NHS BORDERS

PROPERTY AND ASSET MANAGEMENT STRATEGY 2017

EXECUTIVE SUMMARY

NHS Borders is committed to helping people sustain and improve their health, delivering safer, more effective, person-centred healthcare for the people of the Scottish Borders and beyond.

As NHS Borders continues to deliver high quality services to its communities, the work to shift the balance of care from acute to community health services and supporting individuals to manage their own health and wellbeing more proactively, will continue as different ways of working are explored and more services are moved out of hospitals and into communities, re-prioritising spend on these services.

Where NHS Borders makes investment in its infrastructure this will be in the context of the design of health and care services that reflect and address future need; that have been developed to take full advantage of latest advances and best practice; and that are designed in collaboration with partners and with flexibility to evolve and meet future challenges.

The Board has and is continuing to invest to maintain and improve the quality of its assets and infrastructure to allow high quality services to be provided to the population of the Borders. Key areas of focus over the last 2 years have been investment in primary care premises, energy efficiency projects and the rolling programmes of work.

The backlog maintenance requirement for NHS Borders is estimated at £8.29m, an increase of £1.43m from that reported within PAMS 2015, yet we have managed to maintain 98% of the estate in a 'satisfactory condition'. Despite the successful programme to manage and maintain buildings, which is run by Estates, it can be expected that this position may deteriorate in coming years with limited resources available for backlog maintenance and property continuing to age, currently 66% of our properties were built between 1966-1986, with only 3% built post 2007.

Maintenance and servicing costs for owned vehicles have increased due to age. The current IM&T infrastructure has been identified as deficient in a number of areas, as well as it being noted that the aging infrastructure is limiting new approaches to delivering clinical services.

The process in place for medical equipment replacement prioritisation is working well, however there continue to be areas identified which cannot be replaced within the current financial resources available to the board, currently there is around £700k worth of equipment which is more than 10 years old and is not prioritisation list to be replaced in next 3 years.

In order to continue to provide the best facilities possible for the people of the Borders the intention of NHS Borders is to continue with the current programme of works including the upgrade a number of primary care premises, progressing the IM&T bid to Capital Investment Group (CIG) to develop the infrastructure, as well as moving forward with plans for the BGH Campus Development; which would address a significant number of backlog maintenance issues.

The Board has recently agreed the NHS Borders Clinical Strategy, a key catalyst for re-design and development particularly for the BGH Campus Development. The capital management process in place within NHS Borders is under review, with a view to further strengthening the capital opportunities both internally and externally.

Contents

INTRODUCTION

NHS Borders Property and Asset Management Strategy (PAMS) 2017 provides an update on the progress made since the Board agreed PAMS 2015 and updates the strategic direction for the Board's assets for the next 5 years.

Its development has been overseen by the Director of Finance Estates and Facilities, with assistance and involvement from Capital Planning, Estates, IM&T, Planning, Service Delivery and other stakeholders.

This document has been written following the latest PAMS guidance published in December 2016 as well as the best practice guidelines. Every effort has been made to give as much detail as possible in each required section, where NHS Borders is still developing some areas this has been noted.

PAMS 2017 considers all of the major capital projects that are the current priorities for the board as well as updating and providing information on property, vehicle, medical equipment and IT assets. This information has been gathered using a number of sources;

- 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 and an independent review commissioned by the Board.
- 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.

The main focus of PAMS 2017 for NHS Borders is to acknowledge areas of the estate that are in need of development due to the age of the facilities and equipment, and that despite being generally well maintained, there is still a high value of backlog required to bring facilities up to the highest standard possible to allow service redesign. An independent review of the IM&T infrastructure has also highlighted the need for significant investment and although some resources have been identified a business for further resources will be submitted to the Capital Investment Group (CIG). Following the approval of the NHS Borders Clinical Strategy, PAMS 2017 sets out the intention of NHS Borders to take forward a Strategic Assessment for the BGH Campus Development. This is intended to address a number of challenges currently facing NHS Borders which are discussed throughout this PAMS.

PART A – WHERE ARE WE NOW?

2 - Overview

NHS Borders 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 of Hawick and Peebles. We also provide services to a significant number of people who live in the northern sector of Northumberland. NHS Borders is the smallest of the main land NHS Scotland Boards and has a staff headcount of just under 4,000.

2.1 Current Assets

Property

The table below gives a summary of the key property and equipment assets, excluding IM&T, utilised to provide health care on behalf of NHS Borders

NHS Borders Owned Buildings (number)	
District General Hospital	1
Hospitals	4
Health Centre Facilities	17
Offices	5
MH Facilities (in Patient)	6
Other	6

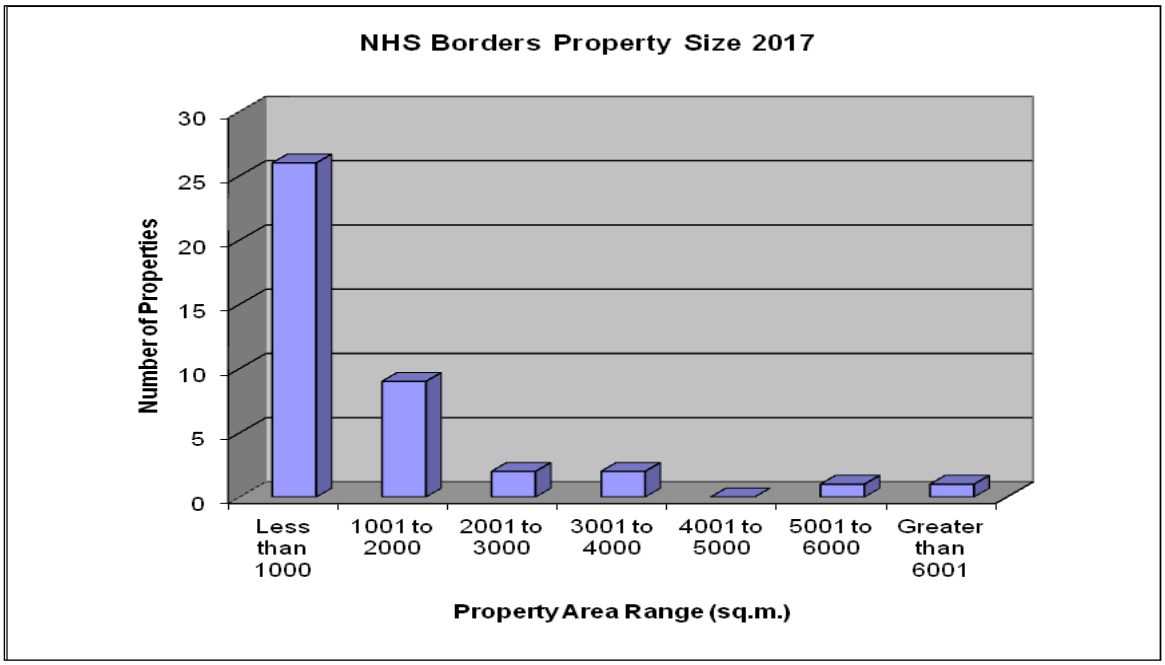
Independently Owned Buildings (number)	
General Practice Facilities	5
Pharmacies	29
Dental Facilities	18
Optometrists	15

Medical Equipment (Replacement Cost)	
Imaging equipment	£2.772m
Renal dialysis equipment	£235k
Cardiac defibrillators	£235k
Flexible endoscopes	£1.04m
Infusion devices	£758k
Other high value items	£3.88m

Vehicles (number)	
Owned	67
Staff Car Leased Scheme	222

NHS Borders Owned Property

The Board utilises the 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. Property Surveys are carried out by the relevant Estates personnel and for the 2016/17 external contractors were employed to conduct the surveys for various sites of the Boards property portfolio. In the main the survey data held is to Level 2, this is the mid level detailed method of appraisal and comprises on-site inspections at departmental level combined with interviews with key NHS Estates personnel. Where properties have been surveyed by external contractors, the survey data held is to Level 3, the highest detailed method of appraisal and comprises on-site inspections on a room by room basis.



Overall, NHS Borders provides services from 39 Board owned buildings, these buildings range in size from 92 sq.m. to 30,000 sq.m. The table above details the size per building, with the majority being relatively small, 25 buildings having a footprint of less than 1,000 sq.m.

Age Profile

Age Analysis of the NHS Borders property portfolio:

	Post 2007	1987 - 2006	1966 - 1986	Pre 1966
2016 - 2017	3%	26%	66%	5%

Only 5% 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 increasing the investment requirements on those properties between thirty and fifty years old which includes the main acute hospital the Borders General Hospital (BGH).

Net Book Value

The Board owns land to the value of £4.523m and buildings of £103.182m, with a gross internal area totalling, 77,158 m2. As at 31st March 2017 NHS Borders has assets under construction of £4.78m.

Vehicles

Vehicles operated within NHS Borders are managed by the Transport Department in Estates or the Car Leasing section within the Finance Department. The majority of these are leased or hired, with NHS Borders owned vehicles sourced through national contracts and the Government Procurement Service, using the multi quote system and where possible all vehicles are sourced locally.

Routine maintenance and all mandatory checks are pre planned 12 months in advance as recommended by Vehicle Operator and Service Agency (VOSA) and are 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 289 vehicles which comprise:

- 222 staff leased cars
- 24 vans/cars (including doctors Out of Hours services)
- 2 heavy commercial vehicles (HGV lorry)
- 12 light commercial vehicles (large vans)
- 21 light commercial vehicles (small vans)
- 1 patient carrying vehicle
- 3 agricultural plant
- 4 other vehicles (snowplough & trailers)

	Number of Vehicles	Average Mileage per annum
Owned	67	6716
Staff Car Scheme	222	4292
Total	289	
Age (% less than 5 years old)	246 (all vehicles)	
Fuel Type (%)		
Petrol	222	
Diesel	64	
Alternative (state types)	3 (trailers)	

Annual Capital and Revenue Expenditure on Owned Vehicle Assets

Description	Number of Vehicles	Expenditure 2015-16 £	Expenditure 2016-17 £	Total 2016-17 %	Change over Year %	Av. per Vehicle £	Trends
Insurance & accident costs (net cost)	67	30,054	32,459	16%	+8%	484	
Fuel costs	67	101,496	89,439	45%	-12%	1,335	
Maintenance & servicing costs owned vehicles	67	73,500	78,511	39%	+7%	1,172	
Total		**205,050**	**200,409**	**100%**	**-2.3%**	**2991**	

Table above reports on NHS Borders annual expenditure on its owned vehicle assets and notes a slight decrease over the two years.

The insurance and accident costs have increased by 8% as a result of an increase in claims over the period. Fuel costs have decreased in the same period by 12% but maintenance costs have risen by 7%. With the use of the vehicle tracking system, vehicle movements have been better co-ordinated, fuel costs reduced and driving habits improved. Tracking the mileages covered by individual vehicles has also led to vehicles being repositioned to avoid vehicles incurring high mileages.

Alternative fuel vehicles have been investigated and at present discounted on the grounds of cost, value for money, the current restrictions on range, and charging options due to the wide geographical area covered by the organisation. In partnership with our social care partners, Scottish Borders Council, electric recharging points have been installed at Kelso Community Hospital and evaluation of their use is being monitored.

Medical Equipment

The Board maintains a capital asset register for items of medical equipment where those items are of value of £5k and over. These assets together with items of medical equipment where the value is less that £5k are recorded within the estates IT system which holds details of repairs ,maintenance and service contractual arrangements for the items.

The information held on medical equipment assets is reviewed regularly by the Medical Equipment Committee (MEC) to ensure prioritisation of replacement is taken forward within the available capital resources.

Governance Arrangements for Review and Replacement of Medical Equipment

NHS Borders needs to ensure our clinical services have the necessary equipment to provide safe and quality services. The Medical Equipment Committee (MEC) provide the scrutiny, prioritisation and make recommendation to the Capital Planning Group of the investment required for the replacement of medical equipment. The prioritisation criteria includes review of the rolling replacement programme by set parameters including the age of the equipment, the level of use, and the ability to cover repairs and maintenance via service contracts.

The Medical Equipment Committee (MEC) reviews the medical equipment requirements across the organisation, the Committee is responsible for ensuring standardisation where possible and suitability of new medical equipment, prioritising the replacement of the existing medical equipment on a rolling basis and reviewing where additional medical equipment is required the case and rationale for purchase and the availability of capital funds. The MEC links closely with the Endowment (Charitable) funds of the Health Board and will make recommendation to utilise those funds if the charitable purpose is met.

The following issues are considered by the MEC when reviewing request for replacement/new medical equipment:

- Details of the clinical need for equipment.
- Is it compatible with current equipment
- Has an adequate procurement process been followed
- Have revenue costs been identified
- Are there any infection control / decontamination issues

IM&T Assets

NHS Borders operates an IM&T estate across 39 sites including, Borders General Hospital, four Community Hospitals and 23 General practices and holds assets to the value of £1.6m.

The IM&T assets comprise a primary and a secondary data centre at Borders General Hospital with a small data centre at Newstead. The data centre holds 50 physical servers and 90 virtual servers. A further 25 servers are located at General practice or Community Hospital locations across Borders.

The life-span of servers would normally be between 5 and 7 years and ideally desktops between 3 and 5 years.

Age Distribution of Desktop/Laptop Devices in NHS Borders	
	Number of Devices
Less than 3 years old	**545**
Less than 5 years old	**1241**
More than 5 years old	**1131**

Age Distribution of Switches in NHS Borders	
	Number of Devices
Less than 2 years old	**14**
2 - 5 years old	**56**
More than 5 years old	**80**

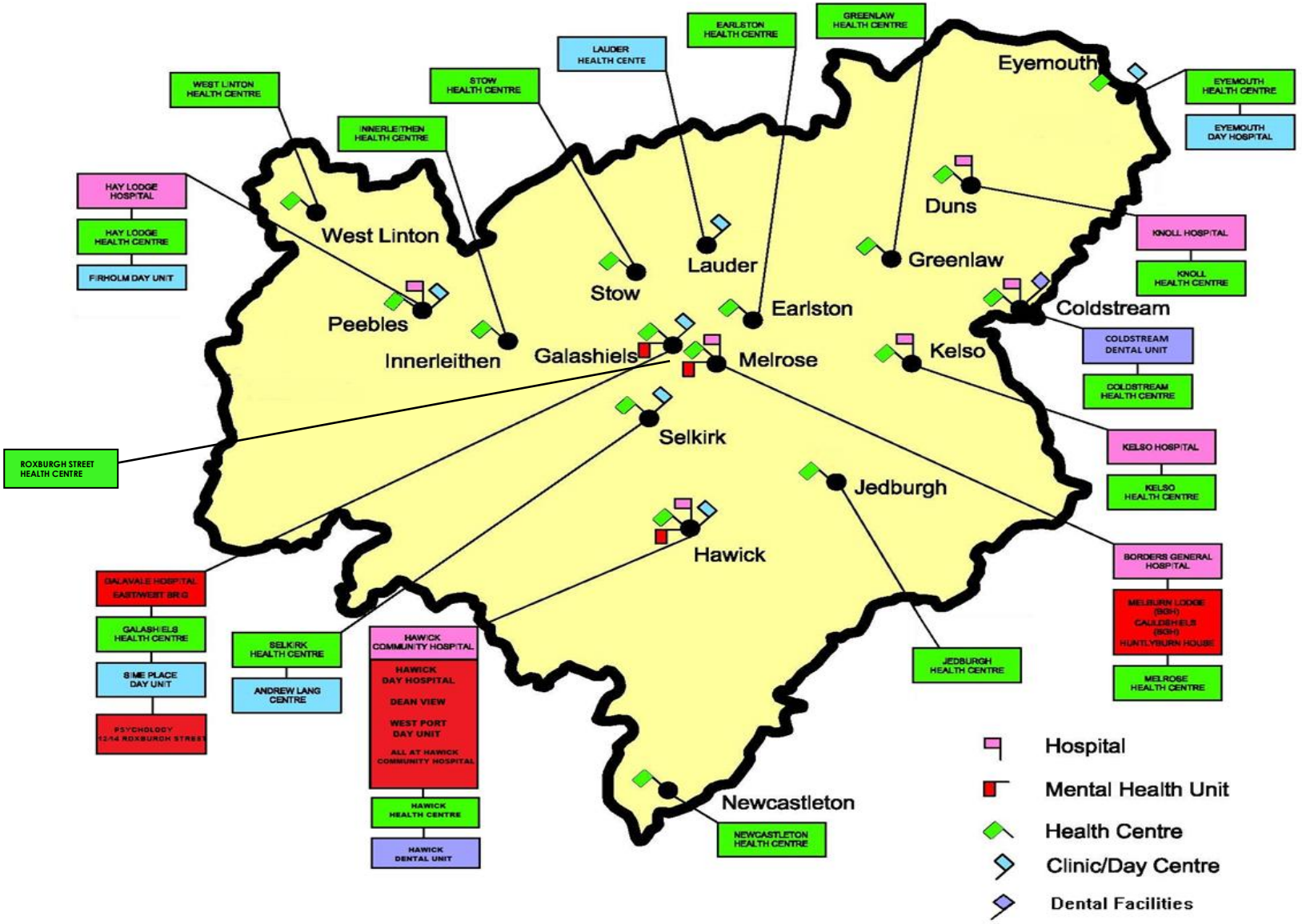
Age Distribution of Servers in NHS Borders	
	Number of Devices
Less than 3 years old	**28**
More than 5 years old	**65**
More than 10 years old	**12**

Age Distribution of Server Operating Systems - NHS Borders	
	Operating System
Windows 2000	**4**
Windows 2003	**48**
Windows 2008	**100**
Windows 2012	**96**

Age Distribution of Firewalls - NHS Borders	
	Operating System
Less than 3 years old	**4**
More than 5 years old	**2**

2.2 Current Asset Locations

The NHS Borders is co-terminus with Scottish Borders Council and the Scottish Borders Health and Social Integration Joint Board. NHS Borders provides health services in locations as detailed in the map below.


WEST LINTON HEALTH CENTRE
INNERLEITHEN HEALTH CENTRE
STOW HEALTH CENTRE
LAUDER HEALTH CENTE
EARLSTON HEALTH CENTRE
GREENLAW HEALTH CENTRE
EYEMOUTH HEALTH CENTRE
EYEMOUTH DAY HOSPITAL
HAY LODGE HOSPITAL
HAY LODGE HEALTH CENTRE
F/RHOLM DAY UNIT
KNOLL HOSPITAL
KNOLL HEALTH CENTRE
COLDSTREAM DENTAL UNIT
COLDSTREAM HEALTH CENTRE
KELSO HOSPITAL
KELSO HEALTH CENTRE
ROXBURGH STREET HEALTH CENTRE
BORDERS GENERAL HOSPITAL
MELROSE HEALTH CENTRE
JEDBURGH HEALTH CENTRE
GALASHIELS HEALTH CENTRE
SIME PLACE DAY UNIT
SELKIRK HEALTH CENTRE
ANDREW LANG CENTRE
HAWICK COMMUNITY HOSPITAL
HAWICK DAY HOSPITAL
DEAN VIEW
WEST PORT DAY UNIT
ALL AT HAWICK COMMUNITY HOSPITAL
HAWICK HEALTH CENTRE
HAWICK DENTAL UNIT
NEWCASTLETON HEALTH CENTRE
West Linton
Peebles
Innerleithen
Stow
Lauder
Earlston
Galashiels
Melrose
Selkirk
Hawick
Jedburgh
Newcastleton
Eyemouth
Duns
Greenlaw
Coldstream
Kelso
Hospital
Mental Health Unit
Health Centre
Clinic/Day Centre
Dental Facilities

The main health facility within NHS Borders is the Borders General Hospital (BGH), with on campus Mental Health in-patient Facilities, a range of ED, inpatient, surgical and out-patient facilities, as well as support services infrastructure including on-site Estates, Laundry, Catering and ASDU. The Hospital is logically located in the approximate geographic centre of the populated part of the Borders and near the junction of main North/South and East/West routes. Having been built in 1988 the BGH is now an aging hospital and despite an active and ongoing programme of development and renewal, the physical constraints of the facilities will become an increasing challenge to the provision of modern clinical practice and best quality services.

NHS Borders also has 4 Community Hospitals, 1 in the west in Peebles, 1 in the south in Hawick and 2 in the east of the Borders in Kelso and Duns. The clinical model in each of these Hospitals varies but they currently form an integrated and essential element of our inpatient facilities. Plans to further integrate these with our services for Older People is a theme within our Clinical Strategy. There are a number of day units within the hospital as well one in Eyemouth. There are also a number stand alone day units which operate in Eyemouth, Galashiels and Peebles.

In addition to the Mental Health facilities located on the BGH campus there are also Mental Health services provided from the Galavale and Sime Place in Galashiels and Priorsford in Peebles. The Andrew Lang unit in Selkirk is a learning disability unit which provides child and adolescent services, although this property does not fully meet the physical requirements of the service who inhabit the space.

As well as having office space on the BGH campus the Boards other main office accommodation is located at Newstead which has previously been designated for disposal but due to lack of alternative accommodation this has not been possible.

There are 97 sites which provide Primary Care Services across the region. An additional pharmacy has opened since PAMS 2015 and there has been an active programme of Primary Care developments which are reported on later in this document.

Geographically most facilities are in suitable locations however with the increasing pressures on staffing as well as the need to upgrade a number of facilities there may be opportunities to further co-locate some services in the future.

2.3 Current Development

Property

Since the publication of the last PAMS in 2015 NHS Borders has introduced across our sites more dementia friendly signage, the most obvious manifestation of this is the Colour Zoning and associated location boards in Borders General Hospital. We have also delivered a number of key developments:

Melburn Lodge

A £530k upgrade of the dementia unit Melburn Lodge was commenced and completed early in 2016/17. As well as refurbishing of the fabric the design exploited the opportunity to make the unit more dementia friendly.

Primary Care Premises Modernisation Programme

Within Primary Care a number of capital development schemes are being taken forward within a cost envelope of £4.0m, resourced following a business case to Scottish Government. These projects are being run through traditional tender and are managed by the NHS Borders Capital Team.

Roxburgh Street, Galashiels

Development at Roxburgh Street, Galashiels was completed and operational from May 2017. This scheme has provided replacement clinical and office accommodation for Roxburgh Street GP Practice and additional bookable clinical space and office accommodation for community services (HUB scheme £2.3m).

Eyemouth Health Centre

An extension and modernisation is due to complete in the summer of 2017 and will provide additional clinical rooms, including GP consulting rooms, bookable examination rooms and a health education room, as well as improved day hospital facilities; (circa £1.2m).

Knoll Health Centre

Work at Knoll Health Centre site began in February 2017 and is due to complete in the summer of 2017. This reconfiguration will provide new reception space for both Merse and Duns GP practices as well as the Health Board. Additional GP consulting rooms, bookable clinical rooms, improved therapy space and also a designated paediatric therapy suite with a “Changing Spaces” type accessible toilet.

Melrose Health Centre

The start date for the building programme at Melrose Health Centre is currently being confirmed through the detailed design and tender stages. This development will see a second storey being added to the existing premises and will provide additional GP consulting rooms, additional bookable clinical rooms and improved office accommodation.

West Linton

Earlston

Proposals for development schemes for West Linton and Earlston Health Centres are moving towards invitation to tender. Both schemes will provide additional GP consulting rooms and improved clinical spaces.

All of the above schemes will improve patient access to a wider range of clinical services at each site and are in line with the Health and Social Care Integration Joint Board Strategic Plan, NHS Borders' emerging Clinical Strategy and Primary Care Strategy to support the delivery of healthcare as close as possible to the patient's home and community.

Medical Equipment Developments

In the last 2 years prioritised medical equipment has been replaced, including among other things:

- a number of scopes, ultrasounds, renal machines, laboratory microscope and cardiac monitoring equipment.
- A gamma camera CT at a cost of £600k which also provides backup to the main CT scanner.

IM&T Developments

A key area of focus on PAMS 2015 was the need for investment in our IM&T infrastructure and during the last 2 year some progress made to support this requirement as summarised below.

- **Active Directory & GP Practice Application Servers** - During 2015/16 a business case for a major investment of £1.2m in Windows and application server hardware along with a new Active directory upgrade to 2012 version was approved and the work completed. This investment has allowed us to replace the underlying organisation wide Active Directory structure and GP Practice application servers.

- **GP Remote Access** - A new remote access solution has provided GPs with the flexibility to work from home. This was prioritised by the local GP Community as being their most important requirement to help support them in delivering their increasing workload.

- **Nurse bank** – Remote access to allow staff to see available shifts offered through the nurse bank and to upload their availability or commit to work a shift was implemented during 2015/16.

- **Mobile working in BGH** - Within Borders General Hospital we have made a modest investment in Computers on Wheels to facilitate mobile working and improved access to desktop PCs within acute wards.

- **Wide Area Network** - We migrated core Wide Area network (WAN) services from BT N3 to Capita's SWAN offering. Under the new national contract. This has transitioned our 22 remote sites to the new supplier with 4 large sites receiving a bandwidth upgrade.

- **Web Filtering Protection -** End of life web filtering devices were replaced to ensure that we are protected against intrusion and to continue to be able to support our internet access policies by managing traffic and monitoring usage.

- **Reduce physical servers –** During 2016/17 we increased our server cluster and data storage to move from physical to virtual instances of servers mitigating against the age of hardware and risk of failure.

- **Resilience & Backup –** We upgraded our Backup software and increased the data storage for backups to improve our capacity to recover.

- **Desktop replacement –** Around 6% of the total desktops were replaced in a small desktop refresh. This was predominantly in General Practices.

- **Network Switches –** 13 of the oldest network switches (8%) were replaced with new models.

- **SQL Server estate –** A new SQL cluster was purchased with new licensing model for the latest version for all BGH hosted SQL based applications.

3.0 Asset condition and Performance

3.1 State of the Board's property assets

The appraisal of physical condition is based on Property Appraisal Guidance for NHS Scotland: *A risk based methodology for property appraisal* examines individual building and engineering elements depending on the type of property being appraised. This identifies the expenditure required to bring these elements back to a satisfactory condition. It must be noted that the data contained in this section is based on information gathered from an external review carried out in 2015 with some minor updates. The Capital and Estates teams will be reviewing this assessment process going forward.

The results from the appraisal of physical condition are summarised below:

Physical Condition of the Estate				
Ranking	**A Excellent as New %**	**B Satisfactory %**	**C Poor Condition %**	**D Unacceptable %**
2015/16	**0%**	**98%**	**2%**	**0%**
2016/17	**0%**	**98%**	**2%**	**0%**
% Change From Previous Year	**0%**	**0%**	**0%**	**0%**

The above table shows there has been no change in the physical condition of the estate between 2015/16 and 2016/17 and shows that the majority of the estate is in a satisfactory condition. The areas noted in poor condition relate to parts of the Coldstream Dental building, Hay Lodge House and areas of the BGH car parks.

Functional Suitability of the Estate

The overall aim of the functional suitability appraisal is to assess how well the property supports the current and future known demand for the 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 below.

Functional Suitability of the Estate				
Ranking	**A Very Satisfactory %**	**B Satisfactory %**	**C Not satisfactory %**	**D Unacceptable %**
2015/16	**5%**	**60%**	**34%**	**1%**
2016/17	**7%**	**66%**	**26%**	**1%**
Percentage Change From Previous Year	**+2%**	**+6%**	**-8%**	**0%**

The above table details the functional suitability of the Estate and shows from 2015/16 to 2016/17 there has been a 2% improvement in 'very satisfactory' and a 6% improvement in 'satisfactory' of the estate, whilst there has been a decrease of 8% in 'not satisfactory which is a result of targeted recent investment.

The area noted in the Unacceptable category is within Out Patients Department on the first floor at the Borders General Hospital where the layout detracts from providing a cohesive service.

A breakdown of the not satisfactory category is provided below and comments where relevant on where the Board has plans to improve the functionality. A number of issues relate to the Borders General Hospital and the Board will take this issue of functional suitability forward as part of wider business case for the whole site.

Breakdown of Functional Suitability Not Satisfactory Category		
Site	Area	Comment
Borders General Hospital	BECS / A&E	Issues of space, supervision, capacity and assessment
	Admin	Very cramped, location?
	Catering & Dining Room	No longer "best practice" to have kitchen on first floor
	Cauldshiels	Isolation and layout
	Medical Records	Overcrowding, Health and Safety issues
	Rehabilitation	Distance from front door
	Wards 5, 11, 12 and 16	Lack of storage, layout age of cabinetry. Lack of decant capacity to address
	Labour Suite, Special Care Baby Unit, Ward 15 Noah's Ark and Ward 17	Juxtaposition of Mother/Baby facilities and staffing. Storage space and layout/age of fixtures and fittings.
Crumhaugh House	Crumhaugh House - Ground and 1st Floor	Future of asset being considered
Earlston Health Centre	Earlston Health Centre	Project due 2017/18
East Brig		Minor scheme being scoped
Galavale Lodge and Hospital		Future use under consideration

Hawick Community Hospital	Dementia Day Unit Hawick Day Unit Mental Health South	Since opening ten years ago, changes in the clinical services provided in these areas has resulted in a review being required.
Hay Lodge Hospital	Ground Floor Ward	Split of single rooms and bays, ward layout, bathroom/showering facilities with limited clinical storage on ward and preparation area.
	Basement Day Unit	Lack of suitable outside garden space.
Hay Lodge House	All	Only two ground floor rooms are service provision useable, building has no disabled access with other suitability issues.
Huntlyburn House	Ward	Observation improved but remains challenging
Innerleithen Health Centre	St Ronan's Health Centre	Minor issues (major premises issues addressed within Modernisation Programme 2014)
	Ground Floor Office	Layout
	Training Area	Not purpose built and location in Borders
	Parking	
	First Floor	Accessibility, layout
Melrose Health Centre	Melrose Health Centre	Project due 2017/18
Sime Place	Ground Floor	Capacity versus demand
West Brig	West Brig - Ground Floor	Minor scheme
West Linton Health Centre	West Linton Health Centre	Project due 2017/18

Space Utilisation

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

The Crumhaugh site which is currently vacant accounts for the area noted in the Empty Not Used category. The results from this appraisal are summarised below:

Space Utilisation of the Estate				
Ranking	**E Empty Not Used %**	**U Under Utilised %**	**F Fully Utilised %**	**O Overcrowded %**
2015/16	**2%**	**0%**	**98%**	**0%**
2016/17	**2%**	**0%**	**98%**	**0%**
Percentage Change From Previous Year	**0%**	**0%**	**0%**	**0%**

Quality

Quality of the Estate				
Ranking	**A Very Satisfactory %**	**B Satisfactory %**	**C Not satisfactory %**	**D Unacceptable %**
2015/16	**7%**	**60%**	**32%**	**1%**
2016/17	**8%**	**71%**	**20%**	**1%**
% Change From Previous Year	**+3%**	**+9%**	**-12%**	**0%**

The above table details the quality of the Estate and shows from 2015/16 to 2016/17 there has been a 3% improvement in 'very satisfactory' and a 9% improvement in 'satisfactory' of the estate, whilst there has been a decrease of 12% in 'not satisfactory' and no change in 'unacceptable' suitability of the estate.

The key area where the estate is considered unacceptable (1%) is the Hay Lodge House building, former nurses home, on the Hay Lodge Hospital site where the building is now operating as offices and a service base.

Performance Monitoring

There are developed National criteria for Estates which are shown below, we await the State of the Estate report from NHS Scotland to discover our relative performance.

Targets for improvement in estate condition & performance

Key Performance Indicator	KPI No.	Target for 2020	2014 Performance NHS Boards	2015 Performance NHS Borders	2017 Performance NHS Borders
Percentage of properties categorised as either A or B for Physical Condition	1	90%	62%	98%	98%
Percentage of properties categorised as either A or B for Quality facet	2	90%	67%	67%	79%
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%	78%	93%	95%
PAMS Quality Checklist overall score	5	95%	75%	71%	Not available
Overall percentage compliance score from SCART	6	95%	78%	83%	77%

Cost per square metre for backlog maintenance	7	£70	£168	£77	£105
Significant and high risk backlog maintenance as percentage of total backlog expenditure requirement	8	10%	43%	32%	29%
Percentage of properties categorised as either A or B for Functional Suitability	9	90%	68%	65%	73%
Percentage of properties categorised as 'Fully Utilised' for Space Utilisation	10	90%	81%	98%	98%
Building area sq.m per consumer week**	11	3.0	3.50	2.86	Not available
Cleaning costs £ per sq.m**	12	10.0	42.36	16.50	15.80
Property maintenance costs £ per sq.m**	13	6.50	34.67	6.87	7.28
PFI - Facilities Management Costs £ per sq.m.**	14	Not applicable	Not applicable	Not applicable	Not applicable
Energy Costs £ per sq.m**	15	20.0	30.65	23.09	21.11
Rates Costs £ per sq.m**	16	15.0	12.76	17.79	17.70
Catering Cost £ per patient day**	17	3.50	-	3.40	3.66
Portering Costs £ per sq.m.**	18	5.50	-	8.62	8.51
Laundry & Linen cost £ per item (including external income	19	0.20	-	0.17	0.20

There still remains, however, scope for further improvement, which this Property Asset Management Strategy aims to address.

3.2 Statutory Compliance and Assurance

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 (HFS).

During 2016/2017 the SCART tool was upgraded and expanded, requiring further analysis and input into the system. During 2016/2017 a robust examination utilising the expanded tool has been carried out and this has resulted in the average compliance rating falling from 83% to 77%.

The table is a subsection of the full SCART range and illustrates the subjects initiated into the process in 2014 and illustrates the progress made in the intervening years to date.

Subject	**2015 Score**	**2017 Score**
Asbestos 2014	22.73	80.66
Bedhead services 2014	56.52	65.22
Confined Spaces 2014	3.85	23.08
Electrical Distribution 2014	62.5	59.21
Electrical HV 2014	84.82	95.54
Electrical LV 2014	69.35	91.94
Heating & Ventilation 2014	49.4	57.74
Medical Gases 2014	71.11	82.22
Pressure Systems 2014	60.83	84.17
Water 2014	57.5	61.07
Average for above topics	**53.86**	**70.08**

The Board continues to manage the risk associated with statutory compliance through the appliance of good working practice and the adoption of appropriate control measures where necessary.

The Head of Estates has formed an action plan to improve this rating during 2017/2018 which will include the following key areas for improvement.

- Appointment of Pressure Systems Authorising:Engineer
- Appointment of Ventilation Authorising Engineers
- Training and appointment of staff for Confined Spaces
- A dedicated Compliance Manager to advise and audit
- Key Performance Indicators to be set for continual improvement
- Annual SCART report to be presented to the Occupational Health and Safety Forum
- Additional resource, both manpower and financial
- Staff awareness of the implications of non compliance

3.3 Backlog maintenance

Backlog maintenance is defined as investment to maintain or to restore properties to: 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 table below illustrates the changes in backlog maintenance over the last four years:

	Backlog Maintenance Risk Category				**Total (£m)**
	Low £m	Moderate £m	Significant £m	High £m	
2014	1.59	2.35	1.01	1.31	6.26
2015	1.74	2.37	1.95	0.00	6.06
2016	2.41	2.53	1.91	0.00	6.85
2017	2.04	3.82	2.43	0.00	8.29

This year the backlog maintenance requirement for NHS Borders is estimated at £8.29m, an increase of £1.43m from that reported within PAMS 2015.

There has been an increase in the level of backlog maintenance due to the Estate ageing by another year, the cost of materials and labour rising with inflation and more detailed information on the cost of replacing the ventilation in the theatres in the BGH.

A breakdown of the 2017 backlog maintenance is provided in appendix 1 with £2m of the total relating to ventilation system in 4 of the 5 theatres in the BGH.

Although a significant level in comparison with other Board areas this is a relatively low investment requirement in cost and percentage levels which reflects the current state of the NHS Borders estate. However it must be noted that the age of the estate is increasing with 95% of the estate now 30 years or older.

The draft 5 year Capital Plan 2017/18 to 2021/22 included a commitment of capital resources to the replacement of Theatre Ventilation Plant during 2017/18. Although a key element of backlog maintenance the Board's Strategy and Performance Committee on the 4th May 2017 agreed to postpone the planned replacement of the ventilation system in 4 of its 5 theatres and to put in place annual inspections and the collation of performance data to monitor the situation and highlight any change ensuring appropriate action is taken if required. The Board's Capital Plan for 2017/18 has therefore been amended to include the identified resource (£2m) as uncommitted pending further discussion by the Board.

The Board will through a prioritisation process take forward the highest risk areas of backlog maintenance.

3.4 Environmental management strategy

Since 2008 the introduction of the Scottish Government's Scottish Climate Change Bill, pledges to reduce not just carbon dioxide but all six greenhouse gases.

To assist in this process the NHS Borders 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 HFS owned web based computer software, Corporate Greencode, to maintain and improve the EMS.

NHS Borders had been tasked with meeting the national HEAT targets, E8-KPM1 and E8-KPM2, which began in the year 2010/11, which was a two part target based on reducing CO_2 emissions and energy efficiency over a five year period.

The CO_2 emissions target set was to reduce annual CO_2 emissions by 15% from a baseline of 3,358 tonnes to 2,854 tonnes. NHSB exceeded this target and achieved a reduction in annual CO_2 emissions of 22.6% to 2,599 tonnes per annum.

The energy efficiency target set was to reduce annual energy consumption by 5% from a baseline of 95,061 Giga Joules (GJ) to 90,308 GJ. NHSB exceeded this target and achieved a reduction in annual energy consumption of 9.86% to 85,681 GJ per annum.

The targets to be set for the five year period to 2019/20 were arrived at after discussion with the NHS Boards and in agreement with SGHD, and have been set by the individual Board.

The Board had 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. The table below indicates the proposed NHS Borders targets for the five year period:

Criteria	**Targets for 2019/20**			
	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%			

The tables below illustrate how NHSB has performed against these set targets to date:

Progress against the 2020 Target – CO_2 Emissions Reduction

Baseline CO_2 Emissions*	**Target CO_2 Emissions***	**Actual CO_2 Emissions***	**Variance Against Baseline**
8576	8019	7958	-7.2%

*CO emissions in Tonnes

Progress against the 2020 Target for – Energy Efficiency

Baseline KWh	**Target kWh**	**Actual KWh**	**Variance Against Baseline**
33,859,088	31,658,248	30,845,630	-8.9%

Progress against the 2020 Target for – Renewable Heat

Baseline	**Target**	**Actual**	**Variance Against**

Heat Consumption (kWH)	From Renewables	From Renewables	Baseline
23,387,618	14.67%	9.1%	+5.57%

The heat consumption from renewables is provided by the biomass boilers installed at the Hawick Community Hospital, Huntlyburn, Kelso Hospital, Knoll Hospital, Melburn Lodge, Stow and West Linton Health Centre sites.

Solar electricity is generated by photovoltaic (PV) panels on the roofs of the Borders General Hospital and Lauder Health Centre, with additional units being incorporated into the new building in Roxburgh Street, Galashiels and in the twelve month period to 31 March 2017 the operational arrays produced 30,893 kWh of electricity.

In future years the delivery of the energy consumption target going forward will become increasingly challenging due to the increased usage of electrical equipment and the longer operating/opening hours both in the acute hospital and community properties. This has been recognized across the NHS in Scotland.

3.5 State of the Board's office accommodation

NHS Borders is committed to improve the use of and reduce the costs of office accommodation. We have for several years been withdrawing from office accommodation and where possible disposing of buildings. This has been in the context of minimal investment in modernising or re-provisioning our office accommodation. Currently we declare 5 sites under the "Smarter Offices Programme", a reduction from 7 in our previous PAMS.

Site	Sq. m GIA	Headcount at 31.3.17	Desk to WTE/FTE %	Cost per Desk £
Old Board Headquarters Newstead	1,527	130	120.0%	775
Huntlyburn Cottages BGH Campus	176	11	100.0%	2,090
Galavale Cottage Lodge Galashiels	103	20	171.4%	348
Education Centre, BGH Campus	1,342	84	129.3%	1,582
Primary Services Block BGH Campus	592	59	128.6%	951

Our main locations of office accommodation consist of 3 areas/buildings on the BGH campus. Additionally there is a small group of offices on the Galavale Hospital and we also retain the old Board Headquarters at Newstead. The Newstead property has suffered a significant loss of value due to concern about the stability of the river cliff upon which it stands, however ongoing review and monitoring has meant the board is more confident in the stability of the banking. It is not currently possible to empty the occupants into any other NHS Borders accommodation due to lack of available space. At present there is no capital identified for any reconfiguration, nor for any modernisation of office accommodation. There was some high level investigation carried out previously which explored the possibility of converting the Education Centre office accommodation to an open plan design, but the brief feasibility study, conducted several years ago, showed that this would not be a cost effective measure.

We have managed to reduce our outlying small and rented accommodation holdings by concentrating those functions on the BGH campus.

We are also working with Scottish Borders Council to explore further co-location synergies and joint use of facilities that may free up space on some sites. We have not yet developed a hot-desking or other flexible working policy.

Whilst opportunities will be reviewed as they arise, the likelihood is that any possibility to dispose of Newstead and implement any change in the ways of office working and practice will come as a result of the BGH Campus development programme.

3.6 State of the Board's medical equipment

The Medical Equipment Committee (MEC) recently met and reviewed the medical equipment rolling replacement programme.

The table below details the medical equipment prioritised for replacement over the next 3 years:

Medical Equipment Items	**Estimated Cost (Inc VAT)**	**Estimated Cost (Inc VAT)**	**Estimated Cost (Inc VAT)**
	2017/18	**2018/19**	**2019/20**
Digital Fundus Camera - Borders Eye Centre		£20,000	
Humphrey Field Analyser x 2 - Borders Eye Centre	£29,000	£29,000	
Defibrillators x 88	£80,000	£55,000.	£63,000
Ultrasound Scanner - EUB5500 (18438-418) - Ward 16	£55,000		
Ultrasound-Trus Biopsy - EUB5500 (17621-411) – Endoscopy	£55,000		
Argon Plasma Coagulator (Endoscopy)	£25,000		
Surgical Stacking System ExeraII – DPU		£65,471.	
Ultrasound Scanner - EUB6500 HV (KE10998-610) - Ante Natal OPD.		£60,000	
Theatre Trolley Replacement - Purchased in 15/16 - funding to be removed from budget in 16/17 and 17/18.		£49,400.	
Monitor-Transport			£6,530.
Spectralis Oct			£70,865
Cardiac Output Monitor			£4,996
Cardiac Output Monitor			£4,996
Vital Signs Monitors Dash X 28			£112,000
Anaesthetic Machines			£204,000
	£244,000	**£278,871.**	**£466,389.**

The NHS Borders Rolling Medical Equipment Replacement Programme identifies equipment to the value of £700k (estimated value) which is more than 10 years old and is not on the prioritisation in next 3 years as the individual items of equipment do not fit the replacement criteria at this stage. The programme is under routine review and the status of any item of equipment can change dependent upon the cover available by service contracts and unplanned equipment breakdown.

Maintenance and Review

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. 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 and Safety and consequence to service provision of non replacement. Where in house service and repair cannot be carried out the use of specialist service contractual arrangements are put in place.

Key Issues

- Sterilisation and Disinfection - The Area Sterilisation and Disinfection Unit (ASDU) is showing signs of its age, both washer disinfectors are no longer supported by the manufacturer. This does represent a risk to the organisation. As mitigating action the Estates Department engineers have acquired a good stock of spare parts and keep the machines both serviceable and effective. There is also a backup plan to use other regional Decontamination Units if there is an interruption of services at BGH. The outcome of the National Review of Sterile Services may have an impact on the eventual solution developed.

- Minor Medical Equipment - Items of Minor Medical equipment are placed on an asset register at delivery by Medical Electronics. The annual capital allocation of £200k to the Medical Equipment Committee is the main funding stream for replacement and augmentation of this holding, though some capital schemes will also purchase minor equipment as part of an overall service renewal/reprovision. Endowment and charitable funds may also be used to purchase some equipment. An improved and documented equipment prioritisation process was introduced in 2015 (as described in this document) and is providing greater visibility of future equipment needs and structure to the necessary planning.

- Radiology Equipment - Radiology Equipment National guidelines suggest the age at which to consider replacement of equipment. 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. The current process in place within the Board to prioritise the replacement of radiology equipment within allocated Capital Resources is as follows:
    - Noting the age of each item of radiology equipment and following national guidelines for replacement an overview can be created with approximate time scales for replacement, the Board's 5 year replacement programme has been drafted on this basis.
    - Equipment should be risk assessed regularly to fine tune the timing of replacement.

- Risk Assessment elements considered are:
  - Reliability of the equipment.
  - Whether the equipment continues to have a service/maintenance contract in place.
  - Availability of spare parts and time taken from breakdown to repair
  - Damaged or worn out beyond economical repair.
  - Clinical risk of using equipment where there become issues around image quality due to degradation of equipment.
  - Clinical risk of using equipment where there becomes issues around image quality because of more modern technology being available.
  - Increased Radiation dose to patients/staff because older equipment has less dose reducing options.
  - Increased risks to staff from moving and handling issues due to old less ergonomic machinery.

The process is carried out on a routine basis by the Radiology Clinical Team.

All radiology equipment assessed for replacement is covered within the 5 year total anticipated capital budget of £2,25m; the replacement timing of equipment will require discussion and agreement of phasing within each year's capital plan. A copy of the radiology replacement programme for the next 5 years is available in appendix 2.

11 of our 19 pieces of major equipment are beyond the guidelines issued by the National Imaging Equipment Group. The risks of this position and the mitigating actions taken by the Board are described below:

- The DEXA scanner and computerised radiography (CR) equipment have not been replaced within the 5 year plan due to insufficient funding despite their recommended replacement dates of 2015. Dental and DEXA equipment is not heavily used and is under a planned maintenance contract. It is hoped that this equipment will continue to be reliable.

- The CR equipment is heavily used but as Digital technology is moving quickly, replacement will be considered when it is no longer viable to repair. A full review will need to take place when general x - ray room 4 is replaced as it is hoped this room will be replaced with digital equipment.

- Picture Archive and Communication system (PACs) and Radiology Information System (RIS) is totally reliant on digital storage and transfer of images and reports within the hospital and also nationally with other NHS sites within Scotland Picture Archive and Communication system, (PAC's). A national process with refresh of hardware and upgrade of software is coordinated by National Services Scotland (NSS) on a regular basis. The cost to NHS Borders of the Carestream PACs system is foreseeable, able to be planned and budgets adjusted to accommodate on a yearly basis.

- The Radiology Clinical Team, supported by the Endowment Fund Fundraising Team, are currently progressing a charitable funding application to enable the relocation of the mammography outpatient accommodation and equipment to within the main Radiology Department.

3.7 State of the Board's vehicular fleet

The future model for the provision of fleet assets is under review and NHS Borders are participating in the review linked to the national shared services agenda, to provide a National Fleet Management function.

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. This will be achieved through changes in Policy and financial procedures (future tenders), and by investing in a "greener fleet" and avoiding dependence on fossil fuel based fleet, the risk of rising fuel prices will be reduced.

Recent initiatives to reduce cost and contribute to carbon emissions targets include:

- Improved fleet utilisation
- Car Share/Pool Vehicle scheme
- Use of Hire Cars for journeys over 50 miles
- Use of tracking and fuel saving equipment , providing reduced fuel consumption
- Driver efficiency training
- Implementation of multipurpose vehicles to further increase utilisation

Environmental management; at the procurement stage, the issues taken into account are:

- CO_2 emissions
- Fuel consumption
- Fuel type
- Recyclability
- Whole life cost

There are parking pressures on almost all of our sites but most acutely at the Borders General Hospital. Despite the introduction of Car Park Management in 2013 and construction of 43 additional spaces and an informal parking area with space for approximately 40 more cars, the availability of spaces at BGH for patients and staff is very restricted most particularly in the afternoons. The increasing centralisation of staff and clinics at the BGH has increased this pressure and no further funding is allocated for car park improvements. We are working with the new "Borders Bus" service provider to see if timetables could be changed to promote bus use for travel to Borders General Hospital. Car sharing and active commuting are also encouraged and supported.

3.8 State of the Board's IM&T assets

NHS Borders commissioned a root and branch review of its IM&T estate and services in early 2016. The output of that was a report to the Board to indicate areas of greatest risk within the infrastructure.

The high level findings were as follows:

- Infrastructure - equipment
  - Ageing estate with single points of failure.
  - End user device operating system (Windows XP) represents a significant security and supportability risk.
  - Current Disaster Recovery solution severely restricts the ability of IT to recover quickly.

- Infrastructure – impact on workforce

    - IT estate has a significant, negative impact on staff productivity and efficiency and on patient care.
    - IT estate holding back new approaches to delivering IT services.

- IM&T Workforce / service delivery
    - Service desk software inhibits effective incident management & performance monitoring.
    - Too many open aged calls.
    - No mechanisms to use feedback.
    - Small core teams.
    - Skills in some technologies are in short supply & person dependent.
    - Vacancies held to meet financial targets.
    - Can be hard to recruit to some vacancies.

- Applications
    - Key cornerstone applications reaching end of life – unsupported.
    - Older versions holding back clinical service improvements.
    - Older functionality stops us sharing more information between systems.
    - Unable to deliver Electronic patient record.
    - Limits our ability to provide local and national information for performance & improvement.

- Resilience – Disaster Recovery and Business Continuity

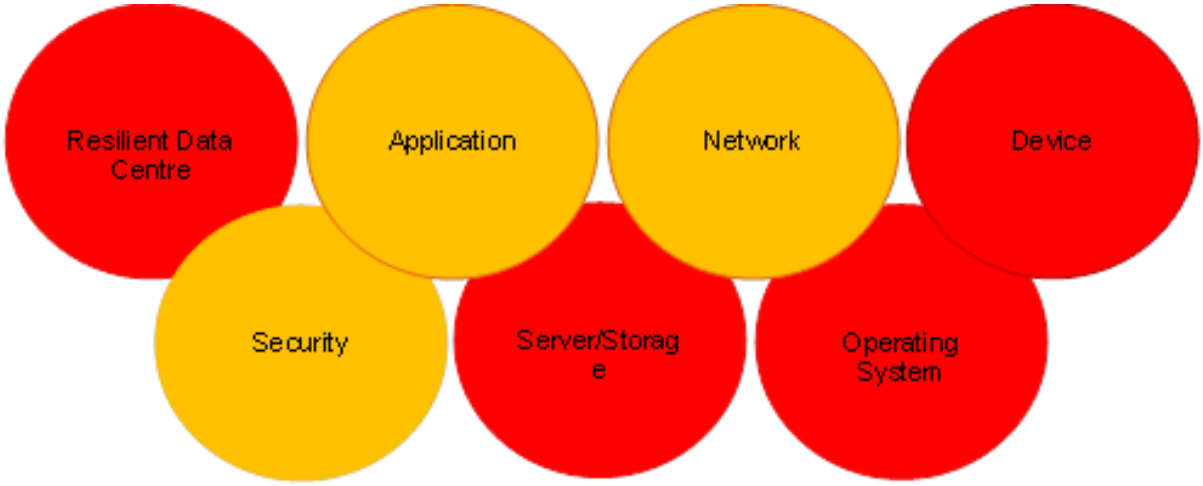
NHS Borders have used Commvault technologies to provide enterprise backup and restore services since 2007. An enterprise license was purchased in 2011 that allows unlimited use of backup licences. All servers managed by IT Services are backed up by Commvault. Servers at the central sites are backed up to three network attached storage (NAS) devices located in the BGH Services Block which are then archived off to an off-site tape library. General Practice sites have local NAS devices located as far from the local servers as possible. De-duplication technology was enabled to increase the lifespan of assets and decrease the amount of network traffic required.

While the Commvault technology has worked well for us, the rate of data growth has been much higher than anticipated and we are regularly having to manage and consider what data we backup or purchase additional extensions to our current contract. It is proving an expensive solution to maintain and alternatives need to be considered.

NHS Borders has one main data centre located on the second floor of Borders General Hospital. Each health centre and community hospital (30 sites) has a server room that hosts the physical servers and network equipment required to provide IT services to that site; this requirement for a physical presence is based on restricted network bandwidth which is insufficient for the remote delivery of fat client applications and on Microsoft best practice. The state of these rooms ranges greatly in suitability from a cupboard in reception to a small locked air-conditioned room.

The diagram below broadly describes the components that are required for a modern IT Infrastructure. The components have been colour coded in terms of risk for NHS Borders as at the time of the review. All IM&T risks of high or very high have recently been impact assessed by clinicians and the risk rating agreed jointly with IT teams.

While none of the high level areas show green overall, that is not to say there are no good parts of the infrastructure, rather it reflects that there are pockets where the risks are significant enough for us to class the overall assessment as amber or red.



It is clear that the infrastructure in NHS Borders is no longer fit for purpose and poses risks to the delivery of care. The current state of the infrastructure makes it difficult to deliver the level of IT service and experience the teams aspire to and which staff and patients deserve.

As a result of the review and investment plan and roadmap was created. This was approved in terms of priority and schedule at NHS Borders Board in May 2017.

The NHS Borders IM&T Applications and Infrastructure 'Roadmap' has been developed and agreed by the Board which sets out a four year plan and approach to mitigate the risks associated with the aging IM&T NHS Borders infrastructure. This was produced following a review of the infrastructure which clearly identified the areas which need addressing. The roadmap is intended to address the risks identified through the review and provide additional benefits to support NHS Borders to drive forward with its ambitions in relation to transformational change in local healthcare provision. It has been prioritised based on risk and benefits, while balancing some schemes which deliver efficiencies for both IM&T and the wider organisation.

For the purposes of planning the schemes within the Roadmap have been grouped into four categories. These are intended to demonstrate where we are modernising and securing our current footprint of infrastructure and applications estate, also where we are add to our IT provision. The schemes contribute to all seven risk areas identified, the categories for the schemes are:

- Infrastructure current
- Infrastructure future / additional
- Application current
- Application future / additional

A programme of work to integrate and share IM&T services across NHS Borders and Scottish Borders Council is currently underway. At this point the scale of work is not known but it is likely to require significant resource to allow the two infrastructures to communicate as well as portal technology to provide an integrated view of information held across the partner agencies.

3.9 State of the Board's independent facilities

To enable the Board to deliver a successful PAMS it is essential that it continues to work closely with its partners, stakeholders and external agencies, which will aid the planning and delivery of services.

General Practice

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 6,542).
- Coldingham branch surgery (Eyemouth Practice).
- Cockburnspath branch surgery (Eyemouth Practice).
- Yetholm branch Surgery (Kelso Practice).
- Newtown St Boswells significant branch surgery (list 6,577 split approximately 50:50 with Melrose).

Roxburgh Street GP Practice previously occupied GP owned premises, have just moved into a new building owned by NHS Borders.

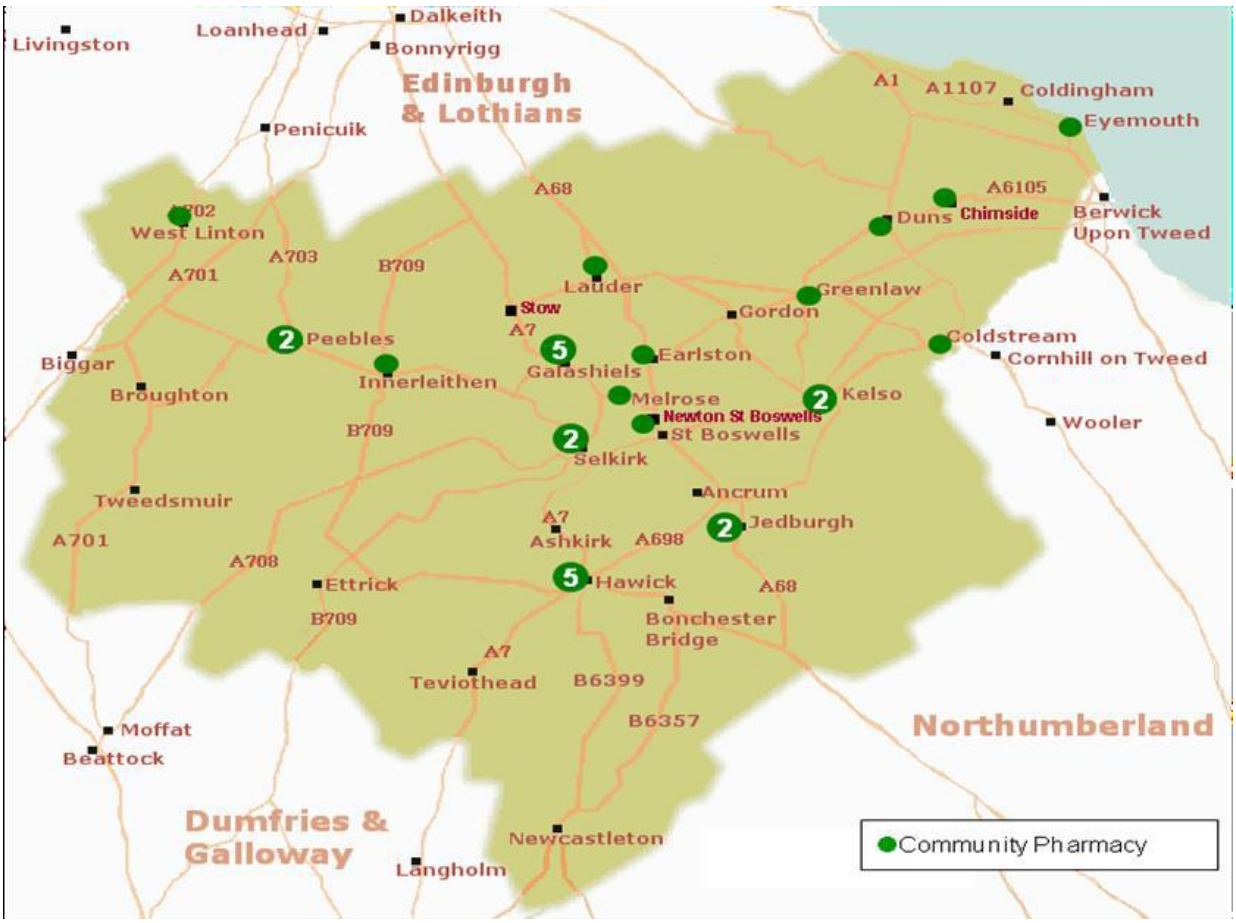
There is one further health centre at Chirnside where the premises are owned by a third party and leased directly to the GP practice, who operates it as a branch surgery (Merse Medical Practice whose total list size across Duns and Chirnside is 6,365).

The Board continues to work with GP practices to review the extent to which the facilities used by its independent contractors meet the needs of the population they serve. This includes both the condition and location of the property from which they operate.

Community Pharmacy

Pharmaceutical care services are currently provided by 29 community pharmacies. These are distributed across the region as illustrated below. They represent approximately 1 community pharmacy for each 4,030 of population compared to 1 community pharmacy for each 4270 Scottish Average (2010 population estimates).

Community Pharmacy Locations (2016)



In addition to the community pharmacy network 3 GP practices hold dispensing doctor contracts (Stow, Newcastleton & Coldingham). In line with Prescription for Excellence two of the dispensing practices (Stow and Newcastleton) are supported by pharmacist independent prescribers providing disease specific clinics.

In appendix 3 there is a copy of the table showing a breakdown of the facilities currently available to ensure equality of access for all patients.

In order to provide many of the additional services community pharmacies must have a suitable environment that offers the patient the privacy expected of such services.

Four community pharmacies do not have sufficient space to provide private areas, which can be utilised for the provision of counselling and/or advice. This will hamper those pharmacies providing some of the new enhanced services from within the pharmacy.

The table in appendix 4 outlines the results of the most recent consultation area audit carried out in 2016.

General Dental Practice

There is now a good network of 18 General Dental Practitioners in Borders. The geographic distribution is reflective of our centres of population. This is in addition to the NHS Dental Centres in Hawick and Coldstream and Public Dental Service facilities in Kelso, Galashiels and Peebles Health Centres; we maintain a programme of Practice inspections.

List of dental practices by location:

Practice	Town	Postcode
Duns Dental Practice	Duns	TD11 3AL
Earlston Dental Practice	Earlston	TD4 6ES
Eyemouth Dental Practice	Eyemouth	TD14 5BU
Ladhope Vale Dental Practice	Galashiels	TD1 1BT
Bank Str Dental Practice	Galashiels	TD1 1EN
Roxburgh Dental Practice	Galashiels	TD1 1PF
Borders Orthondontics	Galashiels	TD1 3AF
Albert Place Dental Practice	Galashiels	TD1 3DL
North Bridge Dental Clinic	Hawick	TD9 9PX
Teviot Dental Practice	Hawick	TD9 9QW
GK Dental	Hawick	TD9 9EE
Jedburgh Dental Practice	Jedburgh	TD8 6EN
EM&B Dental Practice	Jedburgh	TD8 6QA
S Norman Dental Surgery	Kelso	TD5 7AT
High Street Dental Practice	Peebles	EH45 8SF
R Kerr Dental Practice	Peebles	EH45 9BU
Kingsmeadows Dental Practice	Peebles	EH45 9EH
Selkirk Dental Practice	Selkirk	TD7 4DG

Optometry

All optometrist premises in Scottish Borders are owned by the independent contractors and the scale and locations are driven by market pressures:

Name of Practice	Post Town
R.D. MacFarlane	Selkirk
Crown Optical Centre	Galashiels
Lindsay Opticians	Kelso
Specsavers Opticians	Galashiels
W.M. Glennie	Hawick
J Holmes Wilson	Melrose
Boots Opticians	Galashiels
Dempster Optometrists	Peebles
Boots Opticians	Hawick
A. L. Storey Optician	Peebles
A. K. Hall	Galashiels
Noel Johnston Opticians	Duns
Occuleye Opticians	Hawick
McClean Optometrists	West Linton
Higgins Opticians	Peebles

Care Homes

There are a range of Independent Care Homes in the area (32 in total) and we have built up close relationships with Scottish Borders Council (SBC) who have the contractual relationship with these providers. We have not considered any assessment of the facilities and will discuss with SBC how we may manage that for PAMS 2018.

4. Competing Asset-Based Investment Needs

Part A of the PAMs provides an overview of the current condition and challenges facing each of the assets (Property, Medical Equipment, IM&T and Vehicles). Each of the assets has its own individual challenges notwithstanding there are a number of issues which apply to all four asset groups:

- Aging assets
- Compliance with legislation
- Functionality
- Advanced Technologies
- Additional Service Demands

It is recognised that the capital projects already noted will not eliminate all the competing demands, this is therefore why NHS Borders intends to bring forward a strategy assessment following this PAMS which will start discussions around the BGH Campus Development. The BGH Campus Development will seek to build a plan to address as many of the issues identified in this PAMS as possible, making sure that all proposals are aligned to the Board's objectives and Clinical Strategy. However it is recognised that this will take time to work through and it is therefore essential to explore and identify solutions which can build capacity within the system without the need for capital investment and in a timelier manor. This approach will also make sure that we maximise benefits to NHS Borders of any capital investment that is received.

Part B: Where do we want to be?

Introduction

The following section reviews the national and local context for service change and outlines how this context shapes asset arrangements and improvement plans.

Whilst tackling poor public health, prioritising prevention and early intervention, NHS Borders also aims to drive down demand for acute services and additionally improve productivity and growth. NHS Borders works closely with the Scottish Borders Health and Social Care Integration Joint Board (IJB) to push forward performance in this area, building on their strategy plan which outlines its intent and actions.

Where specialist services are required, NHS Borders will work with its regional partners to support the planning of these on a wider population level to ensure better value and the sustainability of services.

As NHS Borders moves to implement change in line with the local Clinical Strategy, this will be within the context of within existing or reduced resourcing envelope. The possibility of using existing resources differently will be fully explored, re-orienting existing services and investing in service development, where appropriate.

5. National Context for Service Change

The Scottish public sector is challenged by the changes in demography across Scotland. A combination of an aging population, which carries an increased need for care for a larger proportion of peoples' lives; workforce constraints; and expectations by both public and the professionals who care for that population, mean that the need to be clear on direction has never been greater.

The Scottish Government's response to these challenges have been set out through the integration of health and social care, the National Clinical Strategy, and most recently the Health and Social Care Delivery Plan (HSCDP), which calls for a clear vision from each IJB and Health Board of how they will work to deliver healthcare over the next 10 years. Both NHS Borders Clinical Strategy and the IJB Strategic Plan have been developed so as to align with this.

In time, this will have a significant impact on how the Health and Social Care Partnership better utilises public sector estate.

Regional Working

The HSCDP also outlines the expectation that Boards will work increasingly regionally, and will collaborate on the delivery of a *Regional Health and Social Care Delivery Plan.* Work is on-going for the Boards in the East Region to develop such a regional approach. The South East and Tayside (SEAT) regional planning group has begun to reframe itself as the East of Scotland Health and Social Care Delivery Plan Programme Board, with a number of work streams identified as priority areas for action:

- Needs assessment and context
- Primary, Community and Social Care
- Prevention
- Acute services
- Finance, estates and capital
- Communications
- Workforce

There is a clear read-across to PAMS for all Boards involved.

6. Local Context for Service Change

In Borders health and social care services are facing a rising tide of demand which is driven by demographic changes, advancing medical science and new technologies, at a time of constrained resources. As people live longer, healthy life expectancy is not advancing at the same pace. This means that we will have more people, many of whom are older, living with multiple long-term conditions and often complex needs, who will be reliant on support and intervention from health and social care services.

We therefore need to change our approach by shifting the balance of care away from acute hospital-focused care to one where there is a greater emphasis on prevention, self-management and community-based intervention. The Borders population will change significantly over the next few years:

- The elderly population will grow at the fastest rate – while greatly welcomed, this population will proportionately need most healthcare resources. The numbers aged 65-74 will increase by 32% between 2012 and 2032 whereas the over 75s population is expected to grow by 75%.
- Average life expectancy is increasing in Borders people as is the case for Scotland, however there are stark differences in the life expectancy of those living in our most deprived areas compared with the least deprived. There are areas within the Borders where the male and female life expectancy is lower than for Scotland as a whole.
- Due to the increase in average life expectancy, the burden of disease in later life will increase the proportion of people with long-term health conditions. By the age of 65, nearly two-thirds of people will have developed a Long Term Condition: 75% of people aged 75-84 have two or more such conditions.

7. Competing Service – based Investment Needs

NHS Borders has recently approved its Clinical Strategy at a Board meeting in June 2017.
The strategic aims are:

- To deliver the national vision for health and social care in Scotland, as set out in the Scottish Health and Social Care Delivery Plan (December 2016).
- To provide clarity for staff, the public and partners on the direction and key priorities for staff in NHS Borders, focusing on the delivery of safe and sustainable services and ensuring the best possible patient experience and health outcomes.
- To have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS (and other partner

organisations), such as increasing population needs, advances in technology, workforce and financial challenges.
- To support future decision making and guide how we best use our limited resources.
- To set out how collaborative working with partners will be supported to meet the needs of the South East of Scotland populations and ensure sustainability of health and social care services.

The common overarching principles emerging from this Clinical Strategy are that we need to shift more health care from hospitals to settings closer to people's homes, and from reactive care to prevention and proactive models based on early intervention. As a result NHS Borders services in the future will provide:

- A greater focus on the prevention of ill health and reduction of health inequalities so that people are enabled to look after and improve their own health and wellbeing and live in good health for longer.
- A more coordinated approach to ensure that people, including those with disabilities, long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- More effective care of people living with long term conditions, including increased support for self-management and greater use of anticipatory care plans.
- Integrated community teams (based locally in community led–hubs) to provide support to people across the spectrum from primary prevention through to intensive care at home.
- A greater provision of safe alternatives to admitting people to a hospital with care packages delivered by a joint health and social care teams, and on-going recovery and rehabilitation in the community.
- A proactive approach to Realistic Medicine in primary and secondary care to reduce harm, waste and unwarranted variation and promote patient choice and control, all while managing risks and innovating to improve.
- The development of our workforce to meet future workforce challenges to include a greater reliance on community based roles of extended scope such as Advanced Practitioners.

These plans are consistent with those outlined in the Scottish Borders Health and Social Care Integration Joint Board's Health and Social Care Strategic Plan (2016-19) which identifies 9 objectives:

- We will make services more accessible and develop our communities.
- We will improve prevention and early intervention.
- We will reduce avoidable admissions to hospital.
- We will provide care close to home.
- We will deliver services within an integrated care model.
- We will seek to enable people to have more choice and control.
- We will further optimise efficiency and effectiveness.
- We will seek to reduce health inequalities.
- We want to improve support for Carers to keep them healthy and able to continue in their caring role.

The key impact of the changing context and environment is to shift the balance of care away from acute hospital-focused care to one where there is greater emphasis on prevention, self-management and community based intervention.

The NHS Borders Clinical Strategy outlines the challenges ahead and provides a vision for the future. It recognises that the status quo is no longer an option in terms of rising demand and finite budgets, therefore models of care must change if the challenges of preventing ill health and improved access to healthcare are to be met. The Strategy discusses initiatives designed to improve provision in a number of key areas and has been designed under the overarching principle of delivering person-centred, safe and effective services which patients value and trust.

Some of these changes will be implemented soon, but others will take time to plan and develop before implementation is possible. NHS Borders, in conjunction with the Health and Social Care Partnership, will develop a phased plan over a number of years, beginning in 2017.

Whilst the Clinical Strategy outlines the intent to shift care into the community, there will still be a need for a District General Hospital delivering a range of clinically appropriate and resilient services. It is clear from the identified functional suitability and quality facet scores that the BGH has an ageing design and will be unable to continue to offer the fit for purpose facilities or environment for modern healthcare provision. As well as requiring a District General Hospital, NHS Borders recognises that our primary and community estate will also require to be developed. The detail of this is still to be worked through, however the specific drivers which will inform the capital design are detailed in the Clinical Strategy and summarised below:

Primary Care
NHS Borders prioritised a phased programme of works last year and for the next 2 years to address the development of five health centres prioritised through the Primary Care Premises Modernisation Programme. These sites are at Roxburgh Street, Eyemouth, Knoll (Duns), Melrose, West Linton and Earlston. A process for the identification and prioritisation of future premises issues has been established.

Long Term Conditions
It is envisaged that people with long term conditions will only require hospital admission in the most acute health circumstances. Treatment will be focused around community based staff who will promote self care and management in a patient's own home or in a community setting.

Frail Older People
Locally based, multi-disciplinary community led hubs will improve access to health and social care services for frail older people. These will support and provide care in a person's own home or ordinary place of residence, wherever possible. In order to reduce inappropriate admissions to the BGH and Community Hospitals with more focus on rehabilitation and therapist led enablement followed by support at home.

Palliative and End of Life Care
Anyone who requires access to palliative care will be identified as early as possible and will receive this care at the right time in the right way and in the right place. People will receive end of life care in their preferred place of care, with the support they and their carers require. This will lead to care being delivered in a more appropriate location which will also lead to a better experience and reduce length of stay in hospital.

Mental Health

The service will examine the balance between inpatient provision and community services across the statutory and voluntary sector in Borders. A review will be undertaken to ensure the most efficient use is made of resources across community and inpatient services and that services are delivered in the most effective way to meet the needs of the Scottish Borders. Admission to hospital will be avoided and people will be effectively supported in their communities wherever possible. Services will be delivered in settings that are appropriate in design to meet the need of service users.

Learning Disabilities

There is currently no Step up Step down (Tier 4a services) in the Borders; however it is being explored locally as to what a facility in the Borders might look like. There are also some additional challenges with other facilities which will need to be addressed as part of the services future plans.

Maternity and Neonatal Services

As part of NHS Borders adopting recommendations from THE BEST START (2017) services will be redesigned to ensure optimal outcomes and sustainability as well as maximising benefits from resources. Family members will be actively encouraged and supported to become an integral part of all aspects of care including the ability to remain with the baby during any hospital stay.

Children and Young People

Children will be admitted to hospital only when the care they require cannot be equally well provided in the community. There will be greater capacity to deliver health care services in the community for those who are unwell and services will be delivered in environments which are suitable for children, young people and families.

Urgent Acute Care and Planned Care

Reduction in the proportion of care which is unscheduled in nature will be targeted, only using emergency inpatient hospital services as a last resort. Where assessment, diagnosis and treatment are required, it will increasingly be provided by models of ambulatory care, outpatient and day case treatment. NHS Borders will participate in regional and national discussions to develop resilient specialist services through collaboration with Tertiary Centres, Trauma Centres and Diagnostic and Elective Treatment Centres as part of the East Region Health and Social Care Delivery Plan.

Cancer Services

To improve early detection of cancer and reduce health inequalities, partnership working across health and social care boundaries will be built upon. However, we will ensure people with cancer in the Borders are not disadvantaged by geography, and will have access to the most up to date surgical techniques. The service will continue to maximise the use of digital technology to facilitate access to specialist cancer teams across the region supporting timely clinical decisions.

Pharmacy Services

Pharmacy services locally will continue to support the safe, effective and efficient use of medicines. This will be achieved by exploring the scope for pharmacists and other health

care professionals to work in a more integrated way whilst also making best use of available technologies.

Transport

NHS Borders will explore new and enhanced ways of working with the Scottish Ambulance Service third sector partners and with the National Shared Service Programme. NHS Borders will also consider a range of initiatives, including revised car parking management and extending current initiatives.

eHealth

NHS Borders will extend the availability of digital patient information and tools wherever possible, supporting a single view of disparate digital health and social care records to enable timely clinical decision making. We will also ensure that person centred information is available across sectors and boundaries of care while improving the patient's own access to services using video technologies. A detailed road map and investment plan has been approved by NHS Borders Board to ensure a robust and reliable IT infrastructure is in place to support future service delivery needs.

In order to address the challenges noted above, NHS Borders is progressing the Better Borders Transformational Change Programme, which will ensure a detailed understanding of the specific needs and requirements of the services contained within the Clinical Strategy and details of any competing service needs. This will allow NHS Borders to develop a detailed capital plan which will ensure that the BGH will be a modern, fit for purpose facility which will be the key to NHS Borders delivering 21st century health and social care. Primary and community care will be provided from adaptable buildings able to meet future changing needs of the population. All of our properties will be efficiently used with little under utilisation or overcrowding. We meet or exceed our carbon reduction targets in terms of heating, light and power and we will optimise opportunities for shared accommodation with other public and third sector partners.

Conclusion

The national and local context for service change will influence and drive forward NHS Borders asset arrangements and improvement plans. It is abundantly clear that with the constrained financial climate both nationally and locally, the prioritization process that NHS Borders has as part of its capital planning and management approach will become increasingly important, this process is outlined in the next section. What is also clear is that in order to meet targets around space utilization, property disposal and backlog maintenance there will need to be a robust plan in place for the future and central to this will be the BGH Campus Development.

Part C: How do we get there?

Introduction

The previous section described the development of the S strategy and other key strategies in response to the national and local context providing a framework from which investment plans will be formed. The following section outlines how the Board priorities competing investment needs and develop its investment plan.

8. The Strategic Asset Plan

As previously mentioned it is clear that there are a number of targets and aspirational plans that NHS Borders is currently striving to achieve. Many of the reasons for this have been discussed already.

We are currently working on a strategic assessment for the BGH Campus Development which will start discussions around the best ways to develop The BGH site, while also thinking strategically about addressing as many issues as possible with this programme. The discussions and planning is obviously at a very stage however this process will follow Scottish Capital Investment Manual (SCIM) guidance throughout the development and will also seek consultation with staff and the public when appropriate.

9. Prioritised Investment & Disposal Plans

9.1 Prioritisation of Investment Proposals

The board intends to develop its major investment proposals within the context of the LDP and IJB Strategic Plan and directions responding to service needs and the corresponding asset development required to support the new service patterns. This will be in the form of a Strategic Assessment for:

1. Borders General Hospital Campus

The BGH will continue to have staffing and infrastructure to deliver urgent and planned care which included resilient services for:

- Emergency Department
- Acute, Medical and Surgical services
- Diagnostics, imaging and laboratory services
- Operating theatres and clinical care
- Outpatient clinics

In line with the SCIM manual a service plan will be developed which will look to how these services will be provided in a future modern BGH.

Following the approval NHS Borders Clinical Strategy by the Board in June 2017 the Capital Planning Team are now looking to bring forward a strategy assessment to start developing options for the BGH Campus site.

This strategic assessment will be developed during quarter 3 of 2017.

2. Borders MacMillan Centre

NHS Borders Cancer Services Clinical Team with the support of the BGH Clinical Board developed the scope for this project by assessing the challenges faced by the service. In addition the service ensured the development option was a fit to the national, regional and local clinical strategies for the delivery of cancer services. Among the challenges experienced by the service are the increasing incidence and prevalence of cancer, more complex treatments requiring increased monitoring, different routes of administration, Healthcare Environment Inspection (HEI) requirements and the lack of a safe drugs preparation area. This outline proposal was submitted to Macmillan Cancer Support for review and the project requested financial support as part of the Macmillan Capital Investment Programme. The project was accepted and resulted in Macmillan working with key stakeholders from NHS Borders as well as professional consultants to undertake a feasibility exercise for the project.

The outcome of the feasibility exercise was a proposed extension, redesign and refurbishment of the existing Macmillan cancer centre, resulting in an increase in the number and flexibility of treatment space, safe drugs preparation area, improved patient flow and overall upgrade of all areas of the centre. The costs of these proposed works are estimated to be £804k with an offer of funding from Macmillan Cancer Support (MCS) totalling £400k as contribution to the project. It is proposed that the balance of funding be provided from charitable sources due to the enhanced environment meeting both the NHS Borders Endowment Fund and the Macmillan Charitable purpose. The fundraising feasibility for the project was explored by the fundraising team who identified a potential contribution of £154k from existing cancer centre endowment funds. It is intended that the remainder of funding required by the project (£250k) would be raised by way of a fundraising campaign led by The Difference fundraising team. The Board will consider the proposed extension at its meeting in August 2017.

If agreed and progressed the completion of the works specified by this project will enable an availability of space, future proofing, should the service require to increase overall capacity into the future. The project will deliver an extended and refurbished cancer centre which is safe and fit for purpose to continue delivering high quality cancer care for NHS patients, with no direct capital cost or increased revenue costs to NHS Borders.

3. Primary Care Premises Programme

Over the years NHS Borders has developed a network of health centres to provide primary care services. NHS Borders undertook a robust and comprehensive review of health centres across the region. This included consideration of GP practice population figures, as at January 2013 and also those projected for 2026.The subsequent prioritisation process identified four high priority (Band 1) sites; Selkirk, Eyemouth, Melrose and Duns (Knoll) and two medium-term priority (Band 2) sites; Earlston and West Linton where significant development or reconfiguration was indicated in order to improve facilities for patients and staff and to expand access to clinical services.

NHS Borders has in conjunction with key stakeholders embarked on a prioritized programme of work across its health centre estate with the support of national funding and the use of some of the Board's formula allocation funding.

The works will allow increased local access for patients to the range of services provided from these health centre sites, not only from services based "on site" but also from visiting services such as consultant clinics, psychology, mental health services etc. Increasing the available bookable clinical space which can be used flexibly by the wider multi-disciplinary team and providing additional GP consulting rooms will allow more GP consultations, and other

professional staff groups to take place and therefore increasing patient activity and reducing patient waits. Improvements to the physical layout and the provision of “safe” interview rooms, accessible WCs and patient showers will improve equality of access issues and will contribute to improved patient and staff safety and the overall patient experience of services provided by NHS Borders.

The proposed provision of a designated paediatric therapy suite at the Knoll will allow Berwickshire families to access an appropriate and child-centred therapeutic space within the locality rather than having to travel to central Borders for more specialised therapy intervention.

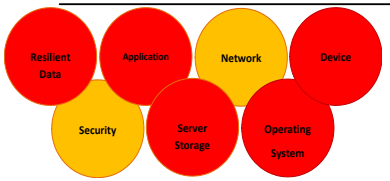
4. IM&T Roadmap

NHS Borders commissioned a root and branch review of its IM&T service. The key findings from the report which have been shared and validated with senior medical staff, GP Sub Committee and Scottish Government colleagues and are included within the “where are we now” section of the report.

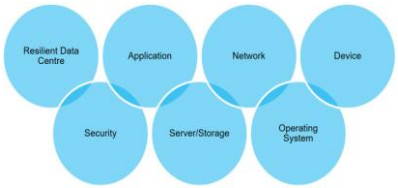
The diagram below details how these will be addressed:

Investment v Risk Profile 2017 - 2020

Current Risk Assessment: Very High | High | Medium | Low | Negligible



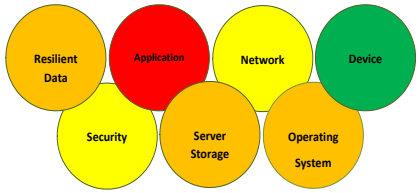
Apr 17
Phase 0



Components of a Digital Service

£2.037,000 Capital

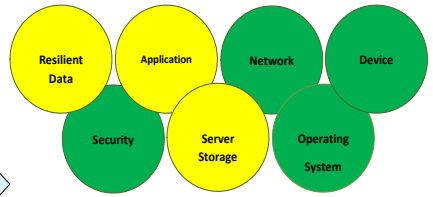
£1,700,000 Revenue



Apr 18
Phase 1

£1,800,000 Capital

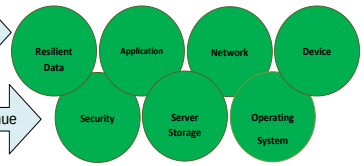
£2,700,000 Revenue



Apr 19
Phase 2

£600,000 Capital

£550,000 Revenue



Mar 20
Phase 3

Outcomes - 2018

Better able to recover from failures in top 10 applications
Improved assurance for resilience, disaster recovery & service continuity for key applications (excluding Trakcare & Labs)
Highest risk server replaced so less likelihood of failure – significantly reduced risk
Improved performance and user experience for all users in day to day use
Improved performance for users in remote sites for externally hosted applications
Community based teams have an electronic patient record and can redesign ways of working to start to include mobile
Most applications are on a supportable version
Dental Teams have an improved reliable application with enhanced functionality
Clinicians can start to dictate directly into applications – efficiencies for secretarial teams
BECS team can access records when on the road
Maternity has electronic records for new mums
Community teams have a caseload view to manage across localities
Reliable reporting infrastructure and improved reporting capability

Residual Areas of Concern

Trakcare – End of Life hardware & software – Very High risk for safe patient care in the event of failure
eMail & MS Office – End of life software – no longer supported - very disruptive in the event of failure & difficult to recover – incompatibility issues
Disaster Recovery & resilience – still some applications not well enough protected / recoverable in desired timescales in the event of failure
Network – Old hardware – end of life – disruptive in the event of failure
Security – lack of robust audit & proactive monitoring to manage threats

Outcomes - 2019

Combined patient records in Trak across Borders & Lothian
Reduced need for paper casenotes as records are scanned
User have access to email & collaboration tools in the cloud
Offers ability to collaborate with local authority partners
Users have a patient view across care settings including Social care
Non BGH based staff have Wi-Fi access to NHSB systems
Child Health records – improved functionality & performance
Better demographics data from national CHI
Improved efficiency in IT teams
Improved protection and monitoring of security threats
Further assurance around resilience of more applications
Local network hardware refreshed & supportable
General Practice Docman system upgraded
Video consultation with patients are the norm for suitable specialties

Outcomes - 2020

General Practice improved ability to share and integrate with Community
GPs can order diagnostic requests and reconcile results
Improved support for mobility & mobile apps
Starting to use electronic prescribing in Borders General Hospital
Old end of life Labs Information System being replaced
Less reliance on paper as we build on previous investment to extend information available in Electronic Health Record
Strong foundation to build on for newer Digital technologies

Apr 17 | Jul 17 | Oct 17 | Jan 18 | Apr 18 | Jul 18 | Oct 18 | Jan 19 | Apr 19 | Jul 19 | Oct 19 | Jan 20 | Mar 20

9.2 Investment Plans

Our Capital Plan as submitted as part of the Local Delivery Plan sets out our intention to develop our major assets and is detailed in Appendix 5. In addition to the plan in Appendix 5 NHS Borders is working on the strategic assessment for the BGH Campus Development. There is not sufficient detail in this programme yet to feature in our 5 year plan, however once this detail is available it will form a major part of NHS Borders capital plans for the coming years.

This section provides a draft of the Boards 5 year plan for Capital (Appendix 5) commencing 2017/18 . The Board has a statutory financial target to deliver a breakeven position against its Capital Resource Limit (CRL). The proposed source and application of capital over the next 5 years is described in the table.

Key points to note from the Investment Plan are:

- The 2017/18 formula allocation of £2.366m was notified to the board on the 24th February 2017 and it has been assumed this will stay the same for all 5 years of the Capital Plan with a total of £11.83 m available for investment over the 5 year period.
- As previously reported, SGHSCD ability to fund specific projects is in part as a result of the reliance placed on the generation of capital receipts. These are returned centrally and redistributed as required to support approved projects. It has been indicated that policy may change on this to allow Boards to retain receipts locally, however, this has not been formally communicated. NHS Borders is assuming receipts of £0.1m are retained locally for reinvestment although no commitment will be made until receipts are confirmed.
- In addition to the formula allocation, SGHSCD also provided project specific funding support for existing commitments against approved projects. At this time, the Board have a number of approved schemes which receive this funding support.
- At this stage, no internal revenue to capital virement has been assumed in the draft 5 year plan.
- Funding for backlog maintenance which does not qualify as capital, may require a capital to revenue virement. This will be considered as part of the in-year prioritisation of the replacement programme and will be reported to SGHSCD as part of the Board's monthly financial monitoring reports.
- Rolling Programmes – The majority of funding in the capital plan will be utilised to support the estates, medical equipment and IM&T rolling programmes.
- Primary Care - With support of Scottish Government funding, following approval of a business case by the Capital Investment Group, the Board has and will continue the development of the property infrastructure in primary care.
- Community & Mental Health Information System - The hardware is over 10 years old and now at significant risk of us being unable to recover should it fail. While supported by the supplier, we are no longer confident that they would be able to readily secure replacement parts for a server of this age. The replacement system is EMIS Community Web and will be rolled out this year, starting 1st April for the first 84 with all 779 users due to be moved over to the new system by 1st December.
- Desktop replacement - The Community Information System project is dependent on a minimum of Windows 7 operating system so a desktop refresh in line with this

project is underway. This will greatly assist in mitigating the risks identified with aging PCs and old operating systems for this staff group.

- Radiology Information System (RIS) - The RIS provides radiology with the functionality to manage their workload for diagnostics test requests and to report on the outcome of the test to the requester. It exchanges requests and reports electronically with Trakcare giving clinicians ready access to diagnostic results. The current RIS hardware is end of life at over 7 years old and is a significant risk for the service. The hardware has been purchased and the application will be upgraded in June 2017.
- Medical Equipment - An allocation of £200k has been included annually for the rolling replacement programme of the Board's medical equipment. In addition a planned commitment totalling £1.9m over the 5 year plan has been included to address the requirements for Radiology equipment replacement. Medical Equipment Commitee (MEC) requirements are reviewed quarterly and should additional funding be required in year application is made to the capital governance groups for approval. 2017/18 allocated funding to MEC totals £339,024k and will provide the following:

Equipment	**Estimated Cost (Inc VAT)**
Ultrasound Machine ITU (Out of Service in 2019)	£26,740
Defibrillators x 16 - Phase 1	£96,284.
ULTRASOUND SCANNER - EUB5500 (18438-418) - Ward 16	£54,000.
ULTRASOUND-TRUS BIOPSY - EUB5500 (17621-411) - Endoscopy	£54,000.
ULTRASOUND SCANNER - EUB6500 HV (KE10998-610) - Ante Natal OPD.	£54,000.
Argon Plasma Coagulator (Endoscopy)	£25,000.
Humphrey Field Analyser x 2 - Borders Eye Centre	£29,000.
	£339,024.

Reference to the rolling plan will give the start point for an annual review of priorities by the MEC for the spend of their allocation.

In terms of procurement strategy any programme which results from the BGH Campus Development will follow the SCIM process and associated frameworks route.

The other projects identified as investment proposals will have different funding and procurement streams:

- The IM&T program is seeking additional funding through CIG.
- Primary care premises development has already secured funding and this is being allocated as we move through the programme using a traditional tender procurement process.
- Radiology equipment will be procured utilising, as far as possible, the contractual frameworks in place with National Services Scotland.
- The Borders MacMillan project will be funded from charitable funds (this is made up of a grant from MacMillan, fundraising and endowments) and also uses a traditional tender procurement process.

9.3 Disposal Plans

The local target of a 20% reduction in premises has been withdrawn following the disposal of a number of sites over the last 6 years. Once an actual assessment of the opportunities for premises reduction as a result of joint working with Scottish Borders Council has been completed, a new target will be proposed to the Board. This joint working is already being explored with the use of space in the Crumhaugh House building, although it has not been formally declared by Board as surplus.

In the meantime it must be noted that efforts to further reduce the estate are constrained by lack of space available to NHS Borders, for example the Newstead premises which was previously identified for disposal, however lack of a suitable alternative for this office space is preventing this from taking place. NHS Borders will also look to address this issue with the development of the BGH Campus programme.

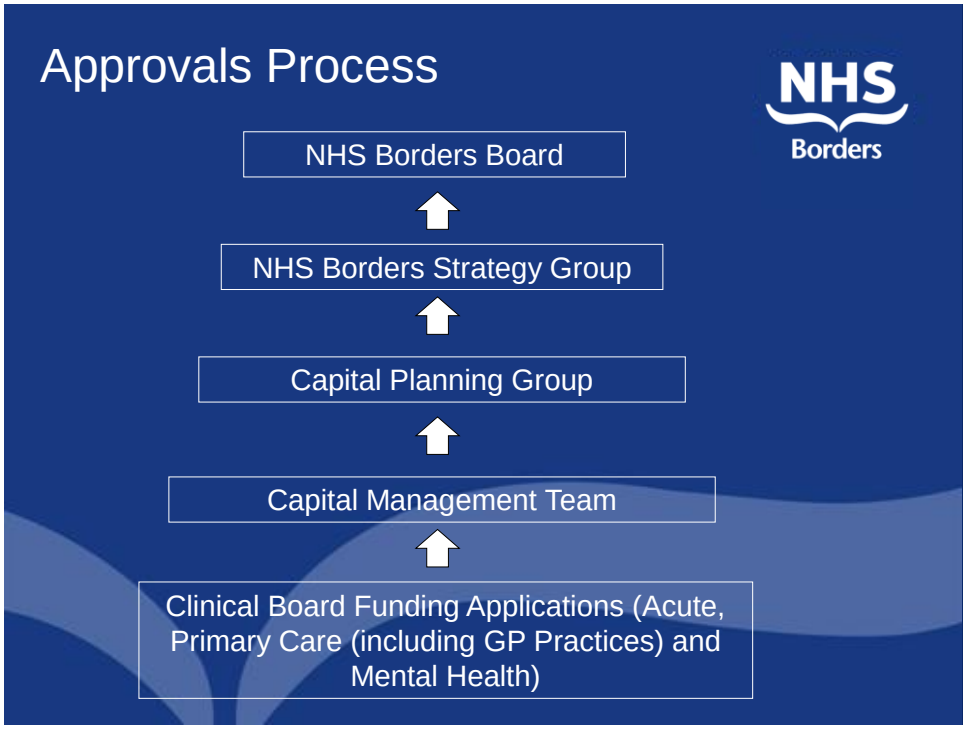
NHS Borders is committed to improving our backlog maintenance position however one of the challenges we face is the lack of decant facilities and the need for clinicians to continue to provide services. This is an ongoing discussion with services. Therefore the majority of the backlog that can be carried out is without decant. This is prioritised on a yearly basis in line with funding levels and highest priority of need. The strategy to address a significant amount of backlog is the Strategic Assessment currently being worked on for the BGH Campus development.

10. Implementation Plan

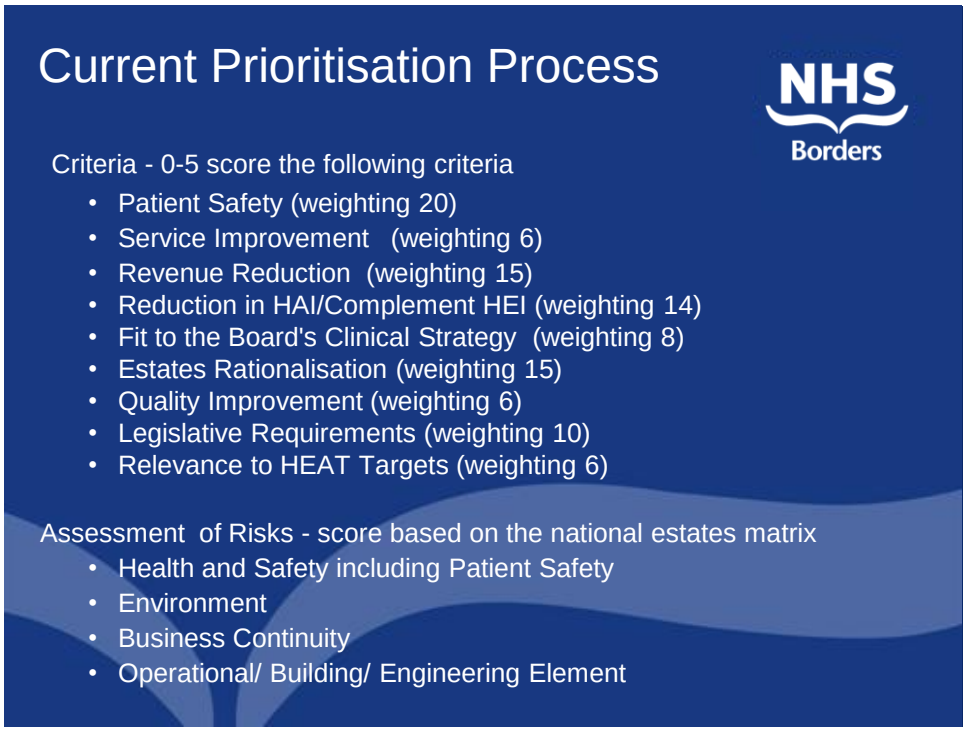
10.1 Asset Resource Arrangements

Any major service change for NHS Borders requires engagement with Scottish Health Council and public engagement. The NHS Borders Clinical Strategy has developed in line with the required process and will continue to do so. Likewise any service change which is identified within the BGH Campus Development will be consulted on as appropriate.

The Board of NHS Borders approves all capital investment, the governance structure for this is noted below:



With limited capital resources available the Board put in place in 2015 a prioritisation process, through which all capital investment decisions are taken, this supports the Board's strategic priorities and the need to address issues of risk. The prioritisation process is detailed below:



The projects with the highest score are taken forward for further feasibility work, final approval and inclusion in the capital plan. Projects, which due to the finite level of resources available are unfunded, are maintained on a projects register which is regularly reviewed and rescored as circumstances change.

The benefits of a 'live' prioritised list include:

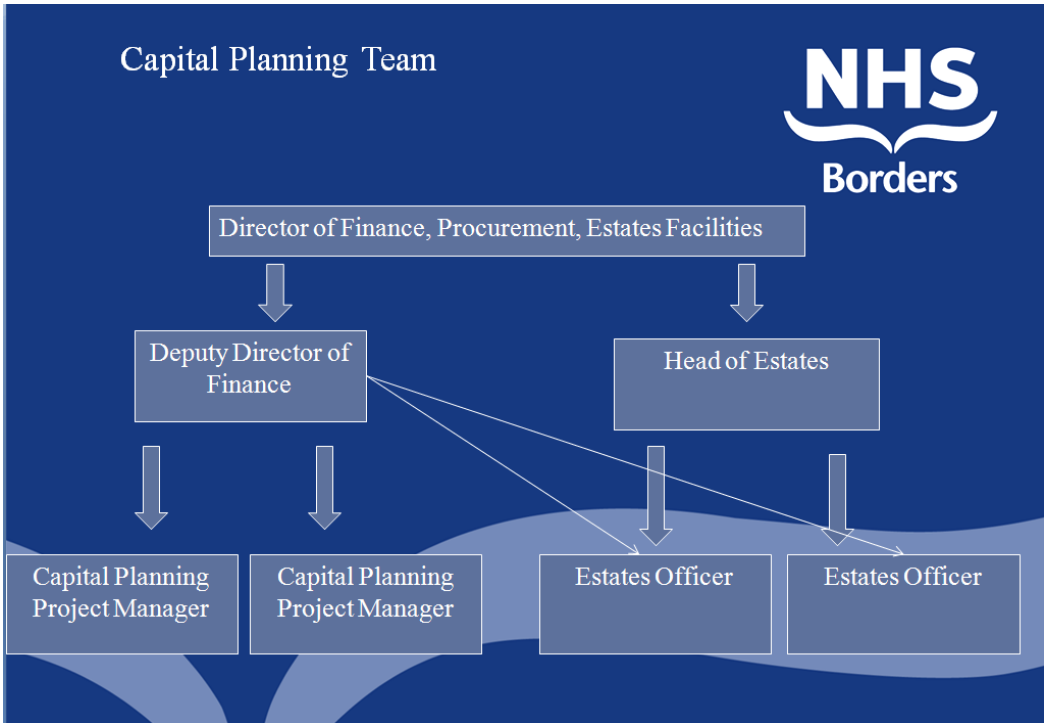
- More effective, transparent & speedy decision making.
- A greater awareness of overall funding requirements and an awareness of individual service priorities in context with the bigger picture.
- A collaborative approach feeding into the capital plan.
- Better understanding of deliverability within the context of available capital and time.
- Less time spent on unsupported projects or more time on priority projects.
- Allows clarity about what the implications of not progressing a project are.

Regional Planning

In addition to an internal prioritisation process NHS Borders is working in partnership with NHS Lothian, and NHS Fife [and potentially NHS Forth Valley and NHS Tayside] to develop a regional approach to property, asset management and capital planning in the East of Scotland. In order to facilitate this, a Regional Capital Planning and Capital Finance Forum is being established, with membership drawn from each of the Boards. The initial objectives of the Forum are to:

- Create a virtual regional capital plan based on a common set of assumptions and parameters, with a view to identifying areas where a common or co-ordinated approach could offer benefits arising from synergies between individual Board's plans – for example, where more than one Board is seeking to procure the same, or a similar, IT infrastructure replacement.
- Establish processes that reinforce the inclusion of a regional dimension in capital investment governance processes, in particular, such that full consideration is given to the potential for a regional approach in the early strategic assessment and service planning stage.
- Share best practice, particularly in areas where a Board has devised a solution to an asset development issue that can be rolled out to other Board areas.
- Consider ways in which resource, skills and expertise can be shared between Boards and managed on a region-wide basis, particularly in the area of procurement and project.

All of NHS Borders capital projects are managed by the Capital Planning Team, the structure for the team is noted below:



10.2 Risks and Constraints to successful delivery of the PAMS

NHS Borders produces a PAMS which reports compliance to the Board. Outwith this I report any risks or compliance issues are reported to the Board on an exception basis. The Director for Finance, Procurement, Estates and Facilities will consider the risks as noted on the Risk Register throughout the year with the Head of Estates on a regular basis, ensuring that controls are in place to mitigate any risks identified and escalates these as necessary.

In terms of risks and constraints reported regarding the Capital Investment Plan these are noted below apart from the BGH Campus Development as this process is only just beginning. All projects in the capital plan are subject to scrutiny and all share the same resource scarcity risk both from the capital planning team and the clinical services.

- IM&T – one of the main risks with this program is attaining support from CIG colleagues in terms of the approach and financial resources.

  To mitigate these risks we are working closely with colleagues from Scottish Government, eHealth leads and Health Facilities Scotland (HFS), we also have some colleagues helping us as critical friends to ensure that we meet all relevant requirements.

- The main concerns around the Primary Care programme are associated with the phased approach , where there is a risk that tender prices can increase.
  To mitigate the risks associated with this we are monitoring prices as we move through the programme and are not committing a contract for any subsequent phase until the finances for the project in construction are clear

- The Borders MacMillan Centre project is being funded fully by charitable monies .
  To mitigate the Difference Fundraising team have produced a detailed plan and have also started early conversations with possible donors. Value engineering will also be used if the project tender comes back over the cost estimate.

Other risks and constraints relevant to all of the projects are:

- Resource to support project development from the capital team.
- Impact of unplanned events on financial and physical resources.
- Service pressures which can result in lack of ownership of project and insufficient availability for project input.
- Community Empowerment Act (Right to Buy and Asset Transfer) may further hinder the ability and timescales for disposals.

10.3 Next Steps

As noted above NHS Borders plans to continue with the current capital projects that are already under way, as well as the IM&T programme and the continuing the rolling programmes including backlog maintenance.

Moving forward the Strategic Assessment for the BGH Campus Review will start discussions around the future shape and direction of the BGH, as well as looking at the rest of the BGH site. The detail of the Strategic Assessment is still being worked through, and the work plan will become clearer over the next few months. However the capital planning team will be working as swiftly as possible to progress this key project and will be seeking the support of HFS as well as critical friends to assist in the process.

The Board is putting in place a structure and resource to support the development of capital plans which determine the future in terms infrastructure of NHS Borders.

Appendix 1 - Breakdown of Backlog maintenance

Risk Based Backlog Maintenance 2017				
Category	**Total £**	**Risk Factor**	**Clinical £**	**Non Clinical £**
Theatre Ventilation	2,000,000		2,000,000	0
Floor Coverings	6,326		6,326	0
Roof Repairs	25,304		25,304	0
Water Tank Replacement	100,000		0	100,000
Electrical Plant replacement	11,973		11,973	0
Fire Prevention Measures	89,407		11,408	77,999
Telephone/Nurse Call/Alarm Repacement	12,652		12,652	0
Lighting Upgrade	19,933		19,933	0
Laundry	167,950		0	167,950
External Fabric	239,401		231,457	7,944
Floor Coverings	5,704		5,704	0
Internal Finishes	929,293		924,814	4,479
Boiler Plant	492,187		73,881	418,306
Electrical Plant replacement	87,693		85,511	2,182
Heating & Domestic Hot Water Replace	624,945		30,373	594,572
Legionella/ Water Tanks	38,487		38,487	0
Roads / Footpaths	155,190		154,978	212
Fire/ Security	21,810		20,748	1,062
Lifts	446,376		446,376	0
Ventilation	141,142		141,142	0
Catering	263,121		263,121	0
Roof Repairs	135,039		135,039	0
LST Covers	126,522		126,522	0
Lights	44,338		19,034	25,304
Sanitary Ware	69,806		69,806	0
External Fabric	491,039		465,287	25,752
Floor Coverings	141,978		139,739	2,239
Internal Decoration	232,338		140,163	92,175
Lights	7,282		6,432	850
Ventilation	21,634		20,996	638
Roads & Footpath	494,895		494,895	0
Roof	525,434		245,372	280,062
Electrical	65,831		34,201	31,630
Boiler Plant	60,395		13,881	46,514
Totals	**£8,295,425**		**£6,415,555**	**£1,879,870**

Appendix 2 - Radiology equipment 5 year replacement programme

Radiology Equipment 5 Year Replacement Programme						
Equipment	Manufacturer	Acquired	Age (yrs)	Recommended Replacement	Provisional replacement (5 yr plan) 2014-2019	Replace when funds become available or beyond repair
General X-Ray Room 3	Shimadzu	01/03/2015	2	2026	Completed 2015	
General X-Ray Room 4	Shimadzu	30/09/2004	11	2015	2016/17	
Fluoroscopy unit static	Phillips	12/02/2007	8	2015	2018/19	
Dental	instumentarium	25/04/2004	0	2026	Completed 2016/17	
Image Intensifier	Ziem	13/04/2006	9	2014	2018/19	
Image Intensifier	Ziem	13/04/2006	9	2014	2018/19	
Mobile X-ray	Shimadzu	01/03/2015	2	2026	Completed 2015	
Mobile X-ray	Shimadzu	01/03/2015	2	2026	Completed 2015	
Mobile X-ray	GE	20/04/2004	11	2015	2017/18	
CT Scanner	Siemens	01/04/2011	4	2019 (out with 5 year plan)		
MRI	Siemens	01/04/2005	10	2013 (upgraded 2012)	2017/18	
Dexa Scanner	Hologic	01/04/2005	10	2015		(£105,000)
Gamma Camera	Siemens	01/03/2007	8	2027	Completed 2017	
Ultrasound	Siemens	30/06/2014	1	2019 (out with 5 year plan)		
Ultrasound	Siemens	30/06/2014	1	2019 (out with 5 year plan)		
Ultrasound	Phillips	24/02/2010	5	2015	2016/17	
CT/MRI Injectors	Medrad	01/04.2005	0	2027	Completed 2017	
CR Equipment	Fuji XG1 x 3 Consoles x 3 Multi loader x 1 Laser imager x 1	2005	10	2015		(140,000)

Appendix 3 - Equality of Access Audit (January 2011; updated March 2016)

Table showing a breakdown of the facilities currently available to ensure equality of access for all patients:

Pharmacy	Door width 800mm or wider	Aisle Width 800mm or wider	Counter Height between 750mm - 800mm from floor	Suitable Waiting Area Inc Wheelchair /Pushchair	Hearing Induction Loop	Ramps and Level access throughout	Automatic/ Semi automatic Door Opening
Eildon – Newton St Boswells	✓	✓	✓	✓	✓	✖	✖
Boots – Galashiels	✓	✓	✓	✓	✓	✓	✓
Boots – Hawick	✓	✓	✖	✓	✓	✓	✓
Boots – Peebles	✓	✓	✓	✓	✓	✓	✖
Boots – Kelso	✓	✓	✖	✓	✓	✖	✓
T N Crosby – Hawick	✓	✓	✖	✓	✓	✓	✖
Lloyds – Kelso	✓	✓	✓	✓	✖	✓	✓
Lloyds – Galashiels	✓	✓	✓	✓	✓	✓	✓
D & E Ogilvie – Innerleithen	✓	✓	✖	✓	✓	✓	✖
GLM Romanes – Duns	✓	✓	✓	✓	✓	✓	✖
GLM Romanes – Greenlaw	✓	✖	✓	✖	✖	✓	✖
R G Turnbull – Earlston	✓	✓	✓	✓	✓	✓	✖
HHCC – Hawick	✓	✓	✖	✖	✓	✓	✓
West Linton Pharmacy	✓	✓	✖	✓	✖	✓	✖
A A Weir – Selkirk	✓	✓	✖	✓	✖	✓	✖
Lindsay & Gilmour - Hawick	✓	✓	✓	✓	✖	✓	✓
Coldstream Pharmacy	✓	✓	✖	✓	✓	✓	✖
Lindsay & Gilmour – Selkirk	✓	✓	✓	✓	✖	✖	✓
Tesco – Galashiels	✓	✓	✖	✓	✓	✓	✓
GLM Romanes – Eyemouth	✓	✓	✓	✓	✓	✓	✖
M Farren – Galashiels	✓	✓	✓	✓	✖	✓	✖
Lloyds – Peebles	✓	✓	✓	✓	✓	✓	✖
Boots – Melrose	✓	✓	✓	✓	✓	✓	✓
Boots – Jedburgh	✓	✓	✓	✓	✓	✓	✓
Lauder Pharmacy	✓	✓	✖	✓	✖	✓	✖
Jedburgh Pharmacy	✓	✓	✓	✓	✓	✓	✖
Grays Pharmacy - Chirnside	✓	✓	✓	✓	✓	✓	✖
Borders Pharmacy - Langlee	✓	✓	✓	✓	✓	✓	✓
Borders Pharmacy - Burnfoot	✓	✓	✓	✓	✓	✓	✓

Appendix 4 - Consultation Room Audit (February 2016)

The table below outlines the results of the most recent consultation area audit,

Pharmacy	Sound proof & private.	Located close to, or part of main counter.	Screened from main retail area	Wheel chair Accessible	Large enough for 2 people plus Pharmacist	Is a separate enclosed room available if complete privacy is required	Worktop / Desk	Hand Washing facilities
Eildon – Newton St Boswells	✓	✗	✓	✗	✓	N/A	✓	✓
Boots – Galashiels	✓	✓	✓	✓	✓	✓	✓	✓
Boots – Hawick	✓	✓	✓	✓	✓	✓	✓	✗
Boots – Peebles	✗	✓	✓	✗	✓	✓	✓	✓
Boots – Kelso	✗	✓	✓	✓	✓	N/A	✓	✗
T N Crosby – Hawick	✓	✓	✓	✓	✓	N/A	✓	✗
Lloyds – Kelso	✓	✓	✓	✓	✓	✓	✓	✓
Lloyds – Galashiels	✓	✓	✓	✓	✓	✓	✓	✗
D & E Ogilvie – Innerleithen	✗	✓	✓	✓	✓	✗	✓	✗
GLM Romanes – Duns	✓	✓	✓	✓	✓	✓	✓	✓
GLM Romanes – Greenlaw	✗	✗	✗	✗	✗	✗	✗	✗
R G Turnbull – Earlston	✓	✓	✓	✓	✓	✓	✓	✓
HHCC – Hawick	✓	✓	✓	✓	✓	N/A	✓	✗
West Linton Pharmacy	✓	✓	✓	✗	✗	N/A	✓	✗
A A Weir – Selkirk	✓	✗	✓	✓	✓	N/A	✓	✓
Lindsay & Gilmour – Hawick	✓	✓	✓	✓	✓	N/A	✓	✓
Coldstream Pharmacy	✓	✓	✓	✓	✓	N/A	✓	✓
Lindsay & Gilmour – Selkirk	✓	✓	✓	✓	✓	N/A	✓	✓
Tesco – Galashiels	✓	✓	✓	✓	✓	✓	✓	✓
GLM Romanes – Eyemouth	✓	✓	✓	✓	✓	✓	✓	✓
M Farren – Galashiels	✓	✗	✓	✓	✓	N/A	✓	✓
Lloyds – Peebles	✓	✓	✓	✓	✓	✓	✓	✓
Boots – Melrose	✓	✓	✓	✓	✓	N/A	✓	✓
Boots – Jedburgh	✓	✓	✓	✓	✓	N/A	✓	✓
Lauder Pharmacy	✓	✗	✓	✓	✓	N/A	✓	✓
Jedburgh Pharmacy	✓	✓	✓	✓	✓	N/A	✓	✗
Grays Pharmacy – Chirnside	✓	✓	✓	✓	✓	N/A	✓	✓
Borders Pharmacy – Galashiels	✓	✓	✓	✓	✓	✓	✓	✓
Borders Pharmacy – Hawick	✓	✓	✓	✓	✓	✓	✓	✓

Appendix 5 - Capital Plan

NHS Borders 5 year plan for Capital commencing 2017/18

APPENDIX 5					
NHS Borders LDP - Capital Resource Limit					
Current Year 2017/18 & future 4 year period 2018/19 - 2021/22					
	17/18	18/19	19/20	20/21	21/22
	£000s	£000s	£000s	£000s	£000s
Board Capital Resources					
Formula Allocation	2366	2366	2366	2366	2366
Health Centre Roxburgh Street Replacement Surgery	500				
Agreed Slippage Clinical Strategy from 2015/16 (East/West Brig)		604			
Primary Care Health Centre Requirements - Tier 1 and 1a	1409	991			
Capital to Revenue Transfer 2016/17 Roxburgh Street	105				
Capital to Revenue Transfer 2016/17 East West Brig		200			
Capital to Revenue Transfer 2016/17 Gamma Camera	85				
Capital to Revenue Transfer 2016/17 Theatre Ventilation	1225				
Energy Efficiency Project - LED Lighting					
eHealth Division Scottish Government IM&T Infrastructure & Development	2000	1846	520	200	
Capital Resource Limit Sub Total	7690	6007	2886	2566	2366
Scottish Government Business Case Resources (tbc)					
Capital Resource Limit Total	7690	6007	2886	2566	2366
Capital Receipts Applied					
Orchard Park St Boswells	100				
Total Capital Receipts Applied	100	0	0	0	0
Total Board Capital Resource	**7790**	**6007**	**2886**	**2566**	**2366**

Prioritised Capital Schemes					
Relocation of AAU	32				
IM&T					
Programme IM&T					300
IM&T Strategy - Infrastructure	1163	1846	520	200	
eHealth Division IM&T Infrastructure & Development	1812				
Estates & Facilities					
Programme Estates	85	200	200	200	200
Risk Assessed Backlog SoTE/Estates Strategy	350	350	350	350	350
Medical Equipment					
Programme MEC	294	364	200	200	200
16/17 Advanced Spend	-51				
Gamma Camera CT replacement including Injector (advance purchase 17/18)	69				
Radiology Priority Replacement MRI, Gamma Camera and Mammography	360	1509	0	0	0
Other					
Clinical Strategy			1176	1176	876
Shovel Ready - Feasibility Works	20	100	200	200	200
Roxburgh Street Replacement Surgery	86				
Primary Care Health Centres (including additional resource SG March 2017)	1271	1398			
UNCOMMITTED - From Theatre Ventilation	1959				
UNCOMMITTED - Dependent on Sale Proceeds	100				

Project Management	240	240	240	240	240
Total Capital Expenditure	**7790**	**6007**	**2886**	**2566**	**2366**
Balance	0	0	0	0	0
Capital Sales Proceeds to Scottish Government *					