

Appendix 8

NHS Western Isles Asset Management Summary

2019 to 2029



*Planning Regionally,
Delivering Locally*



1. Introduction

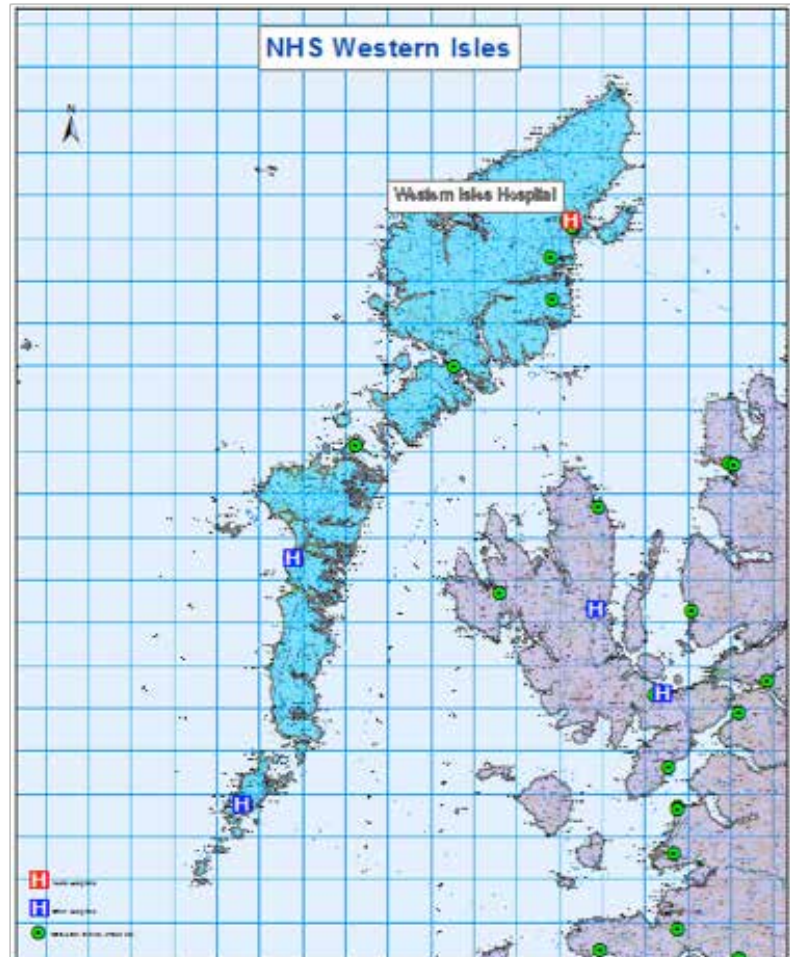
NHS Western Isles, which is part of NHS Scotland, provides a complete and comprehensive range of healthcare services to the population of the Western Isles.

As a Health Board, our mission statement is to be 'the best at what we do' and our overall purpose is: 'to protect, promote and improve the health and wellbeing of the Western Isles population and to ensure the reliability and delivery of sustainable and safe healthcare and services'.

Other roles of NHS Western Isles include:

- Promoting and safeguarding high standards of care;
- Focusing on agreed outcomes;
- Focusing clearly on patient safety, health outcomes, and improving patients' experiences of NHS services;
- Promoting community planning by working closely with other local statutory and voluntary organisations;
- Informing, engaging, and consulting with the public in the design, delivery and evaluation of healthcare services;
- Allocating resources to address local and national priorities; and
- Achieving the targets in the Health Board's Local Delivery Plan.

NHS Western Isles works alongside mainland Health Boards and other local organisations, including the local authority and third sector (voluntary) organisations, to provide a wide range of healthcare services to the local population. Where possible, services are provided locally, in the Western Isles, but for specific procedures and more specialist services, we work with mainland partners to provide services in other areas.





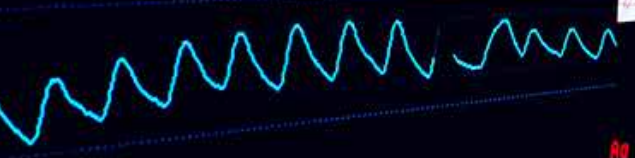
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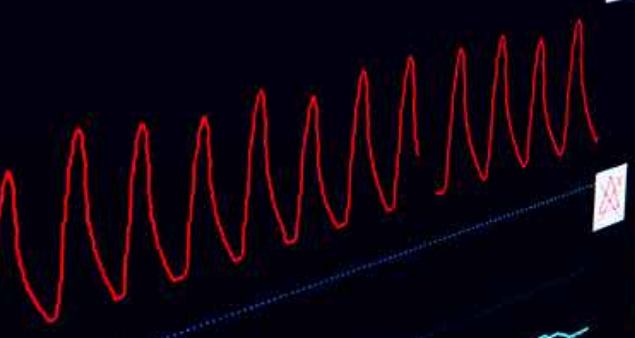


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2. Strategic Plan

“The Western Isles has the greatest prevalence of obese adults, coronary heart disease and dementia in Scotland. We have the highest rate of blocked hospital beds and the third highest rate of alcohol related hospital stays.” – Western Isle IJB Strategic Plan

Our care will be delivered by integrated teams, with the traditional roles of health and social care professionals changing and adapting over time to meet the needs of the population. Care will be provided to the highest standards of quality and safety, with the person who uses our services at the centre of all decisions. We will seek to personalise support arrangements, to maximise people’s ability to exercise choice and control over the lives they lead. We will build on the support arrangements and assets that people have in their lives and support unpaid carers as equal partners in care.

We will prioritise support for people to stay at home or in a homely setting as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible. When hospital treatment is required, and cannot be provided in a community setting, 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. Lengthy hospital stays will become a thing of the past.

Health and social care services will be planned and delivered as locally as possible. This means the day-to-day services that people rely on to support their personal independence will be organised and coordinated within localities. We will increasingly operate our local services from health and social care hubs, which bring together a range of services within a single campus. Other services, which people use more periodically to sustain their independence, or which require highly specialised input, will operate across localities or will be provided in centres of expertise on the mainland.

Caring for more people in the community will result in a shift in resources from hospitals to community-based care. This shift will be recognised as a positive improvement in the quality of our services, progress towards our vision and therefore the kind of service change we expect to see.

One of the over-arching goals of the strategic plan is to shift resources from building-based services like hospitals and care homes to community based settings, where people are supported in their own homes. While the detailed work will be taken forward within the context of the individual reforms set out in Regional Asset Management Plan (RAMP), we would expect to see the amount we invest in residential care fall slightly as we introduce an extra care housing model. Similarly, we anticipate that as we shift away from long-stay psychiatric hospital care towards community based care and diagnosis, and as we make inroads into delayed discharge, we will see our overall investment in hospital reduce, with a corresponding increase in primary and social care

3. Current Performance

NHS Western Isles consists of acute services and one Integration Joint Board. It covers a geographic area of over 65 separate islands covering 3,070 sq.km. 15 of which are populated, with a total population of 26,900. The Board provides services from 3 hospitals, 23 Primary care facilities and 5 office buildings with a net book value of £43m.

3.1 Overview of NHS Western Isles Asset Responsibilities

Owned and Leased Property Sites		
	No.	Area sq. m.
Hospitals	3	21,561.24
Primary Care Facilities	23	5,642.13
Offices	5	1,855.87
Other	6	3,307.87
Hubco/PFI Property Assets		
Hospitals		
Primary Care Facilities		

Medical Equipment Replacement Cost (£m)	
Radiotherapy Equipment	0.00
Imaging Equipment	2.07
Renal Dialysis Equipment	0.17
Cardiac Defibrillators	0.16
Flexible Endoscopes	1.20
Infusion Devices	0.28
Other high value items	2.27
Total	6.14

Independent Property Assets	
	No.
General Practice Facilities	1
Pharmacies	3
Dental Facilities	1
Optometrists	2

Vehicles	
Owned	18
Leased	6
Staff Car Scheme	32
Long term hire	-
Total	56

Current Book Value (£m)	
Property	43
Equipment	0
IM&T	0
Vehicles	0.0134

3.2 Current Statistics

NHS Board	Functional Ranking - % in each category				Quality Ranking - % in each category				Space Ranking - % in each category			
	A	B	C	D	A	B	C	D	Empty	Under-used	Fully used	Over crowded
NHS Western Isles	10%	88%	2%	0%	5%	94%	1%	0%	1%	1%	97%	0%
North Region	9%	59%	26%	6%	10%	67%	18%	5%	4%	15%	79%	1%

NHS Board	Age Profile (%)			
	Over 50 years old	30 - 50 years old	10 -29 years old	Up to 10 years old
NHS Western Isles	8%	13%	75%	4%
North Region	23%	38%	28%	11%

NHS Board	With 2019 (3.71%) Inflationary Increase														
	Backlog Cost (£m) - Clinical Areas					Backlog Cost (£m) - Non-Clinical Areas					Backlog Cost (£m) - All Areas				
	Low Risk Items	Mod-erate Risk Items	Sig-nifi-cant Risk Items	High Risk Items	Clin-ical Back-log	Low Risk Items	Mod-erate Risk Items	Sig-nifi-cant Risk Items	High Risk Items	Non-Clin-ical Back-log	Low Risk Items	Mod-erate Risk Items	Sig-nifi-cant Risk Items	High Risk Items	Total Back-log
NHS West-ern Isles	1	1	0	0	2	0	0	0	0	1	1	2	0	0	3
North Region	82	79	63	54	277	28	23	15	1	67	110	101	78	55	344

In 2012 NHS Western Isles backlog stood at £3m, the table above shows the current backlog of £3m shows that overall backlog has remained consistent despite the inflationary increases of over £180k since 2012. This has been achieved partly through targeted backlog investment and in the refurbishment of existing assets.

3.3 Smarter Offices

The board's head offices in Stornoway is over 50 years old, in the next three years, assessments will need to be carried out to ascertain whether or not investment should be targeted to improve the building by fully renovating the property or to rationalise it and relocate to either another property under a lease arrangement or invest in a new build within the next ten years.

NHS Board	Space Standard (sq.m NIA)		Desk to WTE/ FTE %	Accommodation Budget Costs inc VAT: 2017/18							
	WTE/ FTE	Desks		Own-ership or lease £ per m2 NIA £	Rates £ per m2 NIA £	Service Charge £ per m2 NIA £	Hard FM £ per m2 NIA £	Soft FM £ per m2 NIA £	Ener-gy £ per m2 NIA £	Total-Costs £ per m2 NIA £	
NHS Western Isles	10.3	8.8	117%	73	85	0	6	68	51	285.8	
NoS Region TOTAL/AVERAGE	10.3	9.7	107%	58.6	53.5	1.9	10.9	34.7	24.8	184.9	



4. Future Investment

▶ 4.1 Strategic Investment Priorities for Hospital Services;

Western Isles Hospital - Backlog/Refurbishments:-

For the last 6 years the board has invested on average £200K per annum of revenue funding to address backlog maintenance issue and carry out a programme of refurbishment works at WIH. In 2018/19 this investment was targeted at refurbishing and redeveloping the Maternity unit at WIH. In order to reduce the impact on maternity services this project is broken down in to 3 phases, with Phase 1 due to be complete in March 2019. Phase two will commence in June 2019 with the full project completed by March 2020. In the same year Medical 2 will be refurbished, then reception and the education unit.

Western Isles Hospital, Central Decontamination Unit:-

The project involved the redevelopment and extension of the CDU at Western isles Hospital in Stornoway. When the unit was first opened 27 years ago the volume of instruments being processed was a third of what it is today. The increase has been due to more efficient running of the theatres, partly in response to Government waiting time targets but also the board's decisions over the years to increase the theatre services that are provided on the island. In addition all dental instruments and podiatry instruments across the Western Isles are now processed in this central facility. Previously there was very limited storage space, no male changing facility, no rest area for staff, or office space. In addition to providing better ancillary spaces the packing and inspection area was increased and the new washers which have a much smaller footprint than the previous units, have increased the usable space in the instrument wash area.

In response to the additional pressures coupled with all the plant and equipment being over ten years old, there has been an increasingly urgent need to both improve compliance, the space utilisation, and functionality of the department.

The project cost in the region of £800k and construction started on site in November 2018 and was completed in May 2019. This was a very challenging timescale and involved closing CDU for 11 weeks, which meant sending all instruments to Glasgow for processing. The Project completed on time and in budget.

St Brendans Health and Social care Hub :-

As previously detailed this is currently the boards most costly investment and its highest strategic priority in terms of Asset investment. The OBC has been approved and the stage 1 design is still developing and going through the consultation and approval processes within the board. The project costs at OBC stage were estimated in the region of £18m but they are being further developed in tandem with the design and business case process. The earliest estimated date for construction is March 2020.

Uist & Barra Hospital Redevelopment (Health Hub):-

This is a 3 phase project to redevelop relatively small parts of Uist & Barra hospital on Benbecula and extend the building to form the integrated Hospital healthcare hub site. As part of this development there are opportunities to rationalise and consolidate properties on the islands of Berneray, North Uist, Benbecula and South Uist, as all these islands are now connected by road.

Phase One - (Completed in 2016) This was to construct a purpose built community equipment storage facility within the grounds of the existing hospital site and was successfully completed and came in under budget in 2016.

Phase Two - Involves the relocation of the community dental clinics throughout the Uists into a new central dental facility within the Uist and Barra Hospital. In addition a new resuscitation room and the relocation of A&E is being considered.

The project to centralise dental services is currently estimated to cost in the region of £400k. Design and construction work could commence in 2019/20 if the proposals are approved.

Phase Three - This involves bringing the Benbecula Medical Practice (Griminish) and Balivanich Clinic onto the Hub site. This phase of the project will require an extension to the existing hospital building. However, the Board already owns a large portion of land around the building that will be more than adequate to accommodate any additional building and car parking requirements on the campus. This would provide budget savings and reduce the Board's risk in terms of the backlog maintenance issues relating to the older buildings that could be disposed of. A full option appraisal for phase 3 of this project has not yet commenced.



4.2 Strategic Investment Priorities for Primary Care Services;

Strategic priorities for investment in primary and community care		
Project	Project Details & Progress	Estimated cost
St Brendans Health Hub	The Barra GP practice will form part of the St Brendans integrated Hospital/health Hub site. OBC Approved- progressing through stage 1 design.	Cost being updated in tandem with design last Cost estimate was £18m
Uist Dental Services	The NHSWI chief executive and the IJB Chief Officer have now made the decision to proceed with the centralised hub option for dental services in the Uists, that decision has also been ratified by the IJB. NHSWI are now moving the project into the initial design phase	Initial budget estimate £400K
Benbecula Medical Practice	This would be relocated to the Uist & Barra Hospital Site . Only a proposal at this stage. No business case yet.	No accurate cost estimates available. Thought to be around £800k
Generator provision GP practices	Due to the increased power loss as a result of more frequent winter storms in the last ten years the board plans to provide automatic changeover, backup generators to all the main GP Practices out with Stornoway, over the next ten years	Conditions and generator requirements at each site differ but on average the cost for each installation is in the region of £20k. Total project cost approximately £150K
Backlog maintenance	<p>Continue plan of backlog maintenance across the entire primary care estate. Various projects, in house business cases only, for small value works all at various stages.</p> <ul style="list-style-type: none"> • Replacement heating systems • Electrical system upgrades • External insulation and render • Floor coverings • Internal refurbishment • Doors & Windows 	£50k per year for five years

4.3 Strategic Investment Priorities for ICT;

Project	Details & Progress	Estimated Cost
TEC programme developments	Progress is good. New Pathfinder bid in preparation.	£240,000
eHealth Developments	Good progress against the strategy, new digital strategy now in preparation.	£260,000
HEPMA and full Digital implementation	In preparation	tbc

4.4 Strategic Investment Priorities for Medical Equipment;

Strategic priorities for Medical Equipment		
Equipment	Project Details & Progress	cost
2Nr Instrument washers	Part of the CDU redevelopment project	£185K
2 Nr Clean Steam generators	Part of the CDU redevelopment project	£55k
RO plant	Part of the CDU redevelopment project	£135K
2 x Full Blood Count Analysers	This is a high priority as after September our existing analysers will no longer be supported by a service contract	£90k
Ophthalmology Operating Microscope	urgent as surgeons have identified a risk to continue safe operating in WI.	£113k
9nr Renal Dialysis machines	Existing chairs are all more than 10 years old and becoming unreliable and need replacement to sustain services	
Dental X-ray replacement plan	Existing R-ray equipment is at or over its replacement date across the estate.	£50k
Radiology - Replace fluoroscopy suite	Existing equipment is now 12 years old and due for replacement	£300k
2 Nr Ultrasound scanners	Due for replacement within 3 years	£200k
3 Nr Mobile X-ray machines	Due for replacement within 5 years	£100k
Main General X-ray machine	Due for replacement within 5 years	£300k

4.5 Strategic Investment Priorities for Vehicles;

The board plans to replace the majority of its fleet with EV or plug in hybrid vehicles over the next ten years. This project will require a charging infrastructure across the entire estate (See below table)

As part of the St Brendans project there is a piece of work taking place to look at inter island transport and logistics to assess if improvements and efficiencies can be made. Currently there is a mix for delivery and collections across the estate carried out by various in house departments and external contractors. The work will look at ways to improve both the management and efficiency of these logistical challenges across the whole estate.

4.6 Planned 5 Year Investment

Board	New Investment Projects:	Total Capital Value	2019/20	2020/21	2021/22	2022/23	2023/24
NHSWI	Mental Health Redesign	0.61	0.01	0.25	0.25	0.1	
NHSWI	Dental Redesign Uist	0.42	0.02	0.35	0.05		
NHSWI	Hospital Hub Uist	0.5			0.25	0.25	
NHSWI	CDU redevelopment	0.4	0.4				
NHSWI	St Brendans	16.5	12	4	0.5		

Board	Investment in Existing Estate:	Total Capital Value	2019/20	2020/21	2021/22	2022/23	2023/24
NHSWI	Backlog	7	0.7	0.7	0.7	0.7	0.7
NHSWI	Refurbishment / upgrade	0.95	0.5	0.05	0.05	0.05	0.05
NHSWI	Environmental Improvements	2.275	0.025	0.25	0.25	0.25	0.25

Board	Investment in Other Assets:	Total Capital Value	2019/20	2020/21	2021/22	2022/23	2023/24
NHSWI	Medical Equipment	8.7	1.5	0.8	0.8	0.8	0.8
NHSWI	IM&T	2	0.2	0.2	0.2	0.2	0.2
NHSWI	Transport	0.2	0.02	0.02	0.02	0.02	0.02
NHSWI	Other Equipment	1	0.1	0.1	0.1	0.1	0.1

 **4.7 Planned 5 Year Disinvestment**

Board	Properties:	Total Value	2019/20	2020/21	2021/22	2022/23	2023/24
NHSWI	Drs House - Gravir	0.09		0.09			
NHSWI	Scalpay / Berneray Clinics	0.04			0.01	0.03	



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