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Introduction

In the last year the pandemic has exacted unparalleled change to the country and the world as a whole, but no more so than for the NHS and how services are now provided by our staff to the populations we serve and this has meant we have had to do many things differently, including this update to the North Regional Asset Management Plan.

Over the past 12 months, NHS services have stepped up and shown their value, flexibility and resilience in the face of unprecedented challenges. Our staff have adapted, transformed and delivered essential services during the most demanding and difficult time of their careers. However this has meant property, planning and estates staff have been concentrating on dealing with the day to day impact of the pandemic and planning on how to aid and assist our frontline staff to deal with the enormous pressure it has brought to our services, whilst also trying to move forward with prioritised critical projects that are still essential for our clinical environment.

Therefore this year's update to the Regional Asset Management Plan will concentrate on the impact of the pandemic on each of the northern boards with individual Asset Management Plan updates that describe some of the change in how we provide services and recognise that some of that change may remain with us in the long term, requiring a significant update on our strategic clinical and investment strategies.

The pandemic has brought about significant change to our secondary services; increased waiting times for all elective services, surgery and outpatient clinics as well as enormous pressure on our Intensive Treatment Unit (ITU) and non-elective services. It has also brought about a new way of providing Primary care services and how we interact with and treat our patients.

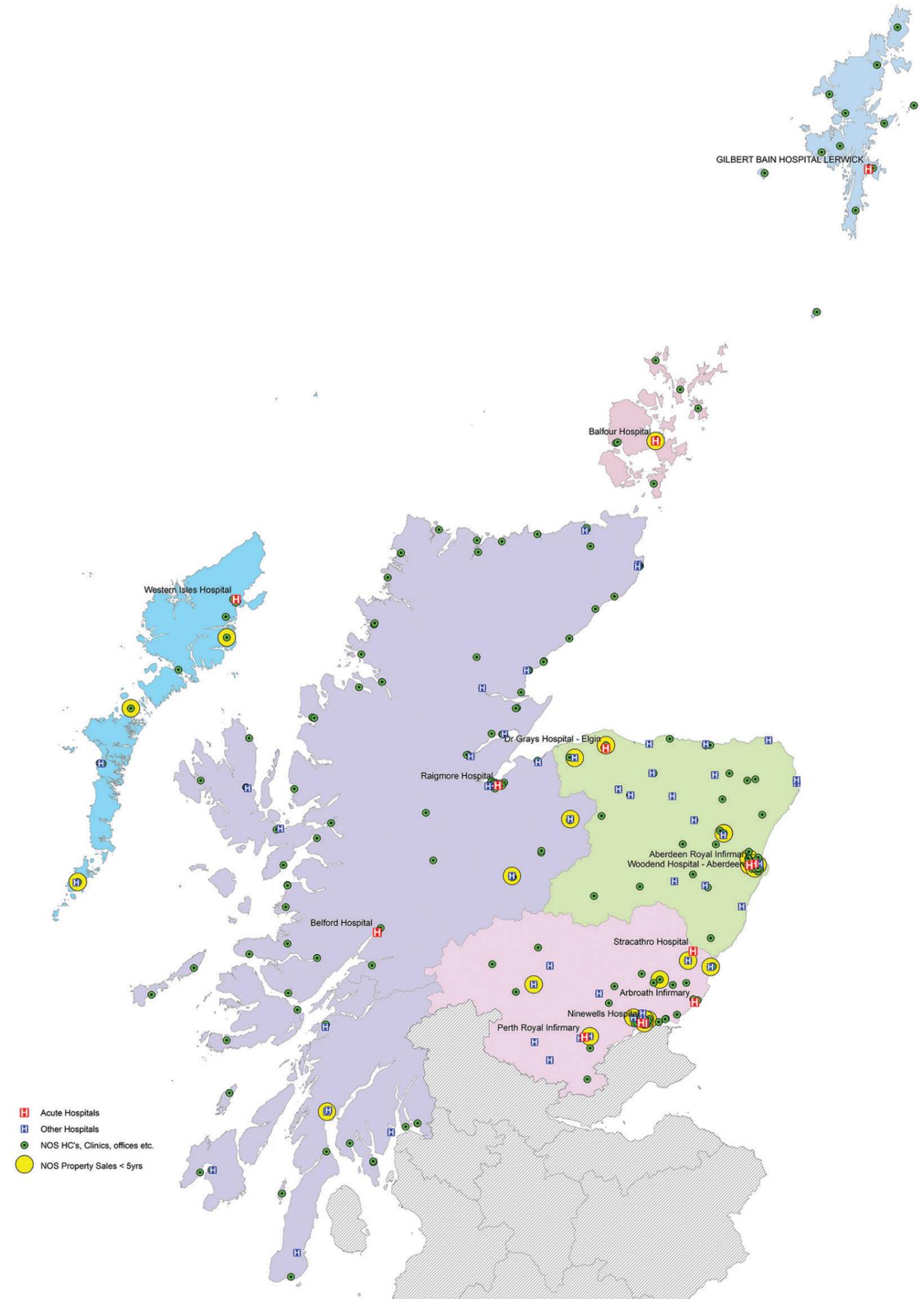
It isn't all bad news however; the pandemic has shown that with the right funding, workforce and support from the Government, we can perceive a different NHS that delivers more care closer to and within the home.

Change is still required across the country, to ensure that NHSScotland is in the best possible shape to meet current health needs and recover from the impact of the global pandemic whilst ensuring we continue to improve the population's health and well-being.

The coronavirus (COVID-19) pandemic delivered a profound shock to the people of Scotland. The measures to control the spread of the virus have reached deep into our lives affecting people's income, job security and social contacts – all factors that are essential to healthy lives

The NHS entered the pandemic with a relatively low level of beds and staff per capita and much of the policy response to the pandemic has hinged on slowing infections to allow time for the NHS to increase critical care capacity in hospitals.

Throughout the pandemic, the Boards 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 many screening and out-patient services were put on hold.





The North Region consists of 6 NHS Boards and 11 Health and Social Care Partnerships covering a land area of 54,345 km²

The North Region rapidly re-designed services on a large scale to release capacity for treating patients with COVID-19. This included discharging of patients to free up beds, postponing planned treatment, shifting appointments online where possible and the redeployment of staff to cover areas of highest pressure.

The use of digital technology has been paramount to this, and has radically changed the way that health services are delivered with virtual consultations and remote monitoring proving effective and beneficial for both staff and patients.

General practice does much of the work of managing patients with chronic conditions. This has also overwhelmingly changed as most practices have now moved to remote triage where patients are assessed by phone or online (Near Me) before they can access a GP or other health professional.

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 North of Scotland Health and Social Care Regional Asset Management Plan is one of a suite of documents which will be required to re-assess the challenges that face us and identify new solutions and plans including the key investment requirements to meet this new demand and continue to improve quality, efficiency, and progression towards a more sustainable health service.

The individual plan updates aim to set out the strategic intent of each of the partners and the investment required over the next five years to enable the continued change required.

It is acknowledged that there is a need to focus on the impact of the pandemic to health and social care issues and the infrastructure to provide it. We look forward to further engagement with partners to explore how improved collaboration in the north can add value to this agenda, social care, and the social and economic wellbeing of communities.

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.

Aims of the update

The aims of this Regional Asset Management Plan Update are to support the delivery of the National Clinical Strategy as well as planning the investment needed in our infrastructure to meet current and future demands, it also aims to:

- Identify all the issues 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 the North of Scotland, 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.
- Address backlog maintenance and essential equipment replacement where there is a high, significant or moderate risk likely to impact on the North of Scotland's ability to deliver current and future services.

The Plan covers the period 2020 to 2030, with investment proposals covering the next five financial years. Further work will be required to understand what the longer term impact of the current Pandemic will have on future health and social care requirements.

The plan aims to facilitate and support all of the organisations in the north to be individually and collectively successful taking into account the needs of our population and services in the north. In doing so it sets out five broad propositions aimed at improving sustainability in a rapidly changing environment, building effective alliances, improving our use of information to promote change, supporting change through the use of digital technology, and making the North the best place to work. These propositions take their place alongside a wide range of other activities aimed at supporting the partners in the North to meet the challenges.

The configuration of the North's health and social care services in five years' time requires to be very different from how it is today, taking advantage of the huge leap forward in local community services and technological advances brought about by our reaction to the pandemic. The changing way we provide services and the likely continued shortage of traditional healthcare staff will mean we have to do things differently.

The principles that will determine what the future looks like are as follows:

- Care will be delivered in the patient's home when this can be done safely.
- Clinicians and their teams will ensure that their patients receive a person-centred approach which best delivers what is most important to their patient.
- Quality and safety and the need to eliminate unnecessary harm will be foremost in decision making.
- Collaboration and joint working will be unconstrained by present geographical and professional boundaries.
- We will plan services on a population basis with our local and national partners and agree which services should be planned on a regional basis for the north.
- These agreed regional services will be delivered as locally as it is appropriate and safe to do so.
- Barriers to regional and national working will be removed and key back room functions such as IT, HR, Finance and Laboratories will be planned on a 'Once for Scotland' basis.
- Staff will be able to work seamlessly across the north of Scotland (either virtually or in person) to ensure their patients do not have to travel unnecessarily to receive treatment or for a consultation.
- With partners we will have developed a robust infrastructure for the transport of patients and staff to the most appropriate point of care.
- We will embrace the role of the generalist and those who are best placed to provide holistic care. Not just in remote and rural locations but also as a valuable resource to all primary and secondary care.



Investing in new ways of working

Buildings, Equipment and Information Technology (IT) are key components of our clinical infrastructure and essential to support the quality of clinical care provided. If the North Region is to fulfil its desire of improving the quality of health and wellbeing for the population of the North of Scotland, further focused investment will be required to enable these major changes and implement new models of care.

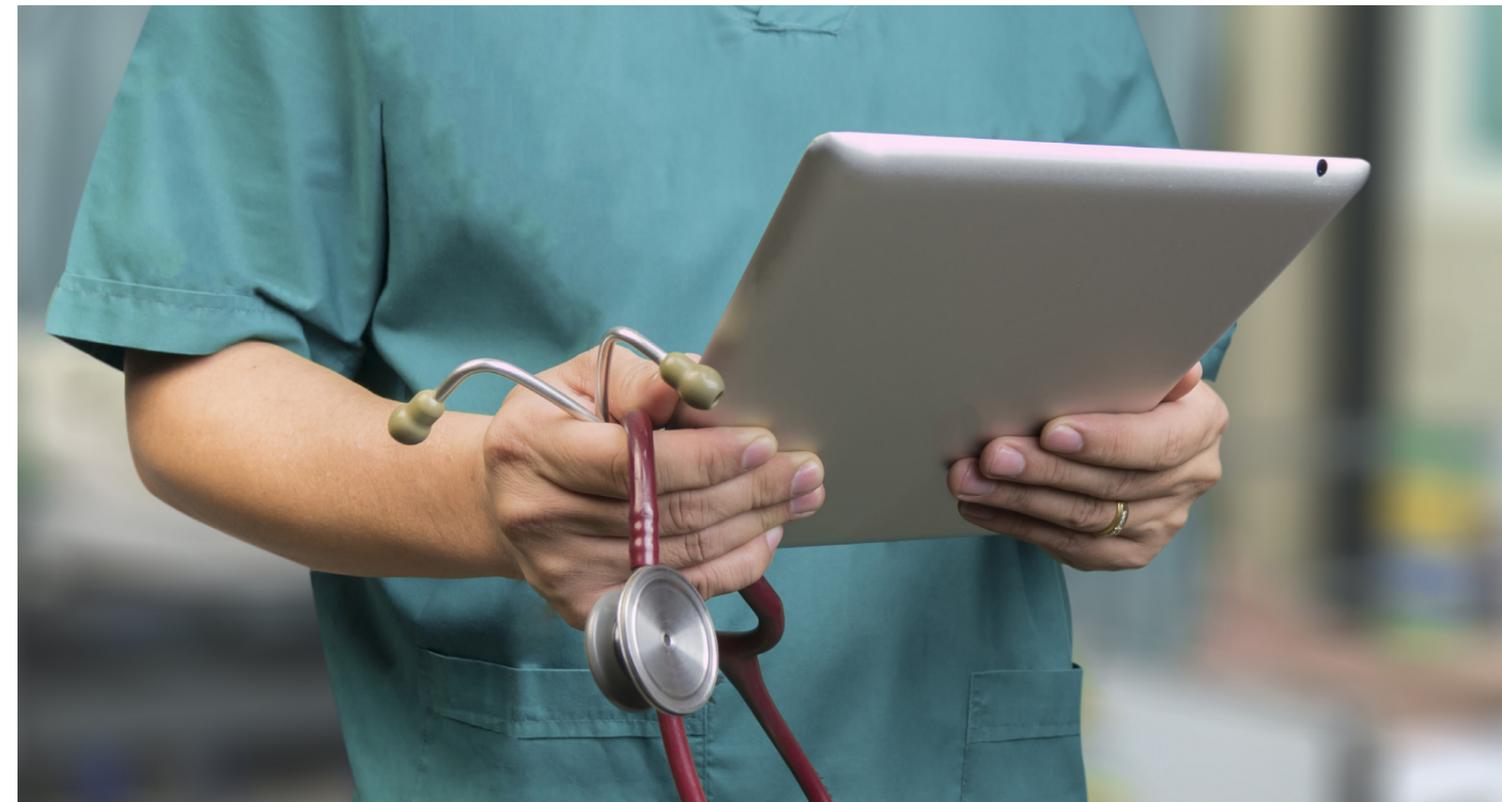
Our models of care for the North of Scotland are informed by the plans and strategies of all partner organisations, and underpins the National Clinical Strategy (2016). The models of care are simple, but require significant change to ensure that they respond to the need for change. The information below outlines the key elements of the model for a citizen of the North of Scotland.

We aim to:

- Create opportunities for the prevention of illness and promotion of health and wellbeing.
- Support people to have the knowledge and skills to stay healthy.
- Provide people with different ways of getting advice, treatment and care.
- Provide as much support to allow people to live at home, or as close to home as possible, if ill, frail or living with long term health condition.
- Organise for diagnosis and treatment to be provided as locally as possible to minimise travel from home.
- Ensure that the stay in, or visit to, hospital is as short as possible to give the best treatment outcome.
- Ensure that the return home from hospital is organised and coordinated with community services.
- Organise effective clinical networks of professional staff to provide support for those complex. Treatment and care needs.
- Provide specialist services in the North of Scotland as far as possible.
- Coordinate the treatment and care effectively if the condition or illness requires travel outside the North of Scotland.

This will mean developing a plan that gives a clear vision for the future of our infrastructure in the North and a framework within which long term plans can be articulated and developed, this will be achieved by:

- Progressing existing work through the Community Planning Partnerships, linked to the Health and Social Care Partnerships, to develop capacity close to home.
- Developing partnerships with individuals, communities, patients and the population to take responsibility for their own health and wellbeing.
- Maximising the use of digital technology to support self-management, video clinics, accessing information using the health portal.
- Delivering more care through networks of social care and clinical professionals.
- Developing new ways of providing diagnosis and treatment in communities.
- Strengthening general practice and primary care and supporting the implementation of the new GP contact.
- Making decisions about what services can be provided, where; taking account of population needs, workforce availability and changing clinical practice and technology.
- Balancing the social and economic impact that health and social care services have on communities with the ability to sustain services and good outcomes for smaller populations.
- Reviewing our buildings and facilities to ensure that they are fit for purpose and in the right place to support the delivery of modern treatment and care.
- Agreeing which specialist/tertiary services can be sustained in the North of Scotland and how they should be organised.
- Working with the South East and West Regions, and the National NHS Boards, to plan for services nationally to ensure the best access possible for the North of Scotland population.





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