Borders NHS Board

PROPERTY AND ASSET MANAGEMENT STRATEGY

Aim

To approve NHS Borders' Property and Asset Management Strategy (PAMS) for 2015/16 in compliance with Scottish Government Health and Social Care Department CEL35(2010).

Background

The PAMS documents details the Board's intentions on property related matters, medical and non-medical equipment, the vehicle fleet and information management and technology (IM&T). 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?"

The PAMS strives to improve upon and develop the existing arrangements for service planning ensuring alignment with its assets strategy. In addition the PAMS must be in line with the Board's corporate objectives. This is the fourth version of NHS Borders PAMS document which details key areas and performance measures in relation to the property and asset portfolio for the Board moving forward.

The PAMS 2015/16 provides an update on the implementation of the activity outcomes from the PAMS 2014/15 and looks ahead over the next 5 years. A draft was submitted to Scottish Government Health and Social Care Directorate (SGHSCD) in June subject to Board approval.

The assessment of the current state of NHS Borders property was independently assessed as commissioned by SGHSCD.

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

Key Issues

The following key issues have been identified in the report:

Property and estate - the report gives details of the Board's current estate and sets targets on what it aims to achieve in the form of key performance indicators by 2020. There has in the year been a decrease in the physical condition of the estate, although the overall quality of the estate is unchanged. There has been deterioration in the Board's performance in statutory compliance due to changes in scoring. The Head of Estates has developed an action plan to address this, including reprioritising staff resources. Work is

continuing to improve performance on energy and cleaning costs per square metre where a reduction in performance has been recorded. A key area of focus of the capital plan has been backlog maintenance. Revised risk assessment methodology has been issued to NHS Boards by Health Facilities Scotland and locally this methodology has been applied to the elements of backlog maintenance being reported. NHS Borders has no issues which are classified as high risk and the level of overall backlog maintenance has decreased from 2014/15 levels.

Equipment – medical and non medical equipment is replaced following an annual risk assessed review of condition and need. A separate programme of assessment is in place for imaging equipment. During 2014/15 NHS Borders equipment base was supplemented by charitable funds from the Friends and the Board Endowment Funds.

Vehicles – there has been an increase in the cost of the Board's vehicles linked to the number of accidents and fuel costs. Work will be taken forward to understand why NHS Borders average cost of a Board owned vehicle is significantly above the national average. The future model of provision of the vehicle fleet will take account of the national work which is underway as part of the shared services agenda.

IM&T – the majority of the Board's IM&T estate is over 4 years old, although it is deemed safe and in working condition. This is a risk for the Board. A number of projects have been identified through the Information Transformation Programme and are being considered as part of the forward planning process. These will be prioritised in line with other proposals, taking account of the capital resources available.

The overarching strategic aims of the PAMS 2015/16 are as follows:

- 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 NHS Borders by 20%, within the period 2011 - 2015. To operate with a Property Portfolio containing only essential buildings, fit for purpose and energy efficient.
- To further develop the Estate and Asset Management System (EAMS), striving to ensure that all properties are assessed to level 3 surveys, (room by room data), covering all appropriate elements of the six facet data base.
- To address the highest risk assessed backlog maintenance requirements and to prioritise all improvement works within a rolling programme of investment.
- To maintain property related infrastructure and equipment at optimum levels, reflecting the asset lives of such items, ensuring replacement schedules, risk assessed, within rolling programmes and both capital and revenue funded.
- Utilise the Statutory Compliance Audit and Risk Tool (SCART) database, which through integration with the rolling programme of capital investment, will help to ensure full statutory compliance.
- To develop a series of Business Cases for individual elements of the Capital Management Programme, reducing consumption of carbon to aspirational target.
- To increase energy efficiency in line with national targets.

- To work with partner agencies as the Integration agenda progresses to retain / develop shared facilities wherever possible.
- Investment in secondary care facilities at Borders General Hospital to ensure patient safety and the delivery of safe and effective clinical care in an environment which supports 21st century acute healthcare.
- Investment in primary care and mental health premises in community settings in order to support safe and appropriate care delivery closer to home and to therefore reduce reliance upon and admission to acute facilities.
- Investment in infrastructure e.g. IM&T, medical and imaging equipment and the transport fleet in order to sustain appropriate and efficient service delivery.
- Ongoing rationalisation of the estate wherever appropriate to allow the most efficient use of premises.
- Ongoing performance and improvement across the property and asset portfolio will be measured against the Key Performance Indicators.
- Continuation of a robust prioritisation and decision-making process to ensure the most effective and efficient use of resources.

Within section 5 (page 30) future strategy and investment plans are described. These are based on assumptions included in the Board approved Local Delivery Plan and are linked to future funding and currently assessed priorities. These will be reviewed and updated as required. In the first step towards these aims the 2015/16 capital plan was signed off by the Board at its June meeting and is being implemented.

Next Steps

Feedback from SGHSCD on NHS Borders PAMS 2015/16 is scheduled for September. This feedback, together with identified actions being progressed to address any issues raised, will be shared with the Board as part of the capital update at the Board meeting in December. This will inform the development of the PAMS 2016/17 and the future capital programme.

The PAMS is a key strategic document for the Board which is aligned with the delivery of the corporate objectives. Ideally it should inform the Local Delivery Plan and the allocation of capital resources through the capital plan. The PAMS 2015/16 demonstrates further progress in defining NHS Borders' longer term strategic direction for its property and assets.

Recommendation

The Board is asked to **approve** the contents of the Property and Asset Management Strategy 2015/16.

Policy/Strategy Implications	A requirement for the Board to approve annually the Property & Asset Management Strategy
Consultation	Health Facilities Scotland, NHS Borders Capital Planning Group
Consultation with Professional	N/A

Committees	
Risk Assessment	Included within the Asset Management Survey data
Compliance with Board Policy requirements on Equality and diversity	An EIA has been undertaken
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
Carol Gillie	Director of Finance		

Author(s)

Name	Designation	Name	Designation
Warwick Shaw	Head of Delivery, Estates and Facilities		

PROPERTY & ASSET MANAGEMENT STRATEGY 2015/16

Version 3.2 June 8th 2015

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EXECUTIVE SUMMARY

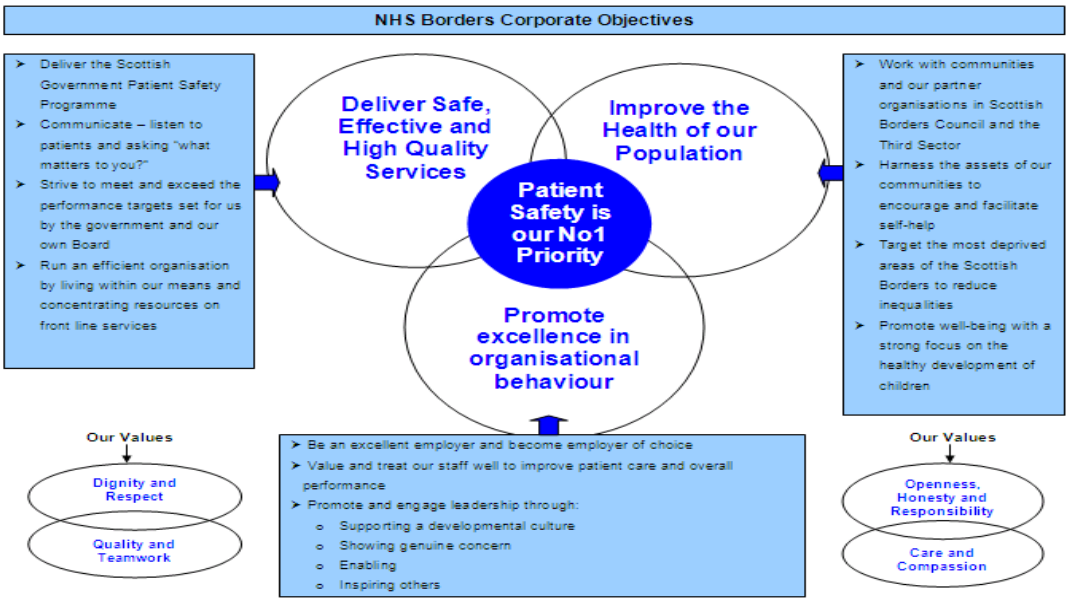
INTRODUCTION

NHS Borders Property and Asset Management Strategy (PAMS) 2015/16 provides an update on implementation of the activity outcomes from the 2014/15 PAMS and looks ahead over the next five year period, setting broad strategic goals to ensure wherever practically possible that Assets, Property, Equipment and Vehicles are suitable for their purpose, well maintained and are available in the right place at the right time. This in turn will support the delivery of safe, effective and high quality patient care in line with local clinical strategies and priorities.

The strategic direction and vision of NHS Borders is underpinned by key national drivers and local priorities.

KEY POLICY DRIVERS

NHS Borders Corporate Objectives state that: We aim to improve the lives of patients, the health of communities, and role of the health care workforce by focusing on an ambitious set of aims around Safety, Effectiveness and Efficiency, being Person Centred, Timely, and Equitable.



Scottish Government's 2020 Vision Action Plan(2011) states that: "Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting" Within the document are the key principles on which local Health Board strategy is based.

Consistent with the 2020 Vision and the Corporate Objectives NHS Borders' Clinical Strategy has established key principles:

- Services will be safe, effectives and high quality
- Services will be person-centred and seamless
- Health improvement and prevention will be as important as treatment of illness
- Services will be delivered as close to home as possible

- Admission to hospital will only happen when necessary and will be brief and smooth
- We are committed to working in partnership with staff communities and other organisations to deliver the best outcomes for the people we serve.

In addition, the Scottish Patient Safety Programme has established a range of safety principles which are now embedded across local health care systems.

In developing this PAMS document, it is acknowledged that the NHS Borders Clinical Services Review of In-patient Services – Health in Your Hands is currently underway and will be an integral component in shaping and informing future service development and therefore future property and asset requirements beyond 2015/16.

ABOUT SCOTTISH BORDERS

There are currently 116,500 people registered with a GP practice within the Borders region, a predominately 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.

Borders is one of few areas in Scotland that has experienced population growth in the last 5 years and partly due to the new rail infrastructure which is currently under construction, development sites have been identified which could see the population increasing from 116,500 of today to 139,842 by 2026. As well as posing challenges across all Health Services this will create specific hot-spots for some Primary Care facilities.

Scottish Borders' over 65 age group is higher than the national average and recognising the potential impact of long term conditions across the demographic range, the future demand on health and social care services is expected to increase, requiring healthcare systems and their property and asset base to develop accordingly.

THE PAMS DOCUMENT

In reviewing property and assets and in identifying goals linked with the clinical strategic direction and capital investment programme, the Strategy considers the following four assets:

- Property
- Medical Equipment
- Information & Technology
- Vehicles

and covers three sections:

1. **Where we are now**: illustrates the investments and improvements made to date across the property and asset portfolio and also considers current condition, functional suitability, performance and risk profile.

2. **Where do we want to be**: considers the development of priority areas for capital investment in line with the clinical strategic direction and the targets for improvement in estate condition and performance:

Key Performance Indicator	KPI No.	Target for 2020	2013-2014 Performance NHS Boards	2013-14 Performance NHS Borders	2014-15 Performance NHS Borders	Annual Trend
Percentage of properties categorised as either A or B for Physical Condition	1	90%	58%	100%	98%	↓
Percentage of properties categorised as either A or B for Quality facet	2	90%	65%	67%	67%	↔
Positive response to Patient Questionnaire on patient rating of hospital environment	3	95%	90%	Not available	Not available	↔
Percentage of properties less than 50 years old	4	70%	74%	86%	93%	↑
PAMS Quality Checklist overall score	5	95%	72%	-%	-%	↔
Overall percentage compliance score from SCART	6	95%	73%	79%	72%	↓
Cost per square metre for backlog maintenance	7	£70	£181	£81	£77	↑
Significant and high risk backlog maintenance as percentage of total backlog expenditure requirement	8	10%	47%	37%	32%	↑
Percentage of properties categorised as either A or B for Functional Suitability	9	90%	64%	64%	65%	↑
Percentage of properties categorised as 'Fully Utilised' for Space Utilisation	10	90%	77%	98%	98%	↔
Building area sq.m per consumer week**	11	3.0	3.3		-	-
Cleaning costs £ per sq.m**	12	10.0	9.93	12.84	12.91	↓
Property maintenance costs £ per sq.m**	13	6.50	-	7.11	6.59	↑
PFI - Facilities Management Costs £ per sq.m.**	14	Not applicable	Not applicable	Not applicable	Not applicable	-
Energy Costs £ per sq.m**	15	20.0	-	23.5	24.16	↓
Rates Costs £ per sq.m**	16	15.0	-	18.0	16.9	↑
Catering Cost £ per patient day**	17	3.50	-	3.83	3.60	↑
Portering Cost £ per sq.m.**	18	5.50	-	6.45	5.97	↑
Laundry & Linen cost £ per item**	19	0.20	-	0.23	0.21	↑

** - The "Current Performance 2014" for KPI is based on the 2014-15 Benchmarking

Equipment:

Medical and Non-Medical Equipment 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.

The Medical equipment Committee(MEC) advises NHS Borders and has the remit to :

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.

Vehicles

The future model for the provision of fleet assets is under review and NHSB are giving consideration to the national work taken forward under the shared services agenda. The main focus for future investment is to drive down both the costs and environmental impact associated with operation of the corporate fleet and staff travel.

IM&T

Seven component projects have been identified through an Information Transformation Programme and are under consideration through NHS Borders governance and capital planning processes:

- Infrastructure Transformation Pre-Implementation Evaluation & Solution Design Business Case
- Active Directory Upgrade & GP Practice Server Refresh

- Desktop - BGH – Windows 7 Desktop
- Application Server Upgrade
- VDI - Proof of Concept
- Wireless LAN Upgrade

- Desktop - Primary Care – Windows 7 Desktop

3. How do we get there: identifies specific priority areas for capital investment in line with the Capital Plan 2014 – 19, highlights the Estates Rationalisation programme and outlines the governance arrangements which support the overall_capital planning and decision-making processes. It also sets out an Implementation Plan, identifying the following activities which will be undertaken in 2015/16 as part of implementing PAMS:

- Continued migration of property asset information to the Estate Asset Management System (EAMS).
- Review of the physical condition of the Estate based on current guidance.

- Completion of the upgrade at Selkirk Health Centre and Phase 1 of Eyemouth Health Centre Upgrade
- Commence new build Health Centre in Roxburgh Street, Galashiels
- Continue the reconfiguration and rationalisation of BGH out patients, including the redesign of hydrotherapy services
- Continue developing the paediatric services development project,
- Progress the replacement of theatre ventilation systems
- Subject to Health Board approval of the business case, progress the reprovision of East /West Brigs (Mental Health Inpatient Rehabilitation)
- Implement the risk based backlog maintenance investment plans for Borders General Hospital and NHSB's other estate.
- Implement the approved investment strategies for NHSB's other assets such as vehicles, medical equipment, and IM&T equipment.
- Review all statutory compliance matters and report to NHS Borders Board any risks that could have a detrimental impact on the primary objectives of the Board.
- Implement plans and identify further opportunities for reducing carbon emissions and energy consumption to achieve the associated HEAT targets by 2014/15.
- Pursue disposal of surplus properties and prepare a strategy for disposal.
- Monitor all asset performance and produce an annual report to NHS Borders Board highlighting the ongoing work and performance improvement in implementing this PAMS.

1. Introduction

The NHS Borders (NHSB) Property and Asset Management Strategy (PAMS) 2015 / 16 aims to support NHS Borders strategic vision and the delivery of its strategic plans by identifying and prioritising the improvements and investments necessary to its assets to support the delivery of high quality healthcare. This document provides an update on the delivery of the 2014 / 15 strategy and looks ahead for the next 5 years.

This PAMS follows the principles set out within the Policy for Property and Asset Management in NHS Scotland, as detailed within the SG CEL 35 (2010), published 27th September 2010, as the process for 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.

Whilst the strategic service vision for NHS Borders is emerging this Property and Asset Management Strategy seeks to realise the potential of our property and other assets to support improvements and changes in Clinical Services. It sets broad strategic goals for the future 5 years to ensure wherever practically possible that Assets; Property; Equipment and Vehicles are in the right place at the right time, suitable for their purpose and well maintained. By achieving this NHS Borders can best support service delivery and service users' experience.

NHS Borders will use the Property and Asset Management Strategy to drive forward the following key areas for improvement

- Reduction in high risk backlog maintenance
- Improvements in asset performance (KPIs)
- Maximise utilisation of available space
- Disposal of surplus property
- Improvements in energy efficiency
- Develop the e-health vision

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

- Property
- Medical Equipment
- Information and Technology (IM&T)
- Vehicles

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

2. The Property and Asset Management Strategy Process

The Property and 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 do we want to be?
- How do we get there?

2.1 Where Are We Now?

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

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

The approach, informed through the data set developed over recent years within the Estates Asset Management System (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 information as reported within the IM&T Strategy 2014 – 19, such data contributing to the Gartner IM&T Information System. Investment over recent years has supported 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?

The 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 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 2015 – WHERE ARE WE NOW?

3.1 ABOUT NHS BORDERS

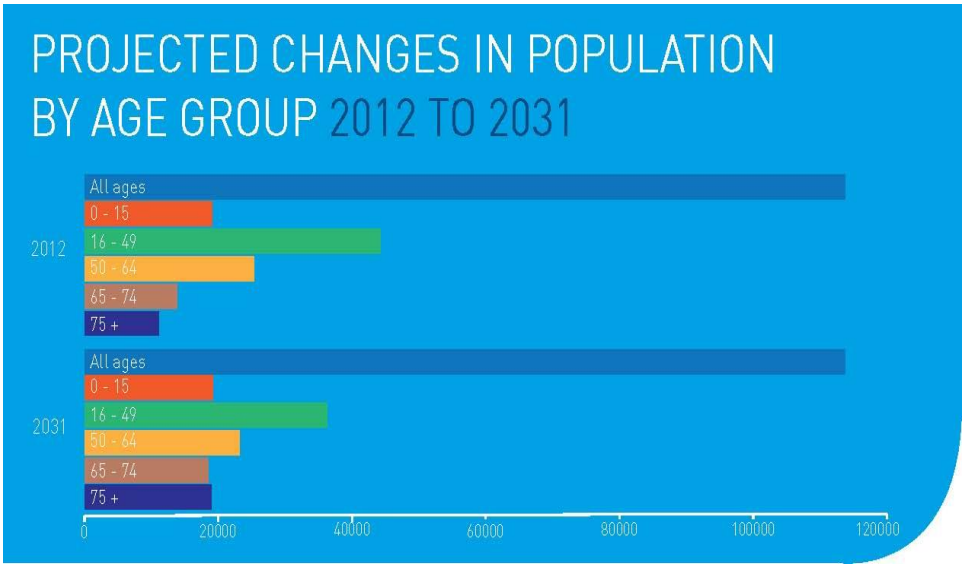
3.1.1 Community Served

NHSB is responsible for meeting the health needs of 116,500 people who live within the Borders region, a predominately rural area of approximately 1,800 square miles with the main centres of population located within the Berwickshire towns of Duns/Eyemouth/Kelso, central Borders towns of Galashiels/Melrose/Selkirk, and to the South and West the towns and hinterlands of Hawick and Peebles. It also provides services to a significant number of people who live in the northern sector of Northumberland and other individuals who live close to its borders. It is the smallest of the main land NHS Scotland Boards and has a staff headcount of just under 4,000.

3.1.2 Demography

- In Scottish Borders the over 65 age group is higher than the national average:
    - One Person Household age under 65yrs = 19% (Scotland 22%)
    - One person household age over 65yrs = 15% (Scotland 13%)
    - Couple household age over 65yrs = 10% (Scotland 8%)

Figure 1: Projected Population Growth by Age Group



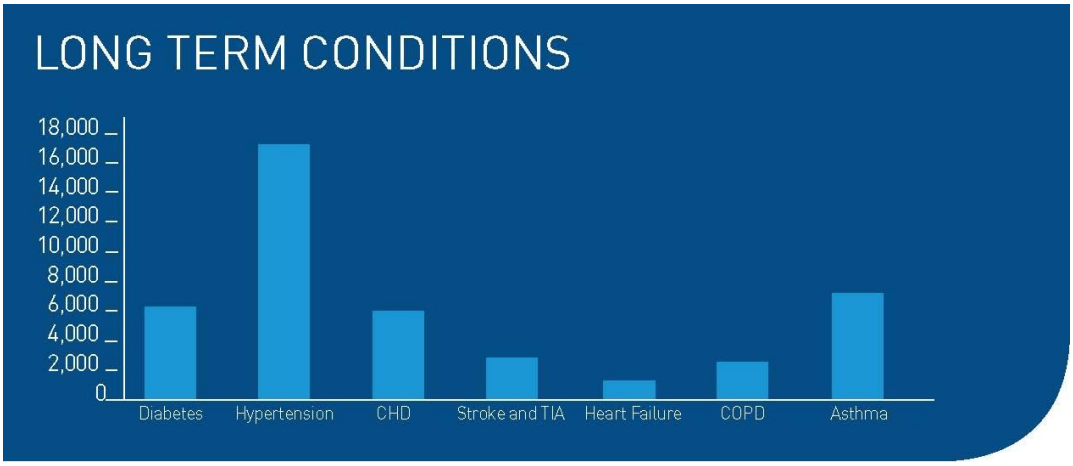
- In 2014, the number of people with dementia known to GP practices was: 1,027. This number is predicted to double over the coming years

- The number of people with disabilities and / or sensory impairment is:
    - 601 people with learning disabilities (2013 data)
    - 6995 people with a physical disability (Scottish census 2011)

- 500 people estimated are blind or have visual impairment
- 1,800 people estimated to have severe or profound hearing loss

- Numbers of deaths by cause 2013:
  - 391 people died from cancer
  - 364 people died from circulatory conditions
  - 131 people died from respiratory conditions
  - 83 people died from mental health related conditions

Figure 2: Long Term Condition Numbers



3.1.3 Services Provided

NHSB locally 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
- Community Hospitals
- Day Hospitals
- Out of Hours services
- Health Improvement / Public Health

3.1.4 Links to Independent Contractors

The Board recognises the need to engage with a range of internal stakeholders and external partners. Increasingly people and organisations outwith the Board's direct management control are playing a key role in delivery of healthcare and this is likely to expand as services are increasingly focussed on providing healthcare outside 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 with the key driver being the development of joint services through the Scottish Borders Health and Social Care Partnership.
- Voluntary Sector.
- Third party or Independent sector partners.

Primary Care Contractors Premises

Health Centres and Clinics are owned and operated by NHS Borders within most centres of population, with the exception of five GP owned Premises:

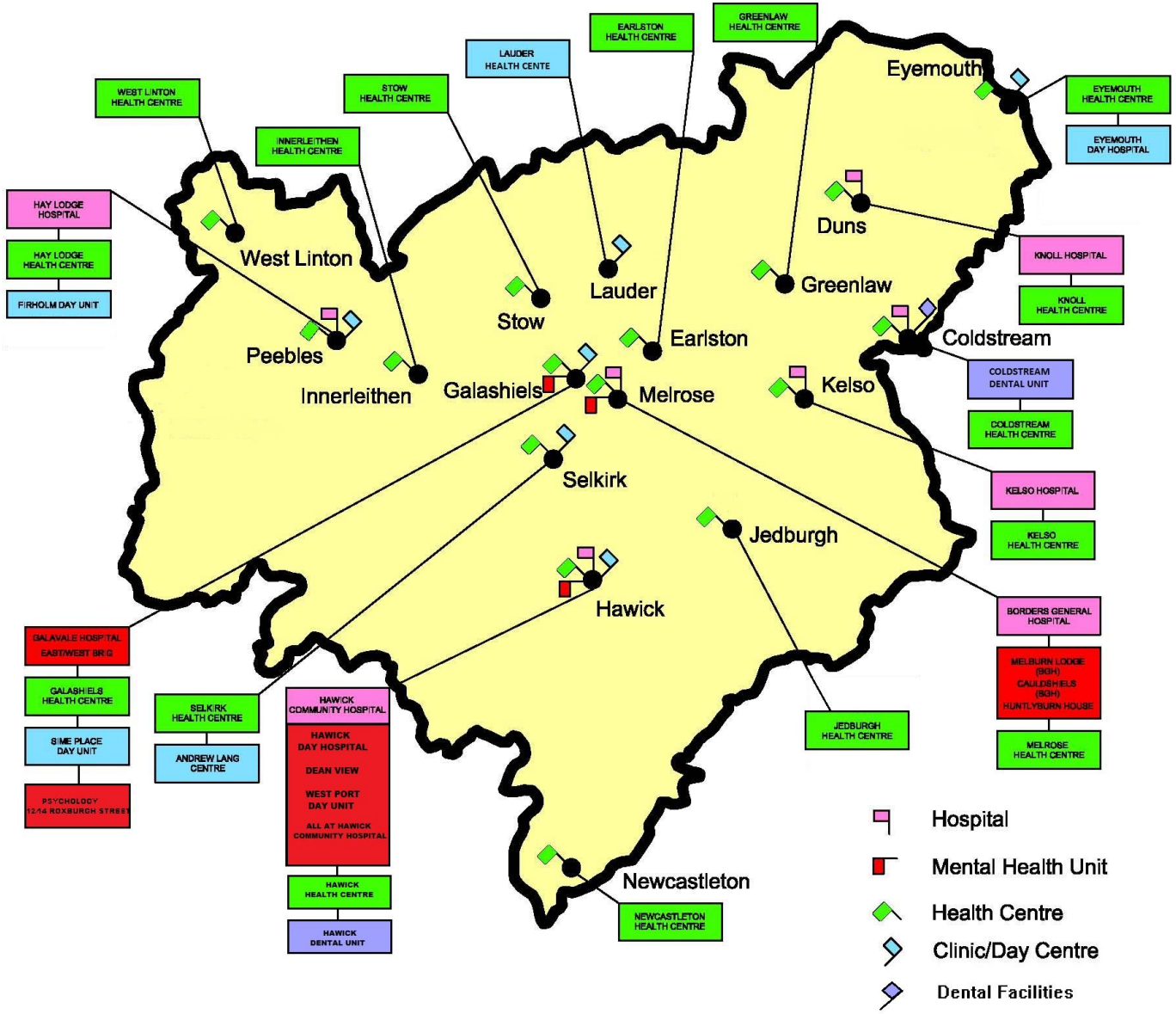
- O'Connell Street, Hawick (list 6,650)
- Roxburgh Street, Galashiels (list 3,256)
- Coldingham branch surgery (Eyemouth Practice)
- Yetholm branch Surgery (Kelso Practice)
- Newtown St Boswells significant branch surgery (list 6,591 split approximately 50:50 with Melrose)

In addition, there is one General Dental Practitioner (GDP) which operates under similar arrangements within the Community Health Centre at Jedburgh. Full lists of Primary Care Contractors are at:

- **Appendix A** - GPs
- **Appendix B** – GDPs
- **Appendix C –** Optometrists
- **Appendix D** - Pharmacy

Limited detail is held on the property of Contractors other than GPs at this time.

NHS BORDERS ORIENTATION AND PROPERTY ASSETT LOCATION MAP



3.2 NHS BORDERS PROPERTY

The map on the preceding page shows healthcare facilities within Borders. Whilst NHSB are signatories of the One Scotland Mapping Agreement, NHSB has not to date invested in GIS mapping software or an analyst. NHS Borders makes use of external contractors as required and work jointly with Scottish Borders Council on several initiatives.

3.2.1 Estates Asset Management System (EAMS)

The Board utilises a web based software EAMS database programme, as required by the mandatory requirements detailed within The Policy for Property and Asset Management in NHS Scotland, CEL 35 (2010), published 27th September 2010. Surveys are carried out by the relevant Estates personnel and for the 2014/15 surveys external contractors were employed to conduct the surveys for the in-patient sites of the Boards property portfolio. For the remainder 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.

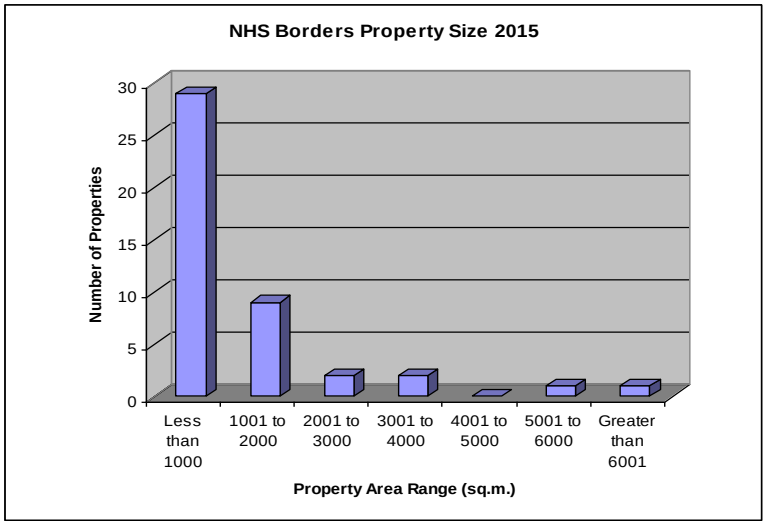
More detailed surveys focussed on space utilisation, leading to the development of a further phase of property rationalisation and revised property utilisation, have been undertaken.

NHS Borders Estates portfolio includes the District General Hospital; Community Hospitals; Health Centres and Clinics, two of which are within Community Hospitals; Health Centres; Mental Health Services sites; dental centres and office sites, all owned by NHS Borders.The Occupational Health Department and IM&T Projects Department are currently in leased premises but will be relocating to one of our owned sites during the first quarter of 2015/2016 on cessation of the property lease.

Overall, services are provided from 44 buildings on 29 sites ranging in size from 92 sq.m. to 30,000 sq.m. The majority of these buildings are relatively small with 29 of the 44 buildings having a footprint of less than 1,000 sq.m. as shown in Figure 3.

The Estate is currently valued at £98 million, with a gross internal area of 79,440m2.

Figure 3: NHSB Estate by Property Size

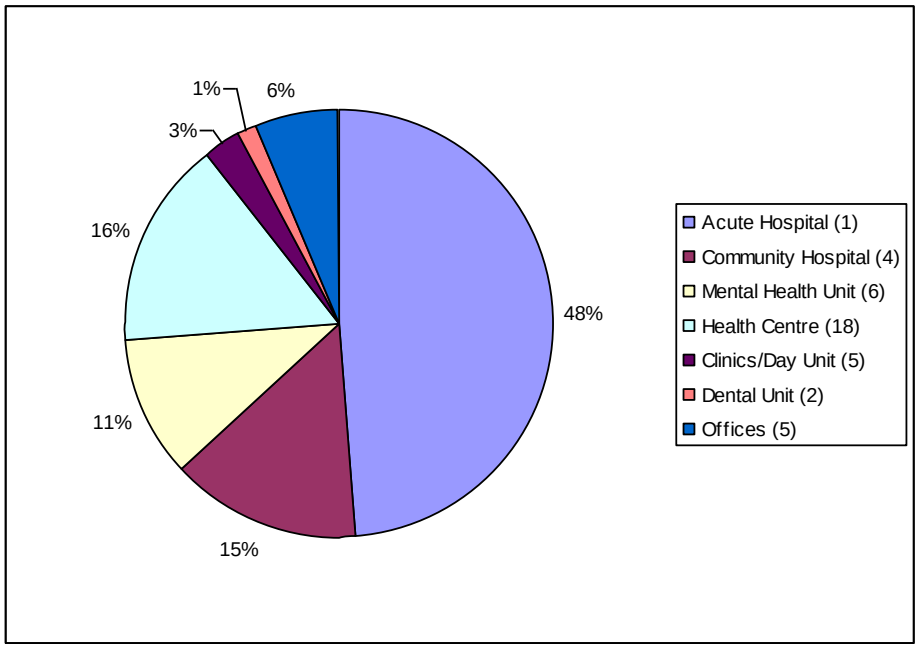


3.2.2 Property Portfolio Summary

The following tables and charts summarise the property holdings and statistics, much of which is collated from the EAMS. Detailed proformae have been submitted to Scottish Government and are copied at **Appendix E**.

Figure 4 illustrates an analysis of the existing estate by building type and the chart shows that the Borders General Hospital accounts for almost half the total floor area of the organisation estate.

Figure 4: An analysis of the existing estate by property type



NHSB estate has a relatively large proportion of modern facilities which is heavily influenced by the main acute hospital. Only 7% of the estate is over fifty years old which presents evidence of a well balanced investment

programme over the period. The main challenge in the coming years will be the increasing investment requirements on those properties between thirty and fifty years old.

Figure 5: Age analysis of property portfolio

	Post 2006	1986 - 2005	1966 - 1985	1900 - 1965	Pre 1900
2014 - 2015	6%	71%	16%	1%	6%
2013 – 2014	9%	71%	6%	2%	12%
Change	-3%	0%	+10%	-1%	-6%

3.2.3 The Current Status of Property Assets

Physical Condition

The appraisal of physical condition is based on Property Appraisal Guidance for NHSScotland: *A risk based methodology for property appraisal* and examines individual building and engineering elements depending on the type of property being appraised and identifies the expenditure required to bring these elements back to a satisfactory condition.

Results from the appraisal of physical condition are summarised in Figure 6.

Figure 6: The Physical Condition of the Estate

Physical Condition of the Estate				
Ranking	A Excellent as New	B Satisfactory	C Poor Condition	D Unacceptable
Year	**2013/2014**			
Percentage of Estate	3%	97%	0%	0%
Year	**2014/2015**			
Percentage of Estate	2%	96%	2%	0%
Change From Previous Year	-1%	-1%	+2%	0%

The results from this appraisal show that the majority of the estate is in a satisfactory condition, however as the estate commences to age it can be seen that some areas are now slipping into the Poor Condition category for the first time.

Functional Suitability

The overall aim of the functional suitability appraisal is to assess how well the property supports the current and future known demand delivery of services. This appraisal is important since functionality can have a major impact on the organisation's ability to deliver effective and efficient services. Poor functional

suitability can lead to inefficient working practices, increased staffing levels and poor clinical outcomes.

The results from the appraisal of functional suitability are summarised in Figure 7.

Figure 7: Functional Suitability

Functional Suitability of the Estate				
Ranking	A Very Satisfactory	B Satisfactory	C Not satisfactory	D Unacceptable
Year	**2013/14**			
Area (sq.m.)	3,868	45,649	26,306	1,547
Percentage of Estate	5%	59%	34%	2
Year	**2014/15**			
Area (sq.m.)	3,746	47,825	26,718	1,151
Percentage of Estate	5%	60%	34%	1%
Change From Previous Year	0	+1%	0	-1%

Space Utilisation

Space utilisation is a complex and sensitive subject and attempts to answer how intensively a space is being utilised, how the usage of the space varies over time and where applicable how the organisational space provision compares to national guidance.

During the period 2014/15 the organisation continued the space utilisation exercise resulting in more effective utilisation of available space, options made available for service re-provision and the freeing up of one site for disposal. The results from this appraisal are summarised in Figure 8.

Figure 8: Space Utilisation

Space Utilisation of the Estate				
Ranking	E Empty Not Used	U Under Utilised	F Fully Utilised	O Overcrowded
Year	**2013/2014**			
Area (sq.m.)	0	1,558	76,332	0
Percentage of Estate	0%	2%	98%	0%
Year	**2014/2015**			
Area (sq.m.)	1,689	0	77,751	0
Percentage of Estate	2%	0%	98%	0%
Change From Previous Year	+2%	-2%	0%	0%

Quality

The appraisal of the quality of the estate is an examination of the environment of each property. The results from this appraisal are summarised in Figure 9 below and illustrate that there is scope for improvement in the quality of the environment as only 67% of the estate was appraised as having a "Very Satisfactory" or "Satisfactory" rating by the 3i survey.

Figure 9: Quality

Quality of the Estate				
Ranking	A Very Satisfactory	B Satisfactory	C Not satisfactory	D Unacceptable
Year	**2013/2014**			
Area (sq.m.)	3,838	48,398	24,635	501
Percentage of Estate	5%	62%	32%	1%
Year	**2014/2015**			
Area (sq.m.)	5,398	48,398	24,635	501
Percentage of Estate	7%	60%	32%	1%
Change From Previous Year	+2%	-2%	0%	0%

3.2.4 Statutory Compliance

The appraisal of statutory compliance looks at compliance with all statutory guidance and legislation relevant to the estate and in order to maintain this compliance NHSB utilises the Statutory Compliance Audit Risk Tool (SCART) provided and supported by Health Facilities Scotland.

During 2014/2015 the SCART tool was upgraded and expanded and all NHSB information was input into the new tool during the last quarter of 2014/2015. This increased scope and depth of review has resulted in the average compliance rating falling from 79.42% in SCART 1 to 71.88% in the new tool SCART 2.

The Head of Estates has formed an action plan to improve this rating during 2015/2016.

The breakdown of the SCART 2 results are shown in:
Appendix F – SCART Compliance for Each Topic
Appendix G – SCART Master Summary

Traffic management at the main hospital and community health properties continues to be a priority. Numerous risk assessments have been carried out leading to the formation of action and investment plans. These include segregation of vehicle and pedestrian traffic, additional foot paths and crossings. Traffic Management is also considered a key factor when developing capital projects. New car parks and extensions to existing car

parks have also been undertaken during the current year, however not all issues have been addressed and these will require to be taken into account in the future.

NHS Borders has a well supported Bike to Work initiative and are a leading health car-sharing scheme according to Tripshare.

3.3 ENVIRONMENTAL MANAGEMENT

Sustainable Development

Since 2008 with the introduction of the Scottish Government's Scottish Climate Change Bill, which pledges to reduce not just carbon dioxide but all six greenhouse gases, and contains the Carbon Reduction Commitment – Energy Efficiency Scheme (CRC-EES); the Energy Performance of Buildings Directive (EPBD); Energy Performance Certificates (EPC); and the Good Corporate Citizenship Assessment Model (GCCAM). NHSB has carried out a series of projects to reduce emissions and comply with the relevant legislation.

To assist in this process the NHSB has had in place across the organisation, an Environmental Management System (EMS), since 1996, holds certification to ISO 14001 on the Borders General Hospital and Hawick Community Hospital sites and utilises the Healthcare Facilities Scotland (HFS) owned web based computer software, Corporate Greencode, to maintain and improve the EMS. The organisation's Sustainable Development Action Plan (SDAP) is currently in draft form for approval and will assist in addressing some of the wider sustainability challenges facing the organisation.

All NHS Boards have a legal duty to prepare for climate change with specific duties set out in Part 4 of the Climate Change (Scotland) Act 2009, with requirements to contribute to the delivery of the Act's emission reduction targets and deliver statutory adaptation programmes in an adaptable way. These duties cover both climate change mitigation (helping to reduce future emissions which could potentially slow future climate change) and climate change adaptation (helping to ensure preparation for the impacts of a changing climate). The first part in this process is the formulation of a Climate Change Impact Assessment (CCIA) which NHSB, with the assistance of HFS, will prepare during 2015/16 which will indicate the areas deemed to be risks in achieving the specific duties and provide a template for future adaptation planning.

HEAT Targets

As part of NHS Scotland, NHSB had been tasked with meeting the national HEAT targets, E8-KPM1 and E8-KPM2, which began in the year 2010/11. The targets set for the five year period 2010/11 to 2014/15 were a 3% year on year reduction in CO_2 emissions and a 1% year on year energy efficiency target.

For the five year period this equated to a 14.13% CO_2 reduction efficiency reduction against which NHSB fell slightly short achieving a 13.82% CO_2 emissions reduction.

NHS Borders overachieved against the 4.90% 5 years energy reduction target achieving a 6.51% energy efficiency reduction.

Figures 10 and 11 below illustrates the performance against these set targets on an annual basis.

Figure 10: Progress against the HEAT Target – CO_2 Emissions Reduction

	Target CO_2 Emissions*	Actual CO_2 Emissions*	Variance Against Target
Baseline	3,358		
2010/11	3,257	3,339	-2.51%
2011/12	3,159	3,167	-0.25%
2012/13	3,064	3,041	0.75%
2012/14	2,972	2,919	1.78%
2014/15	2,882	2,893[+]	-0.38%

*CO emissions in Tonnes [+]Draft at time of press

Figure 11: Progress against the HEAT Target for – Energy Efficiency

	Target Giga Joules	Actual Giga Joules	Variance Against Target
Baseline	95,061		
2010/11	94,110	95,628	-1.61%
2011/12	93,169	91,421	1.87%
2012/13	92,237	88,522	4.03%
2012/14	91,315	85,763	6.08%
2014/15	90,402	88,868[+]	1.69%

[+]Draft at time of press

3.4 RISK PROFILED BACKLOG MAINTENANCE

Backlog maintenance is defined as investment to maintain or to restore properties to category B: fully acceptable condition in relation to building fabric, building engineering services and infrastructure. No allowance is incorporated to support 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.

The backlog maintenance requirement for NHSB is estimated at £6.06m, a decrease of £200k from that reported within PAMS 2014/15. In comparison with other Board areas this is a relatively low percentage figure which reflects the current state of the NHSB estate with 77% of all such properties aged less than 30 years old, but it must be noted that this includes the BGH, which in terms of floor area comprises 47% of the overall estate and is now approaching 28 years old. 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.

In addition substantial investment has been made within the estate with the construction of a new community hospital and new health centres along with a number of properties being fully refurbished and in some cases extended in size and as a consequence the backlog maintenance requirements are genuinely low.

A Full return as submitted is attached at **Appendix H**. Risk assessed, Figures 12 and 13 indicate the breakdown of the backlog maintenance by risk and by category. An element of the decrease in the high risk category and changes in other categories is the impact of the nationally agreed redefinition of categories.

Figure 12: Backlog Maintenance By Risk And Category 2015

Risk Category	Total Value (£'M)	Clinical (£'M)	Non-Clinical (£'M)	Percentage of Total
High	0.00	0.00	0.00	0%
Significant	1.95	1.56	0.39	32.17%
Moderate	2.37	1.44	0.93	39.11%
Low	1.74	1.29	0.45	28.72%
Total	6.06	4.29	1.77	100%

Figure 13: Backlog Maintenance 2012 ~ 2015

Risk Category				Total (£'000)
2013				
Low	Moderate	Significant	High	
0.67	3.79	1.04	0.98	6.48
10.34%	58.49%	16.05%	15.12%	100%
2014				
1.59	2.35	1.01	1.31	6.26
25.40%	37.54%	16.13%	20.93%	100%
2015				
1.74	2.37	1.95	0.00	6.06
28.72%	39.11%	32.17%	0.00%	100%

3.5 2014/15 PROPERTY UPDATE

During 2014/15 focus has been on scoping works, feasibility studies, and business case development as well as a proportion of backlog maintenance.

Although capital funding within this financial year has been limited, planning has continued for a phased programme of capital investment within the years 2015 – 19 which will take cognisance of NHS Borders Clinical Services In Patient Review as well as the principles within the 2020 Vision, Clinical Strategy and Corporate Objectives.

3.5.1 Borders General Hospital

In 2014/15 there was £300k investment in Car Parking and traffic management which provided:

- An additional 71parking spaces.

- Better signage and increased number of Car Sharing spaces.
- Extension of bike shed (to cope with increasing number of cyclists) and improvements to security for parked bicycles.

Improvements in signage and a wayfinding approach in BGH have been undertaken along with an initiative to reduce visual clutter. This is a continuation of work started prior to but re-enforced by OPAH site inspection.

In addition, the building of the new Scottish Ambulance Service station and workshop within the grounds of the BGH is now complete. This was managed through partnership working with Hub South East Scotland and Scottish Ambulance Service (SAS) and consequently releases the old SAS site in the town of Galashiels for the development of premises for a GP practice and Primary Health Care Team who currently occupy a GP owned property which has been identified as not meeting the requirements of 21st century health care.

3.5.2 Primary care

Through the Primary Care Premises Modernisation Programme, a number of health centre sites were identified as requiring some minor improvements or reconfiguration in order to improve facilities for patients and staff by creating eg additional clinical rooms, a safer working environment, patient and staff shower facilities etc. Work was completed at the following sites in 2014/15:

- St Ronans Health Centre (Innerleithen),
- Hawick Health Centre
- West Linton Health Centre
- Earlston Health Centre
- In line with the Podiatry Service Redesign, a new podiatry "hub" was created at the Kelso Community Hospital site which has allowed podiatry rooms to be vacated and made available for use by other clinical services in several health centres.

3.5.3 Mental Health Facilities

A project began in 2014/15 to identify options for the relocation of services provided from the Galavale site with the intention of eventual site disposal. The project is in two stages with the first phase being the relocation of the Rehabilitation In Patient Ward, (East/West Brigs) and the second phase being the other services which are currently located on the Galavale site.

Working closely with the clinical teams, service users and wider stakeholders, a list of service requirements were confirmed. This provided the rationale for addressing patient safety risks. Four options were identified as potential sites for the relocation of East / West Brigs and a formal option appraisal process was then undertaken. A full business case on the future of Mental Health rehabilitation inpatient services will be considered by NHS Borders Board in August 2015. The business case will also be reviewed by CIG.

As clinical premises have been improved and developed eg Knoll Health Centre, Currie Road Centre, Huntlyburn inpatient and many others, wherever

possible, "safe rooms" with two entry / exit points been created in line with Mental Health services recommendations. These safe rooms, though largely used by Mental Health teams are also available for use by other services, thereby supporting staff and patient safety.

3.5.4 Space Utilisation Project, *Smarter Offices*

Using methodology from the national Smarter Offices Project (the full return is at **Appendix I**) adapted for the local property portfolio and focussed on rationalisation to central facilities and put in place plans to dispose of 2 sites:

- Westgrove (containing 2 sites)
- West End House (leased)

having considered:

- Current utilisation
- Number of staff accommodated
- Potential for current and near future developments
- Opportunity for open plan working
- Shared use / Hot desking
- IT solutions which may permit greater degree of flexible use
- To date NHSB have not included home working as promoted by the Smarter Offices approach.

Feasibility work identified where there may be potential unused space or where reconfiguration may provide sufficient space to support the relocation of various offices, thereby offering the potential for estate rationalisation.

Within 2014/15:

A full space utilisation study was undertaken at 4 Community Hospital and BGH sites. It identified small pockets of space, best exploitation of which is still under consideration. A range of services were moved into the vacated Newstead building with some minor reconfiguration. This is seen as an interim stage in the estate rationalisation plans which include this site.

3.6 NHS BORDERS EQUIPMENT

Proformas issued by SG have been completed, attached as **Appendix F to K**.
The management of asset registers and associated maintenance, directly and through service contracts, for equipment fall within three sectors:

- Building and Engineering Services Equipment (**G to I**)
- Vehicles (**J**)
- Medical Electronics Managed Equipment and Large and Complex Items of Medical Equipment (**K**)

3.6.1 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. However in most cases, with expected life much less than the property which accommodates it, this requires 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. Items in this section will have a wide range of anticipated lives, all recorded 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 either a 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 and consequence to service provision of non replacement.

3.6.2 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 - this 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 and consequence to service provision of non replacement.

3.6.3 Large and Complex Items of Medical Equipment

An asset register is maintained and the details contained within this register are reviewed routinely by the Board's Medical Equipment Committee (MEC), a multidisciplinary group which risk assess future capital investment requirements and through formal association with the Capital Management Team (CMT), advise on planning requirements within a rolling programme of investment. Further details are contained within the Action Planning Section.

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.

During 2014/15 the MEC Fund was augmented by a further £142,000 from Friends and Endowment Funds.

3.7 NHS BORDERS VEHICLES

Current Status of Borders Vehicle Assets

All vehicles operated within NHS Borders are managed by the Transport Department within the Estates & Facilities Directorate. The majority of these are leased or hired, with NHSB owned vehicles sourced through national contracts and the Government Procurement Service, using the multi quote system. Where possible all vehicles are sourced locally.

Routine maintenance and all mandatory checks are planned 12 months in advance as recommended by Vehicle Operator & Service Agency, (VOSA) and Maintenance is carried out by several suppliers. All new vehicles remain with the franchised approved dealer during the warranty period, which is normally three years.

The current fleet consists of 317 vehicles which comprises;

- 252 staff leased Cars (which are managed within Finance). These are not included in the following information.
- 21 Cars (including Doctors Out of Hours Services)
- 2 Heavy Commercial Vehicles (HGV Lorry)
- 14 Light Commercial Vehicles (Large Vans)
- 19 Light Commercial Vehicles (Small Vans)
- 2 Patient Carrying Vehicles
- 3 Agricultural Plant
- 4 Other Vehicles (Snowplough & Trailers)

Excluding staff leased cars, the vehicle age profile shows circa 20% of the vehicles are less than two years old and 69% over 5 years old. This represents a policy of retaining a vehicle whilst it is in good condition and maintenance and repair costs for the vehicle make retention advantageous.

Figure 14 : Analysis of Vehicle Assets by Age

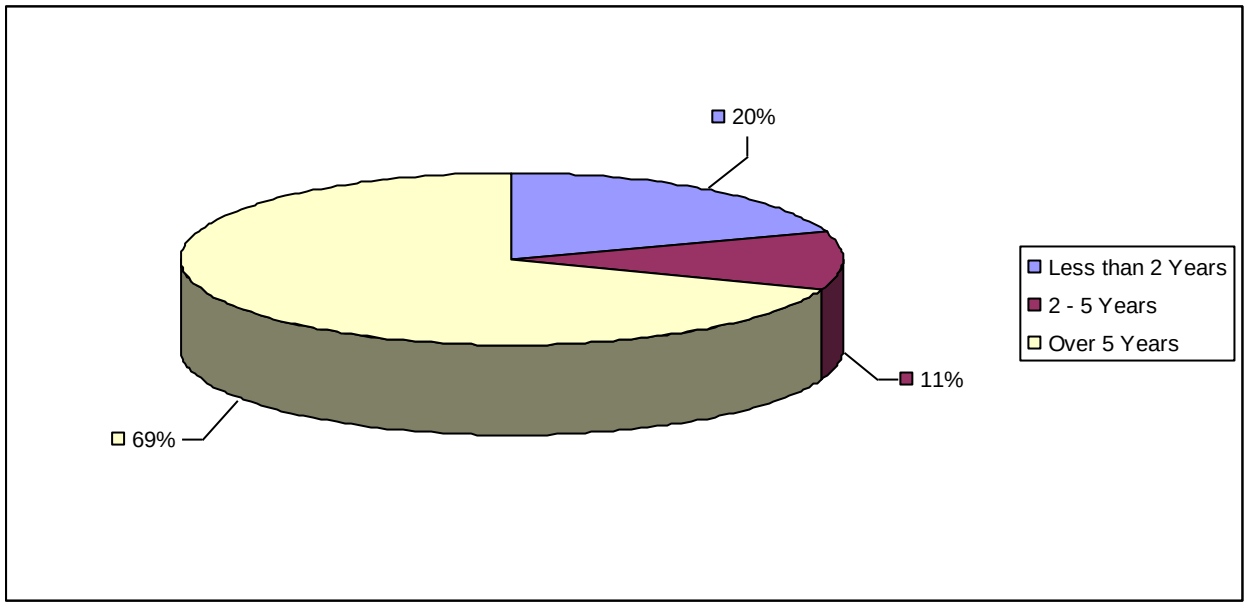


Figure 15 reports on NHS Borders annual expenditure on its vehicle assets and notes a slight increase over the two years. The insurance and accident costs have increased by 7% with accident costs increasing in the period. Maintenance costs have decreased in the same period by 7% but fuel costs have risen by 4%.

Figure 15: Annual Capital and Revenue Expenditure on Vehicle Assets

Annual Capital and Revenue Expenditure on Vehicle Assets							
Description	No. of Vehicles	Expenditure 2013-14	Expenditure 2014-15	% Change over Year	Av. per Vehicle	SAFR 2013-14 Av. per Vehicle	Trends
Insurance & accident costs (net cost)	65	£44,116	£47,333	+7%	£728	£569	
Fuel costs	65	£108,994	£113,567	+4%	£1,747	£1,216	
Maintenance & servicing costs owned vehicles	65	£68,780	£63,847	-7%	£982	£394	
Total		**£221,890**	**£224,747**	**+1.2%**	**£3,457**	**£3,341**	

Figure 15 compares NHS Borders results against the reported national average (SAFR 2013-14), as can be seen NHSB costs appear higher than the national average. During 2015/16 NHSB shall compare available data and attempt to discover the reasons for this, is it our practice or factors such as the large geographic dispersal of our premises, lack of major roads etc.

3.8 NHS BORDERS IM&T

A table showing a summary of the current IM&T asset estate within NHS Borders is shown below. There has been little change in the asset estate in the last year.

Figure 16: IM&T Estate

IM&T Assets	Number March 2015	Age < 4 years old - 2015	Age 4-8 years old - 2015	Age < 8 years old - 2015
Data Centres	1	0%	100%	0%
Data Networks	37	6%	10%	84%
Servers	*128*	*0%*	*26%*	*74%*
SANs	*22*	*0%*	*93%*	*7%*
PCs/Laptops	2345	*42%*	*48%*	*10%*
Peripherals	*1519*	*13%*	*25%*	*62%*
Blackberry/Phones	*208*	*30%*	*64%*	*6%*

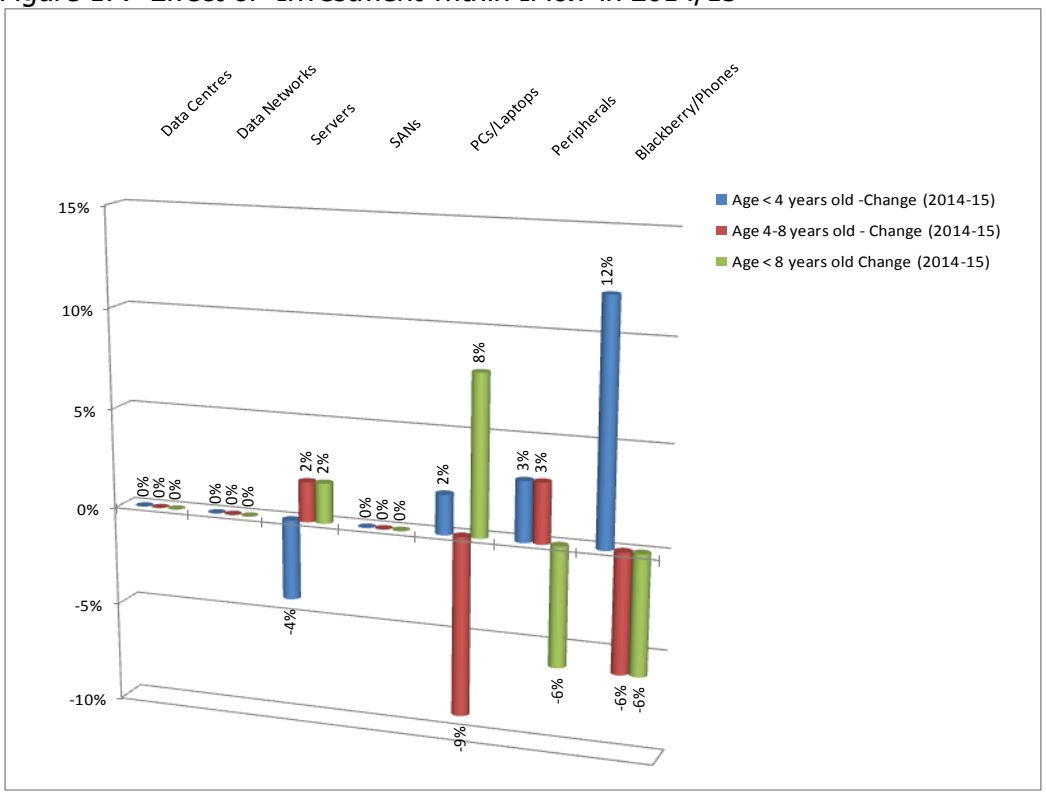
IM&T Asset Condition and Performance

Figure 16 illustrates that a high percentage of both the server estate and the desktop estate is now over 5 years old.

The impact of equipment over the recommended age is not only significant for services now dependant on IT to provide clinical care but also for IM&T support. Risk of equipment failure due to age increases resulting in higher rates of support calls and a higher support overhead. All of the equipment is deemed to be in a safe working condition but technical support remains a challenge for NHS Borders.

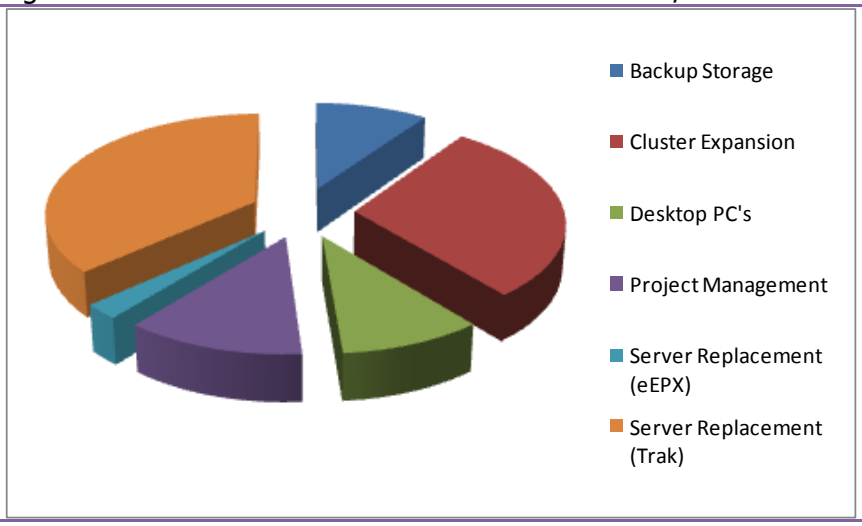
Figure 17 below illustrates the effect of investment within IM&T in 2014/15.

Figure 17: Effect of Investment within IM&T in 2014/15



In 2014/15 IM&T were allocated £200k through the Capital Rolling Refresh program. This allocation was split across refresh activities for key parts of the IT estate and supporting servers to deliver the work. The investment plan for that allocation was:

Figure 18: Allocation of Investment in IM&T in 2014/15



The scale of the IT asset backlog maintenance is clear from Figure 16 above. The overall age and inherent risk surrounding the estate had increased in key areas as shown above is a graph comparing the asset breakdown between 2014 and 2015.

Some other key points to note

- Active Directory - NHS Borders currently run version W2K3 of MS Active Directory which will cease to be supported by Microsoft. In order to move to version 2012 the infrastructure running these services are EOL and require replacement.

- Desktop PCs - NHS Borders currently have a majority of the Desktop estate running the Windows XP operating system. The support for this operating system also expires in April 2015. In order to transition to the new operating system which requires a higher pc specification to run, a number of PC's will have to be replaced.

- Application Servers - NHS Borders have a number of legacy application servers which run W2K3 these will require an operating systems and hardware upgrade.

- Wireless LAN - NHS Borders current wireless LAN capability currently extends only to the BGH campus. The wireless controllers are 'end of life' and due to building works within the hospital without addition of wireless access points 'blackspot' areas have emerged.

- SWAN Upgrade - NHS Borders are currently migrating core WAN services from BT N3 to Capita's SWAN offering. This has transitioned our 22 remote sites to the new supplier with 4 large site receiving a bandwidth upgrade. Further bandwidth upgrades will be considered as part of the Transformation phase.

- VM Cluster Technology - NHS Borders continue to invest in a clustered virtualised server technology and the transition of it's physical estate to clustered, virtualised instances. Capital investment was made in 2014 to expand the main cluster, upgrade and expand the resilience.

- Facilities - NHS Borders continue to operate with one key data centre based in the BGH. The development of IT strategy has highlighted that a second facility will need to considered in order to provide extended disaster recovery capabilities. Opportunities may arise through the Health and Social Care Integration within which NHS Borders will work closely with Scottish Borders Council. Other IT facilities based at community hospitals and General Practices will be reviewed to ensure they are 'fit for purpose' and have undergone a suitable risk assessment

- Management Toolsets - NHS Borders use a number of IT Management toolsets to manage the IT estate (Service Desk Call Management, Asset Management, Endpoint/Build Management and Enterprise Management) A number of these tools are now ageing and will require to be upgraded or replaced.

- Health and Social Care Integration - A program or work to integrate and share services across NHS Borders and Scottish Borders Council, in response to the HSCI legislation, is currently being created. At this point the scale of work required is not known.

- Workforce Planning / Service Re-design - NHS Borders IM&T commenced a workforce planning exercise as mandated by the organisation. This work has required significant input across IM&T management team. This level of input will

be required to finalise and execute any agreed service re-design. This service re-design will enable IM&T to provide

- More customer focussed service
- Agile delivery of change, enabling service benefit
- Robust and comprehensive support of infrastructure, applications, integration and information management.

4 CHANGE AND DEVELOPMENTS WITHIN THE NEXT FIVE TO TEN YEARS (WHERE DO WE WANT TO BE?)

4.1 Introduction

It is vital to ensure that the PAMS is not developed in isolation, rather as an integral part of service planning, a long term plan and vision that identifies service led changes to the asset base. This will be informed by the national and local policy context as well as the outcomes and decisions from the Board's review of clinical services:

4.2 Policy Context - National Policy

4.2.1 The Healthcare Quality Strategy for Scotland

The key drivers within this Strategy are that healthcare will be: person-centred, safe, effective and supported by a quality infrastructure. The three Quality Ambitions that flow from this are:

- Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
- There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.
- The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

4.2.2 2020 Vision

Scottish Government's 2020 Vision states that: 'Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting" Within the document are the key principles on which local Health Board strategy is based:

- Integrated health and social care
- Anticipatory care, supported self management and prevention of ill health,
- Day case treatment as standard when hospital treatment is required but cannot be provided in a community setting,
- Whatever the setting, care will be provided to the highest standards of and safety.
- Care and decision-making will be person-centred.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

4.2.3 Scottish Patient Safety Programme

The Scottish Patient Safety Programme (SPSP) aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered. It currently

covers acute adult care, maternity and childrens' services, primary care and mental health services and has established a range of safety principles and safety indicators across Scotland's health systems.

4.2.4 Healthcare Environment Inspectorate

Annual reports from the Healthcare Environment Inspectorate along with local preparation for and reaction to inspection visits will affect our overall investment. All new capital property schemes and refurbishments as well as procurement of medical equipment will take account of requirements, recommendations and best practice. Control of Infection staff are included from the outset of premises or procurement planning and the HEI requirement is viewed as a priority. In addition Older People in Acute Hospitals and Dementia friendly design are considerations in planning projects as a part of the wider equalities agenda.

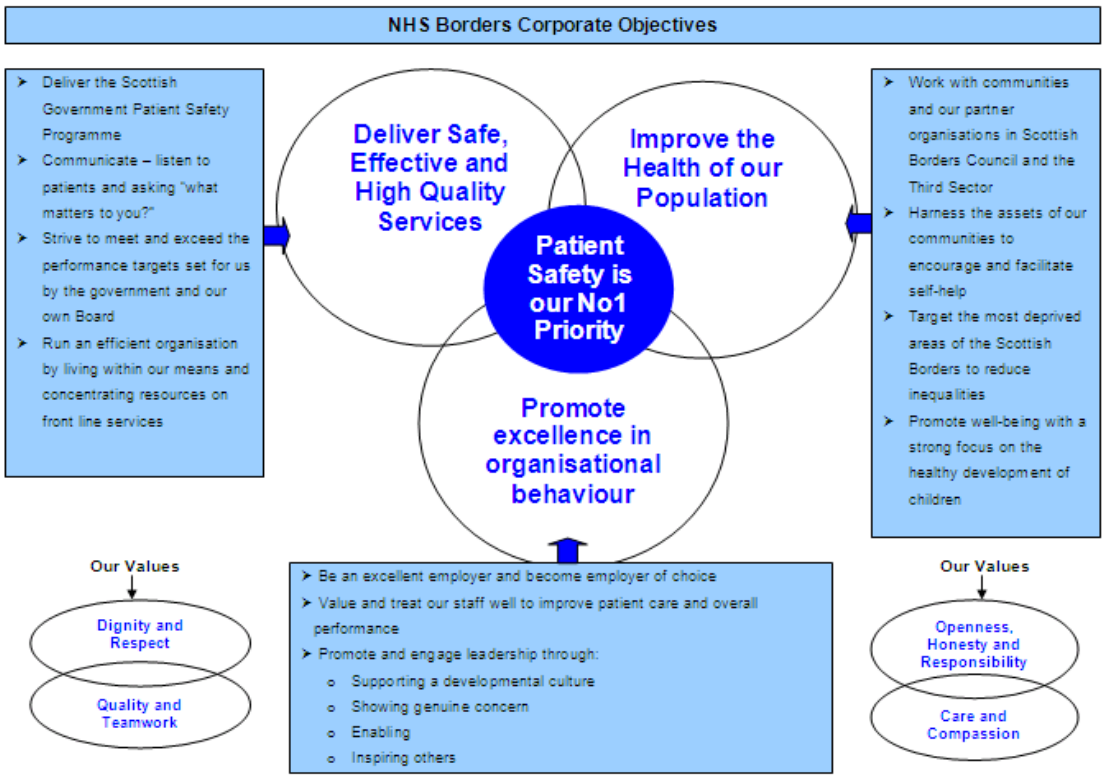
4.3 LOCAL POLICY

4.3.1 NHS Borders Corporate Objectives:

NHS Borders aim is to improve the lives of patients, the health of communities, and role of the health care workforce by focusing on an ambitious set of aims around Safety, Effectiveness and Efficiency, being Person Centred, Timely, and Equitable.

The Corporate Objectives reflect this aim:

Figure 19: Corporate Objectives

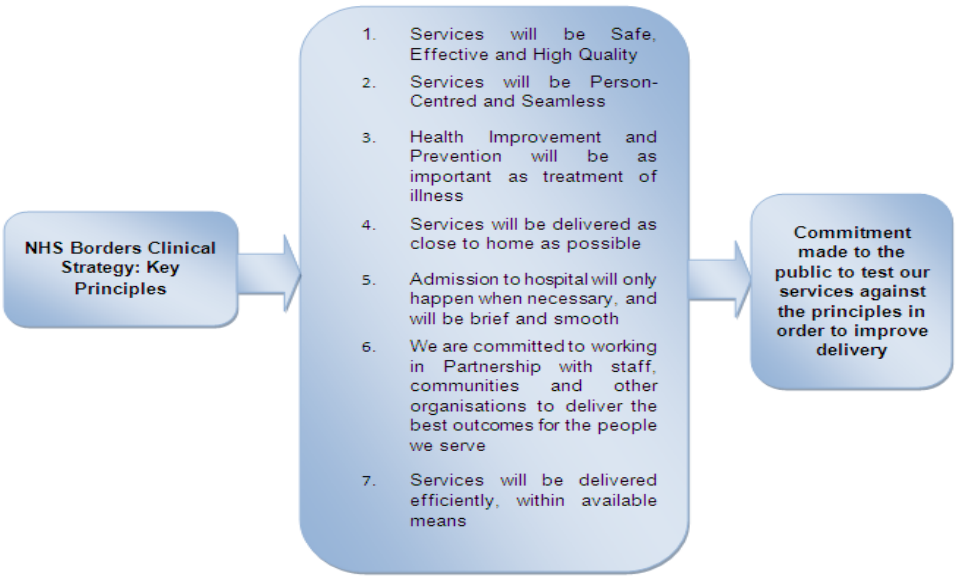


4.3.2 NHS Borders Clinical Services Review – Health in Your Hands

People across the UK are living longer and life expectancy in the Borders is the longest in Scotland. The fact of having an increasing elderly population, the availability of new technology and better treatments and medicines are to be welcomed. Nonetheless these represent challenges at a time of public funding constraint and NHSB needs to carefully consider, with the people of the Borders, whether the way our services are delivered should be adapted and indeed improved.

Following the feedback from the consultation exercise on NHS Borders Clinical Strategy the Board, at its August 2014 meeting, approved a set of key principles and gave the public a commitment to review each of our services against the key principles. The approved Key Principles are outlined in the Figure below.

Figure 20: Key Principles for Clinical Services Review



Being successful in overcoming the challenges to be faced over the next 3 – 5 years will require a redesign of services across the spectrum i.e. from Children & Young People (Paediatrics) to the Department of Medicine for the Elderly. This is required to make these services more efficient, effective, person-centred and accessible, available 7 days a week as required, where care is delivered close to people's homes in the community, with people only being admitted to hospital when it is necessary.

In a mutual review of all of our services we will require to be creative and explore new and different models of care which feature the following characteristics:

- Flexible working across specialisms and care settings
- Service reconfiguration
- Use of technology

- A more active role for patients as partners in their care

This programme of work will commence with reviewing NHS Borders Inpatient Services (Health in your Hands) in the first instance. The purpose of the inpatient review is to consider what needs to change to achieve the vision of everyone being able to live longer healthier lives at home, or in a homely setting, and with seamless provision of service across health and social care. The agreed timetable, in particular engagement with public and other stakeholders is summarised below:

- July 2015 - First Round of dialogue with communities, what matters to our population
- September 2015 - Second round of dialogue with our communities - what we heard, what we have done, what the possibilities might be
- By January 2016 - Shortlist of options agreed and prioritise
- March 2016 - Further Engagement with key stakeholders.
- June 2016 - Recommendations to Board.
- July 2016 onward - Implementation.

4.3.3 Health and Social Care Integration

Work is also currently underway to integrate Health and Social Care in the Scottish Borders. This is part of Scottish Government's legislation-led initiative to have a health and social care partnership for each of the 14 NHS Board Areas in Scotland by April 2016. An Integrated Joint Board has been set up in Borders and has submitted a scheme of integration to Scottish Government for consideration. Consultation continues on the Strategic Commissioning Plan which outlines how services will be delivered and .commissioned. This new body will influence future capital planning and development as well as provide opportunities to use NHS and local assets in an integrated way

4.3.4 Population changes

Borders is one of few areas in Scotland that has experienced population growth in the last 5 years and, partly due to the new rail infrastructure development, sites have been identified which could see population increasing from 116,500 of today to 139,842 by 2026. This will be a challenge across all NHSB services but will manifest as significant pressure on some Primary Care facilities, particularly Newtown St Boswells and eastern Borders.

4.4 DIRECTION OF TRAVEL

Whilst NHSB has stated that major decisions regarding Capital Investments will be taken as a result of the work developing from the Policy Context above, and especially the Service Review "Health in Your Hands" and Health and Social Integration there are ongoing strands of work already in train to drive efficiencies and improvements. Key Performance Indicators have been devised to measure progress on some of these areas:

Figure 21: Key Performance Indicators

Key Performance Indicator	KPI No.	Target for 2020	2013-2014 Performance NHS Boards	2013-14 Performance NHS Borders	2014-15 Performance NHS Borders	Annual Trend
Percentage of properties categorised as either A or B for Physical Condition	1	90%	58%	100%	98%	↓
Percentage of properties categorised as either A or B for Quality facet	2	90%	65%	67%	67%	↔
Positive response to Patient Questionnaire on patient rating of hospital environment	3	95%	90%	Not available	Not available	↔
Percentage of properties less than 50 years old	4	70%	74%	86%	93%	↑
PAMS Quality Checklist overall score	5	95%	72%	-%	-%	↔
Overall percentage compliance score from SCART	6	95%	73%	79%	72%	↓
Cost per square metre for backlog maintenance	7	£70	£181	£81	£77	↑
Significant and high risk backlog maintenance as percentage of total backlog expenditure requirement	8	10%	47%	37%	32%	↑
Percentage of properties categorised as either A or B for Functional Suitability	9	90%	64%	64%	65%	↑
Percentage of properties categorised as 'Fully Utilised' for Space Utilisation	10	90%	77%	98%	98%	↔
Building area sq.m per consumer week**	11	3.0	3.3		-	-
Cleaning costs £ per sq.m**	12	10.0	9.93	12.84	12.91	↓
Property maintenance costs £ per sq.m**	13	6.50	-	7.11	6.59	↑
PFI - Facilities Management Costs £ per sq.m.**	14	Not applicable	Not applicable	Not applicable	Not applicable	-
Energy Costs £ per sq.m**	15	20.0	-	23.5	24.16	↓
Rates Costs £ per sq.m**	16	15.0	-	18.0	16.9	↑
Catering Cost £ per patient day**	17	3.50	-	3.83	3.60	↑
Portering Costs £ per sq.m.**	18	5.50	-	6.45	5.97	↑
Laundry & Linen cost £ per item**	19	0.20	-	0.23	0.21	↑

**** - The "Current Performance 2014" for KPI is based on the 2014-15 Benchmarking**

Work will be undertaken to develop and report local data for Indicator 11

The overarching Strategic Goals are:

- 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. To operate with a Property Portfolio containing only essential buildings, fit for purpose and energy efficient.
- 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 the highest 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
- Utilise SCART data base, which through integration with rolling programme of capital investment, ensure full statutory compliance.
- To develop a series of Business Cases for individual elements of the Capital Management Programme, reducing consumption of carbon to aspirational target.
- To increase energy efficiency in line with national targets.
- To work with partner agencies as the Integration agenda progresses to retain / develop shared facilities wherever possible.

- Investment in secondary care facilities at Borders General hospital to ensure patient safety and the delivery of safe and effective clinical care in an environment which supports 21st century acute healthcare.
- Investment in primary care and mental health premises in community settings in order to support safe and appropriate care delivery closer to home and to therefore reduce reliance upon and admission to acute facilities.
- Investment in infrastructure eg IM&T, equipment and the transport fleet in order to sustain appropriate and efficient service delivery.
- Ongoing rationalisation of estate wherever appropriate to allow the most efficient use of premises.
- Ongoing performance and improvement across the property and asset portfolio will be measured against the Key Performance Indicators

- Continuation of a robust prioritisation and decision-making process to ensure the most effective and efficient use of resources

4.5 ENGAGEMENT AND INVOLVEMENT

NHSB is committed to involving all stakeholders in the way services are planned and developed. For example:

- Through the Patient Focus Public Involvement work engage with the Public Partnership Forum (PPF) and the Involving People Network (IPN);

- In line with the Board Communications Strategy, NHSB engages with staff around and work in partnership to deliver service changes;
- NHSB ensures engagement and involvement with external partners, including independent contractors and the voluntary sector, who have a key role in representing the views and interest of patients and families.

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

NHSB has put in place dedicated Project Management support for Capital management with an identified workplan supporting the Capital Plan. This will help support greater public and other stakeholder involvement during the development and prioritisation of projects as well as during delivery.

5 ACTION PLANNING (HOW DO WE GET THERE?)

The previous sections of this PAMS document have set out the policy context within which NHS Borders operates, current position and direction of travel in relation to the Board's property and assets portfolio.

As outlined, NHS Borders' Clinical Strategy is in the early stages of development but will have implications for the property and asset base as it progresses.

While analysis of the estate and property portfolio illustrates many areas of major improvement which have supported the ongoing delivery of high quality, efficient and effective clinical care, it is also evident that significant capital investment is still required to address specific aspects of the portfolio in order to allow NHS Borders to fully comply with the policy drivers and quality indicators, to ensure that future service needs can be met and that patient safety and experience is improved.

It is recognised that property disposal and rationalisation of estate are also factors in the strategic direction for NHS Borders.

This PAMS document therefore combines the need for:

- Investment in secondary care facilities at Borders General hospital to ensure patient safety and the delivery of safe and effective clinical care in an environment which supports 21st century acute healthcare.
- Investment in primary care and mental health premises in community settings in order to support safe and appropriate care delivery closer to home and to therefore reduce reliance upon and admission to acute facilities.
- Investment in backlog maintenance in order to minimise property-related risk
- Investment in infrastructure eg IM&T, equipment and the transport fleet in order to sustain appropriate and efficient service delivery.
- Ongoing rationalisation of estate wherever appropriate to allow the most efficient use of premises.
- Continuation of a robust prioritisation and decision-making process to ensure the most effective and efficient use of resources.

As the Property and Asset Management Strategy is taken forward, ongoing performance and improvement across the property and asset portfolio will be measured against the Key Performance Indicators (see Section 4.4 Figure 21)

5.1 GOVERNANCE

5.1.1 Criteria for Investment in Capital Funded Projects

The Capital Planning Group will assess all submissions for future capital investment for internal 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?

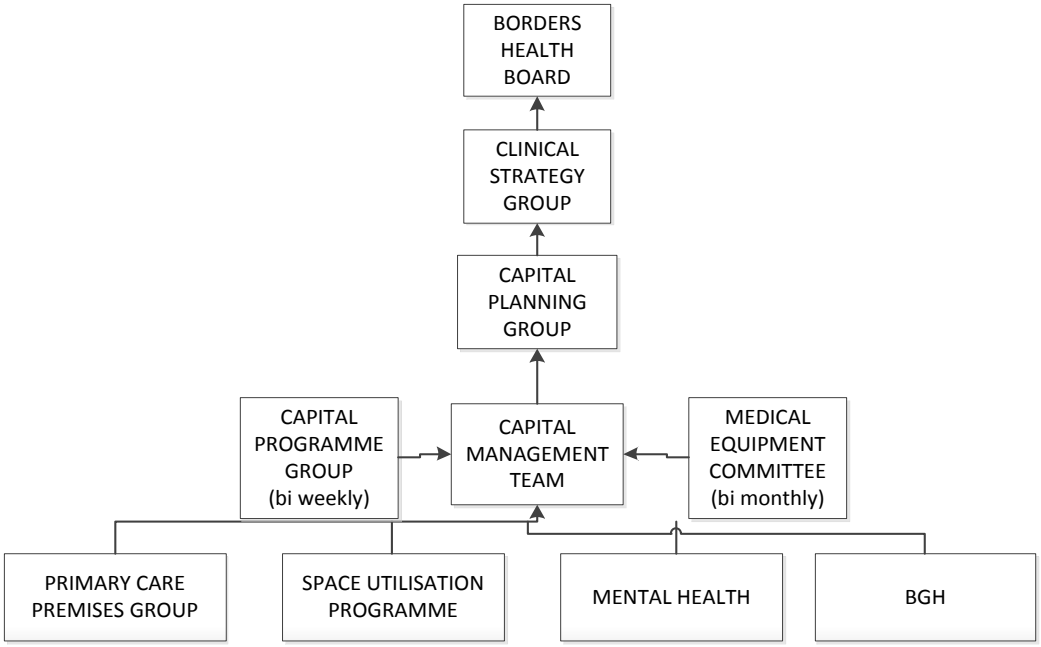
With cross reference to the Capital Investment requirement, a higher level criteria must also be referenced within all submissions, namely:

- 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.

5.1.2 Governance Structure

The Governance structure is shown below in Figure 22.

Figure 22: Governance Structure



5.2 CAPITAL INVESTMENT, FIVE YEAR PLAN

The development of the current 5 year rolling capital plan has been under the direction of the Capital Planning Group which is chaired by the Director of Finance with membership from a variety of key stakeholders within the organisation.

In terms of capital, NHS Borders has had to pare down its plans as capital funding has significantly reduced in recent years. Capital investment is key to the delivery of safe and effective patient care and to releasing significant efficiency gains from the rationalisation of the estate and supporting service redesign. The Board continues to improve the link to the SAFR report, recognise the information which will be available from the developing Property and Asset Management Strategy, and as a result NHS Borders has committed resource over the duration of the plan to address priority areas.

Beyond the period of the recent allocation letter from Scottish Government the level of formula has been assumed to be similar to that of 2015/16. It has also been assumed that beyond 2015/16 additional resources will be allocated to NHS Borders to support a number of priority areas including investment in IM&T infrastructure, primary care premises and women's and children's services. If this additional funding does not materialise there will be a significant detrimental impact on the prioritised capital plan. Work is ongoing to generate £5.5m of charitable funds to support the creation of a Children's and Young Person's Centre on the site of the Borders General Hospital.

Figure 23: Extract of Capital Plan

Capital Expenditure	2015-16 £000s	2016-17 £000s	2017-18 £000s	2018-19 £000s	2019-20 £000s
Property					
Statutory compliance and backlog maintenance property expenditure	500	350	350	350	350
Estates rolling programme	200	200	200	200	200
Theatre ventilation	950				
Clinical Strategy			875	375	825
Reprovision of Galavale	1,225	425			
Feasibility work		200	200	200	200
Roxburgh Street replacement	1,325	800			
Primary care health centres	575	500	1,000		
Womens health project BGH			1,500	1,000	
Uncommitted - dependant on sale proceeds	500	375	500		
Project management	240	240	240	240	240
Total Property Expenditure	**5,515**	**3,090**	**4,865**	**2,365**	**1,815**
Equipment					
Medical Equipment					
Imaging (CT / Ultrasound / MRI / Gamma Cameras)		1,000	250	750	300
Other medical equipment eg defibrilators, dialysis machines, endoscopes	200	200	200	200	200
Sub-total - Medical Equipment	*200*	*1,200*	*450*	*950*	*500*
Vehicles	*0*	*0*	*0*	*0*	*0*
Other Equipment	*0*	*0*	*0*	*0*	*0*
Total Equipment Expenditure	**200**	**1,200**	**450**	**950**	**500**
IM&T Projects					
IM&T rolling programme	300	300	300	300	300
IM&T strategy Infrastucture	650	150	1,000		
GP order comms	250				
Total IM&T Expenditure	**1,200**	**450**	**1,300**	**300**	**300**

5.3 PROPERTY PORTFOLIO, FUTURE CONFIGURATION TO SUPPORT THE BOARD'S CLINICAL STRATEGY

5.3.1 Borders General Hospital

5.3.1.1 Out patient Services - the goal is to locate all out patient services within the ground floor of the Hospital. The first phase has made considerable progress in achieving 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 at the BGH, being subject to a fundamental redesign using existing local pools located throughout the region and a new Hydrotherapy Pool planned by Jedburgh Sport and Leisure Trust. The second phase of the out patient redevelopment plans within BGH is underway to look at clinic organisation and methods of working to feed into a future project brief and design work. This would include plans to centralise e reception and waiting areas, making best use of IT, patient self check-in, patient tracking software and communication across all clinics for the multiple out patient clinics within BGH.

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.

5.3.1.2 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.

5.3.1.3 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.

5.3.2 Mental Health

Reprovision East / West Brigs

East/West Brigs Ward is a rehabilitation inpatient unit in Galashiels for people aged 18-69 with severe and enduring mental health problems. The ward in its current location carries some patient safety risks and limited therapeutic space. In order to address these issues and improve the quality of care for patients, NHS Borders considered potential relocation options for the ward

and a formal option appraisal process was undertaken. The preferred option was identified as a relocation to Crumhaugh House, Hawick.

The business case for the relocation to Crumhaugh House is currently being considered within NHS Borders's governance processes and final NHS Borders Board approval is to be sought in August 2015.

Should approval be granted by the Board, a formal design and procurement process will commence before the start of any construction works on site. A scheduled relocation date for East/West Brigs ward would be during Summer 2016.

5.3.3 Primary and Community Services

Within the Primary Care Premises Modernisation Programme, a rigorous review of Health Centre sites was undertaken which used an agreed criteria and scoring system and which identified four sites as highest priority for major reconfiguration / development: Eyemouth, Selkirk, Melrose, Knoll.

Following a prioritisation process by the Primary Care Premises Group, the order of build priority for these four sites was agreed in readiness should capital funding become available. The agreed order was:

1. Selkirk
2. Eyemouth
3. = Melrose and Knoll

Subsequently, capital resource has been released to take forward to completion the Selkirk scheme and Phase One of the Eyemouth scheme within this financial year 2015/16. Work is underway to progress this.

Provisional capital allocation has been included in the Capital Plan (**Appendix L**) for the remainder of the schemes i.e the second phase of the Eyemouth scheme as well as Melrose and Knoll over the next two years. However, this funding is dependent upon receipt of additional Scottish Government capital allocation.

Roxburgh Street - Galashiels

Work is ongoing to progress the development of new premises for GP practice and community services on the former Scottish Ambulance station site in Galashiels. This scheme is being procured through Hubco. The expected construction start date onsite is 9th November 2015 with a completion / handover date of 15th August 2016.

5.4 RISK BASED BACKLOG MAINTENANCE

Our risk based backlog maintenance register is listed below. The top item, Theatre Ventilation is the subject of a specific Capital Allocation in this years Capital Plan. The remaining list will be tackled in priority order as finance becomes available. The priority status will be subject to review and revalidation on a rolling basis.

Figure 24: Risk Based Backlog Maintenance

Category	£'000	Risk Factor	Clinical £'000	Non-Clinical £'000
Theatre Ventilation	1300		1,300	
Laundry Equipment	283			283
Electrical Plant Equipment	85		85	
Medical Gas Systems - External	40			40
Roof Repairs/Replacement	36		36	
Legionella Precautions	34		34	
Footpath & Road Repairs	24		24	
Nurse Call/Alarm Replacement	23		23	
Heating & DHW Replacement	21		21	
Lighting Upgrade	13		13	
Internal fabric	8			8
External Fabric	16		16	
Floor Covering Replacement	6		6	
Fire Safety Precautions	62		3	59
Boiler, Heating & DHW Replacement	1,024		161	863
Catering Equipment	380		380	
BGH Lift Replacement	300		300	
Electrical Plant Replacement	137		137	
Ventilation Plant	116		116	
LST Cover Installation	113		113	
Sanitary Ware	68		68	
Floor Covering Replacement	59		53	6
Lighting Upgrade	53		27	26
Footpath & Road Repairs	35			35
Legionella Precautions	29		29	
Fire Safety Precautions	26		26	
External Fabric	15		11	4
Internal fabric	8		8	
Roof Repairs/Replacement	7		7	
Roof Repairs/Replacement	309		302	7
Window Replacement	301		301	
Internal Fabric	291		227	64
Footpath & Road Repairs	242			242
External Fabric	183		162	21
Ward Upgrade	150		150	
Floor Covering Replacement	96		94	2
Heating & DHW Replacement	89		25	64
Lighting Upgrade	44		21	23
Electrical Plant Replacement	33		5	28
Ventilation Plant	10		10	
Totals	**£6,069**		**£4,294**	**£1,775**

Risk Factor		£'000	%
	High	0	0%
	Significant	1,951	32%
	Moderate	2,370	39%
	Low	1,748	29%
	Total	**£6,069**	**100%**

5.5 ESTATES RATIONALISATION, PROPERTY DISPOSAL PROPERTY DISPOSALS 2015/16

Properties which will be further reviewed during 2015/16 are:

- Newstead Headquarters, Melrose
- Galavale Hospital, Galashiels
- Sime Place, Galashiels
- 12/14 Roxburgh Street

The Space Utilisation Team will assist in the development of Business Cases to support a variety of enabling works facilitating change during 2015/16.

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.

5.5.1 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.

5.5.2 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

5.5.3 12/14 Roxburgh Street, Galashiels - currently utilised as a base for Psychological Medicine,

5.5.4 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.

5.6 CARBON MANAGEMENT

The targets set for the five year period to 2020/21 were arrived at after discussion with the NHS Boards and in agreement with SGHD. They are set by the individual Board with a base figure taken as the average of the three years 2012/13, 2013/14, 2014/15. The Board is to indicate a "Basic" target reduction based on existing infrastructure and knowledge of already funded energy reduction projects to be completed during the reporting period, and a "Stretch" target based on projects highlighted during the energy survey projects which took place during 2014/15.

Progress will be more challenging as opportunities for efficiency targets become more difficult to identify, funding of future projects and efficiencies realised may be offset by service expansion through increased clinical availability and the increased reliance on electrical equipment. Any such investments will be subject to a full Business case consideration.

Figure 25: Proposed 2020/21 HEAT Targets

Criteria	HEAT Targets E8 for 2020/21			
	Basic		Stretch	
Energy Consumption (kWh/m^2)	Electricity 6.50%	Fossil Fuel 6.50%	Electricity 6.50%	Fossil Fuel 47.82%
	Combined 6.50%		Combined 36.62%	
GHG Emissions ($kgCO_2e/m^2$)	6.50%		34.15%	
Percentage of heat consumption from renewable sources	14.67%			

5.7 SCART

An outline action plan prioritised on a risk rating basis to improve this rating during 2015/2016 has been developed. (**attached Appendix M)** Work is currently underway to complete a detailed final version.

5.8 EQUIPMENT, MEDICAL AND NON MEDICAL

5.8.1 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.

5.8.2 Medical Equipment As detailed in the proforma within **Appendix K** there are considerable quantities of medical equipment maintained within an asset register under the direct control of the Medical Electronic Department, which are fully serviceable and therefore remained in service .

The Medical Equipment Committee advises the CMT and Clinical Boards on rolling programmes of investment (funded at £200k per year from Capital plan). The Committee has been tasked with producing a draft rolling 5 year programme.

Other larger items can also be considered through The Medical Equipment Committee. Funding may be augmented, as it was last year by Friends and Endowment funds. Further information on the MEC Constitution and Justification template can be provided.

A recent external audit has highlighted the need for NHS Borders to be considering replacement of ASDU Washer/disinfectors. Whilst still functioning well and well maintained the equipment is no longer supported by the manufacturer. Further risk assessment and mitigation is required before a business case is brought forward.

Larger Items of Medical Equipment will from time to time be required. The costs and benefits are assessed via the business planning process and then prioritised.

A rolling programme for Radiology is maintained. Current guidelines from the National Imaging Equipment Group recommend analogue equipment is replaced at 11 years, fluoroscopy, CT, MRI and Gamma camera at 8 years and ultrasound after 5 years. Capital funding allocated to radiology over the next 5 years will allow replacement of some of our aged equipment.

The 5 year Radiology plan has been considered and a time frame set for some pieces of equipment but this may be changed at any time if a piece of equipment becomes unreliable or is not cost effective to repair.

5.9 MANAGEMENT OF VEHICLE ASSETS

NHS Borders will learn learn from the NSS review of Transport and ssek to implement best practice identified by that work. New methods of working to increases efficiency are being introduced. During 205/16 there are no vehicle replacements planned.

5.10 IM&T

The scale of the infrastructure replacement and upgrades which now need to be undertaken by NHS Borders requires the execution of a programme of activity. This programme, the Infrastructure Transformation Programme, has been initiated and 7 distinct component projects have been identified. The figure below outlines the 7 proposed projects and the estimated scale of investment required over the next 3 years.

Figure 26: Proposed IM&T Projects

Proposed Project Delivery Estimated Expenditure	2014-15	2015-16	2016-17	2018-19
Infrastructure Transformation Pre-Implementation Evaluation & Solution Design Business Case	£76,500	£74,500		

Active Directory Upgrade & GP Practice Server Refresh		£1,080,000		
Desktop - Primary Care – Windows 7 Desktop		£150,000	£150,000	
Desktop - BGH – Windows 7 Desktop		£250,000	£250,000	
Application Server Upgrade		£110,000	£100,000	£150,000
VDI - Proof of Concept		£40,000	£150,000	£250,000
Wireless LAN Upgrade		£80,000	£110,000	

The programme is currently going through organisational governance, each individual project requiring a separate Business Case then which will support the prioritisation of projects clarifying the costs and benefits.

Within the current Capital Plan 15/16 there have been the following allocations for IM&T:

- Rolling Capital Refresh - £300k
- Infrastructure Transformation Programme - £650k

5.11 IMPLEMENTATION PLAN

This Property and Asset Management Strategy is a document setting out the known situation and aspirations at a point in time (May 2015). Implementation and focus will be modified by emerging pressures, the outcome of our Clinical Strategy development, other policy and guidance issued and available funding. The governance structure surrounding Capital Planning within NHS Borders wiil review and update the overall programme and individual projects updating this PAMS Strategy as necessary.

Adoption of the PAMS 2015-16 for NHS Borders will set the path for the Board to move from its current position to one clearly, cost effectively and safely supporting national and local policy with effective investment in property and other assets.

The implementation of the PAMS is overseen by the Capital Planning Group, chaired by the Director of Finance. Membership of the group includes representatives from Estates and Facilities, the Clinical Boards, Finance and Partnership.

The group reports the development of its annual work plan to the Clinical Strategy Group and NHS Borders Board for approval.

The following activities will be undertaken in 2015/16 as part of implementing PAMS and the general improvement to property services for NHS Borders:

- Continued migration of property asset information to the Estate Asset Management System (EAMS).
- Review of the physical condition of the Estate based on current guidance.

- Completion of the upgrade at Selkirk Health Centre and Phase 1 of Eyemouth Health Centre Upgrade
- Commence new build Health Centre in Roxburgh Street, Galashiels
- Continue the reconfiguration and rationalisation of BGH out patients, including the redesign of hydrotherapy services
- Continue developing the paediatric services development project,
- Progress the replacement of theatre ventilation systems
- Subject to Health Board approval of the business case, progress the reprovision of East /West Brigs (Mental Health Inpatient Rehabilitation). Implement the risk based backlog maintenance investment plans for Borders General Hospital and NHSB's other estate.
- Implement the approved investment strategies for NHSB's other assets such as vehicles, medical equipment, and IM&T equipment.
- Review all statutory compliance matters and report to NHS Borders Board any risks that could have a detrimental impact on the primary objectives of the Board.
- Implement plans and identify further opportunities for reducing carbon emissions and energy consumption to achieve the associated HEAT targets by 2014/15.
- Pursue disposal of surplus properties and prepare a strategy for disposal.
- Monitor all asset performance and produce an annual report to NHS Borders Board highlighting the ongoing work and performance improvement in implementing this PAMS.

5.12 MANAGING THE RISKS & ASSURANCE

NHS Borders Estates and Facilities (E&F) have embraced the Board's corporate risk management approach in order to identify all its property asset related risks. E&F provide regular reports into the framework referencing its own corporate report and risk register. This creates a consistent approach to the risk assessment of its management function; operational tasks; and outstanding works.

The SCART tool is used to identify risks in its statutory compliance management and operational functions. Risk assessments follow to evaluate any concerns associated with policies, procedures and practices. Risk assessments are also carried out on all backlog maintenance; outstanding works; and vacant sites, including statutory compliance related work, to identify significant and high risk items.

All of these risks are brought into context to consider and highlight those which could have an impact on the principle objectives of the NHS Board. These are highlighted in the report that is reviewed by the NHS Borders Board.

These robust property assurance procedures enable NHS Borders to prioritise its investment strategy based upon the Quality Ambitions included in NHSScotland's Quality Strategy; which are patient centred, effective and safe.

These procedures and regular review will be used both to inform the Board of any material change in risk exposure and to update and focus proposals in its PAMS implementation plan to meet the objectives of **"NHS Borders Clinical Services Review - Health in Your Hands"**

The national ***property appraisal guidance*** risk-based methodology for establishing and maintaining backlog maintenance costs is well-presented, and clearly explains the approach to employ. The national guidance recommends a detailed survey across a range of building and engineering infrastructure elements including fire, environmental and statutory by external building surveyors. These initial surveys are reviewed more locally by E&F maintenance management, who analysis into those areas suspected of generating significant and high levels of assessed risk, then applying NHS Borders corporate risk management approach accepted as best practice throughout NHSScotland. The results will then show an accurate picture with respect to time in relation to the assessed patient safety and business continuity. This approach ensures the investment required is prioritised into those premises that require improvement. However, any High/Significant Risks identified by the surveys associated with Health and Safety is prioritised.

5.13 MONITORING PERFORMANCE

The KPIs stated in Section 4 will be used as both a Top Level workplan and a means of assessing progress in 2015/16:

Figure 27: Top Level Workplan for 2015/16

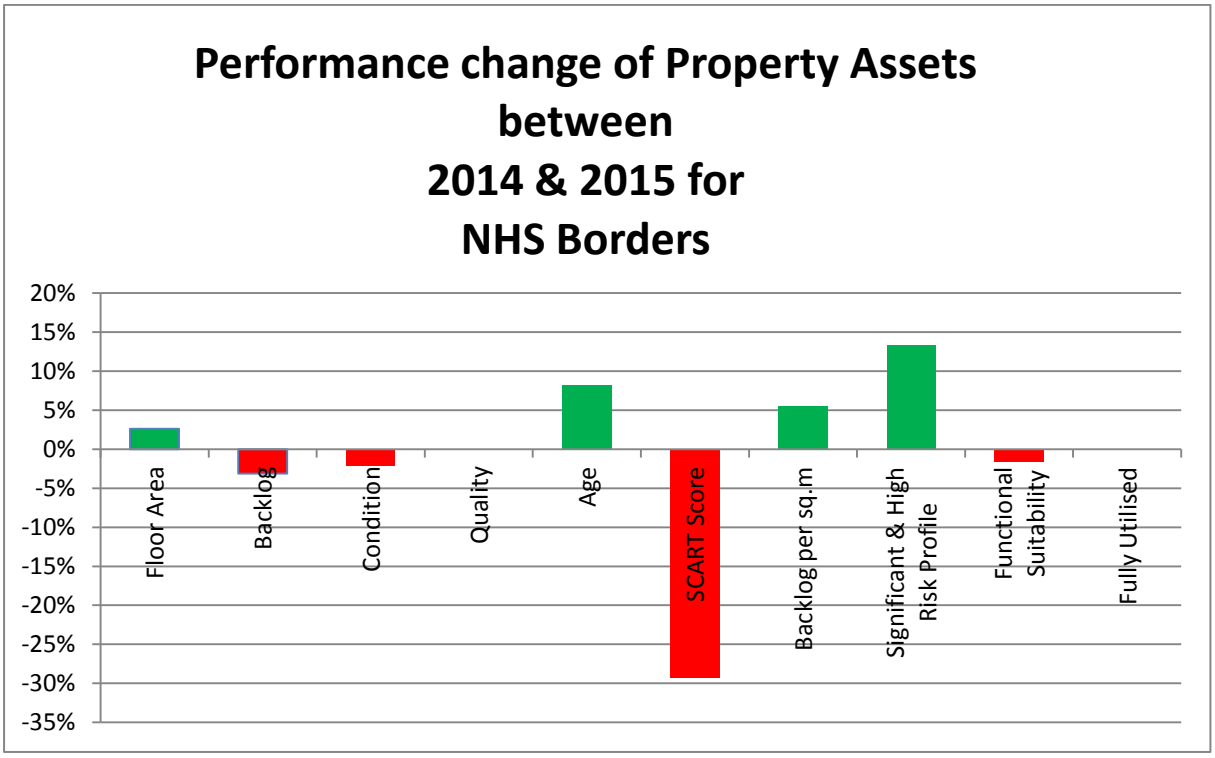
Key Performance Indicator	KPI No.	Target 2020	Objectives and Methods for 2015/16
Percentage of properties categorised as either A or B for Physical Condition	1	90%	As part of our Estates rationalisation and application of backlog Maintenenace funding maintain current good performance
Percentage of properties categorised as either A or B for Quality facet	2	90%	As part of our Estates rationalisation and application of backlog Maintenenace funding improve on current performance of 67%
Positive response to Patient Questionnaire on patient rating of hospital environment	3	95%	Working with our Patient Involvement and Clinical Governance Staff develop and publish an appropriate survey
Percentage of properties less than 50 years old	4	70%	Monitor
PAMS Quality Checklist overall score	5	95%	Monitor, commence planning for PAMS 2016 September 2015
Overall percentage compliance score from SCART	6	95%	Follow action plan and achieve at least 80%
Cost per square metre for backlog maintenance	7	£70	Monitor, be alert to any increase
Significant and high risk backlog maintenance as percentage of total backlog expenditure requirement	8	10%	Target reduction from 32% to 25% in year
Percentage of properties categorised as either A or B for Functional Suitability	9	90%	Monitor effects of Space utilisation and Property disposals and an improvement of current 65%
Percentage of properties categorised as 'Fully Utilised' for Space Utilisation	10	90%	Monitor effects of Space utilisation and Property disposals
Building area sq.m per consumer week**	11	3.0	Implement locally
Cleaning costs £ per sq.m**	12	10.0	Monitor, noting that additional HAI (Norovirus) cleaning efforts skewed outturn 2014/15
Property maintenance costs £ per sq.m**	13	6.50	Monitor
PFI - Facilities Management Costs £ per sq.m.**	14		Not applicable
Energy Costs £ per sq.m**	15	20.0	Turnaround cost increase
Rates Costs £ per sq.m**	16	15.0	Monitor
Catering Cost £ per patient day**	17	3.50	Continue with Waste Reduction programme and explore income generation options.
Portering Costs £ per sq.m.**	18	5.50	Monitor and explore further opportunities for cost effectiveness consistent with Patient safety and dignity.
Laundry & Linen cost £ per item**	19	0.20	Monitor, explore further income generation benefits.

The National Asset and Facilities Performance Framework has been developed by SGHSCD as part of their annual 'State of NHSScotland's Assets and Facilities' Report (SAFR). Its intention is to link property and asset performance to service and patient needs, as defined by the three Quality Ambitions in NHSScotland's Quality Strategy, and reflect the supporting

function that property and assets provide in the delivery of quality healthcare services.

Figure 28 below compares NHS Borders current performance, as outlined in Section nnnm of this PAMS, against that NHS Borders 2014-2015 report. It uses the first 10 KPI's from the National Asset & Facilities Performance Framework, plus two non-KPI indicators (total floor area and total backlog) to show other general changes in the Board property assets:

Figure 28: Annual Performance Improvement of NHS Borders Property Assets 2013/14 – 2014/15



Note: green bars above the horizontal axis (0%) indicate a positive improvement on last year whereas a red bar below the horizontal axis (0%) indicates a performance reduction. The significant reduction in performance against SCART is, as previously stated, due to a change in the baseline monitoring process and as such is a "one-off" readjustment. Plans are already in place to retrieve this position in 2015/16.

Overall, NHS Borders have achieved positive improvements in risk during 2014/15 and whilst limited Capital Projects have taken place much development work has taken place to improve our Estate as well as reduce cost and maintain rolling programmes. As requirements identified by Clinical Strategy and Integration emerge they will be assessed and prioritised, and checked against existing priorities.