expected to be obtained:

- Provision of **affordable support accommodation** to the NHS that is better able to respond to future changes in strategic direction
- **Improved quality of working environment** which facilitates the retention and recruitment of staff
- Improved availability of **staff welfare facilities** promoting positive staff morale.
- **Flexible, well designed, efficient space** that is able to cope with uncertainty around future property needs, support opportunities to change working practices, and introduce new technology
- **Supporting Scottish Government environmental sustainability agendas** through the appropriate procurement, design and operation of its property assets.
- Maximise opportunities for **staff to develop and deploy their knowledge**, skills, and personal qualities creatively to add value to the organisation
- More **integrated/collaborative working** and thereby encourage better use of skills and resources.
- Synergies from **shared use of accommodation** and support services.

Contained within this programme is the development of new ways of working.

The North plans to improve the utilisation of its office accommodation across the office portfolio by identifying opportunities for consolidation and rationalisation, increasing agile working, and shared use of space with other public sector partners.

The Boards are currently working alongside many of our Local Authority partners in a number of ways – (a) learning from their recent experiences of implementing Smarter Working; (b) implementing these same principles where appropriate; (c) co-location of office accommodation with the introduction of Health and Social Care Integration and, whenever possible, incorporating the Smarter Working principles and (d) Being proactive in identifying any opportunities that will reduce non-clinical space and improve the costs and efficiency of all office accommodation. That said, many of our offices are not of an open plan style and are in traditional cellular type buildings which restricts what can be achieved.

The success of the “Smarter Offices” initiative is being measured by:

- Improved communication for Health and Social Care Staff leading to improved patient outcomes;
- A reduction in office accommodation and running costs;
- Reduction in energy and water consumption as well as reduced carbon emissions;
- An improvement in the efficiency of how the space is utilised;

A summary of the main office accommodation within the North is set out in the table below.

NHS Board	Space Standard (sq.m NIA)		Desk to WTE / FTE %	Accommodation Budget Costs inc VAT: 2017/18						
	WTE/ FTE	Desks		Ownership of lease £ per m ² NIA £	Rates £ per m ² NIA £	Service Charge £ per m ² NIA £	Hard FM £ per m ² NIA £	Soft FM £ per m ² NIA £	Energy £ per m ² NIA £	Total Costs £ per m ² NIA £
NHS Grampian	12.5	12.4	101%	49	55	0	24	19	26	173.4
NHS Tayside	13.6	13.4	101%	92	10	0	9	42	12	164.9
NHS Shetland	9.9	9.9	100%	5	19	0	2	5	22	52.0
NHS Orkney	10.8	9.1	119%	161	60	0	4	15	16	255.8
NHS Western Isles	9.5	9.2	103%	97	86	0	7	45	34	269.7
NHS Highland	5.3	5.9	89%	97	95	11	9	61	19	290.5
NoS Region TOTAL/AVG	10.3	10.0	102%	83.3	54.0	1.9	9.3	31.1	21.4	201.0
NHS Board TOTAL/AVG	12.7	13.0	98%	46	28	3	15	17	22	131

A number of feasibility studies are taking place throughout the North. These studies have been implemented to demonstrate good practice, the investment required for medium and long term gain and the cultural change required to ensure success.

Quite simply, whilst it is important to reduce costs from support services, this is not just about cost, but modernising work practices with a focus on staff outputs as opposed to inputs.

Where are we going?

The North will continue to improve utilisation of office space in order to provide more flexible working styles to employees and reduce costs. This includes ensuring the use of appropriate furniture, appropriate IT infrastructure, appropriate HR support for flexible working options, depersonalised desks, and limited physical storage which will create a flexible modern environment for everyone, anywhere, and at anytime.

“Worksmart” is about achieving the best utilisation of office space; reducing costs and providing more flexible working styles to employees. It is also about a cultural change where work is thought of as being something you do and not somewhere you go – not to focus on the place but on the task.

How will we achieve the change required?

We are targeting a desk ratio of 7 desks to 10 staff across all office locations.

A number of projects in the region have been implemented in the last few years which are having a significant impact on how we do business:

- NHS Grampian has vacated a leased city centre office to alternative owned accommodation, freeing up the revenue.
- Aberdeenshire HSCP has introduced “Worksmart” which had already been adopted by Aberdeenshire Council. This flexible style of working has already demonstrated a significant change in the culture of the HSCP, the ability to work from different locations, its travel patterns, use of technologies and use of space.
- NHS Shetland has carried out an internal reconfiguration of office accommodation at the Gilbert Bain Hospital and Montfield. This has provided onsite training to staff at the Gilbert Bain Hospital and has co-located Finance with the Executive Management Team.
- NHS Highland champions the use of video conferencing (VC), with over 200 VC units in daily use, which are enabled with the use of Skype and Jabber on all Laptops; it is now rare to attend a meeting in Highland where it is not being used.
- This is now extending to personal VC on desktops and it is becoming more widely used through systems like WebEx and Jabber. This also enhances home working and mobile working.
- The new Balfour hospital in Orkney includes a new open plan administration and clinical support facility with breakout spaces for 2 – 3 person meetings, single room bookable PODs for confidential space, conference suite, flexible use of areas, access to natural light, good acoustics and centralised waste and storage. The facility provides accommodation for support services, consultants, clinical teams and administrative staff as well as the senior management team. It provides a modern high-tech 21st century facility which is fit for purpose with access to natural daylight inspiring collaboration and communication. The location is close to clinical work, both inpatient and outpatient areas, and has the ability to zone areas so public and Third Sector bodies can use the conference suite, particularly in the Out of Hours period.
- NHS Grampian is embarking on a business case to consolidate all of its support and management functions, rationalising its estate, reducing backlog and co-locating with one of its Community Planning Partners at Woodhill house, Aberdeen. The site on which Woodhill house sits was originally sold by the Health Board and the University of Aberdeen to construct Woodhill house for the emerging Grampian Regional Council in the late 1960’s. The Business case is expected to be presented to the NHSG Board in December and will evaluate the options of a lease; shared ownership; and NHS ownership.

The ICT infrastructure is laying the foundation for much of this change programme to be implemented:-

- Wi-Fi is now in most offices, community hospitals and many GP premises.
- Implementation of 'Microsoft Direct Access' in some Boards allows access to the NHS Intranet Network with an NHS PC/Laptop from any internet point anywhere.
- The replacement of the N3 contract, which ended two years ago, with the Scottish Wide Area Network (SWAN), introduces greater speed, bandwidth and improved links with other public sector colleagues.
- IP telephony in office accommodation allows flexibility for staff to work at any desk and login to their own telephone extension; this will continue to be introduced.
- Introduction of the "Morse" Software system in the Western Isles.

If the North is to maximise the benefit of these opportunities we must promote ourselves as a modern forward thinking employer providing modern fit for purpose accommodation that will allow us to recruit and retain the best young graduates. Worksmart will provide an important element to activate that success.

Medical Equipment - Condition and Performance

Information and data is gathered from each of the Boards in the North, as well as from the national imaging and radiotherapy equipment groups, to gain a full understanding of the scope and value of medical equipment across the region. There is a significant variety of medical devices used for the provision of clinical care, and much of it is identified as “coming to the end of its life” and requiring prioritisation for investment. Further detailed work is required to model the replacement profile of medical equipment (out-with the major national programmes for major imaging, PET and radiotherapy equipment) taking into account major hospital infrastructure requirements and the investment in the last 10-15 years. There is also a need to review the various funding options available to support investment in addition to using scarce capital or revenue funding, e.g. managed service contracts and social enterprise ventures.

The table provides an overview of the current status of the North region’s medical assets estimated to be £282m. The average life span of assets is increasing beyond that of the manufacturers’ life expectancy due to the challenges around the availability of capital funding. Last year saw a significant investment in medical equipment in the North with over £17m being invested (excluding national programme) to replace equipment outwith its lifecycle. A specific area of investment was Renal Dialysis which had 54% of its equipment beyond the manufacturers’ average life reduced to only 17%

Dialysis machines and their accessibility are critical to those patients suffering from renal disorders and have a profound effect on their quality of life.

An area of concern requiring significant investment is the imaging equipment which consists of a number of high value items with 49% of equipment outwith life cycle age. Diagnostic imaging is the process of capturing images of the inner workings of the body in order to make a medical diagnosis. Diagnostic imaging equipment is a category of technologies used to perform this function. Different diagnostic imaging equipment is used depending on the symptoms the patient is experiencing and includes CT, MRI, radiographs, obstetric ultrasound, non-obstetric ultrasound, radio-isotopes and fluoroscopy.

Current status of North Region Medical Equipment	
Replacement Cost*	2018 (£m)
Radiotherapy equipment:	20
Imaging equipment:	71
Renal dialysis equipment:	5
Cardiac defibrillators:	4
Flaxible endoscopes:	16
Infusion devices:	11
Other high value equipment:	108
Other low value medical equipment:	48
Total	282
Radiotherapy Equipment (linear accelerators & CT simulators)	2018
Number of items:	12
Proportion within minimum lifecycle age:	100%
Imaging Equipment	2018
Number of items:	637
Proportion within minimum lifecycle age:	61%
Cardiac Defibrillators	2018
Number of items:	1,369
Proportion within minimum lifecycle age:	80%
Infusion Devices	2018
Number of items:	5,545
Proportion within minimum lifecycle age:	72%
Flexible endoscopes	2018
Number of items:	795
Proportion within minimum lifecycle age:	71%
Renal Dialysis	2018
Number of items:	284
Proportion within minimum lifecycle age:	83%

Imaging continues to play a significant and important role in the provision of healthcare to patients within both the acute and primary care sectors. Diagnostic, interventional and therapeutic radiology services provide a key diagnostic and treatment function in the support and delivery of a number of patient pathways. Equitable access to a robust quality and timely service is vital for clinicians delivering both emergency and elective care to ensure optimal outcomes for their patients.

Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) are modalities of diagnostic equipment that are essential in almost all patient pathways and in meeting waiting time targets associated with accident and emergency, oncology and diagnostics. The North's Imaging Inventory has an estimated replacement value of c. £71m. The objectives of the regional radiology programme are aligned to the national programme with the aim of providing a sustainable diagnostic radiology service to improve patient access across the North of Scotland.

The three Cancer Centres in the North also provides care to NHS Orkney, NHS Shetland and NHS Western Isles and have had a co-ordinated national equipment replacement programme in place since 1998. This has been instrumental in ensuring the efficient and timely replacement of radiotherapy equipment across the region. This equipment has a replacement value of around £20m.

It is intended to have a single system of cancer care developed in the North to maximise the opportunities for sustainability. This will see the implementation of innovative solutions across the three cancer centres – Dundee, Aberdeen and Inverness – tailored to the geography of the North and the distribution of population. The Scottish Government has agreed to fund a replacement cyclotron at ARI in 2019 (the cyclotron is a particle accelerator used to produce radioactive isotopes for medical imaging purposes). This replacement has the potential to reduce revenue costs by producing radiopharmaceuticals within the NHS as opposed to the NHS purchasing this from commercial suppliers. The new cyclotron will increase capacity, allow for more flexible working, broaden the range of services that can be offered, and reduce production cost per unit dose.

Department of Health figures state that 70% of all clinical decisions are informed by diagnostic testing. A well-equipped, modern, technologically advanced, and efficient laboratory service is required to provide early diagnosis and treatment for patients, and is critical in the support to allow clinicians to work optimally. The financial, workforce, geographic and demographic challenges require new models for the delivery of laboratory services that will offer patient-centric services on a shared basis. The case for change was set out in the NHS Scotland Shared Services Laboratory Programme strategy paper in 2017. The Distributed Services Model (DSM) is identified as one that will deliver the future vision for laboratory services within NHS Scotland. One of a number of challenges specific to the provision of regional laboratory service is the fact that laboratory services are highly dependent on IT systems for requesting tests, analytical processing, and the final reporting of test results. Currently there is a lack of standardised operating systems across the Health Boards and across a range of key functions including Laboratory Information Management Systems (LIMS).

To enable the provision of a regional laboratory services programme the North will focus on the following initiatives:

- The formation of a North Laboratory Services Board to govern the provision of the six Health Boards' laboratory services with a clear mandate for governance and overall management.
- Similarly the creation of a single Laboratory Services Budget for the North Region will be considered to support the transformational change needed.
- Investment in a single Laboratory IT system across the North (estimated cost c. £6 million) to enable full interoperability of laboratory requesting and reporting between laboratory sites. This is absolutely essential to support a North Region Laboratory Service.
- Planning investment in modern, fit for purpose laboratory buildings is necessary on a North of Scotland basis to facilitate consolidation and expansion, new ways of working and the implementation of modern practices.
- Addressing the predicted 40% shortfall in cellular pathologists by making the service attractive to newly qualified pathologists.
- Support and investment for Biomedical Science dissection and reporting projects across the three large Health Boards.
- Modern, fit for purpose, audio-visual provision to enable the relevant multidisciplinary team (MDT) meetings to be functional across sites.
- The provision and development of digital pathology techniques to enable pathology image transfer across the North, Scotland and the UK.

Fleet Vehicles - Condition and Performance

Providing services in the community invariably results in a dependency on transport, whether it is moving patients from their home to hospital or delivering essential drugs, equipment, catering, mail, phlebotomy, cytology specimens and pharmaceutical deliveries.

In addition, clinical waste collection and disposal is provided by the Boards to and from GP surgeries, dentists, pharmacies and other healthcare users.

To support all of this activity and more the North has a commercial fleet of 1305 vehicles, 990 of which are leased and 302 are owned vehicles, ranging from HGV lorries to 2 seat cars.

In addition 731 lease cars are used by staff who qualify as essential users on the basis that this is the most cost- effective means for staff to travel. Staff qualifying as essential users are required to pay for the lease costs associated with all personal use and this is automatically deducted from their monthly salary payments. This is constantly kept under review and opportunities are continually sought to minimise staff travel through use of alternative methods, such as video-conferencing.

Current status of North Region Vehicle Assets	
Number of Vehicles	2019
Owned*:	302
Leased:	990
Staff Car Scheme:	731
Long term hire:	13
Total:	2,036
Age	2019
% less than 5 years old	74%
Total Mileage (000's)	2019
Owned:	1,377
Leased**:	1,629
Staff Car Scheme**:	1,433
Private Car Business Travel:	3,264
Total:	7,702
Fuel Type	2019
Petrol:	26.2%
Diesel:	68.9%
Alternative:	4.9%

The table above shows 74% of our owned and leased vehicles are less than 5 years old, indicating that investment is currently maintaining reasonable vehicle reliability.

The type of fuel used by all our vehicles is an important consideration and the table further shows a reliance on diesel fuel (69% of vehicles). However, the North has 51 alternatively fueled vehicles that are operated within the fleet and as the technology improves and vehicles are replaced at the end of their lifecycle, this number will increase and greatly reduce the carbon footprint. There are programmes of work within the North to move towards electric vehicles, including the charging infrastructure to support this, with specific projects in the Western Isles, Orkney, Grampian and Tayside. Alternatively fueled vehicle technologies are still being developed and some of the constraining factors for the North include the sheer size of the geographical area, travel range of vehicles, charging/refueling options/time to charge and cost of vehicles. Detailed analysis of journeys by fleet transport vehicles as well as staff members are required to determine the potential scope for a regional piece of work and how far this should be taken in the North.

Due to the vast geography in the North region over 7 million miles are travelled per annum on the road by NHS owned, leased and privately owned vehicles, 3 million of those by our commercial fleet.





ICT Assets - Condition and Performance

eHealth/ICT encompasses much more than the deployment of computer technology. It requires both hardware and software within a compatible environment, including: desktops, networks, storage, backup systems and resilience built in throughout. It is an essential element in supporting modern healthcare and provides advances to both healthcare professionals and patients.

The North of Scotland eHealth Plan 2018-2021 details planned priorities and provides insight into the approach to regional eHealth. The North will share data and information across boards and join up with other public sector bodies to collaborate on patient care and safety, clinical effectiveness and a person-centred approach to care.

Technology is an enabler and will support key health initiatives such as self-management of care at home, decentralising access to services by the use of technologies such as Attend Anywhere, and ensuring the ability for staff to efficiently work remotely.

Implementing a common architecture across the North will require investment to facilitate integration at network level, allowing staff to roam effectively across Board borders.

The Electronic Patient Record System (EPR) will make a significant contribution to a comprehensive clinical and social care information system for the population of the North of Scotland by removing paper records and allowing all clinicians, for the first time, to see real time data on a patient without the need for awaiting the patient file. Implementation requires a cultural change to working practices of all clinical staff to ensure maximum benefit can be achieved. This includes systems in health records and health IT, and redesigning the use of support staff, as the use of paper based records reduces, and electronic information becomes the sole source of patient information for all clinicians.

As well as setting out an ambitious regional vision, there are a number of national strategies and programmes currently underway. Any regional plans must ensure that interdependencies and resource requirements for these are considered.

These programmes include replacement of the Community Health Index (CHI) and national child health systems, replacement GP IT system, a national approach to implementing Office 365, Labs integration and an architecture for a national Health and Social Care data sharing platform.

The North of Scotland e-Health leads will continue to refine the vision for e-Health in the North by progressing with specific work streams, these include:

- Technical Workstream.
- Cybersecurity Workstream.
- Information Governance Workstream.
- Telecare, Virtual clinics and Self-directed Care Workstream.
- Clinical Systems Workstream.
- Business Systems Workstream.
- Hospital Electronic Prescribing Medicines Administration (HEPMA) system.
- North of Scotland Portal Programme.
- Scottish Radiology Transformation Programme (STRP).

A workshop for eHealth senior staff across all 6 boards has taken place. This has given staff the opportunity to contribute to a future model of eHealth delivery for the North, and also network with their peers to discuss potential synergies, challenges and opportunities. A programme of works for the North is currently under consideration and will be included in future iterations of this document.

The comprehensive application of digital technology is essential for the North of Scotland – we need to remove the barrier of distance and equip staff to improve services, and support the people of the North to improve their health and wellbeing. Given the geography and population distribution of the region we aim to be at the forefront in the application of digital technology. We already have a good foundation in the development of the EPR, a range of digital health initiatives, and innovative clinicians who have a vision of a digitally connected health and social care system. There is no doubt that **further investment nationally in 4G coverage** would enable many of these technologies to be used to a greater extent.



How do we get there?

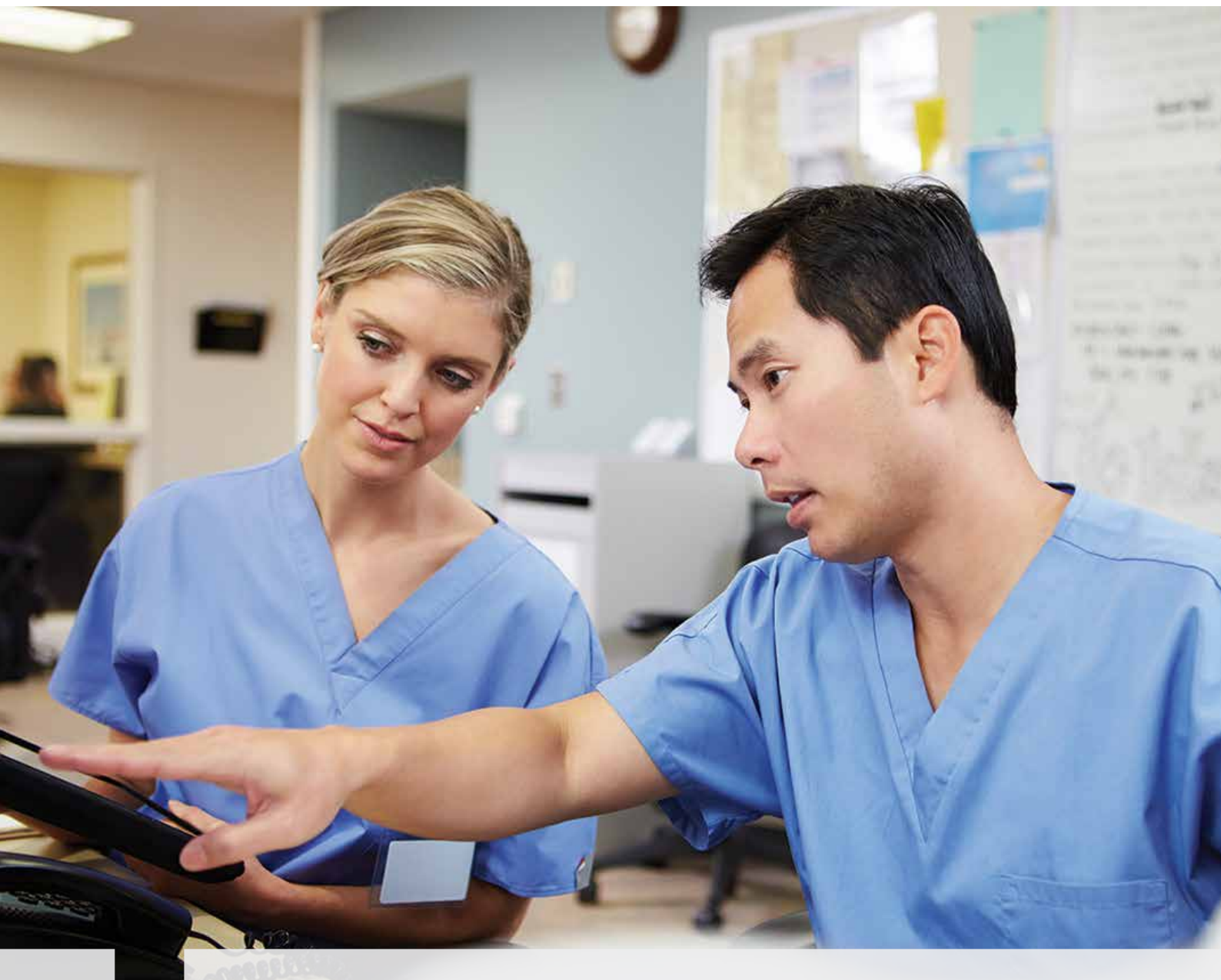
North Region, Delivering Service Change

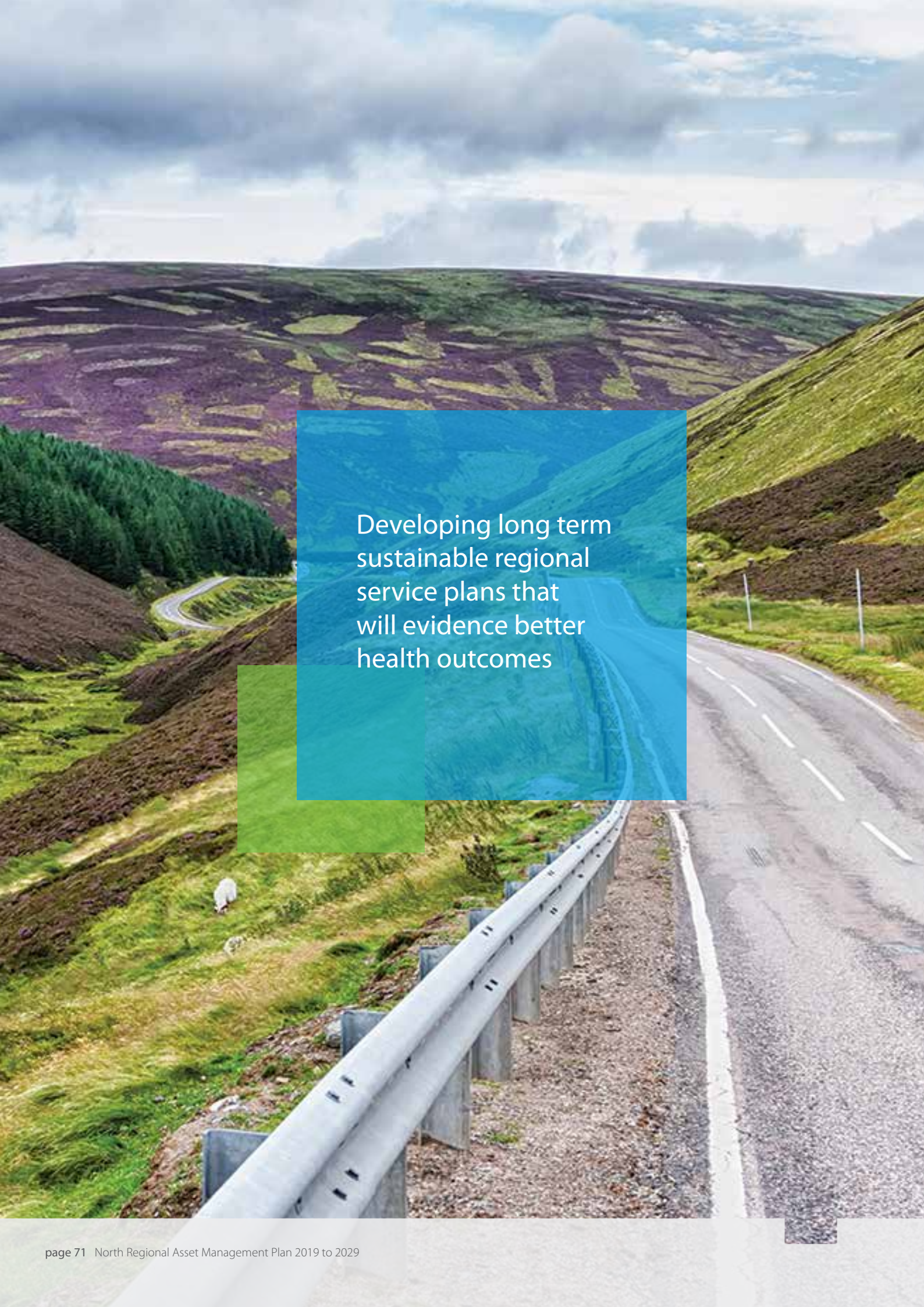
Having stakeholder engagement from inception through delivery of our Clinical Strategy and Asset Management Plan will ensure the North delivers the appropriate services that best meet the needs of the population.

Delivering change is difficult, but we have to be progressive and make our healthcare system in the North the best it can be. The following are some of the ways which will drive and shape that change:

- The North of Scotland Chief Executives group meet monthly to drive forward the North Region programmes and review the network updates.
- Property and Facilities are now working more collaboratively with this, the second version of the RAMP evidencing such progress. Future support arrangements and investment needs will firstly be considered on a Regional basis.
- Developing long term sustainable regional service plans that will evidence better health outcomes which should not be dependent on buildings to support and enable delivery – “Planning Regionally, Delivering Locally”. This may then change the focus of where investment needs to occur in order to improve patient care.
- Building a “Learning Health System” by capturing and analysing health data, essentially involving “Big Data” to empower clinicians and managers to learn and innovate through the development of a data platform.
- Through Public Health and supporting such initiatives as self-care and educating our patients, we aim to create a knowledge culture creating opportunities for prevention of illness, promoting health and wellbeing and providing the necessary networks for people with long term conditions to manage their own illness and condition – but with expert clinical advice when required.
- Developing successful and sustainable communities in conjunction with our partners. This will be evidenced in a number of progressive ways including fully participating in Local Authority Local Development Plans.
- Developing safe, sustainable services will result in an investment need using the latest equipment and technologies to improve diagnostics, and in a manner that supports and enables the current workforce challenges whilst improving patient access in the North of Scotland.
- The introduction of Integration Joint Boards for Health and Social Care in April 2017, along with the Highland Lead Agency model in 2012, will allow these developing organisations to focus resources in a more joined up manner working with the acute hospitals, health and social care and performing as a single system.
- Through working collaboratively with the Integration Authorities and the Highland Lead Agency, and as a consequence of the new General Medical Services contract, developing Primary Care Improvement Plans (PCIPs) through engagement with General Practitioners, with each Board producing a Primary Care Premises Plan to inform future investment requirements.
- Providing safe and accessible primary, secondary and tertiary care for children who are unwell, injured or in need of continuing care due to longer term health conditions.

- A single system of cancer care will be developed in the North to maximise the provision of care.
- Provision of sustainable elective care capacity which supports greater efficiency and quality through the development of elective care centres in Inverness, Aberdeen and Dundee, and supportive Elective care Hubs in the Community as part of the Regional Elective Care Programme, which will be regarded as one resource for the population of the North.
- Reducing travel time from rural and island areas by ensuring that digital technology, where appropriate, is the norm for patients to access further clinical advice and support.
- Making the North the best place to work through engaging with, and creating, a vibrant, modern, healthcare system, empowering our staff, creating new more generic roles, training and development and supporting a team culture whilst preparing, foreseeing, and better managing succession planning.
- Working closely with partner organisations and communities to maximise the investment opportunities available to deliver the best health and social care solutions for the community.





Developing long term sustainable regional service plans that will evidence better health outcomes



Investment and disinvestment planning and programme

Investment Planning:

This plan sets out the North's investment priorities to support the delivery of patient care and associated services across the North of Scotland across four main areas:

- Reduction in high and significant risk backlog maintenance in clinical areas and compliance with statutory requirements;
- Investment in infrastructure consistent with our strategic health priorities including initiatives to reduce carbon emissions;
- Replacement of essential equipment and ICT infrastructure
- Disposal of assets declared surplus to requirements.

Investment, past and planned, and the associated target of reducing high and significant backlog fits the following national and local strategies:

- The Scottish Government's "Policy for Property and Asset Management in NHSS" issued in September 2010 (CEL 35(2010)) requires all NHS Boards to target backlog maintenance reduction as an integral part of their Property and Asset Management Strategy.
- A national requirement to reduce high and significant risk backlog in clinical areas where our total backlog maintenance costs for the North is estimated at £344m, £133m of that identified as significant or high risk.

The North's five year investment plan reflects our ambition to address the high and significant risk contained within backlog by prioritising all available capital and revenue funding along with asset disposal proceeds, and further infrastructure support from the Scottish Government.

Specific objectives which we aim to deliver include:

- Taking into consideration the Functional Suitability of the building prior to investing in the said building.
- Need to improve how Functional Suitability is measured and collated to a common standard.
- The quality of the operational estate is measured through backlog maintenance costs/risks and by using annual patient quality surveys to identify investment needs not already identified.
- Improvements in statutory compliance and risk reduction is measured through reductions in non-compliance with statutory legislation, incident rates, and an increase in each property's Statutory Compliance and Audit Reporting Tool (SCART) score.
- Improvements in energy performance (in line with mandatory targets for NHS organisations in Scotland) and compliance with Corporate Greencode.
- Reductions in the property footprint and revenue costs of the operational estate measured by mapping trends in maintenance costs, utility costs and the Board's income-to-asset value ratio.

Investment Prioritisation

The Scottish Capital Investment Manual (SCIM) sets out requirements for how we should develop our investment prioritisation process, with service planning central, and then moving through the business case stages to include: Strategic Assessment, Initial Agreement, through to Outline and Full Business Cases.

The proposed regional approval process will add another layer to the processes already in place by each individual Board in the North which includes:

SBAR and Strategic Assessment submitted to the Board Asset Management Group or equivalent for consideration. If approved, the project will be given a project number and added to the project list.

Once approved the project will then be prioritised through the Capital Planning System (CPS) against national investment priorities as follows:

- Service planners will score the “Patient Centred” element against the National 2020 Vision and Quality Ambitions, the Board’s Clinical Strategy, and provide a rationale for the score.
- The project team submitting the Strategic Assessment will score both the “Effective Quality of Care” and “Health of the Population” based on the requirements of the project, and provide the rationale for the score.
- Asset /Estates Team, with specialist input as necessary will score the “Safe” ambition against the Board’s risk register, backlog maintenance, patient safety, service/business interruption, adverse publicity etc, and provide the rationale for the score.
- Finance department will provide the Value for Money score, based on information available at the time, whether capital, revenue, endowments, fund raising etc, and provide the rationale for the score.
- All scores will be reviewed (up or down) by the Asset Management Groups, or equivalent, as more information becomes available. The resultant total score will then be fed into the Capital Planning System to give a prioritised order for all projects. The Strategic Assessment will then be forwarded to CIG for information.
- The Asset Management Group or equivalent, will either reject, request re-submission with further detail, or give approval to submit an Initial Agreement (IA). At this stage a formalised project structure (governance) to take forward the IA would be put into place, with named persons identified for the roles of Project Sponsor, Project Director, and Project Manager.
- If the IA is given approval by the Asset Management Group or equivalent, it will then require approval by the Regional Chief Executives Group, prior to submission to that NHS Board, before it can proceed to Outline Business Case (OBC) or Standard Business Case (SBC). Projects over Boards Delegated Limits will also require Capital Investment Group (CIG) approval. Only when all of the approvals are in place can a Board formally move to the next stage.
- If the OBC is approved by the Asset Management Group or equivalent, and its NHS Board, and exceeds the Boards delegated limit, it will also require approval by CIG. If all approvals are in place the Board can progress to Full Business Case (FBC), projects over Boards Delegated Limits will again require CIG approval.

All projects will require either SBC or FBC approval by the Asset Management Group or equivalent and the NHS Board. And, where delegated limits have been exceeded, will require CIG approval. To allow projects to progress with minimum delay, the groups approving these business cases should be configured to support and enable early progress of projects.



Our investment priorities for the next 5 years

The supporting financial plan incorporates the resources aligned against these areas of expenditure financed from revenue operating budgets, the capital programme and through asset disposals.

The table below lists the current approved or committed projects in the North region.

Approved and or Committed projects:

Board:	Projects:	Service:	Type:	Status:	Funding:
All	IT Infrastructure and Equipment Life Cycle Replacement	All	Capital	Ongoing	Yes
All	Medical Equipment Life Cycle Replacements	All	Capital	Ongoing	Yes
All	Significant and High Risk Backlog Reduction	All	Capital	Ongoing	Yes
All	Vehicle Life Cycle Replacement	Transport	Cap/Rev	Ongoing	Yes
NHSG	Badenoch, Strathspey and Skye Bundle	Primary Care	TBC	Business Case	Yes
NHSG	Baird & Anchor	Acute	Capital	Business Case	Yes
NHSG	Cyclotron Replacement	Primary Care	Capital	Business Case	Yes
NHSG	Denburn HC Replacement	Primary Care	Capital	Business Case	Yes
NHSG	Elective Care	Acute	Capital	Business Case	Yes
NHSG	Ligature reduction programme	Mental Health	Capital	Construction	Yes
NHSG	North Corridor Health Centres	Primary Care	TBC	Business Case	Yes
NHSH	Badenoch, Strathspey and Skye Bundle	Primary Care	Capital	Construction	Yes
NHSH	Elective Care	Acute	Capital	Business Case	Yes
NHSH	North Coast Care home	Primary Care	Capital	Business Case	Yes
NHSH	Raigmore CCU Project	Acute	Capital	Construction	Yes
NHSH	Raigmore redevelopment, Phase 1, replacement ancillary accommodation	Acute	Capital	Business Case	Yes
NHSO	Primary Care Premises Investment (Stage 1)	Primary Care	Capital	Business Case	Yes
NHSS	Additional Clinical space at Scalloway Health Centre	Primary Care	Capital	Construction	Yes
NHSS	Brae Health Centre	Primary Care	Capital	Construction	Yes
NHSS	Bressay Clinic Reconfiguration	Primary Care	Capital	Construction	Yes
NHSS	Gilbert Bain Hospital - Ambulatory Care	Acute	Capital	Business Case	Yes
NHSS	HAI works GBH Theatre	Acute	Capital	Construction	Yes
NHSS	Unst Health Centre Reconfiguration	Primary Care	Capital	Construction	Yes
NHST	Children's Theatre Suite	Acute	Capital	Construction	Yes
NHST	Elective Care Centre	Acute	Capital	Business Case	Yes
NHST	Neonatal Intensive Care	Acute	Capital	Construction	Yes
NHST	Ninewells Infrastructure Works (HV)	Acute	Capital	Construction	Yes
NHSWI	CDU redevelopment	Acute	Capital	Construction	Yes
NHSWI	St Brendans	Primary Care	Hub	Construction	Yes
NHSWI	Western Isles Hospital BMS Replacement	Acute	Capital	Construction	Yes
NHSWI	Uist Dental Re-design	Primary Care	Capital	Construction	Yes
NHSWI	Western Isles Hospital Refurbishment / Upgrade	Acute	Capital	Business Case	Yes



▶ Projects which still require funding

However, currently there is a list of projects (below) that the North would like to proceed with in the next 5 years beyond that already committed. Currently no funding exists to progress these. Of particular concern is the required funding in the North to eradicate all Significant and High risks, and negate growing risks, as the estate ages year on year. Current backlog for these Significant and High risks for the North region, at Project cost, is estimated to be £399m.

Board:	Projects:	Service:	Type:	Status:	Funding
NHSG	Collocate all Aberdeen Offices into one administrative centre in the city	Office	Capital	Business Case	No
NHSG	Replacement Mortuary	Acute	Capital	Business Case	No
NHSH	Belford Hospital Replacement	Acute	Capital	Business Case	No
NHSH	Caithness Care Hubs	Primary Care	Capital	Business Case	No
NHSH	Caithness General Hospital Reconfiguration	Acute	Capital	Business Case	No
NHSH	Dunoon Service Redesign	Acute	Hub	Business Case	No
NHSH	Grantown Health Centre refurb	Primary Care	Capital	Business Case	No
NHSH	Portree Hub reconfiguration	Primary Care	Capital	Business Case	No
NHSH	Raigmore Tower Block cladding	Acute	Capital	Business Case	No
NHSH	Rothesay Service redesign	Primary Care	Capital	Business Case	No
NHSS	Gilbert Bain Hospital x-ray 2 Flouroscopy	Acute	Capital	Business Case	No
NHST/G	Stracathro Regional Treatment Centre - Theatre reconfiguration to replace current Mobile Theatres	Acute	Capital	Business Case	No
NHSWI	Stornoway Health Centre - refurb	Primary Care	TBC	Business Case	No
NHSWI	Replacement of Fluroscopy suite x-ray	Acute	Capital	Business Case	No



3.2.9 Disinvestment

Investing finite resources to support the delivery of effective and efficient services, in fit for purpose twenty first century accommodation, in the North of Scotland requires us to also disinvest or demolish properties no longer fit for purpose. Progression with a very ambitious disinvestment programme and, with the agreement of the Scottish Government, to retain the financial benefit locally, will provide some of the additional funding required to support managing the high and significant risks carried by the six North Boards. Some of these Sales include:-

- Raeden Land, Aberdeen
- Denburn Health Centre, Aberdeen
- Inverurie Health Centre, Inverurie
- Spynie Hospital, Elgin
- RCH Land, Aberdeen
- Old Balfour Hospital, Orkney
- St Vincents Hospital, Kingussie
- Argyll and Bute Hospital, Lochgilphead
- Ian Charles Hospital, Grantown-On-Spey
- Dr's House - Gravir
- Dr's House - Castlebay
- Scalpay / Berneray Clinics
- Trades Lane, Coupar Angus
- Liff Fields, Liff
- Whitehills Lodge, Forfar
- Aberfeldy Community Hospital
- Chapel Bond, Montrose
- Brechin Hospital and Field
- Maryfield House, Dundee
- Wedderburn House, Dundee
- Pitcullen House, Perth
- Hawkhill Day Hospital, Dundee
- Constitution House, Dundee
- Montrose Royal Infirmary
- Additional Ninewells Land
- Railway Cottage Kings Cross

Receipt from Disposals:

	Total Value (£m)	2019/20 (£m)	2020/21 (£m)	2021/22 (£m)	2022/23 (£m)
Total Disposal Receipts	15.297	5.892	8.115	1.01	0.28

Our 5 year financial plans are fully committed, with a balance on investment between estates backlog; essential equipment replacement; and the enabling works/equipment costs associated with delivery of new projects such as the various hub schemes; and the approved capital programme. There is no further scope within existing resource to progress additional priorities.

The current investment plan to March 2024 will still leave a considerable backlog risk in the estate. The largest areas of residual risk for clinical use will be Aberdeen Royal Infirmary, Raigmore and Ninewells Hospitals. That is not to say other hospital sites do not carry risk, but because of the finances available, the risk has been prioritised, with funding only available for the perceived areas of greatest risk.

Construction inflation is currently outstripping inflation by c 2% per annum and, with this in mind, it is difficult to see how these backlog risks can be managed effectively without further significant annual funding increases, not only for backlog, but also for planned preventative maintenance; essential medical equipment replacement; and IT infrastructure.



Procurement Approach

The Boards in the North have the following procurement options available to them to enable the planned investment described:

Framework2 Scotland – this is a nationally procured framework, procured by Health Facilities Scotland on behalf of all NHS Scotland Boards. This framework is principally used for larger projects on acute hospital sites.

Minor Works Framework – this is a nationally procured framework, procured by National Services Scotland on behalf of all NHSScotland Boards. The Minor Works Framework agreement provides for lower value and lower complex works, such as refurbishment, and fills the gap in national contractual arrangements below the value of Framework2 Scotland and hub thresholds and above the levels of local trade contracts available for Board use.

Local Measured Term contract – can be used within acute or community based projects.

hub – the NHS Boards of Grampian, Highland, Orkney, Shetland and Western Isles are shareholders of hub North Scotland Ltd, with NHS Tayside a shareholder in East Central Scotland Ltd (hubCo). All health boards signed a ten year exclusivity agreement with the hub programme, giving the hubCo the first right of refusal for all community based projects in excess of £750k in hub North and £3m in East Central. hub North's, and East Central's ten year exclusivity expires on the 26th January 2021 and 6th February 2022 respectively.

Traditional Tender – Boards have the opportunity to offer procurement opportunities to the wider market through the traditional approach where companies are invited to tender against a defined set of design and specification criteria associated with individual projects. This can be applied across a range of values and sectors.

Investment priorities for 5 to 10 years by Board area

The North region are developing a formal mechanism for prioritising and monitoring capital and revenue to underpin the developing model of care.

Funding has still to be identified for the following investment priorities. However Strategic Assessments, as required under SCIM, have been, or are in the process of being, completed.

Board:	Projects:	Service:	Type:	Status:
All	Introduction of Alternative Fueled Vehicles	Transport	Cap/Rev	Feasibility Stage
All	IT Infrastructure and Equipment Investment to reduce reliability on Buildings	All	Capital	Feasibility Stage
All	Medical Equipment Life Cycle Replacements	All	Capital	Ongoing
All	Significant and High Risk Statutory Compliance Reduction	All	Capital	Ongoing
NHSG	Ambulatory Care Facilities, ARI	Acute	Capital	Feasibility Stage
NHSG	Banchory Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Danestone Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Ellon Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Keith Health and Care Hub	Primary Care	TBC	Business Case
NHSG	Medical Physics Accommodation	Acute	Capital	Feasibility Stage
NHSG	New and or refurbished Theatre Block and Surgical Wards at ARI	Acute	Capital	Feasibility Stage
NHSG	Refurbishment or replacement of Phase 2 ARI	Acute	Capital	Feasibility Stage
NHSG	Re-location of Learning Disability to main RCH site	Mental Health	Capital	Feasibility Stage
NHSG	Replacement Laboratory Information System	Acute	Capital	Feasibility Stage
NHSG	Replacement Laboratory Services to form a Blood Sciences Centre	Acute	Capital	Business Case
NHSG	Replacement Laundry and CSSD on Foresterhill Campus	Acute	Capital	Feasibility Stage
NHSH	Fort Augustus Health Centre	Primary Care	Capital	Business Case
NHSH	Inverness Primary Care Redesign	Primary Care	TBC	Business Case
NHSH	Lawson Hospital Reconfiguration	Primary Care	TBC	Business Case
NHSH	Lochaber Health and Social Care Re-design, Fort William	Primary Care	TBC	Feasibility Stage
NHSH	North coast Redesign, Kyle of Tongue	Primary Care	TBC	Feasibility Stage
NHSH	Phase 2 of the Highland Children's Unit	Acute	Capital	Business Case
NHSH	Raigmore redevelopment Phase 3 Demolition of redundant facilities	Acute	Capital	Feasibility Stage
NHSH	Raigmore redevelopment, Phase 2 diagnostic suite, outpatients, A&E and maternity	Acute	Capital	Feasibility Stage
NHSH	Ross Memorial Reconfiguration	Primary Care	TBC	Business Case
NHSO	Sanday Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Flotta Surgery	Primary Care	TBC	Feasibility Stage
NHSO	North Ronaldsay Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Papa Westray Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Stromess Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Stronsay Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSO	Westray Surgery, Orkney	Primary Care	TBC	Feasibility Stage
NHSS	Gilbert Bain Hospital - CT Scanner Replacement	Acute	Capital	Business Case
NHSS	Gilbert Bain Hospital - New MRI Scanner	Acute	Capital	Business Case
NHSS	Gilbert Bain Hospital - Replacement	Acute	Capital	Business Case
NHST	Angus Care model - Stracathro	Primary Care	Capital	Feasibility Stage
NHST	Aseptic Dispensing Unit Refurbishment	Primary Care	Capital	Feasibility Stage
NHST	Bridge of Earn / Carse of Gowrie	Primary Care	Capital	Business Case
NHST	Cardiac Cath Lab & Coronary Care Unit Upgrade	Acute	Capital	Business Case
NHST	Critical Care Unit incl SHDU and ICU NW	Acute	Capital	Business Case
NHST	MacMillan Haematology & Oncology Unit	Acute	Capital	Business Case
NHST	Maternity Services Review (incl theatres)	Acute	Capital	Business Case
NHST	Mental Health Environment Reconfiguration	Mental Health	Capital	Business Case
NHST	New Cardiac Cath Lab Ninewells	Acute	Capital	Feasibility Stage
NHST	PRI Laboratory	Acute	Capital	Feasibility Stage
NHST	Primary Care Services Forfar	Primary Care	Capital	Feasibility Stage
NHST	Primary Care Services Montrose	Primary Care	Capital	Feasibility Stage
NHST	Reshaping Non-Acute Care Dundee	Primary Care	TBC	Business Case
NHSWI	Backup generator sets GP practices	Primary Care	Capital	Feasibility Stage

NHSWI	Fire alarm System Stornoway Health Centre	Primary Care	Capital	Business Case
NHSWI	Fleet replacement	All	Capital	Business Case
NHSWI	GP clinic refurbishments	Primary Care	Capital	Feasibility Stage
NHSWI	Health Board offices Phase 1 External refurbishments	Office	Capital	Feasibility Stage
NHSWI	Health Board office Phase 2 Internal refurbishments	Office	Capital	Feasibility Stage
NHSWI	Hospital Hub Uist	Primary Care	Capital	Business Case
NHSWI	Installation of Easy Heat plate heat exchangers WIH	Acute	Capital	Business Case
NHSWI	Laboratory redevelopment WIH	Acute	Capital	Business Case
NHSWI	Mental Health Redesign	Mental Health	Capital	Business Case
NHSWI	Motor Controls variable speed drives	Acute	Capital	Business Case
NHSWI	Smart metering whole estate	All	Capital	Feasibility Stage
NHSWI	St Brendans	Primary Care	TBC	Business Case
NHSWI	Vehicle Electric charge points across whole estate	All	Capital	Feasibility Stage

NHS Grampian:

- Ambulatory Care – Phase 1 has been identified as the future location for ambulatory care services in the medium term. Service configuration requires to be finalised.
- New surgical wards and theatre block – there is a requirement to replace or refurbish the outdated surgical wards and theatre accommodation with high quality accommodation that meets modern standards.
- Cardiac Institute - The strategic vision is for a new “Cardiac Institute” incorporating a 3rd hybrid Cath Lab, dedicated CMR, and embedded enhanced clinical research accommodation. A joint NHS Grampian and Aberdeen University fundraising initiative is now underway, in partnership with a major oil company and is expected to raise funds in the region of £12 million.
- Medical Physics Accommodation – The General Medical Equipment department requires to be relocated to accommodation more central to its core users, in the heart of our clinical accommodation. A short term solution is being considered within East End 3 at Aberdeen Royal Infirmary (ARI).
- Laboratory Accommodation - in the short term Labs will expand into East End 3 at ARI. The long term strategic vision is for an integrated Blood Sciences Service which would provide capacity to meet the demand for the service. This change can only be delivered through the provision of a new purpose designed and built laboratory facility, somewhere central to the clinical core and, if at all possible, integrated with the new Mortuary.
- Nuclear Medicine - will require to be relocated to accommodation on the Foresterhill Campus more suited to patient access, which can accommodate the latest advances in nuclear medicine technology.
- Clinical Research Facility – A site has been identified adjacent to the new Foresterhill Health Centre to the west of the campus. This will be developed through the City Region Deal monies by Opportunity North East (ONE).
- Learning Disability – Currently located in a more remote part of the Royal Cornhill Hospital site, the in-patient service wish to move into vacant ward accommodation within Royal Cornhill Hospital. This would improve safety for staff by reducing isolation, provide a much quicker response to emergency calls, and improve access for on-call staff during anti-social hours. Patient safety would also be improved by better, quicker, responses, as a consequence of clinical and nursing emergencies.
- Foresterhill Laundry – The current laundry facility needs to move, primarily due to the condition of the building, backlog maintenance cost, and location. NHSG is engaged through the Shared

Services Programme, with colleagues from Highland, Tayside, and Fife in relation to a regional laundry / linen service. All of these Boards have significant property and asset investment needs regarding Laundry facilities in the next 1 – 5 years.

- Co-located with the Laundry is the Central Sterile Services Department, which also needs to relocate for the same reasons as the laundry.
- Improving Facilities for Older People in Grampian – Proposals will be developed to provide a community base for Care of the Elderly Services in Aberdeen. If an appropriate solution is found this will enable NHS Grampian to vacate the South Block at Woodend Hospital.
- Hospital Electronic Prescribing Medicines Administration (HEPMA). The introduction of a HEPMA system could provide a significant change to current practice and improve patient outcomes. It would affect all hospital staff that prescribe, administer or handle medicines, improving levels of legibility, accuracy and prescribing decision support that cannot be achieved with the current paper-based systems.
- Laboratory Information Management System (LIMS) - the existing LIMS system is in need of urgent replacement.
- Patient Portal - A Patient Portal would allow patients access to safe, trusted information related to them personally and the management of their medical conditions, including appointments, correspondence, questionnaires etc. A Project Board has been formed to develop a model for the future and bring forward a Business case.
- Dr Gray's Hospital - General Medical and Acute Care of the Elderly Ward requires to be refurbished to meet current requirements, as well as investment in enhanced diagnostic and outpatient facilities.
- Banchory Medical Practice – a new joint health and social care facility is required. A site has been identified in the Local Development Plan. The current health centre has had temporary buildings onsite for twelve years with the latest 5 year planning consent (the maximum term that can be given for temporary buildings) due to expire in August 2021.
- Ellon Health Centre – The Health Centre requires replacement or an extension. It has had temporary buildings on site for nine years, with planning consent due to expire December 2018. NHS Grampian has completed the purchase of the former neighbouring academy site from formulae capital to enable a new build. Developer contributions will be available to support the financing of a new build.
- Danestone Medical Practice – a new Medical Centre is required within the community as a result of large population growth and no space for expansion. Discussions are well advanced with the owners of the neighbouring site at Grandholm (7000 new residential units) to secure a site and provide further developer contributions. The site is available for purchase now.
- Keith Medical Practice – a replacement to the Health Centre is required to embrace the concept of a modern joint health and social care service with appropriate information and signposting of services, as well as accessible, co-located diagnostic and treatment services. There is an appetite by Moray Council to undertake a joint development to create a public sector hub for the community of Keith and surrounding districts.
- Fochabers Medical Practice – a new Medical Centre is required within the community as a result of intrinsic population growth over a number of years and limited space for expansion. Developer contributions may be available.
- Torry Medical Practice – an extension to the existing building is required to accommodate the large population growth within the Torry area of Aberdeen. Developer contributions may be available.

NHS Western Isles:

- Uist & Barra Hospital - Plans are progressing to redevelop areas of the Hospital in Benbecula into a Healthcare Hub campus, which will provide more streamlined services for the community, and one that is more appropriate for patient pathways. This includes modernising dental services, a GP surgery aligned with medical officer provision at the hospital, and an improved fit for purpose resuscitation area. (Phase 1) Redevelop part of the Hospital to accommodate a dental department and centralise dental services in the Uists onto the hospital/Hub site. (Phase 2) Relocate the Benbecula GP practice and the Balavanic clinic to the hospital site. In addition to the two main projects above, three other leased admin properties in Uist will be disposed of and staff either relocated to the Hub site or be co-located within local authority premises as part of the integration process.
- Western Isles - Plans to redesign mental health services are still very much a work in progress. However, care for the elderly population suffering from dementia is now centred in the community and, as a result, late in 2018 the board took the decision to close the inpatient services (Clisham Ward) at Western Isles hospital. The full implications of this in terms of investment in WIH will not be known until the mental health service redesign and appraisal process is complete. At the moment we do not have a definitive proposal for the redevelopment or use of Clisham ward, other than it will be used as a decant ward in 2019/20 to facilitate for the refurbishment of other areas of the hospital.
- Generator provision GP practices - Due to the increased power loss as a result of more frequent winter storms in the last ten years the board plans to provide automatic changeover, backup generators to all the main GP Practices outwith Stornoway, over the next ten years.
- Benbecula Medical Practice - This would be relocated to the Uist & Barra Hospital Site. This is only a proposal at this stage.

NHS Shetland:

- CT Scanner – requires replacement.
- MRI Scanner - Through a combination of grant funding and a public fundraising campaign, the Shetland Health Board Endowment Fund aims to raise £1.65 million for an MRI Scanner to be located at the Gilbert Bain Hospital.
- NHS Shetland is currently carrying out a scenario planning exercise to develop its Clinical Strategy which is due to complete October 2019. The outcome of which will require capital monies to invest in Primary Care services.
- Gilbert Bain Hospital – was designed and built in the 1950s and early 1960s when health care building requirements were significantly different from that of today. A recent 5 facet inspection and report of the hospital identified major issues with the functional suitability and backlog maintenance. NHS Shetland are now embarking on a Strategic Assessment for the Gilbert Bain Hospital; identifying the current arrangements, the need for change, and the benefits that could be realised if that change was to be implemented. This assessment is likely to identify a “Case for Change” which may require a replacement for the only hospital on the island that provides services to the population of Shetland.

NHS Highland:

- NHS Highland intends to continue work on its programme of service redesign across the communities, we serve. It is essential we build on the consultation work already undertaken with communities to deliver service delivery models that work for each community to deliver safe and sustainable services.
- The redesign of Caithness services is subject to formal public consultation and work is ongoing with partner agencies to see what services and, ultimately, facilities can be shared. This programme of work is expected to take until at least 2023 to have all services operating fully to the new service model.
- Lochaber - Replacement of the Rural General Hospital, which is part of a wider redesign of services in the Lochaber area. Work is ongoing with other public sector partners, and some degree of partnership looks likely that will reduce the cost of investment. The IA is currently being developed and is due for submission Spring 2020.
- Inverness primary care redesign is progressing well, with positive discussion with partners and stakeholders. We would expect to produce an Initial Agreement in early 2020 with an implementation of the preferred solution phased over a number of years. Some work is required to assess what services could be moved out of Raigmore into the community.
- The FBC for the North Elective Care Centre in Inverness has been submitted for the redesign of Orthopaedic and ophthalmology services, and increased capacity by means of the construction of an Elective Care Centre. This innovative facility is being built in partnership with HIE and UHI and looks to build on the proven success of the Centre for Health Science already built in Inverness. It is expected construction of this facility will begin in spring 2020 with completion in 2022.
- Wick and Thurso care hubs - 2 separate care hubs being proposed to replace existing community hospitals, care homes and some other facilities within these areas. These investments are intended to support the new local care pilots for transforming service delivery to the local populations.
- Rothesay Care Village, a proposed development to replace the Rothesay community hospital.
- Primary care investment. A number of small premises require upgrading and extension due to the additional demands of integration. These are small pieces of work and there are discussions ongoing with SG about how these are best bundled together.
- North coast care hub, design almost complete, funding options being considered. Potential partnership model with local business looking like the most efficient model with leaseback to the NHS / Highland Council. This key facility replaces three ageing facilities.
- Work continues on a programme of primary care building improvements needed to support the service redesign work that remains ongoing across remote and rural communities. Given the scale of these works a method of funding a package of small scale modifications needs to be agreed with Scottish Government and other partners.

NHS Orkney:

The full scale of NHS Orkney's priorities for investment aimed at responding to both the current and future challenges it faces, and to deliver its emerging service model include:

- Improvements to primary and community care facilities to ensure they support the provision of safe and sustainable clinical services to each local community. There are several smaller properties within the Primary & Community Care sector that are in need of improvement and these are identified as follows:
 - Stromness Surgery
 - Flotta Surgery, Springbank
 - Sanday Surgery, Orkney
 - Stronsay Surgery, Geramount
 - Westray Surgery, Trenabie House
 - North Ronaldsay Surgery, New Manse
 - Papa Westray Surgery

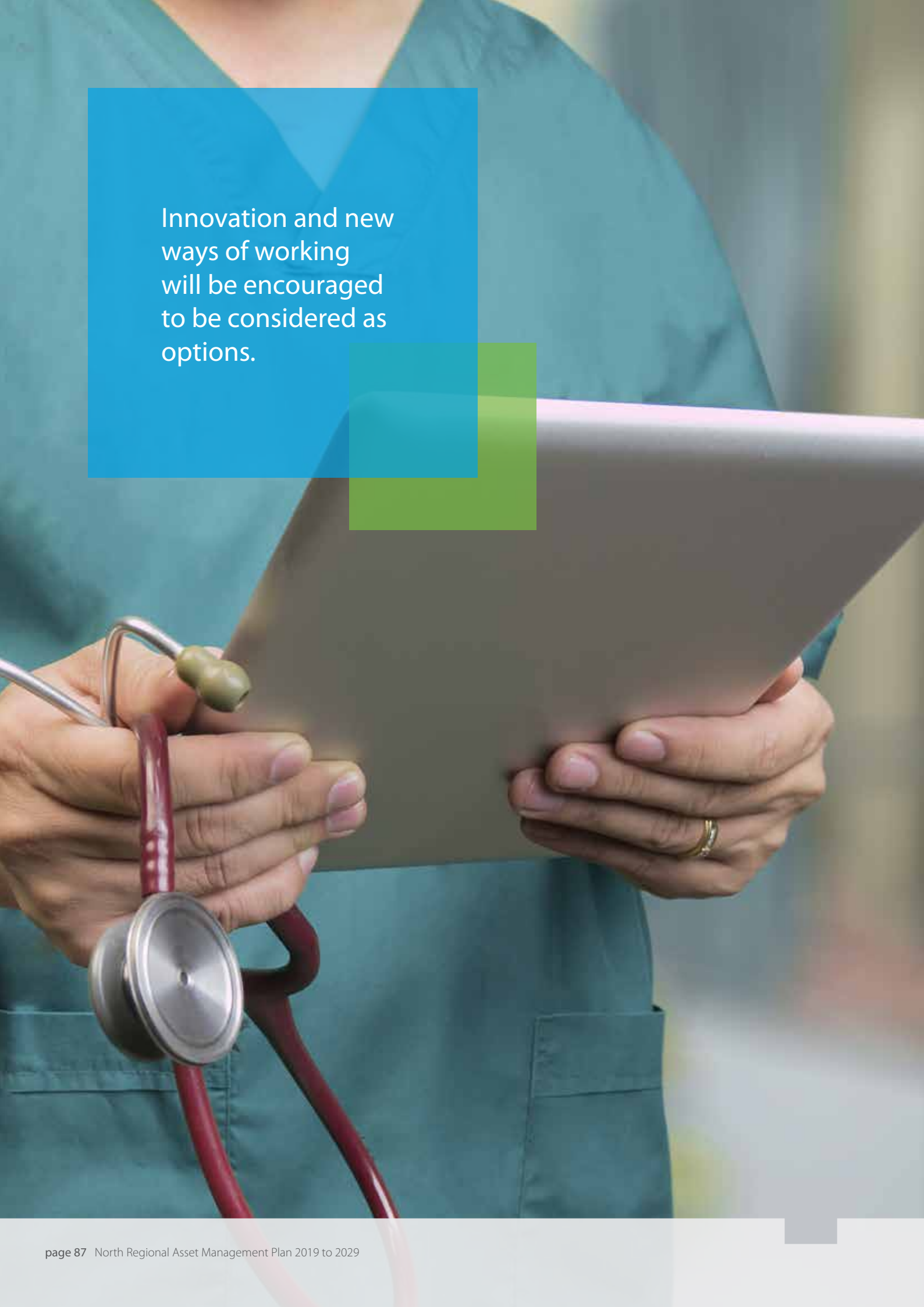
- Ongoing capital and revenue based investment in backlog maintenance and statutory compliance matters.
- Rationalisation of residential property in Kirkwall;
- Co-location of dental services to address the dispersed and substandard infrastructure, improve access to NHS dental services, and provide an enhanced emergency dental service
- The need to achieve adjacencies and flexibility which enhance service delivery, and staff, patient and relatives' experience.
- Development of a centralised decontamination facility for all dental, podiatry, endoscopy and medical instruments, with capacity to support the future model of care.
- Implementation of a programme to reduce reliance on office space provision by introducing new ways of working.

NHS Tayside:

NHST are undertaking a review of risks via our Asset Management Group, although all such investment identified would be aligned with any confirmed or developing service strategies. There is an inherent competition between Acute and Primary care for funding and development resource, as the national objective of shifting care seeks to move services out of acute areas, as far as is possible, into a community based setting. This does not always release resources directly from the acute sector to Community Services. A list of projects are in development that would require scrutiny, and the development of Strategic Assessments, however early consideration should be given to the following;

- Mental Health Reconfiguration – The rollout of the environmental risk assessments using the Manchester Risk Assessment Tool is almost complete across the whole NHS Tayside Mental Health estate, and workshops have been set up to review consistency of approach across the sites. These risk assessments will inform the costs to be included in the abbreviated business case being prepared for submission to AMG and Tayside NHS Board.
- Reshaping Non-acute Care in Dundee – an interim Project Board and Project Team have been established. Work is progressing to develop an Initial Agreement, which is expected to be submitted to Tayside NHS Board for approval by December 2019.
- Angus Care model – a feasibility study has been undertaken around the proposed works. The associated cost estimate has come in significantly higher than anticipated and is currently under review. A detailed report is to be submitted to a future AMG meeting.
- Replacement Patient Monitoring System – a short life task group has been established to consider the requirements and options available to NHS Tayside to deliver the proposed replacement programme. Resources to deliver the proposed replacement programme require further discussion before approval to proceed can be given.



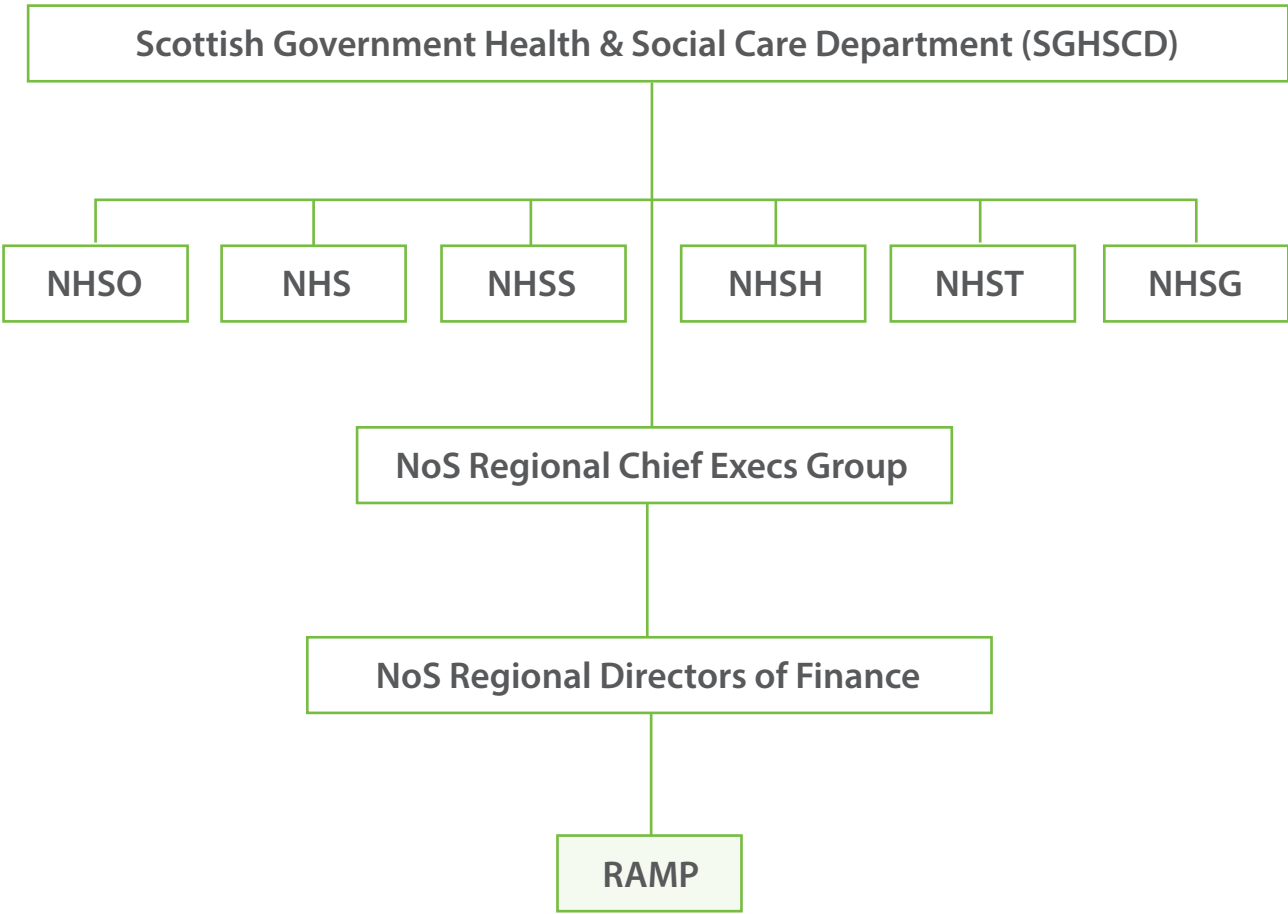
A healthcare professional in teal scrubs is shown from the chest down. They are holding a red stethoscope in their right hand and a large white envelope in their left hand. A blue text box is overlaid on the upper left portion of the image. The background is a blurred clinical setting.

Innovation and new ways of working will be encouraged to be considered as options.

The Implementation Plan

The North of Scotland Regional Asset Management Plan will be directed through the Regional Delivery Plan, ensuring that investment /disinvestment decisions are making best and efficient use of all available resources.

Resources



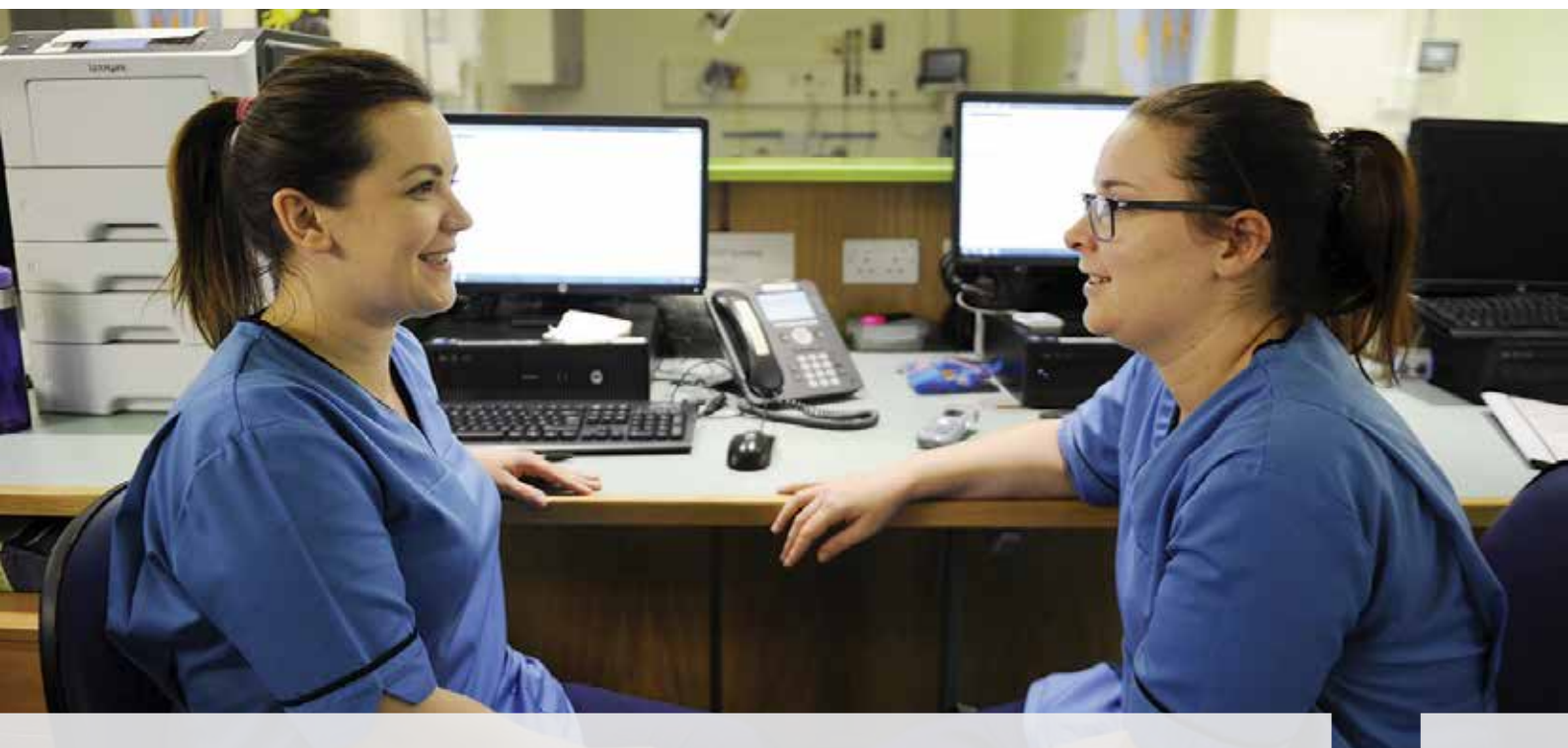
▶ North Region Asset Group

The role of the North Region Asset Group will be to:

- Review and update the Regional Asset Management Plan for each Board to approve;
- Monitor progress being made against delivery of the Regional Asset Management Plan, specifically identifying areas where regional solutions will bring about improvement to the population living in the North of Scotland;
- Work collaboratively, with the limited resources available, to make best use of people, skills, technology, and our physical assets, to improve the health and social care provision in the North.
- Ensure the RAMP underpins the Regional Delivery Plan

The North Region Asset Group will achieve this by:

- Ensuring that the Regional Asset Management Plan is maintained and updated on an annual basis, is approved by each of the Boards, and is consistent with the Regional Delivery Plan and the Developing Regional Clinical Strategy, as well as each Boards individual priorities.
- Ensuring that there is a process for prioritising all identified projects within the North. Ensuring each has been evaluated from a regional perspective to ensure we make best use of the funding available. The process will include:- bringing forward new projects for consideration by the group, monitoring and aiding the progress of projects; through the SCIM process where requested; ensuring the relevant information is available to the group to enable the appropriate discussions to take place; demonstrating an open and transparent method of prioritising all capital and revenue projects that will require approval.
- Ensuring that post project reviews are undertaken, and findings reported to the Group, to inform continuous improvement of our processes.





Focus of Resources

Public engagement

- Involvement and participation in change – taking account of the public's views and raise public awareness on the future of health and care services
- Implement a consistent decision making process – producing a consistent and rational approach to decision making and resource which is measured against organisational priorities

Formulating health and healthcare plans to improve and modernise

- Service reviews – formulate a process for Regional-wide service reviews.
- Locality reviews – along with the newly created IJBs formulate a process for reviewing the needs of the population of localities and how those needs can best be met through service redesign.
- Managed Clinical Networks (MCNs) – to be re-focused to support planned and unplanned care and service integration.
- Joint commissioning plans – enhance plans to support the integration of services for elderly people.
- Ensuring regional wide approaches to service delivery, predominantly with the acute and mental health sectors.
- Manage and develop our assets and planned investment more effectively by utilising expertise on a regional basis.

Developer Contributions

Investigate or enhance working in partnership with the Local Authorities to mitigate the impact of new housing development by seeking developer contributions where appropriate. These funds could be used to develop joint community solutions working with the Community Planning Partnerships.

Business Case Development

Each case will be developed through the agreed prioritisation process in line with the new SCIM process. This includes a Strategic Assessment, an Initial Agreement through to Standard Business Case or Outline and Full Business case for every project. The focus will, at all times, be on improved patient access, outcomes, and benefits. Innovation and new ways of working will be encouraged to be considered as options.

Public Procurement in Scotland

The implementation of the new EU Public Procurement Directives through the Public Contracts (Scotland) Regulations 2015, the Public Procurement Reform (Scotland) Act 2014, and through the Procurement (Scotland) Regulations 2016, places significant new duties on all public bodies' with a procurement value above £50,000.

Each Board's Standing Financial Instructions (SFIs) will have been modified to reflect these changes.



Governance, Performance and Risk Management

The implementation of this plan will be supported and monitored through a robust governance and performance management framework, the key elements that will be required are set out below.

- Performance monitoring - an explicit and integral part of this plan is regular reporting of performance to each Asset Management Group and Performance Governance Committee of the Boards.
- The Project Director for projects in excess of £500k, and the project lead for all approved investment projects in excess of £100k, should prepare a highlight report for the board AMG, or equivalent to demonstrate expenditure against budget, programme, change control, issues and opportunities, and major risks to objectives. Key Performance Indicators – key performance indicators identified in CEL 35 (2010) will be monitored by the boards AMG or equivalent to identify good practice and encourage improvement.
- Asset Condition Surveys – we aim to continue reviewing the North's property condition and performance data through a five yearly cycle of re-surveys as required in CEL 35 (2010). The most cost effective way of progressing would be by employment of regional surveyors who could survey and record all of North's 6 Facet Survey requirements, including property condition, on a five yearly cycle. Monies to progress employing these surveyors will require to be agreed, including that of the monies provided to undertake these surveys through HFS.
- Through continued involvement in Structure and Local Development Plans as developed by Planning Authorities, identify sites required for healthcare and have them categorised for healthcare use; ensuring the Local Development Plans recognise that, from time to time healthcare assets will become surplus and that alternative uses consistent with other surrounding uses, would be acceptable; and to ensure that the NHS can benefit from Developer Contributions where appropriate.
- Undertake a critical review of the region's Asset Base by Board area identifying surplus assets, whilst also considering early identification of new sites for healthcare use.

The importance of investment in, and maintenance of, our asset infrastructure is crucial to the sustainable health and social care service delivery this plan aims to achieve.

Risks associated with our infrastructure are captured and monitored at a service level through each Board's operational performance arrangements, with all risks and mitigating actions captured within the DATIX system. At an individual project level, detailed risk registers are also maintained and updated through the respective project boards established to monitor their progress from inception through to commissioning.

A close-up photograph of a healthcare worker in light blue scrubs smiling warmly while holding the hand of an elderly man in a white hospital gown. The man is looking upwards with a slight smile. The background is softly blurred, suggesting a clinical or care setting. A green rectangular text box is overlaid on the image, containing the main text. A blue rectangular graphic element is also present on the left side of the text box.

The importance of investment in, and maintenance of, our asset infrastructure is crucial to the sustainable health and social care service delivery this plan aims to achieve.



Appendix 1

Investment Plan

The table below provide extracts from our infrastructure financial plans summarising the anticipated expenditure incurred on revenue, capital, backlog maintenance schemes, and investment at all other assets from April 2018 to March 2023.

5 Year Investment Plan (£ millions)

Investment Projects likely to be revenue based (Hub, NPD, etc)							
Board	Projects:	Total Capital Value	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
NHSH	Dunnon Service Redesign	7			3	4	
NHSG	Aberdeen North Corridor (Hub)	21.2		5.2	11.4	4.6	

Capital / Board Funding Projects:							
Board	New Investment Projects:	Total Capital Value	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
NHSG	Baird & Anchor	151.9	16.4	74.8	50.4	10.3	
NHSG	Elective Care	50.6	2.2	18.2	26.2	4.0	
NHSG	Denburn and Northfield Replacement	8	3.0	5.0			
NHSG	Other Primary Care - TBC	2.3			2.3		
NHSWI	Mental Health Redesign	0.61	0.01	0.25	0.25	0.1	
NHSWI	Dental Redesign Uist	0.42	0.02	0.35	0.05		
NHSWI	Hospital Hub Uist	0.5			0.25	0.25	
NHSWI	CDU rdevelopment	0.4	0.4				
NHST	Elective Care Centre	35.307	1.821	10.326	21.218	1.942	
NHST	4 Storey Plant Room Cost associated with CTS / NICU / Zone 2	1.674	1.674				
NHSG	North Corridor Health Centres	19.19		19.19			
NHSH	Caithness Care Hubs	32			16	16	
NHSH	North Coast Care home	5		5			
NHSH	Belford Hospital Replacement	33	7		3	15	15
NHSH	Badenoch, Strathspey and Skye Bundle	40.5		16	17.5		
NHSH	Rothsay Service redesign	12				7	5
NHSH	Inverness Primary Care Redesign	40.5		0.5	10	18	
NHSH	Grantown Health Centre refurbishment	5				2.5	2.5
NHSH	Portree Hub reconfiguration	4				1	3
NHSWI	St Brendans	16.5	12	4	0.5		
NHSO	New Healthcare facilities	0.93	0.930				
NHSO	New Balfour Hospital	0.175	0.175				

Capital / Board Funding Projects:							
Board	Investment in Existing Estate:	Total Capital Value	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
NHSG	Backlog Maintenance	15.2	2.5	1.0	1.5	4.1	6.1
NHSG	Primary Care Premises	1	0.2	0.2	0.2	0.2	0.2
NHSH	Backlog Maintenance	10	2	2	2	2	2
NHSH	Raigmore CCU Project	17	8.5	8.5			
NHSH	Raigmore tower Block cladding	19.3		0.3	9	10	
NHSH	Caithness general Reconfiguration	7			3	4	
NHSH	Elective Care Centre	38	14	16	8		
NHSH	Raigmore redevelopment, phase 1 replacement ancillary accomodation	17.5		0.5	2	7	8
NHSH	Raigmore redevelopment, phase 2 diagnostic suite, outpatients, A&E and maternity	70.3					0.3
NHSH	Raigmore redevelopment Phase 3 Demolition of redundant faciilities	30					
NHSS	Gilbert Bain Hospital Feasibility	0.535	0.175	0.09	0.09	0.09	0.09
NHSS	Ambulatory Care	1.30	0.08	0.5	0.720	0	0
NHSS	St Olaf Street Dental	0.175	0	0.175	0	0	0
NHSWI	Backlog	7	0.7	0.7	0.7	0.7	0.7
NHSWI	Refurbishment / upgrade	0.95	0.5	0.05	0.05	0.05	0.05
NHSWI	Environmental Improvements	2.275	0.025	0.25	0.25	0.25	0.25
NHST	Ninewells Infrastructure Works Zone 1 Polyclinic	11.91	11.439	0.471	0.000	0	0
NHST	Ninewells Infrastructure Works Zone 2 TICH Maternity	3.943	0.254	3.689	0.000	0	0
NHST	Ninewells Infrastructure Works Zone 3 South Block/ Concourse	5.016	0.321	4.695	0.000	0	0
NHST	Ninewells Infrastructure Works - Zone 4 - Main Ward Block & West Ward Block	4.64	0.147	0.147	4.346	0	0
NHST	Ninewells Infrastructure Works - Zone 5 - Laundry, Pharmacy, Boiler House, College of Nursing	4.482	0.139	0.140	2.113	2.09	0
NHST	Ninewells Infrastructure Works - Zone 6 - CSSD	4.593	0.000	0.147	0.147	4.299	0
NHST	Ninewells Infrastructure Works - Zone 7 - Lab Block	4.592	0.000	0.000	0.147	0.147	4.298
NHST	Ninewells Infrastructure Works - Zone 8 - CRC (2021/22 - 2024/25)	2.452	0.000	0.000	0.144	0.144	2.164
NHST	Ninewells Infrastructure Works - Zone 9 - Jackie Wood (2022/23 - 2024/25)	0.294	0.000	0.000	0.000	0.147	0.147
NHST	Ninewells Infrastructure Works - Zone 10 - TORT (2023/24 - 2025/26)	0.147	0.000	0.000	0.000	0	0.147
NHST	Ninewells Infrastructure Works - Zone 11 - Nuclear Med (2023/24 - 2025/26)	0.147	0.000	0.000	0.000	0	0.147
NHST	Neonatal Intensive Care Unit	6.412	5.637	0.775	0.000	0	0
NHST	Children's Theatre Suite	9.336	5.779	3.557	0.000	0	0
NHST	Cardiac Cath Lab & Coronary Care Unit Upgrade	1.05	0.000	0.000	0.050	1	
NHST	Other Minor Projects	2.905	0.719	0.724	0.729	0.733	
NHST	Backlog Maintenance Annual Programme	10.76	1.785	2.592	2.942	3.44	
NHST	Statutory Compliance & Backlog Maintenance Annual Programme	14.125	2.125	3.000	3.000	3	3
NHST	Other Minor Projects	4.852	1.234	0.885	0.899	0.914	0.93
NHSO	Backlog	1.05	0.250	0.150	0.200	0.45	

Capital / Board Funding Projects:

Board	Investment in Other Assets	Total Capital Value	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
NHSG	Medical Equipment	3,149	1.5	1,649			
NHSG	IT Equipment	0					
NHSG	Estates Equipment	0					
NHSG	Other Equipment	0					
NHSG	Equipment TBC	40,569	5,232	6,372	16,653	12,312	
NHSH	Server replacement	2			2		
NHSH	Medical Equipment	9		5	4		
NHSH	Community IT solution	2		2			
NHSWI	Medical Equipment	8.7	1.5	0.8	0.8	0.8	0.8
NHSWI	IM&T	2	0.2	0.2	0.2	0.2	0.2
NHSWI	Transport	0.2	0.02	0.02	0.02	0.02	0.02
NHSWI	Other Equipment	1	0.1	0.1	0.1	0.1	0.1
NHST	Other Medical Equipment	1,414	1,414				
NHST	Hammo Instrument Washer Replacement	0.1	0.100				
NHST	Other Non-Medical Equipment	0,987	0,987				
NHST	Vehicles	0.15	0.150				
NHST	LIMS - Server Replacement	0.126	0.126				
NHST	eHealth Investment Programme (TRAK)	0.1	0.100				
NHST	Telephone System Replacement	0.165	0.165				
NHST	Other Maintenance of Infrastructure	19,857		2,131	5,924	5,909	5,893
NHSO	Medical Equipment	1,034	0,078	0,478	0,378	0.1	
NHSO	IM&T	1,528	0,350	0,350	0,400	0,428	

Appendix 2

Glossary

A&E – Accident and Emergency

Ambulatory Care – Healthcare consultation or treatment in an outpatient environment

Backlog Maintenance – Maintenance that has built up over a number of years and is now giving rise to poor condition and performance

CEL – Chief Executive Letter

Chronic Obstructive Pulmonary Disease (COPD) – Disease of the lungs in which the airways become narrowed

Clinical Guidance Internet (CGI) – Dissemination of clinical practice guidelines on the internet, providing physician's easy access to authoritative sources based on clinical research

Colorectal cancer – Bowel cancer

Corporate Greencode – A tool for managing the environmental impacts of NHS Boards

CT scanner – Computed Tomography Scanner, produces a three-dimensional image of the inside of an object or body

Cytopathology – The study and diagnoses of diseases on the cellular level

eHealth – Healthcare practice supported by electronic processes and communication

FBC - Full Business Case – Part of SCIM process

Functional Suitability – How well the available accommodation supports the delivery of healthcare assessed on the basis of internal space relationships support facilities and location

Gamma Camera – A device used to image gamma radiation emitting radioisotopes

Haematology – Concerned with the study of blood

HDR Brachytherapy - High-dose-rate brachytherapy is a technique using a relatively intense source of radiation to deliver a therapeutic dose of radiation through temporarily placed needles, catheters, or other applicators.

Histopathology – The examination of a biopsy or surgical specimen

hubCo – A joint venture company formed between public sector bodies and a private sector development partner to provide planning, procurement and delivery of community-based infrastructure projects in support of local services

HV – High Voltage

I.A. – Initial Agreement – Part of SCIM process

ICT – Information and Communications Technology

LDP – Local Delivery Plan: Plan that details how NHS Boards aim to contribute to meeting the Scottish Government’s targets and outcomes for the NHS. These targets and outcomes are known as the HEAT targets

Linear Accelerator – Generates X-rays and high energy electrons for medicinal purposes in radiation therapy

IM&T – Information Management and Telecommunications

KPIs – Key Performance Indicators

MRI Scanner – Magnetic Resonance Imaging, a medical imaging technique used in radiology to visualize detailed internal structures

Managed Clinical Networks (MCNs) – A way of delivering services to patients designed to lead to a focus on services and patients rather than upon buildings and organisations

MPHW – Medium Pressure Hot Water System

North Region – is defined by the geographical boundaries of its six Health Boards and includes; Grampian, Highland, Orkney, Shetland, Tayside, and the Western Isles

OBC – Outline Business Case – Part of SCIM process

Pathology – The precise study and diagnosis of disease

PET Scanner – Positron Emission Tomography Scanner, a nuclear medicine imaging technique that produces a three-dimensional image or picture of functional processes in the body

Physical Condition – The appraisal of the Physical Condition of the Estates Buildings, Mechanical Systems, Electrical Systems and External Grounds

SCART – Statutory Compliance Audit and Reporting Tool, a system to assist NHS Boards to identify their level of compliance with a range of property legal and best practice requirements and guidance

SCIM – Scottish Capital Investment Manual - provides guidance in a NHS context on the processes and techniques to be applied in the development of all infrastructure and investment programmes and projects within NHSScotland

Six Facet Appraisal – This is the collective name for Physical Condition; Statutory Compliance; Environmental Management; Space Utilisation; Functional Suitability; and Quality.

Space Utilisation – How efficiently and effectively the available space is being used i.e. the number of people using it and the frequency that they use it as well as identifying areas of under/over provision

Statutory Standards – Compliance with all statutory guidance and legislation related to the Estate including fire, health, safety and DDA

Strategic Assessment - First Part of SCIM process

Structured Cabling – Building telecommunications cabling infrastructure

Virology – The study of viruses and virus-like agents



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