

**Property and Asset Management  
Strategy  
2015 to 2019**

**Property and Asset Management Strategy 2015-2019**

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## **Introduction to PAMS 2015 - 2019:**

All NHS Boards have an obligation to submit an annual Property and Asset Management (PAMS) return to the Scottish Government Health Directorate (SGHD) for their analysis on the health of the built environment pan Scotland.

The focus of the SGHD tends to be on statutory compliance, backlog maintenance and physical condition of the estate. The physical condition of the estate is assessed in four categories:

- Category A: Very Satisfactory;
- Category B: Satisfactory;
- Category C: Not Satisfactory; and
- Category D: Unacceptable

In addition, the backlog maintenance liability of the physical estate is assessed under the following definitions:

- Low Risk:
- Moderate Risk:
- Significant Risk: and
- High Risk

The Board's capital investment programmes for both the acute and health and social care sectors will be targeted on projects that deliver tangible enhancements on the condition of the estate and assets by delivering an estate where the majority of buildings will be Category B and, seek to reduce risk to moderate or low risk. Clearly, this aspiration will be subject to the availability of capital funding or other funding models to support the Board's strategic capital investment programmes over the next five to ten years.

It should be noted that the PAMS return for 2014/15 includes the impact of the South Glasgow University Hospital campus which as expected improves the "Very Satisfactory" category.

Also, it should be noted that within the acute sector, the buildings which have either been sold or will be disposed of in due course skew the Boards statistics for 2014/15. Table 1 demonstrates the Board's current position with regards to backlog maintenance and condition but, with disposal strategies for the surplus Western Infirmary, Royal Hospital for Sick Children, Victoria Infirmary and demolition programmes, the performance statistics for the Board's future PAMS submission will demonstrate a significant improvement.

A similar scenario is presented for the health and social care sector in that the HUB West programme is delivering new fit for purpose health care facilities and creating an opportunity for the Board to divest older and surplus assets. The HUB West programme will enable the health and social care sector's performance statistics to improve.

When reading this PAMS document, members of the Board should be aware of the following influences since the submission to the Scottish Government Health Directorate in 2014. They are:

- An inflationary increase of 13% on cost estimated in 2010 and instructed by SGHD
- Significantly improved condition data through comprehensive surveys of the estate funded by SGHD
- Specific and detailed surveys have been carried out to aid the longer term planning / programming of the reconfiguration and upgrading of the IRH & RAH and also the GGH Tower, to facilitate the provision of a new Out Patient's Department, plus winter surge and step-down beds.

Members of the Board should also be aware that during Financial Year 2015/16, a revised Property Strategy for the acute sector will be developed with an objective to identifying strategic investment opportunities over a five year planning horizon. Strategic development option appraisals will be developed for the following sites:

- Inverclyde Royal Hospital
- Vale of Leven
- Royal Alexandra Hospital
- West House, Gartnavel Royal Hospital
- Gartnavel General Tower

In summary, the Board is on track to improve the quality of the built environment within both the acute and health and social care sectors and this paper should be read in conjunction with the Capital Investment Plan to be approved by the Board.

## KEY METRICS

Table I. shows the current condition and performance of the Board's "full" property portfolio of 1,299,804m<sup>2</sup> and includes surplus buildings and those due for demolition. (Including the newly completed SGUH and the premises due for programmed for closure:- Western Infirmary, Yorkhill /Queen Mothers, Victoria Infirmary and The Mansion House Unit).

Table 1.

NHS Scotland Property Estates Asset Management Property Appraisal Manual analysis of the performance of NHSGG&C Estate in 2015-16						
		Very Satisfactory	B Satisfactory	C Not Satisfactory	D Unacceptable	1,299,804
Category & Definition						Totals
Physical Condition	Area m2	293,697	461,972	513,661	30,474	1,299,804
	%area of the estate in each category	22.60%	35.54%	39.52%	2.34%	100%
	% difference from previous year	10.92%	-5.42%	-5.37%	-0.13%	
Statutory Compliance	Area m2	286,824	405,940	556,933	50,107	1,299,804
	%area of the estate in each category	22.07%	31.23%	42.85%	3.00%	99%
	% difference from previous year	10.39%	-15.84%	4.88%	-0.28%	
Functional Suitability	Area m2	274,918	414,880	571,465	38,541	1,299,804
	%area of the estate in each category	21.15%	31.92%	43.97%	2.97%	100%
	% difference from previous year	8.70%	1.06%	-9.85%	0.09%	
Quality	Area m2	264,117	363,269	607,128	65,290	1,299,804
	%area of the estate in each category	20.32%	27.95%	46.71%	5.02%	100%
	% difference from previous year	7.87%	-2.91%	-7.11%	2.15%	
		F Fully Utilised	U Under Utilised	E Empty	O Overcrowded	
Space Utilisation	Area m2	1,139,193	27,472	38,143	94,996	1,299,804
	%area of the estate in each category	87.64%	2.11%	2.93%	7.31%	100%
	% difference from previous year	17.23%	-5.18%	-2.78%	-9.67%	

(Excludes 3<sup>rd</sup> part premises)

Table 1a below removes this duplication of hospital facilities and shows the current operational estate. This will present a significant saving to the Board around the previously attributable running costs. In addition the removal of these facilities will see a reduction of circa £35.7 million in Backlog and impending Backlog from the Board's Estate's High Risk liability.

This years 2015-2016	NHS GG&C Operational Estate 2015-16				Table 1a
Category & Definition	A Very Satisfactory	B Satisfactory	C Not Satisfactory	D Unacceptable	1,096,056 Totals
Physical Condition	293,697	501,972	289,913	10,474	1,096,056
Area m2 %area of the estate in each category	26.80%	45.8%	26.45%	0.96%	100%
Statutory Compliance	286,824	445,940	348,185	15,107	1,096,056
Area m2 %area of the estate in each category	26.17%	40.69%	31.77%	1.38%	100%
Functional Suitability	274,918	454,880	337,717	28,541	1,096,056
Area m2 %area of the estate in each category	25.08%	41.50%	30.81%	2.60%	100%
Quality	264,117	363,269	428,380	40,290	1,096,056
Area m2 %area of the estate in each category	24.10%	33.14%	39.08%	3.68%	100%
	F Fully Utilised	U Under Utilised	E Empty	O Overcrowded	
Space Utilisation	959,193	27,472	14,395	94,996	1,096,056
Area m2 %area of the estate in each category	87.51%	2.51%	1.31%	8.67%	100%

(Excludes 3<sup>rd</sup> part premises)

Table 2 below reflects the projected composition of the Board's estate in 2018 accounting for the proposed further new builds and the completion of the decommissioning / disposal process

Projected PAMS 2018 with Disposals Removed.

Table 2

NHS Scotland Property Estates Asset Management Property Appraisal Manual analysis of the performance of NHSGG&C Estate						
Category & Definition		A Very Satisfactory	B Satisfactory	C Not Satisfactory	D Unacceptable	1,132,071 Totals
Physical Condition	Area m2	248,712	635,900	236,985	10,474	1,132,071
	%area of the estate in each category	21.97%	56.17%	20.93%	0.93%	100%
Statutory Compliance	Area m2	251,839	603,821	263,304	13,107	1,132,071
	%area of the estate in each category	22.25%	53.34%	23.26%	1.16%	100%
Functional Suitability	Area m2	249,933	624,341	244,256	13,541	1,132,071
	%area of the estate in each category	22.08%	55.15%	21.58%	1.20%	100%
Quality	Area m2	239,132	471,150	404,673	17,116	1,132,071
	%area of the estate in each category	21.12%	41.62%	35.75%	1.51%	100%
		F	U	E	O	
		Fully Utilised	Under Utilised	Empty	Overcrowded	
Space Utilisation	Area m2	1,036,915	20,472	13,143	61,541	1,132,071
	%area of the estate in each category	91.59%	1.81%	1.16%	5.44%	100%

(excludes 3<sup>rd</sup> party premises)

## Executive Summary

The Scottish Government Health Finance Directorate's Policy for Property and Asset Management (CEL 35 (2010)) remains the current underpinning policy and requires that all NHS Boards have property and asset management strategies for land, buildings and other assets including equipment, vehicles and IT which seek to optimise the utilisation of assets in terms of service benefit and financial return. This PAMS covering years 2015 to 2019 was submitted to Scottish Government in June 2015 and this document provides an update on the progress made in the last twelve months.

The current and future property portfolio for NHSGG&C will be driven and shaped by the needs and demands of clinical services. In January 2015 NHS Greater Glasgow and Clyde agreed the Clinical Strategy for 2015-2020. The Strategy document sets out a single clinical strategy for NHS GGC. It builds on the work undertaken from 2012 to 2014 within the Clinical Services Review to review services, the evidence supporting good practice and new service models and through engagement and discussion with patient, public and partner organisation to consider the future design of clinical services across the Board.

With the above in mind it should be noted that 2015-16 will see the commencement of one of the most dynamic periods in the history of NHSGG&C's Estate, during which time the Boards Property portfolio will be in an unprecedented transitional phase, chiefly as a result of the commissioning and opening of the facilities at the South Glasgow University Hospital and the resultant closure of three major Acute Hospitals.

With this in mind attention must be drawn to the fact that 2016/17 will for the Board, be a pivotal year for the implementation of its Clinical Strategy (e.g., new ways of working at the SGUH) and that key to facilitating its delivery targeted investment will be required.

To this end, PAMS is one of a coherent suite of supporting and enabling plans which together with an underpinning financial plan supports our Clinical Strategy and sets out the planning framework for the organisation providing the basis for the development of detailed service proposals working with the Integrated Joint Boards and with the emerging national approach to clinical strategy and delivering the 2020 vision. As a result of the Clinical Strategy the Board property portfolio will be re-assessed and strategic development plans will be determined and reflected in future Property and Asset Management Strategies.



## **Strategic Context**

### **Acute**

From a strategic perspective the Board's current property strategy is in the final phase in the implementation of the Acute Services Review (ASR) which to date has seen the development of the Beatson Oncology Centre, ambulatory care facilities at New Stobhill Hospital and Victoria Infirmary, the new laboratory block at South Glasgow University Hospital and the new South Glasgow University Hospital, both the Adult and Royal Hospital for Sick Children Hospitals, which will be fully commissioned by the end of June 2015. Construction is underway in partnership with the University of Glasgow to develop a Joint Teaching and Learning Centre due to open in May 2015 that includes a Clinical Research Facility. As the completion of this phase of the ASR Strategy comes to a close, the focus will turn to the Clyde Acute facilities to assess their capability and capacity to support new models of care provision as described in the Boards Clinical Strategy.

### **Partnerships**

As part of the Partnerships Property Strategy 2014-15 after local discussion and stakeholder consultation both Greenock and Clydebank Health Centres were identified as priorities for Community facilities replacement via HUB. Business Cases for both re-provision were approved by SGHD in May 2015. Partnerships had gone through a similar process previously and the strategic replacement and development of new community premises within the Vale of Leven, Possilpark, and East Pollokshields Health and Community Care Centres has been completed. Currently works have or are due to commence on East Renfrewshire and Maryhill due for completion during 2016 /17. Planning is currently well advanced to provide new facilities in, Gorbals and Woodside during 2017 / 18.

Following the assessment of the surveys being carried out on the existing health centre stock, a clear strategy emerged in 2013-14-15 supporting the need for a continued replacement programme for community buildings, based on actual condition of the existing stock and the needs informed by the emerging clinical strategy.

### **Mental Health**

The Boards Mental Health Strategy has seen a significant shift of services from hospital to the community and further clinical reviews are underway to maximise community based services and utilise inpatient facilities to maximum efficiency.

The Board is presently in the latter stages of implementation of its acute and mental health strategies with the attendant condition improvements in properties through refurbishment, new build and rationalisation of properties. The Leverndale Acute AAU and Mother and Baby Units were completed in 2014 / 15 and are providing services.

NHSGG&C's third Property and Asset Management Strategy was submitted for the period 2014-2018 to Scottish Government in 2014 and this revised strategy for 2015-2019 sets out the progress which has been made in the last year in relation to the property portfolio and a revised strategic direction for the next 5 years.

The stated policy aims are:

- To ensure that NHS Scotland assets are used efficiently, coherently and strategically to support the Scottish Government's plans and priorities and identified clinical strategies and models of care.
- To provide, maintain and develop a high quality, sustainable asset base that supports and facilitates the provision of high quality health care and better health outcomes.
- To ensure that the operational performance of assets is appropriately recorded, monitored, reported and reviewed and, where appropriate improved.
- To ensure an effective asset management approach to risk management and service continuity.
- To support and facilitate joint asset planning and management with other public sector organisations.

The overall aim of this strategy is to ensure that the Board's asset base is the right size, suitable for purpose, positively supports service delivery and enhances service users' experiences.

The process adopted for developing the strategy asks three basic questions in relation to the Board's asset base:

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

## **Where are we now**

NHS Greater Glasgow & Clyde's (NHS GG&C ) current (2014/15) property portfolio (owned and leased but excluding independent contractors) consists of 661 properties/sites with a building floor area of approximately 1,299,804sq.m and a net book value of circa £1,9 Billion as at 31<sup>st</sup> March 2015.

NHS GG&C has achieved much this year through the completion of :-

### **Acute**

- South Glasgow University Hospital (SGUH).
- Royal Hospital for Sick Children (RHSC).
- A new teaching and learning centre on the SGUH site in partnership with the University of Glasgow.
- A new staff accommodation building on the SHUH site

### **Mental Health**

- AAU and Mother and Baby Units on the Leverndale site.

### **Partnerships**

- Vale of Leven Health and Care Centre.
- Saracen Street Health and Care Centre.
- East Pollokshields Health and Care Centre.

There have also been a number of improvement projects across both Acute and Mental Health sites e.g. Gartnavel Royal / General, Glasgow Dental Hospital with the upgrading of various Wards and improvement in service provision within these locations. Within the remainder of the Estate there has been the provision of new E-Patient management System; and Data hardware to improve the ability to manage patient flow through our various Patient Services and enable an improved Patient experience.

The Board's revenue budget is £3.016 Bn of which circa £30 million is spent on direct operational Estates Costs in maintaining the estate. This excludes a number of PFIs where the hard FM costs are provided by the PFI provider (Mearnskirck, SGH Care of the Elderly, Victoria and Stobhill Ambulatory Care Hospitals, Rowanbank and Gartnavel Royal). It also excludes utilities, rates and capital charges costs associated with the properties owned or used by the Board.

The Property and Asset Management Strategy (PAMS) and supporting survey information held on the EAMS data base allows the Board to make focussed, informed and planned decisions on the investment required for improvement on its Estate. All future funding bids from the Board to the Scottish Government Health Finance and Information Directorate Capital Investment Group (CIG) for asset investment will reference the relevant Clinical Strategies, EAMS data and the PAMS document that will highlight patient, staff, community and property benefits as well as delivery of value for money

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	%area of the estate in each category	20.32%	27.95%	46.71%	5.02%	100%
	% difference from previous year	7.87%	-2.91%	-7.11%	2.15%	
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Space Utilisation	Area m2	1,139,193	27,472	38,143	94,996	1,299,804
	%area of the estate in each category	87.64%	2.11%	2.93%	7.31%	100%
	% difference from previous year	17.23%	-5.18%	-2.78%	-9.67%	

(Excludes 3<sup>rd</sup> part premises)

It should be noted that 2015-16 table 1, reflects one of the most dynamic times in the history of NHSGG&C's Estate during which the Boards Property portfolio is in a major transitional phase, chiefly as a result of the commissioning and opening of in :-

## **Acute**

The New South Glasgow University Hospital (SGUH). This new build brings to the Board 163,115 m2 of Category A accommodation.

## **Partnerships**

In addition to this there has also been re-provision of several Community Health and Social Care Centres, namely Saracen Street, East Pollokshields and The Vale Centre that together bring 14,500 m2 of new purpose build facilities. In Mental Health there has been the provision of new facilities at Leverdale to the tune of 3,000 m2, which when taken together will provide a total of 180,615m of New Build facilities. It is expected that between 2016 and 2017 a further 3 Community Health and Social Care facilities will be completed in Maryhill, Eastwood, Woodside and Gorbals and together will reflect a total of 17,260m2. In 2018 there is planning on going to provide New Community Health and Social Care Facilities in Greenock and Clydebank at an anticipated 12,000m2.

This programme of new building provision equates to a total of 210,440m2 of new state of the art facilities, compliant with all guidelines and with the highest levels environmental compliance. This will see a significant reduction in the operating costs of the 16% of the current estate previously provided by premises that was in some areas were in excess of 100 years.

The achievement of the new builds outlined above enables the closure of the following major facilities that were no longer fit for purpose and were not able in a cost effective manner to provide 21<sup>st</sup> Century Health Care to their patients. The main closures during financial year 2015 will be The Western Infirmary, Royal Hospital for Sick Children / Queen Mothers Maternity, the Victoria Infirmary, Mansion House Unit and Ravenscraig Hospital. Together, these closures remove 198,124m2 of acute provision from the Board's portfolio. In addition, there will also be the closure and decommissioning of the existing Maryhill, Woodside, Gorbals, Possilpark, Greenock, and Clydebank Health Centres, together with a few community clinics being re-provided within the aforementioned new builds.

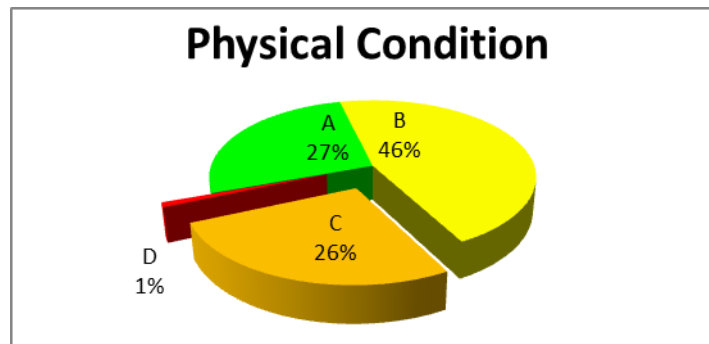
The position shown in table 1 reflects a somewhat artificial position when the new South Glasgow University Hospital is accounted for together with the current estate which it replaces.

Table 1a below removes this duplication of hospital facilities and shows the current operational estate. This will present a significant saving to the Board around the previously attributable running costs. In addition the removal of these facilities will see a reduction of circa £35.7 million in Backlog and impending Backlog from the Board's Estate's High Risk liability.

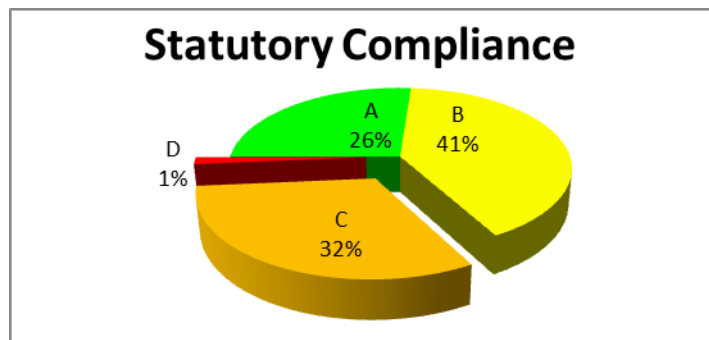
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<b>Statutory Compliance</b>					
Area m2	286,824	445,940	348,185	15,107	1,096,056
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<b>Functional Suitability</b>					
Area m2	274,918	454,880	337,717	28,541	1,096,056
%area of the estate in each category	25.08%	41.50%	30.81%	2.60%	100%
<b>Quality</b>					
Area m2	264,117	363,269	428,380	40,290	1,096,056
%area of the estate in each category	24.10%	33.14%	39.08%	3.68%	100%
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<b>Space Utilisation</b>					
Area m2	959,193	27,472	14,395	94,996	1,096,056
%area of the estate in each category	87.51%	2.51%	1.31%	8.67%	100%

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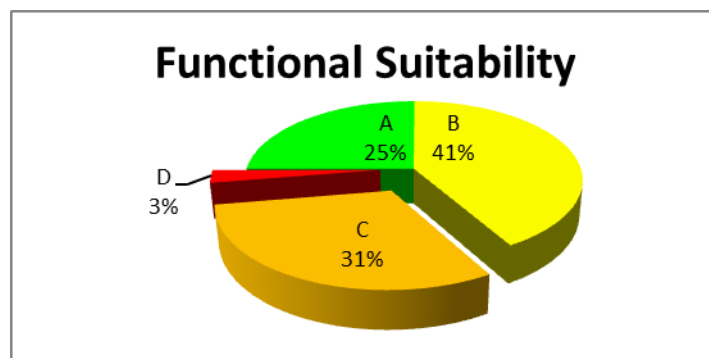
From table 1a it can be seen that currently the Board's operational estate provides the following breakdown:-



- 72.% of the accommodation is either “very satisfactory” or “satisfactory” in relation to its physical condition.

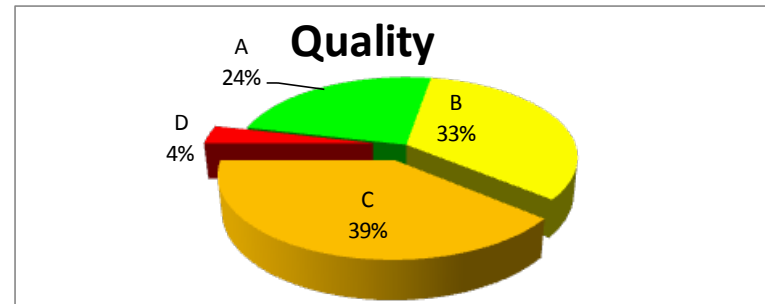


- 66.% of the accommodation is either “very satisfactory” or “satisfactory” in terms of its statutory compliance.

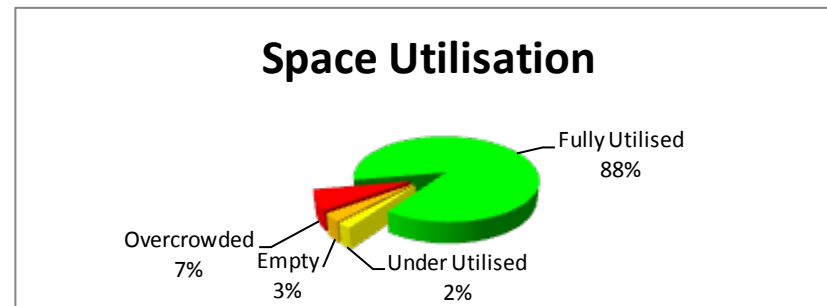


- 66.% of the accommodation is either “very satisfactory” or “satisfactory” in terms of its functional suitability.





- 57.% of the accommodation is either “very satisfactory” or “satisfactory” in terms of its Quality.



- In terms of space utilisation, 88.% of accommodation is fully utilised. It should be noted that “Overcrowded” is defined as accommodation with no available space for physical expansion or service provision. The term is consistent with SGHD terminology.

The following can be demonstrated from table (1 & 1a) above:-

- The physical condition of operational estate categorised as Very Satisfactory/Satisfactory moves from 58% to 72%.
- The statutory compliance of operational estate categorised as Very Satisfactory/Satisfactory moves from 53% to 67%.
- The functional suitability of operational estate categorised as Very Satisfactory/Satisfactory moves from 53% to 67%.
- The quality of operational estate categorised as Very Satisfactory/Satisfactory moves from 48% to 57%.
- The space utilisation of operational estate categorised as Very Satisfactory/Satisfactory moves from 87% to 88%.

Table 2 below reflects the projected composition of the Board's estate in 2018 accounting for the proposed further new builds and the completion of the decommissioning / disposal process

Projected PAMS 2018 with Disposals Removed.

Table 2

NHS Scotland Property Estates Asset Management Property Appraisal Manual analysis of the performance of NHSGG&C Estate						
Category & Definition	A Very Satisfactory	B Satisfactory	C Not Satisfactory	D Unacceptable	1,132,071 Totals	
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	%area of the estate in each category	22.08%	55.15%	21.58%	1.20%	100%
Quality	Area m2	239,132	471,150	404,673	17,116	1,132,071
	%area of the estate in each category	21.12%	41.62%	35.75%	1.51%	100%
Space Utilisation		F Fully Utilised	U Under Utilised	E Empty	O Overcrowded	
	Area m2	1,036,915	20,472	13,143	61,541	1,132,071
	%area of the estate in each category	91.59%	1.81%	1.16%	5.44%	100%

(excludes 3<sup>rd</sup> party premises)

Table 2 shows that in the future the Board's Operational Estate will provide the following breakdown:-

- 78.% of the accommodation is either "very satisfactory" or "satisfactory" in relation to its physical condition. (Table 1a =72%)
- 75.% of the accommodation is either "very satisfactory" or "satisfactory" in terms of its statutory compliance.(Table 1a=66%)
- 72.% of the accommodation is either "very satisfactory" or "satisfactory" in terms of its functional suitability. (Table 1a=66%)
- 63.% of the accommodation is either "very satisfactory" or "satisfactory" in terms of its Quality. (Table 1a=57%)
- In terms of space utilisation, 91.% of accommodation is "fully utilised" (Table 1a=88%)

Table 3 outlines the changes in backlog maintenance liabilities as noted below:-

1. On the 18th March 2015 HFS applied an inflationary allowance from 2010 to present day of 13.1% to all of the Boards backlog costs. This uplift equated to an increase of £26.1million in the boards reported backlog.
2. That as part of our targeted approach to managing our estate there were two detailed surveys carried out to inform future planning around the RAH and the IRH, these two properties between them contributed to a further £47.5 million of Back log.
3. If we allow for the effect of the increase and the additional detail re the two detailed surveys it can be shown that last year there was a net reduction in Backlog of £2.9 million.

Backlog Costs 2013/14	£k				Table 3
	Low	Moderate	Significant	High	TOTAL
Retained Acute	30,026,000	61,416,950	56,183,500	16,060,500	163,686,950
Short Life Properties					0
Health Centres / Clinics	1,913,000	6,007,500	6,466,038	1,253,000	15,639,538
Mental Health / Older Peoples	3,605,350	6,999,345	7,087,000	2,222,000	19,913,695
GPs					
TOTAL last year	35,544,350	74,423,795	69,736,538	19,535,500	199,240,183
Plus 13.1%	40,200,659	84,173,312	78,872,024	22,094,650	225,340,646
This year	47,505,436	65,558,283	118,704,377	38,269,151	270,037,248

Note: An in house risk review was implemented to establish a consequence & likelihood matrix and utilised to categorise the risk within the EAMS system. Current figures reflect the review of this matrix and reflects the updates carried out in 2014 it is intended that this process will be repeated in 2015 / 16.

It should be noted that the Board's policy is developing to focus on targeted investment on backlog maintenance reduction the next 3 to 5 years and subject to adequate sources funding being identified

Within the Board there have been a number of strategic decisions taken that will have a significant impact on the current estate and will greatly impact upon future Board reporting. These strategic decisions will have a significant impact on Backlog and will / have, altered the reported backlog in the following way

- A number of older premises as part of the Board's Strategic Services / Estates Plan will close and their services reprovide within the new Southern General University Hospital (SGUH), in addition to this new Care facilities and Community Health Centres are / will be provided via HUB. (Table 4)

Strategically, there has been a decision to dispose of premises that are not fit for purpose and /or deemed surplus to requirement. The Board has developing a disposal plan for those assets deemed to be surplus.

In addition to its property portfolio, NHS GG&C has substantial assets in the form of medical equipment (general medical equipment, radiology, radiotherapy, laboratories etc.) £325,987,817 Replacement Costs.

In addition ICT infrastructure, Furniture and Fittings plus Transport Equipment and Vehicles, have a Net Book Value in excess of £105.9 million and substantial revenue ownership costs arising from maintenance, energy and fuel etc.

During the past few years, the previous documents had been based on property condition data much of which has been taken from physical surveys and supplemented by desktop reviews by experienced estates operatives. A significant effort has continued to be focussed on getting the entire Estates facet data updated and the target date for completion of this exercise is June 2015 by which time 100% of the estate (excluding known future disposals) will have survey data which is within the five year rolling programme time frame. The position will then be reviewed by the local estates management teams to assess the survey outcomes from a practical perspective and this will in light of the more detailed technical knowledge of the sites and installations assessed, inform the next 5 year rolling programme of new surveys on the basis of 20% of the estate annually to maintain the estates performance information.

## Survey Data

The Basis of the PAMS property data comes from the HFS sponsored EAMS System is a 5 year programme of formal surveying that will require to be funded by the Board and it is expected that the current levels of assistance from HFS, Scottish Government Health Department, to refresh the asset management data base will continue in to the future. To maintain the integrity of the EAMS data in keeping with the Handbook we will require to carry out circa 246,682m<sup>2</sup> of surveys per annum.

It should be noted that this refresh is crucial, given the need for a strong base-line data set within EAMS and also in the Capital Planning Tool that derives its data from an EAMS baseline It is anticipated that the Capital Planning Tool will be an important future strategic planning resource, therefore it is important that its future base-line data is kept relevant and well maintained.

As a result of this further detailed analysis this PAMS sees a realignment of the performance under each of the facets and this will continue to be fine-tuned in 2015-16. Those premises due for disposal or replacement as part of the on-going acute and partnerships strategies have been categorised as C and/or D although most have not recently been surveyed in line with the Property Appraisal Manual to enable the funding to be utilised surveying retained estate elsewhere.

The Annual State of NHS Scotland Assets and Facilities Report for 2014 has shown the progress made nationally from the first report issued in 2011. The report highlights further commitment to the policy as set out in (CEL 35 (2010)) by setting this in the context of the wider Strategic Narrative produced by Scottish Government entitled "Achieving Sustainable Quality in Scotland's Healthcare: A "20:20" Vision". This strategic narrative provides the context for taking forward the implementation of the Quality Strategy and in particular the three Quality Ambitions described as Patient Centred, Safe and Effective.

NHSGG&C has continued to put significant resources into updating the PAMS information and this exercise will be complete by June 2015, at this point there can be greater confidence of a true reflection of this Board's Estate. Notwithstanding the on-going fine tuning of data, the challenge facing the Board is to bring and maintain its properties to the requisite standard. The improved accuracy of the new survey data coupled with the major change programme on-going within the Board's asset base in support of the ASR will clearly show a significant improvement in the next 3 to 5 years.

Table 4

Summary of Appendix New Builds and Disposals						
Financial Year	2013/14	2015/16	2016/17	2017/18	Totals m2	Backlog removed
<b>Total New Build</b>	25,777	149,648	23,015	12,000	210,440	
<b>Total m2 Surplus</b>	21,608	221,049	8,291	8,582	259,530	*27,208,194
<b>Net effect</b>	4,169	- 71,401	14,724	3,418	- 49,090	
<b>Percentage of current total 1,299,804 m2</b>	2%	17%	1%	1%	-20%	
(*) element of caution required some of these sites backlog i.e. RHSC, Western, Victoria have not been formally surveyed over the past 5 to 6 years hence the modest amounts attributable to Back log, as per Appendix ii. Recent experience informs us that, the actual current backlog by comparison would have been significantly greater had formal surveys been undertaken. This non surveying of the estate was a result of a decision taken not to spend funds surveying properties due for impending disposal, the funds were utilised to survey estate to be retained.						

Further clarity on the asset base required by the Board in the period 2016-2020 will be achieved in 2015 and 2016 as a result of the on-going implementation of the Clinical Services Review and the updated Community Integrated Health and Care partnerships, Property Strategy, together these two documents will encompass all of the Board clinical services and property aspirations.

## Where do we want to be?

At the present time our objective is to complete the delivery of the property improvements associated with the Acute Services Review and the improvements and replacement programme in community and mental health premises, whilst maintaining the existing estate. Now that the final outcome of the Clinical Strategy Review is available the Board will conclude a strategic planning review of our physical assets and determine a new property strategy consistent with the delivery of high quality patient centred care. The three quality ambitions i.e. Patient Centred, Safe and Effective described in the NHS Scotland's Quality Strategy reflect the overarching principles that will guide the future development and management of the NHS GG&C strategic asset base.

In addition changes are taking place both within the local health economy and across the country to make sure that the NHSS is in the best possible shape to meet future health needs and improve people's well-being. As part of these changes the Board is redesigning and reconfiguring services based on the Healthfit 2020 Action Plan that is being developed through a number of processes including stakeholder engagement and participation. For a number of the services, this work is broadly resulting in service models that involve moving towards community and primary care, rather than hospital based services. These changes provide the Board with an opportunity to rationalise and reconfigure its existing assets to achieve a close match between future service needs and asset capacity and quality. Going forward with a "leaner", higher quality asset base means that the challenges of improved building performance, quality and safety can be achieved.

This plan proposes a mix of measures to address the current condition and performance of the estate and to modernise the estate to meet future service need. These measures include:-

- Rationalisation of buildings and concentrating services in the best accommodation, enabling the decommissioning and disposal of "not fit for purpose" and poorly performing buildings particularly those with significant backlog maintenance. Details of the Board's Current Demolition Programme can be found in the Main Report Disposals Section.
- Identifying and confirming the properties required in the community and on hospital sites to support the delivery of the emerging new models of service delivery developed through the Healthfit 2020 Action Plan thus enabling further rationalisation and disposal of existing properties and the continued move towards an overall smaller modernised asset base.

- Completion of the current major capital investment plan will deliver a significant improvement in patient access to services in a high quality environment and will provide a significant improvement in the overall condition and performance of the Board's assets, through the replacement of some of our existing properties with modern, fit for purpose buildings and equipment, thus underpinning and supporting the Boards Clinical Strategy and facilitating the provision of high standards of Clinical Care / Services.
- An annual prioritised minor capital programme for essential equipment and eHealth technology replacement.
- An annual prioritised investment programme to address all "High" and "Significant" backlog maintenance items associated with assets which are expected to be retained over the longer term (5+ years), and is the boards aspiration subject to funding to significantly reduce and if possible eradicate our Clinical "High" risk and to target remaining funding towards our "Significant" backlog maintenance items. These aspirations will of necessity be subject to funding over the next 5 years through our Planned Backlog Investment as overseen by the Boards property Committee that, linked to the Boards Capital Planning Group.

### **How do we get there?**

To address the challenges faced by the Board in relation to its Backlog Maintenance, the board's Property and Capital Planning Committees will oversee the condition and performance of our existing estate. These Committees will allocate and monitor backlog maintenance expenditure requirement associated with the existing buildings that reflect the historical facilities legacy. The Board's resources will be targeted to address the High and Significant Risks associated with the Estate. However, without significant investment in the existing estate, there is a risk that we would be unable to deliver high quality safe services on a sustainable basis in the future.

In addition to the backlog maintenance commitment, planning, development and even construction has commenced on the provision of the following facilities:-

### **Partnerships**

- New build Eastwood Health Centre,
- New build Maryhill Health Centre
- New build Woodside and Gorbals Health and Community Care Centres
- Approval for the provision of new build Greenock and Clydebank Health Centres was granted in May 2015 with completion due in 2018-19.
-



## **Mental Health**

- New Build Care of the Elderly Facility at IRH

The future maintenance, development and investment programmes for the asset base will reflect the needs of the Clinical Service Review that will determine where and what services are needed throughout NHS GG&C and these in turn will inform the Board's future property and asset investment discussions going forward.

Our revised strategic intentions are contained throughout the 2015-2019 document and our plans for the future are clearly set out and support the changes in service delivery expected over the next 5 years.

The continued improvement in survey data will allow the Board to make well informed decisions in relation to how the asset base should evolve in line with outputs of the Clinical Services Review.

In tandem with asset maintenance and development plans, new ways of working are being developed and implemented throughout the Board e.g. agile working that will in future improve the efficiency of the organisation and in due course have an impact on the utilisation of property assets and holdings.

At a time when capital funding is a resource under pressure, achieving the implementation of the Clinical Strategy, property and asset needs will be driven through backlog maintenance schemes, capital works and revenue funding initiatives such as NPD and HUB.

## Delivering the PAMS

This strategy has identified a clear direction of travel for NHS GG&C's asset base and the Board must now make detailed arrangements for ensuring that the Strategy is implemented. This will be enabled via the following governance structure:-

- Oversight by the Boards Property Committee of its PAMS Steering Group tasked to compile and monitor the provision of the detail within the PAMS document and also the progress made to achieving the Strategic vision contained therein.
  - Oversight by the Boards Capital planning Group of the Capital Planning expenditure required to achieve the Boards Strategic vision.
  - Oversight of both of the above groups by the Board's Q&P steering Group (or what ever its replacement will be called) to ensure the monitoring of progress / plans against the KPIs and targets set out within this PAMS and in line with the Board's overall Strategy.
  - Aiming to invest in Backlog maintenance reduction over the next five years with a focus on identified high risks.
  - Reporting to the Board's Quality and Performance Committee / Governance Committee and the NHS Greater Glasgow and Clyde's Board on the delivery of the plan.
  - Regular dialogue with Scottish Government Health Department regarding proposed Capital projects to facilitate the evaluation and monitoring of the effectiveness of the directed investment.
- 
- Continuing to progress the planning and development of the detailed strategy in place to support the Board's Disposal Programme intended to deliver the Property Asset Disposal Programme that is subject to the Property and other Assets Committee's scrutiny and Q&P Committee's Governance.
- 
- Further development of the Healthfit 2020 Action Plan identifying service needs and key priorities and reflecting these in all future updates of this plan.
  - Implementing the established prioritisation process via the Property Committee and Capital Planning Group to enable strategic decision making in relation to the use of our property portfolio and possible investment proposals.

This strategy has been developed to ensure it can be implemented while ensuring continuous improvement in the condition and performance of property and assets to support the delivery of the Board's clinical services and enable the explicit performance monitoring required that is an integral part of implementing the plan. The aforementioned governance & Asset Management Groups will be charged to demonstrate performance improvement year on year by managing the Key performance Indicators (KPIs). This Strategy is aimed at optimising the influence that assets can have on the success of the Board as a partner in the delivery of health and social care services.

## **Environmental Sustainability**

The Board has been improving and developing its Strategy for delivering upon a full selection of Environmental Targets / Improvements. These proposals address the following target areas :-

- Sustainability and Procurement
- Environmental Management
- CO2 Emissions
- Carbon Reduction

To achieve the Board's targets in these areas, strategic plans have been drawn up to facilitate the development of the Board wide initiatives and details can be found in the main report within Sustainable Procurement Section.

## Appendix 1

### Summary of Property Appraisal Results By Site for NHS Greater Glasgow & Clyde

This report has been generated from the Estates Asset Management System (EAMS) provided by 3iStudio Ltd. based on the following principles:

- Report Includes costs for Building & Engineering facets of condition C or below and all Statutory items
- Report Excludes properties with inactive status and excludes Third Party Ownership (Independent Contractors) and PFI properties
- Appraisal Items with a cost but no condition rating are assumed to be backlog and are included in this report.
- Report will display one line per site per Block Use. I.e. A site with both Clinical and Non-Clinical categorised blocks will have 2 lines of data. Where there are blocks which have not been categorised with a Block Use the backlog for these will be displayed on a line showing blank in the Use column.
- Unreported items are backlog items with a cost but no risk. These should be reviewed and allocated a risk rating as appropriate..

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
C029C	Glenburn Health Centre (14)	Clinical	3,390.00	11,300.00	49,720.00	4,520.00	0.00	68,930.00
C201B	Dumbarton Health Centre (12/13)	Clinical	82,490.00	276,850.00	671,220.00	73,450.00	0.00	1,104,010.00
C203C	Hartfield Clinic (12/13)	Clinical	13,560.00	215,830.00	45,200.00	5,650.00	0.00	280,240.00
C204H	Dumbarton Joint Hospital (12/13)	Clinical	97,180.00	29,380.00	188,710.00	24,860.00	0.00	340,130.00
C204H	Dumbarton Joint Hospital (12/13)	Non-Clinical	44,070.00	74,580.00	169,500.00	5,650.00	0.00	293,800.00
C206H	Vale of Leven Hospital (12/13)	Clinical	342,390.00	669,712.58	2,422,342.58	500,590.00	0.00	3,935,035.16
C206H	Vale of Leven Hospital (12/13)	Non-Clinical	143,510.00	708,510.00	663,310.00	57,630.00	0.00	1,572,960.00
C301B	Port Glasgow Health Centre (12/13)	Clinical	38,420.00	205,660.00	326,570.00	113,000.00	0.00	683,650.00
C302B	Gourock Health Centre (12/13)	Clinical	18,080.00	223,740.00	39,550.00	20,340.00	0.00	301,710.00
C303B	Greenock Health Centre (12/13)	Clinical	35,030.00	198,880.00	545,790.00	99,440.00	0.00	879,140.00
C305C	Wellpark Centre *	Clinical	0.00	0.00	2,260.00	0.00	0.00	2,260.00

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
C309C	Bogleston Clinic (14)	Clinical	5,650.00	9,040.00	4,520.00	11,300.00	0.00	30,510.00
C313H	Inverclyde Royal Hospital (12/13)	Clinical	12,559,690.00	14,140,320.00	24,974,100.00	4,810,450.00	0.00	56,484,560.00
C313H	Inverclyde Royal Hospital (12/13)	Non-Clinical	1,027,770.00	4,131,400.00	1,019,180.00	4,551,150.00	0.00	10,729,500.00
C316C	Larkfield& CF Centre *	Clinical	153,680.00	193,230.00	163,850.00	1,130.00	0.00	511,890.00
C401B	Linwood Health Centre *	Clinical	193,230.00	346,910.00	141,250.00	94,920.00	0.00	776,310.00
C403H	Dykebar Hospital (12/13)	Clinical	433,920.00	529,970.00	1,659,970.00	1,298,370.00	0.00	3,922,230.00
C403H	Dykebar Hospital (12/13)	Non-Clinical	123,170.00	731,110.00	953,720.00	244,080.00	0.00	2,052,080.00
C404B	Bishopton Health Centre (14)	Clinical	3,390.00	19,210.00	33,900.00	161,590.00	0.00	218,090.00
C404C	Old Johnstone Clinic (14)	Clinical	5,650.00	48,590.00	1,130.00	0.00	0.00	55,370.00
C406B	Johnstone Health Centre (14)	Clinical	61,020.00	7,910.00	161,590.00	0.00	0.00	230,520.00
C407C	Foxbar Clinic (14)	Clinical	7,910.00	23,730.00	23,730.00	16,950.00	0.00	72,320.00
C410C	New Sneddon Street Clinic (14)	Clinical	6,780.00	21,470.00	164,980.00	37,290.00	0.00	230,520.00
C418H	Royal Alexandra Hospital (12/13)	Clinical	5,397,541.00	10,203,590.00	36,081,460.00	8,471,190.00	0.00	60,153,781.00
C418H	Royal Alexandra Hospital (12/13)	Non-Clinical	406,770.00	903,170.00	3,021,685.00	589,380.00	0.00	4,921,005.00
G005A	Western Infirmary Glasgow (10/11)	Clinical	80,230.00	557,108.08	915,300.00	0.00	0.00	1,552,638.08
G005A	Western Infirmary Glasgow (10/11)	Non-Clinical	10,170.00	135,600.00	59,325.00	0.00	0.00	205,095.00
G006A	Yorkhill Hospitals	Clinical	19,210.00	42,940.00	4,520.00	0.00	0.00	66,670.00
G067A	TSSU (Inverclyde) (12/13)	Clinical	49,720.00	153,680.00	73,450.00	16,950.00	0.00	293,800.00

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G101B	Bridgeton Health Centre *	Clinical	5,650.00	5,650.00	45,200.00	205,660.00	0.00	262,160.00
G103B	Baillieston Health Centre (12/13)	Clinical	16,950.00	30,510.00	184,190.00	67,800.00	0.00	299,450.00
G104B	Easterhouse Health Centre (14)		0.00	0.00	2,260.00	0.00	0.00	2,260.00
G104B	Easterhouse Health Centre (14)	Clinical	5,650.00	6,780.00	33,900.00	0.00	0.00	46,330.00
G105B	Parkhead Health Centre (12/13)	Clinical	2,260.00	18,080.00	73,450.00	67,800.00	0.00	161,590.00
G106B	Shettleston Health Centre (12/13)	Clinical	10,170.00	5,650.00	29,380.00	0.00	0.00	45,200.00
G106H	Glasgow Dental Hospital (12/13)	Clinical	32,770.00	1,491,600.00	1,401,200.00	421,998.50	0.00	3,347,568.50
G107H	Glasgow Royal Infirmary (12/13)	Clinical	2,667,930.00	6,647,787.74	9,725,910.00	2,322,150.00	0.00	21,363,777.74
G107H	Glasgow Royal Infirmary (12/13)	Non-Clinical	1,057,680.00	3,512,040.00	3,945,960.00	531,100.00	0.00	9,046,780.00
G109H	Lightburn Hospital (12/13)	Clinical	440,700.00	1,084,800.00	830,550.00	661,050.00	0.00	3,017,100.00
G109H	Lightburn Hospital (12/13)	Non-Clinical	250,860.00	698,340.00	322,050.00	135,600.00	0.00	1,406,850.00
G110H	Acorn Street *	Clinical	7,910.00	37,290.00	153,680.00	0.00	0.00	198,880.00
G111H	Parkhead Hospital (14)	Clinical	39,550.00	6,780.00	120,910.00	45,200.00	0.00	212,440.00
G112H	Parkview Resource Centre (12/13)	Clinical	2,260.00	0.00	75,710.00	67,800.00	0.00	145,770.00
G113H	Auchinlea Resource Centre (14)	Clinical	0.00	12,430.00	57,630.00	5,650.00	0.00	75,710.00
G196E	Carswell House (14)	Clinical	4,520.00	32,770.00	35,030.00	94,920.00	0.00	167,240.00
G201B	Woodside Park Grove (next to HC)	Clinical	36,160.00	471,210.00	273,460.00	100,570.00	0.00	881,400.00
G202B	Maryhill Health Centre (10/11)	Clinical	5,650.00	128,820.00	91,530.00	198,880.00	0.00	424,880.00

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G203B	Springburn Health Centre (14)	Clinical	3,390.00	10,170.00	31,640.00	220,350.00	0.00	265,550.00
G204B	Possilpark Health Centre (10/11)	Clinical	163,850.00	463,300.00	359,340.00	176,280.00	0.00	1,162,770.00
G205C	Callander Street Clinic (Woodside) (10/11)	Clinical	18,080.00	15,820.00	46,330.00	30,510.00	0.00	110,740.00
G207H	Stobhill Hospital (12/13)	Clinical	1,169,550.00	1,038,470.00	7,905,480.00	576,300.00	0.00	10,689,800.00
G207H	Stobhill Hospital (12/13)	Non-Clinical	1,384,250.00	428,270.00	5,768,650.00	0.00	0.00	7,581,170.00
G211C	Lennoxtown Clinic (14)	Clinical	0.00	12,430.00	30,510.00	79,100.00	0.00	122,040.00
G212H	Shawpark Resource Centre (10/11)	Clinical	6,780.00	41,810.00	103,960.00	0.00	0.00	152,550.00
G214H	Springpark Resource Centre (14)	Clinical	0.00	28,250.00	84,750.00	7,910.00	0.00	120,910.00
G302B	Gorbals Health Centre (12/13)	Clinical	9,040.00	2,260.00	53,110.00	6,780.00	0.00	71,190.00
G302H	Leverndale Hospital (11/12)	Clinical	51,980.00	67,800.00	1,130.00	0.00	0.00	120,910.00
G302H	Leverndale Hospital (11/12)	Non-Clinical	0.00	160,460.00	847,500.00	0.00	0.00	1,007,960.00
G303B	Govanhill Health Centre (14)	Clinical	15,820.00	2,260.00	55,370.00	6,780.00	0.00	80,230.00
G303C	Clarkston Clinic (12/13)	Clinical	1,130.00	2,260.00	1,143,560.00	3,390.00	0.00	1,150,340.00
G304B	Castlemilk Health Centre (12/13)	Clinical	0.00	2,260.00	164,980.00	6,780.00	0.00	174,020.00
G306H	Victoria Infirmary (10/11)	Clinical	4,281,570.00	528,840.00	32,770.00	0.00	0.00	4,843,180.00
G306H	Victoria Infirmary (10/11)	Non-Clinical	1,776,360.00	171,760.00	11,300.00	0.00	0.00	1,959,420.00
G307H	Mansionhouse Unit (10/11)	Clinical	945,075.50	448,999.85	0.00	0.00	0.00	1,394,075.35
G354B	Castlemilk Resource Centre (12/13)	Clinical	0.00	2,260.00	16,950.00	0.00	0.00	19,210.00

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G401B	Govan Health Centre (12/13)	Clinical	2,260.00	55,370.00	166,110.00	6,780.00	0.00	230,520.00
G401C	Elderpark Clinic (14)	Clinical	12,430.00	2,260.00	5,650.00	0.00	0.00	20,340.00
G402B	Thornliebank Health Centre (14)	Clinical	3,390.00	5,650.00	30,510.00	39,550.00	0.00	79,100.00
G403B	Pollok Health Centre (14)	Clinical	5,650.00	3,390.00	33,900.00	12,430.00	0.00	55,370.00
G405H	Southern General University Hospital (11/12)	Clinical	6,892,435.00	6,309,920.00	142,945.00	0.00	0.00	13,345,300.00
G405H	Southern General University Hospital (11/12)	Non-Clinical	39,550.00	57,630.00	0.00	0.00	0.00	97,180.00
G408H	Florence Street Clinic (14)	Clinical	0.00	2,260.00	5,650.00	5,650.00	0.00	13,560.00
G412C	Pollokshaws Clinic (14)	Clinical	33,900.00	15,820.00	31,640.00	15,820.00	0.00	97,180.00
G413C	Douglas Inch Centre (14)	Clinical	7,910.00	59,890.00	73,450.00	0.00	0.00	141,250.00
G501B	Clydebank Health Centre (12/13)	Clinical	7,910.00	48,590.00	122,040.00	6,780.00	0.00	185,320.00
G501H	Blawarthill Hospital (SURPLUS)	Clinical	57,630.00	198,880.00	202,270.00	0.00	0.00	458,780.00
G501H	Blawarthill Hospital (SURPLUS)	Non-Clinical	177,410.00	309,620.00	73,450.00	0.00	0.00	560,480.00
G503B	Drumchapel Health Centre & Achamore Resource Centre (14)	Clinical	40,680.00	98,310.00	56,500.00	247,470.00	0.00	442,960.00
G503H	Drumchapel Hospital (12/13)	Clinical	508,500.00	797,780.00	212,440.00	283,630.00	0.00	1,802,350.00
G503H	Drumchapel Hospital (12/13)	Non-Clinical	7,910.00	14,690.00	154,810.00	11,300.00	0.00	188,710.00
G505H	Gartnavel Royal Hospital (11/12)	Clinical	27,120.00	171,760.00	27,120.00	0.00	0.00	226,000.00
G505H	Gartnavel Royal Hospital (11/12)	Non-Clinical	2,373.00	66,670.00	24,860.00	0.00	0.00	93,903.00



Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G507H	Homeopathic Hospital (14)	Clinical	0.00	0.00	38,420.00	0.00	0.00	38,420.00
G512C	Plean Street Clinic (14)	Clinical	1,130.00	11,300.00	6,780.00	0.00	0.00	19,210.00
G516H	Gartnavel General Hospital (12/13)	Clinical	3,744,820.00	3,509,780.00	7,569,870.00	10,099,092.50	0.00	24,923,562.50
G516H	Gartnavel General Hospital (12/13)	Non-Clinical	7,910.00	650,880.00	305,100.00	28,250.00	0.00	992,140.00
G517C	William St Clinic (14)	Clinical	7,910.00	1,130.00	0.00	11,300.00	0.00	20,340.00
G518C	Milngavie Clinic (14)	Clinical	6,780.00	4,520.00	9,040.00	20,340.00	0.00	40,680.00
G550C	Rossdale Resource Centre (14)	Clinical	1,130.00	2,260.00	2,260.00	0.00	0.00	5,650.00
G553C	Sandyford Initiative (14)	Clinical	42,262.00	36,160.00	127,690.00	50,850.00	0.00	256,962.00
G559C	Glenkirk Resource Centre (14)	Clinical	1,130.00	6,780.00	5,650.00	53,110.00	0.00	66,670.00
G581C	Goldenhill Resource Centre (14)	Clinical	4,520.00	3,390.00	7,910.00	0.00	0.00	15,820.00
G596H	Anvil Resource Centre (14)	Clinical	2,260.00	10,170.00	106,220.00	0.00	0.00	118,650.00
G597E	Whittingham Gardens (14)	Clinical	2,260.00	20,340.00	10,170.00	0.00	0.00	32,770.00
G597H	Goldenhill Clinic (14)	Clinical	2,260.00	25,990.00	25,990.00	0.00	0.00	54,240.00
G598H	Arran Resource Centre (14)	Clinical	1,130.00	3,390.00	11,300.00	0.00	0.00	15,820.00
G599H	Riverside Resource Centre (14)	Clinical	5,650.00	21,470.00	62,150.00	0.00	0.00	89,270.00
G602H	Eastwood Resource Centre (12/13)	Clinical	4,520.00	2,260.00	29,380.00	0.00	0.00	36,160.00
G603H	Arndale Resource Centre (14)	Clinical	22,600.00	4,520.00	12,430.00	7,910.00	0.00	47,460.00

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G607H	Woodlands Day Hospital (Waverly Park) (14)	Clinical	2,260.00	0.00	1,130.00	51,980.00	0.00	55,370.00
G609H	The Orchards (SURPLUS)	Clinical	28,250.00	578,560.00	188,710.00	30,510.00	0.00	826,030.00
G609H	The Orchards (SURPLUS)	Non-Clinical	0.00	0.00	13,560.00	0.00	0.00	13,560.00
G678B	Fernbank St Clinic (14)	Clinical	3,390.00	8,475.00	88,140.00	0.00	0.00	100,005.00
G688B	Aranthru Centre (12/13)	Clinical	9,040.00	0.00	16,950.00	22,600.00	0.00	48,590.00
G704P	Waverley Park Resource Centre (12/13)	Clinical	0.00	6,780.00	61,020.00	13,560.00	0.00	81,360.00
<b>TOTALS</b>			<b>47,505,436.50</b>	<b>65,558,283.25</b>	<b>118,704,377.58</b>	<b>38,269,151.00</b>	<b>0.00</b>	<b>270,037,248.33</b>

Totals By Use	Low	Moderate	Significant	High	Unreported	Total
Clinical	41,045,673	52,803,553	101,350,417	32,115,011	0.00	227,312,395
Non-Clinical	6,459,763	12,754,730	17,353,960	6,154,140	0.00	42,722,593
<b>TOTALS</b>	<b>47,505,436</b>	<b>65,558,283</b>	<b>118,706,677</b>	<b>38,269,151</b>	<b>0.00</b>	<b>270,037,248</b>

## Appendix ii

SUMMARY OF NEW BUILD PREMISES m2 till 2017 / 18							
Premises		pre 2013-14	2014/15	2015/16	2016/17	2017/18	Totals
GRI Plastics AX		1120					1120
GRI Boiler House AX3		50					50
Renfrew H&SWC		5,261					5261
Renfrew Old		1,674					1674
Barrhead H&SCC		5,754					5754
Drumchapel C&F - West Centre		1,889					1889
Centre for H & CC - Plean St		960					960
GRH Claythorn Ward		870					870
Wellpark Centre		293					293
		17,871					17871
Stobhill ACH	PFI	27,675					27675
Victoria ACH	PFI	41,722					41722
Langlands SGH	PFI	8,724					8724
Larkfield Unit	PFI	7,470					7470
Gartnavel Royal hub	PFI	5,700					5700
Rowanbank Clinic	PFI	6,067					6067
Mearnskirk	PFI	2,567					2567
		99,925					99925
Leverndale Acute AAU			2,068				2068
Leverndale Mother & Baby			930				930
SGUH Labs			15,532				15,532
Saracen Street HC			3,245				3,245
East Pollocksheilds HC			3,000				3,000
Alexandria HC			4,000				4,000
Energy Centre				4,049			4,049
SGUH Adults				126,216			126,216
SGUH Childrens				11,563			11,563
New Eastwood HC HUB				4,500			4,500
IRH Care of the Elderly HUB				2,600			2,600
SGUH Admin Bloc					5,755		5,755
New Maryhill HC HUB					4,612		4,612
New Woodside HC HUB					6,171		6,171
New Gorbals HC HUB					6,477		6,477
New Greenock HC HUB						6,500	6,500
New Clydebank HC HUB						6,500	6,500
		117,796					
			25,777	149,648	23,015	13,000	211,440
<b>Total New Build since 2014 2015</b>			<b>25,777</b>	<b>175,425</b>	<b>198,440</b>	<b>211,440</b>	

SUMMARY OF OLD PREMISES FOR DISPOSAL TILL 2017 / 2018						
Premises	2014/15	2015/16	2016/17	2017/18	Total m2	Backlog from HFS Report
Cambuslang Gate	700				700	-
Transferred to NHSL						
Rutherglen HC Transferred to NHSL	2,492				2,492	67,800
Cambuslang Clinic						
Transferred to NHSL	724				724	4,520
Muirhead Clinic Transferred to NHSL	250				250	-
*Old Possil	2,765				2,765	1,162,770
*Blawarthill	5407				5,407	1,046,260
*Elizabeth Martain	695				695	-
Russell Institute (Sold)	1,780				1,780	500,000
*Southern General Site Demolitions	5,500					5,500
*Vale of Leven Demolitions	1,295					
*Southern General Site Demolitions		14,119			14,119	1,774,034
*Vale of Leven Demolitions		3,168				2,600
*Old Yorkhill		58,288			58,288	66,670
*WIG (Sold)		80,963			80,963	1,757,733
*VIC		27,627			27,627	4,843,180
*Mansion House		11,464			11,464	1,394,075
*Orchards		3,378			3,378	839,590
*Whittingham Gdns		1,566			1,566	32,770
*Ravenscraig Hospital		19,782			19,782	19,782
*Old Maryhill			2,517		2,517	424,880
*Old Woodside			2,741		2,741	992,140
*Old Gorbals			2,060		2,060	71,190
*Clarkston Clinic			973		973	1,150,340
Greenock				4951		875,140
Clydebank				3631		185,320
	<b>21,608</b>	<b>221,049</b>	<b>8,291</b>	<b>8,582</b>	<b>259,350</b>	<b>27,208,194</b>
<b>Net Effect on Board Serviceable Estate m2 Per Annum</b>	<b>4,169</b>	<b>- 71,401</b>	<b>14,724</b>	<b>3,418</b>	<b>- 49,090</b>	

(\*) element of caution required some of these sites i.e. Yorkhill have not been surveyed over the past 5 to 6 years hence the modest 66K attributable to Back log. Recent experience on other sites has shown that had there been a formal survey recently, this figure would have been significantly higher. The non-surveying was a result of a decision taken not to spend funds surveying properties due for impending disposal, the funds were utilised to survey estate to be retained.