

# NHS Shetland Asset Management Update

2020 to 2030



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## Introduction

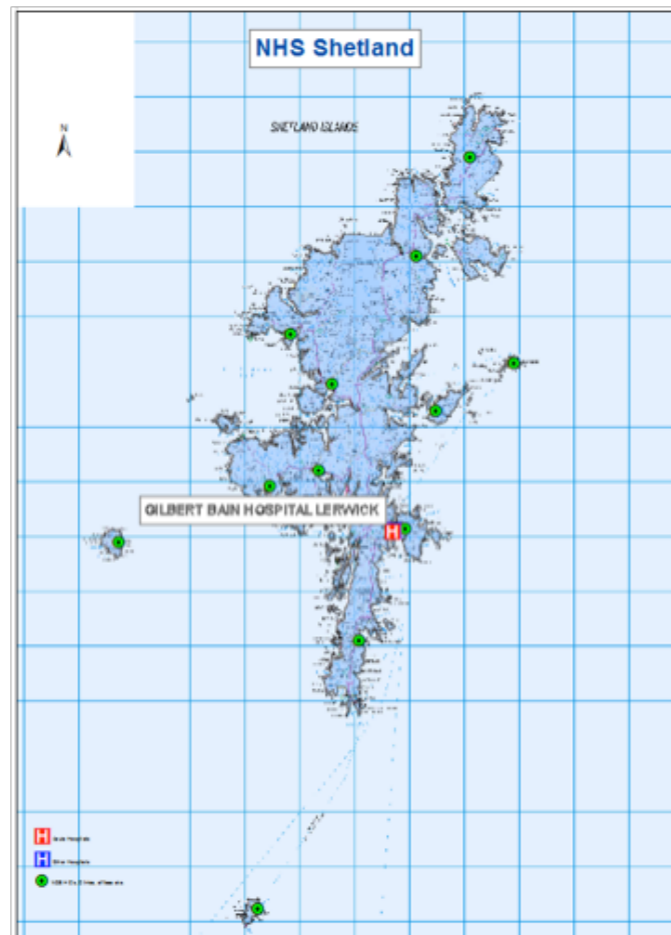
Shetland NHS Board is responsible for health care for a population of around 23,000. Local Hospital and Community Services are provided from the Gilbert Bain Hospital. In addition, visiting consultants from NHS Grampian provide out-patient clinics as well as in-patient and day-case surgery to supplement the service provided by the locally-based Consultants in General Medicine, General Surgery, Anaesthetics and Psychiatry.

As for every other NHS Board in Scotland it has been a difficult year for NHS Shetland, 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 Shetland 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 Shetland continues to 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.



### The Boards Corporate Objectives are:-

- To improve and protect the health of the people of Shetland
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service
- To provide best value for resources and deliver financial balance
- To ensure sufficient organisational capacity, capability and resilience

NHS Shetland 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 Shetland, but for specific procedures and more specialist services, we work with mainland partners to provide services in other areas.

## ▶ 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 resulting in a hugely accelerated demand for “Attend Anywhere”, enhanced by our remote and rural locations, transport issues and reduced physical access to clinical services

The pandemic has meant a delay to the Ambulatory Care Project due to the inability to access the proposed site within the Gilbert Bain Hospital. Additional space out with the NHS Shetland estate is also currently being utilised due to insufficient accommodation to provide for our staff to comply with COVID-19 physical distancing. It still remains uncertain at this stage as to whether this will be required to continue on an ongoing basis. It has also resulted in a significantly increased demand for laptops and a reconfigured IT infrastructure impacting on ICT staff resources.

From the onset of the pandemic in early March to date, the Estates Department of NHS Shetland, along with support from local contractors, design engineers and consultants, have been supporting the Board’s response to COVID-19 and more latterly the Recovery Plans to enable services to safely recommence. However COVID-19 will continue to impact on many of NHS Shetland initiatives, which are currently being reviewed on an ongoing basis. These include:

## ▶ Covid Response

- Creation of a dedicated Respiratory Care Unit to support patients with severe respiratory compromise in a safe environment for staff;
- Repurpose and redesign of isolation side rooms on Ward 3 for intensive nursing of infected patients;
- Segregation of Theatre Suite to provide dedicated pathways for Covid and non-Covid patients;
- Creation of additional surge bed capacity on Ronas Ward with plans in place to scale this up to other areas within GBH and Montfield Hospital if required;
- Commissioning of COVID-19 Testing Hub initially in GBH Car Park and now relocated as a drive through facility on the site of Brevik House;
- Creation of PPE safe storage areas throughout GBH site;
- Created safe dedicated route for patients attending the Covid Assessment Centre initially in Outpatients at GBH and now located at Lerwick Health Centre.
- Provision of additional Mortuary space - Nutwell unit.



# Strategic Plan

Our Primary Care estate is already in need of significant investment or re-design but the current pandemic is causing NHS Shetland Isles to question what do we need in the future to accommodate more localised community based services across the primary care estate. However, the 1st stage of the plan will be to get back to the “new normal” after which we will be in a better place to formulate a definitive strategy.

## ► Recovery Plans

- Creation of dedicated endoscopy unit to safeguard operating theatre capacity;
- Creation of new entrances to various hospital departments for vulnerable and shielding patients;
- Redesign of spaces to allow additional clinical workspace to better serve segregation of patient groups (outpatient cardiology, outpatient ultrasound and minor procedures, physiotherapy);
- Supporting Primary Care recovery with redesign of clinical spaces, patient flow and building entrances;
- Supporting clinical and non-clinical staff through minor works and temporary relocation to address social distancing issues;
- Supporting Infection Control Team in addressing Covid-related issues around all NHS Shetland sites;
- Providing clear and concise way-finder, social distancing and PPE signage to all clinical and non-clinical areas.

The NHS Shetland 2020 Vision is “to deliver sustainable high quality, local health and care services, that are suited to the needs of the population; to make best use of our community strength, community spirit and involvement; for people to make healthy lifestyle choices, and use their knowledge and own capacity to look after themselves and each other.”

Shetland, in keeping with other areas in the UK, is continuing a period of unprecedented change in its public services not just due to the Pandemic. Investment in health and care services has been hugely successful, with people living longer and being able to live longer even though they may have more complicated health and care needs. Shetland has an excellent reputation for delivering high quality, safe and effective services. However, the pressures before us continue to grow and our financial challenges are significant, never mind dealing with increasing demand and the current clinical emergency. We therefore need to set out clearly how we can deliver services into the future that meet the need, and continue to be safe, effective and of quality. It goes without saying that individuals, families, unpaid carers, volunteers, staff and communities will be at the heart of the changes. Our challenge is to genuinely change the way that we work to and make sure that services are integrated around the needs of individuals, their families and unpaid carers and are not built around the convenience of organisations. To meet that aim, the Board through 2020 and 2021 has embarked on a significant refresh of its’ Clinical and Care Strategy which will outline the direction of travel for health and care services in Shetland for the next 5-10 years. The new vision for health services is due to be completed and adopted by the Board and our partners in June 2021.

There are competing issues around increasing demand and diminishing resources which makes it not possible to continue to deliver services in the same way we do at the moment into the future. Our population is growing older and there are more people living with lifelong conditions, including people with learning disability and complex needs. With that comes increasing demand for services associated with older age.

Alongside that, our working age population is expected to decrease and there will not be enough working age people to maintain the same service models into the future. We also face particular challenges around the recruitment and retention of staff. Health and care services will continue to face a real term restriction in resources over the next three years.

We therefore need to find a way, collectively, to develop the mix of hospital, primary care, community care and health improvement services that best meet the needs of our population and ensuring lessons are learnt from the current pressures.

We will consider all opportunities to change how we deliver our services. We believe by working together collaboratively to reduce the boundaries between all the different areas of the health and care system, we can find a way to make sure that citizens are seen by the right person, at the right time and in the right place.



## Current Performance

NHS Shetland consists of acute services and one Integration Joint Board. It covers a geographic area of around 100 separate islands covering 1,466 sq.km. 16 of which are populated, with a total population of 23,000. The Board provides services from 1 hospital, 16 Primary care facilities and 2 office buildings with a net book value of £25.5m. The Gilbert Bain Hospital was built on the 1.47ha site of the former infectious diseases hospital, with the first phase opening in 1961. The hospital has an accident and emergency department, 2 theatres, consultant-led general medical and general surgical ward services and an Obstetrician-led maternity unit. Other specialties are also provided by visiting clinicians from NHS Grampian.

A recent property report into the hospital concluded that the existing constrained site provides little opportunity for expansion with little or no variation to the layout possible to meet current modern hospital requirements. It recommended carrying out a Strategic Assessment for the Gilbert Bain Hospital; identifying the current arrangements, the need for change and the benefits that could be realised if that change was implemented. The assessment may consequently identify a "Case for Change" for the only hospital on the island that provides services to the population of Shetland.

### Overview of NHS Shetland Asset Responsibilities

Owned and Leased Property Sites		
	No.	Area sq. m.
Hospitals	1	9,393.00
Primary Care Facilities	16	8,476.00
Offices	2	4,533.00
Other	2	1,974.00
Hubco/PFI Property Assets		
Hospitals	-	
Primary Care Facilities	-	

Medical Equipment Replacement Cost (£m)	
Radiotherapy Equipment	0.00
Imaging Equipment	1.70
Renal Dialysis Equipment	0.04
Cardiac Defibrillators	0.10
Flexible Endoscopes	0.47
Infusion Devices	0.11
Other high value items	1.90
<b>Total</b>	<b>4.32</b>

Independent Property Assets	
	No.
General Practice Facilities	0
Pharmacies	5
Dental Facilities	6
Optometrists	3

Vehicles	
Owned	-
Leased	54
Staff Car Scheme	1
Long term hire	-
<b>Total</b>	<b>55</b>

Current Book Value (£m)	
Property	25.54
Equipment	0
IM&T	0
Vehicles	0

## Current Statistics

The property portfolio within Shetland varies considerably in condition, functional suitability and space utilisation. This is principally due to the age and rurality. As can be seen in the table below 79% of the buildings are over 30 years old, 54% of which are over 50 years old, the oldest age profile of any NHS Board in Scotland.

NHS Board	Age Profile (%)			
	Over 50 years old	30 - 50 years old	10 -29 years old	Up to 10 years old
NHS Shetland	54%	25%	21.25%	0.37%
<b>North Region</b>	<b>36%</b>	<b>24%</b>	<b>29%</b>	<b>11%</b>

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 Shetland to assess the need to retain many of these aging facilities but still support the local communities.

Further analysis in table 3 below shows that functional suitability and space utilisation varies considerably across the area but that 57% of the estate is overcrowded and that 37% of the estate is functionally unsuitable for the services that are currently provided from them, Gilbert Bain being the main contributor to this.

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 Shetland	0%	63%	29%	8%	0%	45%	39%	15%	8%	7%	29%	57%
<b>North Region</b>	<b>8%</b>	<b>64%</b>	<b>23%</b>	<b>5%</b>	<b>9%</b>	<b>69%</b>	<b>19%</b>	<b>4%</b>	<b>3%</b>	<b>18%</b>	<b>77%</b>	<b>2%</b>

As previously stated, 57% of the properties within Shetland 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 Shet-land	0.9	0.8	1.5	0.0	3.1	0.1	0.5	0.5	0.0	1.1	1.0	1.2	2.0	0.0	4.2
<b>North Region</b>	<b>79</b>	<b>88</b>	<b>69</b>	<b>56</b>	<b>291</b>	<b>30</b>	<b>23</b>	<b>16</b>	<b>2</b>	<b>71</b>	<b>109</b>	<b>111</b>	<b>85</b>	<b>57</b>	<b>362</b>

In 2012 NHS Shetland backlog stood at £4.49m, the table above shows the current backlog of £4.2m demonstrating that overall backlog has been reduced by £300k despite the inflationary increases of over £480k since 2012. This has been achieved partly through targeted backlog investment and in the refurbishment of existing assets.

## ▶ Smarter Offices

NHS Shetland have carried out some internal reconfiguration of the office accommodation at the Gilbert Bain Hospital and Montfield headquarters in previous years. This has enabled improved training facilities to staff at the Gilbert Bain Hospital and has enabled Finance to be co-located adjacent to the Executive Management Team. This has also provided additional meeting rooms within the Gilbert Bain Hospital with the knock on effect of reducing travel time to and from Montfield, however due to the ongoing COVID-19 working requirements it is uncertain as to what our future plans may look like and whether or not staff remain working at home in the long term. Until this is resolved office planning for the long term will be delayed.





## Future Investment

### ► Investment Priorities for Hospital Services

#### **Gilbert Bain Hospital:-**

Our approach is to invest in technology and facilities within Gilbert Bain Hospital that will support the repatriation of activities and care pathways to Shetland, which results in patients having to travel less for unnecessary appointments.

There are current plans to invest in an extended Ambulatory Care facility within the Gilbert Bain Hospital, to improve the quality and effectiveness of day surgery procedures and help to avoid unnecessary admissions to hospital.

NHS Shetland needs to assess the suitability of its buildings to provide quality, effective and safe services, delivered in the most appropriate setting for the patient. In this respect, NHS Shetland's highest priority is to address an aging non-compliant Gilbert Bain Hospital. The hospital is over 60 years old and requires to be considered for major investment. The project has been deliberated by the NHS Board and they have approved the need for a Case for Change. The clinical vision through an updated Clinical and Care Strategy will be ratified in June 2021. The Strategic Assessment process will commence in June 2021 with submission planned in January 2022. Funding has been provided (£175K) Scottish Government to enable the development and completion of the Strategic Assessment. If a Case for Change is met, then the Board would look to progress to Initial Agreement from April 2022 and a business case to support the funding required to undertake this will need to be submitted.

Due to one-off funding from the Scottish Government of £600k in late 2020-2021, the replacement of the Boards' ageing CT Scanner has been brought forward with purchase completed in March 2021. This has removed the need to complete a Business Case as the replacement which was due in 2023 was outside out existing capital allocation.

In 2021 we are undertaking a piece of work to strategically assess our backlog maintenance and produce a strategy that take a holistic view of assets and risk assess prioritised lifecycle and maintenance works for the short-medium term; ensuring that a) health and safety b) infection control and c) wind and watertight envelope of the estate are not compromised / at high risk. Essentially we will be "sweating the asset".

### ► Investment Priorities for Primary Care Services

Delivery of the Primary Care Improvement Plan relies on services being delivery by multi-disciplinary teams, working out of a range of health centres and other community buildings. This will be supported by good IT links and systems.

Although no specific primary care investments have been identified to date however, we have undertaken a series of Scenario Planning workshops to help us to shape the future of health and care services in Shetland and that work along with the Primary Care Improvement Plan will help to inform our asset strategy and specifically the number, location and use of our buildings. We will do this in partnership with the Integration Joint Board.

Through 2021-2022, we shall be undertaking a review of our assets in the outer small isles in conjunction with the primary care service as they determine the long-term future of service provision to the remote communities.



## ▶ Strategic Investment Priorities for ICT

The North of Scotland (NoS) eHealth Plan 2018-2021 details planned priorities and provides insight into the approach to regional eHealth. The NoS will share data and information across boards and join up with other public sector bodies to collaborate on patient care and safety, clinical effectiveness and a person-centred approach to care.

Technology is an enabler and will support key health initiatives such as self-management of care at home, decentralising access to services and ensuring effective mobile working for staff, removing geographical boundaries.

Implementing a common architecture across the NoS will require investment to facilitate integration at a fundamental network level, allowing staff to roam effectively across board borders.

The annual capital allocation for IT equipment has been prioritised against all other competing investment requirements, thus the level of investment have fallen below what is required to meet replacement needs, resulting in a significantly older estate of IT equipment, introducing increased risk and support requirements.

The ICT priorities are being reassessed on an ongoing basis to reflect our recovery and remobilisation plans.

## ▶ Strategic Investment Priorities for Medical Equipment

This continues to develop through a detailed equipment replacement strategy, informed through clinical consultation and a comprehensive assessment of risk. The annual capital allocation for medical equipment is considered sufficient for current projected needs.

The Medical Equipment priorities are being reassessed on an ongoing basis to reflect our recovery and remobilisation plans.

Through charitable fundraising and donations, the budget required to procure an MRI Scanner and its housing along with the first years revenue costs has been raised. Plans are now being formulated with partners in NSS, NHS Grampian and local clinical teams to progress this investment and repatriation of this service to the Gilbert Bain site. Impacts on the Boards' Capital Programme in 2022 and beyond are still to be determined.

## ▶ Strategic Investment Priorities for Vehicles;

No specific strategic priorities have been identified and most current issues are operational. An NHS Shetland Transport Group has been established to resolve the operational issues and to engage with the Shetland Islands Council to explore opportunities for joint transport and logistics.

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The North Transport and Logistics Group advise NHS Shetland of any issues which may affect the islands. This will include a replacement of the existing fleet with electric vehicles to comply with the current net zero targets.

The Vehicles and Transport priorities are being reassessed on an ongoing basis to reflect our recovery and remobilisation plans.

## ▶ Strategic priorities for Sustainable and Environmental development

NHS Shetland have been selected as one of three Boards to pilot the development of a Net Zero Emissions Route Map. The purpose of the Route Map is to set out how each Board can reach the Net Zero goal by 2045, this date is which the UK committee for Climate Change has stated the date Scotland needs to be carbon neutral by. This will be carried out in conjunction with the published NHS Scotland Climate Change and Sustainability Strategy 2020-25 due to be released this year.

The following is a list of current projects which are being developed where appropriate, either locally and or regionally through the North Energy Group, North Waste Group and North Sustainability Group.

- Non clinical waste data collection – NHS Shetland liaising with Shetland Island Council (SIC) as collection and disposal is carried out by them (not on national contract).
- Recycling (paper and plastics) –SIC collection and recycling of plastics (previous exemption no longer applicable).
- Sustainable single use – engage with National Procurement.
- Biodegradable residual waste – discuss with SIC 2021 landfill restrictions.
- Sustainability Development Action Plan – under review by HFS and SG.
- Climate Change report – Annual return to be submitted November 2020.
- Climate Change Risk Tool.
- Climate Change Adaptation Plan.
- Sustainability Assessment Tool – replacement for Good Corporate Citizenship- an initial baseline assessment has been carried out but is being refreshed during 20/21.
- Corporate Greencode – under review by HFS and is anticipated to be revised during 20/21.
- Energy Policy.
- Carbon Management Plan.
- Clinical Waste – Contingency due to be replaced with new contract in September 2020.
- Clinical Waste Contract (New) - Implementation
- Net Zero Route Map – Implementation.
- Bio-diversity Reports.

All the above are ongoing and likely to generate a Regional Work Plan dependant on whether these have the potential to be address regionally otherwise they will be local.

▶ **Planned 5 Year Investment**

Board	Investment in Existing Estate:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSS	Jac packages	0.016	0.016				
NHSS	Bressay Clinic	0.018	0.018				
NHSS	AE Department	0.020	0.020				
NHSS	IG-IT System (Oct 2019)	0.040	0.040				
NHSS	Lerwick Health Centre Doctors Practise	0.08	0.080				
NHSS	Lithotomy Stirrups - medical equipment	0.011	0.011				
NHSS	Myosure - medical equipment	0.011	0.011				
NHSS	Replacement Dental chairs Montfield	0.072	0.072				
NHSS	Ward 3 Ligature removal	0.015	0.015				
NHSS	Ambulatory care	1.621	0.189	1.432			
NHSS	Gilbert Bain Hospital - Strategic Assessment	0.175	0.025	0.150			

Board	Investment in Other Assets:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSS	Medical Equipment	2.5	0.5	0.5	0.5	0.5	0.5
NHSS	IT Equipment	0.5	0.1	0.1	0.1	0.1	0.1

▶ **Planned 5 Year Disinvestment**

Board	Properties	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSS	St Olaf Street Dental	0.175	0.175				



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