

**Performance Review Group**  
**16 August 2011**

**Paper No. 11/39**

**Director of Facilities**

**Property Asset Management Strategy (PAMS)**

Members are asked;

- To receive the NHSGG&C Property Asset Management Strategy 2011-2016 submitted to SGHD

The Scottish Government Health Directorate's Property Management Policy (MEL) (1994)44 requires that all NHS Boards have property strategies and that these are reviewed annually.

The enclosed PAMS is the Board's first such document and is the culmination of both physical site surveys and desk top reviews. The PAMS is a live document and will be continually reviewed and updated by the Property Team.

The key highlights of the document are the Board's ongoing investment in new and refurbished facilities for our Acute, Mental Health and Community service strategies and the positive impact in real time and in the near future these initiatives are having on the physical estate owned, leased or operated by the Board. Although the present investment will significantly improve the asset base there remains a challenge to ensure that all premises continue to meet current legislation standards and provide positive environments for the delivery of patient care. The PAMS documentation will be a key element used in determining future capital investment strategies by the Board and SGHD.



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# 1. Executive Summary

The Scottish Government Health Directorate's Property Management Policy (MEL (1999)44) requires that all NHS Boards have property strategies that reflect the following policy aims:

- To provide and maintain safe, secure and an appropriate quality of affordable health care facilities which complement and support the provision of quality health care
- To use property efficiently, coherently and strategically to support Scottish Government plans and clinical needs.

This report describes a property strategy for NHS GG&C for the period 2011 to 2016 and sets in context the major construction programme presently underway that will have a significant impact on the condition and performance of the estate over the period of the property strategy.

NHSGG&C is currently implementing the Board's Acute Services Review that delivers a fundamental clinical redesign of Glasgow's healthcare provision and property infrastructures. As a consequence of the clinical strategy a new build programme is at an advanced stage of implementation. To date the strategy has delivered a new Beatson Oncology Centre and ambulatory care facilities at the New Victoria Hospital and new Stobhill Hospital. The construction of the New South Glasgow Hospital commenced in 2010 and will complete in 2015 providing 1,109 adult beds in a single room configuration and 256 children beds of which 88% will be single rooms.

Work is also underway in the provision of a New Laboratory Complex incorporating the Glasgow City Mortuary at Southern General Hospital for completion in 2012 that in conjunction with a major refurbishment programme for Laboratories at Glasgow Royal Infirmary will co-locate the majority of the Board's Laboratory specialties.

To complement the revised provision of patient services the Board is adopting new technologies and has recently put in place a new Pharmacy Dispensing Unit utilising automated robotic dispensing technology and in future will be using automated guided vehicles for logistics in the new hospital. The HI&T strategy for the Board is moving towards a paper light system of clinical information management.

The development of mental health and community facilities has also been a feature of the Board's recent strategic and capital investment initiatives with new adult and adolescent mental health facilities provided at both the Stobhill Hospital and Gartnavel Royal Hospital campus. In the community collaborative developments with local authority partners has seen the re-provision of Health Centre facilities at Renfrew (2010) and Barrhead (2011). In addition the planning for the new Alexandria Health Centre is at an advanced stage with construction on site anticipated to commence in 2012.

The completion of the new hospital will result in the closure of 4 existing hospital sites in 2015/16 and this in conjunction with the new health centres will result in a significant uplift in the Board's overall performance against the Estatecode criteria.

The challenge in updating the NHSGG&C property database has been significant given the context of over 600 active properties to report on over 6 Estatecode categories and as a consequence the Property Team with the support of external advisers have concentrated on large acute hospitals and community premises with Mental Health and Learning Disability premises being the subject of desktop review and subject to a future programme of on the floor surveys. In recognition of the Board's ongoing Acute Services Review and Mental Health Strategy certain premises have a limited life and as such were not surveyed. For the purposes of the PAMS they have been assumed to be category C, "Not satisfactory".

This document describes at this point in time the overall estate condition and performance and sets out the way forward, outlines the current planned estate rationalisation, the capital investment plan and the details of the current NHSGG&C estate including the use of other premises.

This Property Strategy has been developed using a process that asks three basic questions in relation to the Board's estate:

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

## 1.1 Where are we now?

This initial stage of developing the strategy analysed the current condition and performance of the Board's estate under six categories:

- Physical condition
- Statutory Compliance
- Functional suitability
- Space utilisation
- Quality
- Environmental Management

This analysis was based on NHS guidance *Estatecode* which enables a consistent approach to determining the condition and performance of NHS property and has been used extensively across the NHS over the last 20 years.

The results from the physical and desktop surveys and appraisals are summarised in Table 1a and 1b and include all floor areas for those properties with a limited life to ensure that a comprehensive picture has been achieved.

The survey results clearly identify that there are a number of issues to be addressed by the Property Strategy in terms of the current condition and performance of the estate since a considerable amount of the estate is performing below a satisfactory level across a number of facets. The appraisals also identified that circa £175M is required to address the backlog of maintenance and life cycle replacements that have built up on the estate and to bring it back to a satisfactory condition and performance. These findings need to be set in the context of the Board's on going and future construction programme and subsequent site rationalisation plans that take full effect from 2015/16 financial year. Taking account of these ongoing changes and

adjusting the £175M for sites that have a limited lifespan and a more realistic backlog maintenance figure would be £98M of which £71M is considered high priority in the context of Risk Profiled Backlog Maintenance.

**Table 1a : Analysis of current estate condition & performance**

Estatecode Analysis of the performance of NHSGG&C Estate					
	Estatecode Category & Definition	A	B	C	D
		Very satisfactory	Satisfactory	Not satisfactory	Unacceptable
Physical Condition	Area sq.m	118064	1000941	280926	32635
	Percentage of the estate (area) in each category	8	70	20	2
Statutory Compliance	Area sq.m	125188	859966	407462	39950
	Percentage of the estate (area) in each category	9	60	28	3
Functional Suitability	Area sq.m	127157	583410	685987	34582
	Percentage of the estate (area) in each category	9	41	48	2
Quality	Area sq.m	129317	519679	750025	33545
	Percentage of the estate (area) in each category	9	36	52	2
Environmental Management	Area sq.m	128549	624014	630606	49397
	Percentage of the estate (area) in each category	9	44	44	3

These results are broadly consistent with what the Board's recent major capital and formula capital programmes and PFI/PPP acquisitions would dictate. The completion of the major construction programme underway at the present time will by 2015 eliminate a significant percentage of the Category C and D findings and also rebalance those category A and B percentages. A fuller description of the contents of the 6 categories is contained later in this document.

**Table 1b: Space Utilisation**

	Estatecode Category & Definition	F	U	E	O
		Fully utilised	Under utilised	Empty/ used	Not Overcrowded
Space utilisation	Area sq.m	631918	140669	13,698	646281
	Percentage of the estate (area) in each category	76	10	1	13

The definitions for Space Utilisation are such that at the present time 13% of the estate is categorised as "Overcrowded ". In reality the space utilisation is consistent with the floor areas and occupancies designed for at the time many of the facilities were constructed.

## 1.2 Where do we want to be?

The Property Strategy needs to reflect the service requirements for front line clinical services and their supports. As such, the Property strategy and any proposed investment in the estate must be "service led" with the patient at the centre of any proposed changes.

With this in mind, the strategy through to 2016 will reflect the Acute Services Review, the Mental Health Strategy and the evolving requirements of the Community Health Partnerships. These strategies reflect the Board response to Scottish Government initiatives:

- Better Health, Better Care – Action Plan
- Better Cancer Care

In the context of property assets the key objective for the Board will be to continue moving towards the provision of safe, secure, high-quality healthcare buildings appropriate for the delivery of modern healthcare services. In support of these objectives the property strategy will seek to address the current poor condition and performance of the estate where appropriate.

The Property Strategy is a key supporting strategy that underpins the programme of service improvement and the delivery of the Board's vision for the future. The key principles on which the Property Strategy is based are:

- To manage the estate effectively and efficiently within the capital and revenue resources that are available to the Board and to seek continuous improvement in property management performance
- To manage and invest in the estate so as to minimise the risks of Healthcare Associated Infection (HAI). The use of the HAI-SCRIBE tool will be embedded in this process, in both Capital and Operational activities.
- To work with Local Authority Partners and other Public Bodies to ensure that work being undertaken on asset management by different parts of the Scottish Government is

coordinated and that good practice is shared across different portfolio areas. Joint use of premises should be pursued where it is considered to be in the interest of service effectiveness and efficiency.

- To recognise the Board’s responsibilities to improve the health of the people of Glasgow & Clyde through a number of ongoing projects which relate to sustainable development and climate change. This will include commitment to the use of sustainable materials in new build and refurbishment projects, and the use of BREEAM assessments.
- To recognise the requirement to meet the recommendations of the Audit Scotland 2009 Report - “Asset Management in the NHS in Scotland” and the implementation of a Carbon Management Programme for NHS GG&C.

The property strategy will target improvement in the estate as follows:

- Improvements in the quality of the operational estate over time which can be measured through reductions in backlog maintenance costs and risks and using annual patient perception surveys
- Improvements in statutory compliance and reduction in risk which can be measured through reductions in non-compliance with statutory legislation and incident rates
- Improvements in Environmental Management to ensure compliance with the requirements of the Scottish Government Health Directorates (SGHD) Health Department Letter HDL(2006)21 outlining the Environmental Management Policy for NHSScotland
- Reductions in the revenue cost of the operational estate over time which can be measured by mapping trends in overall maintenance costs, utilities costs and the Board’s income-to-asset value ratio.
- Improvements in the use of the estate over time by eliminating under-used and surplus assets which can be measured by comparing building floor area with total site area and by income-to-asset value ratio.

Table 2 shows the incremental improvement across all the Estatecode categories in the timeline of the PAMS and reflects the impact of the Formula Capital Plan investments from 2011/12 to 2015/16 and the delivery of the major investment initiatives through the Acute, Mental Health and Community strategies of the Board.

**Table 2: Targets for improvement in estate condition & performance**

Facet	Percentage of the Estate in acceptable condition/satisfactory performance(Estatecode categories A & B)		
	Current	Target for 2013	Target for 2016
Physical Condition	78	82	95
Statutory Compliance (SCART)	69	72	95
Functional Suitability	50	55	85
Space utilisation (% fully utilised)	76	80	90
Space utilisation (% overcrowded )	13	12	5
Quality	45	48	85
Environmental Management	43	45	80

The above chart illustrates limited improvement through to 2013 due to the contraction in available formula capital. However by 2015 the new Southern General Hospital developments will be commissioned and by 2016 a number of sites decommissioned and as a consequence of these changes there will be major improvements to all six Estatecode categories albeit with a rise in the % of empty/not utilised accommodation pending property disposals.

### 1.3 How do we get there?

The Board's ambitious and radical programme of service change and modernisation as described in its key strategic planning documents and policies will require:

- Investing in current buildings that have a role to play in delivering the new models of care so that they can effectively and efficiently support service delivery
- Investing in new buildings to enable and facilitate the new models of care and service delivery to be fully implemented

The Board has during the period 2008/09 and 2010/11 spent in its capital plan and in the implementation of the acute and mental health strategies a total of £628M on general refurbishment and improvements to the accommodation and building services across a number of premises which improved the physical condition, the quality of the environment and the level of compliance with statutory requirements. Included in the sum above is the cost of equipment and for the balance of costs associated with the new Ambulatory Care Hospitals and for the start up costs for the new Southern General Hospital Campus development.

New Buildings have been commissioned through Private Partnerships for the Victoria and Stobhill Ambulatory Care Hospitals, the Mental Health Admissions Unit at Gartnavel Royal Hospital and Rowanbank Clinic.

The acute inpatient services from Stobhill Hospital have transferred predominantly to Glasgow Royal Infirmary, a new Beatson Oncology Centre opened at Gartnavel General Hospital and new Health Centres opened at Renfrew and Barrhead.

Work is ongoing for a new Laboratory Complex at Southern General Hospital with completion scheduled for 2012 and in December, 2010 the construction contract for the new South Glasgow Hospital was signed and work started in February, 2011 with completion targeted for 2015/16.

#### Prioritised Capital Programme 2010/11 – 2011/14

The prioritised formula capital investment now proposed by the Board is summarised as follows:

Table 3 Prioritised Capital Programme

	2011/12	2012/13	2013/14
	£ 000's	£ 000's	£ 000's
Acute Schemes	202,026	294,865	287,315
Board Schemes	6,751	3,799	3,399
ICT Schemes	5,876	2,750	2,000
Mental Health & Partnership Schemes (inc. Oral)	33,747	43,108	6,000
	248,400	344,522	298,714

The works programme will continue to focus on the refurbishment and upgrading of the retained estate with investment continuing in those sites identified for decommissioning at a level consistent with maintaining a safe environment for clinical care and support activities. The Board is embarking on a further review of clinical service provision within GG&C and this review will be completed in 2012 at which point the need for further improvement to the condition and suitability of the estate for clinical and support use will be determined.

### Property and Land disposals

Table 4 shows the significant land disposals arising from the property strategy and the implementation of the acute and mental health clinical Strategies. The disposal programme is significant at a time when the property market is stagnant. The Board are working with external technical advisors regarding a programme of sales to ensure that the sales take place during the best market conditions, to maximise the receipts obtained.

Table 4 Land disposals

Site	Site Area Hectares
Blawarthill Hospital	2.14
Broomhill Hospital	13.60
Cowglen Hospital	6.94
Johnstone Hospital	6.00
Lenox Castle (further phases)	42.20
Lenzie Hospital	3.60
Mansionhouse Unit	0.96
Merchiston Hospital	22.40
Queen Mother's Hospital & Royal Hospital for Sick Children (Yorkhill Campus)	7.54
Ravenscraig Hospital	31.95
Stobhill Hospital (part)	6.97
Stoneyetts Hospital (including road extension)	51.55
Victoria Infirmary	3.67
Western Infirmary (Now sold and leased back)	5.00
Gateside Laundry	1.64
Totals	206.16

## 1.4 Property Strategy – The Way Forward and Implementation

The Board recognise that a fixed and inflexible approach to the development of a Property Strategy can lead to a number of difficulties in the context of the future distribution of resources and clinical change. Adoption of the Property Strategy for NHSGG&C will enable the Board to move from the current position to a future position which clearly demonstrates effective investment in the Estate and rationalisation of buildings and land. The Property Strategy is a document which reflects a moment in time and therefore there is a requirement for it to be implemented in a manner that will ensure that it is continuously reviewed and updated to reflect emerging guidance, evidence and clinical changes that will occur over the period of implementing the Strategy.

It is intended that the implementation of the Property Strategy will be overseen by the Corporate Management Team.



## 2 Introduction

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The Scottish Government Health Directorate's Property Management Policy (MEL (1999)44) requires that all NHS Boards have property strategies that reflect the following policy aims

- To provide and maintain safe, secure and an appropriate quality of affordable health care facilities which complement and support the provision of quality health care
- To use property efficiently, coherently and strategically to support Scottish Government plans and clinical needs.

This report describes a property strategy for NHS GG&C for the period 2011 to 2016.

A property strategy cannot be developed in isolation. Rather, it is an integral part of service planning and is a long term plan that should identify service-led changes to the estate over a 5 year period and beyond as clinical strategies emerge.

A property strategy should provide the following benefits:

- Estate developments that support service and capacity requirements as identified in national and local policies
- The provision of safe, secure and high-quality healthcare environments in appropriate buildings which can aid patient outcomes/satisfaction levels and staff retention and morale
- A plan for change that enables progress towards goals to be measured
- A clear commitment to complying with sustainable development and environmental requirements and initiatives
- A means of targeting investments to minimise the risks associated with the built environment
- An opportunity to dispose of surplus and/or poorly-used assets and reinvest released resources
- An opportunity to optimise occupancy costs

Decisions on investment in the estate are some of the most important made within the NHS. The estate requires to play a major role in facilitating change and improvement in service delivery and modernising the NHS. This Property Strategy is the Board's current vision for realising that potential and it will develop this strategy during 2011/12 to extend its capital plan aspirations into 2016.

## 3 The Property Strategy Process

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

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

### 3.1 Where are we now?

This initial stage of developing the strategy analysed the current condition and performance of the Board's estate under six facets:

- Physical condition
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- Functional suitability
- Space utilisation
- Quality
- Environmental Management

This analysis was based on NHS guidance *Estatecode* which enables a consistent approach to determining the condition and performance of NHS property and has been used extensively across the NHS over the last 20 years.

### 3.2 Where do we want to be?

This stage considered the improvements necessary in service delivery and the future provision of new models of care to address the requirements of the national and local service strategies and policies. It aimed to develop an understanding of what impact these service changes would have on the estate. It also aimed to set targets for improving the condition and performance of the estate and for ensuring that the estate closely matches service need for the foreseeable future.

### 3.3 How do we get there?

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

## 4 Where are we now?

NHS GG&C is responsible for improving the health of 1.2 million people living within the Board's catchment area. It is the largest of the NHS Scotland Boards and employs circa 44,000 staff.

### 3.4

The Board shares its boundaries with 7 Local Authorities, i.e.,

- Glasgow
- West Dunbartonshire
- East Dunbartonshire
- South Lanarkshire
- Inverclyde
- Renfrewshire
- East Renfrewshire

The Board's annual budget of circa £2,666,000 is used to provide a wide range of healthcare services in Acute, Mental Health, Learning Disabilities and Community Health Partnerships.

### 4.1 NHS GG&C's existing estate

The Board has a large existing estate comprising a geographically and functionally diverse property portfolio that provides 1,432,566 sq.m of accommodation.

There are 9 teaching hospitals and district general hospitals within the Board one being a specialist Paediatric facility. The sites provide a range of national, regional and local specialist medical, surgical, obstetric and elderly care services.

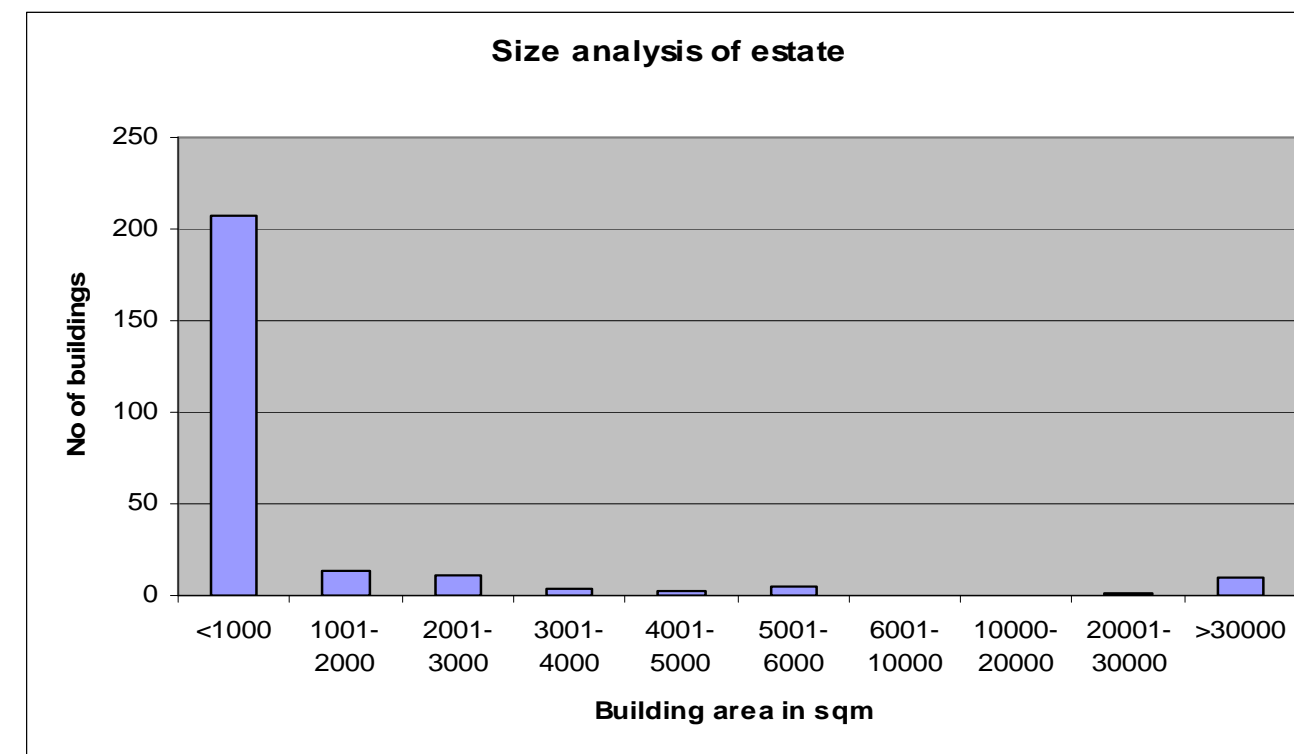
The Board has 7 PFI/PPP sites each providing quality accommodation that has contributed over the years to the general improvement in estates condition.

Primary health care is provided in the community and includes 171 general practitioner premises excluding those incorporated into health centres, 252 dental practitioner premises, pharmacists, opticians and podiatry. NHS GG&C's primary care facilities include 68 health centres, clinics, community and day hospitals. Some of these represent high quality estate that is designed for modern healthcare.

Mental Health services are provided from 6 hospital sites and a range of outreach accommodation.

Overall, services are provided from over 600 different sites with buildings on these sites ranging in size from 50 sqm to 50,000sqm. However, the majority of these buildings are relatively small with 207 being less than 1,000 sq.m as shown in Chart 1.

**Chart 1: Analysis of NHS GG&C property portfolio by building size.**



The net book value of owned premises is circa £1,080,646,000 for buildings and £134,082,000 for land value, in addition the Board uses a number of property assets which are the subject of PPP/PFI agreements and commercial leases. Table 6 shows an analysis of the existing estate ownership and table 7 an analysis by age profile. Table 6: An analysis of the existing estate by ownership.

	Area (GIA) sqm	% of Total
<b>Owned</b>	1,008,070	70%
<b>PFI</b>	91,658	6%
<b>Leased</b>	49,685	4%
<b>Third party</b>	283,153	20%
	<b>1,432,566</b>	<b>100.0%</b>

**Table 7 Analysis of existing estate by age profile.**

Age	Area	%
Over 50	572,913	40%
30-50	417,747	30%
10-29	336,175	23%
less than 10	105,731	7%
	<b>1,432,566</b>	<b>100%</b>

## 4.2 Estate Management Costs

The age, condition, functionality and suitability of the Board's existing building portfolio drives asset valuations which underpin annual accounting calculations and determine levels of depreciation and capital charges. Portfolio characteristics also impact on maintenance programmes and repair costs. In addition, PPP/PFI operating charges represent further levels of largely fixed financial commitments. Recurrent estate management costs reflect the characteristics of their underlying building portfolios. Modernised NHS Board estate incorporating new build hospitals generates higher occupancy and lower maintenance costs. Ageing estate generates higher maintenance costs but lower occupancy costs since buildings coming to the end of their operational life are often heavily written down and attract less capital charges.

The Board spends circa £71M on direct Estate Management Costs and this represents circa 7.1% of the Board's net operating costs (Source- Cost Book 2009/2010)

## 4.3 Analysis of the estate using NHS *Estatecode* methodology

The current condition and performance of the existing estate has been analysed in accordance with well established NHS guidance *Estatecode* which appraises the estate under six facets:

- Physical condition
- Statutory Compliance
- Environmental Management
- Functional suitability
- Space utilisation
- Quality

*Estatecode* enables a consistent approach to determining the condition of NHS estate assets and has been used extensively across the NHS over the last 20 years.

The appraisal of physical condition was undertaken by detailed surveys of the buildings by independent building surveyors and desktop exercises by in-house staff during 2010/11. A number of sites were identified as having short life in the context of the ongoing implementation of the acute services and mental health strategies and for these sites no physical surveys were conducted with all elements categorised as *estatecode* category "C". The appraisals for Statutory Compliance, Functional Suitability, Space Utilisation, Quality and Environmental Management were undertaken as "desktop exercises" These exercises involved a range of people from within NHS GG&C who had both operational experience and technical experience of the condition and performance of the buildings. The ongoing survey programme in future years will endorse or amend the desktop findings as appropriate.

## 4.4 Backlog Costs

The investment needed to bring the estate up to an acceptable condition is known in the NHS as "Backlog Costs" since it arises from the backlog of maintenance that has built up over a number of years and is now giving rise to less than optimal condition and performance. The guidance defines backlog costs as the direct works costs required to rectify the deficiency and bring the element/sub element up to an acceptable condition (*Estatecode* condition A or B). The guidance

is also very clear in stating that Backlog Costs should be expressed as works costs (that is, the base cost to undertake the work). Additional costs that are dependent upon the project solution chosen (for example fees, VAT, decanting and temporary services to other areas) should be excluded from backlog costs but included in the overall cost of investment required. Such additional costs can add very significantly to the indicated backlog value depending on circumstances.

The proposed disposals resulting from estate rationalisation plans will result in cost avoidance of further related backlog maintenance for such sites.

## 4.5 Risk Profiled Backlog

As part of the overall appraisal of condition it is recognised that there is a need to assess the risks associated with the continued deterioration and/or failure of estate assets. The risks associated with sub-standard assets that are assessed as high and significant risks should be addressed as a priority as part of estate investment planning process. Risk profiled backlog is a formula established by NHS Estates and adopted under guidance issued by Health facilities Scotland.

## 4.6 The current condition and performance of the estate

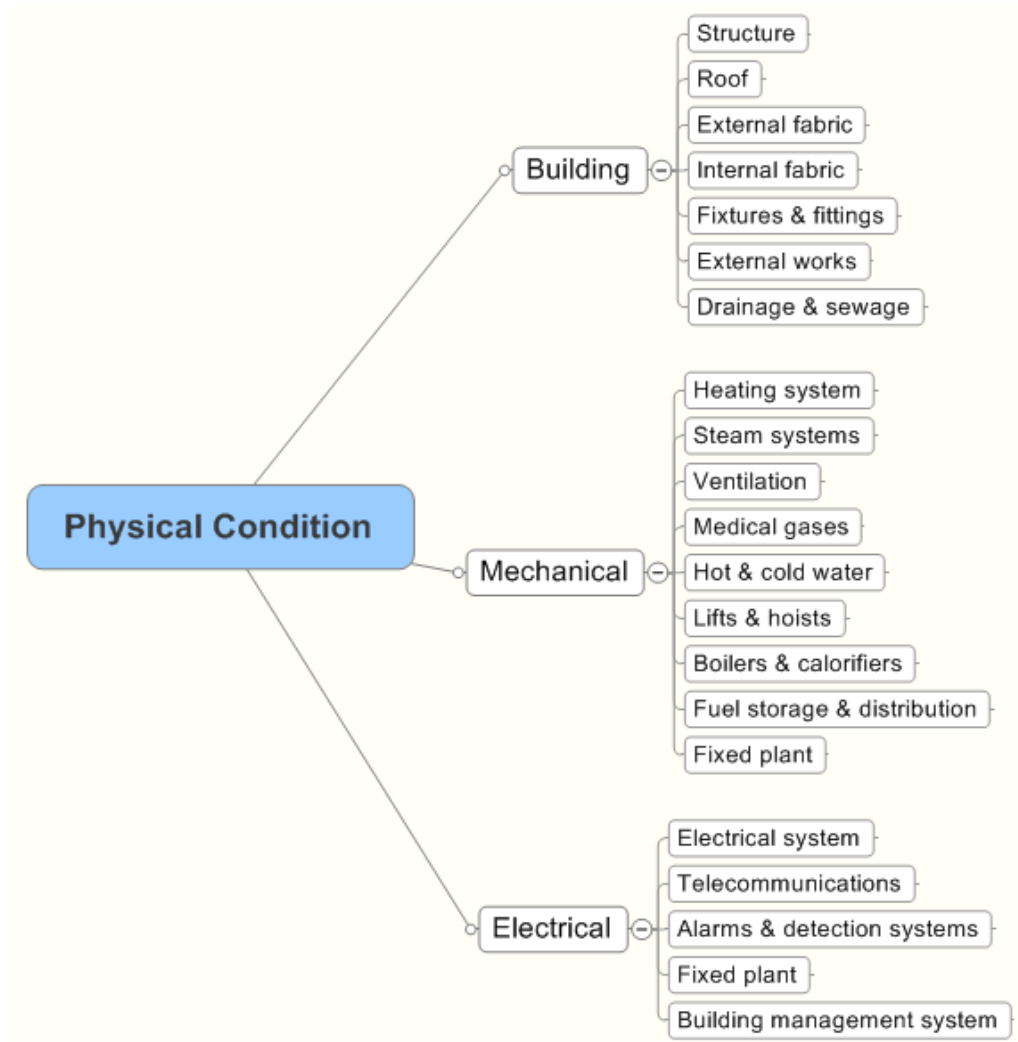
### 4.6.1 Physical condition

The appraisal of physical condition examined 21 elements of the building (structure, roof, external fabric, heating system, electrical systems etc.) and identified the expenditure required to bring these elements back to an acceptable condition. *Estatecode* defines an acceptable condition as:

- Fully operational buildings that support service delivery
- Compliance with statutory standards, fire, H&S etc
- Low levels of risk in terms of building/engineering failure
- Performing within normal revenue allocations
- Providing a pleasant, welcoming and safe environment for patients and staff.

The scope of the physical condition appraisal is shown in Figure 1.

Figure 1: Scope of physical condition appraisal



Each element is appraised in terms of its condition and then all the elements are reviewed together to inform the overall condition *Estatecode* categorisation for each building.

The results from the appraisal of physical condition are summarised in the following charts.

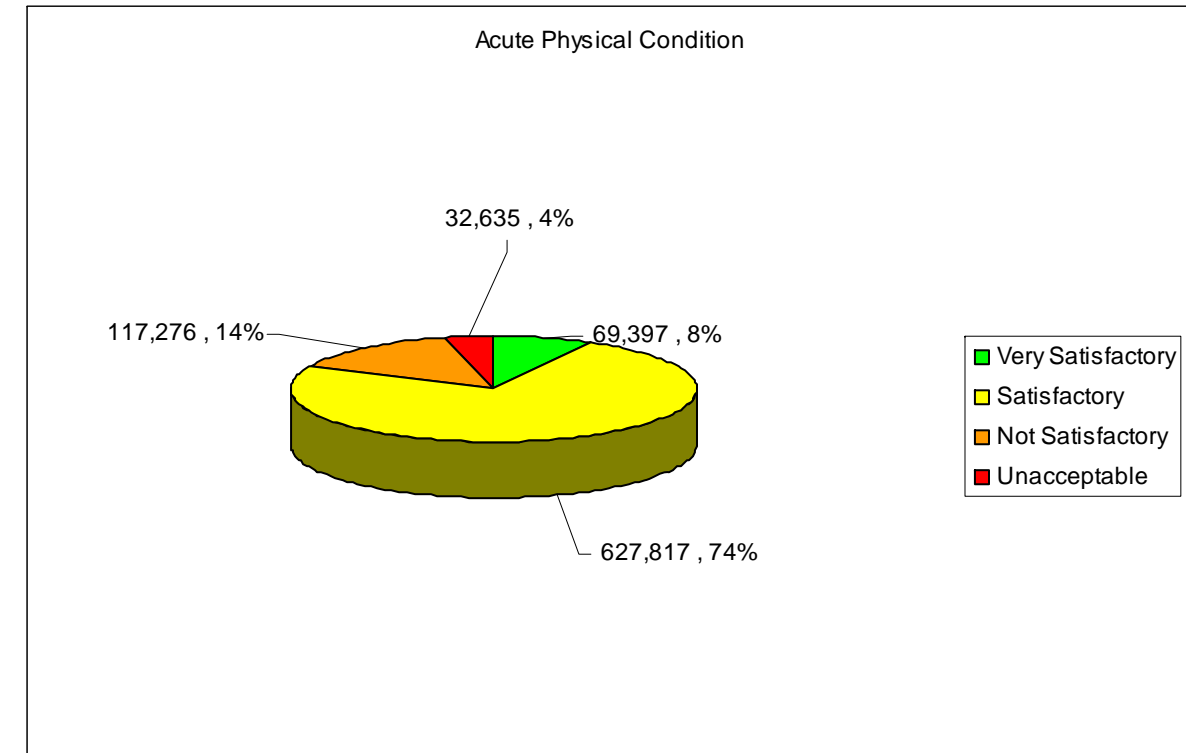


Chart 2.1 Acute properties – Physical condition assessment shows 84% in B or better based on overall site assessment.

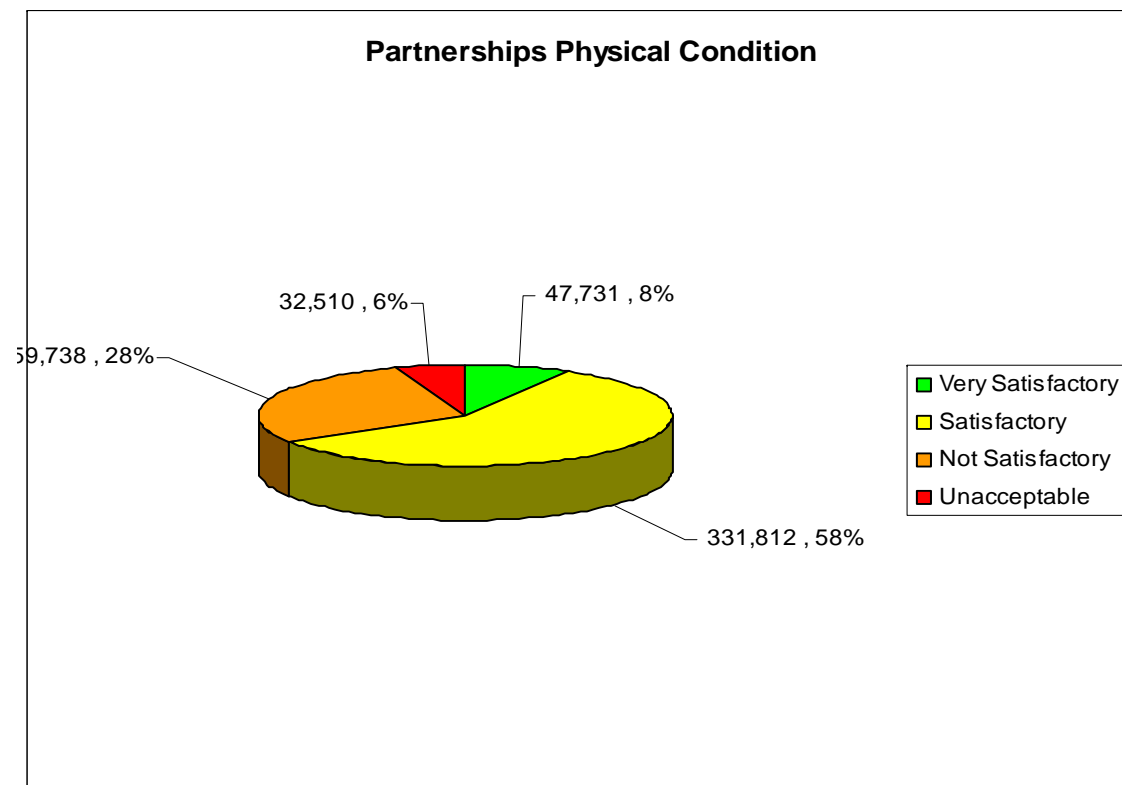


Chart 2.2 Health centres and clinics – Physical condition shows 92% in satisfactory or better condition

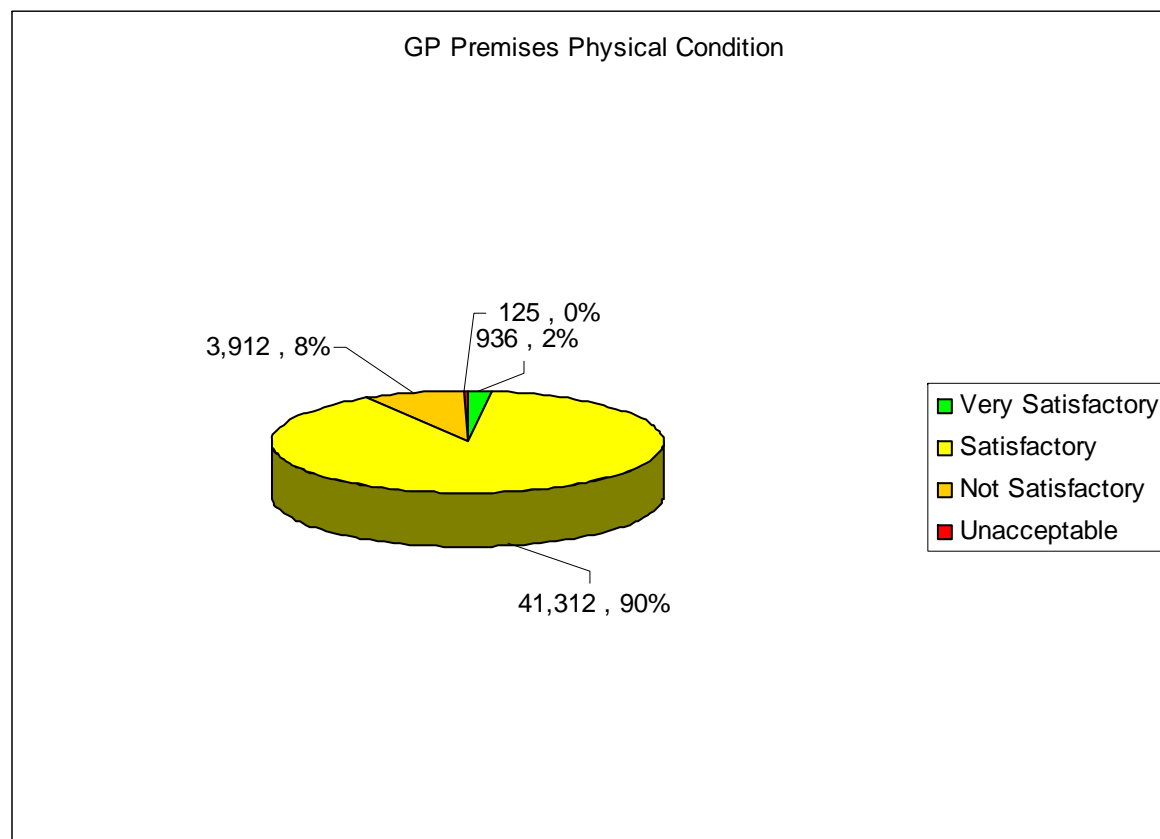


Chart 2.3 GP premises – Physical condition shows 91% in satisfactory or better condition

#### 4.6.2 Statutory Compliance

The Board has been instrumental in the development and promotion nationally of the Statutory Compliance and Risk Tool (SCART) system for assessing the level of statutory compliance. The Board's Health and Safety Manager is a SCART Champion and table 11 shows the level of compliance against each SCART category on those sites to which the tool has been applied.

This is a high level appraisal of a broad range of statutory standards that apply to buildings and is intended to inform strategic and investment planning. The scope of this appraisal is shown in Figure 2.

Figure 2: Scope of the statutory requirements appraisal

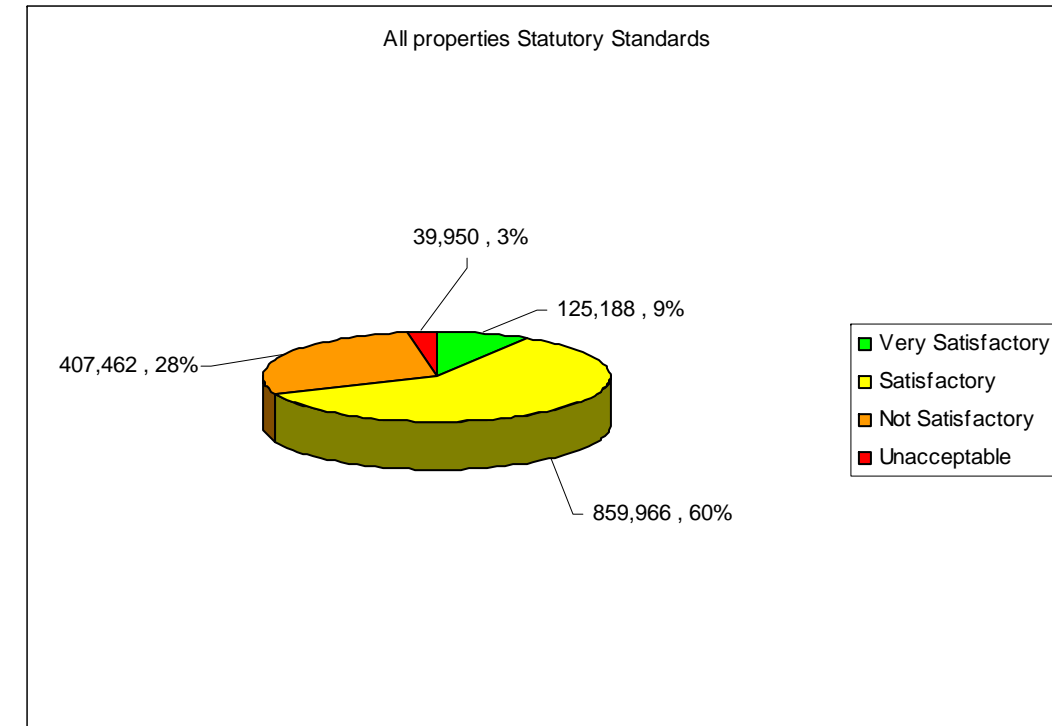
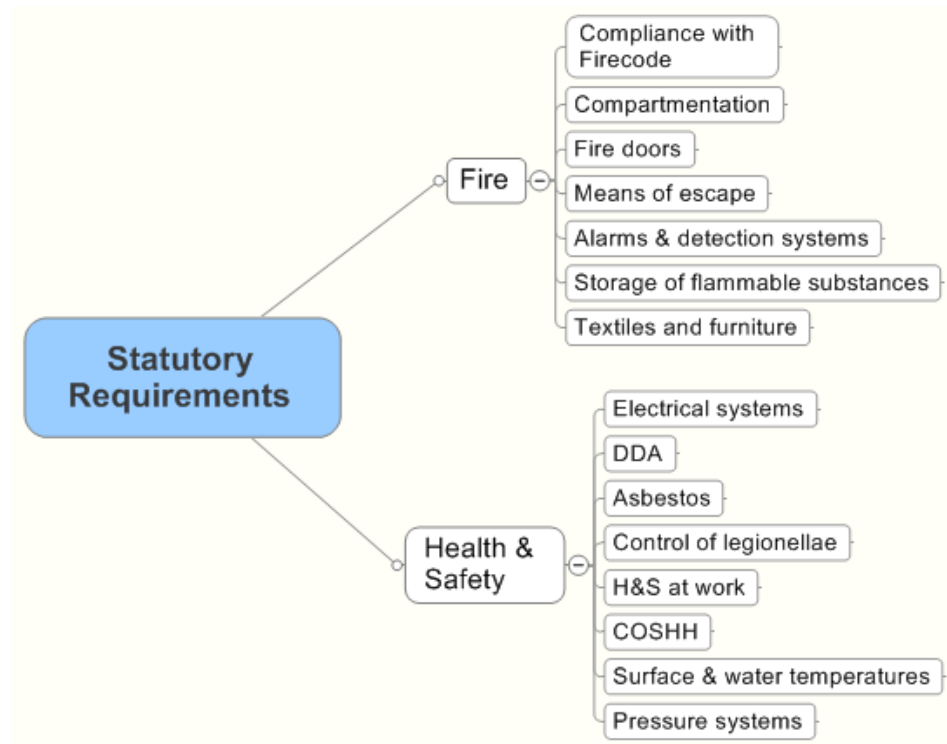


Chart 3.2 Acute statutory standards for all Board properties

The overall SCART scoring system compliance level is 71.91% compared with 60.03% for the national average. Other properties were assessed during the external surveyor's surveys and the results shown below.

Results from the appraisal of statutory compliance are shown in the following charts

**Statutory Compliance using SCART**

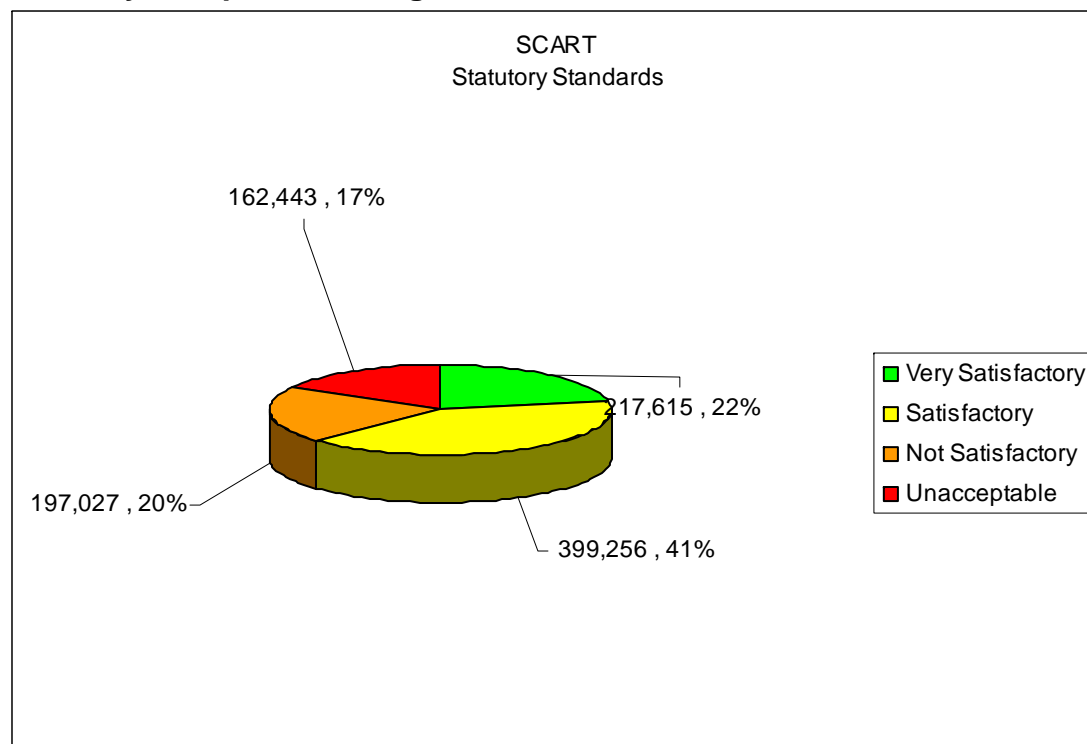


Chart 3.1 Acute statutory standards using SCART

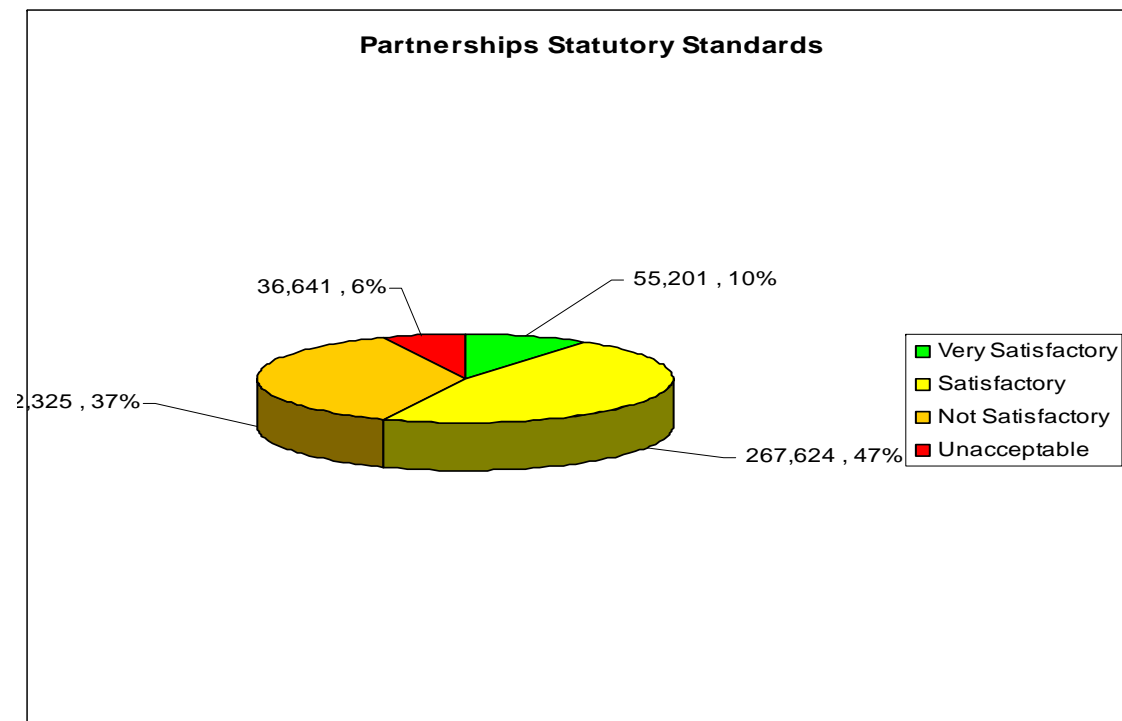


Chart 3.2 Statutory standards for Partnerships properties

Partnerships properties statutory standards assessment shows 57% is satisfactory or above.

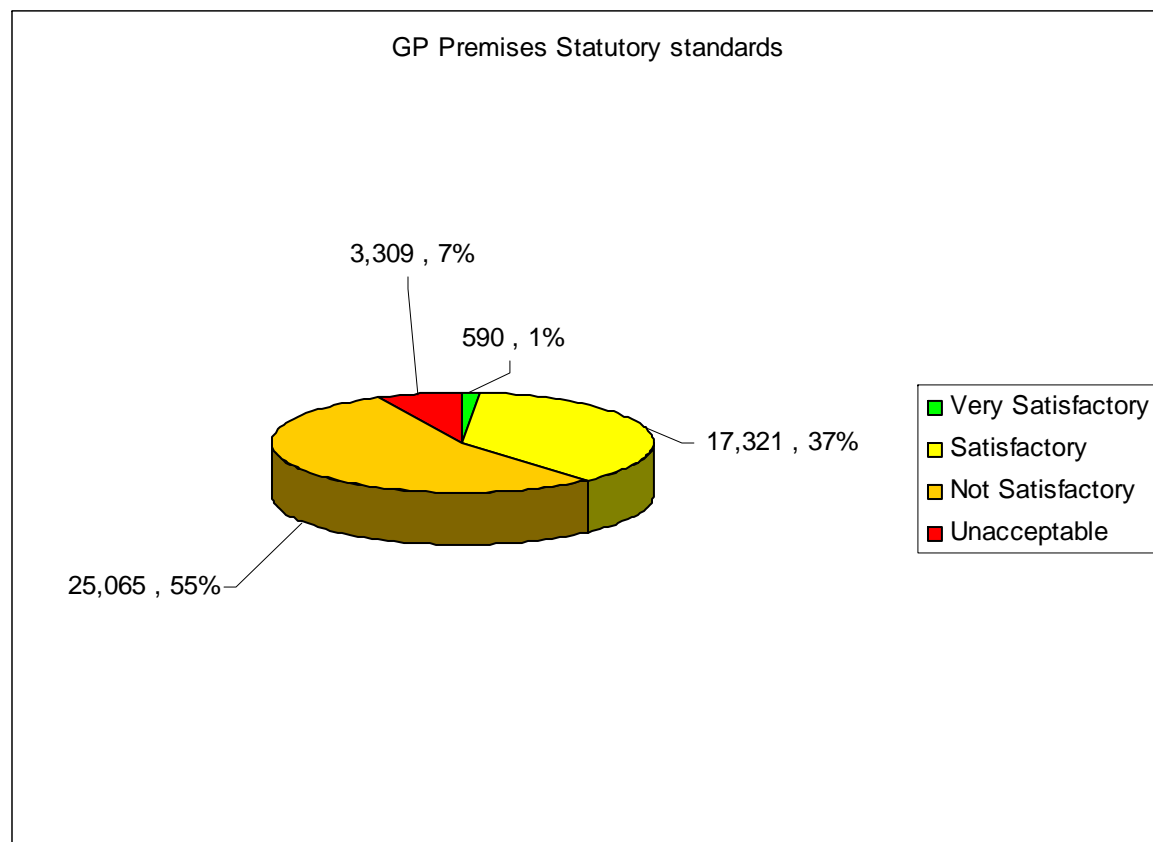


Chart 3.2

Statutory standards for GP properties

GP statutory standards assessment shows 62% is equal to or below not satisfactory.

#### 4.6.3 Risk Profiled Backlog Expenditure

The investment needed to bring the estate back to an acceptable condition (“Backlog Costs”) is summarised in the Table 8 and further analysed in tables 9 and 10 and this expenditure has been risk assessed as described earlier to produce the profile shown. The sub-standard assets that have been assessed, high and significant risk elements should be addressed as a priority as part of the estate investment planning process. Risk profiled backlog is a formula established by NHS Estates and adopted under guidance issued by Health facilities Scotland.

Table 8: Physical Condition – Risk profiled backlog costs

Backlog costs	Low	Moderate	Significant	High	Total	Risk profiled
Retained Acute/Board	35,745	37,726	34,869	8,904	117,243	49,174
Short life properties	11,359	9,991	5,442	4,649	31,441	13,309
Health Centres/Clinics	3,726	6,741	3,262	4,424	18,153	8,544
GP	2,637	2,546	824	2,806	8,813	368
Mental Health	-	-	-	-	-	-
<b>TOTALS</b>	<b>53,467</b>	<b>57,004</b>	<b>44,397</b>	<b>20,783</b>	<b>175,651</b>	<b>71,394</b>

The consequences of failing to address the poor condition of the estate are clear:

- Increasing risk of building/engineering systems failure.
- Increased risk to patients - including Hospital Acquired Infection (HAI)
- Potential for legal enforcement notices – potential for corporate manslaughter charges
- Significant disruption to clinical activity
- Low staff morale & recruitment difficulties
- Accelerated deterioration – increased short term capital investment needed.

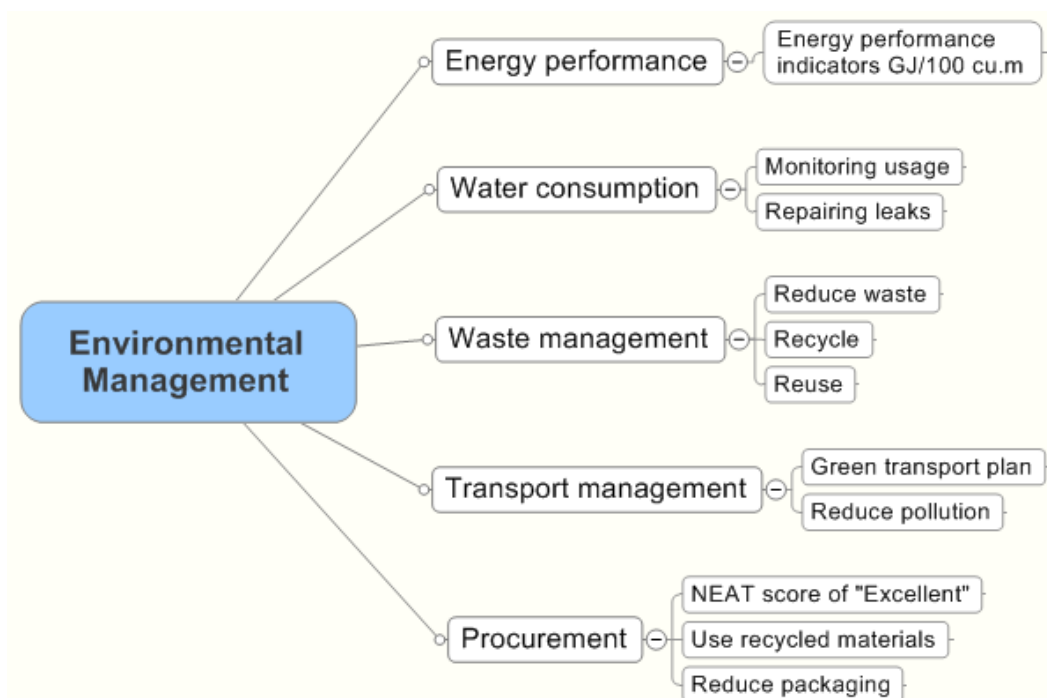
It should be noted that the backlog cost of £175,651,000 is based on the current buildings and their current usage. It will do little to improve the functionality of the properties or to modernise them for future use. The practical approach to undertaking this scale of work would be to combine it with refurbishing and upgrading departments to bring them up to modern standards. Given the definition of Backlog Costs described above and particularly in view of the scale of the work required on most sites, it is important recognise that the real investment/project costs which will need to increase to include fees, VAT, builder’s preliminaries, and optimism bias contingencies. Whilst the extent of these additional costs will depend on the solution adopted for executing the work it is none the less likely to result in a substantial percentage increase on the sum identified above.



#### 4.6.4 Environmental management

Over recent years, this facet has been expanded from energy performance to a wider focus on the success of the organisation in improving its overall management of the environment including water consumption, waste management, transport etc. In April 2006, the Scottish Government Health Directorates (SGHD) issued Health Department Letter HDL(2006)21 outlining the new Environmental Management Policy for NHSScotland. In 2008, Health Facilities Scotland (HFS) produced the *NHSScotland Environmental Management Policy Action Plan* to provide a practical framework for the implementation of the Environmental Management Policy for NHSScotland. This Action Plan sets out fifty actions to be undertaken to enable the individual NHSScotland Bodies to ensure they are complying with these requirements. A summary of the scope of the environmental management appraisal is shown in Figure 3.

**Figure 3: Scope of environmental management appraisal**



Whilst a full environmental appraisal has not previously been carried out throughout NHSGG&C one is presently underway. This is currently expected to be completed by the end of July 2011 for uploading thereafter onto the database.

NHSGG&C has a number of sustainable, initiatives and strategies along with a number of ongoing projects which relate to sustainable development and climate change and aim to comply with Scottish Government's Environmental Management Policy for Scotland. NHS GG&C has also historically targeted, in line with national requirements, a year on year reduction of 2% in its use of carbon-based fuels and has met the targets set. This targeting of CO2 reduction has been set by the Climate Change (Scotland) Act 2009 and the Board is committed to meeting these new targets of 3% per annum.

All Board premises are currently being surveyed and will be given Energy Performance Certificates in 2011. These will indicate the compliance level of the property and the potential for improvement.

In addition to a programme for the implementation of Greencode throughout the NHSGG&C estate the Board has now developed a Carbon Management Plan and Sustainable Development Action Plan as tools to improve all aspects of its environmental responsibilities and recognises the impact a poor environment has on the health of the population it serves. Whilst, within the wider context of the Board, there is a general awareness of the benefits of a low carbon regime and what this can bring to the organisation this programme is seen as a key driver to achieve a sustained and proactive participation by both staff and third parties working for Board

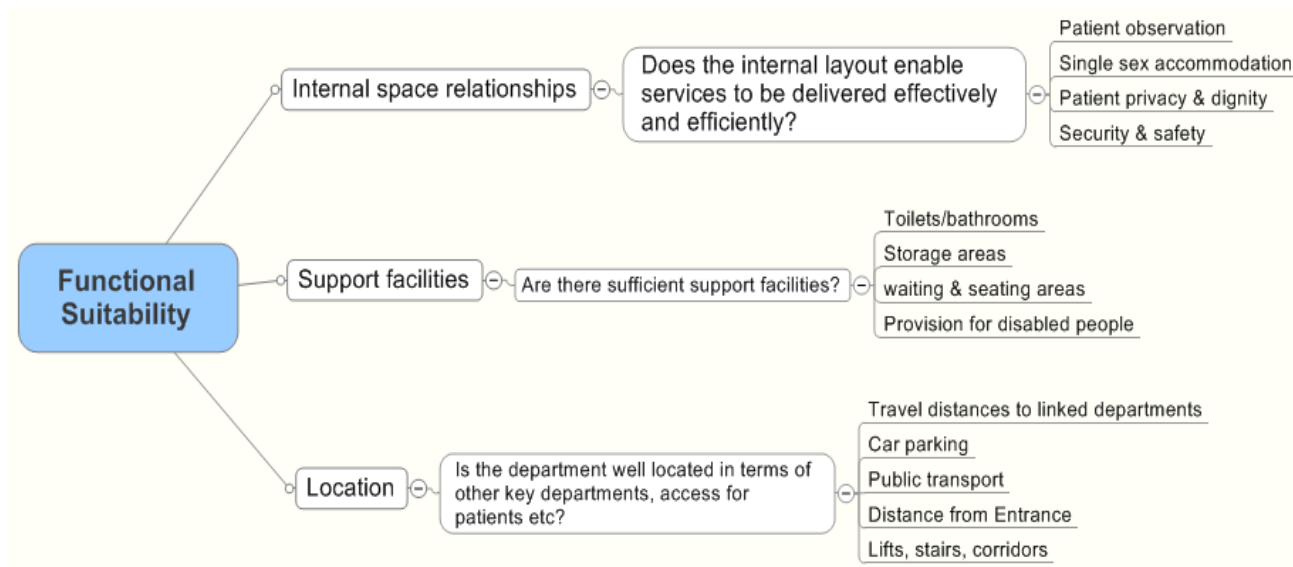
Through the Carbon and Sustainability plans NHSGG&C aims to:

- Quantify the carbon emissions from the key operations of the organisation, in order to identify priority areas for emission reduction action.
- Embed the principles of sustainable development in procedures and practices, as part of the wider corporate sustainability strategy.
- Reduce total carbon emissions by the targeted amount over the next 5 years
- Encourage the workforce and contractors involvement in the identification of opportunities and the implementation of actions and initiatives that these provide
- Bring together existing and future Carbon Management projects into a consistently managed and coherent programme with management oversight from the Corporate Management Team and Sustainability Group
- Embed a robust strategy document relevant to all to ensure that future actions are consistent with current legislation and guidance and with the principles of minimising CO2 emissions in all activities undertaken by the Board

#### 4.6.5 Functional suitability

The overall aim of the functional suitability appraisal is to assess how well the building supports the current and future (known demand) delivery of services. The appraisal of functional suitability is an important one since functionality can have a major impact on the organisation's ability to deliver effective and efficient services. Poor functional suitability often results in inefficient working practices, increased staffing levels and poor clinical outcomes. Therefore, it is an important component of the organisation's overall performance. The scope of the functional suitability appraisal is shown in Figure 4.

**Figure 4: Scope of functional suitability appraisal**



**Charts showing results from the appraisal of functional suitability**

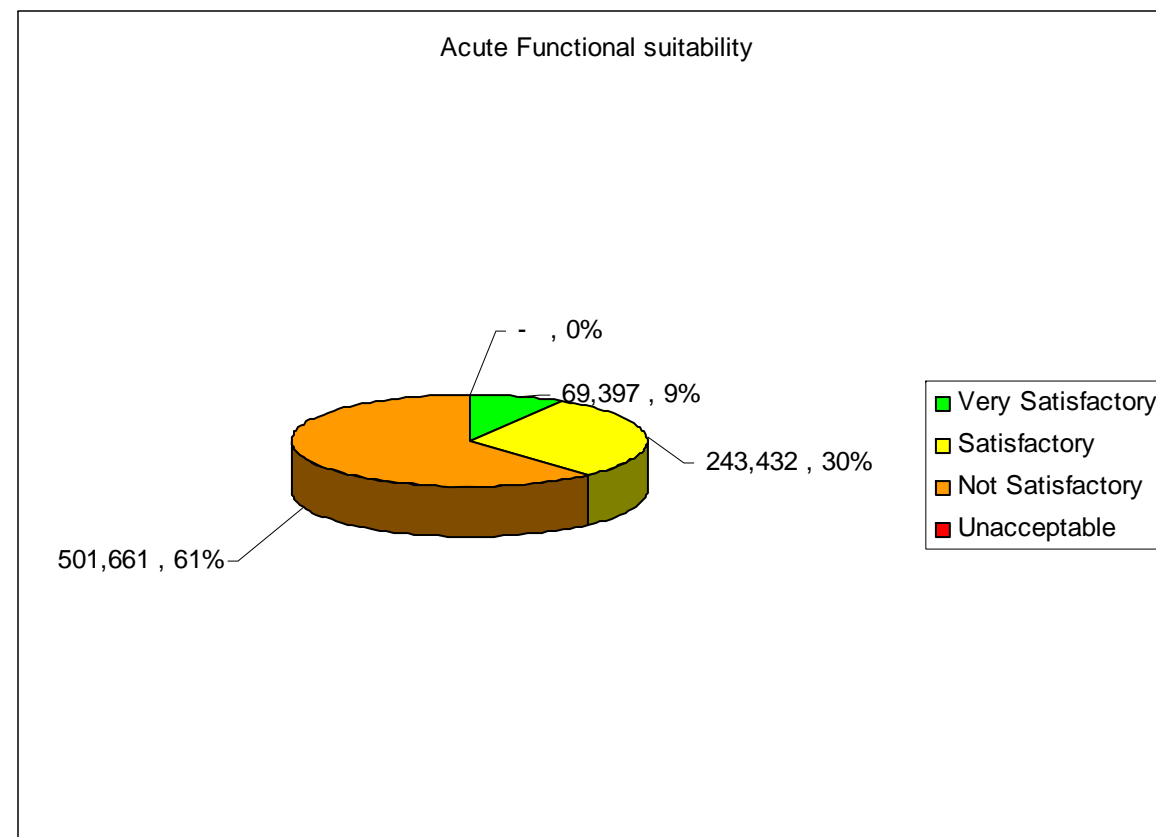


Chart 4.1 Acute Functional suitability

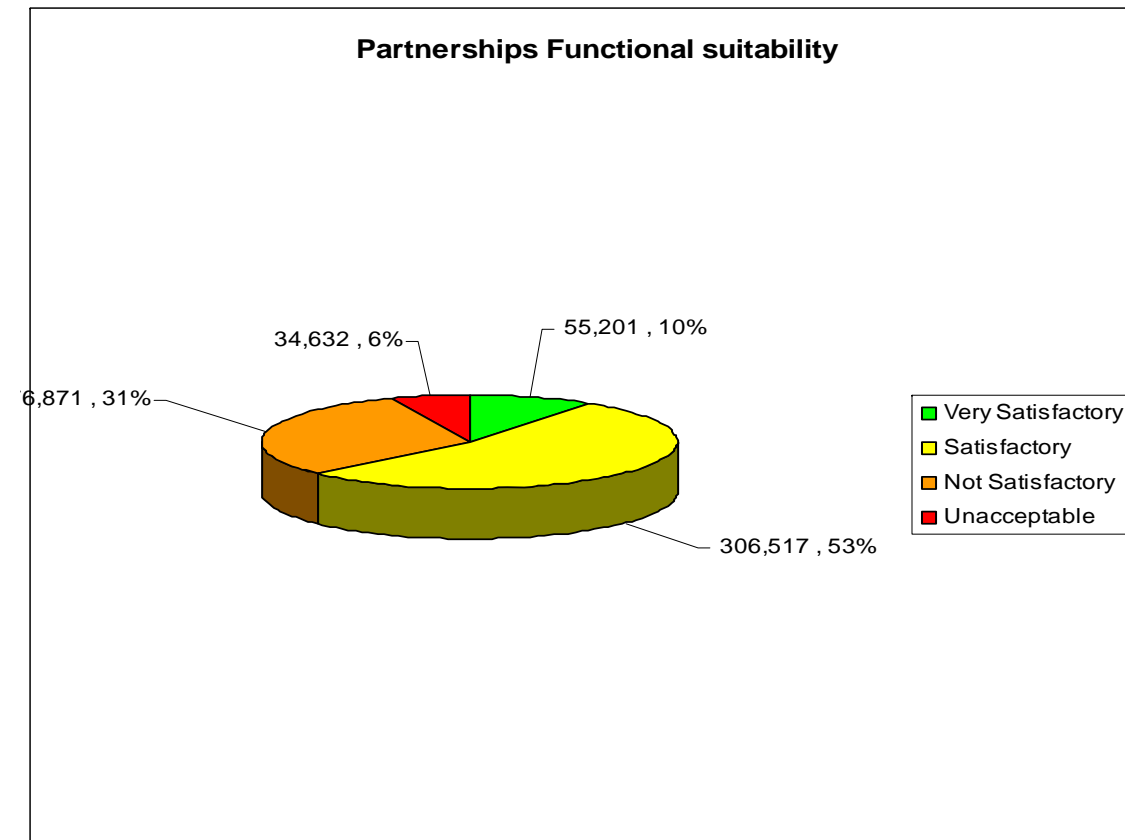


Chart 4.2 Partnerships Functional suitability

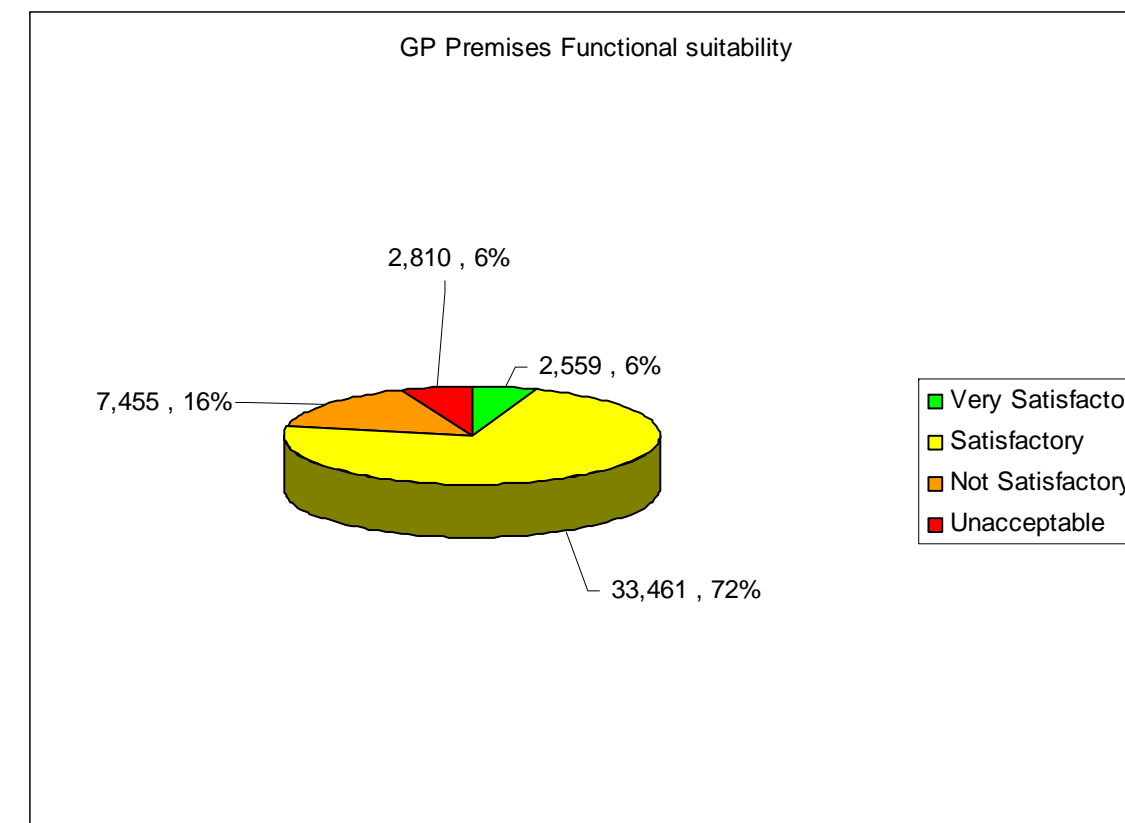


Chart 4.3 GP Premises Functional suitability

The charts above illustrate the higher functional suitability in the Primary Care setting. The greater complexity of the acute setting with greater changes in models of care, leads to problems with functional suitability. Buildings can be adapted to new uses but there will always be compromises compared to new build. This low performance will be markedly improved when the board's long term campus plans are realised in 2015/16.

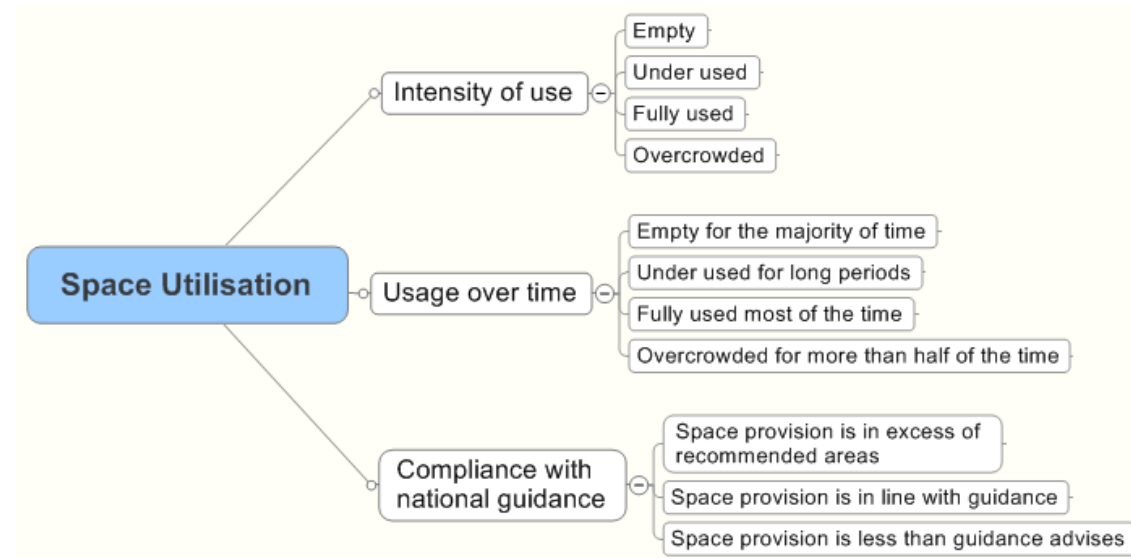
#### 4.6.6 Space Utilisation

The overall aim of this appraisal is to make a broad assessment of how well existing space is being used. The appraisal attempts to answer three main questions:

- How intensively is the space being used i.e. is it empty, fully used etc?
- How does usage of the space vary over time?
- How does the space provision compare to national guidance (where applicable)?

The scope of the space utilisation appraisal is shown in Figure 5.

**Figure 5: Scope of space utilisation appraisal**



Results from the appraisal of space utilisation are as follows.

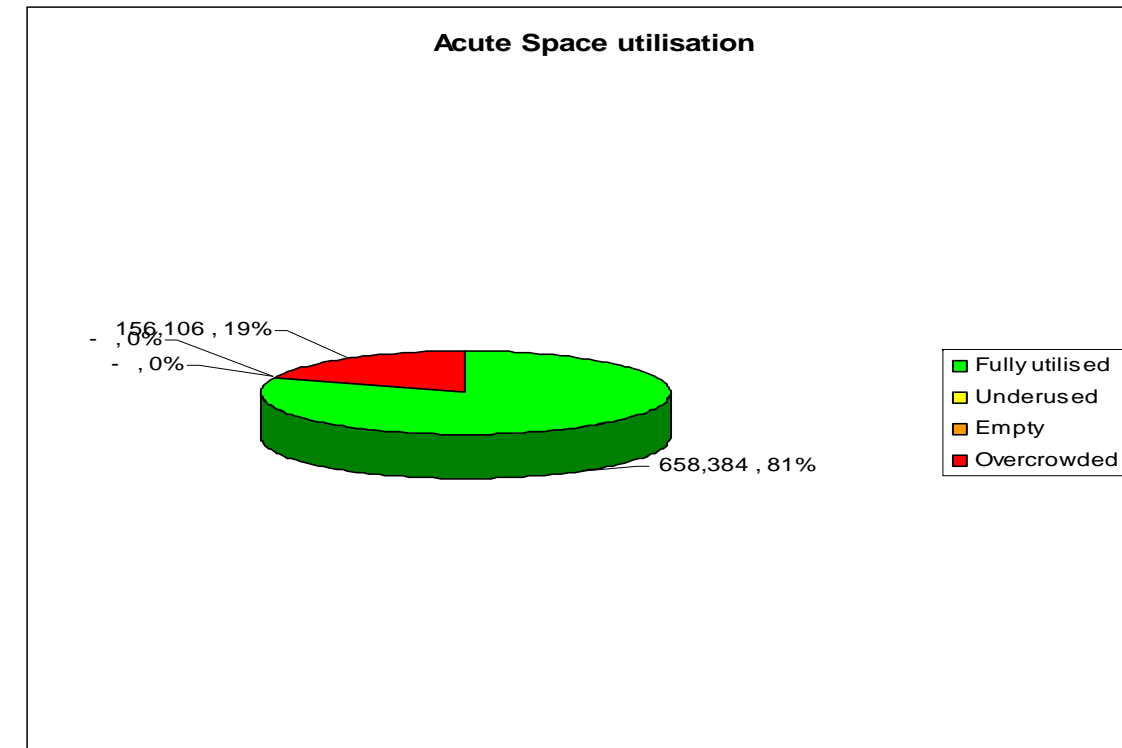


Chart 5.1 Acute Space utilisation

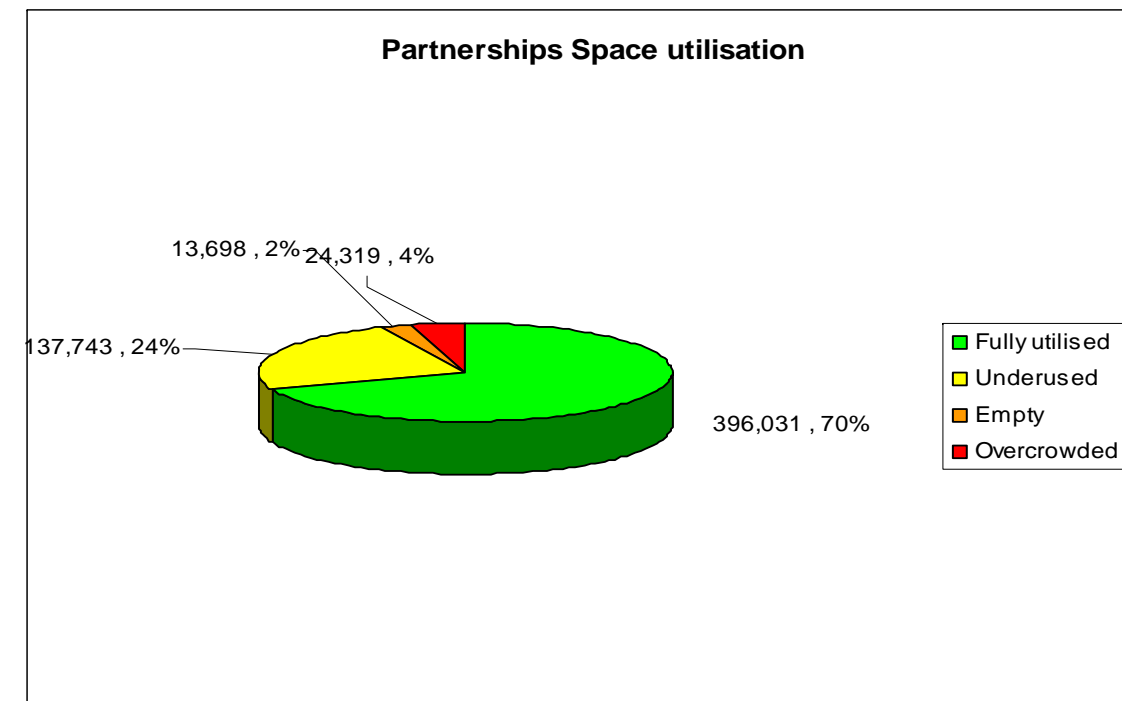


Chart 5.2 Partnerships Space utilisation

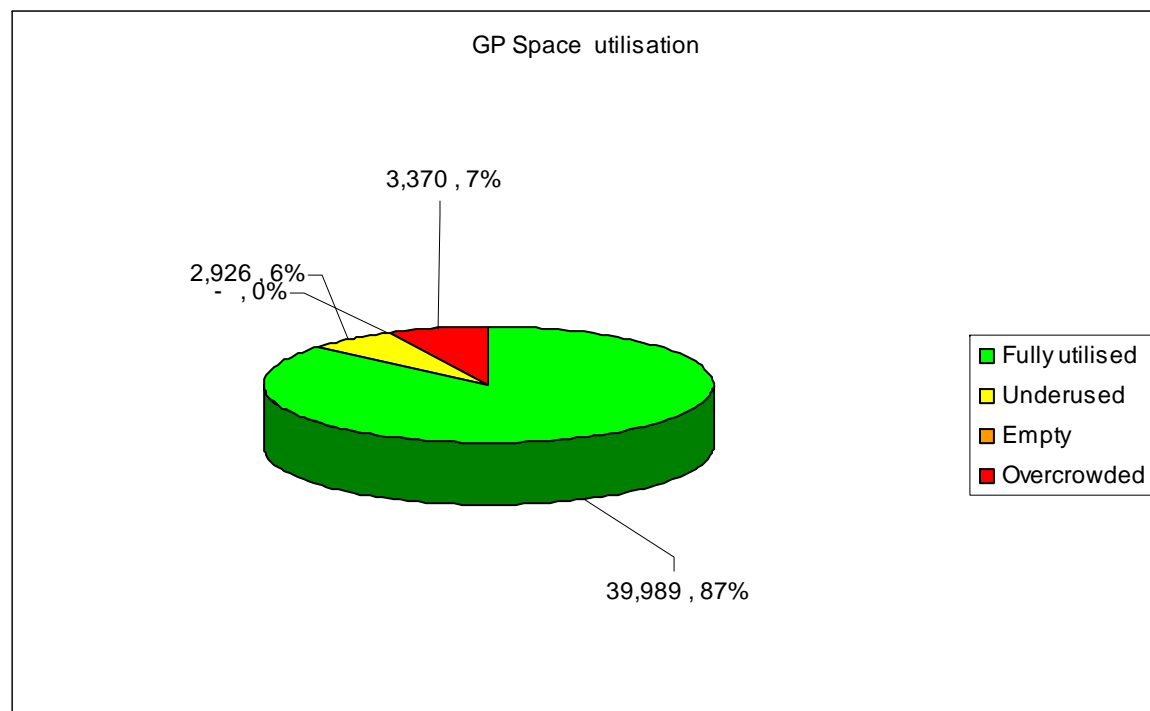


Chart 5.3 GP premises Space utilisation

The appraisal of space utilisation is an important one since the cost of owning space/property is significant. This expenditure, which includes capital charges, building and engineering maintenance, energy (heat, light & power), cleaning etc., is broadly correlated to space occupied/used. Hence, the aim is to hold only as much space as is needed to support the delivery of effective and efficient services. In addition to the direct costs of space/property ownership there are indirect cost such as those associated with under provision of space that results in inefficient working practices and poor clinical outcomes including issues relating to the control of infection

In relation to office accommodation, there is further scope for reducing the amount of accommodation and improving utilisation through new ways of working such as:

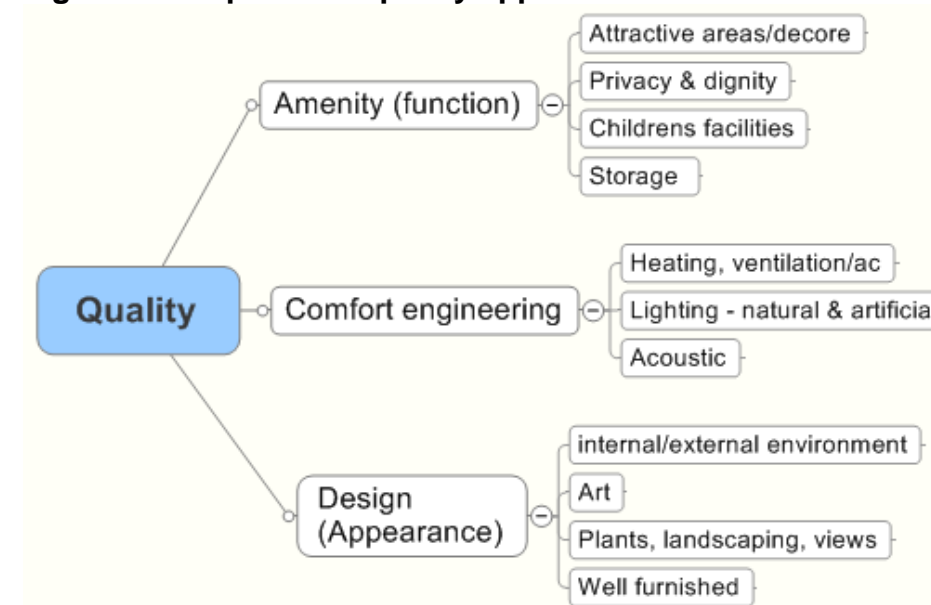
- Hot desk working
- Mobile working
- Home working

These new ways of working are well established in some other business sectors and the scope for increased usage, particularly in the administrative functions, has been explored in the form of a high level feasibility study that is now the subject of further detailed work with a view to implementation at an early date. The ability to implement such changes is dependant to a high degree on the use of new communication technologies and work practices.

#### 4.6.7 Quality

The appraisal of the quality of the estate is a broad brush examination of the environment in the building and the scope of this appraisal is shown in Figure 6.

Figure 6: Scope of the quality appraisal



Results from the appraisal of quality are shown in the following charts

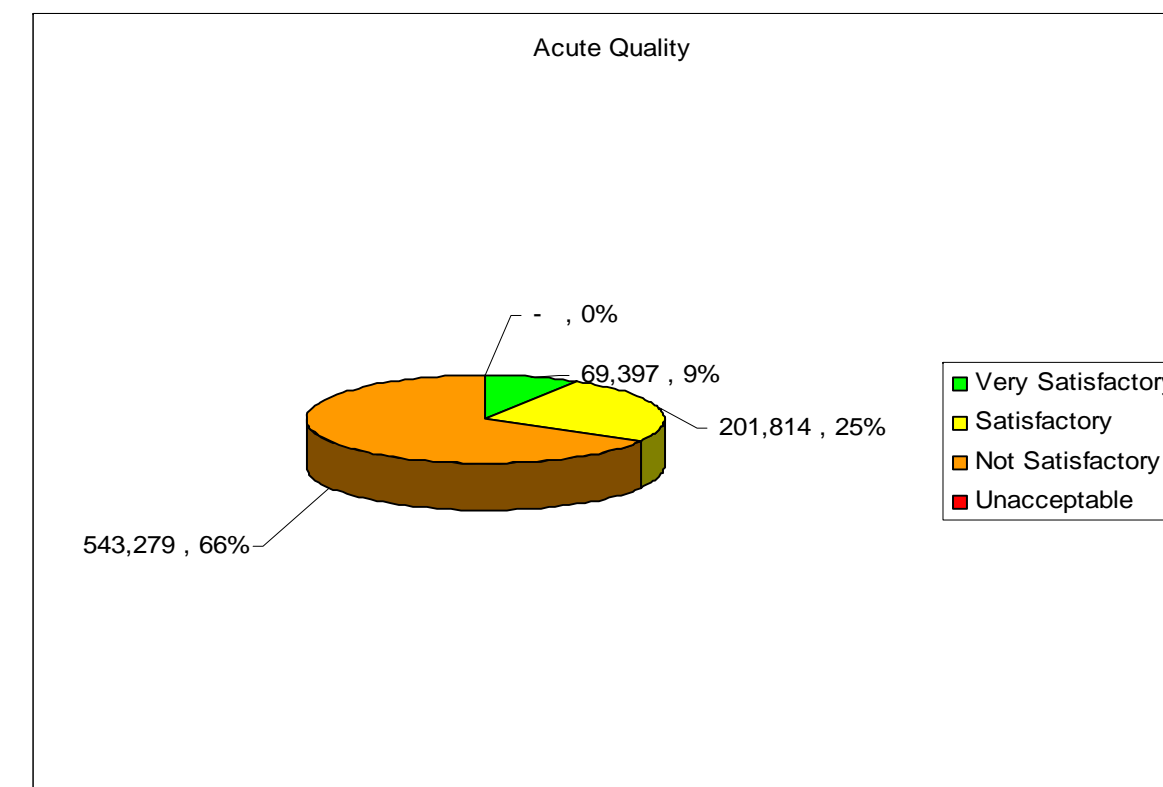


Chart 6.1 Acute Quality

## Summary of Condition and Performance by Building

A summary of the condition and performance of each building is shown below and has been extracted from the estate information database that has been developed to capture the results from the Estatecode Appraisals. To aid clarity the tables use a simple “traffic light” colour coding system with the follow broad definitions

Colour code	Estatecode Category	Performance
Green	A	Very Satisfactory/No change or investment needed
Yellow	B	Satisfactory/Only minor change or investment needed
Orange	C	Not satisfactory/major change and/or investment needed
Red	D	Unacceptable/Replacement or total re-provision required

The codes used in the tables for each facet of performance are shown the table below

Code	Estatecode Facet
PC	Physical condition
SS	Statutory Standards
E	Environmental management
SU	Space utilisation
FS	Functional suitability
Q	Quality

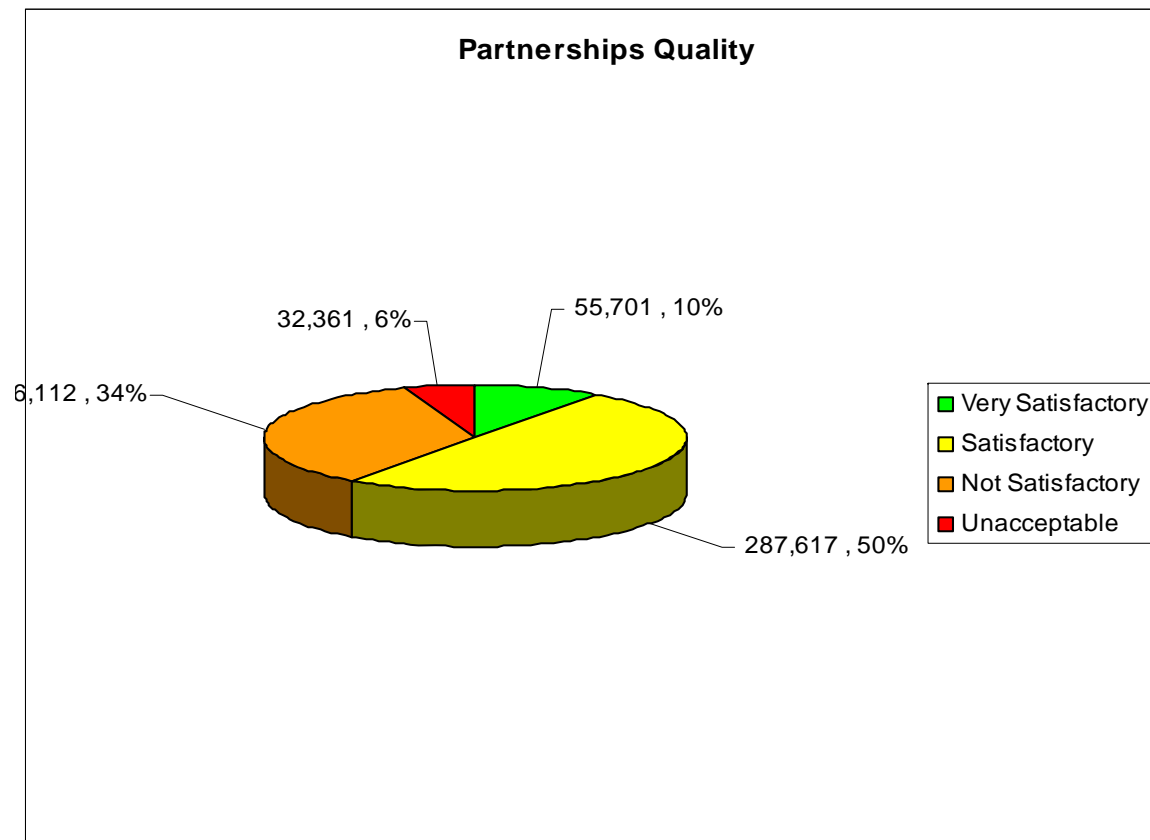


Chart 6.2 Partnerships Quality

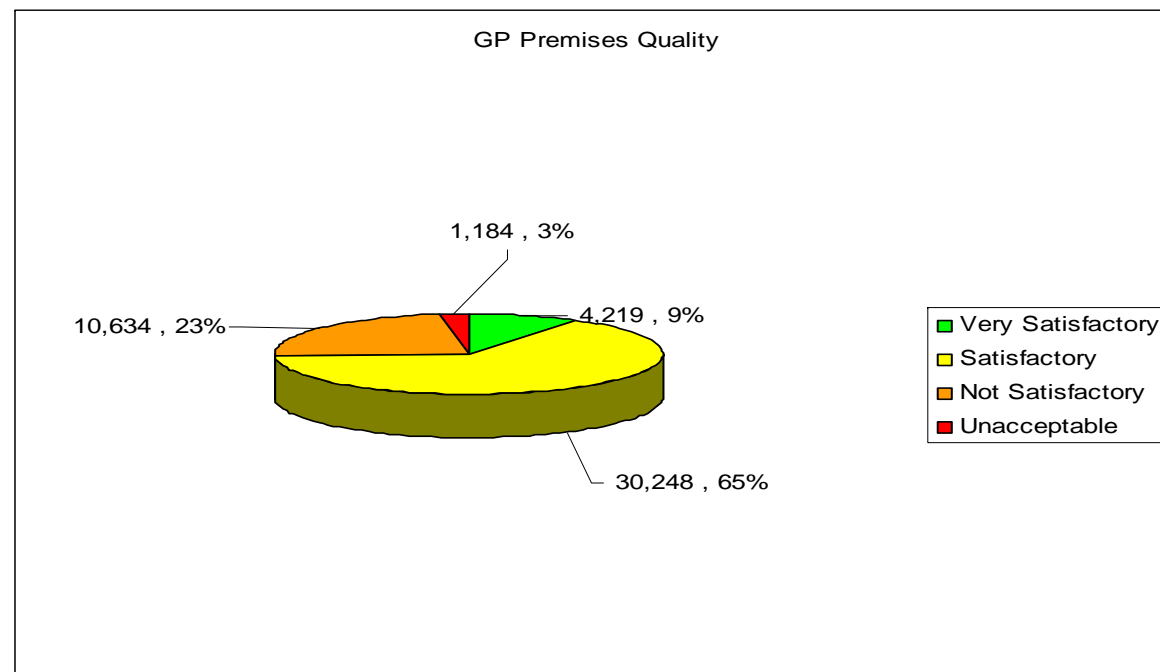


Chart 6.3 GP premises quality

The Board has been investing in the refurbishment of acute and mental health premises over a number of years and as this programmes progresses the quality of accommodation has improved. However the adaptation of existing old properties has significant limitations on the ability to achieve full compliance with the provision of quality environments for patients and staff activities.

Table 9 Larger properties overall assessment of 6 Facets. Note that there will be significant cost avoidance through disposals and the rationalisation of the campuses at Southern General and Stobhill Hospitals

### 4.7 Summary of Condition and Performance by Buildings

Type	Code	Name	GIA sq. m	GIA%	Owner ship	Retained/Short Life	Building External	Building Internal	Services	Physical condition overall	Statutory Standards	Environment	Space Utilisation	Functional Suitability	Quality	Low risk	Medium risk	Significant risk	High risk	Total £k	Site Risk adj backlog	Cost/m2
Office		Caledonia House	6,163	0.77%	Lease	R	B	B	B	B	B	B	F	B	B	-	-	-	-	-	-	-
Office		Clutha House	1,370	0.17%	Lease	R	B	B	B	B	B	B	F	B	B	-	-	-	-	-	-	-
Facility	G045A	Cowlairs Sterile Supplies Unit	4,843	0.60%	Lease	R	B	B	B	B	B	B	F	B	B	-	-	-	-	-	-	-
Facility		Hillington Laundry & Call Centre	4,649	0.58%	Lease	R	B	B	B	B	B	B	F	B	B	-	-	-	-	-	-	-
Facility	G067A	Inverclyde Sterile Supplies Unit	2,080	0.26%	NHS	R	B	B	B	B	B	B	F	C	B	-	-	-	-	-	-	-
Hospital	G503H	Drumchapel Hospital	5,515	0.69%	NHS	R	B	B	B	B	C	B	O	C	C	821.3	811.0	247.0	29.0	1,908.3	439.2	346.01
Hospital	G516H	Gartnavel General Hospital	62,474	7.77%	NHS	R	C	C	C	C	C	C	F	C	C	7,123.0	3,154.0	1,508.0	119.0	11,904.0	2,140.9	190.54
Hospital	G106H	Glasgow Dental Hospital	15,869	1.97%	NHS	R	C	C	C	C	C	C	F	C	B	93.0	1,214.0	1,225.0	1,155.0	3,687.0	2,510.7	232.34
Hospital	G107H	Glasgow Royal Infirmary	169,556	21.08%	NHS	R	B	B	B	B	B	C	F	B	B	289.0	8,956.7	17,712.0	3.0	26,960.7	18,639.6	159.01
Hospital	C313H	Inverclyde Royal Hospital	57,487	7.15%	NHS	R	B	B	C	B	B	C	F	B	C	9,240.0	1,680.0	974.0	5,305.0	17,199.0	6,825.0	299.18
Hospital	G109H	Lightburn	5,815	0.72%	NHS	R	B	B	B	B	C	B	F	C	C	834.0	879.0	457.0	13.0	2,183.0	641.3	375.41
Hospital	C418H	Royal Alexandra Hospital	72,012	8.95%	NHS	R	C	B	B	B	B	B	F	C	C	3,412.0	11,364.0	1,612.0	1,402.0	17,790.0	3,605.0	247.04
Hospital	G405H	Southern General Hospital	85,995	10.69%	NHS	R	B	B	B	B	B	B	O	C	C	-	1,299.0	-	777.0	2,076.0	906.9	24.14
Hospital	G207H	Stobhill Hospital	52,796	6.56%	NHS	R	B	B	B	B	C	B	F	C	C	4,297.3	1,334.0	702.0	51.0	6,384.3	1,316.1	120.92
Hospital	C206H	Vale of Leven Hospital (incl 430 renal)	32,868	4.09%	NHS	R	C	C	C	C	C	C	O	C	C	9,635.0	7,034.0	10,432.0	50.0	27,151.0	12,148.9	826.06
ACAD		Stobhill ACH	27,675	3.44%	PFI	R	A	A	A	A	A	A	F	A	A	-	-	-	-	-	-	-
ACAD		Victoria ACH	41,722	5.19%	PFI	R	A	A	A	A	A	A	F	A	A	-	-	-	-	-	-	-
Hospital		Langlands SGH	8,724	1.08%	PFI	R	A	A	A	A	A	A	F	A	A	-	-	-	-	-	-	-
Hospital		Larkfield Unit	7,470	0.93%	PFI	R	B	B	B	B	A	B	F	A	A	-	-	-	-	-	-	-
Hospital	G005A	Western Infirmary	80,963	10.07%	NHS	S	B	B	B	B	B	B	O	C	C	3,398.2	3,619.0	2,589.0	4,516.0	14,122.3	8,508.5	174.43
Hospital	G006A	Yorkhill Hospital	58,288	7.25%	NHS	S	B	B	B	B	B	B	O	C	C	-	-	-	-	-	-	-
Hospital	G501H	Blawarthill Hospital	5,407	0.67%	NHS	S	C	C	C	C	C	B	O	C	C	600.4	3,207.0	351.0	126.0	4,284.4	1,238.5	792.38
Hospital	G306H	Victoria Infirmary	38,780	4.82%	NHS	S	C	B	B	B	B	C	O	C	C	5,259.0	967.0	1,700.0	3.0	7,929.0	2,325.6	204.46
Hospital	G307H	Mansionhouse		1.43%	NHS	S	B	B	B	B	B	A	O	C	C	2,101.4	2,198.3					445.37
			11,464															802.0	4.0	5,105.7	1,236.0	

Table 10 Health centres and clinics overall assessment of 6 Facets

Code	Name	GIA sq. m	GIA%	Owner ship	Building External	Building internal	Services	Statutory Standards	Environment	Space Utilisation	Functional Suitability	Quality	Low risk	Moderate risk	Significant risk	High risk	Total £k	Cost/m2	Rank	Remaining life	Site Risk adj backlog
G678B	Fernbank Street	375	2.60%	owned	C	B	B	C	C	F	B	C	3	36	13	70	122	324.00	29	10	86,850
G596H	Anvil Resouce Centre	1,017	7.05%	owned	B	B	B	B	D	F	B	B	79	4	8	0	91	89.48	61	45	9,844
G412C	Pollockshaws Clinic	1,190	8.25%	owned	C	B	B	C	C	F	B	C	83	81	0	0	164	137.82	58	14	11,714
G408H	Florence Street	2,267	15.72%	owned	B	B	B	B	C	U	B	B	116	7	4	0	127	56.02	60	19	10,474
G405H	SGH Perinatal	443	3.07%	owned	B	C	C	B	C	F	B	B	2	10	9	2	23	51.92	59	53	11,226
G403C	Cardonald Clinic	381	2.64%	owned	C	C	C	C	D	U	C	D	74	207	45	0	326	855.64	35	10	73,100
G401B	Govan Health Centre	1,953	13.54%	owned	B	B	C	C	C	F	B	C	59	379	65	266	769	393.75	6	29	346,103
G354B	Stewart Resource Centre	625	4.33%	owned	B	C	C	C	C	F	B	B	15	26	0	5	46	73.60	64	51	5,804
G301B	Rutherglen PC	1,000	6.94%	owned	B	B	B	B	C	F	B	B	26	3	0	372	401	401.00	5	24	373,208
G202C	Muirhead Clinic	250	1.73%	owned	C	B	B	C	C	F	C	C	66	69	35	20	190	760.00	39	9	70,000
G110H	Acorn street Day Hospital	300	2.08%	owned	C	B	B	C	C	F	C	C	9	42	94	56	201	670.00	18	10	155,100
C407C	Foxbar Clinic	530	3.68%	owned	B	D	D	C	C	F	B	B	41	70	48	0	159	300.00	42	19	53,842
C401B	Linwood Health Centre	1,100	7.63%	owned	C	B	B	D	C	O	B	C	241	363	65	20	689	626.36	23	19	116,789
C305C	Wellpark Centre	293	2.03%	owned	A	A	A	A	B	F	A	A	19	0	2	0	21	71.67	67	59	2,322
C201B	Dumbarton Health Centre	2,200	15.26%	owned	C	B	B	C	C	F	B	B	230	232	71	0	533	242.27	27	24	90,250
C0129C	Glenburn Clinic	495	3.43%	owned	B	B	B	C	C	F	C	C	5	33	31	19	88	177.78	41	9	54,222
G503B	Drumchapel HC & Achamore RC	2,398	16.63%	owned	B	B	B	C	D	U	B	B	101	328	27	0	456	190.16	44	29	41,793
G517C	William Street Clinic	900	6.24%	owned	B	B	B	B	C	F	B	B	54	1	0	0	55	61.11	68	47	1,170
G595H	Sandyford Initiative	2,610	18.10%	owned	C	C	C	C	C	F	B	B	320	53	127	0	500	191.57	20	-81	122,395
C302B	Gourock HC	800	5.55%	owned	C	C	C	C	C	F	B	C	102	98	0	0	200	250.00	51	10	20,000
C309C	Boglestone Clinic	563	3.90%	owned	B	B	B	C	C	U	B	B	29	27	0	27	83	147.42	47	10	32,600
C316C	Larkfield	939	6.51%	owned	B	C	C	C	C	U	C	C	203	80	164	12	459	488.82	14	10	204,300
G103B	Baillieston HC	2,000	13.87%	owned	C	B	B	B	C	F	B	B	52	22	7	0	81	40.50	55	10	14,400
G103B	Easterhouse HC	4,000	27.74%	owned	B	B	B	B	B	F	B	B	5	26	16	0	47	11.75	52	10	19,100
G112H	Parkview RC	380	2.64%	owned	B	B	B	C	C	F	B	B	0	4	55	2	61	160.53	40	10	57,400
G112H	Shettleston Day Hospital	448	3.11%	owned	B	B	B	C	C	F	B	B	4	35	77	5	121	270.09	30	10	85,900
G201B	Woodside HC	2,187	15.17%	owned	D	B	C	D	D	F	B	C	48	537	224	13	822	375.86	7	10	295,500
G212H	Shawpark Street	671	4.65%	owned	B	C	B	C	C	F	B	C	3	18	0	119	140	208.64	21	10	121,100
G214H	Springpark RC	977	6.78%	owned	C	C	C	D	C	U	B	C	72	261	37	29	399	408.39	26	10	99,300
G401C	Elderpark Clinic	500	3.47%	owned	B	B	B	C	C	F	B	A	31	3	0	0	34	68.00	66	10	3,400
G402B	Thornliebank HC	1,272	8.82%	owned	C	B	B	B	C	F	B	B	113	5	2	0	120	94.34	57	10	13,800
G491E	Douglas Inch Centre	840	5.83%	owned	C	C	B	C	C	U	B	B	161	115	60	0	336	400.00	28	10	87,600
G518C	Milngavie Clinic	554	3.84%	owned	B	B	B	B	D	F	B	B	20	60	8	1	89	160.65	53	10	17,000
G581C	Goldenhill RC	710	4.92%	owned	B	B	B	C	C	F	C	C	23	4	1	0	28	39.44	65	10	3,700
G598H	Arran Centre	500	3.47%	owned	B	B	B	B	B	F	B	B	43	1	0	11	55	110.00	54	10	15,400
G602H	Eastwood RC	225	1.56%	owned	B	B	B	C	C	F	B	B	6	3	15	5	29	128.89	50	10	20,900
G606H	Overtoun Court	1,042	7.23%	owned	B	B	B	C	C	F	C	C	112	187	52	19	370	355.09	25	10	100,900
C301B	Port Glasgow HC	2,760	19.14%	owned	C	B	B	C	C	F	C	B	5	7	15	226	253	91.67	11	10	242,200
C404B	Bishopton HC	640	4.44%	owned	B	B	C	C	C	F	B	B	14	60	0	110	184	287.50	22	10	117,400
C406B	Johnstone HC	1,207	8.37%	owned	B	B	B	C	C	F	B	B	3	16	0	144	163	135.05	19	10	145,900

Code	Name	GIA sq. m	GIA%	Ownership	Building External	Building internal	Services	Statutory Standards	Environment	Space Utilisation	Functional Suitability	Quality	Low risk	Moderate risk	Significant risk	High risk	Total £k	Cost/m2	Rank	Remaining life	Site Risk adj backlog
C410C	New Sneddon St Clinic	1,300	9.02%	owned	D	C	B	C	C	F	C	C	24	41	176	237	478	367.69	3	10	419,500
G196E	Carswell House	621	4.31%	owned	C	C	B	C	D	F	D	C	17	186	0	6	209	336.55	48	10	26,300
G301C	Cambuslang Clinic	725	5.03%	owned	B	B	B	C	C	U	B	B	0	23	24	0	47	64.83	48	10	26,300
G302B	Gorbals HC	2,060	14.29%	owned	B	C	C	C	C	F	B	B	29	235	212	0	476	231.07	12	10	238,400
G304B	Castlemilk HC	2,361	16.37%	owned	B	B	B	C	C	F	B	B	2	0	0	197	199	84.29	15	10	197,200
G403B	Pollock HC	3,800	26.35%	owned	B	B	B	C	C	F	B	B	24	25	126	150	325	85.53	8	10	280,900
G420C	Elizabeth Martin Clinic	695	4.82%	owned	B	C	B	C	C	U	B	C	12	43	2	100	157	225.90	24	10	107,500
G506C	Netherton LD	263	1.82%	owned	B	B	B	B	C	F	C	C	0	5	21	20	46	174.90	45	10	41,500
G550C	Rossdale RC	1,189	8.25%	owned	B	A	B	C	C	U	B	B	42	3	0	4	49	41.21	63	10	8,500
G597E	Whittinghame Day Hospital	530	3.68%	owned	B	B	B	C	C	F	B	B	7	32	56	26	121	228.30	30	10	85,900
G597H	Goldenhill Clinic	560	3.88%	owned	B	B	B	C	C	F	B	C	39	43	63	3	148	264.29	34	10	74,200
G603H	Arndale RC	500	3.47%	owned	B	B	B	B	D	F	B	B	29	18	0	5	52	104.00	62	10	9,700
G608H	2-4 Waterloo Close	600	4.16%	owned	B	B	B	C	C	F	B	B	2	10	0	78	90	150.00	33	10	79,200
G610C	Renfrew HC (old)	6,920	47.99%	owned	A	A	A	C	C	U	A	A	12	2	2	11	27	3.90	55	10	14,400
C292E	Clydebank HC	3,808	26.41%	owned	B	B	B	C	C	F	C	C	4	573	5	10	592	155.46	37	10	72,700
C303B	Greenock HC	4,958	34.39%	owned	C	C	B	C	C	C	C	C	4	14	11	886	915	184.55	1	10	898,800
C404C	Old Johnstone Clinic	601	4.17%	owned	C	C	B	C	C	E	D	C	29	39	0	43	111	184.69	43	10	49,800
C409C	Russell Institute	1,687	11.70%	owned	C	C	B	C	C	F	C	C	31	170	220	17	438	259.63	10	10	257,100
G101B	Bridgeton HC	3,812	26.44%	owned	B	B	B	B	D	F	B	B	35	307	0	0	342	89.59	46	10	34,150
G105B	Parkhead HC	2,034	14.11%	owned	B	B	B	C	C	F	B	B	2	81	0	255	338	166.18	9	10	263,300
G106B	Shettleston HC	2,600	18.03%	owned	B	B	B	C	C	F	C	C	228	67	68	73	436	167.69	16	10	170,500
G111H	Parkhead Hospital	6,700	46.47%	owned	B	B	B	C	C	F	B	C	2	137	405	381	925	138.06	2	10	799,900
G113H	Auchinlea RC	500	3.47%	owned	B	B	C	C	C	O	B	B	171	64	32	16	283	566.00	38	10	71,500
G202B	Maryhill HC	2,571	17.83%	owned	B	B	B	C	D	F	B	C	31	337	36	0	404	157.14	36	10	72,800
G203B	Springburn HC	3,664	25.41%	owned	B	A	B	C	C	F	B	B	44	22	20	203	289	78.88	13	10	229,600
G204B	Possilpark HC	2,765	19.18%	owned	B	C	C	C	D	O	C	C	219	594	306	0	1,119	404.70	4	10	387,300
G205C	Callander Street Clinic	365	2.53%	owned	B	C	B	B	C	F	C	C	15	14	73	8	110	301.37	32	10	83,900
G211C	Lennoxtown Clinic	430	2.98%	owned	D	D	D	C	C	U	D	D	6	7	27	142	182	423.26	17	10	170,300
		<b>14,419</b>	<b>100.00%</b>										<b>1068</b>	<b>1562</b>	<b>490</b>	<b>830</b>	<b>3,950</b>				

Notes: (1) Generally, Backlog is not relevant to third party, leased buildings or PPP/PFI buildings where the owner is responsible for keeping the building in satisfactory condition.

The following table shows a part of the GP premises assessment which has been prioritised using both cost and quality indicators. The 'owned' in this case means the property is owned by the general practitioner. The figures include costs for maintenance work that is the responsibility of the owner. There are 176 independent GP premises. There are other GP premises which are part of health centres.



Code	CHI	GIA sq. m	GIA%	Owner ship	Building External	Building internal	Services	Statutory Standards	Environment	Space Utilisation	Functional Suitability	Quality	Low risk (£)	Moderate risk (£)	Significant risk (£)	High risk (£)	Total £k	Risk adj backlog	Cost/m2	Facets 456 score	Cost per m2 rank	Risk adjusted cost rank	Space, function, quality rank	Overall rank
G051B	49093	70	0.15%	owned	B	C	C	D	C	O	D	D	26	39	0	0	65	6,500	929	23	6	16	1	1
G668B	49661	170	0.36%	leased	C	C	D	D	C	O	D	D	36	13	9	47	105	4,956	615	23	20	21	1	2
G603B	49093	139	0.29%	owned	B	DX	B	D	C	F	D	D	44	62	0	0	106	10,600	763	15	12	5	17	3
G648B	49159	320	0.67%	owned	B	B	B	C	C	O	DX	B	10	124	8	0	142	13,408	444	19	37	3	6	4
G043B	46396	75	0.16%	owned	C	D	D	D	C	U	D	D	6	32	22	8	68	3,830	907	17	7	29	14	5
G053B	46131	235	0.49%	owned	B	B	C	C	C	O	C	C	16	75	0	0	91	9,100	387	18	44	9	9	6
G604B	52058	298	0.62%	owned	C	C	C	D	C	O	C	C	40	66	0	0	106	10,600	356	18	52	5	9	7
C023B	86162	50	0.10%	owned	D	D	D	D	C	F	D	D	7	7	43	20	77	1,619	1,540	15	1	55	17	8
G660B	49638	188	0.39%	owned	B	B	B	B	C	O	DX	B	3	74	0	0	77	1,878	410	19	42	49	6	9
G675B	49431	130	0.27%	leased	C	B	B	C	C	F	C	C	30	6	0	71	107	3,671	823	10	10	30	32	10
G026B	40313	165	0.34%	owned	B	C	D	D	C	F	DX	D	10	4	23	68	105	1,491	636	17	19	58	14	11
G007B	40121	231	0.48%	owned	B	B	B	C	C	O	C	B	17	5	0	89	111	2,289	481	15	31	40	17	11
G042B	43307	284	0.59%	owned	C	B	B	C	C	O	B	B	2	93	2	0	97	9,502	342	13	58	8	21	13
G046B	43218	180	0.38%	leased	C	C	C	C	C	F	C	C	41	43	0	0	84	8,400	467	10	34	10	32	13
G062B	46377	70	0.15%	leased	B	C	B	D	C	F	C	D	10	4	5	38	57	1,443	814	13	11	59	21	15
G093B	49638	212	0.44%	owned	C	B	B	C	C	F	C	C	6	13	106	50	175	2,056	825	10	9	43	32	16
G082B	52010	88	0.18%	owned	B	C	B	C	C	U	C	C	9	8	0	46	63	1,746	716	12	15	51	26	17
C002B	87023	217	0.45%	owned	B	B	B	C	C	O	DX	C	13	58	1	0	72	1,822	332	22	62	50	4	18
C409B	87466	350	0.73%	owned	B	B	B	C	C	O	D	C	7	8	44	61	120	1,605	343	20	57	56	5	19
G080B	49200	205	0.43%	owned	B	C	C	C	C	F	DX	B	0	70	1	0	71	7,001	346	11	55	13	31	20
G630B	43222	50	0.10%	leased	D	C	C	C	C	F	B	C	28	18	1	0	47	4,601	940	8	5	23	53	21
C062B	87324	250	0.52%	owned	B	C	D	D	D	F	D	C	63	30	0	12	105	1,950	420	12	40	46	26	22
G030B	40563	148	0.31%	owned	C	C	C	C	C	F	C	C	9	14	11	30	64	2,341	432	10	39	38	32	23
G635B	43100	335	0.70%	owned	B	B	B	C	C	O	DX	B	8	22	75	0	105	1,013	313	19	64	66	6	24

G107B	52241	145	0.30%	owned	C	B	B	C	C	F	C	C	15	1	20	43	79	1,663	545	10	24	54	32	24
C017B	87432	250	0.52%	owned	C	C	C	D	C	F	C	C	11	5	41	67	124	1,708	496	10	28	52	32	26
G119C	46165	250	0.52%	leased	B	B	C	C	C	U	C	C	10	9	16	56	91	1,972	364	12	49	45	26	27
G073B	49676	249	0.52%	leased	B	B	B	D	C	U	C	C	0	13	0	98	111	1,398	446	12	36	60	26	28
G054B	46339	255	0.53%	owned	B	B	B	C	C	O	B	C	7	12	0	45	64	1,945	251	16	73	47	16	29
C042B	87574	162	0.34%	owned	B	B	B	C	C	U	B	C	1	43	5	0	49	4,405	302	10	65	26	32	30
G008B	40629	162	0.34%	owned	B	C	C	C	C	U	B	B	102	8	0	6	116	11,006	716	7	14	4	70	31
C012B	87555	423	0.88%	owned	C	C	C	C	C	F	B	C	61	91	0	1	153	15,201	362	8	51	1	53	31
G671B	49445	131	0.27%	owned	B	B	B	C	C	F	D	B	17	4	3	65	89	2,168	679	9	17	42	50	33
C001B	52058	180	0.38%	owned	B	C	B	C	C	F	B	C	80	5	0	0	85	4,474	472	8	32	25	53	34
G667B	49568	107	0.22%	leased	C	C	B	C	C	O	C	C	3	4	0	65	72	765	673	18	18	129	9	35
G647B	49197	69	0.14%	owned	B	B	B	D	C	O	B	B	5	3	1	81	90	882	1,304	13	2	125	21	36
G602B	52147	65	0.14%	leased	B	C	C	D	C	O	D	D	0	0	13	53	66	66	1,015	23	4	172	1	37
G654B	49568	47	0.10%	leased	B	B	B	D	C	O	C	C	6	1	0	41	48	220	1,021	18	3	157	9	37
C015B	87377	80	0.17%	owned	C	C	C	D	C	F	D	D	0	6	23	38	67	661	838	15	8	136	17	37
G074B	49286	120	0.25%	owned	B	B	B	D	C	F	B	C	2	18	6	33	59	2,039	492	8	29	44	53	40
C408C	87485	160	0.33%	leased	B	B	B	C	C	F	B	C	24	32	0	0	56	5,600	350	8	54	20	53	41
G605B	52109	150	0.31%	owned	B	B	C	D	C	F	C	D	6	0	30	72	108	702	720	13	13	131	21	42
G022B	40525	129	0.27%	leased	B	B	B	C	C	O	C	C	2	2	16	47	67	463	519	18	26	144	9	43
G010B	40460	150	0.31%	owned	B	C	C	C	C	F	C	D	5	0	22	62	89	584	593	13	22	137	21	44
C041B	87560	263	0.55%	owned	B	B	B	C	C	U	C	B	10	0	1	95	106	1,096	403	9	43	63	50	45
G653B	49619	250	0.52%	owned	B	B	B	C	C	F	C	B	19	3	0	96	118	2,296	472	7	33	39	70	46
G606B	52005	600	1.25%	owned	B	C	B	C	C	F	B	C	107	19	0	7	133	4,352	222	8	80	27	53	47
C027B	87502	404	0.84%	owned	B	B	B	C	C	F	B	C	0	106	0	0	106	3,029	262	8	72	35	53	47
G058B	46343	378	0.79%	owned	C	B	B	C	C	F	C	B	0	104	0	0	104	10,400	275	7	68	7	70	49
C407B-C	85225	160	0.33%	leased	B	B	B	C	C	F	C	C	9	6	27	41	83	857	519	10	27	127	32	50
G021B	40084	150	0.31%	leased	C	C	C	C	C	F	B	B	20	44	0	1	65	6,401	433	5	38	18	82	51
G608B	52241	100	0.21%	owned	B	B	C	C	C	F	C	C	1	1	12	56	70	268	700	10	16	149	32	52
C407B-D	85263	148	0.31%	leased	B	B	B	C	C	F	B	B	2	66	0	0	68	3,579	459	5	35	31	82	53

Table 11 SCART in use in Greater Glasgow and Clyde Board properties showing latest position

Ref No.	SCART Description	SCART Description															m2	Compliance
		Blawarthill	Drumchapel Hospital	Gartnavel General	Glasgow Dental	Glasgow Royal	Inverclyde Royal	Lightburn	Queen Mother	Ravensraig	Royal Alexander	RHSC ( Yorkhill )	Southern General	Stobhill	Vale of Leven	Western Infirmary		
1	Press Systems	na	na	B	B	B	B	B	B	B	B	D	B	A	A			
2	COSHH	B	B	B	B	B	C	na	D	D	D	D	A	B	B			
3	Elect at work regs	B	B	B	B	B	B	B	B	B	B	B	B	A	B			
4	Lifts ( LOLER )	na	na	B	B	A	B	na	A	na	B	A	A	B	B			
5	Workplace H&S	B	B	B	B	B	B	B	C	C	B	C	C	C	B			
6	PPE	na	na	B	B	D	A	D	A	C	A	A	A	D	C			
7	Equip ( PUWER )	B	B	B	C	B	A	D	C	C	C	C	C	C	B			
8	Lifting ( LOLER )	A	A	A	A	A	A	A	A	A	A	A	A	A	A			
9	Man Handling	D	D	D	D	D	B	D	B	C	B	B	A	D	C			
10	Asbestos	B	B	B	B	A	B	A	B	B	na	B	B	A	B			
11	H&S Management	B	B	B	B	D	B	C	D	B	C	D	A	A	B			
12	CDM	A	A	A	A	A	A	A	A	B	A	A	A	A	B			
13	Noise	D	D	D	D	D	D	C	A	B	C	A	B	C	D			
14	Display Equip	na	na	B	B	A	B	A	C	C	C	C	D	A	D			
15	Vent Heathcare	C	C	C	C	D	C	D	D	D	D	D	C	C	C			
16	Medical Gas	B	B	B	B	B	B	B	D	na	B	B	B	B	C			
17	Oil Storage	D	A	A	A	A	D	A	C	B	D	C	D	A	C			
18	Elect ( Abatement )	C	C	C	C	A	B	A	na	C	B	na	na	A	C			
19	Elect ( Emergency )	B	B	B	B	A	A	A	B	A	A	B	B	A	B			
20	Sterilisation	na	na	B	B	D	A	na	na	B	B	na	A	D	B			
21	Fire ( Detect & alarm )	B	B	B	B	A	B	A	A	B	B	A	A	B	C			
22	Legionellae	B	B	B	B	B	A	B	C	B	B	C	B	B	B			
23	HW & Surface temp	C	C	C	C	C	C	C	B	C	B	B	C	C	B			
24	Firecode	C	B	B	B	B	B	B	B	C	C	B	B	B	C			
25	Confined Space	C	C	C	C	B	B	B	D	B	B	D	B	B	C			
26	Patient Bearing	C	B	B	D	B	A	C	na	C	C	na	B	C	A			
27	Work at Height	C	C	C	C	C	A	C	D	D	B	D	B	C	C			
28	Stat/Mand. Training	na	na	B	B	B	B	B	C	B	B	C	B	C	B			
29	Gas Safety	D	D	C	D	D	B	D	D	B	B	D	A	D	A			
30	Contractor Control	B	B	B	B	B	B	B	B	B	B	B	A	B	C			
31	Decontamination	C	C	B	B	C	B	C	D	D	B	D	D	C	D			
32	Contingency	C	C	C	C	B	B	B	A	A	B	A	B	B	A			
33	Slips, trips & falls	D	D	B	C	B	B	A	B	B	A	B	C	C	C			
34	Infection Control	B	B	B	B	B	A	B	A	B	A	A	B	B	A			
35	Steam	na	na	A	B	A	A	na	A	na	A	A	A	D	A			
36	Dangerous Subs	C	B	D	D	D	D	A	A	D	D	A	D	D	C			
37	Wash Disinfection	na	na	B	A	na	A	na	D	na	A	D	B	na	C			
38	Window Security	C	C	B	B	C	B	C	B	D	B	B	na	D	B			
39	Suicide Risk	D	D	D	D	D	D	C	A	D	B	A	C	C	D			
		5,407	5,515	89,778	15,869	342,523	57,628	5,815	13,027	19,782	72,012	58,288	83,766	52,795	33,174	80,963	<b>60.03%</b>	
		<b>67.77%</b>	<b>69.29%</b>	<b>72.25%</b>	<b>69.08%</b>	<b>68.16%</b>	<b>82.49%</b>	<b>69.86%</b>	<b>67.81%</b>	<b>74.18%</b>	<b>77.86%</b>	<b>67.81%</b>	<b>73.21%</b>	<b>67.49%</b>	<b>81.32%</b>	<b>72.65%</b>	71.91%	

Statutory compliance matrix for properties using the SCART audit system

## 5. Where do we want to be?

In recent years, NHS GG&C has undertaken significant capital investment programmes to modernise and re-shape major aspects of our estate to deliver clinical service improvements. The Board expects this investment to:

- enhance patient experience through the provision of better quality of physical environment
- improve productivity by utilising new space designed for modern services
- increase efficient use of overall space thus enabling disposal of surplus assets
- improve the underlying building characteristics such as physical condition, functionality, flexibility etc.
- increase environmental sustainability

It is a crucial time for healthcare in Greater Glasgow & Clyde as changes are taking place both within the local health economy and across the country to make sure that the NHS in Scotland is in the best possible shape to meet future health needs and improve people's well-being.

A number of key documents set out the future strategic direction and vision for the Board and have shaped the proposals in this Property Strategy:

- The Scottish Government's *Better Health, Better Care: Action Plan*. This Action Plan requires the Board to focus on the following principles:
  - - Wealthier and Fairer
    - Smarter
    - Healthier
    - Safer and Stronger
    - Greener
- The Board's Local Delivery Plan 2010/11

The changes to healthcare services envisaged in the Board's vision and described in the above documents are part of a wider programme of change across the country driven by:

- Changes in people's health needs
- Increasing public expectation in terms of access to a comprehensive range of high quality, efficient and effective healthcare services and choice on how they use services
- Advances in medical and nursing practice that enable patients to be treated in new and different ways
- Developments in medical, communications and information technology that make care closer to home a plausible reality
- National initiatives aimed at making the NHS in Scotland more effective and efficient

### 5.1 Property Strategy – The key principles

The Property Strategy is a key supporting strategy that underpins the programme of service improvement and the delivery of the Board's vision for the future. The key principles on which the Property Strategy is based are:

- To manage the estate effectively and efficiently within the capital and revenue resources that are available to the Board and to seek continuous improvement in property management performance
- To manage and invest in the estate so as to minimise the risks to health from Healthcare Acquired Infection through the work of the NHSGG&C Infection Control Committee and the use of the HAI-SCRIBE tool to identify and prioritise areas for improvement.
- To work with Local Authority Partners to ensure that work being undertaken on asset management by different parts of the Scottish Government is coordinated and that good practice is shared across different portfolio areas. Joint use of premises should be pursued where appropriate and in the interest of service effectiveness and efficiency.
- To recognise the Board's responsible for leading the efforts to improve the health of the people of Greater Glasgow & Clyde through a number of ongoing projects which relate to sustainable development and climate change. This will include a commitment for the use of sustainable materials in new build and refurbishment projects.

### 5.2 Property Strategy - Targets for change

The property strategy will target improvement in the estate as follows:

- Improvements in the quality of the operational estate over time which can be measured through reductions in backlog maintenance costs/risks and using annual patient perception surveys;
- Improvements in statutory compliance and reduction in risk which can be measured through reductions in non-compliance with statutory legislation and incident rates;
- Improvements in Environmental Management to ensure compliance with the requirements of the Scottish Government Health Directorates (SGHD) Health Department Letter HDL(2006)21 outlining the Environmental Management Policy for NHSScotland.
- Reductions in the revenue cost of the operational estate over time which can be measured by mapping trends in overall maintenance costs, utilities costs and the Board's income-to-asset value ratio;
- Improvements in the use of the estate over time that is, eliminating under-used and surplus assets which can be measured by comparing building floor area with total site area and by income-to-asset value ratio.

## 6. How do we get there?

### 6.1 Clinical and service strategies

The key driver for the future shape and content of assets within NHSGG&C will continue to be the clinical strategies for acute, mental health and community health partnerships. The direction of these strategies will dictate the type, quality and number of properties that are required in future to deliver high quality healthcare to the population served by the Board. At the time of this strategy the Board is at an advanced stage of completion of its extant acute, mental health and community health strategies with the significant delivery of new, modern and fit for purpose properties that are facilitating the changed manner in which health care is delivered within the Board in fit for purpose settings. The Board is presently embarking upon a further review of clinical services that in turn will advise the future strategic direction for all current assets and capital expenditure programmes.

### 6.2 Property Strategy – The Way Forward and Implementation

The adoption of the Property Strategy for NHS Greater Glasgow & Clyde will enable the Board to continue to move from the current position to a future position which clearly demonstrates effective utilisation and investment in the Estate and where appropriate rationalisation of buildings and land. The Property Strategy is a document which reflects a moment in time and therefore there is a requirement for it to be implemented in a manner that will ensure that it is continuously reviewed and updated to reflect emerging guidance, evidence and clinical changes that will occur over the period of implementing the Strategy.

It is intended that the implementation of the Property Strategy will be overseen by the Property Committee chaired by the Finance Director. Membership of the group will include representatives from the Capital Planning and Property Department, the Operational Divisions and Finance. The group will operationally report into the Board's Capital Investment Group.

The Capital Investment Group would set priorities each year in accordance with the Strategy and the resources available. It would be intended that these priorities are established at the beginning of each year, agreed by the Capital Investment Group and reported subsequently to the NHS Board. An annual Property and Asset Management Strategy document will be provided to the NHS Board to highlight the ongoing work in implementing the Strategy.

#### 6.2.1 Recent Property initiatives

The Board recently relocated Headquarters to existing premises on its Gartnavel Campus from leased accommodation in Glasgow City Centre and continues to consider options for site rationalisation and the relocation of existing staff from leased premises, and premises to be vacated, to other existing owned premises.

All Leases are being reviewed to identify opportunities to break from them and relocate to other existing leased premises, where sufficient space may be available, or into alternative existing owned premises.

Other Capital Investments/Property Investments will evolve as the use of leased premises is reviewed. With any capital investment it will be imperative that improved ways of working will be considered carefully. Whilst this has always included the clinical pathway, it will be important to consider how staff can undertake their non-clinical work whilst avoiding capital investment. This will include consideration of further use of open plan accommodation, flexible working, working from home, hot desking, etc. Each part of these changes will be carefully assessed against an operational and financial framework to ensure robust financial sound investment decisions.

The Board has established a General Medical Services Development Group to review and utilise information gained from the surveys of 3<sup>rd</sup> Party Premises to identify those most in need of improvement. The condition of such premises shall be brought to the attention of the owners and opportunities to improve the premises investigated. In respect of General Practitioner Premises this will also assist the Board in prioritising the use of limited funding for GP Premises Improvement Grants.

#### 6.2.2 Potential Capital Investment Requirements

The projects identified below are amongst those that will require to be considered as part of the Board's next Major Capital Investment Programme. Their inclusion is not an indication that they will be undertaken and the list is not exhaustive but does identify some projects for capital investment when the current Capital Investment Programme was established.

- Redevelopment of clinical facilities for HAI compliance
- Upgrading of building fabric and services to maintain statutory compliance standards
  - Development of Gartnavel General Hospital for the transfer of OPD from the Western Infirmary.
  - Completion of the Maternity Strategy Development at the Southern General Hospital.
  - Refurbishment of the Laboratories Tower Block at Glasgow Royal Infirmary in partnership with Glasgow University.
  - Reconfiguration of Inverclyde Royal Hospital and the Royal Alexandra Hospital.
  - Further Ward Refurbishment Programme at Gartnavel General Hospital.
  - New Laboratories and South Hospitals on the Southern General Hospital Campus.
  - East Pollokshields Health Centre.
  - Renfrewshire Health Centre.
  - Alexandria Health Centre.
  - Possilpark Health Centre.
  - Ward Refurbishments at Dykebar Hospital.
  - Short Stay Psychiatric Unit Development at Inverclyde Royal Hospital.
  - Psychiatric Development at Leverndale Hospital for relocation of services presently at the Southern General Hospital.
  - General Medical Premises – review of accommodation standards.
  - The development of Primary Cares premises to match population movement and housing developments.
  - Investment in premises to achieve clinical change, improve functional suitability and improved compliance with statutory standards.

## 6.2.5 Asset Disposals

The Board is committed to a rigorous approach to the disposal of physical assets which can no longer support the current and future models of service delivery and are surplus to requirements. Improved estate utilisation will be made through the rationalisation of unwanted and poorly utilised properties. Such disposals will provide capital receipts to help fund new capital projects. Going forward with a “leaner” estate and a higher quality building stock the challenges of improved quality and value for money can be achieved. Links at all levels in all disciplines with partner organisations will be crucial to achieving these goals, and will be supported by a sound analytical business focussed decision making process.

The market for development opportunities within central Scotland is recovering from the lows of 2008/09. However, there are key issues which are influencing how this market is performing which need to be taken into consideration when assessing future disposal options.

Lending restrictions from the major banks in new residential developments has restricted a tier of smaller and medium sized developers entering into the market to purchase new opportunities. In turn this has left a smaller group of larger private developers and the PLC's who have strong enough balance sheets / existing credit facilities to buy and develop new sites. A common trend amongst this group is the focus on particular development types. They are keen to purchase land for family housing in traditional, established locations which already provide good schools and amenities. They are less keen on developments where there are significant upfront payments for infrastructure or unknown risks such as the redevelopment of listed buildings. The take up of residential units within these developments is relatively slow and this is affecting how they are appraising new opportunities as they are forecasting a longer period where they have to carry development finance. In terms of outlook, we don't envisage a significant upswing in values for development opportunities. The eventual increase in mortgages and new requirements for sustainability in building design could put further pressure on land values in the short / medium term.

The Board is aware of the need to ensure that it's extensive disposals programme is carefully planned and monitored in order to avoid deflating the value of it's assets by over supplying the market at any one time, and will ensure the proposed programme is adjusted to take appropriate account of prevailing market conditions.

## 6.3 Property Strategy - Capital Investment and Disposals Plans

The Draft Property Strategy Capital Investment and the Disposals Plans shown below brings together the three main capital cash flows of Backlog, New Capital Projects and Disposals.

### 2011/12 Draft Capital Plan

### (Indicative Figures for 2012/13 and 2013/14 for Information Only)

### NHSGGC

## Draft Capital Plan 2011/12

	<u>Proposed Allocation 2011/2012</u> £'000	<u>Indicative Allocation 2012/2013</u> £'000	<u>Indicative Allocation 2013/2014</u> £'000
<b><u>Glasgow &amp; Clyde Acute</u></b>			
<b><u>Rehab &amp; Assessment</u></b>			
<b>Total Rehab &amp; Assessment Projects</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b><u>Surgery &amp; Anaesthetics</u></b>			
OPD Transfer from WIG to GGH	<b>£300</b>	£2,700	£0
<b>Total Surgery &amp; Anaesthetics Projects</b>	<b>£300</b>	<b>£2,700</b>	<b>£0</b>
<b><u>Women's &amp; Childrens Services</u></b>			
Obstetrics strategy	<b>£1,908</b>	£0	£0
<b>Total Woman &amp; Childrens Projects</b>	<b>£1,908</b>	<b>£0</b>	<b>£0</b>
<b><u>Regional services</u></b>			
RAH Renal Unit	<b>£0</b>	£5,785	£0
Radiotherapy Equipment Replacement	<b>£3,608</b>	£5,406	£0
Regional- Chemo Elec. Prescribing (CPAS)	<b>£206</b>	£0	£0
OMFS Ward	<b>£0</b>	£620	£0
<b>Total Regional Services Projects</b>	<b>£3,814</b>	<b>£11,811</b>	<b>£0</b>
<b><u>Diagnostics</u></b>			
GRI Labs University Tower - Refurb Levels 4/5	<b>£4,327</b>	£3,500	£0
GRI Labs University Tower - Refurb Level 1	<b>£950</b>	£0	£0
GRI Labs University Tower - Infrastructure	<b>£5,072</b>	£3,570	£0
PET Scanner	<b>£2,100</b>	£0	£0
<b>Total Diagnostics Projects</b>	<b>£12,449</b>	<b>£7,070</b>	<b>£0</b>
<b><u>Emergency Care &amp; Medical</u></b>			
<b>Total Emergency Care &amp; Medical Projects</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
<b><u>Facilities</u></b>			
Decontamination-Endoscopy (SGH)	<b>£383</b>	£0	£0
Decontamination-Endoscopy (GGH)	<b>£1,764</b>	£0	£0
Decontamination-Endoscopy (RAH)	<b>£1,526</b>	£0	£0
Decontamination-Endoscopy (IRH)	<b>£627</b>	£0	£0
Reconfiguration of IRH/RAH	<b>£1,104</b>	£4,800	£0
IRH Cladding	<b>£325</b>	£100	£1,000
Catering Bid - CPUs	<b>£3,800</b>	£0	£0
Energy Bid	<b>£276</b>	£660	£0
Stone Masonary at GRI	<b>£200</b>	£800	£0
<b>Total Facilities Projects</b>	<b>£10,005</b>	<b>£6,360</b>	<b>£1,000</b>
<b>Acute Directorate Total</b>	<b>£28,476</b>	<b>£27,941</b>	<b>£1,000</b>

NHSGGC

Draft Capital Plan 2011/12

	<u>Proposed Allocation 2011/2012</u> £'000	<u>Indicative Allocation 2012/2013</u> £'000	<u>Indicative Allocation 2013/2014</u> £'000
<b><u>Glasgow &amp; Clyde - Acute Other</u></b>			
Formula-Acute	£8,042	£12,000	£12,000
Medical Equipment	£6,000	£8,000	£8,000
Vale of Leven	£771	£0	£0
<b>Total Acute Schemes - Other</b>	<b>£14,813</b>	<b>£20,000</b>	<b>£20,000</b>
<b><u>Acute Strategy Related Schemes</u></b>			
GGH Ward Refurbishment Programme	£1,382	£0	£0
GGH Infrastructure	£852	£1,100	£0
GRI Plastics	£100	£0	£0
GRI Infrastructure Services	£448	£0	£0
Final Completion of WIG ASR Acceleration	£112	£0	£0
ACH Post Opening Variations	£233	£0	£0
Stobhill review	£0	£500	£0
<b>Sub Total Acute Strategy Related Schemes</b>	<b>£3,127</b>	<b>£1,600</b>	<b>£0</b>
<b><u>Acute Strategy Enabling works</u></b>			
SGH Refurbishment - Remaining Accomodation	£0	£0	£500
Car Park 1	£150	£0	£0
Car Park 2	£0	£1,000	£12,500
Car Park 3	£0	£0	£400
Car Park 1B	£0	£0	£0
YPD	£0	£0	£600
<b>Sub Total Enabling Works</b>	<b>£150</b>	<b>£1,000</b>	<b>£14,000</b>
<b>Total Acute Strategy Related Schemes and Enabling Works</b>	<b>£3,277</b>	<b>£2,600</b>	<b>£14,000</b>
<b><u>New South Glasgow Hospitals &amp; Laboratory Funding</u></b>			
Technical Advisor, Supervisor and Design Fees etc	£466	£538	£480
Site wide upgrade of HV network (Phase 2) (2011/12 Onwards)	£700	£100	£0
Site wide upgrade of drainage infrastructure. (2011/12 Onwards)	£600	£500	£300
Demolition of Chest Clinic for MacDonald House	£115	£0	£0
Demolition of Psychiatric Block	£420	£0	£0
Renewal of Water Mains (Phase 2)	£0	£600	£200
NSGH - Main Works	£153,059	£242,586	£251,335
NSGH - Supplementary Works	£100	£0	£0
<b>Total New South Glasgow Hospitals &amp; Laboratory</b>	<b>£155,460</b>	<b>£244,324</b>	<b>£252,315</b>
<b>TOTAL GLASGOW &amp; CLYDE ACUTE</b>	<b>£202,026</b>	<b>£294,865</b>	<b>£287,315</b>

NHSGGC

Draft Capital Plan 2011/12

	<u>Proposed Allocation 2011/2012</u> £'000	<u>Indicative Allocation 2012/2013</u> £'000	<u>Indicative Allocation 2013/2014</u> £'000
<b><u>ICT Schemes</u></b>			
ICT Formula	£824	£1,000	£1,000
ICT Formula - PMS Server Hardware	£600	£0	£0
ICT Formula - PMS RAH/ VOL Requirements	£200	£0	£0
ICT PMS	£1,390	£1,000	£1,000
ICT Scanning	£489	£750	£0
ICT GP Replacement System	£2,146	£0	£0
ICT West of Scotland - Regional Infrastructure - Phase 1	£227	£0	£0
<b>TOTAL ICT</b>	<b>£5,876</b>	<b>£2,750</b>	<b>£2,000</b>
<b><u>Glasgow &amp; Clyde - Board</u></b>			
Occ Health	£30	£0	£0
PCAT Estates & Facilities	£1,468	£0	£0
Carbon Emissions	£300	£300	£300
Pharmacy Off site	£185	£0	£0
IFRS Conversion	£3,099	£3,099	£3,099
Investment in Hub Co	£500	£0	£0
Marie Curie Cancer Care	£500	£0	£0
Server for St Vincent's Hospice	£17	£0	£0
N3 Connections for Hospices	£52	£0	£0
Quarriers Epilepsy Centre	£600	£400	£0
<b>TOTAL GLASGOW &amp; CLYDE - BOARD</b>	<b>£6,751</b>	<b>£3,799</b>	<b>£3,399</b>

NHSGGC

Draft Capital Plan 2011/12

	<u>Proposed Allocation 2011/2012</u> £'000	<u>Indicative Allocation 2012/2013</u> £'000	<u>Indicative Allocation 2013/2014</u> £'000
<b>Glasgow - Partnerships</b>			
<b>South West Glasgow</b>			
<b>Total South West Glasgow</b>	£0	£0	£0
<b>West Glasgow</b>			
Drumchapel c&f modernisation	£161	£0	£0
<b>Total West Glasgow</b>	£161	£0	£0
<b>South East Glasgow</b>			
East Pollokshields modernisation	£2,300	£0	£0
<b>Total South East Glasgow</b>	£2,300	£0	£0
<b>North Glasgow</b>			
Possilpark HC	£6,047	£3,448	£0
<b>Total North Glasgow</b>	£6,047	£3,448	£0
<b>East Glasgow</b>			
<b>Total East Glasgow</b>	£0	£0	£0
<b>East Dunbartonshire</b>			
<b>Total East Dunbartonshire</b>	£0	£0	£0
<b>North Lanarkshire</b>			
<b>Total North Lanarkshire</b>	£0	£0	£0
<b>Total Glasgow Partnerships</b>	£8,508	£3,448	£0
<b>Clyde - Partnerships</b>			
<b>Renfrewshire</b>			
Renfrew HC	£833	£0	£0
<b>Total Renfrewshire</b>	£833	£0	£0
<b>East Renfrewshire</b>			
Barrhead HC	£821	£0	£0
<b>Total East Renfrewshire</b>	£821	£0	£0
<b>Inverclyde</b>			
Addiction Services from Ravenscraig	£212	£0	£0
<b>Total Inverclyde</b>	£212	£0	£0
<b>West Dumbarton</b>			
Alexandria HC	£3,076	£17,510	£0
<b>Total West Dumbarton</b>	£3,076	£17,510	£0
<b>Total Clyde Partnerships</b>	£4,942	£17,510	£0

NHSGGC

Draft Capital Plan 2011/12

	<u>Proposed Allocation 2011/2012</u> £'000	<u>Indicative Allocation 2012/2013</u> £'000	<u>Indicative Allocation 2013/2014</u> £'000
<b>Other CHCP's &amp; CHP's</b>			
Formula Capital incl. H&S	£2,016	£3,000	£3,000
Older Peoples Mental Health Inpatient Beds - Phase 1	£2,420	£4,220	£0
Older Peoples Mental Health Inpatient Beds - Phase 2	£1,747	£3,280	£2,000
<b>Total Other CHCP's &amp; CHP's</b>	£6,183	£10,500	£5,000
<b>Mental Health</b>			
Dykebar - Refurb Bute Ward and Reconfigure AAU	£2,382	£0	£0
IRH SSPU	£5,407	£0	£0
Levemdale Addictions Beds and Day Hospital	£0	£1,000	£1,000
SGH Psychiatry relocations (2 Wards at Leverndale)	£1,582	£5,400	£0
Perinatal Mother & Baby unit SGH (8 Beds)	£1,250	£1,250	£0
<b>Total Mental Health</b>	£10,621	£7,650	£1,000
<b>Oral Health</b>			
Dental Hospital Phased upgrade	£1,428	£4,000	£0
RAH Dental- Completion of Laboratory	£170	£0	£0
Dental Facilities (including Satellite Clinics )	£230	£0	£0
GDPs (Decontamination)	£1,665	£0	£0
<b>Total Oral Health Schemes</b>	£3,493	£4,000	£0
<b>TOTAL GLASGOW &amp; CLYDE P'SHIPS, MENTAL HEALTH AND ORAL HEALTH SCHEMES</b>	£33,747	£43,108	£6,000
<b>TOTAL GLASGOW &amp; CLYDE CAPITAL</b>	£248,400	£344,522	£298,714

Table 12 Draft Capital Plan



## 6.4 Disposals programme

The following table indicates programme for property disposals indicating the year of receipts. Note that there is a column indicating the likelihood of the realisation of the disposal. This is due to the very poor current and uncertain future market conditions.

Table 13 Draft disposals programme

Site	Tax 11/12	Year	Tax 12/13	Year	Tax 13/14	Year	% Likelihood
Blawarthill			x				80%
Broomhill			x		x		60%
Stobhill					x		60%
Lenzie			x		x		60%
Merchiston					x		60%
Western Infirmary Site B			x				
Child assessment centre - Knightswood	x						80%
Charing Cross Clinic			x				60%

## 7 Other Assets

### 7.1 Vehicles

NHS GG&C are responsible for a fleet of 375 vehicles required for a wide range of purposes. The net book value of the vehicles is £314,000. These vehicles fall into the following categories:

Hired Vehicles	79
Owned Vehicles	117
Leased Vehicles	179

In addition to the above the Board operate a Car Leasing System for Staff. The numbers involved through this scheme fluctuate but at present are in the region of 2,460 vehicles.

#### Hired Vehicles

Of the 79 vehicles on hire 23 are on Short Term Hire and 56 are on Long Term Hire. All hired vehicles are fuelled by Diesel.

#### Leased Vehicles

There are 179 Leased vehicles. The majority of leased vehicles are fuelled by diesel (81%) with the remainder being fuelled by petrol (18%). Only one of the leased vehicles is hybrid.

A review is to be undertaken to assess the need and financial appropriateness of leasing as opposed to hiring or owning appropriate vehicles. When seeking to procure new vehicles, the Board will search the BVRLA website to find the CO2 emissions and mpg ratings in advance of any commitment. Only applies to cars and commercial vehicles up to 3.5 tonnes, no figures for trucks.

#### Owned Vehicles

Of the 117 owned vehicles 81% are fuelled by diesel and 19% fuelled by petrol.

The age and reliability of each owned vehicle is regularly reviewed to identify the potential for disposal or the need for renewal on the basis of purchase or hiring / leasing if these options appear more appropriate.

#### Staff Car Leasing

The Board operate a car leasing system for staff where it is in the Board's financial interest to provide appropriate staff with leased cars.

A review of the staff car leasing system is presently underway with the intention to be much more restrictive in the types of cars which will be available to staff under the system in an effort to support the Government's targets on reduced emissions and benefit from reduced costs. In

addition the criteria for staff being eligible for a leased car through this system will become more onerous in future to ensure improved financial benefits to the Board.

#### Insurance

Insurance Premiums currently cost in the region of £139,649 per annum. Insurance is sourced via National Procurement in conjunction via a single insurer.

#### Fuel

The amount of fuel purchased on behalf of NHS Greater Glasgow and Clyde in the financial year 2010/2011 was 706,730 litres at a cost of £ 868,161 including VAT. Indicating an average cost in the region of £1.23 per litre.

The vast majority of the Board's fleet are fuelled by diesel as being the most cost effective fuel currently available. NHS Greater Glasgow and Clyde will continue to ensure, where practical, that the vehicles used are the most cost efficient (fuel, tax, servicing, etc.) and shall review options for obtaining fuel from the most economical source.

#### Rationalisation

NHS Greater Glasgow and Clyde will continue to review the use of each vehicle in the fleet and take every opportunity to dispose of vehicles, and rationalise/combine uses, where possible.

### 7.2 Equipment

The equipment inventory for the Board incorporates medical and non medical assets that are used for clinical and estate support purposes. The asset valuation of these items are £119,871,000.

In line with CEL 43(2009) the designated Director for the management of the medical equipment inventory and replacement processes is the Medical Director. On a day to day basis the management of medical equipment in terms of inventory maintenance and replacement is co-ordinated by the Department of Clinical Physics and Bioengineering who utilise the Optim EMS for data management. In addition to the core database a significant element of Laboratory and estates equipment are managed through managed service contracts.

The Board has in place a Medical Equipment Systems Committee which is a multi disciplinary group that provides equipment advice to the Clinical Governance Group and Directorates as appropriate.

The Board's annual medical equipment planned replacement programme is managed by the Medical Director and priorities are set through a Capital Equipment Planning Group

The replacement of non medical fixed assets, predominantly in the estates field is reviewed as part of the Capital Plan and generally achieved as part of backlog maintenance upgrades of

property and services. The Board is focussed on the need to maintain site infrastructure services throughout its estate in their optimum condition to ensure that clinical and support services are safeguarded.

Smaller items of medical and non medical equipment are provided or replaced as part of the core revenue profile of the organisation.

### 7.3 HI&T

The asset valuation for IT equipment is £39,574,000

The HI&T strategy for 2010-2015 is driven by the needs and aspirations of the NHSGGC population, builds on the opportunities presented by technology and recognises the constraints of a difficult financial climate.

The strategy sets out a vision for HI&T, endorsed by the Directorates, of transforming the way information is delivered, utilised and shared to improve patient care and to support an efficient and effective workforce.

To achieve this vision, 6 core programmes are defined by the benefits they bring to patients, clinicians and other staff:

- Electronic Patient Record (EPR) – Clinical Portal / Paperlite
- Patient Management System (PMS)
- Acute Services Review (ASR) – including New Southern General Hospital and new laboratory facility
- Primary and Community Care - GP Systems
- Business Reporting
- Infrastructure Development

Further major change programmes are highlighted as key enablers of improved service provision across clinical specialties and corporate functions.

All of the programmes included in the strategy align with, and support delivery of, local, regional and national strategic objectives.

The focus of this strategy is on the achievements planned for the next 2 – 3 years. The period from 2013 – 2015 will build on the work of the earlier years and will allow NHSGGC to maximise and widen the scope of the benefits made available, principally, through the core programmes.

Working with our colleagues, HI&T monitor developments and trends in the eHealth marketplace to identify opportunities to underpin successful delivery of the NHSGGC strategic objectives. Example opportunities are included in this strategy.

The benefits of implementing the strategy are summarised and a 3 year timeframe for implementation is presented.

Each of the programmes in the strategy represents a significant investment in HI&T and presents a challenge to both HI&T and to NHSGGC to deliver in the timescale. HI&T, and the services we work with, are committed to deliver this strategy.