

Borders NHS Board**PROPERTY & ASSET MANAGEMENT STRATEGY****Aim**

To advise the Board on the development of this Organisation's Property & Asset Management Strategy in compliance with Scottish Government Health Department CEL35(2010). This document must be approved by NHS Borders Board on an annual basis.

Background

The Property & Asset Management Strategy 2014 is a development on the third Strategy document produced for the Scottish Government Health & Social Care Directorate during April 2013 and approved by the NHS Borders Strategy & Performance Committee on 16th January 2014.

As last year, a draft copy of this updated Strategy was issued during April 2014 to the Scottish Government Health & Social Care Directorate allowing the development of an Annual Report titled, "Annual State of NHSScotland Assets and Facilities Report for 2014", SAFR, yet to be published.

The Strategy, in addition to reporting on Property related matters, incorporates sections focussing on Information Management & Technology; Medical and Non Medical Equipment and Vehicle Fleet Management. For each of these specialist subjects the Strategy reports within three key sections:

"Where are we now?"; "Where do we want to be?" and "How do we get there?"

A crucial element of developing strategy which will influence the future direction of Property & Asset Management is the creation of a Change Management Plan for the 2020 Vision for Capital and Facilities, this strategy is being taken forward at National level in conjunction with commissioned consultants, ARUP. The publication of this strategy will maximise efficient utilisation of assets and support an interactive approach to shifting the balance of care towards more community based health and social care services, in line with priority areas and quality outcomes.

Within numerous appendices to the Strategy, supporting documentation includes: a 20:20 Vision for NHS Borders; and updated IM&T Strategy 2014-19; a list of owned properties as at March 2014 and properties where NHS Borders holds an interest; updates on Estates Asset Management, Properties, Building and Engineering Services; NHS Borders Clinical Strategy, "An evolving conversation"; and Capital Plan covering the period 2014-19.

Summary

The attached document excludes all appendices as the file size is substantial, access to this data can be arranged through Iris Bishop, Board Secretary.

Property and estate issues incorporated include a reference to in year capital investment which will impact on such resources during 2014/15 financial year; Backlog maintenance requirements; current and future property rationalisation and future year investment plans, most at an early stage of development which will be further informed as the Board develops its Clinical Strategy.

Reference to Information Management & Technology, incorporated within the main document is supported by an updated IM&T Strategy 2014-19 Appendix B, this document approved by the Clinical Executive Strategy Group at its October 2014 meeting. The Strategy looks forward to the next five years in supporting local and national eHealth initiatives, many central to Health and Social Care Integration. Scottish Government proforma details for IM&T are excluded from the report appendices; as such data will be taken from the Gartner Report, providing national data which will feed into the SAFR Report.

Medical equipment expenditure over the period 2013/14 was limited to the procurement of a few items, risk assessed by the Medical Equipment Committee as high risk, this permitting the limited capital resource, for the most part, to be committed to three major capital investment projects. For 2014/15 all rolling programmes of investment have been reinstated and through the Medical Equipment Committee a long term plan will be developed in conjunction with national committees established through Scottish Government / Health Facilities Scotland. The Asset & Facilities Management Programme Board at its 19th September '14 meeting endorsed the establishment of a Health Technology Management Expert Group which will provide a focus group for liaison with Scottish Government Health & Social Care Directorate on medical equipment management within NHS in Scotland. The Scottish Government proforma details incorporated within the report appendices do provide a global return as well as specific data on, Cardiac defibrillators, Infusion devices, Flexible endoscopes and Renal dialysis Excluded, but to be included within the SAFR Report, will be data on Imaging, Ultrasound Diagnostic Imaging Systems and Radiotherapy, reported nationally.

Vehicle Fleet management is incorporated, data reported within the appendices, but further work will be required to develop a detailed strategy for the future. Influential will be the work currently being taken forward through a national Shared Services review, with initial findings of data gathering considered by the NHSiS Chief Executives Meeting, 6th August '14.

Within sections 4 and 5 future strategy and investment plans are described. The foundation to such investment, within Property and Assets, are the six principles contained within the emerging Clinical Strategy, the development of which will include detailed scenario planning and option appraisal as business cases are established. The current PAMS is light in respect to such option appraisals for the future, with the resultant comment from a Scottish Government / Health Facilities Scotland Asset Management Performance Report, following a review of the PAMS submission in Draft, this commented on the lack of evidence of links to the Board's strategic vision, but acknowledges the in year development of the Boards Clinical Strategy, which will inform PAMS '15. Overall the

Performance report records the PAMS '14 Draft as providing a "Good level of information, Property and Asset Management Strategy which supports the Board's strategic vision".*

* Taken from Draft of SAFR 2014, yet to be published.

Recommendation

The Board is asked to **approve** the contents of the Property & Asset Management Strategy for 2014/15.

Policy/Strategy Implications	A requirement for the Board to approve annually the Property & Asset Management Strategy
Consultation	Health Facilities Scotland, Asset Management Board NHS Borders Clinical Executive Strategy Group
Consultation with Professional Committees	N/A
Risk Assessment	Included within the Asset Management Survey data
Compliance with Board Policy requirements on Equality and Diversity	N/A
Resource/Staffing Implications	Commitment required from Clinical Boards and Support Services in the development of a comprehensive PAMS Document to be reviewed and updated annually

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive		

Author(s)

Name	Designation	Name	Designation
David McLuckie	Director of Estates & Facilities		

PROPERTY & ASSET MANAGEMENT STRATEGY 2014/15



Executive Summary

A Property and Asset Management Strategy is essential in supporting the medium to long term requirements of this Organisation, for not only property related plans and aspirations, but also in providing a framework for the support of the many and varied assets required to support the clinical service provision within all NHS Borders Healthcare establishments. Such assets comprising of: Properties; Building and Engineering Services; Vehicle Fleet Management; Medical Equipment and Information Management & Technology, are integral to this Strategy with updates contained within the main document and detailed proforma information reported within the various appendices.

The document provides a review of the current status of all assets, highlighting the development of the Estate Asset Management System which reports on the six facets of Property Condition, Statutory Compliance, Functional Suitability, Space Utilisation, Quality & Energy. The first two facets being central to the establishment of a risk based Backlog maintenance assessment of need and of future capital investment, within a rolling programme.

Backlog maintenance is reviewed and risk assessed annually, total investment requirements to eliminate all risk totals £6.265m, with High, Significant, moderate and low risk reported as 5%,16%,54% and 25% respectively.

IM&T rolling programme is informed through data gathering and use of asset register, as reported within the IM&T Strategy 2014 – 19, such data contributing to the Gartner IM&T Information System which collates data on a national basis. Investment over recent years has been directed towards the provision of a modern infrastructure supporting Clinical and Corporate services.

Medical equipment investment, is likewise reviewed and risk assessed by the Board's Medical Equipment Committee which advises on all medical equipment needs, identified through the rolling programme and on specific procurement plans for larger investment, projects generally out with the committee's remit.

Vehicle fleet management, excluding personally leased cars, long term strategy is evolving, but this more than other services, within the short term, may be influenced by a national review which will examine the management of all related services on a regional /national basis.

Through the Board's formula Capital allocation funds within rolling programmes of investment are prioritised, indicated below covering the five year period 2014 – 2019

Programme	2014/15	2015/16	2016/17	2017/18	2018/19	Total
Rolling Programme IM&T	200	300	300	300	300	1400
Rolling Programme Estates	200	200	200	200	200	1000
Risk Assessed Backlog SoTE/Estates Strategy	1500	500	350	350	350	3050

Rolling Programme MEC	200	200	200	200	200	1000
Total £'000	2100	1200	1050	1050	1050	6450

Ensuring that the PAMS is not developed in isolation, rather as an integral part of service planning, the strategy advises on related strategies which will establish a long term plan and vision, the direction governed by previously published documents which describes the drivers for change in NHS Borders and NHS Scotland over the next 5-10 years, as:

- A transformation in the way the NHS works, from an acute, hospital-driven service to one that is community-based;
- A focus on meeting the challenges of an ageing population and the rising incidence of long-term conditions;
- A concentration on preventing ill-health by equipping the Health Service to encourage and secure improvements in health, rather than just treating illness;
- A drive to treat people faster and closer to home;
- A determination to develop services that are proactive, modern, safe and embedded in communities, or as close to home as possible.

A crucial element of developing Strategy which will influence the future direction of Property and Asset Management is the creation of a Change Management Plan for the 2020 Vision for Capital and Facilities, this plan will consider maximising efficient utilisation of assets and support an iterative approach to shifting the balance of care towards more community-based health and social care services - in line with the 12 Priority Areas for Improvement (2020 Vision route map); the 12 suggested Quality Outcome measures from the Healthcare Quality Strategy and the range of 20 HEAT targets from The Scottish Government. At time of PAMS 2014 production this work is progressing and it is anticipated that this work focus on Capital and Facilities will inform the strategy throughout 2014/15

Likewise, NHSB is in the process of consulting on a Clinical Strategy, this during the period 10th March 2014 until 6th June 2014, The Board will consult on Key Principles for the redesign on services to ensure high quality healthcare, redesigning services to ensure they are future-proofed and will meet the challenges outlined above will take effective leadership, teamwork and creativity. There is an opportunity for the organisation to trial innovative models, moving away from our current traditional, bed-based systems. All NHS Borders services should be patient-centred, safe, high quality, and efficient (i.e. delivered within our means). They will need to evolve rapidly to ensure that the following principles are embedded within standard practice:

1. Services will be Safe, Effective and High Quality
2. Services will be Person-Centred and Seamless
3. Health Improvement and Prevention will be as important as treatment of illness
4. Services will be delivered as close to home as possible
5. As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth
6. Services will be delivered efficiently, within available means

Also in development and not reported in any detail within this annual strategic update is the evolving Health and Social Care Integration which undoubtedly will impact on the Board's future Property and Asset Management Strategy.

Those Emerging strategies will set the scene for future PAMS, within which considerable planning will be committed, working through option appraisal development and consultation with all appropriate stakeholders, including Scottish Borders Council, the Voluntary Sector and Public representation, this approach has been consistently applied in the development/change to clinical/non clinical services and to the Board's capital investment plan, the Capital projects detailed within this strategy, includes funding from the Capital formula allocation, clinical strategy committed funds, Galashiels GP Practice and P&CS Centre development and retained income from property sales. Investment plans are all detailed within the three key elements of the PAMS report; Where are we now?, Where do we want to be?, and How do we get there?.

Capital investment 2014 – 2019 summarised below:

Programme	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
Capital resource limit total	3407	6915	3115	6115	3615
Capital receipts applied	595	0	500	500	0
Charitable funds	0	0	3500	2000	0
Total £'000	4002	6915	7115	8615	3615

This PAMS reflects the Board's wish to corporately review and invest effectively in its property portfolio and key support departments in the management of all Assets. The Change and Development Section summarises the strategic goals for this Organisation.

Glossary of Abbreviations

A&E	Accident & Emergency
BGH	Borders General Hospital
CAD	Computer Aided Design
CMP	Carbon Management Plan
CPG	Capital Planning Group
CMT	Capital Management Team
DDA	Disability Discrimination Act
DHW	Domestic Hot Water
DPU	Day Procedures Unit
EAMS	Estates Asset Management System
EMS	Environment Management System
GDP	General Dental Practitioners
GIS	Geographic Information System
GP	General Practitioners
HAI	Hospital Acquired Infection
HEI	Healthcare Environment Inspectorate
HFS	Health Facilities Scotland
HGV	Heavy Goods Vehicles
IM&T	Information Management & Technology
IPN	Involving Public Network
ITU	Intensive Therapy Unit
LD	Learning Disabilities
LDP	Local Delivery Plan
LST	Low Surface Temperature
MEC	Medical Equipment Committee
NHSB	NHS Borders
NHSL	NHS Lothian
NP	National Procurement
P&CS	Primary & Community Services
PAMS	Property & Asset Management Strategy
PIG	Practice Improvement Grant
PPF	Public Partnership Forum
PSCP	Principal Supply Chain Partner
SAFR	Annual State of NHSScotland Assets and Facilities Report
SoTE	State of the Estate
SAS	Scottish Ambulance Service
SBC	Scottish Borders Council
SCART	Statutory Compliance & Risk Tool
SFT	Scottish Futures Trust
SG	Scottish Government
SGHD	Scottish Government Health Department

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Appendix B **IM&T Strategy 2014 - 19**

Appendix C **List of GP's within Borders Region**

Appendix D **List of GDP's within Borders Region**

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Appendix F **SG Proformas**

Appendix G **NHSB Clinical Strategy**

Appendix H **NHSB Capital Plan**

Appendix I **MEC Terms of Reference**

1. Introduction

This PAMS follows the principles set out within the Policy for Property and Asset Management in NHSScotland, as detailed within the SG CEL 35 (2010), published 27th September 2010. It is fundamental to the development and monitoring of strategic planning for the support services provided through the management of the Estate, IM&T, Medical and Non Medical Equipment and Vehicles.

Strategic development within NHSB has referenced in past years PAMS reports the 'Strategic Change Programme', 'Your Health our Future' and '20:20 Vision', Appendix A as the framework which informs all four strands of the support services functions contained within this document. This PAMS update will benefit during 2014 from further emerging strategic developments; nationally, the 20:20 Vision for Capital & Facilities Change Management Plan; and locally The NHSB Clinical Strategy, following a consultation period ending June '14, will set the direction of travel within key principles which outline how NHSB services will be delivered in future, ensuring high quality Healthcare.

The support services are integral to the successful delivery of service led changes and in planning for the future this Strategy addresses the current status of the assets supporting Clinical Services, it sets strategic goals for the future 5 – 10 years and describes a direction in travel to ensure where ever practically possible that all Assets; Property; Equipment and Vehicles are in the right place at the right time, suitable for their purpose and well maintained and as a result will positively support service delivery and enhance service users experience.

Rationalisation of the Estate, the reduction in associated operational running costs and the avoidance of investment in backlog and extra ordinary maintenance, on properties which may be considered to hold limited life expectancy as essential properties, is reflected in the development of risk based backlog maintenance investments. Although of low value when considered against other NHS Scotland Board areas, this is reflective of the average age of the Estate and the investment over the past decade in both primary and secondary healthcare facilities.

IM&T, strategic development incorporates an eHealth vision, 'To exploit the power of electronic information to help ensure that patients get the right care, involving the right clinicians, at the right time, to deliver the right outcomes'. Key aspects of services, available now and in the future, within this ever developing and core support function, is reported within the main sections of this report and in addition, incorporated in Appendix B is an IM&T Strategy 2014 – 19.

In summary, this year's PAMS builds upon the previous strategy and covers the following four assets:

- Property
- Medical Equipment
- Information & Technology
- Transport

All of the above have a direct impact on safety and the quality of care provided.

This document will examine both local and national strategies and how the Board can ensure that any future investment in assets supports these strategies.

This Strategy provides detail and data within three main sections, namely:

- **Strategy as at April 2014, (Where we are now?)**
A review of the current status of assets
- **Change and developments within the next five to ten years, (Where do we want to be?)**
Strategic goals within the next 5 – 10 years
- **Action Planning, (How do we get there?)**
Plans and options for the future, at various stages of development

2. The Property & Asset Management Strategy Process

The Property & Asset Management Strategy described in this report has been developed using a process that asks three basic questions in relation to the Board's assets:

- Where are we now?
- Where so we want to be?
- How do we get there?

2.1 Where Are We Now?

The initial stage of developing the strategy analysed the current condition and performance of the Board's property and related assets under the following facets:

- Physical condition
- Compliance with statutory standards
- Functional Suitability
- Space Utilisation
- Quality
- Environmental Management

The analysis, informed through the data set developed over recent years within the EAMS provides a consistent approach to determining the condition and performance of NHS Estate.

The IM&T analysis is informed through data gathering and use of Asset register as reported within the IM&T Strategy 2014 – 19, such data contributing to the Gartner IM&T Information System. Investment over recent years leading to the provision of a modern infrastructure supporting Clinical and Corporate services

Medical Equipment and Vehicle Fleet management current condition and performance analysis is informed through the maintenance of Asset registers, and the work of multidisciplinary teams, addressing current assessment of need within a risk assessed framework.

2.2 Where Do We Want To Be?

This stage considers the improvements necessary in service delivery and the future provision of new models of care to address the requirements of the national and local services and policies. It aims to develop an understanding of what impact these service changes will have on the Board's assets. It also aims to set targets for improving the condition and performance of the estate

and for ensuring that all assets closely align with service needs for the foreseeable future.

2.3 How Do We Get There?

This final stage of the process involves identifying and prioritising the capital investment projects needed to deliver the Board's challenging programme for change and modernisation of services.

In the current economic climate, producing a longer term investment programme is challenging and the Board will be required to future proof investments and subsequent implementation processes, reflecting the Government reductions in available capital investment. It will also have to sustain its requirement to align the functionality of its portfolio with service needs including service development and improvement.

3. Strategy as at April 2014 – Where Are We Now?

3.1 Background to NHSB

3.1.1 Community Served

NHSB is responsible for meeting the health needs of 113,000 people living within the Borders region, predominately a rural area of circa 1,800 square miles with the main centres of population located within the Berwickshire towns of Chirnside /Duns / Eyemouth/Kelso, central Borders towns of Galashiels/ Tweedbank/ Melrose/Selkirk, and to the South and West the towns of Hawick and Peebles. It also provides services to the northern sector of Northumberland and in partnership with NHSL provides visiting Consultant services and operates a Renal Dialysis Satellite Unit. It is the smallest of the main land NHS Scotland Boards and employs approximately 3,177 staff.

3.1.2 Services Provided

NHSB provides a broad spectrum of healthcare services aimed at meeting the specific needs of those living in the region. Services include:

- Acute Hospital Care
- Paediatrics
- Maternity Services
- Learning Disabilities
- Mental Health
- Older People's Services
- Healthcare delivered in the Community
- Out of Hours services

3.1.3 Links to Independent Contractors

The Board's Asset Strategy clearly recognises the need to engage with a range of internal stakeholders and external partners. Increasingly people and organisations out with the Board's direct management control are playing a key role in the delivery of healthcare and this is likely to expand as services are increasingly

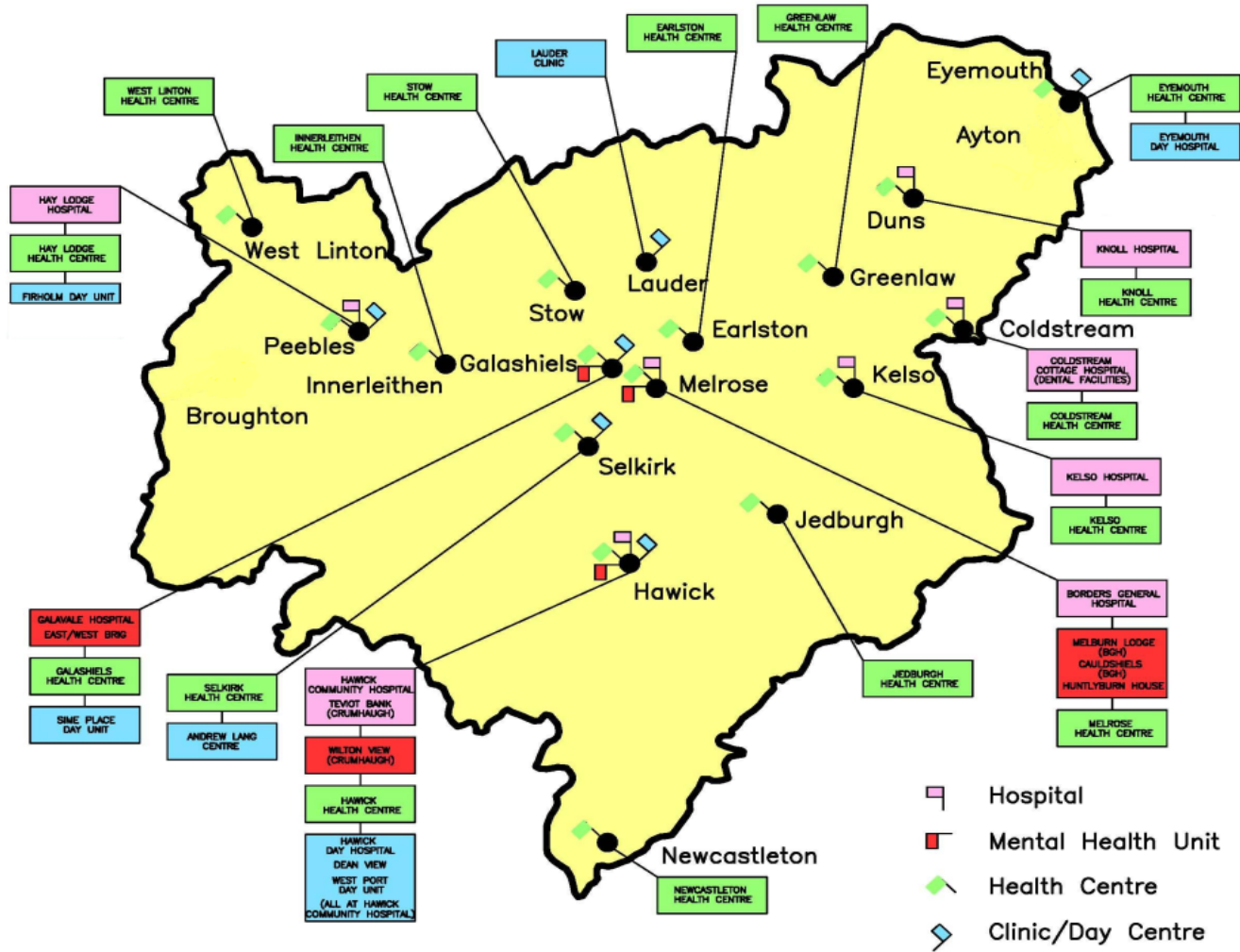
focussed on providing healthcare out side hospital settings.

Key partners include:

- Independent health practitioners delivering services to the Board under contract e.g. General Practitioners, General Dental Practitioners, Pharmacists and Optometrists
- Scottish Borders Council, with coterminous boundaries to NHSB
- Voluntary or third sector partners

3.1.4 Location of Key Hospitals

The map on the following page details the healthcare facilities within NHSB Estate.



3.2 Summary of NHSB's Estate

The Estate

The Estates Department provides comprehensive property services to all healthcare premises within the portfolio of NHSB, comprising of one District General Hospital; four Community Hospitals; Twenty Two Health Centres and Clinics, two of which are located within Community Hospitals, and four of which are owned and operated by GP Practices, but where NHSB retains an interest through occupation of its P&CS Teams; ten sites for the provision of Mental Health Services and numerous offices/specialist centres, owned and/or leased. The Estate is currently valued at £105.57 million, with a gross internal area totalling, 77,880m².

Estates Asset Management System

Over the past three financial years this Board has worked closely with HFS in support of a SG sponsored initiative to develop a comprehensive EAMS database, this integral to the mandatory requirements as detailed within The Policy for Property and Asset Management in NHS Scotland, CEL 35 (2010), published 27th September 2010. Although Central assistance to populate this database through the commission of Capita Symonds, Building Surveyors, has provided a degree of base data through a multi phased approach, this Board area has not benefitted from additional assistance within the latter phases, as at April 2014t survey data collection remains outstanding, but update surveys are scheduled for completion during the final quarter of 2014/15. For the majority of the Estate the survey data held is to level 1, this is the highest/least detailed method of appraisal and comprises a desktop review by a member of NHS Estates personnel with a good understanding of the entire Estate

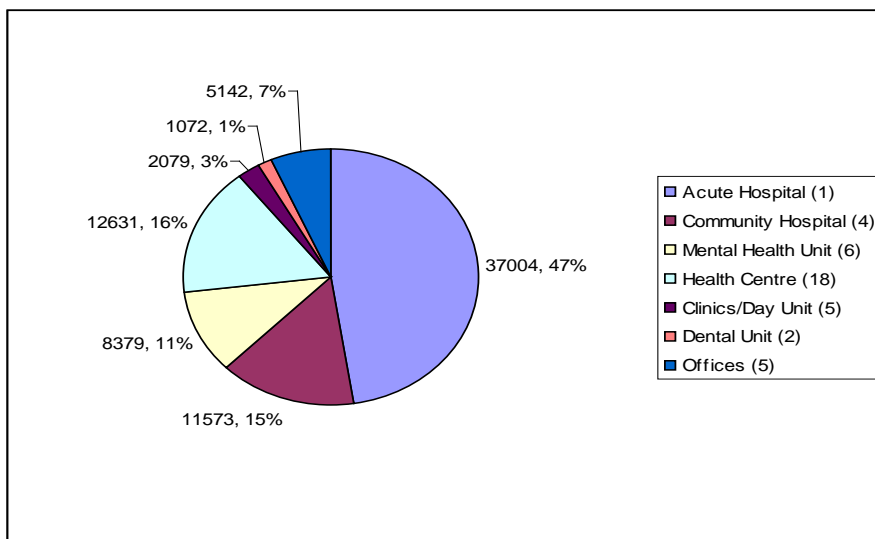
More detailed surveys focussed on space utilisation, leading to the development of a further phase of property rationalisation and revised property utilisation, have been undertaken where implementation plans have been addressed over the past 12 months.

The EM Facet of Energy has been managed robustly for many years with data from each Board, all properties, routinely reported annually through a National Environment Report, unfortunately the production of a national report is no longer supported, and as a result all data contained within this document reflects the position within NHSB with no reference to activity within other Board areas.

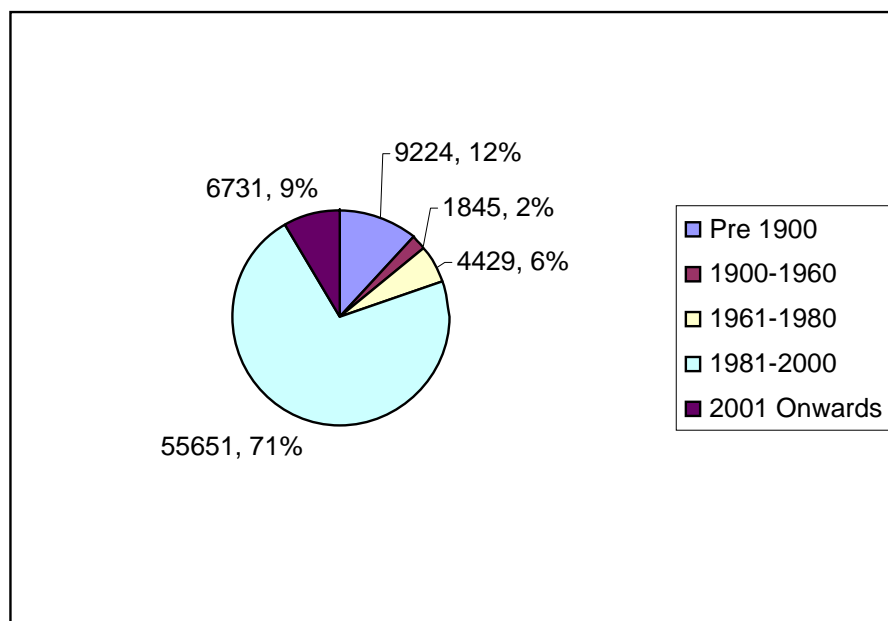
Property Portfolio Summary

The following tables and charts summarise the property holdings and statistics, much of which is collated from the EAMS.

Property Portfolio

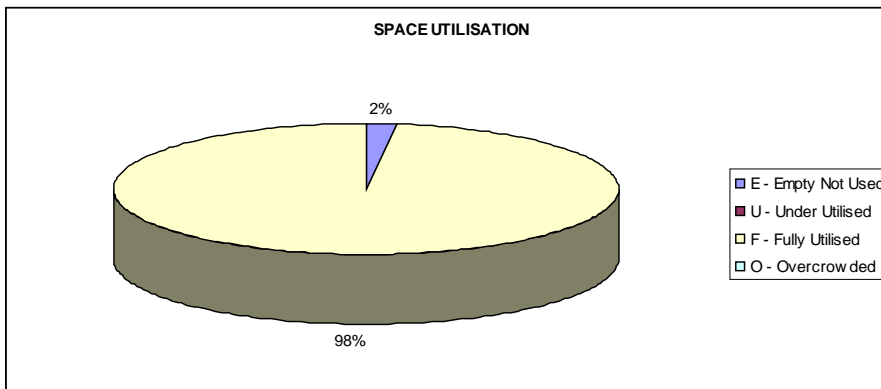
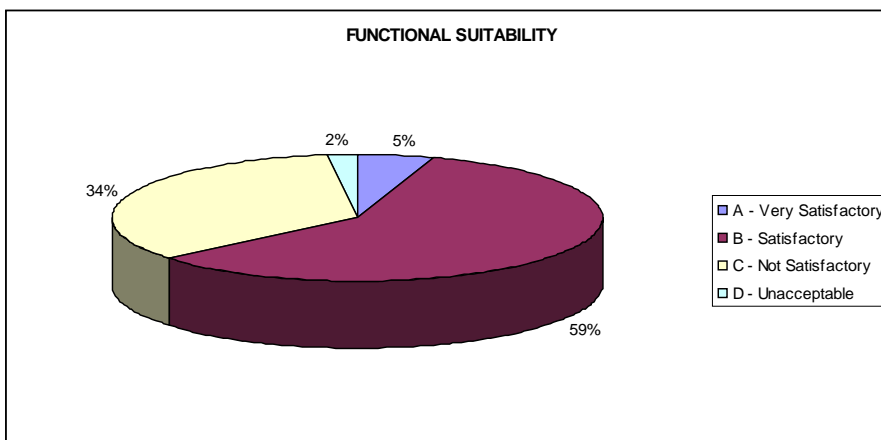
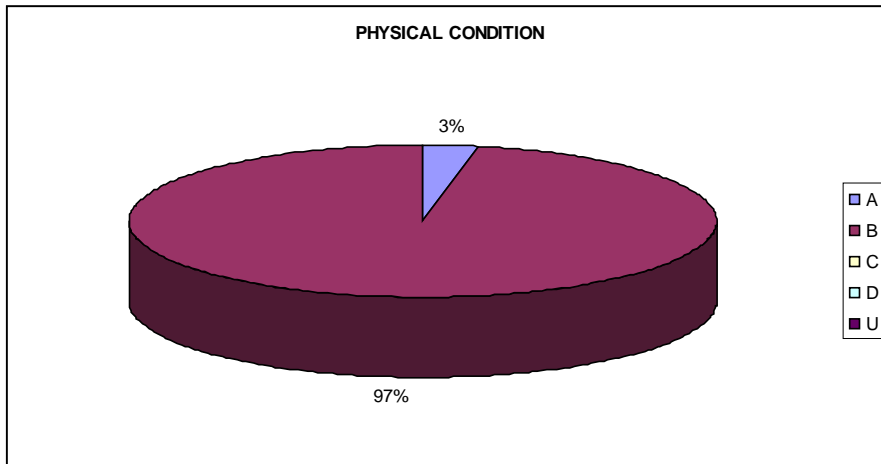


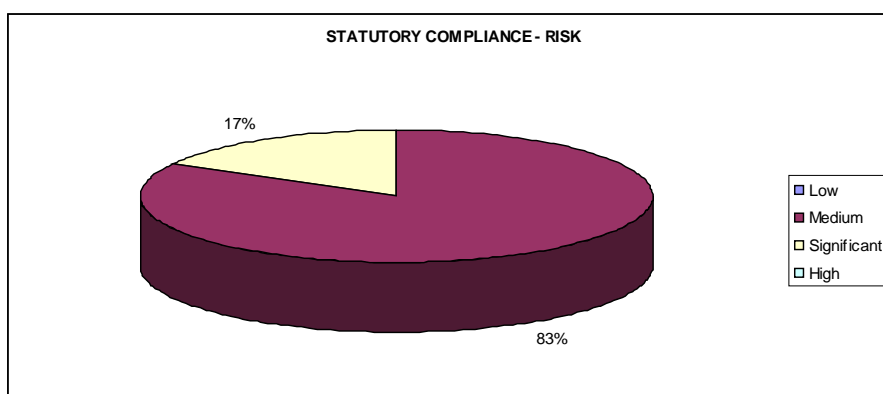
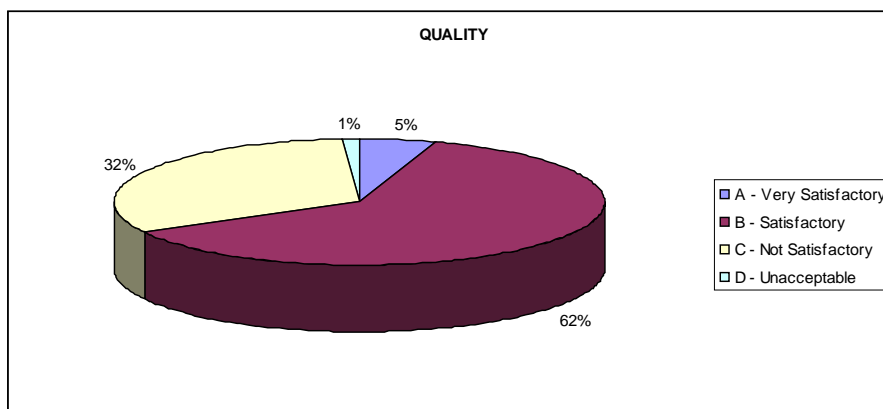
Property Age Chart



Prop Type	Rates £ 000's	Energy £ 000's	Water £ 000's	Total £ 000's
Hospitals	1,027	1,632	234	2,893
Health Centres	225	208	30	463
Other Prop	137	77	18	232

The charts below illustrate the high level reports on the five facet surveys





3.3 SCART

NHSB utilises the Health Facilities Scotland software tool SCART as a means of auditing compliance with legislation and the risks associated with anything less than full compliance. It then creates an action plan for achieving full compliance. NHSB has an average compliance of 79.42%.

NHSB Estates Department, under the leadership of the Head of Estates, has reviewed and updated policies and procedures including Legionella, Control of Non Clinical Contractors, Slips Trips and Falls, Asbestos management, and electrical testing. The Estates Department works closely with the Board's internal Risk, Health & Safety Department.

Over the last few years particular focus has been on traffic management at the main hospital and community health properties. As a consequence, action and investment plans have been developed, which include segregation of vehicle and pedestrian traffic, additional foot paths and crossings. Traffic management is considered a key factor when developing any capital project. It is anticipated that further investment will be undertaken from the backlog maintenance programme (where appropriate) and from further individual capital submissions.

The importance of keeping up with changing legal requirements has been reflected through previous schemes linked to fire safety, in particular The Fire Scotland Act 2005. NHSB works closely with the local Fire Authorities. All buildings are subject to audit. Any remedial actions identified are undertaken promptly. This has included additional detectors to the fire alarms systems, compartmentation, replacement of fire doors and fire

stopping.

Programmes of works have commenced throughout the estate to review asbestos management, legionella, electrical and mechanical testing. These works have been funded through the backlog maintenance programme over 2012/13 and 2013/14.

To combat HAI across the estate, a programme of work has been in place since 2009. Further investment will be undertaken on hospital sites over the next two to three years when funding and decant facilities are available.

Following an independent audit the main Theatre ventilation systems are to be upgraded to ensure compliance with SHTM 03-01.

3.4 Environmental Management

In late 2008 the introduction of the SG's Scottish Climate Change Bill which pledges to reduce not just carbon dioxide, but all six greenhouse gases, by 50% by the year 2030 and by 80% by the year 2050, along with the introduction of the Carbon Reduction Commitment in 2011, which has a target for a reduction of 1.2 million tonnes of CO₂ by the year 2020, will bring further constraints on the operations of NHSB. Further legislation by means of the Energy Performance of Buildings Directive (EPBD) and Energy Performance Certificates (EPC) allied to the recent Scottish Buildings Directive will require the organisation to be proactive in terms of building design, construction and use in order to fulfil these requirements. In comparison with the annual energy spend in 1993, the organisation has seen a 371% increase in the annual spend in electricity, a 463% increase in the annual spend in gas and a 480% increase in the annual spend in water. There is no guarantee that recent spiralling increases in the cost of utilities will diminish, and, as a result the organisation must become more efficient and frugal in its energy usage in the future.

The NHS in Scotland is subject to a number of technical guidance documents such as HDL(2006)21 the Environmental Management Policy for NHS Scotland, HEAT targets, EnCO₂de and Scottish Health Technical Memoranda, (HTM's), which inform the policies and procedures which shape the energy profile of the health estate and ensures that the standards are upheld and monitored. On a more local level, as a lead New Ways Community Planning Partner, the organisation has committed to working with SBC to support Scotland's Climate Change Declaration and to play an active role in achieving the principles and objectives contained therein.

As a large organisation within the Borders region the Board of NHSB does take its responsibilities for environmental matters seriously. NHSB has operated an EMS since 1996 and had held certification to ISO14001 for the BGH site since 2000 and for Hawick Community Hospital site since 2010. NHSB assisted in the development of Greencode for NHSS and also assisted in the further development and introduction of Corporate Greencode and utilises Corporate Greencode to maintain the EMS.

During 2009, in conjunction with The Carbon Trust, a CMP was produced supporting a programme of work established to reduce the Boards' carbon impact by 20% within a five year period and by not less than 30% by 2016. In meeting such targets, with appropriate capital investment the Board potentially could reduce costs and avoid emissions to a maximum of 7,396 tonnes of CO₂.

The programme plan has been produced, it details many initiatives and investments, involving staff, improving the efficiency and control of energy utilised and includes projects out with the financial capability of this organisation processed through national links to the Central Energy Efficiency Fund, (CEEF), which is administered by National Services Scotland on behalf of the SGHD.

3.4.1 Aim of the Carbon Management Plan

Through the development of the previously published CMP, the following target was established:

NHSB will reduce the CO₂ emissions from its activities by 20% from the 2007 baseline by December 2013 and by not less than 30% by December 2016

The target requires substantial capital investment to achieve such ambitious reductions, the aim, from 2013 onwards, is to re-evaluate the CMP, taking into account the funding received through Scottish SG/HFS during the current and immediate past financial years.

Objectives & Outcomes

- To achieve the target of not less than 30% by December 2016 by refreshing the CMP, by assessing new technology as it becomes available and through careful management and monitoring of the organisations energy resources.
- Maintain and improve the current energy monitoring programme as a means of tracking CMP achievements.
- To embed carbon management into corporate policy, strategies and management practice.
- To raise awareness of carbon reduction across the organisation to bring about behavioural change by utilising our ISO14001 protocols, expansion of the staff induction process and the Improving Efficiency Reducing Waste programme.
- To reduce the amount of waste generated by our operations and increase the amount of recycling of such waste.
- To reduce reliance on fossil fuels by migrating to renewable energy sources.
- To engage with external bodies, including the Carbon Trust, in undertaking surveys and studies to improve energy efficiency.
- To promote the use of EnCO₂de as a focus for energy efficiency in all future projects, utilising the specific targets outlined in its appendices, as the minimum benchmarks for future projects.
- To encourage innovation in future major capital project schemes to reduce the carbon footprint of such schemes, improve energy efficiency and reduce operating costs.

- To utilise funding from projected revenue savings on existing projects, utilise the revolving funding from the CEEF held locally and utilise any additional funding that becomes available from the centrally held CEEF fund.
- To enable NHSB to lead by example and encourage our partners and the community to reduce their carbon emissions.

3.4.2 Scope, Exclusions, Links & Assumptions

Scope

The Organisation has in excess of ten years detailed records of utility usage for all owned property and reports the consumption and cost of electricity, gas, oil, water, trade effluent, waste and recycled waste materials annually to HFS through the web based e-MART system for inclusion in the Annual National Environment Report.

The scope of emissions sources included in the baseline incorporates buildings, transport, waste and water as these categories are well documented and recorded by the Organisation.

Exclusion

The area of commuting was considered, given that the organisation activities cover a rural land area of some 4,650 km², and information from both informal and formal travel surveys interrogated but as this information only provided a snapshot of one major site it was felt not to be specific enough to include in the baseline figures at this point in time and that further investigative work would be carried out for inclusion at a future date.

As the healthcare provided is an ever evolving product, the scope areas will be reviewed and updated on an annual basis as part of the annual review procedure.

Links

The success of the CMP is very much dependent on funding from the CEEF and the revolving funding arrangements which stem from same, reducing revenue expenditure.

New build and refurbishment projects must continue to incorporate investment within environmental and energy efficiency aspects of such projects, following the principles as defined within BREEAM.

Assumptions

Continued support from the centre, re-access to CEEF, and Board commitment to the principles of BREEAM.

The Carbon Trust's Carbon Assessment Tool and Project Register & Calculator was utilised in calculating the benefits and savings produced by the projects in the CMP.

Through the lifespan of the CMP, the financial savings produced by reduction in consumption of electricity, gas, LPG and water are

based on current contract prices.

The financial savings produced by the biomass projects are based on current market prices for biomass fuels.

3.4.3 Progress Update 2012 - 14

The Plan for 2013/14 is very much focussed on the commitment of funding obtained from the CEEF, this a capital finance allocation of £679K which is targeted at the following projects:

Biomass Boiler installation at:

- Huntlyburn House; Melburn Lodge; Duns Community Hospital; Kelso Community Hospital; and two health centres, at West Linton and Newcastleton.
- The provision of improved fuel security for the sites where biomass is installed will reduce the risk of service failure.

During 2012/13, a number of carbon reduction projects were undertaken in-line with the CMP. £389K was allocated during 2013 through the CEEF and invested as detailed below:

- The continuation of the energy saving internal and external light replacement programme across NHSB' estate, including installation of external LED lights;
- The installation of a 50kW photo voltaic array, consisting of 200PV panels, on the roof of the Borders General Hospital;
- The annual energy audit has been carried out on the complete property portfolio in respect of heating times and temperatures and adjustments made to provide optimal efficiency and a reduction in carbon emissions;
- The installation of a biomass boiler at Hawick Community Hospital to reduce CO₂ emissions and to provide fuel security for the site;
- The continuation of the driver training programme was carried out to improve fleet vehicle efficiency;
- The installation of a biomass boiler at Stow Health Centre to reduce CO₂ emissions and to provide fuel security for the site;
- The replacement at Greenlaw Medical Centre of old inefficient electric heaters with new technology electric gel heaters.

Constraints

Limited capital funding within NHSB during the current year limits capital investment, for the most part to funding via CEEF.

Risk

Risk will be addressed within the development of each site specific project, in general the risks are:

- Failure to comply with SGHD targets.

- Failure to comply with Scottish & UK Government targets.
- Failure to comply with NHSB Carbon Management Programme (2009).
- Future allocation through the CEEF being confirmed by SG.
- Risk to reputation.

3.4.4 Summary of Energy Management Schemes, Cost & Associated Savings

The tabled on the following pages details the above.

Project	Investment Required (£)	Saving £ per Annum	Tonne Co2 Annual Reduction	Comp%	Return on Investment (Years)
Laundry Heat Recovery System	35,250	15,000	79		3
Laundry Optimisation Project	6,500	10,000	12		1
DHW Calorifiers	20,000	1,670	102		12
Hydrotherapy Pool - Pool Cover	2,000	500	5	On Hold	4
Steam Meters	10,000	5,000	51		2
Sub Meters	Portable Being Used				
Borehole	85,000	85,000	72		1
Staff Awareness Programme/ Electronic Visual Display Boards	30,000	Up to 30% of energy usage in office locations	100	Ongoing	10
BMS Settings and Control Strategies Remote Monitoring of Meters	100,000	10,000	160		10
Recycling of Waste	6,000	Nil	41	Ongoing	N/A
Purchasing Policy to Reduce Transport (NDC)	Nil	Nil	Supplier Carbon Saving		N/A
Purchase of only "A" rated Electrical Goods	On renewal/ replacement			Ongoing	
Thermographic Survey and Insulate Roof Space	30,000	6,000	168	Ongoing	4
Variable Speed Drive on Main MTHW Circ Pumps and Others	25,000	2,000	11		13
Internal Lighting	50,000	10,000	35		5
Reduction in Number of Printers	Awaiting IM&T				
Staff Induction - Information on Energy/Environment	6,000	20,000	120	Ongoing	1
Driver Training	10,000	12,000	20		1
Solar Panels on Street Lights	Under Investigation				

Project	Investment Required (£)	Saving £ per Annum	Tonne Co2 Annual Reduction	Comp%	Return on Investment (Years)
Waste Heat for BGH Hydrotherapy Pool	Under Investigation			On Hold	
Haylodge Boiler Upgrade	75,000	3,500	15		20
Transport Routes to Work	Under Investigation				
Health Centre Biomass Boilers	180,000	4,500	24	Ongoing	40
CHP for Hawick Community Hospital	125,000	5,000	82		25
Biomass Boiler for Knoll Hospital	125,000	5,000	104	Ongoing	25
Replace BGH Chilled Water Plant	250,000	40	200		7
External Lighting - LED	25,000	6,700		Ongoing	4
Optimise Pressure and Consumption of Compressed Air	Nil				N/A
Service Area Door Replacement	7,000	Unable to Quantify	Unable to Quantify		Unable to Quantify
Thermostatic Control Valves for Knoll Hospital	5,000				
CHP for Borders General Hospital	810,000	162,000	1,000		5
Replacement Huntlyburn Boilers	10,000	2,000	10		5
Biomass Boiler for BGH	300,000	100,000	693		3
Biomass Boiler for Hawick Community Hospital	6,000	6,000	37		1

3.4.5 Risk Assessment Matrix

Likelihood	Consequence				
	Negligible	Minor	Moderate	Major	Extreme
Almost certain	LR	MR	HR	HR	HR
Likely	LR	MR	MR	HR	HR
Possible	VLR	LR	MR	MR	HR
Unlikely	VLR	LR	LR	MR	MR
Remote	VLR	VLR	VLR	LR	LR

In terms of grading risks, the following grades have been assigned within the matrix.

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

3.5 Risk Profiled Backlog Maintenance

Backlog Maintenance

The backlog maintenance requirement for this Board area is estimated at £6.26m, and decrease from that reported within PAMS 2013, this primarily through the establishment of an in depth review of the Property Portfolio, property disposals during the year and the allocation of backlog maintenance funding. In comparison to other Board areas this is a relatively low percentage figure which reflects the current status of the property portfolio within NHSB, with 80% of all such properties aged less than 33 years, included within this category is the BGH which alone, in terms of floor area, comprises of 47% of the overall estate. Over the past decade substantial capital investment within a 'Fit for Purpose' Strategy addressed service needs within all Community Hospitals and several key Health Centres with a resultant number of fully refurbished and extended premises as well as new developments. As a consequence the backlog maintenance requirements are genuinely low. Risk assessed, such requirements comprise:

Risk Category	Value (£'000)	Clinical (£'000)	Non Clinical (£'000)	Percentage of Total
High Risk	312	0	312	5%
Significant Risk	1,008	705	303	16%
Moderate Risk	3,346	2,379	949	54%
Low Risk	1,594	1,384	210	25%
Total	6,260	4,468	1,774	100%

For the avoidance of doubt, Backlog maintenance is defined as the investment to maintain or to restore properties to category 'B' which is fully acceptable condition, this in relation to building fabric, building engineering services and infrastructure. No allowance has been incorporated to support the modernisation of properties to reflect requirements associated with

changing clinical practices, space utilisation and functional suitability, for example; bed spacing, all of which is truly development, not maintenance.

Although, as will be reported later in this Strategy, nationally it is anticipated that the backlog requirement will be reduced significantly through property disposals, planned during the next 5 – 10 years, the backlog requirements identified within NHSB are attributed to properties which are required, predominately for clinical purposes, and as such local property disposals will not greatly affect the backlog needs within this Board area.

3.6 Property Investments 2013/14

Lauder Community Health Centre – As reported within PAMS '13, this first Hub South East Scotland project undertaken within the Borders region, funded through a SG Capital allocation, progressed timeously following the commencement of the construction phase during October 2012. Hand over of the completed project was achieved within the agreed programme, this on 9th August 2013. The service, both the GP Practice and the Primary and Community Services, transferred during late August, from the far from fit for purpose current facilities. NHSB marked the completion of this, the second of three strategic projects which address the need to either build new or modernise and extend Health Centre facilities within three Borders communities, by holding a hand over / public open day in advance of service transfer.

The surplus NHS owned property, at Factors Park, Lauder, was subsequently formally identified as surplus to requirements and following the procedures, as detailed within the NHS Scotland Property Transactions Handbook, was sold on the open market, see Section 3.7.

BGH Laboratory Redesign - The merger of Clinical Chemistry and Haematology within the second floor of BGH, with a view to future reduction in revenue costs, was developed as a shared / rationalisation of services review. On approval, this proposed project was incorporated within the Capital Plan commencing 2012/13, maintaining at all times the essential laboratory services within a three phased programme of works the project was brought to a successful conclusion during May of 2013.

Huntlyburn House - A Georgian house adapted over the years and presently the base for Mental Health Acute Services. An annexe to the original building constructed during 1980's, reported within PAMS '13 was subject of a full redesign and refurbishment over a six month period, December 2012 to May 2013. The key to allowing this development to proceed was an agreement with the Mental Health Clinical Board to decant all in-patients to Crumhaugh House, Hawick, for the duration of the works, providing vacant possession to the Principal Contractor, facilitating, through a NHS Scotland Framework contract, rapid progression through the enabling works. The project was completed within the agreed programme with patients transferring back from their decanted accommodation shortly thereafter. The completed works formed a first phase of redevelopments, included works within both the Georgian building and the annexe. This permitted the in patient accommodation to be located entirely within the annexe, improving patient amenities and safety. Vacated rooms within the Georgian building will contribute to future Mental Health reconfiguration plans within the Board's capital programme.

BGH OPD - Similar to the Huntlyburn House project, the Out Patient

Department at BGH was recognised as a high priority project, the drivers being, improved patient safety and the development of integrated services within BGH, positioning out patient services within the ground floor. Fit for purpose easily accessible accommodation for all Out Patient Services, integral to the Board's 20-20 Vision, is a one stop shop with services as far as reconfigured accommodation will permit, all to be located within the ground floor of the General Hospital.

The first phase of this project committed capital during 2012/13 and 2013/14, enabling works commencing December 2012 with the transfer of Out Patient services within a number of moves completed during September 2013. The result was the establishment of Medical Out Patients, Dermatology, Audiology, Physiological Medicine and Rehab services joining the current Day Hospital function within fully accessible and functionally suitable ground floor space, central located. Adjacent to this redesigned and fully refurbished facility, and incorporated within the first phase of enabling works, is an open plan office within a mezzanine floor supporting clinical management and administrative functions which in turn has permitted further rationalisation of space on a needs assessed basis.

The second and subsequent phases of out patient redesign will be informed through post project evaluation of the evolving service developments. Accommodation is available following further development of functions presently provided for the most part within an acute setting, but which may be provided in future within a community setting. Such subsequent phases may be planned and undertaken during the period 2014 - 2016

BGH Ward 6 Surge Capacity – The last of three developments which were funded through Capital during both 2012/13 and 2013/14 was the construction of a first floor extension above an earlier flat roof development which was linked to the end of a ground floor ward to the rear of the main hospital and adjacent at first floor to Ward 6, Medical Ward. The development created an increase of bed compliment by eight, with links between two wards, 6 & 12, providing readily available beds permitting a flex in in-patient numbers as may be required during periods of maximum demand. Work commenced during December 2012, with the facility, operating predominately as an annexe to Ward 6 complete and ready for occupation during September 2013.

To gain access to utilities within this ward, centrally located and within the first floor, the unavoidable access to service routes resulted in disruption to the ward immediately below, and as a consequence considerable refurbishment was committed to reinstate such areas to acceptable conditions. Patient decant from this ground floor was also unavoidable, but on completion the provision of a general upgrade and the provision of additional medical beds within the floor above brought this project to a successful conclusion.

Subsequent to project completion the functions provided at ward level were adjusted, with the resultant transfer of the acute receiving unit from Ward 4 to Ward 6, enhancing the effectiveness of beds opened at short notice.

Space Utilisation Project, *Smarter Offices* – In recognition of the opportunity to further rationalise the Estate through 'best' use of accommodation, see table below, utilised predominately as base for Administrative and Managerial services located within a number of premises, owned or leased, within central Borders, those being:

- Newstead, NHSB Headquarters

- West Grove, Melrose
- West End House, (leased accommodation), Melrose
- Office accommodation within Huntlyburn Terrace, Accommodation leased from Eildon Housing Association

A Space Utilisation Team was established at the outset of 2013/14 which developed further the early space utilisation survey work explored within a number of feasibility studies. In establishing a detailed and comprehensive list of all rooms utilised by the service within all properties required for the long term, this list defined:

- Current utilisation
- Number of staff accommodated
- Potential for current and near future developments

And considered

- Opportunity for open plan working
- Shared use / Hot desking
- IT solutions which may permit greater degree of flexible use, including home or peripatetic working

Within an assessment of properties which could be adapted for alternative use, or through further property rationalisation be identified as surplus to operational requirements, a multi-phased project was developed to address within the current year:

- Transfer of Board Executive Team services from Newstead, NHSB Headquarters Building, and to relocate services from Westgrove into the vacated accommodation.
- With all services vacated from West Grove, Melrose, the Board will consider declaring, at the beginning of 2014/15, the site surplus to operational requirements, and dispose of this property holding.
- Reconfiguration of the BGH Education Centre, a property with the potential to accommodate the core functions from Newstead, recreating a Headquarters base integral to the BGH campus.
- Reconfiguration of a number of Administrative and Managerial offices within the BGH Main building and Primary Services Block; some of which was created through the previously reported work in the development of Out Patient services, resulting in the concentration of same within the BGH ground floor; to accommodate those displaced through such redesign, all sighting the strategic drive to commit proportionately less space to the corporate and clinical support functions, releasing where appropriate space facilitating further opportunities.

Enabling works were focussed within the final third of the financial year, with transfers undertaken within a phased programme.

Space Utilisation Project, *Primary and Community Services* - Similar to the work on Smarter Offices, within the Primary and Community setting there is opportunity to further rationalise the Estate through 'best' use of Clinical accommodation, this within Community Hospitals and Health Centres and Clinics throughout the Borders region. During the current year a Project Team has considering future major developments, prioritising future investment within areas where there is substantial need for additional accommodation to support clinical services, through either new build and/or extension to current premises, this reported later within the Future Plans and

development section. Of equal importance and within the scope of the Project Team a number of smaller investment projects have been developed and will be taken forward within the short to medium term, those comprise of:

Hawick Health Centre

- a) Re-configuration to provide an appropriate examination room (patient and staff safety issues) – estimated cost £3.5K.
- b) Refurbishment of the reception and rear office to allow more efficient use of space – estimated cost £1.5K
- c) Alteration to improve storage – estimated cost - £1K

Innerleithen Health Centre

- a) Conversion of the unused former Dental Surgery/Compressor Room to provide an additional bookable clinical room for all services on site– estimated cost £4K
- b) Refurbishment to provide an appropriate examination room (patient and staff safety issues)- estimated cost £1k
- c) Provision of patient /staff shower – estimated cost £5k

West Linton Health Centre

- a) A chiropody chair needs to be re-positioned to allow the room to become available for use by other services– estimated cost £1K.
- b) A medium-term need (within next 5 years) for one additional GP consulting room was identified in the Review. A draft drawing has been produced that provides for an appropriate extension – estimated cost £75k.

Earlston Health Centre

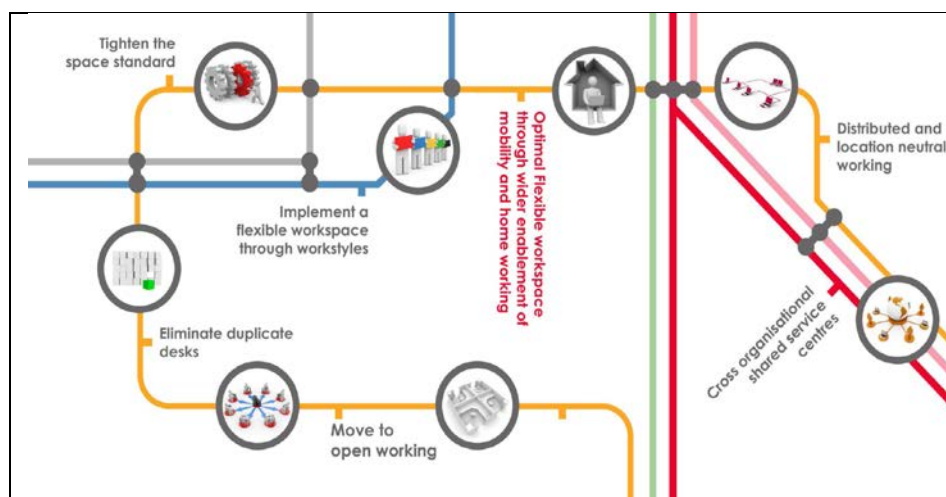
The recent opening of the new Lauder HC is expected to alleviate at least some of the office capacity issues at Earlston HC, such work to be explored in further detail.

Podiatry Hub at Kelso Hospital

The proposal is to create a 3-room hub for the provision of podiatry services using 3 unused or under-utilised rooms within Kelso Hospital. This would free up much needed clinical rooms in 3 other health centres for use by other services, thereby solving some pressing capacity issues at those sites. Confirmation was received from the podiatry service and AHP group on the detail of the service redesign resulted in this work being progressed through to completion.

This programme of Space Utilisation, Smarter Offices + Primary and Community Services will continue into future financial years, reported in detail within Action Planning section 4. With the assistance of Scottish Futures Trust in visioning Smarter offices, the tube map as shown within the figure below will aid in the journey towards a different way of working, comprising of:

- Reduced numbers of operational sites
- Open Plan Offices
- Hot desking
- Improved utilisation of IT electronic systems
- Connectivity within multiple sites
- Working from home



3.7 Property Disposals 2013/14

Highlighted through a property review, and taking into consideration the current stratagems as highlighted within the Integrated Health Strategy and the Board's 20:20 Vision, to be supplemented through the emerging Clinical Strategy, the 20:20 Vision Capital & Facilities Change Management Plan and the development of Health & Social Care integration, this programme of accommodation review and requirement to maintain a property portfolio within a reduced area foot print, within a reduced number of operational sites, has resulted in a multi-phased disposal programme which has continued throughout 2014, with further phases in future years.

The disposals falling into three categories:

- Under utilised and already closed properties which could easily be removed from operational use and sold/transferred with no or minimum reorganisation required to facilitate same;
- Properties, within which the current services could be more efficiently provided from within other operational properties, such change facilitated through reorganisation and transfer of services;
- Leased properties, having reached either full term lease period or available for termination through mid point break clauses. Opportunity taken to bring such arrangements to a close and through best utilisation of owned and operated premises, redesigned/reconfigured, to suit current service requirements, will accommodate such displaced services.

Further details of current and planned future phases of property disposal are contained within the Action Planning section of this Strategy, Section 5.8. During 2013/14 a number of properties have been removed from the property holdings of the Board.

Within this Board area there are only a few properties leased. One property lease agreement did reach its full term during the final quarter of 2013/14. The Board property review group's forthcoming programme can accommodate the current activity within owned and operated premises during the coming financial year, but with no opportunity to do so at this time the lease has been extended for 15 months; the lease will be brought to a close end March 2015.

3.8 Primary Care Contractors Based within NHSB Properties

Within NHSB Health Centres and Clinics are owned and operated within most centres of population, GPs, **Appendix C** with the exception of four Practices, hold agreements with P&CS for the use of such premises. In addition, there is one GDP which will operate under similar arrangements within the Community Health Centre at Jedburgh. A full list of all GDPs operating within the Borders Region is detailed within **Appendix D**.

3.9 Third Party Healthcare Providers

Reported within PAMS 2012 was in summary a list of capital investments, primarily within GDPs, owned and operated premises, such investment assisted in the establishment of fully compliant Local Decontamination Units completed during 2011/12. Since such time, with limited resource available to carry out additional surveys, with a view to holding data on Third Party providers, no progress has been made during 2013/14.

Appendix E provides a list of organisations providing Optometry, Pharmacy, and Podiatry services within the Borders Region. No detail is held on such Contractors property holding at this time.

3.10 Equipment

Proformas issued by SG have been completed, attached as **Appendix F**. It is noted that there are specific returns for Cardiac Defibrillators, Infusion Devices, Endoscopes and Renal Dialysis; the detailed returns for Imaging, Ultrasound Diagnostic Imaging Systems, Radiotherapy and Laboratories will be collected centrally, as will IM&T through the Gartner IM&T Information System, and therefore excluded from the detail submitted within this Strategy. There remains, through historical utilisation of non compatible software, an inability to report comprehensively on all items of equipment, this matter remains current.

The management of asset registers and associated maintenance, directly and through service contracts, for equipment fall within three sectors:

3.10.1 Building and Engineering Services Equipment

Such equipment is:

- a. Non medical fixed items of building engineering or support service function which by nature is permanently connected to utility services. This equipment is included within the value of property but in most cases, with expected life much less than the property which accommodates same, the equipment is discounted to a lesser number of years with the replacement investment incorporated within a capital/revenue funded rolling programme, details of which are contained within the Action Planning Section of this Strategy.
- b. Non medical equipment but portable. Within this section such items hold a variety of anticipated lives, all within an Asset Register held by the Estates Department, as such due to the wide range of values and numbers of each of a particular item held, the

replacement needs are assessed on an annual basis with replacement funded from revenue budget held by the related support function, or as funding permits non recurring allocations. The criteria based on risk assessment including patient safety, statutory requirement, Health & Safety, consequence to service provision of non replacement.

3.10.2 Medical Electronics, Managed Equipment

A directly employed team of specialist technicians maintain medical equipment of which the majority is portable. Dedicated workshops provide a facility for this in house service which is supplemented through service contracts as is required for many specialist items. Similar to the non clinical items noted within the section above, the replacement needs are assessed on an annual basis with replacement funded from revenue budget held by the related support function, or as funding permits from non recurring allocations. The criteria based on risk assessment including patient safety, statutory requirement, Health & Safety, consequence to service provision of non replacement.

The following table provides a summary of the current position regarding the status of all equipment maintained within an asset register under the direct control of the Medical Electronic Department.

Current status of equipment, capital funded		
Category	Purchase price	Number of items
Operational within expected life, fully supported	£2.62m	145
Operational within expected life but no longer supported	£90k	10
Operational expected life past, equipment supported	£1.13m	79
Operational equipment, expected life past, no longer supported	£305k	24
Current status of equipment, revenue funded		
Operational within expected life, fully supported	£2.56m	4470
Operational, expected life past, equipment supported	£828k	1107

3.10.3 Large and Complex Items of Medical Equipment

All such items are recorded within the Capital Asset Register. The details contained within this register are reviewed routinely by the Board's MEC a multidisciplinary group which risk assess future capital investment requirements and through formal association with the CMT advise on planning requirements within a rolling programme of investment. Further details are contained within the Action Planning Section.

As a result of commitment to three major capital investment projects, which focussed on improvement to facilities, with resultant improvement to Patient Safety, the rolling programmes of investment managed through the CMT were suspended for the most part of 2013/14. Managers leading the capital investment for each of the rolling programmes were asked to risk assess the effect of programme suspension. The result for medical equipment capital expenditure for the current year limited such investment to those items listed within the table below.

Equipment	Estimated Cost (Inc VAT)
Mini C arm (Theatres) Vertec Ltd	£59,074
Broncoscope BF-1T260	£28,320
Intensive care chair (ITU)	£6,000
Otoflex Quick Check, (Audiology)	£4,264
TOTAL , (Capital funded only)	£97,658

A provisional investment programme for major items of Imaging Equipment is available within NHSB, this covering period up to 2021/22. The MEC will review the contents of this programme and incorporate a risk assessed prioritised list within future year Capital Investment Programmes.

3.11 Vehicles

The current fleet of commercial vehicles and community based cars is managed through the Estates Department, with personally leased cars managed through the Finance Department; proforma detailing the current status of this support service is reported within **Appendix F**. The service can be summarised as commercial vehicles and cars supporting:

- Property & grounds maintenance services;
- Distribution of patients meals;
- General Services, support;
- Linen Services distribution, NHSB, and through contracts with the hospitality industry throughout the region, Laundry and Linen hire services;
- Courier Services to all Primary & Community Services;
- Clinical Waste and confidential waste;
- Patient transport, Day Hospital Services;

- Borders Emergency Care Service, BECS;
- Snow clearing and provision of emergency transport services during periods of extreme weather conditions, incorporating links and co-operation with the other public sector emergency services.

At a very early stage in development, and hindered through available infrastructure and associated demands of providing service provision within a large geographical area, is the introduction of electrically powered vehicles. In a joint strategic development with the Local Authority charging points have been introduced, as noted in the PAMS Report 2013, this at three locations, for the present supporting solely Local Authority owned and operated vehicles.

Excluded from PAMS is:

- All grass cutting and specialist snow/ice clearing equipment;
- Staff leased vehicles.

3.12 IM&T Strategy

A table showing a summary of the current IM&T asset estate of NHSB is shown below. There has been little change in the asset estate in the last year with the only significant increase in the tablet/mobile sphere. NHSB is at an early implementation stage of mobile technologies using tablet devices and this is an expansion of the estate with no direct reduction in PC technologies at this point in time.

IM&T Assets	Number March 2014	Age < 4 years old	Age 4-8 years old	Age < 8 years old
Data Centres	1	0%	100%	0%
Data Networks	37	6%	10%	84%
		Age < 2years old	Age 2-5 years old	Age > 5 years old
Servers	128	4%	24%	72%
SANs	22	0%	93%	7%
PCs/Laptops	2451	20%	34%	46%
Tablets	238	55%	45%	0%
Peripherals	1562	10%	22%	68%
Blackberry/Phones	183	18%	70%	12%

IM&T Asset Condition and Performance

Due to financial pressures NHSB IM&T capital budget was removed in the financial year 2013-14. This has further increased pressure on an ageing asset estate. As the table shows over 70% of our server estate now has increased risk of failure due to the age of the hardware. The efficiency and performance of equipment of this age is also appreciably poorer than it would be with refreshed kit. The desktop estate is also showing an increased risk with almost half the estate now over 5 years old and peripherals worse still at 68% over 5 years old.

All of the equipment is deemed to be in a safe working condition.

4. Change and Developments within the Next Five to Ten Years (Where do we want to be?)

4.1 Introduction

Ensuring that the PAMS is not developed in isolation, rather as an integral part of service planning, a long term plan and vision will be established that identifies service lead changes to the asset base.

This Strategy reflects the direction of NHSB as detailed within documents published over recent years, namely:

The Strategic Change Programme as highlighted within *The Case for Change, (2009)*, a document which describes the drivers for change in NHSB and NHS Scotland over the next 5-10 years, it defines:

- A transformation in the way the NHS works, from an acute, hospital-driven service to one that is community-based;
- A focus on meeting the challenges of an ageing population and the rising incidence of long-term conditions;
- A concentration on preventing ill-health by equipping the Health Service to encourage and secure improvements in health, rather than just treating illness;
- A drive to treat people faster and closer to home;
- A determination to develop services that are proactive, modern, safe and embedded in communities, or as close to home as possible.

Your Health, Our Future, (2009), again reaffirmed NHSB's desire to redesign services to meet the needs of future generations by encouraging healthy living, delivering a responsive Health Service and providing services closer to home.

20:20 Vision, (2012), **Appendix A**, NHS Scotland and the wider public sector will continue to face the challenges of changing demand and a tightening financial context. NHSB' efficiency programme seeks to ensure that NHSB remains at the forefront of implementing innovation and new ways of working in order to ensure that health services remain as local and responsive as possible.

In addition NHSB is in the process of consulting on a Clinical Strategy, this during the period 10th March 2014 until 6th June 2014, The Board will consult on Key Principles for the redesign on services to ensure high quality healthcare. This consultation document is attached **Appendix G**, the following excerpt describes the six Key Principles with examples of content within each.

Redesigning our services to ensure they are future-proofed and will meet the challenges outlined above will take effective leadership, teamwork and creativity. There is an opportunity for the organisation to trial innovative models, moving away from our current traditional, bed-based systems. All NHSB services should be patient-centred, safe, high quality, and efficient (i.e. delivered within our means). They will need to evolve rapidly to ensure that the following principles are embedded within standard practice:

1. Services will be Safe, Effective and High Quality:

- a. Patient Safety will remain NHSB' number one priority and at the

centre of all of our services.

- b. We will continue to develop standardised care pathways to ensure effective, high quality services, supporting staff to develop the skills to deliver them.
- c. We will continue to identify and address avoidable harm, for example, post operative infections and hospital acquired infections will become an exception within our hospitals.
- d. There will be continued work to further reduce our Hospital Standardised Mortality Ratio (HSMR).
- e. The Patient Safety programmes in both Primary and Secondary care will continue to be implemented and driven forward.

2. Services will be Person-Centred and Seamless:

- a. The individual (along with family and carers) will be at the heart of new service delivery models to ensure better outcomes, as genuine partners in their treatment and care.
- b. Integration between health, local authority and the third sector will provide better working arrangements and co-location of services, to ensure seamless care for the patient.
- c. Care will be delivered in an integrated way, with patients, carers, primary and secondary care clinicians, Social Care and the third sector working together as a team to manage conditions.
- d. Discharge from hospital will be smooth and timely, engaging with the patient, carers and multidisciplinary team, to reduce the risk of readmission and support safe, effective care in the community.

3. Health Improvement and Prevention will be as important as treatment of illness:

- a. Every healthcare contact will be a health improvement opportunity – NHS staff will encourage, sign-post and refer as appropriate to help patients with lifestyle changes and any wider issues that may affect their health.
- b. We will continue to strive to reduce Health inequalities, by working in partnership with the local authority and the population of the Borders.
- c. For our patients with long term conditions, we will anticipate their needs, and strive to address any problems before they become emergencies, to avoid hospital admission where possible, (the “anticipatory care” approach).
- d. We will work with our local authority and other partners to support people to become more resilient, take more responsibility for their own health, and to build on assets in their communities to maintain and improve their health and wellbeing. We will focus particularly on early intervention and prevention in our most deprived communities.

4. Services will be delivered as close to home as possible:

- a. We will develop community services to help people receive their treatment and care within their own communities so that they will only be admitted to hospital when clinically necessary.
- b. Treatment and care will be provided in the most appropriate

setting, which may include the GP practices, community hospitals, day centres etc.

- c. We will continue the journey whereby specialist or secondary care services are increasingly provided in health centres, community hospitals or in a day care setting, (e.g. day case treatment becoming the norm for planned surgery).
- d. We will continue to develop better alternatives to hospital admission.

5. As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth:

- a. The focus for the general hospital will be the planned treatment of patients requiring surgical intervention, or the stabilisation of acutely unwell medical patients.
- b. Admission processes will continue to be simplified and standardised with minimal delays for those requiring hospital treatment.
- c. The goals of admission will be reached as soon as possible, with minimal time wasted waiting or queuing for expert opinions, investigations or diagnostic procedures.
- d. Discharge from hospital will be smooth and timely, working with patients and carers to reduce the risk of readmission, by engaging local health and care services as soon as their needs allow.

6. Services will be delivered efficiently, within available means:

- a. The use of new technology in all aspects of healthcare will be maximised.
- b. More streamlined pathways of care to reduce delays and wastage and improve the patient experience.
- c. Treatments and service provision will take account of evidence, cost effectiveness and opportunity costs.
- d. NHSB subscribes to the development of a Fair and Just culture to ensure that all staff in the workforce feel valued and supported in delivering both the current service and pursuing the necessary changes.

The crucial element of developing Strategy which will influence the future direction of Property and Asset Management is the work currently being taken forward by Arup Consultants, commissioned through SG and HFS to assist in the creation of a **Change Management Plan for the 2020 Vision for Capital and Facilities**, this plan will consider maximising efficient utilisation of assets and support an iterative approach to shifting the balance of care towards more community-based health and social care services - in line with the 12 Priority Areas for Improvement (2020 Vision route map); the 12 suggested Quality Outcome measures from the Healthcare Quality Strategy and the range of 20 HEAT targets from SG. At time of PAMS 2014 production this work is progressing and an initial meeting has been held with Board Executives, including representation from SBC.

Arup report awaited

Also in development and not reported in any detail within this annual strategic update is the evolving Health and Social Care Integration which undoubtedly will impact on the Board's future PAMS.

The documents referred to above set the scene for PAMS, considerable work through option appraisal development and consultation with all appropriate stakeholders, including SBC, the Voluntary Sector and Public representation, have informed the preferred and favoured options adopted to date by NHSB.

4.2 Engagement and Involvement

NHSB is committed to involving all stakeholders in the way we plan and develop services. For example:

- Through the Patient Focus Public Involvement work we engage with the PPF and the IPN;
- In line with our Communications Strategy we engage with staff around and work in partnership to deliver service changes;
- We ensure engagement and involvement with our external partners, including the voluntary sector, who have a key role in representing the views and interest of patients and families.

To support the work of the Strategic Change Programme a Stakeholder Communication, Engagement and Involvement Plan was developed to ensure our stakeholders have the opportunity to influence and contribute to the service changes.

4.3 Property

Central to the long term vision of NHSB is a focus on inpatient services being provided in the long term from key Healthcare facilities, namely the District General Hospital at BGH, including mental health facilities within the BGH campus and throughout the region within Community Hospitals. and Mental Health

The past year has seen considerable progress in Estates rationalisation, and improved utilisation of accommodation supporting Management, Administrative and offices supporting Clinical services.

At an early stage in development is the establishment within the District General Hospital of a dedicated Paediatric wing at the front of the Hospital, providing a multi agency function reflecting the evolving strategies as noted above. This project will be described in more detail within the future plans and developments section

Clinical functions within the District General Hospital have been enhanced following the completion of the first phase of the commitment to locating Out Patient services within the ground floor, further phases will follow.

Mental Health inpatient services will be provided within central Borders, with day and drop in centres strategically placed to support the various Borders communities.

P&CS which incorporate the majority of GP services from its owned and operated Health Centres and Clinics will be included within long term reviews of need and location. Committed to date, with programme dependent on

completion of a Scottish Ambulance Station project within the grounds of BGH, which in turn will release a site for the essential development of GP and P&CS premises within the town of Galashiels. Both Projects being managed through Hub South East Scotland, and example of joint working between NHS Agencies.

A P&CS Report, March 2013, review of service provision and future year estate development requirements, driven by locality service demands, has been taken forward addressing within feasibility studies the highest priority areas, this reported in further detail within the future plans and developments section.

Strategic Goals

- To optimise the space utilisation of operational properties, facilitating alternative effective use or temporary/permanent release of accommodation.
- To reduce the gross internal area of the Property Portfolio and/or numbers of properties held by NHSB by 20%, within the period 2011-2015. The review will include all owned/operated and leased accommodation which through necessity will result in more effective services being provided from fewer sites.
- To operate with a Property Portfolio containing only essential buildings, fit for purpose and energy efficient.
- To work closely with SFT and Hub South East Scotland Partnering Board in contributing to the development of pan Public Sector wide Asset Management arrangements, incorporating joint future investment in rationalised estates, closer operational working and corporate disposal policies.
- To retain and develop Health Hubs, geographically located, and wherever possible, integrate with social services on these sites.
- To develop a clear understanding of the Estate utilised by third party contractors; Dental, Ophthalmology, Community Pharmacy and Podiatry.
- To further develop the EAMS, striving to ensure that all properties are assessed to level three surveys, (room by room data), covering all appropriate elements of the six facet data base.
- To address all risk assessed backlog maintenance requirements and to programme all improvement works within a rolling programme of investment.
- To maintain property related equipment at optimum levels, reflecting the asset lives of such items, ensuring replacement schedules, risk assessed, within rolling programmes, both Capital and revenue funded
- To maintain SCART data base, which through integration with rolling programme of capital investment, ensure full statutory compliance.
- To address all aspects of the agreed CMP, reducing consumption of carbon to aspirational target.
- To increase energy efficiency in line with national targets.
- To work with all NHS Scotland Boards in the review of Shared Services, planning and implementing complimentary programmes of work to support such change.

4.4 Medical Equipment

All items of medical equipment will continue to be centrally managed through Estates and Medical Electronics Departments with support from the Medical Equipment Committee, which provides a review and prioritisation function informing the Capital rolling programme of investment. Other related departments, (training, manual handling etc.), provide an integrated support to operational users of such equipment.

Strategic Goals

- To maintain a comprehensive database of all items, capital and revenue funded;
- To ensure integration between operational database and finance held capital asset register.
- To ensure through the effective use of a Board wide MEC, the maintenance of rolling programme of investment, risk assessed, for the replacement and development of Medical Equipment requirements to support clinical services.
- To maintain appropriate service contracts for all items as required
- To ensure the maintenance of records of staff training for correct maintenance, servicing and use of equipment; this comprehensively provided at induction for new/bank/agency staff and when equipment is replaced and or upgraded.
- To work closely with NP, re utilisation of Framework contracts for supply of medical equipment.

To work with all NHS Scotland Boards in the review of Shared Services, planning and implementing complimentary programmes of work to support such change.

4.5 Vehicles

A developing Strategy at this time. NHSB, geographically covering a land area of 1,800 square miles, with interests in all centres of population is very much dependent on the use of vehicles, both commercial and domestic. Managed through Estates and Facilities Directorate, this function will effectively support both Clinical and Non Clinical services.

Strategic Goals

- To maintain a commercial fleet to service the logistical requirements of patients, staff and materials.
- To maintain a database of vehicles held, and through the establishment of a rolling programme of investment, aided by risk assessed effective and safe life of vehicles, manage a maintenance and replacement programme.
- To ensure that vehicles utilised are appropriate to the task allocated and through rolling replacement programmes amend the fleet specification/capability, in both size and environmental performance.
- To introduce, as technology develops, both electrical and hybrid powered vehicles. As and when considered viable such developments, in vehicle use and supporting infrastructure, to incorporate strategic links with public sector partners.
- Through close links within the Board Business Continuity Team, maintain at all times capability to provide transport services,

e.g. during periods of extreme weather conditions, fuel shortages, etc.

- To work closely with NP, re utilisation of Framework contracts for supply of vehicles.
- To work with all NHS Scotland Boards in the review of Shared Services, planning and implementing complimentary programmes of work to support such change.

4.6 IM&T

The draft IM&T Services Strategy 2014-2019 is contained in Appendix B. The strategic goals of the IM&T Strategy are as follows:

- The continued management and development of NHS Border IT Infrastructure to ensure it is flexible, responsive to service change, robust, resilient, highly available and cost efficient.
- The utilisation of infrastructure to provide applications / data at point of need.
- Expand and develop partnership working arrangements in particular supporting the Health and Social Care integration program.
- Continue to develop infrastructure providing administrative self services to empower users and simplification of the user experience.
- To improve communication / information accessibility across services, patients and partner organisations.
- Development of a 10 year strategic financial plan to support strategy and vision.

The draft IM&T Strategy goes into detail on how this will reshape the asset estate which underpins our IT infrastructure.

5. Action Planning (How do we get there?)

5.1 Property Portfolio, Future Configuration to Support the Board's Clinical Strategy

Background

As previously described the current property portfolio reflects the work undertaken within a programme of estate rationalisation which has targeted over recent years the space utilisation and functional suitability of properties within all areas of the Borders region. Such properties supporting functions and services from all three Clinical Boards; Borders General Hospital acute secondary care; Mental Health and Primary & Community services within Community Hospitals, Health Centres and Clinics. In addition the Board operates from a variety of properties primarily utilised for Managerial and Administrative, executive and support, functions.

As a result, through such fundamental reviews, taking into consideration the patient care functions, shift patterns, peripatetic influences and floor area/staff numbers within clinical, clinical support and support services, the Board's Property Review Group has lead in the development of rationalisation plans. To date, since 2006 the success of this programme can be demonstrated through reduction in site numbers from 44 to 31,

reducing the gross internal operational area of the estate by 4,106m², (5%reduction).

The rationalisation programme continues, the past 12 months being productive within the following areas:

BGH, Out Patient Service Redesign First Phase, Ground and First Floor – the transfer of Medical Out Patients, Audiology, Dermatology and Physiological Measurement to reconfigured ground floor accommodation, incorporating a mezzanine floor within the former physiotherapy hall, has permitted the relocation of Gynaecological Clinic, Pre Operative Assessment to alternative locations within the first floor, pending future phases of development. This re allocation of space has released further operational space for the Rehabilitation service, a function adjacent to the Out Patient accommodation, permitting the service previously split between two sites to operate effectively within the BGH, enhancing the patient journey.

BGH, Education Block - previously dedicated to Training and Napier University, as part of the Royal College of Nursing, its use has evolved, with diminishing commitment to training. Manual handling classroom being the most recent to transfer out of this block, is now accommodated within Kelso Hospital. Although this property retains a medical library the majority of accommodation was identified during 2013 as a potential office base.

Newstead Headquarters - a location some three miles east of BGH, housing the Board Executive Team, Corporate Support functions, meeting rooms etc, is one of a number of properties which through this review of accommodation has been identified as being suitable for transfer to an alternative location. The review of space within the BGH Education Block altered to suit incoming services facilitated the Newstead transfer, to the Education Block by end of March 2014.

Reconfiguration, Future Plans

The following describes the future plans for redesign and reconfiguration within each of the Clinical Boards, for the most part such plans are at an early stage in development and will be influenced by the Board's Clinical Strategy which has been described earlier in this strategic document.

Borders General Hospital

Out patient Services - the ultimate goal is to locate all out patient services within the ground floor of the Hospital. The first phase has made considerable progress in determining this configuration.

The next phase of work is dependent on Rehabilitation New Models of Care – Hydrotherapy, a direction of travel approved by NHSB Board during the summer of 2013. This will see the centralised Hydrotherapy service, with pool at BGH, being subject to a fundamental redesign which will utilise hydrotherapy pools and local pools located throughout the region with commitment to sessional use for out patients, this in partnership with SBC, Borders Sport and Leisure Trust and others. Implementation the new models of care service has been ongoing with several important milestones

achieved, the remaining steps should be complete within the short term, with the exception of access to one hydrotherapy pool, timeframe for use of such out with the control of the Board, although progress in planning future access is progressing.

On completion of the Hydrotherapy service reconfiguration to a community based model, the second phase of the out patient redevelopment plans within BGH will progress, although it may be that no more than the project brief and development to a 'shovel ready' status, may be complete during 2014/15.

With multiple out patient clinics within BGH, plans are at feasibility stage for the centralisation of reception and waiting areas, making best use of IT, patient self check-in, patient tracking software and communication across all clinics.

Phase three and beyond will address the vacated accommodation within the first and second floors, this work will take into account the post project evaluation of the earlier phases. The future demand for patient services and demand for clinical support and non clinical office requirements, reflecting the 'smarter offices' ethos.

Through best use of space, whilst scoping the out patient project first phase, the mezzanine floor created within the former physiotherapy hall has created the first, within the Hospital, truly open plan accommodation, now utilised by the BGH Hospital Management Team and Primary Care Managers, bringing the day to day operational management of services closer together. This transfer and improved use of space has released accommodation elsewhere within the Hospital, to be incorporated within future work reconfiguration phases.

Associated with this master plan for the BGH Ground floor, which will impact on all other areas within the Hospital building, is way finding. Although much work has been undertaken by a multi disciplinary team the completion of this work will be very much dependent on the progress of future plans not only for the out patient service, but on the future use, location and reconfiguration of all Hospital Services

Paediatric Services Development - a project within which a feasibility study has only recently been completed, addresses the need for Paediatric Service redesign in line with the Board's emerging Clinical Strategy. The project which has been developed in conjunction with an Architecturally lead design team, calling on the expertise and experience gained in the comprehensive design of the Royal Hospital for Sick Children, (RHSC), Edinburgh. Although of a differing scale from the RHSC, with whom essential links will be maintained and strengthened, this project, once fully developed will encompass a purpose built facility close to the entrance of the BGH, establishing a Child Development Centre. This will provide a responsive and persons centred hub model which will contain a small inpatient unit with relatives' facilities for children and young people requiring acute care, where elective treatment will be delivered on a day case basis as standard. Pathways and processes within the system will be streamlined and standardised to ensure children and young people can return to their homes as quickly as possible following treatment in a more relaxed environment. Close links with the community teams of Paediatric Nurses and GPs will enable the patient pathway to be smoothed with roles adapted and developed to enhance the new pathways, a key recommendation of developing a Community Child Health Service for the 21st century

A multidisciplinary team approach will include co-location with CAMHs, AHPs,

SBC, the Police and third sector organisations.

Through best use of space and the transfer of functions from the current second floor BGH accommodation, the reconfiguration and redesign of the Labour Ward, Special Care Baby Unit, Gynaecological services/clinics, will be addressed within future capital investment Plans.

Endowment Trustees have considered the possibility of a major fund raising campaign through the NHSB Charity, **"The Difference"**, for the new build element of this project, similar to that undertaken is bringing to reality the first Palliative Care Unit within the Borders region, this service as reported in earlier PAMS opened January 2013 as the Margaret Kerr Unit. Several Meetings have been held with stakeholder groups, in conjunction with the Board's Fund Raising Team.

Orthopaedic Services - capacity for elective operations is limited through access to suitable operating theatres and to recovery/ward accommodation. The BGH theatre suite comprising of five theatres, supplemented with one further day procedure operating theatre, provides currently only one suitably ventilated theatre, Laminar Flow Unit, for major orthopaedic cases. The Establishment of recovery and ward accommodation to reflect planned activity has yet to be briefed and incorporated within future capital investment plans.

Mental Health

Service Redesign - The Mental Health service has developed plans for redesign of its service, providing in patient and day patient services within several properties throughout the region staff have in the past been deployed within locations best suited to meet demands. In recent years three properties and been identified as surplus of operational requirements, all following service reconfiguration developments, namely:

Priorsford Day Unit, Peebles – Service incorporated within Haylodge Hospital, Peebles, (2011)

Crumhaugh House, Winton View Dementia Ward, Hawick – Service transferred to suitable alternative accommodation, (2012)

Fenton Lodge, Drop in Unit, Duns – Clinical Service to transfer to reconfigured accommodation within the Knoll Community Hospital, Duns. With the Clinical and Administrative support team to transfer to suitable alternative accommodation, Galashiels. April 2014.

As noted above Crumhaugh House mental health services transferred out of this property during 2012, as did a care of the elderly ward from the same property, Teviot Bank. The House was utilised as a decant facility whilst work was undertaken on the refurbishment of Huntlyburn House, as noted within Section 3.6 above. Following this most recent use, in line with Board reconfiguration plans, the property was declared surplus to operational requirements, July 2013, and following the NHS Scotland Property Transactions Handbook, the property was placed on the open market for sale. Although one serious offer from an organisation keen to purchase and to operate this facility as a care home, problems in meeting Care Commission/Inspectorate standards resulted in the withdrawal of offer.

With future interest less than certain, although continuing to market the property, plans have been developed and lead by the Space Utilisation Team throughout the Summer of 2014 in carrying out detailed option appraisal on the future of a number of properties, in doing so moving forward further

property rationalisation plans. This work is at a very early stage in development, options currently being considered include:

Review the brief and cost estimates previously prepared for the transfer of Rehabilitation Services from East/West Brigs, former Galavale Hospital site.

Transfer of various services from central Borders locations releasing properties from operational use, potential for sale for redevelopment.

Establishment of a base for PMAV training and OHS services releasing rental agreements.

Development within Adult Health and Social Care Integrated budget to be taken forward within the NHSB/SBC partnership. In relation to property utilisation this may bring benefit to a partner organisation or the partnership as a whole.

Primary and Community Services

Previously described within Section 3.6, were the minor investment requirements to make best use of space within Primary and Community Services properties. The following paragraphs identify the Highest Priority Sites for future investment reflecting the activity within each and the necessity to invest with a view to maintain viable future services within the towns of Eyemouth, Selkirk and Melrose,

Given the current economic climate, and limited capital investment finance within the foreseeable future the focus has initially been on what can be done within the existing land boundaries at the three sites rather than looking for new areas of land or buildings to develop. Following option appraisals there may be justification to consider new build where no viable option is presented for current site redevelopment/alteration.

Eyemouth Health Centre – a land locked town centre facility, constructed on a sloping site. The original design did not make best use of an under building which may provide, with some reconfiguration, useful additional space. Alternatively and part of a feasibility study is the partial expansion of the property forming a second floor. Either or both possible reconfigurations may provide the required additional floor space.

Related to this requirement for additional space is a review of public sector current and future services within the town which require a property base/s. Two exploratory meetings have been held with representatives of SBC and SFT. A possible site for such future investment is the former Eyemouth High School, to be demolished by SBC during financial year 2014/15.

The Territory Partnering Board of Hub South East Scotland, have recently awarded SBC Capital enabling funding to support the development of the Hub programme. As well as this grant funding a review of need within the town of Eyemouth, it includes a SBC commitment to undertake a review two school projects within Galashiels and Newtown St Boswells. The grant totals £30,000, to be committed during the first quarter of 2014/15, NHSB are supportive of this work but have made it clear to the territory Partnering Board that it is not in a position to commit to capital investment for any Health Centre development within Eyemouth at this time.

Selkirk Health Centre - a town centre facility which not only

accommodating the Health Centre but also a Mental Health clinical support base and Child and Adolescent Mental Health Services, (CAMHs). There is a need to improve accommodation on this site and exploratory works have been undertaken to provide, within a feasibility study, some ground floor single storey accommodation physically linked to the Health Centre. Such a development, if approved will provide some time to consider how best to support both Primary and Mental Health services for the town in the long term.

Melrose Health Centre – a town centre single storey facility which is land locked through the adjacency of a large public car park. With no likelihood of procuring additional land the possibility of a first floor extension has been explored. Initial drawings have been produced which have been favourably supported by SBC Planning Department. Two options have been identified – one, providing a first floor extension which would meet the users identified needs and will provide for future requirements and the second a small extension of the existing floor which would go some way towards meeting current needs.

On all of the three highest priority sites for Primary and Community Services, capital was committed during 2013/14 to undertake exploratory feasibility studies. During the early part of 2014/15 further work has been committed, some in conjunction with SBC and SFT, with a view to developing plans for future years investments, provisionally capital sums are included for such essential work provisionally commencing during financial year 2016/17.

5.2 Other Property Related Capital Projects 2014/15

Fenton Lodge Reprovision of Services to the Knoll Community Hospital – integral to the mental health reconfiguration plans was, as noted previously, a requirement to establish a location for clinical services to be retained within Berwickshire, prior to the disposal of Fenton Lodge.

The project was briefed by both Mental Health and Primary & Community Services Managers, establishing a suite of consulting rooms and 'safe' room, maximising future utilisation of the newly created spaces. Enabling works were tendered, project cost grossing at £111K. The project requires a balance of £36K against financial year 2014/15.

Galashiels, Roxburgh Street, GP Practice and P&CS Centre – the project at Roxburgh Street Galashiels has from the outset been linked to the development of the Hub project for the reprovision of the Scottish Ambulance Service, SAS, Ambulance Station within the grounds of BGH. The completion of this project releasing the existing Ambulance Station site at Roxburgh Street for redevelopment.

The SAS project was considerably delayed through refusal of Planning Consent and the subsequent appeals process. The SG Reporter conclusion, upheld the SAS appeal, and by early June 2013 Planning consent was confirmed.

Both SAS and NHSB have concluded the land excambion arrangements with missives being agreed on 25th October 2013, incorporating an occupancy agreement permitting SAS to operate from their current site until date for transfer to the BGH new build facility.

As a result of the protracted debate as noted above the Hub Affordability Cap Assessment submitted during February 2012 has been revisited, with a revised paper submitted for NHSB consideration, this dated 9th October 2013. As a consequence of a further review to the project specification and inclusion of certain items either excluded or considered site abnormalities within the earlier submission, the affordability cap has increased, this may require the NHSB Board to update and approve a revised Business Case. In the meantime to ensure project progress NHSB will instruct a number of Strategic Support tasks, commencing April 2014, included within this will be Site investigations, Planning and Building Warrant applications, this activity will inform the Affordability Cap and permit the early engagement of SEPA re Flood Risk Assessments.

Project timeframe: SAS Ambulance Station completion and commissioning, back stop date is agreed as end December 2014. At this stage assuming that there are no further delays, the Roxburgh Street project will commence during the final quarter of 2014/15, with completion Winter of 2015. The capital allocation for 2014/15 noted as £300K, this including the Strategic Support Tasks of circa £75K, may be slipped by a few months with the agreement of SG.

As noted within the Business Case, the project design for the new Community Health Centre includes accommodation for a SAS single ambulance base which will operate a rapid response to emergency calls to the west of Galashiels, an example of joint working and strategic development being taken through the 'Hub' arrangement.

BGH Car Parking Facilities – the capital plan for 2013/14 included the redesign and resurfacing on one of the Hospital's main car parks. This work pre-dated the introduction of a car park management and enforcement arrangement which went live at the end of November 2013. The objective succeeded in making the car parks within the grounds of the Hospital safer for all users through enforcing parking within formal car parking spaces only, thereby reducing the capacity of the site. The use of a drop off facility at the main Hospital entrance; the restriction to short term parking within two of the seven car parks has improved access for patients, visitors and peripatetic staff; the establishment of car sharing facilities and enhanced public transport arrangements, have all had a positive effect. However the hospital continues to evolve and demand for car parking spaces will inevitably increase. Submissions for future developments, by way of Planning Permissions, will require the ability of the Board to demonstrate its commitment to the environment and to this end an updated Travel Plan will be produced during 2014. Plans are also at an early stage in developing further car parking central to the Hospital alleviating pressures on this facility. Indicative capital requirement £300K.

Operating Theatre Ventilation - the ventilation system within a suite of five operating theatres, located within the second floor of BGH, dates from 1980's. The design criteria utilised followed the best practice guidance at such time. Although the plant has been maintained to the highest of standards with all five theatres operating effectively; updated design guidance as published within SHTM03-01, makes it a mandatory requirement to support each operating theatre with dedicated ventilation systems. Presently Theatre 1 is a stand alone facility with laminar flow ventilation. Theatres 2 & 3 plus 4 & 5 ventilation systems are twinned, and therefore non compliant to the aforementioned guidance. Such risk to the organisation is recorded within the risk assessed backlog maintenance

assessments, and the backlog rolling programme investment allocation for 2014/15 and 2015/16 has been increased to fund this essential work. Clinicians and Managers are in the process of assessing access arrangements in conjunction with continuity plans for theatre operations, whilst such work, in separating the ventilation systems and upgrading accommodation is taken forward.

Rolling Programmes of investment - in addition to an investment programme driven by backlog maintenance, there are three other rolling programmes which demand an annual allocation of funds from the capital investment Plan. Those relate to Estates and Facilities Extra-ordinary maintenance and associated equipment; IM&T and; Medical equipment. All investment plans are risk assessed and prioritised utilising criteria developed and supported by all Clinical Boards and Support Services Departments. All described in more detail later within this report.

5.3 **Criteria for Investment in Capital Funded Projects**

The CPG will assess all submissions for future capital investment for inclusion within future year plans. Internal justification within Business Case with scored evaluation will in turn be considered by the Board level Strategy Group.

A summary of each project will be required to evidence:

- What's involved and what does it achieve?
- What's the amount of capital monies required?
- Are there any impacts to revenue in future years?
- Has revenue funding been identified?
- Likely timescale for purchase/implementation?
- What is the benefit to the Organisation; does it enable revenue resource release?

With cross reference to the Capital Investment requirement, a higher level criteria must also be referenced within all submissions, namely:

- Patient Safety;
- Service Improvement;
- Revenue reduction;
- Reduction in HAI/HEI;
- Fit with Integrated Health Strategy;
- Reduction in strategic / operational risks;
- Estates rationalisation / reduction in Backlog maintenance;
- Quality Improvement;
- Relevance to HEAT target/standards.

5.4 **Capital Investment, Five Year Plan**

The capital Investment section of the Draft Local Development Plan, attached **Appendix H** details the Capital Plan for the five year period 2014 – 2019, this identifies the Capital Resources and summarises the planned

allocations to specific Capital Investment Projects and rolling programmes.

It includes the anticipated capital receipts from property sales during 2014/15 to be retained by the Board, contributing to the capital investment plans during the current financial year.

Future investment plans will be very much influenced by the emerging Clinical Strategy, see Section 5.1 above, the Board Clinical Executive Strategy group will develop investment plans within scenario planning, taking into consideration the knowledge gained through public consultation, which concluded June 2014. As such the Capital Investment Plan will be subject to further review and scrutiny as the Clinical Strategy is formulated during 2014/15.

5.5 Rolling Programme Investment 2014 – 2019

In recognition of the need to maintain properties and services to an acceptable standard, incorporating prioritised backlog maintenance programmes of work and replacement programmes for both medical and non medical equipment. The capital plan, incorporating draft figures for years 2014 – 2019, propose the following levels of investment:

Programme	2014/15	2015/16	2016/17	2017/18	2018/19	Total
Rolling Programme IM&T	200	300	300	300	300	1400
Rolling Programme Estates	200	200	200	200	200	1000
Risk Assessed Backlog SoTE/Estates Strategy	1500	500	350	350	350	3050
Rolling Programme MEC	200	200	200	200	200	1000
Total £'000	2100	1200	1050	1050	1050	6450

5.6 Risk Based Backlog Maintenance

	£'000	Risk	Clinical £'000	Non-Clinical £'000
Footpath & Road Repairs/Markings	312		-	312
Laundry Equipment	250		-	250
Floor covering Replacement	200		200	-
Internal Fabric	208		208	-
Ward Upgrade	150		150	-
External Fabric	90		-	90

Fire Safety Precautions	50		50	-
Electrical Plant Replacement	35		-	35
Legionella Precautions	25		25	-
Upgrade Ventilation System	1593		1489	104
Heating & DHW Plant Replacement	433		-	433
BGH Lift Replacement	350		350	-
Catering Equipment	340		-	340
Replacement Windows	300		300	-
LST Cover Installation	100		100	-
Floor covering Replacement	98		98	-
Sanitary Ware	60		60	-
Electrical Plant Replacement	49		-	49
Lighting Upgrade	23		-	23
Decoration	809		809	-
Floor covering Replacement	261		237	24
Replacement Lighting	170		132	38
External Fabric	117		85	32
Internal Fabric Upgrade	101		101	-
Electrical Plant Replacement	67		-	67
Boiler Insulation Replacement	30		-	30
Ventilation Upgrade	20		20	-
Path Upgrades	12		-	12
Catering Equipment	7		-	7
Total	£6,260		£4,486	£1,774

Risk Factor	£'000	%
High	312	5%
Significant	1,008	16%
Moderate	3,346	54%
Low	1,594	25%
Total	£6,260	100%

5.7 Estates Rationalisation, Property Disposal

As described within previous PAMS, NHSB property portfolio has been subject to review and reconfiguration over recent years. Through review of need in conjunction with detailed space utilisation surveys and rationalisation plans, with resultant capital enabling investments, necessary to enable such rationalisation plans, a variety of properties comprising of Health Clinics, Staff and Patient homes, Day Units and Drop in Centres have been removed from operational use, the vast majority advertised and disposed of through the open property market.

Through agreement with SG, sales proceeds from disposals during 2013/14 and 2014/15 have been/will be retained for reinvestment within the Board Capital Investment Plan.

The outstanding properties, which the Board may be in a position to approve as surplus during 2014-16, if not already done so, are detailed below:

Former Branch Surgery St Boswells, identified as surplus to operational requirements; this property has been utilised by a community group for a number of years, but retained within the ownership of NHSB, and used until recent times as a base for Mental Health Tribunals; is in the process of being sold to the current users of this property. Plans for property transfer in full compliance with the NHS Scotland Property Transaction Handbook are well advanced and a conclusion to this disposal is anticipated during the third quarter of 2014/15.

The remaining properties which will form the focus of further review, some of which has been noted within previous sections, comprise:

- Newstead Headquarters, Melrose
- West Grove, Melrose
- West Grove Annexe, Melrose
- West End House, Melrose
- Crumhaugh House, Hawick
- Galavale Hospital, Galashiels
- 8 Roxburgh Street, Galashiels
- Sime Place, Galashiels

The ultimate goal is to remove all NHSB interest from the three relatively large sites of Newstead, Galavale and West Grove, in doing so aiding in the further rationalisation of the Estate. Through the Space Utilisation Team, work will be required in the assessment of Business Cases to support a variety of enabling works facilitating such change, developed during 2014/15.

The following provides some background to the use and future configuration of services in relation to the properties as noted within the bullet point listing above.

Newstead Headquarters, Melrose – following rationalisation of services and a service transfer to BGH, the Board will consider identifying this site as surplus to operational requirements at a future meeting. In the short term the property will be temporarily occupied by services decanted from West Grove, pending further property rationalisation. Should the Board approve its disposal it is hoped that the site will be of interest for redevelopment. The site is located at the Eastern end of Newstead village and falls within a conservation area. Local Planners have been consulted and would be supportive of full redevelopment with design qualities sympathetic to such an environment. The site has one major obstacle to overcome in advance of sale to any prospective developer, that being a potentially unstable banking to the North of the site, eroded over the years by the flow of the River Tweed. Geotechnical and Laser surveys commissioned to assess the impact of this 30m high banking on the future use of the site did report during May 2014, site stabilisation costs may be factored into any potential sale. Dialogue with interests from adjoining land and river ownership continues.

West Grove, Melrose – a former Victorian Church and Manse has been used as an office base for many years, most recently by NHSB as a base for community services, ownership dating from 2006. Rationalisation plans did see services transferring to alternative sites.

West Grove Annexe, Melrose - A temporary transfer of such services to Newstead has resulted in this property being identified as surplus to

operational requirements.

West End House, Melrose – leased accommodation, which expires end March 2015, is currently utilised as a base for Occupational Health Services. The lease will not be renewed and therefore the accommodation needs of this service must be factored into future rationalisation plans.

Crumhaugh House, Hawick – This property remains as surplus to operational requirements and is currently advertised for sale on the open market.

Galavale Hospital, Galashiels - a former Cottage Hospital comprising of Victorian two storey main building, with lodge house, supplemented by more recent developments, requirement to accommodate inpatients from this site has diminished over recent years, the remaining inpatient function provides a 16 bed Mental Health Rehabilitation service. The relocation of this service and the remaining clinical functions will permit the Board to identify the entire site as surplus to requirements and sold on the open market for redevelopment. Being located within a quiet residential area of the town it is anticipated that the site will generate considerable interest, this supported by the Board commissioned Property Advisor.

During the third quarter of 2013/14, a review of accommodation needs for a reconfigured Mental Health Rehabilitation Service; alternative sites located within a number of owned and operated sites close to Borders Town centres; has been explored in considerable detail. This work has been further developed during 2014.

8 Roxburgh Street, Galashiels - currently utilised as a base for Psychological Medicine, this former industrial unit is far from fit for purpose, accommodation needs of this service must be factored into future rationalisation plans.

Sime Place, Galashiels – a semi-detached Victorian building, accommodated within the ground floor a Dementia Day Unit. The accommodation above is temporarily being utilised as a base for a Mental Health Community Team. Both services within this flatted accommodation operate from far from fit for purpose, accommodation needs of this service must be factored into future rationalisation plans.

The 'Smarter Offices' initiative sponsored by SFT, will aid the Board Property and Space Utilisation teams in developing rationalisation plans. It is also a possibility that this Board may commit to a programme to be influenced by SFT for the development of disposal strategies which nationally will address the problem of disposals within a deflated market.

5.8 Carbon Management

A key factor in the effective utilisation of the estate, Carbon Management within this Board has been set at an aspirational target of 30% carbon reduction by 2016. Without doubt the section on Estates Rationalisation will be influential, as will related investment from the Estates rolling programme as detailed within Sections 5.6 and 5.7.

The CMP developed in conjunction with the Carbon Trust, reported within separate document, but summarised within Section 3.4 comprises of 34 separate projects with varying degrees of potential success, re investment/pay back. For consideration by the CMT and the Board Strategy Group for inclusion within future years investment plans.

5.9 SCART

The SCART tool is used to identify risks in NHS Borders statutory compliance management and operational functions. The action plans are prioritised on a risk rating basis

The topic areas currently being focused on for the forthcoming year are:

- Confined Space – a draft policy has been developed Nationally in conjunction with HFS. To be implemented at NHS B
- Asbestos – further surveys being conducted and removals carried out if necessary ;
- Slips, Trips and Falls – All property floor coverings tested. High risk areas identified and prioritised for replacement.
- Authorised Engineer - Following tendering exercise by NP AE`s are being appointed for a range of services
- Legionella - Property audits continue to be carried out by external auditors, resultant action plan is being implemented
- Fire - Audits being carried out by Fire Authorities, remedial works including additional detectors and fire stopping are being carried out.
- Control of Contractors - A revised policy has been circulated via the OH & S committee for comment and approval. Implementation of document will follow.
- Compliance audits - Continue to review all 39 compliance topics in each property following implementation of remedial measures and investment of backlog maintenance funding

5.10 Equipment, Medical and Non Medical

Non Medical Equipment - as noted within the 'Where Are We Now' section non medical equipment, excluding equipment integral to building engineering services, is replaced following annual review of condition and need, the criteria through risk assessment being:

- Patient safety;
- Statutory requirement;
- Health & Safety;
- Consequence to service provision of non replacement.

Currently there is no long term replacement programme, the annual review establishing a prioritised list, with procurement of replacement items determined through availability of capital and revenue funding.

Medical Equipment - as noted within the Section 3.10.3 and detailed in the proforma within **Appendix F** there are considerable quantities of medical equipment maintained within an asset register under the direct control of the Medical Electronic Department, which although remaining fully serviceable have remained in service for periods longer than considered appropriate.

The variety of smaller items, generally replaced on a service need basis, as assessed within criteria which considers through risk assessment:

- Patient safety;
- Statutory requirement;
- Health & Safety;
- Consequence to service provision of non replacement.

Larger items are considered through The MEC which has access to rolling programme of investment, as shown below.

Programme	2014/15	2015/16	2016/17	2017/18	2018/19	Total
Rolling Programme IM&T	200	300	300	300	300	1400
Rolling Programme Estates	200	200	200	200	200	1000
Risk Assessed Backlog SoTE/Estates Strategy	1500	500	350	350	350	3050
Rolling Programme MEC	200	200	200	200	200	1000
Total £'000	2100	1200	1050	1050	1050	6450

The MEC to date has considered capital funded items up to a replacement value of £100K/item. The Committee reviewed its terms of reference, April 2013, Appendix I, which defines its principal functions as:

1. To ensure standardization where possible and suitability of new medical equipment.
2. To prioritise the purchase of replacement and new medical equipment on behalf of the Borders Health Board Capital Management Team.
3. To anticipate future equipment needs.

The Medical Equipment Committee advises the CMT and Clinical Boards on rolling programmes of investment which will relate to the following:

- Replacement of revenue funded items, within annual review.
- Replacement of capital funded items on a risk assessed priority, making recommendations on investment within the rolling programme as noted above.
- Consider Business Case for replacement and development need for medical equipment in support of Clinical Services, including imaging, requiring substantial investment in excess of the normal maximum cost considered by the Committee.
- Consider and advise on rolling programme of investment on Laboratory equipment, taking into account the reagent rental arrangements for such services.

Review and development of training programmes ensuring that equipment related training is appropriate and is recorded within SGIS files, this as and when new staff are inducted and/or when equipment is upgraded or replaced.

5.11 Vehicles

5.12.1 NHSB Transport Fleet

The commercial vehicles and pool cars operated within NHSB are either managed centrally by the Transport Department within the Estates and Facilities Directorate, or administered centrally and managed locally by service managers. There are currently 52 commercial vehicles ranging from small vans to tractors and other specialised vehicles, as well as 21 pool cars. A small number of specialist vehicles are operationally managed by local clinical departments, although overall management is provided from the Transport Department to ensure legislative compliance. The overall fleet size has been reviewed and there has been a reduction in the number of leased and pool cars within the organisation. Lease cars are administered by the Car Leasing Department and managed by the lease holder. Both arms of the transport management function in NHSB work closely together to ensure that no gaps exist in the arrangements for this critical service.

Data on all commercial, lease and pool vehicles is held on an electronic database which is maintained by Transport or Car Leasing Administration as appropriate. This system enables the department to ensure that all maintenance and inspections are performed within the required timescales.

5.11.2 Performance of NHSB Fleet

Having reviewed previous fleet performance, areas are being explored with regard to the organisation's financial planning cycle and local re-investment schemes, to optimise fleet efficiency and effectiveness including:

- Improved utilisation of the pool car fleet involving a moratorium on automatic vehicle replacement.
- A reduction in the total fleet size
- A review of vehicle types to ensure functional suitability and flexibility
- The feasibility of the latest hybrid/electric vehicle technology
- Improvements to vehicle tracking and driver behaviour leading to a reduction in fuel costs, insurance claims and improved management of driver health and safety through individual (personalised) risk assessments
- Enhanced monitoring of vehicle safety via independently arranged gate audits and vehicle inspections and the continued appointment of an external Dangerous Goods Safety Advisor.

These measures, and others, have significantly improved compliance with safety standards, the Board's commitment to environmental and HEAT targets, and its overall financial efficiency. The Transport Manager has an important role in

influencing national transport strategies via the HFS Transport Advisory Group and is currently engaged with the shared services work streams

Costs and activity levels are currently benchmarked against other Health Boards through HFS to monitor effectiveness.

5.11.3 Strategic & Operational Risk Associated with Transport Fleet

The risks associated with the existing transport fleet and the ability to deliver in accordance with clinical and non clinical services requirements, are monitored by the Transport Department on behalf of the Director of Estates and Facilities.

NHSB continues to review its local transport and traffic management procedures and policies to ensure risks are reduced to a minimum.

The maintenance arrangements currently in place reduce the Board's risk exposure by ensuring that vehicles are maintained to the required level thus ensuring minimum service disruption

There are no risks associated with fleet currently recorded on the Corporate Risk Register. At local level risk assessments relating to transport operations of high risk activities are undertaken by an external Transport Consultant on an ongoing basis.

5.11.4 Drivers for Change

Review and replacement of the Board's fleet is heavily influenced by:

- Environmental legislation
- Requirement for reducing costs through the use of fuel efficient vehicles
- Clinical strategies, which will continue to impact on the type and number of vehicles required, as the shift from hospital care to local community care increases
- Shared service review with local authority partners which will seek to reduce the number of vehicles by co-ordinating and sharing vehicles and services
- The national review of transport within NHS Scotland and its impact on the procurement of vehicles through its increased buying power
- Patient safety and experience

5.11.5 Investment Requirements

NHSB fleet is predominantly purchased and therefore is funded primarily by capital investment. The fleet is upgraded and renewed, dependent on the availability of capital funds and is

constantly subject to review.

Focus on investment is predicated on:

- Influence of National reviews;
- Strategic development of Property rationalisation plans and Health and Social Care integration, both of which may impact on logistics and transport requirements within the region;
- A planned disposal regime/timetable for current vehicles;
- Accurate assessment of vehicles replacement requirement;
- Accurate assessment of the specification for replacement vehicles;
- Procurement Strategy, purchase/lease currently subject to review;
- Adequate budget allocation to cover the purchase/lease costs for replacement;
- Consideration of technical advances;
- Environmental issues.

5.11.6 The Future

Over the next 5 years the Organisation's focus will be on ensuring a complete understanding of vehicle performance and replacements informing a long term strategy. The Organisation's changing needs must be reflected in its policies around the management of its fleet.

The developing Strategy will consider:

- Vehicle condition;
- Vehicle size/suitability;
- Vehicle utilisation
 - Will incorporate expansion of current vehicle rotation policy ensuring equality of usage, wear and tear of the vehicle stock;
- Vehicle mileage
 - Vehicle category dependent;
- Vehicle age;
- Environmental performance
 - Possible investment in electrical and/or hybrid powered vehicles;
- Life cycle costs.

5.12 IM&T

There are a number of technology advancements required to help achieve the aims set out in the draft IM&T Services Strategy 2014-2019, Appendix B.

The main developments are in the following areas:

- **Core infrastructure improvements -**
This will comprise of the upgrade of active directory, the continued and expanded use of server virtualisation technologies and the review and redevelopment of our storage services.
- **Desktop Transformation -**
The implementation of virtual desktop technologies and the redesign and development of how applications are delivered to the desktop.
- **Network redesign -**
Redesigning and upgrading our data communications links to our general practice, community hospital sites, partner organisations and the internet. Reviewing and improving our local area networks and increasing the use of wireless local area network technology across our sites.

The draft IT Services strategy document goes into specific detail on how these projects help us meet our strategic goals.

6. Roles and Responsibilities

Management Groups and Committees integral to the management of Property and Assets.

6.1 National

HFS, Strategic Facilities Group (SFG) – Influential in addressing national policy in conjunction with SG. Central to the management and monitoring of Frameworks Scotland, EAMS, Shared Services Review, Benchmarking. In addition the SFG is the senior committee through which the three advisory groups of Engineering Technology, Facilities and Property report. Such meetings are held quarterly, all minuted. Reporting in turn to the technical groups are various speciality specific working groups, e.g. Fire Safety, Domestic, Linen services, Decontamination.

Estates Asset Management Board – Oversees the implementation of the Asset Management System provided by third party, '3i', this including a authorisation of a multi-phased survey programme through property surveyors Capita Symons. To date the priority has been on the completion of surveys under the categories of Property condition and Statutory compliance, within properties utilised for in patient services.

National Procurement – Responsible for the review, renewal of current and establishment of new national commodity and framework contracts for the supply and servicing of equipment items. NHSB participates in a variety of influential groups ensuring the work programme established by NP reflect the needs of the service, clinical and non clinical.

6.2 Local

Capital Programme Group – Bi weekly operational group responsible for the monitoring of in year capital spend on property related capital funded projects, reports to the CMT.

MEC – Bi Monthly multi-disciplinary team responsible for the monitoring of in year capital spend on medical equipment related capital funded projects, remit of this group subject to review. Reports to the CMT.

CMT – Bi monthly meeting of multi-disciplinary group, monitoring and reviewing content, phasing and expenditure within all aspects of the in year Capital Programme.

CPG – Quarterly meeting, this a strategic planning group, to which the CMT and MEC reports. Responsible for the review of current year progress and future year development planning, including review of outline business cases from Clinical Boards and Support Services. This group in turn reporting to the Board level Strategy Group.

Strategy Group - Board level group which meets monthly, all Clinical Boards and Support Service departments are represented at this meeting. It is responsible for approval of specific business cases and rolling programmes of investment.

7. KPI Estates & Facilities Performance

NHSB strategic aim is to ensure that it can deliver safe, effective and person-centred health and social care to meet the needs of the people within the Borders region and to utilise its physical resources efficiently and effectively. This strategic aim is reflected in the targets for improvement set for property, facilities services and its other assets; these are based upon the National Assets and Facilities Performance Framework, monitoring of which incorporates quarterly returns to Health Facilities Scotland within a range of Key Performance Indicators, covering Estates maintenance and utilisation, as defined within the Estates Asset Management System, Energy utilisation and performance measures covering all areas of 'Soft Facilities' Management, namely; Catering; Cleaning; Portering; and Laundry and Linen Services.

NHSB are very much engaged with the national shared services review of Estates and Facilities covering:

- Capital Planning & Hard Facilities Management (FM)
- Sterile Services
- Transport
- Waste
- Soft Facilities Management includes the following services;
 - Catering
 - Laundry
 - Domestic
 - Portering
 - Retail

Within this review data gathering exercises have been concluded, through the work of Strategic Service Review Groups reporting to National Programme Boards. A formal paper was considered by the Chief Executives Group, 6 August 2014, from this instruction has been issued to develop business cases for the various strands of work and to establish a timeframe for this further development.

For the present the Performance of all Estates and Facilities services is subject to

formal quarterly Performance Management Reviews, the data contained within the score cards produced for such reviews have been utilised to populate the second of the performance tables shown below, which demonstrate the performance change 2013 to 2014.

Performance Change 2013 - 2014				
KPI No.	Key Performance Indicator	2012/13 Q4	2013/14 current Jan 2014	Percentage change from 2013
1	Percentage of properties categorised as either A or B for Physical condition of Estates appraisal	99%	100%	+1%
2	Percentage of properties categorised as A or B for Quality facet of Estates appraisal	67%	67%	NC
3	Positive response to Patient Questionnaire on patient rating of hospital environment	85		
4	Percentage of properties less than 50 years old	67%	67%	NC
5	PAMS Quality Checklist, Overall Score (Max score 100)	58%		
6	Overall percentage compliance score from SCART	79%	79%	NC
7	Cost per m2 for backlog maintenance	85	80	-6%
8	Significant high risk backlog maintenance as percentage of total backlog expenditure requirement	31%	21%	-10%
9	Percentage of properties categorised as either A or B for Functional Suitability facet of Estates appraisal	63%	64%	+1%
10	Percentage of properties categorised as 'Fully utilised for Space Utilisation facet of Estates appraisal	80%	96%	+16%
11	Building area m ² per consumer week (from Cost Book)	2.9	3.1	+0.20
12	Cleaning Costs £ per m ² (from Cost Book)	50.6	44.4	-6.2
13	Property maintenance costs per m ² (from Cost Book)	46.6	39.9	-6.7
14	PFI FM Costs			
15	Energy Costs £ per m ² (from Cost Book)	26	28	+2
16	Property Rates Costs £ per m ² (from Cost Book)	15.4	15.8	+0.40
17	Catering Costs £ per consumer week (from Cost Book)	81.4	75.6	-5.8
18	Portering Costs £ per consumer week (from Cost Book)	18.8	28	+9.2
19	Laundry & Linen Costs £ per consumer week (from Cost Book)	39.8	25.8	-14
20	Waste Costs £ per consumer week (from Cost Book)	--	10.3	
21	Vehicles – To be confirmed			
22	Medical Equipment – To be confirmed			
23	IM&T – To be confirmed			

	Benchmarking data returns to Health Facilities Scotland, (extract)	2013/14 Target	2012/13 Q4	2013/14 current Jan 2014	Percentage change from 2013
Borders 01	Energy Efficiency Target	-4%	-6.88%	-8.5%	-1.62%
Borders 02	Carbon Reduction Target	-12%	-9.44%	-12.3%	-2.86%
Borders 03	Total Estates maintenance cost /m ²	£2.70	£2.21	£2.18	-£0.52
Borders 04	Catering Patient Questionnaire results	+90%	92.1%	95.1%	+5.1%
Borders 05	Catering, Meals provided per production hour		33	35	+2
Borders 06	Catering, Food costs per patient day		£4.03	£3.83	-£0.20
Borders 07	Cleaning, cost per m ² * * *	£9.93	£9.69	£11.70	+£2.01
Borders 08	Cleaning supplies per m ² * *	£0.21	£0.19	£0.28	+£0.09
Borders 09	Portering staffing per m ²	£4.66	£6.50	£6.05	-£0.45
Borders 10	Laundry & Linen, Total cost per item	£0.34	0.24	0.23	-£0.01
Borders 11	Laundry & Linen, Total items processed *		562,233	566,148	+3,915
Borders 12	Laundry & Linen, Pieces per operator hour	100.07	95	102.1	+7.1

* * * Residencies excluded from quarter three results

* * Effect of Noro Virus

* Quarterly figures

8. Workforce Planning

Workforce Planning is a statutory requirement and was established in NHS Scotland in 2005 with HDL (2005)52. NHSB Local Workforce Plan 2012-2015, prescribes use of the '6 Steps' approach to Workforce Plans and Estates and Facilities will have the preparatory work for all their Workforce Plans in place by 31st March 2014.

The Workforce Development and Planning Team in conjunction with Training and Development are supporting the Estates and Facilities Directorate to develop a Workforce Plan which is fit for the future and helps NHSB achieve its 20/20 vision. This will be achieved by using the Six Step Methodology and piloting the Support Services Skills Map to provide clarity around the future workforce requirements, to inform the revision of job descriptions and KSF post outlines, to align appropriate tasks to appropriate bands and to identify the learning needs for particular posts. The Skills Map will be used to aid succession planning in this skilled area of the workforce. These Skill Mix reviews will improve workforce efficiency and effectiveness through workforce redesign.

Departmental Progress:-

- Estates - a draft report was presented to the Productivity and Benchmarking Board during July 2014. The Estates Department has been experiencing difficulties recruiting suitably qualified craftsmen, as a consequence of very few organisations now operating Apprenticeship Schemes. As a number of posts have recently or are about to become vacant (with many due to retirements) NHSB will consider the benefits and affordability of re-establishing an NHSB Apprenticeship Training Scheme in the coming year to ensure sustainability of this service.
- Linen Services and Administration- draft reports were presented to the Productivity and Benchmarking Board during September 2014. Switchboard Services are included within the General Services workforce plan. Senior Management Structure still to define the parameters of this report.

For all departments without a nationally developed workload measurement tool Timed Task Analysis has been used to help inform the "Analysing Workload" section of the programme. When developing the Local Workforce Plan the Teams involved have ensured that it has been tested for the "3A's" of Affordability, Availability and Adaptability and Benchmarking against other services/health boards which have proven to be an important aspect when reviewing workforce and workload.

Summary

The percentage of staff 50 and over is particularly high within Estates and Facilities (41.10%) the reduction in WTE for this staff group, over the past 6 years, is detailed below

Staff Group	2008	2009	2010	2011	2012	Projected 2013
Support Services	351.1	362.7	372.0	348.2	329.6	313

These facts make it imperative that robust Workforce Plans are in place throughout the Directorate in order to ensure the right people with the right skills are available to provide the service of the future.

All departments within Estates and Facilities will have a draft if not final Productivity and Benchmarking Report produced by April 2015.