

Property & Asset Management Strategy (PAMS) 2016/20

Recommendation:-

That the Board approve the Property and Asset Management Strategy 2016/2020 for submission to Health Facilities Scotland.

Purpose of Paper:-

The purpose of the paper is to present a précis of the Board's Property and Asset Management Strategy 2016/20 for Approval.

Key Issues to be considered:-

The purpose of the paper is to set the Objectives and Priorities of the Board's Property and Asset Management Strategy. Capital Investment is informed by the PAMS Report.

This strategy 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 sites and concentrating services in the best accommodation; enabling the decommissioning and disposal of poorly performing buildings particularly those with significant backlog maintenance.
- Continuation of 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.
- An annual prioritised minor capital programme for essential Medical Equipment that is in need of replacement, to ensure that these assets continue to provide the quality of service required.
- Investment in eHealth Projects that support the Board's eHealth strategic plans for 2013–2017 and reflect the strategic aims of the NHS Scotland's eHealth Strategy being refreshed in 2017. In addition to maintaining the quality of the systems needed to support the Board's Local eHealth Strategic Group priorities.
- 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).
- Transport is exploring various proposals to develop Greener more cost efficient vehicles within the fleet and improve future performance and service delivery capability.

BOARD OFFICIAL

- Investment in Sustainability projects that support the reduction in energy-based carbon emissions and in energy consumption. These projects contributing to the Board's aims of reducing greenhouse gas emissions, in keeping with the Scottish Governments 2050 targets.

Any Patient Safety /Patient Experience Issues:-

The core PAMS strategy is aimed to improve the quality of the built environment which will lead to improvements to tangible and intangible benefits to the patient experience.

The Minor Capital funding, will be invested in spend to save schemes; schemes that will also positively impact on the backlog maintenance position and improvement to the built environment.

Any Financial Implications from this Paper:-

There is the potential for limited capital funds to be available in future and therefore the Board's capital allocation will be focussed specifically on the priorities of the Board.

Any Staffing Implications from this Paper: - None.

Any Equality Implications from this Paper: - None.

Any Health Inequalities Implications from this Paper:- None

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

Yes. Risk assessments are carried out for individual sites with regard to backlog maintenance issues.

Highlight the Corporate Plan priorities to which your paper relates:-

Improving Quality, Efficiency and Effectiveness of Property supporting Services Delivery.

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Date – 20 June 2017

NHS Greater Glasgow & Clyde

Property and Asset Management Strategy 2016 to 2020

NHS Scotland '20:20 Vision'

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

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1. EXECUTIVE SUMMARY

The Scottish Government's "Policy for Property and Asset Management in NHS Scotland" [CEL 35 (2010)] requires all NHSS bodies to have a Property and Asset Management Strategy (PAMS) which must be reviewed and approved annually. This is NHS Greater Glasgow and Clyde's Property and Asset Management Strategy for the period 2016 to 2020, updated May 2017.

The updated proposals in this PAMS acknowledge the continuing challenging economic climate and reflect the ongoing changes that are required to ensure that the Board's Property and other Assets, effectively support the delivery of the Healthcare Strategy. To achieve this we will continue to:

- Drive improvement throughout the organisation.
- Streamline patient pathways.
- Achieve greater consistency of care.
- Improve population health.
- Provide care in the right place, at the right time and delivered by the most appropriate professional.

The main rationale of the PAMS is to ensure that the Board's assets can respond to continuing organisational and service requirements by ensuring that they are fit for purpose and positively support service delivery while maintaining the service user's experience.

All Boards are required to work towards the Scottish Government's 2020 Vision to ensure that "Everyone is able to live longer healthier lives". The Board's strategy for this is underpinned by the following published Strategies;

- SGHD 2020 Vision (2012) The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.
- NHS GGC Clinical Strategy (2015) The strategy identifies the key approaches to underpin the future service planning for the populations serviced by NHSGGC:
- SGHD National Clinical Strategy (2016) The National Clinical Strategy published in 2016 describes the principles for changing healthcare across Scotland and the achievement of the future vision.

To facilitate this, the Board must ensure that its assets are effectively managed and developed to support and enable the delivery of safe and effective clinical services, of the highest possible quality for the people of Greater Glasgow and Clyde. This PAMS report, aims to set out the direction of the Board's strategy in relation to; Property, eHealth, Medical Equipment and Transport which will underpin the Board's clinical service developments, including those of the Health & Care Partnerships. The overall structure of the PAMS document is predicated by three key questions in relation to the Board's assets:

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

The Board aims to balance the need to reduce backlog maintenance expenditure, whilst ensuring that the estate and other key assets operate to an acceptable standard. The current level of backlog for the Board's operational estate is £249M; this is a decrease of £26.1M from last year. This reflects the Board's decision in keeping with the Scottish Government guidance (NHS Scotland Property Appraisal Manual) to audit its Backlog liability and the result of investment works carried out. It is currently proposed in the Capital Plan that there will be backlog investment of £13.3M in financial years 2017/18, £14.4M in 2018/19, £10.4M in 2019/20, £11.1M in 2020/21 and £10.0M in 2021/22.

The Board's Property and Asset Management Report was submitted to the Scottish Government for the period 2016-2020 and sets out the progress which has been made last year in relation to the property portfolio and informing the revised strategic direction for the next 5 years.

In addition, the Board's 5 year Investment Plan, (Details of which are still to be finalised) totalling some £635.9M includes a number of projects that will significantly impact on the quality of the estate and other assets. Estate investments in line with the Board's strategic vision for service change and clinical service improvement includes:

Five Year Capital Plan, (To be ratified by Board on 27th June 2017.)

- Mental Health Projects at £21.8M.
- Investment in Medical Equipment £94.3M.
- Investment in IM&T £21.4M.
- Theatre refurbishment within the Neuro Surgery Department on the Queen Elizabeth University Campus £6.4M.

Funded through HUB Schemes.

- The new Inverclyde Care Home £17.1M opening Summer 2017.
- The new Gorbals Health and Social Care Centre £30.8M due to open 2018 / 2019.
- The new Woodside Health and Social Care Centre £38.6M due to open 2018 / 2019.
- Initial Agreement with Scottish Government
 - The new Greenock Health and Social Care Centre £44.8M opening planned for 2020.
 - The new Clydebank Health and Social Care Centre £40.8M opening planned for 2020.

Funded through PFI.

- Development of Rowanbank Clinic £9.7M opening planned 2019

These schemes going forward are funded by both the Board's Proposed Capital Spend, HUB funding and PFI.

The disposal of properties which are no longer fit for purpose and have been declared surplus to requirements will also have a significant impact, both in terms of delivering capital receipts, of which £45.9M is anticipated over the next 5 years, and the Board's ability to reinvest in its estate. The combination of investment and disposal over the 5 year period, covered by Capital Investment Plan will positively impact the Board's backlog maintenance liability.

The Board's investment plan for the next 5 to 10 years will primarily be driven by the 2020 Vision; the national Capital & Facilities 2020 Change Management Plan; Smarter Offices; Health and Social Care Partnership (HSCP's) requirements and the resulting Estates Master plan. This process will require the Board to address a number of key issues including:

- Restructuring of the Board's existing estate to meet future service needs.
- Impact of "Shifting the Balance of Care" to the Community estate.
- Better utilisation of clinical and non clinical accommodation.
- Requirements of the Health and Social Care Partnerships and assisting them to achieve their strategic goals.
- Rationalisation of office accommodation.

The Board has a commitment to the Scottish Government sustainability agenda. Throughout 2016/17 many energy saving projects have been implemented in order to meet the national HEAT targets for energy. These Invest to Save projects are projected to provide savings of £275K pa and the feasibility of further savings from energy production to the National Grid are being considered for re investment by the board. eHealth and Transport have a key role to play in shifting the balance of care and delivering patient centred care in the home or community. This will require assets to be available 24/7 and the adoption of agile working by staff.

The potential to consolidate office accommodation and increasingly, share accommodation with our partners will be fully explored as part of the ongoing "Smarter Offices" programme. Technology and Medical Equipment will play a key role in enabling new ways of working for staff both within NHS facilities and as part of the wider community including Health and Social Care Partnerships.

During financial year 2017/18, The Board will continue to address these strategic issues through a process of data gathering, scenario planning and stakeholder engagement. This will shape the development of a comprehensive Estates Strategy to underpin the national and local Clinical Strategy.

2. Where Are We Now

Board Estate

Estate Asset Management System (EAMS) Data Set

The Basis of the PAMS property data comes from the Health Facilities Scotland (HFS) sponsored EAMS System and its 5year programme of formal surveying to be funded by Boards. It is expected that the current levels of assistance from HFS, Scottish Government Health Department, to refresh the EAMS data base will continue in the future. This refresh is crucial, given the need for a strong base-line data set within EAMS. To maintain the integrity of the EAMS data in keeping with the NHS Scotland Property Appraisal Manual's guidance, the Board will require to carry out circa 250,000m² of surveys per annum.

TABLE 1: ANALYSIS OF THE EXISTING ESTATE BY AREA

	Area (Sq.m)	No. of Sites	% of Total Area	Net Book Value	% of NBV Value Area	Land Value	Total Value
01 Acute Hospital	594,576.85	8	48.31	£1,486,928,960.93	80.11	£46,895,084.10	£1,53,824,045.03
02 Children's Hospital	38,976.00	1	3.17	£0.00	0.00	£0.00	£0.00
03 Maternity Hospital	40,150.00	0	3.27	£0.00	0.00	£0.00	£0.00
04 Specialist Hospital	53,488.00	2	4.35	£25,290,258.78	1.36	£300,000.00	£25,590,258.78
05 Mental Health	82,623.02	11	6.72	£187,172,694.32	10.08	£25,380,001.00	£212,552,695.32
07 Older People	27,915.00	3	2.27	£17,425,921.24	0.94	£2,125,000.00	£19,550,921.24
08 Multi Service	14,820.00	0	1.21	£0.00	0.0	£0.00	£0.00
21 Health Centre	104,925.20	36	8.54	£110,374,748.61	5.95	£14,585,283.00	£124,960,031.61
22 Clinics (including Day Hospitals and Resource Centres)	51,346.40	40	4.18	£22,730,716.96	1.22	£5,094,501.00	£27,825,217.96
23 Offices	51,669.30	11	4.20	£2,042,016.72	0.11	£600,000.00	£2,642,016.72
24 Support Facilities	80,192.10	6	6.52	£3,857,889.27	0.21	£3,990,000.00	£7,847,889.27
43 Pharmacy	3,121.00	1	0.00	£0.00	0.00	£0.00	£0.00
98 Non-Operational	85,070.53	10	6.92	£298,266.95	0.02	£6,931,500.00	£7,229,766.95
99 Other	158	0	0.0	£0.00	0.00	£0.00	£0.00
TOTALS	1,229,031.40	131	100	£1,856,121,473.78	100.00	£105,901,369.10	£1,962,022,842.88

NB: Number of Sites for each category and NBV's exclude 3rd Party Tenure (GP Practices)

Table 1 shows the total Board Net Book Value (NBV) as at 31/03/2017 £1,856M. With the removal of non-operational estate (property which is surplus to requirements, empty and awaiting disposal) the NBV is reduced by £0.298M, leaving an operational estate NBV figure of £1,855M.

Total Board Estate Excluding 3rd Party Tenure (Independent Contractors in own premises) is 1,229,031 m² less non operational estate of 85,070m², leaving an operational estate of 1,143,961m.

Table 2. Summary of Board Operational Estate in m2 and NBV

Year	NHS Board	Number of Sites	Floor Area (000's m ²)	Net Book Value (£m)
2017	NHS Greater Glasgow & Clyde	121	1,143	1,855

Table 3 below provides the key to the Categorisation of the Facets in this section

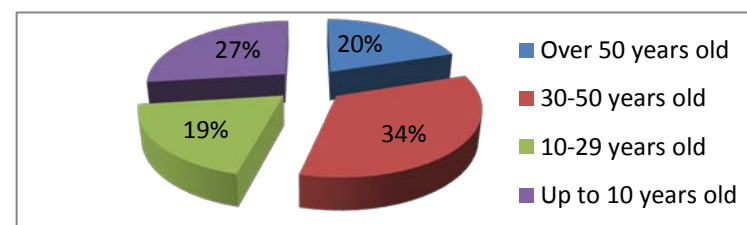
Facet Grading.	
Facet: Building Engineering, Statutory Compliance, Functional Suitability & Quality	
A	Excellent/as new condition (generally less than 2 years old). Expected to perform as intended over its expected useful service life.
B	Satisfactory condition with evidence of only minor deterioration. Element/Sub Element is operational and performing as intended.
C	Poor Condition with evidence of major defects. Element/Sub Element remains operational but is currently in need of major repair or replacement.
D	Unacceptable condition. Non-operational or about to fail. Has reached the end of its useful life.
Facet: Space Utilisation	
E	Empty or grossly underused at all times (excluding temporary closure).
U	Underutilised: utilisation could be significantly increased
F	Fully Utilised: a satisfactory level of utilisation
O	Overcrowded: overloaded and facilities generally stretched.

(NHS Scotland Property Appraisal Manual August 2016)

KEY METRICS OF THE BOARD ESTATE

Table 4: Estate Age Profile

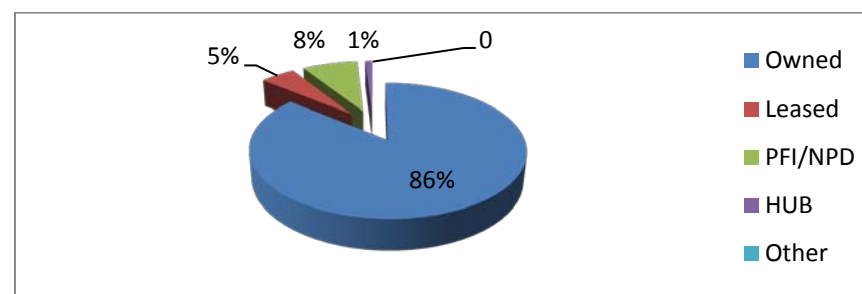
	Age Profile (%)			
Year	Over 50 years old	30-50 years old	10-29 years old	Up to 10 years old
2017	20%	34%	19%	27%
2016	20%	36%	15%	29%



Estate Age Profile (Even after the opening of the QEUH, 54% of the Board's Estate is currently in excess of 30 Years old.)

Table 5: Tenure of Estate

	Tenure Types (%)				
Year	Owned	Leased	PFI/NPD	HUB	Other
2017	86%	5%	8%	1%	0
2016	88%	4%	8%	0%	0%

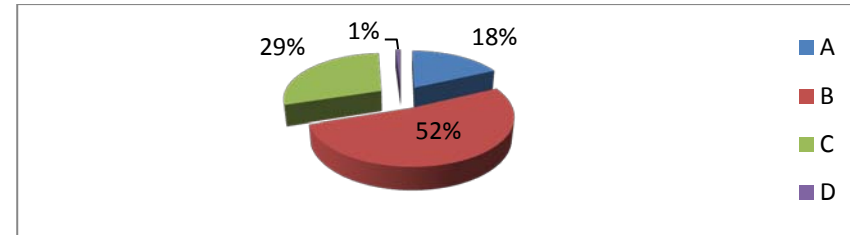


Services are provided from many differing locations, e.g. Major Hospitals, Health Centres & Clinics, including PFI, HUB schemes and Leased properties. The Board has striven to reduce its number of Leased sites over the years, however this year; this figure has increased from 4.45 to 4.65%. With the figures rounding to 5%, we are now showing a rise of 1%. This has been due to the provision of accommodation required to locate the e-Health Team.

In addition to that reported above there are also a 43,655m² of premises owned by General Medical Practitioners (3rd party Tenure) from which they provide patient services.

Table 6: Building Condition

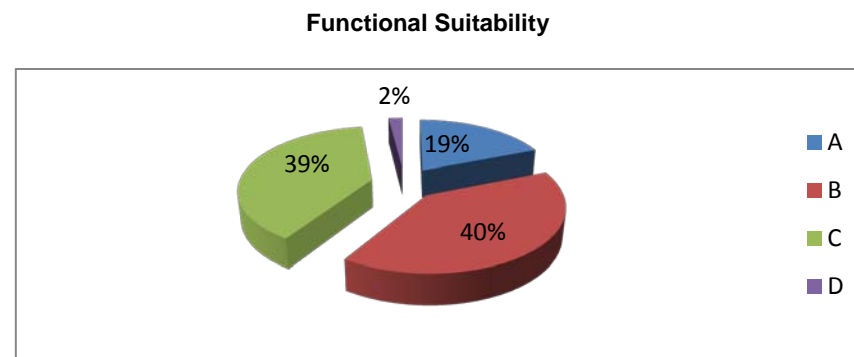
	Condition Ranking - % of total in each category:			
Year	A	B	C	D
2017	18%	52%	29%	1%
2016	25%	45%	27%	3%



Overall Condition has held at Categories A&B 70%, (note table 6 also indicates a shift from Category A to B, this reflects the requirement to re categorise new builds after two years to Category B, in keeping with the NHS Scotland Property Appraisal Manual guidance.)

Table 7: Functional Suitability

	Functional Ranking - % in each category:			
Year	A	B	C	D
2017	19%	40%	39%	2%
2016	27%	29%	41%	3%



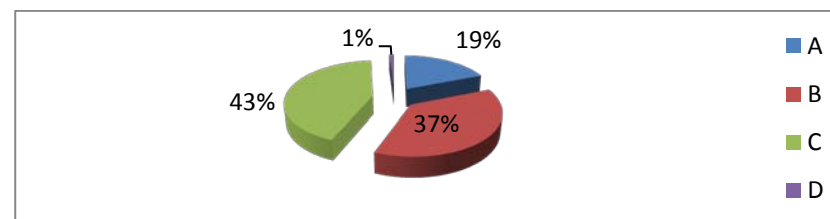
Functional Suitability for A&B has risen from 56% last year to 59% this year and is reflective of the addition of 2 new Health and Social Care Centres & works carried out on the estate.

(note table 7 indicates a shift from Category A to B this reflects the requirement to re categorise new builds after two years to Category B, in keeping with the NHS Scotland Property Appraisal Manual guidance.)

Table 8: Quality

Year	Quality Ranking - % in each category:			
	A	B	C	D
2017	19%	37%	43%	1%
2016	27%	25%	47%	1%
2015	24%	33%	39%	4%

Quality of Estate

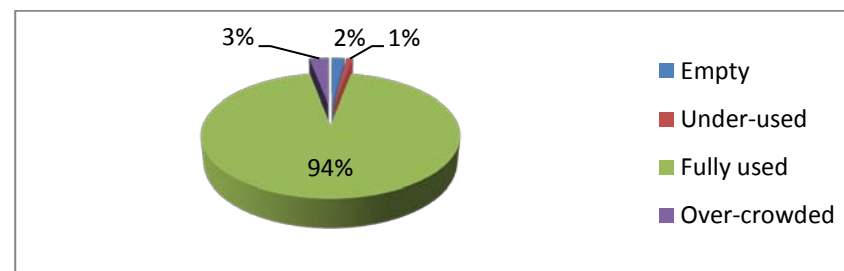


Quality for A&B has risen from 52.7% last year to 56% this year and is reflective of 2 New Health Centres & works carried out on the estate.

(note table 8 indicates a shift from Category A to B this reflects the requirement to re categorise new builds after two years to Category B, in keeping with the NHS Scotland Property Appraisal Manual guidance.)

Table 9: Space Ranking

Year	Space Ranking - % in each category			
	Empty	Under-used	Fully used	Over-crowded
2017	2%	1%	94%	3%
2016	1%	1%	96%	2%
2015	1%	3%	88%	9%



Currently we fully utilise 94% of our Operational estate, the areas reported as Empty have been identified for either disposal or replacement, the locations identified as Over-crowded are Community Health Centres which form part of our planned replacement strategy utilising the HUB process.

Table 9 indicates Space Utilisation has seen a slight fluctuation:-

- Empty estate rising from 1% to 2% this due to areas being cleared prior to sale or refurbishment and not yet declared Surplus.
- Underutilised remains at 1% and reflects areas where services are being redirected prior to closure or redevelopment.
- Overcrowded has risen from 1% to 2% this year and reflects the need for additional space to enable the development of services in a known area to meet the aims of the Clinical Strategy.
- Fully Utilised has dropped from 96% to 94% and is reflective of the alterations in configuration / use as outlined above.

BACKLOG MAINTENANCE

In Financial Year 2016/17 the Board following guidance issued by Health Facilities Scotland (HFS) and in keeping with the NHS Scotland Property Appraisal Manual (2016), undertook a highly detailed piece of work that focused on the Board's High and Significant Risk backlog reported on the EAMS system. This review carried out by Senior Estates Managers responsible for each site was in keeping with the Guidance issued. The revised information updated the EAMS data base and provided a strong baseline to inform the current strategy and address the High risk elements of Backlog. This information within EAMS is reviewed regularly by the relevant sector estates teams and is integrated within the Board's action planning process and informs the areas that require focussed attention. Currently the High and Significant Risk areas are given priority with an ongoing process to review and revise the risk matrix scores applicable to the known backlog. This process will ensure our risk analysis is in keeping with national guidance. A summary of the Board's Back Log property appraisal can be found at Appendix i.

The Board's Property Committee, is tasked with reviewing the condition of the Board's estate and monitoring the remedial action that is programmed in partnership with the Capital Planning Group.

As highlighted in Appendix 1 the total reportable backlog is £268.3M less the deduction of backlog maintenance attributable to non-operational estate valued at £19.3M leaving an operational estate total of £249M.

Table 10 below highlights the outcome of the HFS directed review of the Board's Backlog and its associated risk profile.

Table 10: Operational Estate Backlog Cost (£m)					
Year	Low Risk Items	Moderate Risk Items	Significant Risk Items	High Risk Items	Total Backlog
2017 Operational Estate	45	82.8	105.8	15.4	249
2017 figure less Health Facilities Scotland's Inflationary Uplift to allow comparison with 2016 figure*	42.3*	77.9*	99.5*	14.6*	234.3*
2016	39.5	63	117.1	41.4	261
Adjusted Variance from 2016 figures	2.8	14.9	-17.6	-26.8	-26.7

Table 10 above highlights the variances in the Risk assessed Backlog since 2016. This significant reallocation of the Backlog shows a reduction in High and Significant risk Backlog and is a result of the audit carried out to review items of High and Significant risk Backlog reported on the EAMS system. This process, assessed the associated risk to patient's and service provision in keeping with the NHS Scotland Property Appraisal Manual and resulted in the following reclassification from last year's reported Backlog:-

- High Risk – was recast from last year’s figure of £41.4M to £14.6M, a reallocation of £26.8M
- Significant Risk – was recast from last year’s figure of £117.1M to £99.5M, a reallocation of £17.6M
- Moderate Risk increased with the reallocation of costs from £63.M to £77.9M, giving an increase of £14.9M in allocated costs.
- Low Risk increased with the reallocation of costs from £39.5M to £42.3M, giving an increase of £2.8M in allocated costs.

In addition to the re allocation of Risk associated costs and as part of the review process the total Back log figure for the Board was reduced from £261M last year to £234M a total cost reduction of £26.7M was achieved via the following:-

- The identification of and re categorisation of items of backlog works that had previously been completed and not signed off.
- The reassessment of items perceived condition, from Category C to B.
- The reassessment of the perceived remaining life of items previously categorised as Backlog.

It should be noted that 54% of the Boards Backlog is attributable to two locations i.e. Inverclyde Royal Hospital at £71.2M??? and the Royal Alexandra Hospital at £64.2M. As these two sites account for a significant portion of the Boards Backlog liability they are subject to detailed review around their respective Backlog risk profiles.

Table 11: Total Estate Reportable Backlog Cost (£M) - All Areas					
2016	Low Risk Items	Moderate Risk Items	Significant Risk Items	High Risk Items	Total Backlog
Operational	45	82.8	105.8	15.4	249
Non-operational	3.3	6.0	8.0	1.9	19.3
Total	48.3	88.8	113.8	17.3	268.3

Details of the Board’s Backlog Liability by site can be found in Appendix i.

Table 10 highlighted that in real terms we have reduced, pre the inflationary uplift, the Board’s operational Backlog year on year by £26.7M, in addition to this table 11 above indicates that there is a further £19.3M of known works allocated to “Surplus” non operational Property, that is subject to the Board’s Disposal Strategy / Demolition Programme. Once finally sold or demolished this non operational backlog liability is eligible for write off.

Capital Plan

In Financial Year 2016-17 the Board's estate maintenance backlog was associated with an investment programme focusing on reducing the High and Significant Risk backlog in clinical areas.

It is important that reconfiguration of the acute estate, to deliver the Board's clinical priorities, is aligned with the investment in infrastructure to ensure best use of the available funds and to maximise the efficiency of the retained estate.

As detailed in Appendix i there are a number of hospitals and sites that have considerable costs associated for High and Significant backlog maintenance, these sites are being addressed with targeted funds for improving their infrastructure over the next few years as highlighted in the "draft" five year Capital Plan Appendix v.

There are in addition proposals to carry out works in financial years 2017/18 - 2019/20 that are still to be formally agreed by the Board, proposals for consideration are as follows:-

Glasgow Royal Infirmary (GRI)

- Programme of ward refurbishments continues with a proposal to refurbish Wards 201-21.
- Completion of demolition works to remove the Lister building.
- Main Boilerhouse CHP.
- Further phase of GRI Ward upgrade programme.

Gartnavel General Hospital (GGH)

- Refurbish Theatres.
- Medical Records demolition and upgrade of Access road.
- Ward upgrade 6C.
- Demolition of Shelly Court.
- Demolition of Modular Unit.
- Car Parking provision at former Modular Unit at GRH.

Glasgow Dental Hospital

- Continuation of the phased programme of infrastructure investment, to address aging services and refurbish the existing building to modern service delivery standards.

Queen Elizabeth University Hospital (QEUE) and Royal Children's Hospital (RHC) Campus

- QEUE – remaining works, including S.75 Payments.
- Demolition of Southern General buildings post migration and landscaping.
- Institute of Neurosciences (INS) theatres Suit Redevelopment.
- INS Ward 62 Refurbishment.
- INS Ambulance Bay.
- INS Infrastructure-schemes not dependant on decant.
- INS / Spinal Unit – upgrade to Ground Floor Corridor.
- Neurology Link Bridge.
- AMD / CMB external Facade upgrade / infrastructure.
- NHS Floor in Imaging Centre of Excellence building.

Royal Alexandria Hospital (RAH)

- Re provision of the Intensive Therapy Unit (ITU).

Stobhill Hospital

- Development of Rowanbank Clinic.

Yorkhill Hospital

- Relocation of Children & Adolescent Mental Health Services (CAMHS) at Yorkhill Development of Rowanbank Clinic.

Inverclyde Royal Hospital (IRH)

- Targeted investment in the services infrastructure has been ongoing since 2016 and is planned to continue during 2017 to 2020.
- Main Boilerhouse CHP.

Mental Health Programme

- Investment in wards and infrastructure at Gartnavel Royal Hospital Tate Ward.
- Investment in wards and infrastructure at Stobhill Hospital Wards 43, 44 and Broadford.

Medical Equipment

- An allocation of £94.3m is proposed for essential Medical Equipment replacement following the work of the Medical Equipment Committee and the outcome of their recent Medical Equipment review.

The above are reflected in the proposed Capital Plan Appendix v. The backlog maintenance programme has the capability of extending the life of certain areas of the estate, however, this will not address the need to re provide new premises in the near future, to allow the Board to expand its service provision and meet projected future demand. The investment in Backlog without new replacement buildings, will not in itself be sufficient to meet the needs of the Board's patient population.

Minor Works Proposed

Vale of Leven (VOL)

- Water safety.
- Fire Doors & Fire Compartment upgrades.
- Emergency Lighting upgrades.
- Lift Replacement.

Partnership Sites

- Gartnavel Royal hospital East House – relocation of HV transformer and generator.
- Boilerhouse Upgrades at the following Health Centres/Resource Centres.
 - William Street.
 - Florence Street.
 - Milngavie.
 - Glenkirk.
 - Parkview.
 - Auchinlea.
 - Renfrew.
- Boilerhouse Upgrade at Sandyford Eye Clinic.
- Environmental controls work at Possilpark Health Centre.
- Emergency Lighting upgrade at Leverndale Hospital.

Decontamination

- CDU Cowlairs & Inverclyde water reverse osmosis system replacement.
- CDU Cowlairs water ultra filtration system upgrade.
- CDU Cowlairs & Inverclyde removal of 3 cart washers.
- CDU GDH replacement of 3 single chamber washers.

Spend to Save

Additionally there are a number of 'Spend-to-Save' projects planned for this financial year 2017/18, as follows:-

- RAH - Installation of LEDS at Outpatients, Mortuary, Maternity and Physio departments
- RAH - Upgrading of heating controls at Wards 36 – 39.
- GRI - Installation of LEDs at main Energy Centre.
- IRH – Installation of LEDs on Level C & G, gymnasium and overspill car park.
- QEUH – Upgrading of controls at Spinal & Westmac Buildings.

With a reducing capital allocation the need for prioritisation in line with an agreed Clinical Strategy becomes all the more important. Within the capital plan there remains an allocation for board wide formula to cover - Health & Safety, Hospital Acquired Infection (HAI), Backlog maintenance etc and this investment is to be closely targeted in line with the strategic clinical priorities.

Funding out with the Board's share of the national formula will require a Strategic Assessment approved by the Scottish Government Health Department (SGHD) before moving on to the Business Case cycle. This requires to be supported and underpinned by the PAMS document, highlighting the need for investment in the sites and facilities for the new project.

Strategic Context

The Board's Strategy into Financial Year 2017/18 and beyond sees the Board's Strategic Plan facilitating the achievement of the following published Strategies:-

SGHD 2020 Vision (2012)

- The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

The Board's Clinical Strategy (2015)

- Identifies the key approaches to underpin the future service planning for the populations serviced by the Board.

SGHD National Clinical Strategy (2016)

The National Clinical Strategy published in 2016 describes the principles for changing healthcare across Scotland and the achievement of the future vision.

Acute

From a strategic perspective the Board's current property strategy is in the process of being agreed in tandem with the implementation of the Board's Clinical Strategy (2015) and Acute Services Review 2015 (ASR) which to date has seen significant action taken place to support its achievement; e.g. the development of the Beatson Oncology Centre, Ambulatory care facilities at New Stobhill ACH, New Victoria ACH and New West Glasgow ACH located at Yorkhill. On the Queen Elizabeth University Hospital (QEUH) Campus the following have been provided:- new laboratory block at QEUH, both the Adult and Royal Hospital for Children's Hospitals, which were fully commissioned at the end of June 2015. The delivery at the IRH site via HUB of Care of the Elderly beds in Summer 2017 and planned works to improve the service delivery within the Gartnavel Campus, GRI, IRH, RAH, and Stobhill sites are well in to the planning / delivery stages.

In partnership with the University of Glasgow a Joint Teaching and Learning Centre (T&LC) opened in May 2015 that includes a Clinical Research Facility. The Imaging Centre of Excellence (ICE) Building will open in summer 2017 enabling the provision of additional

Neurosurgical Theatres on site and the refurbishment of the existing theatre suit and infrastructure. As the completion of this phase of the ASR Strategy comes to a close, the focus will turn to the other Board properties / facilities to assess their capability and capacity to support new models of care provision, as described in the Board's Clinical Strategies, work to assess this is continuing in to 2017/18.

Partnerships

As part of the Partnerships Property Strategy 2014-16 and after local discussion / stakeholder consultation, both Greenock and Clydebank Health Centres were identified as priorities for Community facilities replacement via HUB. Initial Agreements for both re-provisions 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, East Pollokshields, Maryhill and Eastwood Health and Social Care Centres have been completed. Currently works have commenced on Gorbals and Woodside Health and Social Care Centres both due for completion late 2018. Planning is currently well advanced to provide new Health and Care facilities in Greenock and Clydebank during 2020.

Mental Health

The Board's Mental Health Strategy (part of the Board's Clinical Services Strategy 2015) Acute Services Review 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.

As part of the above challenges, changes are taking place both within the local health economy and across the country to ensure that the National Health Service Scotland (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. This redesign is being developed through a number of processes' including stakeholder engagement and participation. For a number of services, this work is broadly resulting in service models that involve moving towards community and primary care, rather than being hospital based. 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. This agenda is progressing in partnership with local Health and Social Care Partnerships (H&SCPs) as some services are refocused towards service provision in the community.

There will be opportunities for the Board to progress towards a "leaner", higher quality asset base. To achieve this there will be requirements to provide improved building performance, better quality layouts, Smarter Office working and greater service integration with H&SCPs.

Disposals Programme

To support the aims of the Board's Capital plan the Board has a large and diverse property portfolio ranging from General Hospitals to Community Clinics. As the Board's Clinical / Property strategy is implemented various properties are deemed to be surplus to requirement either through becoming obsolete or being replaced as part of the board's overall strategy.

From 2014 the board commenced working with Scottish Futures Trust to progress the disposal of its portfolio of surplus sites & buildings. The Disposals team has been providing an increased focus on individual Disposals Strategies for a number of the Board's surplus properties and sites.

SGHD Enabling Funding was utilised to carry out a number of technical assessments including clarification of the alternative uses of sites through the planning system, physical site investigations and access solutions. Also considered were options for existing buildings including demolition/retention and listed building status, plus the clarification of complex titles in readiness for sale.

Following this preparation phase the property team have been successful in disposing of 13 properties to date, often at values that exceeded expectations, clearly benefiting from the pre marketing work. This preparatory work removed constraints both Legal and physical and provided clarity during the disposal process, thereby enhancing not only the attractiveness of the various sites but also the end value of the sites within the marketplace. This process provided additional certainty on any likely purchase conditions, during the legal negotiation stages of site disposals assisting the timeous gathering of receipts.

The stable economic conditions and, in particular, the continued demand from residential developers will allow further disposals to be secured on a number of sites throughout 2017/18 and build upon the significant receipts that have now been achieved.

Disposal strategies have been agreed on all the remaining properties, with a section of the Dykebar site due to be marketed by summer 2017, and Yorkhill before the end of the 17/18 financial period. Additional resourcing remains in place with three full time members of staff working on the board's Disposal Programme.

It is the Board's intention to maintain active input to all the local development plans and planning discussions relevant to its geographic area, thereby ensuring no opportunities are missed in highlighting our sites and securing as flexibly as possible, planning designations, consents and zoning beneficial to the Board's Disposals agenda. Currently there is an expectation that as part of the Board's five year disposals plan that there will be circa £45M in disposals income generated.

Details of the Boards Disposal Plan can be found in Appendix ii

3. Where Do We Want To Be

Currently the Board's objectives are to complete the delivery of the Acute Services Review. The Acute Division's Strategy for 2017 and beyond is aligned to and driven by the following published Strategies.

SGHD 2020 Vision (2012)

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where.

- We have integrated health and social care.
- There is a focus on prevention, anticipation and supported self-management.
- When hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

NHS GGC Clinical Strategy (2015)

- The strategy identifies the key approaches to underpin the future service planning for the populations serviced by the Board:
- Improving health and prevention of ill health; empowering patients and carers through the development of supported self care.
- Providing care which is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway.
- Improving the interface between the community and hospital to ensure care is provided at the right time in the right place; community and primary care services inward facing and hospital services outward facing.
- Developing primary care and community service models and developing the ambulatory approach to hospital care, with inpatient hospital care focused on those with greatest need ensuring equitable access to specialist care.
- Redesigning specialist pathways to establish a consistent service model delivering the agreed clinical standards and good practice guidelines.
- Developing the rehabilitation model based on need not age; working across the service within primary and secondary care and with partner organisations to provide rehabilitation in the home or homely setting where clinically appropriate.
- Responding to the changing needs of the future population, particularly for patients who have multiple conditions; ensuring services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements.
- Delivering sustainable and affordable clinical services across NHS Greater Glasgow and Clyde.

SGHD National Clinical Strategy (2016)

The National Clinical Strategy published in 2016 describes the principles for changing healthcare across Scotland and the achievement of the future vision, key principles outlined in the Strategy include:

- The need for the highest quality specialist care in hospital.
- A need for changes to current service provision that would better support people to return home from hospital as soon as possible.
- The importance of organising services to aid effective communication and coordination of care and reduce fragmentation of care.
- Facilitating good links between hospital and community/Primary Care services to better coordinate care.

Like many other health services, the NHS in Scotland is facing a series of challenges which can be summarised as:

- Increasing need for support from an ageing population with increasing levels of multi-morbidity.
- Multi-morbidity arising approximately a decade earlier in areas of deprivation.
- A need to improve care and outcomes via an expanded, multidisciplinary and integrated primary and community care sector, despite current workforce constraints.
- A need to increase co-production with patients and carers, create high-quality anticipatory care plans and to support people in health improvement and self-management.
- A need to embrace the changes required for effective integration of health and social care, and ensure that it makes a transformational change in the management of patients despite the current demand and supply challenges also faced by social services.
- A need to reduce the avoidable admission of patients to hospital whenever alternatives could provide better outcomes and experiences.
- A need to dramatically reduce the problem of discharge delay and thereby the risk of avoidable harm and adverse impact on the maintenance, or reestablishment of independent healthy living.
- A need to make better use of information and make better informed decisions about both individual and collective care.
- A need to ensure that services become sustainable in the face of considerable workforce and financial constraints by giving careful consideration to planning of more highly specialist provision.
- A need to provide healthcare that is proportionate to people's needs and where possible preferences, avoiding overtreatment and over medicalisation, and at the same time prevent under treatment and improving access to services in others.
- A need to provide services of greater individual value to patients.
- A need to move to sustainable expenditure so that we maintain high quality services and can also avail ourselves of medical advances as they arise, and need to integrate the use of technology into service redesign and to consider how IT could transform service and help meet future challenges.

The challenges that are prompting change in acute hospital services:

- The potential to significantly improve outcomes.
- New technology dictating the need to have centres of excellence for more complex interventions (e.g. robotic assisted surgery).
- Increasing volumes of elective procedures such as cataracts and joint replacements.
- Pressures in recruiting highly skilled staff.
- Increasing demand, and financial considerations.
- The need to invest substantially more in a locally delivered primary and community health service in response to the ageing population and the prevalence of long term conditions.

In summary, the clinical strategy sets out the case for:

- Planning and delivery of primary care services around individuals and their communities.
- Planning hospital networks at a national, regional, or local level based on a population paradigm providing high value, proportionate, effective and sustainable healthcare.
- Transformational change supported by investment in e-health and technological advances.

In support of the above Board strategies, changes are taking place to shape the future health needs and improve people's well-being. As part of these changes the Board is redesigning and reconfiguring services based on its published strategies. 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.

To achieve this outcome there will require to be a mix of measures to address the current condition and performance of the estate and to modernise to meet future service need. These measures include:-

- Rationalisation of buildings and concentrating services in the best accommodation, enabling the decommissioning and disposal of poorly performing buildings, particularly those with significant backlog maintenance and "not fit for purpose". Details of the Board's current Demolition Programme can be found in Appendix iii.
- Identifying and confirming the properties required within the community and on hospital sites to support the delivery of the emerging new models of service delivery, that have been developed as part of the Board's strategic planning processes, enabling further rationalisation and disposal of existing properties and the continued move towards an overall smaller modernised asset base.

- Completion of the current capital investment plan will deliver an improvement in patient access to services in an improved environment, through the replacement of some of our existing properties, with modern, fit for purpose buildings and equipment, thus underpinning and supporting the Board's 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).
- 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 Board's property Committee, linked to the Board's Capital Planning Group.

Now that the final outcome of the Clinical Strategy Review is available, the Board will conclude its strategic planning review of our physical assets and determine the refreshed property strategy consistent with the delivery of high quality patient centred care. The three quality ambitions are for services to be Patient Centred, Safe and Effective as described in the NHS Scotland's Quality Strategy, reflecting the overarching principles that will guide the future development and management of the Board's strategic asset base.

4. 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 oversee the condition and performance of our existing estate. These Committees allocate and monitor backlog maintenance expenditure requirement associated with the existing buildings that reflects the Board's historical facilities legacy. The Board's resources will continue to 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 construction has commenced and is funded from the Board's Capital plan as outlined in Appendix v. In 2017-18 the proposed Board Capital plan (draft) includes a proposal for a £63.0M provision for various schemes to upgrade and maintain the current estate within the Acute, Mental Health and Primary Care sectors, this figure also includes funding to enable targeted areas of the Board's High Risk Backlog to be addressed. There is in addition a sum of £4.2M for Medical Equipment re provision.

Future Developments

The Board's Property and Asset Management Strategy for 2016-2020 sets out the progress which has been made during last financial year 2016/17, in relation to the property portfolio, this informed the revision of the strategic direction for the next 5 years and beyond.

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 correct size, suitable for purpose, positively supports service delivery and enhances service users' experiences. There is a significant need for robust information to enable the forward planning of the board's estate strategy and the Estate Asset Management System (EAMS) is pivotal to this process.

The Board currently has an operational property portfolio (owned and leased but excluding independent contractors) that consists of 121 sites, with a building floor area of approximately 1,143,961sq.m and a net book value of circa £1.8billion as at March 2017.

Acute

With the current issues around the ageing estate, together with a growth in demand for services, the asset plan has identified the need for priority investment in a number of key areas within the acute sector.

As outlined above it is important that reconfiguration of the acute estate, to deliver the clinical priorities, is aligned with the investment in the infrastructure. This will ensure best use of the available funds and maximise the efficiency of the retained estate. The current “draft” five year Capital Plan, as outlined on page 24 of this document and at Appendix v, provides for works to be carried out in financial year 2017-18. In addition it also contains proposals to be agreed for financial years 2018/19 to 2021/2022. These proposals are aimed at addressing backlog maintenance, ward and theatre refurbishments, new investment projects, upgrades to the estate and investment in both the Board’s Medical and IM&T equipment. The proposals will benefit the following locations:-

- Glasgow Royal Infirmary
- Gartnavel Hospital Campus
- QEUH Campus
- Royal Alexandria Hospital
- Inverclyde Royal Hospital
- Glasgow Dental Hospital
- Stobhill Hospital
- Yorkhill Hospital

Health and Social Care Partnerships

The Board’s strategic vision to enable greater integration with HSCP’s has recently enabled the provision via HUB of the New Eastwood and Maryhill Health and Social Care Centres, future planned schemes are as follows:-

- New build Woodside and Gorbals Health and Community Care Centres expected completion 2018
- Approval in Principle agreed for the provision of new build Greenock and Clydebank Health Centres was granted in May 2015 with completion due in 2020.
- There are currently early stage proposals being examined to provide a new Health and Community Care Centre in the Parkhead area of Glasgow.

These future developments will enhance the ability of the Board via HSCP’s to provide services and assist in both the Board’s and H&SCP’s achieving their strategic aspirations.

Mental Health

- New Build - Inverclyde Adult & Older Peoples Continuing Care Beds for Mental Health due for completion summer 2017
- The provision of new wards on the Stobhill Campus to allow the termination of a 3rd party contract at Birdstone
- The provision of new build wards at Leverndale to facilitate the rationalisation and part disposal of Dykebar Hospital

Partnerships Property Strategy

Within the Board's area there are six Health and Social Care Partnerships (H&SCP), which are as follows:-

- Glasgow City H&SCP
- Renfrewshire H&SCP
- East Renfrewshire H&SCP
- Inverclyde H&SCP
- West Dunbartonshire H&SCP
- East Dunbartonshire H&SCP

Each of the above H&SCP's have their own Integrated Joint Boards, working with the Health Board and their respective Local Authorities to plan and provide service delivery in their respective areas.

Within these organisations there is a significant amount of property either owned or leased by Health or Local Authority, from which services are provided.

In many areas, services provided by both Health and Social Work staff are provided from shared accommodation. H&SCP's have been exploring ways to maximise the use of shared accommodation, to assist with the provision of shared services and maximise the use of these shared asset bases.

The H&SCP's have been exploring their respective service delivery models and developing their local strategies to deliver services to their respective populations.

As part of this process works have been carried out to identify the Property Assets currently available to the H&SCP's both Health and Local Authority, Owned / Leased.

As a result of this process each H&SCP have begun to develop their own Property Strategies, outlining their local requirements to support their service deliver needs moving forward.

Following on from previous works and consultations carried out between the previous Community Health and Social Care Partnerships (CH&SCP's), there was in 2016/17 the opening of both the New Eastwood Health and Social Care Centre and Maryhill Health and Social

Care Centre. These properties were procured via the HUB model. It is anticipated that in 2018/19 the New Woodside and Gorbals Health and Social Care Centres will be opened followed in 2020 by the new Clydebank and Greenock Health and Social Care Centres, the initial agreements for which were approved in 2015.

Moving forward, discussions are underway to develop a HSCP's Group that will have representation from all HSCP's, this Group will facilitate discussion around the prioritisation of schemes across the HSCP's and this collegiate approach will inform the Board as to the HSCP's agreed future priorities.

There was a recent paper taken to the Board's Strategic Accommodation Group in March 2017, this paper Appendix vi summarised at a high level the HSCP's current and planned accommodation needs. It is anticipated that the details it contains will form the basis of future discussions with H&SCP's around their collegiate Property Development Planning and looking forward assist the Board to support the developing H&SCP property proposals.

Future Board Investment Programme

Future Capital Investment

The completion of the Queen Elizabeth University Hospital development in 2015 marked a significant milestone for the Board and was the final phase of the approved Acute Services Review (ASR) Strategy.

However, the Board will continue to consider its capital investment requirements across the estate in the short, medium and long term. Local and central funding sources of capital will be required to support national, regional and local priorities. The Board will engage the Scottish Government Health Directorate on its capital investment priorities.

The Property Asset Management Strategy document will continue to be used to determine the Board's priorities for capital investment.

The Board will prioritise allocated capital investment to ensure that its core acute and health & social care sites remain fit for purpose and underpin the Board's Clinical Strategy on a site specific basis. It is intended that a new Estates Strategy will be prepared by the Board.

The Board recognises that 54% of buildings on the estate are in excess of 30 years since opening and therefore, a review of these sites for capital investment will be included in the proposed Estates Strategy.

Medical Equipment

NHS Greater Glasgow and Clyde Medical Physics Department utilises the Medical Equipment Management Database (eQUIP). All Medical Equipment, under the remit of Medical Physics, is registered on this database and at present medical equipment assets have a replacement cost of £151M.

This register shows that in NHS GG&C there are currently 57,083 pieces of medical equipment of both types, capital (>£5K) and revenue (<£5K). The asset base has shown continued growth over the past 10 years from c. 38,000 items in 2006 to the current level of 57,038.

This increasing asset base creates pressure on the revenue budget with the associated additional maintenance costs and a challenging environment when considering equipment replacement and maintenance priorities. This has led to increasing use of risk based models to assess maintenance priorities.

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. A Medical Equipment re provisioning sum is proposed in the Capital Plan for Financial Year 2017/18 of £9.4M, in 2018/19 £16.0M, in 2019/20 £14.7M, 2020/21 £5.5M and 2021/2022 £6.6M.

Health Information and Technology

The Board's eHealth strategic plans for 2013 – 17 reflect the strategic aims of the NHS Scotland eHealth Strategy, NHS Scotland Quality Strategy 2010 and are supported by Board Local eHealth Strategic Group priorities. The Scottish Government eHealth Strategy is being updated and we are expecting to see an early draft of this by June 2017.

At present e-Health equipment assets have a replacement cost of £118.9M.

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 works carried out during backlog maintenance upgrades of property and services.

The Board's annual e-Health equipment planned replacement programme is managed by the e-Health Director and priorities are set through the Capital Equipment Planning Group. An e-Health equipment re provision sum is proposed in the Capital Plan for Financial Year 2017/18 of £3.4M in 2018/19 £2.0M, in 2019/20 £2.0M, 2020/21 £2.0M and 2021/2022 £2.0M.

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

With anticipated capital equipment spend in Financial Year 2017/18 of c. £3.4M and whilst equipment can be used and maintained beyond the depreciated life, there will be challenges to reconcile the demand within the available funding.

Sustainability & Energy Management

A reduction in energy-based carbon emissions and in energy consumption in the Board will make a contribution towards the Scottish Government's aim to reduce greenhouse gas emissions by 50 per cent by 2050 and the interim target of a 42 per cent reduction by 2020.

The specific targets for NHSScotland were to reduce CO2 emissions for oil, gas, butane and propane usage annually by 3% to 2014/15; and NHSScotland to continue to reduce energy consumption annually by 1% to 2014/15.

The NHS in Scotland and indeed the Scottish Government have published a number of documents relating to Environmental targets and policies with which Health Boards are required to comply these include;

- NHS HDL(2006)21: Environmental Management Policy for NHS Scotland.

- NHS CEL 15 (2009): Sustainable Development Strategy for NHSScotland.
- NHS CEL 2(2012): A policy on Sustainable Development for NHS Scotland 2012.
- NHS CEL 14 (2010): Good Corporate Citizenship Model.
- NHSScotland 2010-11 Annual National Environment Report.
- Scottish Planning Policy (SSP 6) Renewable Energy.
- Choosing Our Future: Scotland's Sustainable Development Strategy.

The Board has recognised these targets and in addition the potential for significant benefits to our organisation around improving health and inequalities. A Planning and Implementation Group (PIG) was created to chair the Board's Sustainability and Environment strategies and this Board Sustainability PIG is the vehicle responsible for driving change and action within the Board.

There are already a number of policies, plans, and initiatives in place across the organisation to reduce energy and our carbon footprint. While many of these initiatives have been successful, we are in the process of developing a comprehensive plan to bring together existing projects, increase the scale and range of projects and ensure that the Carbon Plan ethos becomes mainstream across every part of the organisation, forming an integral component of our planning processes.

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

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

The Board participates in the Glasgow Climate Change Declaration Sustainable Glasgow and Climate Ready Clyde, both of which promote inter-agency working within the Glasgow and Clyde geographical boundaries to improve the overall environment in which we live and work.

The Carbon Plan will be a key component in the Board's overall Sustainability and Environmental Management Policy and forms the foundation on which specific elements of that policy will be developed.

The Board currently has in place sustainability policies, guidance and initiatives involving a number of projects which relate to sustainable development, biodiversity and climate change.

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 PAMS report within the Environmental Management Section.

Transport

NHS GG&C is responsible for a commercial fleet of 337 vehicles that provide a wide range of clinical and non clinical support services. The fleet is summarised into the following categories:

- Commercial Fleet, Hired Vehicles; there are 79 hired vehicles, the majority of which are on long term hire and all but one of those are fuelled by diesel.
- Commercial Fleet, Leased Vehicles; there are 178 Leased vehicles - 149 fuelled by diesel and 29 by petrol.
- Commercial Fleet, Owned Vehicles; there are 80 owned vehicles, 67 fuelled by diesel, 10 by petrol and 3 electric vehicles.

In addition to the above, the Board operate a Car Leasing System for Staff. This Leasing programme is available to staff who are by the nature of their posts required to be mobile, either in the Community setting or in the Acute providing outreach services etc. The numbers involved through this scheme fluctuate but at present are in the region of 1,600 vehicles.

Condition & Performance

The Board's Fleet requirements are monitored against the needs of the service users requirements and are incorporated in to the requirements of the Board's Strategic service delivery models.

This information affords the opportunity to forecast the continued equipment / replacement needs of the corporate fleet. It also enables the future requirements of the service users to be incorporated in to the planning around the amalgamation or reduction in the current logistical support provided.

The planning of the fleet and its vehicle types are monitored with the intention of improving not only the services delivered, but also the fleet's sustainability footprint that reduces the Co2 emissions and reduces the Fleet's running costs to the Board.

This process will be complimented during financial year 2017/18 by the collaborative work being carried out in partnership with the National Fleet Support Unit. It is expected that there will be future benefits following the proposed introduction of regional based services, to which the Board will be a participant.

There are plans for the introduction of a new national fleet management system, in 2018 and it is anticipated that this will provide greater intelligence and consistency of data regarding the Fleet's status and assist in identifying the ongoing requirements around maintenance and future provision of new / alternative power, replacement vehicles.

Financial consequences

In Financial year 2016/17 the Board's Fuel & Co2 Volume and Cost were as follows:-

- A total of 578,777 litres of fuel were purchased on behalf of NHSGG&C with annual expenditure equivalent to £662,422
 - This represents a year on year reduction of circa 2% in fuel volume

- A 1% increase in fuel expenditure.
- The total CO2 emissions for 2016/17 was 1,478 tonnes and this demonstrates the continued circa 5% per annum trend in reduced emission rates for NHSGG&C since 2013.
- To complement this, the Board's Business Travel policy is currently being reviewed and the introduction of a new fleet of environmentally friendly "pool" cars operating across a number of acute sites has been successfully introduced.
- There has as part of the local Sustainability Planning Group, work carried out to explore how best to introduce a greener commercial fleet of vehicles, (specifically small vans) including electric and hybrid vehicles. To implement fully it would be necessary to provide the required supporting infrastructure. It is anticipated that to achieve this Capital funding would be needed to progress this and that the proposal would bring benefits to the organisation.

Where Do We Want To be ?

The Board is exploring various proposals to develop its fleet and improve future performance and service delivery capability. The following outlines the current direction of travel:-

- To develop the fleet in to progressively more economical and efficient service provider, utilising current and new technologies which meet or exceed business requirement, while remaining manageable within available resources.
- To develop a cleaner 'Greener' vehicle fleet which contributes toward a healthier environment, both on our hospital sites and generally around our towns and cities
- To reduce the current number of vehicles in the fleet by 15% per annum through innovative management and utilisation of vehicles over longer periods of use, both daily and weekly.
 - This process will be assisted by the use of: Telematics – identifying vehicle usage and possible time available for use by other departments.
 - There is also a potential to make savings on current transportation costs e.g. taxi cost or authorised mileage payments.
- The development of Vehicle sharing processes using telematics data to identify areas whereby departments can benefit from shared use of vehicle(s).
- The ability to benefit from Daily vehicle hire – where the identified need does not justify a lease term and other local services e.g. taxi etc are either not suitable or practical.
- To explore the use of NHSS contracted short-term hire business to provide vehicles to meet the needs of the service at short notice ie a car provided within 2 hours of booking or a van within 4 hours, where there is a no turn down policy.

The Board is committed to changing / improving its current vehicle procurement practices. This will enable better management of the fleet's vehicles throughout NHS GG&C. In addition, at this time thought should be given to ensuring future vehicle procurement and planning is carried out, in an effective and efficient manner. It is proposed that procurement will be progressed in collaboration with the new NSS 'National Fleet Support Unit' (NFSU).

The Board's Fleet moving forward is developing processes structured to meet the evolving needs of the service users and will continue to provide a quality service going forwards.

5. Delivering the PAMS

The Board currently monitor via the Property Committee and the Capital Planning Group, the Board's Asset base and the actions required to enable the development of same and the provision of high quality Patient Care. As part of this process there are areas that are critical to the delivery of the PAMS Strategy and a selection of these are shown on Appendix vii.

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

- Oversight by the Board's Property Committee of the PAMS Steering Group, tasked to compile and monitor the detail within the PAMS document.
- Oversight by the Board's Capital Planning group of the capital expenditure required to achieve the Board's Strategic vision.
- Oversight of both of the above groups by the Board's Corporate Management Team and Finance and Planning Committee's of the Board, 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.
- Regular dialogue with Scottish Government Health Department regarding proposed capital projects to evaluate and monitor the effectiveness of the directed investment.
- Continuing to support the Board's Disposal Programme to facilitate the rationalisation of the Board's Estate.
- Implementing the established prioritisation process via the Property Committee and Capital Planning Group to enable strategic decision making in relation to the use of the property portfolio and potential investment proposals.

This strategy has been developed to ensure it can be implemented while facilitating continuous improvement in the condition and performance of property and assets to support the delivery of the Board's clinical services while enabling 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.

6. Conclusion

The aim of this PAMS is to:-

- Support the requirements of the National 20:20 Vision and the world leading desires of the Healthcare Quality Strategy for NHSScotland focusing on the 12 priority areas for improvement.
- Support the delivery of the Board's Health Strategy, Plan and Vision as set out for future delivery of healthcare services.
- Identify the issues that are driving the need for change and ensure all assets are used in such a way as to support the existing and future requirements of the service and the change required.
- Manage all assets within NHS GG&C, by maintaining, enhancing, replacing or disposing of; ensuring the plan takes us towards the national ambitions of care which is person centred, safe and effective.
- Provide/maintain an appropriate number of quality affordable assets, complementing and supporting the high quality services which meet the population needs and are financially sustainable over the long term.

In financial year 2015 /16, there was the establishment of the six Health and Social Care Partnerships (HSCP'Ss) "fully integrated Boards", in Glasgow City, Renfrewshire, East Renfrewshire, Inverclyde, West Dunbartonshire and East Dunbartonshire Local Authority areas. Work is ongoing to develop joint service strategies within these areas. This is likely to have a significant impact on the Board's future estates requirements.

The Board currently as part of its strategic service planning and operational estate development declared as surplus and empty 85,070m2 or 7.0% of our previously utilised estate.

Additionally there has been an improvement in the Facet ratings in some areas that can be traced back to the re provision of properties, e.g. Maryhill and Eastwood Health and Social Care Centres, there has also been refurbishments and upgrading works carried out .

As a result of these works, updates to the Board's EAMS data set, both from external survey information and internal notifications from Estates teams, have enabled improvements to be made in our ability to plan our future Estate maintenance requirement. We will continue to target the areas of High and Significant risks more effectively, thus ensuring that the provision of safe, high quality, and person centred services can be maintained in the future.

The Board's audit of backlog mentioned previously, has shown that the current operational backlog for the Board's estate is £249M, this is in real terms before the 2017/18 financial year, inflationary uplift was applied, a decrease of 10.2% or £-26.7M, from the previous financial year 2015/16.

Within the Board's operational estate Backlog of £249M, (48.7%) is identified as High and Significant risk items. Monitoring of the EAMS Backlog data is ongoing and will continue to be reassessed by the estate's Teams during the next 12 months and beyond.

The Board currently has a number of developments which are due to be completed in financial year 2017 / 2018. These include the commissioning of the Care of the Elderly Wards at Inverclyde, the new Neuro Surgical theatre suit within the Imaging Centre of Excellence (ICE) building on the QEUH Campus. Work is also underway on the development of the new Health and Social Care Centres at both Woodside and Gorbals that are programmes for hand over in financial year 2018/2019.

In addition to the above within the medium to long term development aspirations, works have been identified within the PAMS to enable the realisation of the 2020 Vision. Whilst the short to medium term responses are addressed within the current PAMS, the longer term 5 to 10 years and beyond needs, will require to be addressed as part of the Board's strategic Estates strategy. Early scoping works are required to establish the various needs of stakeholders reflecting the comprehensive clinical service model of delivery within NHS Greater Glasgow and Clyde.

PAMS is one of a coherent suite of supporting and enabling plans which together with an underpinning financial plan supports our Clinical Strategy. It sets out the planning framework for the organisation, providing the basis for the development of detailed service proposals and working with the HSCP's Integrated Joint Boards, to support the emerging national approach to clinical strategy and delivering the 2020 vision. As a result of the Clinical Strategy and the ongoing review of the Board property portfolio, the Board will continue to re-assess its strategic development plans that will inform and be reflected in future Property and Asset Management Strategies.

The Board continues to progress towards the achievement of its strategic goals and make best use of its available assets while facilitating partnership working with Health and Social Care Partnerships, as future models of care shift towards supporting the provision of services in a community based setting.

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/NPD 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 (13/14)	Clinical	1,265.22	17,712.98	2,530.44	5,060.88	0.00	26,569.52
C201B	Dumbarton Health Centre (12/13)	Clinical	92,361.10	341,610.07	802,148.78	0.00	0.00	1,236,119.95
C203C	Hartfield Clinic (12/13)	Clinical	15,182.65	241,657.11	50,608.81	6,326.10	0.00	313,774.67
C204H	Dumbarton Joint Hospital (12/13)	Clinical	121,460.94	60,730.11	198,639.68	0.00	0.00	380,830.73
C204H	Dumbarton Joint Hospital (12/13)	Non-Clinical	49,343.60	83,504.55	196,109.10	0.00	0.00	328,957.25
C206H	Vale of Leven Hospital (12/13)	Clinical	360,587.83	1,029,973.21	1,940,241.88	158,152.56	0.00	3,488,955.48
C206H	Vale of Leven Hospital (12/13)	Non-Clinical	307,421.53	851,493.49	396,014.01	0.00	0.00	1,554,929.03
C301B	Port Glasgow Health Centre (12/13)	Clinical	43,017.49	230,270.11	296,061.56	126,522.05	0.00	695,871.21
C302B	Gourock Health Centre (12/13)	Clinical	20,243.52	250,513.65	44,282.72	22,773.97	0.00	337,813.86
C303B	Greenock Health Centre (12/13)	Clinical	39,221.84	222,678.83	414,992.38	111,339.41	0.00	788,232.46
C305C	Wellpark Centre (14/15)	Clinical	1,119.66	0.00	0.00	0.00	0.00	1,119.66
C309C	Bogleston Clinic (13/14) Surplus	Non-Operational	6,326.10	10,121.76	5,060.88	12,652.20	0.00	34,160.94
C313H	Inverclyde Royal Hospital (12/13)	Clinical	13,831,604.56	22,362,160.70	21,463,402.64	2,125,122.68	0.00	59,782,290.58

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
C313H	Inverclyde Royal Hospital (12/13)	Non-Clinical	1,168,739.72	4,633,103.77	778,110.63	4,905,976.64	0.00	11,485,930.76
C316C	Larkfield Child and Family Unit (14/15)	Clinical	16,794.96	283,275.03	179,146.28	3,358.99	0.00	482,575.26
C401B	Linwood Health Centre (14/15)	Clinical	1,119.66	0.00	0.00	0.00	0.00	1,119.66
C403H	Dykebar Hospital (12/13)	Clinical	98,686.97	108,808.23	110,811.76	6,326.10	0.00	324,633.06
C403H	Dykebar Hospital (12/13)	Non-Clinical	177,129.72	959,029.51	91,095.87	7,591.32	0.00	1,234,846.42
C403H	Dykebar Hospital (12/13)	Non-Operational	525,065.75	1,851,009.35	1,372,764.12	1,141,228.93	0.00	4,890,068.15
C404B	Bishopton Health Centre (13/14)	Clinical	3,795.66	34,160.74	25,304.41	180,926.54	0.00	244,187.35
C404C	Old Johnstone Clinic (13/14)	Clinical	6,326.10	54,404.47	1,265.22	0.00	0.00	61,995.79
C405B	Erskine Health Centre (14/15)	Clinical	48,145.56	22,393.28	8,957.31	22,393.28	0.00	101,889.43
C406B	Johnstone Health Centre (13/14)	Clinical	67,056.68	8,856.50	0.00	0.00	0.00	75,913.18
C407C	Foxbar Clinic (13/14)	Clinical	8,856.54	53,138.83	0.00	18,978.31	0.00	80,973.68
C410C	New Sneddon Street Clinic (13/14)	Clinical	13,917.32	148,029.79	0.00	41,752.22	0.00	203,699.33
C418H	Royal Alexandra Hospital (12/13)	Clinical	7,665,826.80	13,577,365.54	37,691,647.69	1,593,774.81	0.00	60,528,614.84
C418H	Royal Alexandra Hospital (12/13)	Non-Clinical	419,179.84	1,109,485.00	1,782,275.88	432,190.39	0.00	3,743,131.11
G014A	NHS GGC Contact Centre/Hillington Laundry (14/15)	Non-Clinical	0.00	0.00	3,358.99	0.00	0.00	3,358.99
G01C	Brain Injuries Treatment Centre (14/15)	Clinical	2,239.32	2,239.33	0.00	0.00	0.00	4,478.65
G045A	Cowlairs (TSSU) (14/15)	Clinical	6,717.98	1,119.66	2,239.32	0.00	0.00	10,076.96
G058A	Westward House Computer Centre	Non-Clinical	3,358.99	17,914.61	0.00	0.00	0.00	21,273.60

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G067A	TSSU (Inverclyde) (12/13)	Clinical	55,669.70	172,069.98	82,239.34	18,978.31	0.00	328,957.33
G070A	NHS GGC Central Stores/Carnegie Road (14/15)	Non-Clinical	51,504.55	8,957.30	1,119.66	0.00	0.00	61,581.51
G072A	Pharmacy Distribution Centre (14/15)	Clinical	0.00	5,598.32	0.00	0.00	0.00	5,598.32
G101B	Bridgeton Health Centre (14/15)	Clinical	8,957.30	4,478.66	87,333.81	0.00	0.00	100,769.77
G103B	Baillieston Health Centre (12/13)	Clinical	18,978.31	34,160.96	199,904.85	75,913.23	0.00	328,957.35
G104B	Easterhouse Health Centre (13/14)	Clinical	6,326.10	10,121.72	33,566.92	0.00	0.00	50,014.74
G104B	Easterhouse Health Centre (13/14)	Non-Clinical	0.00	0.00	2,530.44	0.00	0.00	2,530.44
G105B	Parkhead Health Centre (12/13)	Clinical	2,530.44	20,243.53	0.00	75,913.23	0.00	98,687.20
G106B	Shettleston Health Centre (12/13)	Clinical	11,386.98	6,326.10	32,895.73	0.00	0.00	50,608.81
G106H	Glasgow Dental Hospital (12/13)	Clinical	36,691.38	1,670,091.12	1,568,873.48	472,496.59	0.00	3,748,152.57
G107H	Glasgow Royal Infirmary (12/13)	Clinical	4,550,236.93	9,024,711.65	9,897,327.75	170,804.78	0.00	23,643,081.11
G107H	Glasgow Royal Infirmary (12/13)	Non-Clinical	1,538,507.94	3,608,409.00	3,511,110.19	37,956.62	0.00	8,695,983.75
G107H	Glasgow Royal Infirmary (12/13)	Non-Operational	544,044.83	609,836.30	822,393.35	0.00	0.00	1,976,274.48
G109H	Lightburn Hospital (12/13)	Clinical	493,435.99	1,214,611.71	929,937.11	740,154.01	0.00	3,378,138.82
G109H	Lightburn Hospital (12/13)	Non-Clinical	280,878.92	781,906.24	360,587.86	151,826.48	0.00	1,575,199.50
G110H	Acorn Street (14/15) (SURPLUS)	Non-Operational	27,991.59	20,153.95	4,478.64	0.00	0.00	52,624.18
G111H	Parkhead Hospital (13/14)	Clinical	44,282.72	7,591.32	135,378.60	50,608.82	0.00	237,861.46
G112H	Parkview Resource Centre (12/13)	Clinical	2,530.44	0.00	72,117.57	75,913.23	0.00	150,561.24

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G113H	Auchinlea Resource Centre (13/14)	Clinical	0.00	13,917.42	64,526.23	6,326.10	0.00	84,769.75
G12A	Clutha House (14/15)	Non-Clinical	12,316.31	17,914.62	0.00	0.00	0.00	30,230.93
G15A	Festival Business Centre (14/15)	Non-Clinical	2,239.33	0.00	0.00	0.00	0.00	2,239.33
G17A	Firhill Business Centre (14/15)	Non-Clinical	4,478.64	0.00	0.00	0.00	0.00	4,478.64
G196E	Carswell House (13/14) (SURPLUS)	Non-Operational	5,060.88	36,691.39	39,221.82	106,278.53	0.00	187,252.62
G201B	Woodside Park Grove (next to HC) (14/15)	Clinical	29,111.26	1,119.66	2,239.32	0.00	0.00	32,470.24
G202B	Maryhill Health Centre (11/12)(SURPLUS)	Non-Operational	6,326.10	144,235.13	102,482.86	222,678.82	0.00	475,722.91
G203B	Springburn Health Centre (13/14)	Clinical	3,795.66	11,386.98	25,304.41	246,718.11	0.00	287,205.16
G204B	Possilpark Health Centre / Glenfarg (Surplus)	Non-Operational	380,831.26	518,740.40	0.00	0.00	0.00	899,571.66
G205C	Callander Street Clinic (Woodside) (10/11)	Clinical	20,243.52	17,713.08	0.00	34,160.95	0.00	72,117.55
G207H	Stobhill Hospital (12/13)	Clinical	790,762.85	918,550.10	5,940,210.47	645,262.47	0.00	8,294,785.89
G207H	Stobhill Hospital (12/13)	Non-Clinical	1,374,029.51	368,179.17	4,555,465.10	0.00	0.00	6,297,673.78
G207H	Stobhill Hospital (12/13)	Non-Operational	518,740.43	225,209.26	3,493,014.60	0.00	0.00	4,236,964.29
G20C	Halley Street Workshop (Westmarc) (14/15)	Non-Clinical	3,358.98	5,598.31	0.00	0.00	0.00	8,957.29
G211C	Lennoxton Clinic (13/14)(SURPLUS)	Non-Operational	0.00	13,917.42	34,160.94	88,565.44	0.00	136,643.80
G212H	Shawpark Resource Centre (10/11)	Clinical	7,591.32	46,813.15	116,400.29	0.00	0.00	170,804.76

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G214H	Springpark Resource Centre (13/14)	Clinical	16,447.59	31,630.50	25,304.41	8,856.54	0.00	82,239.04
G22T	Hydepark Business Centre (14/15)	Non-Clinical	3,358.99	0.00	0.00	0.00	0.00	3,358.99
G302B	Gorbals Health Centre (12/13)	Clinical	10,121.76	2,530.44	7,591.32	7,591.32	0.00	27,834.84
G302H	Leverndale Hospital (11/12)	Clinical	81,818.18	87,268.23	0.00	0.00	0.00	169,086.41
G302H	Leverndale Hospital (11/12)	Non-Clinical	948,915.41	179,661.32	0.00	0.00	0.00	1,128,576.73
G303B	Govanhill Health Centre (12/13)	Clinical	25,304.28	2,530.44	2,530.44	7,591.32	0.00	37,956.48
G303C	Clarkston Clinic (12/13)(SURPLUS)	Non-Operational	1,265.22	2,530.44	1,280,403.19	3,795.66	0.00	1,287,994.51
G304B	Castlemilk Health Centre (12/13)	Clinical	0.00	2,530.44	136,643.81	7,591.32	0.00	146,765.57
G354B	Castlemilk Resource Centre (14/15)	Clinical	1,119.66	2,530.44	8,710.98	0.00	0.00	12,361.08
G401B	Govan Health Centre (12/13)	Clinical	2,530.44	61,995.81	135,378.59	7,591.32	0.00	207,496.16
G401C	Elderpark Clinic (13/14)	Clinical	13,917.42	2,530.44	6,326.10	0.00	0.00	22,773.96
G402B	Thornliebank Health Centre (13/14)	Clinical	3,795.66	6,326.10	10,121.76	229,174.49	0.00	249,418.01
G403B	Pollok Health Centre (13/14)	Clinical	6,326.10	22,773.65	7,591.32	13,917.21	0.00	50,608.28
G405H	Queen Elizabeth University Hospital (11/12)	Clinical	4,630,707.15	5,373,390.87	5,693.49	0.00	0.00	10,009,791.51
G405H	Queen Elizabeth University Hospital (11/12)	Non-Operational	750,827.96	1,365,172.96	0.00	0.00	0.00	2,116,000.92
G408H	Florence Street Clinic (13/14)	Clinical	0.00	2,530.44	6,326.10	6,326.10	0.00	15,182.64
G412C	Pollokshaws Clinic (13/14)	Clinical	41,752.21	35,425.87	13,917.21	0.00	0.00	91,095.29
G413C	Douglas Inch Centre (13/14) (SURPLUS)	Non-Operational	8,856.54	67,056.68	82,239.32	0.00	0.00	158,152.54

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G42A	Westway (14/15)	Non-Clinical	5,598.32	0.00	0.00	0.00	0.00	5,598.32
G44B	Woodside Health Centre (14/15)	Clinical	23,512.94	21,273.60	0.00	0.00	0.00	44,786.54
G45C	Yarrow View Centre (14/15)	Clinical	2,239.32	0.00	0.00	0.00	0.00	2,239.32
G501B	Clydebank Health Centre (12/13)	Clinical	8,856.54	92,361.52	6,326.10	7,591.32	0.00	115,135.48
G503B	Drumchapel HC & Achamore RC (13/14)	Clinical	45,547.93	50,608.72	0.00	257,560.07	0.00	353,716.72
G503H	Drumchapel Hospital (12/13) (SURPLUS)	Non-Operational	578,205.77	909,693.54	411,196.66	323,896.41	0.00	2,222,992.38
G505H	Gartnavel Royal 12/13	Clinical	3,795.66	154,356.90	0.00	0.00	0.00	158,152.56
G505H	Gartnavel Royal 12/13	Non-Clinical	0.00	74,648.01	0.00	0.00	0.00	74,648.01
G505H	Gartnavel Royal 12/13	Non-Operational	2,530.44	0.00	0.00	0.00	0.00	2,530.44
G507H	Homeopathic Hospital (13/14)	Clinical	0.00	0.00	43,017.49	0.00	0.00	43,017.49
G512C	Plean Street Clinic (13/14)	Clinical	1,265.22	12,652.20	0.00	0.00	0.00	13,917.42
G515C	Sandy Road Clinic	Clinical	5,677.50	1,135.50	0.00	0.00	0.00	6,813.00
G516H	Gartnavel General Hospital (12/13)	Clinical	4,915,276.28	10,980,848.37	10,670,106.36	2,180,870.33	0.00	28,747,101.34
G516H	Gartnavel General Hospital (12/13)	Non-Clinical	8,856.54	609,903.90	39,356.41	0.00	0.00	658,116.85
G516H	Gartnavel General Hospital (12/13)	Non-Operational	0.00	331,487.77	316,305.12	0.00	0.00	647,792.89
G517C	William St Clinic (13/14)	Clinical	8,856.54	1,265.22	0.00	12,652.21	0.00	22,773.97
G518C	Milngavie Clinic (13/14)	Clinical	7,591.32	5,060.88	10,121.76	22,773.59	0.00	45,547.55
G538C	Old Mill Studios (14/15)	Non-Clinical	4,478.65	2,239.33	3,358.99	0.00	0.00	10,076.97

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G550C	Rossdale Resource Centre (13/14)	Clinical	1,265.22	2,530.44	2,530.44	0.00	0.00	6,326.10
G553C	Sandyford Initiative (13/14)	Clinical	47,319.25	40,487.04	96,156.76	56,934.93	0.00	240,897.98
G559C	Glenkirk Resource Centre (13/14)	Clinical	1,265.22	58,318.94	1,265.22	0.00	0.00	60,849.38
G579C	Templeton Business Centre (14/15)	Clinical	0.00	1,119.66	13,435.97	0.00	0.00	14,555.63
G581C	Goldenhill Resource Centre (13/14)	Clinical	5,060.88	3,795.66	0.00	0.00	0.00	8,856.54
G584C	Springfield House (14/15)	Clinical	1,119.66	0.00	1,119.66	0.00	0.00	2,239.32
G596H	Anvil Resource Centre (13/14)	Clinical	2,530.44	11,386.98	118,930.73	0.00	0.00	132,848.15
G597H	Goldenhill Clinic (13/14)	Clinical	5,060.84	29,100.06	8,856.54	0.00	0.00	43,017.44
G598H	Arran Resource Centre (13/14)	Clinical	1,265.22	3,795.66	12,652.20	0.00	0.00	17,713.08
G599H	Riverside CMHT (13/14)	Clinical	6,326.10	24,039.19	0.00	0.00	0.00	30,365.29
G602H	Eastwood Resource Centre (12/13) (SURPLUS)	Non-Clinical	5,060.88	2,530.44	32,895.73	0.00	0.00	40,487.05
G603H	Arndale Resource Centre (13/14)	Clinical	25,304.41	13,917.28	8,856.54	0.00	0.00	48,078.23
G607H	Woodlands Day Hospital (Waverly Park) (13/14)	Clinical	2,530.44	0.00	1,265.22	58,200.15	0.00	61,995.81
G610C	Renfrew Health & Social Work Centre (14/15)	Clinical	0.00	1,119.66	0.00	0.00	0.00	1,119.66
G614C	Drumchapel West Child and Family Centre	Clinical	0.00	3,406.50	0.00	0.00	0.00	3,406.50
G615C	Barrhead Health & Care Centre	Clinical	1,135.50	0.00	0.00	0.00	0.00	1,135.50
G618C	New Possilpark Health Centre	Clinical	11,355.00	0.00	0.00	0.00	0.00	11,355.00
G624C	Hardgate Clinic	Clinical	5,677.50	23,845.50	7,948.50	0.00	0.00	37,471.50

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
G678B	Fernbank St Clinic (13/14)	Clinical	3,795.66	9,489.15	0.00	0.00	0.00	13,284.81
G688B	Aranthru Centre (12/13)	Clinical	10,121.76	0.00	18,978.30	25,304.41	0.00	54,404.47
G689B	Vale Centre for Health & Care	Clinical	2,271.00	0.00	0.00	0.00	0.00	2,271.00
G69C	Tannahill Centre (14/15)	Clinical	0.00	0.00	25,752.27	0.00	0.00	25,752.27
G704P	Waverley Park Resource Centre (12/13)	Clinical	0.00	7,591.32	7,591.32	15,182.64	0.00	30,365.28
G73C	Charleston Clinic (14/15)	Clinical	15,675.30	0.00	80,615.82	0.00	0.00	96,291.12
G74A	James Clark Building (14/15)	Non-Clinical	1,119.66	2,239.33	5,598.32	0.00	0.00	8,957.31
G75A	Mile End Mill (14/15)	Non-Clinical	2,239.32	0.00	19,034.29	0.00	0.00	21,273.61
TempG5 13H	Yorkhill Hospitals	Clinical	12,652.20	33,528.34	32,422.18	0.00	0.00	78,602.72
TempG5	Yorkhill Hospitals	Non-Clinical	8,856.54	14,550.04	65,676.26	0.00	0.00	89,082.84
TOTALS			48,303,315.32	88,888,755.88	113,762,040.90	17,396,404.44	0.00	268,350,516.54
Totals By Use			Low	Moderate	Significant	High	Unreported	Total
Clinical			38,566,270.56	69,451,631.59	93,954,621.67	9,961,767.00	0.00	211,934,290.82
Non-Clinical			6,380,971.89	13,331,267.94	11,843,697.73	5,535,541.45	0.00	37,091,479.01
Non-Operational			3,356,072.87	6,105,856.35	7,963,721.50	1,899,095.99	0.00	19,324,746.71
TOTALS			48,303,315.32	88,888,755.88	113,762,040.90	17,396,404.44	0.00	268,350,516.54

Report Date: 01/05/2017

Appraisal Summary By Site and Use

Created by 3iStudio REPORT Builder

This report has been generated from the Estates Asset Management System (EAMS) based on the following principles:

- Report Includes costs for Building & Engineering facets of condition C or below and all Statutory items
- Report Excludes Third Party Ownership (Independent Contractors) and PFI/NPD properties
- 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.

Disposals programme – based on current Land Net Book Values (NBV) (subject to change)

Appendix ii

			Net Book Value			PROGRAMME OF RECEIPTS/SALES (assuming no external influences)								
Site Name	Address	Local Authority	Land	Buildings	Backlog Maintenance Liability Avoided (Note figures are historic and possibly understated)	2014 /15	2015 /16	2016 /17	2017 /18	Operational Status	Occupation Status	Surplus Land Area (ha)	Floor Area of buildings (GIA) sq m	Disposal status
<u>Broomhill Hospital</u>	Kilsyth Rd, Kirkintilloch	East Dunbartonshire	£4.25m	N/A	Demolition Complete £0				X	Surplus	Vacant	22.4 ha		Under Offer to a house builder.
<u>Lenzie Hospital Site</u>	Auchinloch Rd, Kirkintilloch	East Dunbartonshire	£2.0m	N/A	Cleared Site				X	Surplus	Vacant	2.5 ha	N/A	Cleared site. Under offer to a house builder. Planning application approved.
<u>Johnstone Hospital</u>	Bridge of Weir Rd, Linwood	Renfrewshire	£0.15m	N/A	Cleared site				X	Surplus	Vacant	3.27	4,799 sq. m	Under offer to a housebuilder
<u>Stonevetts</u>		North Lanarkshire	£3m	N/A	Cleared Site				X	Surplus	Vacant	20 ha	N/A	Under offer to a housebuilder
<u>Yorkhill and Queen Mother's Hospitals</u>	Dalnair St, Glasgow	Glasgow	£3.990 m	£1.884m	Not quantified					Operational	Occupied	8.2 ha	58,288 sq. m	Operational hospital, with temporary occupation.

Gateside Laundry	Munro St, Greenock	Inverclyde	£0.300 m	N/A	£0			X		Surplus	Vacant	1.58 ha	N/A	Missives concluded. Planning application lodged.
Site Name	Address	Local Authority	Land	Buildings	Backlog Maintenance Liability Avoided (Note figures are historic and possibly understated)	2014 /15	2015/16	2016/17	2017 /18	Operational Status	Occupation Status	Surplus Land Area (ha)	Floor Area of buildings (GIA) sq m	Disposal status
Ravenscraig	Inverkip Road, Greenock	Inverclyde	£0.085 m						X	Operational	Part Vacant			Vacant listed buildings to be partially demolished. Remaining service to transfer to IRH in 2017.
Clarkston Clinic	Busby Road, Clarkston	East Renfrewshire	£0.2m	?	?			X		surplus	Vacant	0.09ha	900 sq. m	Site under offer
Maryhill Clinic	Shawpark Street	Glasgow	£0.3m	?	?			X		surplus	Vacant	1.4ha		Site under offer
Acorn Street Day Hospital	Acorn Street, Glasgow	Glasgow	£0.02m	?	?				X	Surplus	Vacant	0.028ha		Under Offer
Lennox Castle (Phase 2)	Lennoxtown G66 7LD	East Dunbartonshire	£3m	£0				X		Surplus	Vacant			Phase 2 under missive to housebuilder.
Dumbarton Cottage Hospital Site	Dumbarton	West Dunbartonshire	£0.05m	£0	X					Surplus	Vacant	0.26 ha		To be transferred to Council
Dykebar	Grahamston Rd, Paisley	Renfrewshire	£0.875 m Above ok	£19.759 m Above ok	Not quantified				X	Operational	Occupied - Partially	47.7 ha		Operational hospital, to be marketed summer 2017
Orchard Wards Ruchill	Bilsland Drive, Glasgow	Glasgow	£1.25	£0					X	Surplus	Vacant	3.24 ha		Under missive planning app submitted..
Dykebar	Grahamston Rd, Paisley	Renfrewshire	£0.875 m Above	£19.759 m Above ok	Not quantified				X	Operational	Occupied - Partially	47.7 ha		Operational hospital, to be marketed summer 2017

			ok											
Site Name	Address	Local Authority	Land	Buildings	Backlog Maintenance Liability Avoided (Note figures are historic and possibly understated)	2014 /15	201 5/16	201 6/17	2017 /18	Operational Status	Occupation Status	Surplus Land Area (ha)	Floor Area of buildings (GIA) sq m	Disposal status
Larkfield Lodge	Kirkintilloch	East Dunbartonshire	£0.103 m £0.103 m	£0.259m £0.265m	X					Surplus	Vacant	0.657 ha		SOLD
Crail Street	155 Crail Street, Glasgow	Glasgow	£0.08m	£0				X		Surplus	Vacant	0.18 ha		Sold
Whitinghame Dr		Glasgow	£600K				X							Sold August 2015
Elizabeth Martin Clinic	1 Bums Square, Greenock	Inverclyde	£0.05m	£0				X		Surplus	Vacant	0.23 ha		SOLD
Lennoxtown Clinic	Main Street, Lennoxtown	East Dunbartonshire	£0.08m	?	?			X		Surplus	Vacant	0.09ha		SOLD
Carsewell House	Oakley Terrace, Glasgow	Glasgow	£0.09m	?	?			X		Surplus	Vacant	0.08ha		SOLD
Mansion House Hospital	Mansionhouse Rd, Glasgow	Glasgow	£0.525 m	£275k	£5,105,000			X		Surplus	Vacant	0.96 ha	11,164 sq. m	SOLD
Victoria Infirmary	Langside Rd, Glasgow	Glasgow	£2.250 m	£900k	£7,000,000			X		Surplus	Vacant	3.7 ha	38,780 sq. m	SOLD
Russell Institute	Causeyside St, Paisley	Renfrewshire	£0	£0	(£438,000)	X				Surplus	Vacant	N/A	1,780 sq. m	Sold
Merchiston Hospital	Barrochan Rd, Brookfield	Renfrewshire	£6m	N/A	Cleared Site			X		Surplus	Vacant	21 ha	N/A	SOLD
Cowglen Hospital Site	Boydstone Rd, Glasgow	Glasgow	£1.5m	N/A	Cleared Site			X		Surplus	Vacant	19 ha	N/A	SOLD
Blawarthill Hospital	Holehouse Rd, Knightswood	Glasgow	£1.5m	£0.0	Demolition Planned £4,284,000			X		Surplus	Vacant	0.5 ha		Excambion land deal with GCC, site SOLD.

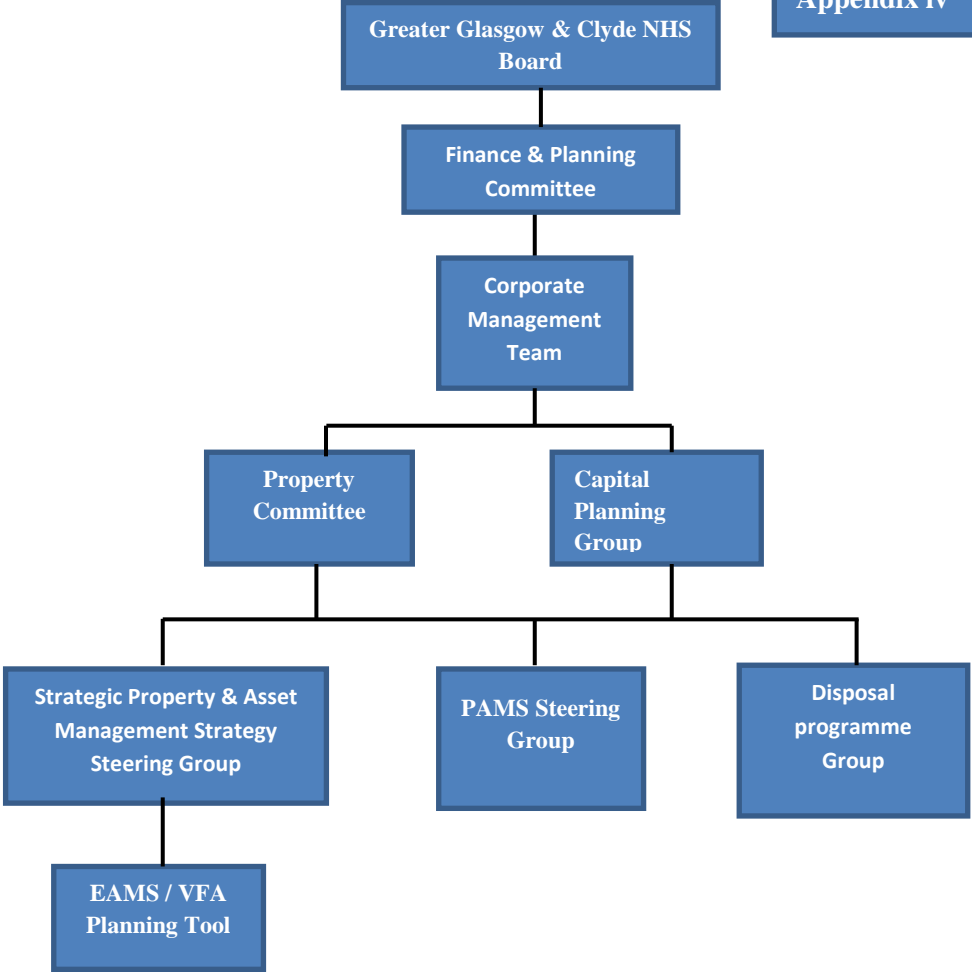
Appendix iii

Retained / Disposal Retained / Disposal CAP PLAN Ref: No.	DEMOLITION PROPERTY	BUILDING Occ / Vac	Vacant, available for decomm	Decommissioning Period	Access Risk	Demo Start	Finish Date	REVENUE Cost £ K (FORECAST)					Spend Status	Retained / Disposal
								16/17	committed 17/18	potential 17/18	18/19	19/20		
13CP098	Stobhill Block DB Emergency Demolition	Vac	n/a	n/a		June'16	June'16	50						Retained
14CP130	VOL Nurses Block and Link (Block 13)	Vac				Nov-15	July'16	25						Retained
15CP073	Dykebar Ward 22 - Emergency Demolition (Block 10)	Vac		n/a		Sept'16	28 Oct'16	65						Retained
15CP035	Ravenscraig, Greenock PH 1 (Listed Buildings)	Vac		n/a		TBC	TBC	50	50	750			A	Disposal
13CP098	Stobhill Demolition Phase 1 (Blocks AE, AF, AM, AQ, BN, BO, BU, BV, BW, BX, BY, CA (part), CF, CH, CQ, CT, CU, CY, DF, DP, DQ, DT, DV, EU, EW, EX, FA, FD)	Vac	G	July-Sept	A	Sept'17	TBC	125	15	1400			A	Retained
13CP098	Stobhill Demolition Phase 2 (Blocks AG, AH, AI, AJ, AK, AL, BP, CA (part), CD, CF, CI, CM, CR, CV, CW, CZ, DA, DN, DU, DZ, EQ, FB, FC, FG, FO)	Vac	G	?	A	TBC	TBC				900		A	Retained
16CP054	Stobhill MH Strategy Enabling (AU [Alba House], AX, DI, FL)	Vac	Aug	Aug-Oct	G	Jun-17	Sep-17	50	500				A	Retained
15CP036	Stobhill House on the Hill (Block CL)	Vac	G	Aug-Sept '16	G	Jun-17	Aug-17	10	100				A	Retained
16CP054	Stobhill MH Site Demolition (Blocks AW, AV)	Occ	?	?	A						200	200	A	Retained
16CP050	Dykebar - Phase 1 (Blocks1-10,15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 27, 28, 42, 45)	Vac	G	N/A	A	TBC	TBC	360			1000		A	Disposal
16CP055	Maryhill Health Centre (inc. Shawpark RC)	Vac	Sep-16	Sept -Oct 16	G			45		470			A	Disposal
Var	Yorkhill -Phase 1 -Blocks CK,CJ,CI,DC,CE,CM	Occ/Vac	Sep-16	Sept 16-Jun 17		Jun-17	Sep-17	150	773					Disposal
Var	Yorkhill-Phase 2 -Block CL, DM & DMA	Occ	Some	TBC		Apr-18	TBC		100	4290				TBC
Var	Yorkhill -Phase 3 -Blocks DB,CF,DH,CR,DL,CH,	Occ	TBC	TBC		TBC	TBC				960			Disposal
	Possil Health Centre (now known as Glenfarg HC)	Vac	Dec '16	TBC	G			0		490				Disposal

16CP063	Drumchapel Hospital (Selected Blocks)	Vac	Oct '16	Oct-16	G			54		520			A	Disposal
	Parkhead Hospital (HSCP'S's to remain)	Occ	Mar/April '17	6-8 weeks	R						1000		A	Retained
15CP035	Ravenscraig, Greenock - Phase 2- Dunrod, Corlic, KIRN, Gryffe, Geriatric Day, Millan, Boilerhouse	Occ	Aug'17	6-8 weeks	R		TBC			500			R	Disposal
	IRH Residency Block 5 (Blocks RC1-4)	Occ	Jun-17	2 weeks							200			Retained
15CP032	Lennox Castle Hospital (Sewage Works Decom)	Vac	n/a	n/a	R	TBC	TBC					650	R	Disposal
	Gorbals Health Centre	Occ	Q3 2018								500			
	Woodside Health Centre	Occ	Q3 2017								500			
	Greenock Health Centre	Occ	2020									500		
	Clydebank Health Centre	Occ	2020									500		Disposal
	Dykebar - Phase 2 (Blocks 13,15,16,17,18,19,20,21,22,23,24,25,27,28, 30, 32, 34, 37, 38, 39)	Occ												
	GRH East House (Block ZZ) -enabling	Vac												
Sub-Total								1044	1538	8420	5260	1850		

DEMOLITION WORKS - CAPITAL FUNDING

CAP PLAN Ref: No.	DEMOLITION PROPERTY	BUILDING Occ / Vac	Decom Complete / Available to Start	Decommissioning Period	Access Risk	Demo Start	Finish Date	CAPITAL Cost £ K (FORECAST)					Spend Status	Retained / Disposal
								16/17		17/18	18/19	19/20		
16CP051	QEUH Acute Medical Block	Vac		8wks			+ 3months	310		350			R	Retained
16CP052	QEUH Management Buidling	Vac		4wks		Jul'16	Mar-17	400		300			G	Retained
13CP174	GRI Lister Bdg - Enable & Demo. (Block AI)	Vac		Aug-16	A	Sep-17	TBC	200		1430			R	Retained
13CP010	GGH Residency Blocks (Blocks AB - AD)	Vac	Nov-16	Aug / Nov 16	A	Jan-17	May-17	360		170			A	Retained
Sub-Total								560		1600	0	0		



NHS Glasgow and Clyde

This should include all Board approved investments plus those anticipated and described within your PAMS

Rows may be added to include all investment plans within each category but you must ensure that the summary totals at the bottom of the table remain valid and correct.

5 + Year Investment Plan (£millions)							Comments
Investment Projects likely to be revenue based (Hub, NPD, etc) - include total capital value, upfront costs, and equivalent capital spend							
Projects:	Total Capital Value	2017/18	2018/19	2019/20	2020/21	2021/2022	
Inverclyde Care Home	£17.1	£8.6	£8.5	£0.0	£0.0	£0.0	
Gorbals Health and Social Care Centre	£30.8	£15.4	£9.9	£5.5	£0.0	£0.0	
Woodside Health and Social Care Centre	£38.6	£19.3	£12.4	£6.9	£0.0	£0.0	
Greenock Health and Social Care Centre	£44.8	£22.4	£0.0	£10.1	£12.3	£0.0	
Clydebank Health and Social Care Centre	£40.8	£20.4	£0.0	£9.2	£11.2	£0.0	
Mental Health	£21.8	£10.9	£0.0	£5.8	£5.1	£0.0	
	£193.9	£97.0	£30.8	£37.5	£28.6	£0.0	
Capital / Board Funding Projects:							
New Investment Projects:	Total Capital Value	2017/18	2018/19	2019/20	2020/21	2021/22	
QEUH	£2.6	£1.6	£0.7	£0.3	£0.0	£0.0	Balance of s75 Payments and Landscaping
Development of Rowanbank Clinic	£9.7	£1.4	£8.3	£0.0	£0.0	£0.0	
Investment in Existing Estate:	Total Capital Value	2017/18	2018/19	2019/20	2020/21	2021/22	
Backlog	£109.2	£13.3	£14.4	£10.4	£11.1	£10.0	
Refurbishment of Theatres at INS	£6.4	£0.1	£0.2	£5.1	£1.0	£0.0	
Other Refurbishment / upgrade	£194.7	£27.2	£15.3	£11.5	£18.3	£20.4	
Environmental Improvements	£3.3	£3.1	£0.1	£0.1	£0.0	£0.0	
Investment in Other Assets:	Total Capital Value	2017/18	2018/19	2019/20	2020/21	2021/22	
Medical Equipment	£94.3	£9.4	£16.0	£14.7	£5.5	£6.6	
IM&T	£21.4	£3.4	£2.0	£2.0	£2.0	£2.0	
Transport	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	
Any Other Investment Plans							
Projects:	Total Capital Value	2017/18	2018/19	2019/20	2020/21	2021/22	
Capital Funded Hub Enabling Costs	£0.4	£0.0	£0.4	£0.0	£0.0	£0.0	Land and Subordinate Debt
Total Investment Requested							
Total Investment Request	£635.9	£156.5	£88.2	£81.6	£66.5	£39.0	

Strategic Accommodation Group – 13 March 2017

Summary of HSCP Accommodation Plans

Introduction

The purpose of this paper is to summarise planned and future HSCP accommodation changes. Each HSCP Chief Finance Officer was asked to provide a summary of any planned moves or capital developments. These are summarised below.

Glasgow HSCP

New Parkhead Health & Social Care Hub

The buildings on the existing Parkhead site are:

- Parkhead Health Centre
- Parkhead Hospital (adult mental health inpatients)
- Anvil Mental Health Resource Centre
- Sandyford East Sexual Health Service – local hub

Parkhead Health Centre - The North East Locality of Glasgow City HSCP is planning the delivery of health care services around its six GP clusters of Easterhouse and Baillieston, Parkhead and Cranhill, Shettleston, Bridgeton, Springburn and Townhead and Dennistoun. Health centres will continue to be focal points for each of these clusters. In addition to providing primary and community health care services from health centres, they offer space for outreach clinics and services from the acute hospitals. However, demand for services within the health centres is very high and this demand places pressure on space, with limited capacity to provide accommodation for new or enhanced services.

Parkhead Hospital provides inpatient mental health care services but these services will be transferred to Stobhill Hospital once the new wards become available in 2018. After the wards have closed at Parkhead the building will be demolished to minimise on-going security costs and to prevent vandalism. Alternative accommodation on a temporary basis will need to be found for the Addictions' services that are based in the hospital, pending the completion of the new health and social care hub.

The **Anvil Mental Health Resource Centre** provides primary care mental health and psychotherapy services. It is proposed that these services will move into the new health and social care hub.

Sandyford East is the local hub for sexual health services and is one of 8 hubs in Glasgow City. An extension was made to the health centre in 2007 to accommodate the Sandyford services. It is proposed that these services will move into the new health and social care hub.

The proposed hub at Parkhead will not only serve the immediate population of Parkhead and Dalmarnock but will accommodate services used by residents from throughout the east end of Glasgow. This will facilitate a rationalisation of leased and owned property portfolio with some of their current revenues streams transferred

to the hub to finance the project. The additional buildings, their revenue streams and services which will be impacted by the development are:

- **Templeton Business Centre** (NHS leased) – Specialist Children’s Health Services, Child Health Surveillance, North East headquarters and administrative functions
- **Brook Street Social Work Training Centre** (Council leased) – training services for Glasgow City.
- **Newlands Centre** (Council owned) - Social work services and Addictions’ Services.
- **Parkview Resource Centre** (NHS owned) – Older people’s mental health and rehabilitation Services
- **Carswell House** – (previously NHS owned but has been sold off on the basis that revenue budget will transfer to the Parkhead hub) – Adult Mental Health Services
- **Acorn Street** – (NHS owned but is being marketed for sale on the basis that revenue budget will transfer to the Parkhead hub) – Adult Mental Health Services)

New Gorbals Health & Care Centre opening 2018

The New £17m Gorbals Health & Care Centre due to open in late 2018 will see the replacement of the existing Gorbals Health Centre built in the 1970s, and integration with social work and specialist children’s services currently in leased accommodation, in new modern purpose built premises.

South HQ move from Clutha House 2019

South HQ will relocate from Clutha House prior to lease ending in December 2019. A process is underway to identify suitable HQ accommodation amongst the current South portfolio: three potential sites have been identified for further exploration including Rowanpark, Elderpark Clinic and the Leverndale Admin Building. The impact of moving to agile working will create additional suitable space in a number of other South properties which will also be assessed as part of the option appraisal.

East Dunbartonshire HSCP

Kirkintilloch Health & Care Centre – was completed in 2009. It is leased from East Dunbartonshire Council for a peppercorn rent. The building is currently being significantly refurbished by the Council to create additional capacity to enable co-location of NHS and social care staff. The HSCP management team and administrative staff moved from the former CHP offices on the Stobhill site to KHCC in December 2016.

Springfield House Bishopbriggs is a leased building used as a Podiatry clinic (service hosted by Renfrewshire HSCP). The lease is not likely to be renewed and the service is looking for alternative accommodation.

Milngavie Clinic provides a number of community services but due to its location there is no scope for extending the site. There is currently no health centre within the Bearsden and Milngavie area and the HSCP and the HSCP may seek to develop a business case at some stage in the future.

Townhead Health Centre on the Glasgow Royal Infirmary site was formerly the base for the Public Dental Service management team and administrative staff. This team relocated in December 2016 into the space vacated on the Stobhill site following the management team move to KHCC.

West Dunbartonshire HSCP

The main accommodation change in West Dunbartonshire is the replacement of the **Clydebank Health Centre** funded under the Scottish Government HUB scheme. This will replace the current health centre and will also lead to closure of Hardgate Clinic.

The HSCP management team is currently located in the Council Headquarters at Garshake Road. The Council are replacing this building with a new development in Dumbarton town centre. The HSCP management team are unlikely to relocate to the new council building and are considering moving to Hartfield Clinic in Dumbarton.

Inverclyde HSCP

The construction of the new Greenock Health Centre scheduled for completion in November 2019 will enable the HSCP to close a number off buildings in Greenock.

Boglestone Clinic closed in January 2017 and approximately 30 community staff moved to Port Glasgow Health Centre and Greenock Health Centre as an interim move until the new health centre is completed.

The Cathcart Centre will close in October 2017 and the integrated addictions team and alcohol team will relocate as an interim measure to the Wellpark Centre a council owned building. The learning disabilities team (20 staff) will also need to relocate but at this point alternative accommodation has not been identified.

The Larkfield Childrens Centre (council owned) and the current **Greenock Health Centre** will close in November 2017 and staff will relocate to the new Health Centre.

Renfrewshire HSCP

At present Renfrewshire HSCP have no planned moves.

East Renfrewshire HSCP

The new Eastwood Health & Care Centre and the relatively new Barrhead Health Centre have allowed services to be remodelled within East Renfrewshire. This has led to the closure of facilities at **Clarkston Clinic** and a part NHS owned part leased office building in **Seres Road**.

East Renfrewshire host the Learning Disabilities inpatient service for NHSGGC and there are plans to redesign the service which may lead to closure of **Waterloo Close** in Kirkintilloch but these plans have not yet been approved.

James Hobson

Assistant Director of Finance

6 March 2017

	<u>Risk Description</u>	<u>Risk Level</u>	<u>Mitigation Measures</u>
A	Limited Capital resources do not allow the Board to achieve its long-term targets.	Significant	The Board will continue to make full use of all available funding by having clear strategies and targeted investment. Funding will be supported by maximising receipts from the Boards disposal programme.
B	Business Cases have clear outcomes that are linked to Acute / Primary Care Service Provision and have identifiable projects.	Low	The Board utilised the SG Business case guidance and the new SCIM revisions will be implemented. As part of this process early engagement with Scottish Government and Key Stake holders will be undertaken and the Capital Planning Prioritisation Tool will be a key element in future submissions.
C	Robust Prioritisation of asset budget setting.	Low	NHSGG&C have a robust Capital Planning Investment Group that is tasked with Prioritising competing Capital Investment bids. This group oversees the management of all Capital Spending on all asset types
D	The Board does not achieve the level of capital receipts as reported through the LDP.	Significant	All disposals are being actively managed in partnership with SFT. Planning potential on all sites is being maximised where appropriate prior to offering assets to the Marketplace. Public Sector Partners are being kept fully informed of all proposed disposals.
E	Property Asset information informing the Planning Data and VFA Tool is valid and kept up to date.	Low	The Board is continually updating the information held within the EAMS system, and is in partnership with HFS Conducting Property Condition Surveys to inform the EAMS data base and the larger Asset Portfolio
F	Lack of funding to facilitate the formal Surveying of the Estate as part of the Five 5 year survey cycle as detailed within the HFS Property Appraisal Manual.	Low	To maintain the integrity of the EAMS data it is expected that the current levels of assistance from HFS will be maintained if not increased to assist with HFS Property Handbook compliance. The Board will be revising its procedures and enabling greater input from its Estates Teams.
G	Risk of Statutory Compliance failure.	Low	All Statutory compliance issues are regularly monitored and recorded with immediate action taken to remedy where necessary. All risks areas are reported through the EAMS System.
H	Clinical and Capital Planning Service Strategies GRI Wards Access difficult due to non availability of decant space.	Significant	Closer Working between Service Leads to facilitate Decant of Services.
I	Lack of Stakeholder engagement in Planning / prioritisation process	Low	The Board are fully engaged with all stakeholder groups in the development of the clinical services change programme and progression of the Health and Social Care, Integrated Health & Community Care Partnerships. To this end Strategic assessments are undertaken prior to business cases being worked through and full stakeholder engagement occurs in order to inform the Board's Option appraisal process.

Appendix vi, is not seen as a definitive list of the areas to be addressed by the Board it is however representative of the Ares that we require to develop and that as a Board we require to keep under review to ensure that we are able to fully and properly achieve the Board's Strategies Objectives. This process will continue throughout the year and will be updated in next year's PAMS Document.

SUMMARY OF NEW BUILD PREMISES m2 till 2017 / 18									
Premises		Pre 2013-14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Totals
GRI Plastics AX		1,400							1400
GRI Boilerhouse AX3		50							50
Renfrew H&SWC		5,250							5250
Renfrew Old/Aranthruie Centre		1,884							1884
Barrhead H&SCC		5,435							5435
Drumchapel C&F - West Centre		3,600							3600
Centre for H & CC - Plean St		960							960
GRH Claythorn Ward		870							870
Wellpark Centre		1,300							1300
		20,749							20749
Stobhill ACH	PFI	26,675							26675
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
Leverdale Acute AAU			2,032						2032
Leverdale Mother & Baby			979						979
SGUH Labs			15,532						15532
New Possilpark			3,124						3124
East Pollocksheids HC			4,000						4000
Alexandria HC			5,693						5693
Energy Centre				4,049					4049
SGUH Adults				126,216					126216
SGUH Childrens				38,976					38976
Teaching & Learning Centre		(1,800)	40% Share)	720					720
New Eastwood HC HUB				3,691					3691
IRH Care of the Elderly HUB						2,600			2600
SGUH Admin Bloc					5,755				5755
New Maryhill HC HUB					4,373				4373
New Woodside HC HUB					(6,747	89.69% Share)	6,072		6072
New Gorbals HC HUB					(6,509	79% Share)	5,139		5139
New Greenock HC HUB								5,846	5846
New Clydebank HC HUB								5,725	5725
SGUH ICE				(4,924	29.64% Share)	1,285			1,285
		218,599							
Total New Build since 2014 2015			31,360	173,652	10,128	2,600	11,211	11,571	240,522

OLD PREMISES FOR DISPOSAL till 2019 / 20

Premises	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total m2	Backlog from HFS Report
Cambuslang Gate - Transferred to NHSL	700						700	
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	
*Southern General Site Demolitions	5,500						5,500	5,500
*Russell Institute (Sold)		1,780					1,780	500,000
*Southern Gen Site Demolitions		14,119					14,119	11,774,034
*Whittingham Gdns		1,566					1,566	32,770
*Blawarthill			5,407				5,407	1,046,260
*Elizabeth Martin			695				695	
*WIG (Sold)			80,963				80,963	1,757,034
*VIC			27,627				27,627	4,843,180
*Mansion House			11,464				11,464	1,394,075
Carswell House			621				621	183,456
Douglas Inch Centre			840				840	154,356
Lennoxtown Clinic			351				351	131,582
*Old Possil				2,765			2,765	899,571
*Orchards				3,378			3,378	839,590
*Ravenscraig Hospital				19,782			19,782	
*Old Gorbals				2,060			2,060	27,834
Eastwood Resource Centre				3,691			3,691	40,487
*Old Maryhill					2,517		2,517	424,880
*Clarkston Clinic					973		973	1,150,340
*Old Yorkhill						58,288	58,288	66,670
*Old Woodside						2,741	2,741	42,547
Greenock						4,951	4,951	875,140
Clydebank						3,631	3,631	113,870
Disposals	9,666	17,465	127,968	31,676	3,490	69,611	259,876	26,375,496
Less New Build Appendix ii	31,360	173,652	10,128	2,600	11,211	11,571	240,522	
Net Effect on Board's Estate m2 per Annum	21,694	156,187	- 117,840	- 29,076	7,721	-58,040	- 19,354	