

NHS Western Isles Asset Management Update

2020 to 2030



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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 for every other NHS Board in Scotland it has been a difficult year for NHS Western Isles, the COVID-19 pandemic has had a major impact on the capacity of all our health systems including to continue the delivery of essential health services.

Throughout the pandemic, NHS Western Isles kept emergency and urgent care open and paused many of our non-urgent services. However some care which was considered non-urgent several months ago, has become more urgent as time passes. The number of people coming to Emergency Departments dropped and screening services were put on hold.

As NHS Western Isles continues to attempt restart routine services with the ongoing risk of outbreaks, primary care will be put under additional strain by delayed investigations and treatment, and poorly controlled long term conditions. Health Services generally are facing workforce shortages as staff have to intermittently self-isolate, or even fall sick themselves, all whilst we try and run the largest vaccination programme the health service has ever undertaken.

The cumulative impact of COVID-19 on the NHS, social care and wider society will take time to quantify and understand. It will require a multi-pronged research effort by many bodies to explore the relationships between the disrupted and changed services and the impact on people's health and wellbeing. There may be many positives; public awareness of the need to strengthen social care may increase, creating impetus for reform. Large scale volunteering may be sustained and the huge shift to remote consultations may prove to be both durable and effective for much of our population.

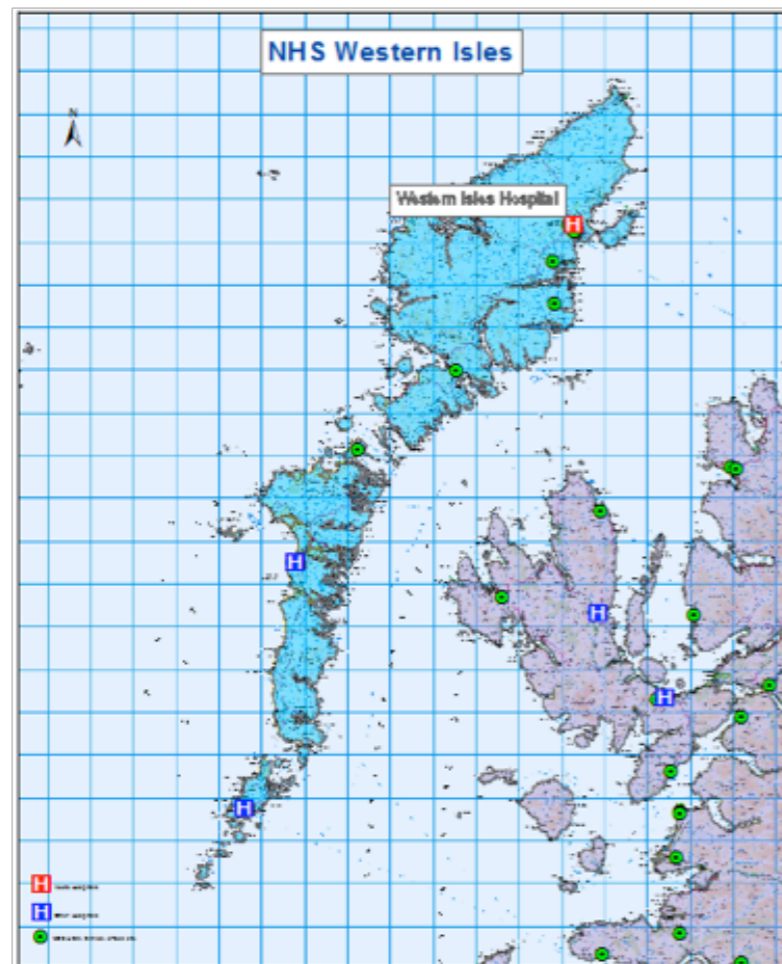
As a Health Board, NHS Western Isles' mission statement is to be 'the best at what we do' and our overall purpose is:

'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 continues to work 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, this has been scaled back significantly during the pandemic.



▶ Pandemic Impact

The COVID-19 pandemic has resulted in the rapid adoption of digital technology in the NHS and significant changes in the delivery of services more widely to free up space and capacity in acute hospitals, enable remote working and reduce the risk of infection transmission in NHS settings. Primary care in particular has seen a huge increase in remote appointments.

A number of Western Isles Hospital services have been relocated or discontinued for the time being. For example the "Day hospital" unit has now become a "Respiratory Assessment unit" for suspected COVID patients. Erisort ward which was a stroke/rehabilitation ward has been connected to Medical ward 2 via an external temporary link corridor and has now become the COVID in patient and COVID - ICU area.

The immediate clinical challenges in terms of the use of high flow oxygen quickly highlighted the inability of our cylinder based system to cope with demand. As a matter of urgency we needed to create more resilience to the oxygen supply by creating a second gas manifold room connected directly to Medical ward 2. The additional manifold room allowed for a separate gas system in the area which is alleviating the demand on the remainder of the hospital. This also allowed for doubling of the ventilator capacity between both wards and for the two normally separate wards to be managed by the one staff group. 15 oxygen concentrators were also purchased so that patients requiring a lower volume of oxygen could use the concentrators instead of the oxygen in the piped system and therefore further relieve the demands on the oxygen supply.

Clisham ward (Part of the old Mental Health service which was closed) has been adapted to become an Ambulatory care unit. This has facilitated the relocation of the Day hospital services, Chemotherapy service, Cardiac services, Diabetes care and some outpatient services. This was completed primarily to enable a separate access from the main entrance of the hospital and adjoining inpatient areas. This also reduced the footfall in the main areas of the hospital where inpatient services are located and helps to reduce the risks associated with COVID transmission.

A number of the care services have moved towards community centred services including the roll out a "hospital at home" service which allows patients to be discharged from hospital earlier but continue their treatment at home by the same clinical teams.

In addition to the above the existing day hospital unit was converted into a COVID Respiratory Assessment unit. It is used for assessing and testing patients referral for possible hospital admission.

The Western Isles Dental centre on the Western Isles Hospital campus has been taken over and used as a community COVID Respiratory testing and assessment unit.

Various small alterations were carried out at Uist & Barra Hospital including the erection of barriers and temporary walls to better segregate clinical areas.

Again various small alterations were carried out at St Brendans Hospital, Barra to make better use of some rooms and provide better separation between the hospital and the adjoining care home. During the height of the pandemic the Castlebay School was also taken over by the health board as a temporary Assessment Unit, this has now has been handed back to the local authority.



Strategic Plan

The Primary Care estate is already in need of investment but the current pandemic and the substantial increase in the use of telephone and vc image is causing NHS Western Isles to question whether we will need to extend buildings in the future to accommodate more localised community based services across the primary care estate. However, the stage of our plan will be to get back to the “new normal” after which we will be in a better place to formulate a definitive strategy. An accomadation and technology emailed requirements.

We also need to consider that in 16 years it is estimated that the population of over 65s in Western Isles will be 8,497. This equates to 35% of the estimated population in 2036, compared to a current proportion of 25% being aged 65+ and by 2028, the rate of dementia is projected to rise by 33%, from an estimated 613 people to over 800. In a further 10 years it is projected to rise to nearly 1000 diagnosed people.

Most recent cancer figures show just over 1000 people were diagnosed with cancer in the Western Isles in the years 2008-12. This figure is expected to rise by over 60% to over 1600 diagnoses between 2023-27.

These are just a few of the challenges demographics that we need to consider in our plans. However our care will be delivered by integrated teams, with the 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. We have made significant inroads to this over the last year with our work increasingly to deal with the Pandemic.

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 require re-design or, and investment in services. This shift will be recognised as a positive improvement in the quality of our services, which we have already made significant progress towards over the last year.

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.



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.

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	0.14
Cardiac Defibrillators	0.25
Flexible Endoscopes	1.62
Infusion Devices	0.13
Other high value items	4.47
Total	8.69

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

Vehicles	
Owned	16
Leased	0
Staff Car Scheme	40
Long term hire	-
Total	56

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

Current Statistics

The property portfolio within Western Isles varies considerably in condition, functional suitability and space utilisation. This is principally due to the age range and rurality. As can be seen in the table below 23% of the buildings are over 30 years old, 10% of which are over 50 years old, this is however a young profile compared to many of the other NHS Boards in Scotland.

NHS Board	Age Profile (%)			
	Over 50 years old	30 - 50 years old	10 -29 years old	Up to 10 years old
NHS Western Isles	10%	13%	73%	4%
North Region	36%	24%	28%	12%

The geography, rurality and remoteness is undoubtedly challenging but so is the need for a clinically driven review of the health and care requirements across the Western Isles to assess the requirements for these facilities but still support the local communities.

Further analysis in table 3 below shows that functional suitability and space utilisation is quite consistent across the area, reflecting the fairly modern property portfolio compared to other boards in the north.

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%	89%	1%	0%	4%	95%	0%	0%	0%	1%	98%	0%
North Region	8%	63%	24%	5%	8%	68%	18%	6%	3%	17%	77%	3%

As previously stated, only 23% of the properties within the Western Isles are over 30 years old. It should therefore be no surprise that the condition of these properties is reflective of this. Table 4 below shows the backlog maintenance, by level of risk, which have been adjusted to take account of a 6.18% inflationary increase.

NHS Board	With 2020 (6.18%) 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	0.6	1.6	0.5	0.0	2.7	0.2	0.4	0.1	0.0	0.7	0.8	2.0	0.5	0.0	3.4
North Region	79	88	69	56	291	30	23	16	2	71	109	111	85	57	362

In 2012 NHS Western Isles backlog stood at £3m, the table above shows the current backlog of £3.4m shows that overall backlog has in the main remained consistent despite the inflationary increases of over £365k since 2012. This has been achieved partly through targeted backlog investment and in the refurbishment of existing assets.

▶ Smarter Offices

Large numbers of staff have not been in the workplace, a number shielding and a number who can work from home during the pandemic, so there will be a need for reassessing investment plans in relation to home working in the near future. Once things settle into whatever the new normal for the health services will be. Assessments will be required around investment and or the need for large office/admin facilities. Will more investment be required in IT and communications equipment and transportation to support further expansion in community services and home working?

The main area of work around office requirements is in relation the board's head offices in Stornoway. This property is over 50 years old, and an assessment of future need is required to ascertain the feasibility of refurbishing the property or to rationalise it, the COVID crisis has highlighted that many more people can work effectively and efficiently from alternative locations and there may no longer be a requirement for large office buildings or alternatively is there still a requirement to invest in a new build.

As the current headquarters in Stornoway will remain the boards main office significant refurbishment, modernisation will be required.



Future Investment

► Investment Priorities for Hospital Services

Listed below are the main issues currently identified within NHS Western Isles hospital portfolio, some of which have already been taken forward as projects for delivery.

Western Isles Hospital - Backlog/Refurbishments:-

The rolling programme of backlog maintenance and refurbishment works to western Isles hospital was due to continue for the next 5 years, with the refurbishment of the Medical ward 2 in 2020. Following this the main reception and the Education departments were to be refurbished. Unfortunately these projects have been put on hold due to the COVID situation. As it stands there is no feasible option available to relocate services to allow the refurbishments to take place, as the former Clisham ward where services were to be temporarily relocated to, has been converted in to an Ambulatory care unit. These two projects may now have to be postponed for up to two years.

WIH, Laboratory improvements

Works are required to improve the usable space in the laboratory department at WIH. This work will involve altering the layout of some rooms and, the mortuary and body viewing areas adjacent to the laboratory. This work was planned for 2020/21 but that plan is currently on hold due to the COVID situation.

WIH - Work has just been completed on the project to create a permanent link corridor joining Med 2 and Erisort wards and also to construct a permanent back up medical gas manifold building.

Radiology

In 2020 the fluoroscopy suite in the Radiology Department at western Isles Hospital will be replaced and the rooms refurbished. Over the next 3 years the proposal is to invest approximately £900K to replace the remaining imaging equipment on WIH and the Uist & Barra Hospital on Benbecula. The equipment at St Brendan is included in the capital expenditure for the St Brendan's replacement project.

The Replacement Fluoroscopy suite will include additional ceiling suspended x-ray tube and wall stand for general Radiography examinations. It is anticipated that this project will be completed by March 2021 at a cost of £330,000 ex VAT.

Uist & Barra Hospital

The project includes redeveloping areas of the Hospital in Benbecula into a Healthcare Hub campus. The hub model will provide more streamlined services for the community and one that is more appropriate for patient pathways. This includes continuing and modernising dental services, a GP surgery aligned with medical officer provision at the hospital and an improved fit for purpose resuscitation area.

Phase 1 - Redevelop part of the Hospital to accommodate a dental department and centralise dental services in the Uists onto the hospital/Hub site. This part of the project has been approved by the

board and the IJB and has now moved to the detailed design stage.

Phase 2 - Relocate the Benbecula GP practice and the Balavanic clinic to the hospital site. In addition to the two main projects above, three other leased admin properties in Uist will be disposed of and staff either relocated to the Hub site or be co-located within local authority premises as part of the integration process.

Uist & Barra Hospital - Dental facility

Plans were progressing well with the redevelopment of the former theatre department into a new 4 chair dental facility. Work on the project has slowed due to the COVID situation but plans are in place to start work on this project again with a view to work commencing on site in 2021. Various small alterations have also taken place including the erection of barriers and temporary walls to better segregate clinical areas.

St Brendans Hospital Barra - Replacement

New hospital/healthcare Hub: The OBC was approved in April 2018. Since then the definition of the project has changed with the board approving a new model in conjunction with the local authority. The new project is to jointly develop a new "Community Campus project". The project is now going through the consultation and development process. The project costs will be further reviewed in tandem with the design development, the process is still very fluid as the new campus concept is in the very early stages of development.

Work for the replacement hospital on the Isle of Barra has now changed focus. Originally the plan was to have a new hospital and housing with extra care unit build next to the existing hospital & care home. However, following an indication from Government of funding for the replacement of the education and sports facilities on Barra and in light of the already committed funding for the replacement of the St Brendans Hospital and Care Facility and GP surgery on Barra. NHSWI and CnES agreed to explore the feasibility and potential benefits of a fully integrated community campus. Following an extensive feasibility study both organisations supported the provision of an integrated campus at the end of 2019. Hebridean Housing Association who are also partners will provide the funding for the social housing with extra care which will replace the care home.

Hub North Scotland are the delivery partners and are exploring various options for the new facility which will be constructed on the site of the existing school and sports facilities in Castlebay. In addition a full engagement strategy is currently underway with all key stakeholders and will extend to the community in the coming weeks.

The Delivery Team is currently working on a submission to Scottish Government Health and Education departments. This is a pathfinder project which is aiming to create a single process for future public sector partnership projects.

The proposed Community Campus will integrate a wide range of public services on one Campus location, education, social care, healthcare, ambulance and police, and supported housing, along with facilities, such as library, sports facilities, creche and café, and space for community use.

The new integrated facility, tailored to the island's needs – will help build the island economy, offer opportunities to those either wishing to stay on, or return to, the island, and help develop personal and community resilience.

Broadbay Medical Practice:

A requirement to upgrade the backlog and statutory compliance of Broadbay Medical Practice has been identified through a conditional building survey. The current costs have been identified at around £225k.

Investment Priorities for Primary Care Services

Strategic priorities for investment in primary and community care

Project	Project Details & Progress	Estimated cost
St Brendans Community Campus	The Barra GP practice will form part of the St Brendans Hospital/health Hub site.	Cost being updated in tandem with design last Cost estimate was £18m for hospital section however this is under review.
Uist Dental Services	Integrated Joint Board approved the project in winter of 2019. Project is progressing through detailed design with a view to being on site in early 2021	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	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. Replacement heating systems Electrical system upgrades External insulation and render Floor coverings Internal refurbishment Doors & Windows	£50k per year for five years

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

Investment Priorities for Medical Equipment

Other areas which will require a change in thinking will be around the new ways of working and that may include Investment in additional equipment for the expanding community based services. Investment may also be required for equipment that can be used in conjunction with the expansion of the "Attend Anywhere" services that have been expanded and used very successful during the COVID situation.

Strategic priorities for Medical Equipment

Equipment	Project Details & Progress	Cost
General R-ray equipment	Replacement general x-ray room – ceiling suspended x-ray tube, wall bucky and table in both WIH and UBH.	£600K for both
Theatre Endoscopy stacks	Replace stacks at WIH	£90K each
Dental X-ray replacement plan	Existing R-ray equipment is at or over its replacement date across the estate.	£100k
Radiology - Replace fluoroscopy suite	Existing equipment is now 12 years old and to be replaced in 2020/21	£900k
2 Nr Ultrasound scanners	Due for replacement within 3 years	£200k
3 Nr Mobile X-ray machines	Due for replacement within 5 years	£100k
Infusion pumps	22 Nr to be replaced across the board in 2020	£50K

▶ Investment Priorities for Vehicles

The board plans to replace the majority of its fleet with EV or plug in hybrid vehicles over the next 5 years. This project will require a charging infrastructure across the entire estate

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.

▶ Planned 5 Year Investment

Board	New Investment Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSWI	Dental Redesign Uist	0.5	0.175	0.275	0.05		
NHSWI	Hospital Hub Uist	0.52	0.02	0.25	0.25		
NHSWI	St Brendans	19	1.5	7.5	8	2	

Board	Investment in Existing Estate:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSWI	Backlog	1.25	0.25	0.25	0.25	0.25	0.25
NHSWI	Refurbishment / upgrade	0.75	0.15	0.15	0.15	0.15	0.15
NHSWI	Environmental Improvements	0.125	0.025	0.025	0.025	0.025	0.025

Board	Investment in Other Assets:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
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

▶ Planned 5 Year Disinvestment

Board	Properties:	Total Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSWI	Scalpay / Berneray Clinics	0.04			0.01	0.03	



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