



PROPERTY STRATEGY 2011 to 2016

***Creating sustainability,
Ensuring resilience,
Securing the future.***

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NHS Shetland

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1.00 Executive Summary

- 1.1.1 The strategy identifies how the present provision of property and capital assets meet the needs of the service and seeks to show how our assets can be developed to meet future needs.
- 1.1.2 It has been developed in conjunction with the Clinical Strategy to show the investment needed to improve the condition and performance of the estate and to ensure that it can adequately meet the aspirations, set out in this Clinical Strategy, for delivering high quality healthcare services to the people of Shetland.

1.2 Introduction

- 1.2.1 Property is of little value to the NHS, regardless of its capital cost or disposal value, unless it supports the delivery of effective and efficient healthcare services.
- 1.2.2 NHS Shetland holds assets valued at some £28m. Most of this value is tied up in land and buildings worth some £27m. Other assets include medical equipment and Information Management & Technology (IM&T). These assets play a major role in the delivery of health care as well as enhancing the experience of people visiting or being treated in our facilities. Asset management is one of five work streams in the Scottish Government's Efficient Government Programme.
- 1.2.3 Investment in the built environment has long lead times between planning and delivery. These investment decisions have long lasting consequences on the shape and direction on the estate. In order for investment to be well targeted decisions must be patient centred and service-led.

1.3.0 Property strategy

- 1.3.1 The strategy is essentially a high-level document which seeks to look forward at least 5 years, reflecting the NHS planning cycle and the reality that the procurement of new buildings and any major change to existing buildings can take a considerable time. It is concerned with the overall use of the estate and property, organisational constraints, and capital and revenue investment decisions.

It identifies how the present provision of property and capital assets meet the demands of the service. It also seeks to show the investment needed to improve the condition and performance of the estate to ensure that it can support the NHS Shetland (NHSS) Clinical Strategy in delivering and improving the quality of healthcare services.

1.3.2 Where are we now?

NHSS has 30 buildings which include a Remote and Rural General Hospital (Gilbert Bain Hospital) and Montfield Hospital which includes Day Hospital and Interim Placement facilities. Both hospitals are based in Lerwick. These two premises account for more than half of the NHSS total estate. Primary Care Health Centres make up the greater part of the remainder of the estate.

- 1.3.3 Significant investment is needed to improve the condition of the estate. Most of this relates to the two hospital premises. There is also significant expenditure required across a number of other sites, particularly four of the non doctor island houses which also incorporate clinical space.
- 1.3.4 The physical condition of the estate exposes NHS Shetland to risk in terms of failure of building elements and the consequential potential loss of services. Of particular concern are structure and services issues at Gilbert Bain Hospital which, while previously recognised and despite an enhanced level of investment in recent years remain a significant issue with the potential for service failure to cause disruption to the delivery of healthcare.
- 1.3.5 Overall energy performance needs to improve to meet the Scottish Government's targets for reducing energy consumption and carbon dioxide (CO₂) emissions. Achieving these targets will require an initial programme of investment of some £50k per annum with this sum increasing as targets become progressively harder to meet in future years.
- 1.3.6 There are a number of concerns relating to the compliance with statutory standards. Significant investment is needed in a number of areas including fire precautions, upgrading of electrical infrastructure and ventilation system improvements. Considerable investment is also needed to improve compliance with the Disability Discrimination Act (2005).
- 1.3.7 Around a third of the estate is identified as being less than satisfactory in terms of its functional suitability against current standards. The main issues are as follows.
- Privacy and dignity – multi-bed bays and a lack of single rooms with en-suite WC/bathrooms.
 - Poor internal layouts – travel distances, departmental relationships, patient observation, security, etc.
- 1.3.8 It is important to recognise that the considerable work needed to improve physical condition does little in terms of resolving poor functional suitability since it is concerned primarily with keeping existing buildings serviceable. Expenditure on improving physical condition will need to be integrated into plans for improving functional suitability.
- The appraisal of the utilisation of space identified a limited amount of empty or under utilised space in Montfield Hospital

- Space utilisation of some smaller buildings such as Health Centres can be generally low as they tend to be used on a 9-5 basis.

1.3.9 As part of this exercise a strategic planning workshop was held with the Clinical Strategy project team. This examined the options and opportunities to resolve the current issues in relation to the estate. It was clear from this workshop that the organisation is unlikely to be able to significantly improve the condition and performance of the estate without a long term approach to changing the estate to match the emerging new models of care.

1.3.10 Such an approach will necessitate a rigorous examination of the opportunities to work in partnership with other public and independent sector partners such as joint working, shared services, and new ways of working. It is anticipated that this will identify opportunities to make better use of the existing buildings and enable some buildings with major backlog maintenance expenditure requirements and / or poor functional suitability to be declared surplus and replaced at some time in the future.

1.3.11 Financial Context

This Property strategy is being developed during a time of unprecedented financial challenge for the public sector. Shetland NHS Board will need to ensure its services are provided as efficiently as possible. This will need to include maximising the efficiency of its asset base in order to support these services. This will be particularly challenging, as the funding for capital will be just as tight as funding for revenue. In recent years, the Board has invested a significant amount on its property portfolio – particularly at the Gilbert Bain Hospital. It is clear that the traditional route of funding property improvements or new-builds (i.e. from government capital allocations) is unlikely to be an option for the foreseeable future. This will mean that new methods of funding will need to be explored such as revenue financing via the HUB initiative.

1.4.0 Where do we want to be?

Determining NHS Shetlands property requirements is an integral part of the Clinical Strategy. At present this sets out broad objectives relating to how future services will be delivered across the Shetland Islands and is expected to have a major influence on the future property needs.

The engagement and consultation process of the clinical strategy captured views that people essentially could not live in Shetland in the 21st century without the following.

- A hospital that provided and Accident and Emergency service, with the associated functions to support that, including medical teams and an operating theatre
- A maternity service that could also respond to emergencies

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- Dental services including the emergency dental service
- On island specialisms including medicine and surgery
- Access to primary and community services
- A commitment from Scottish mainland health boards to provide visiting clinical expertise in Shetland

People were clear that the services provided in Shetland had to be

- Safe in the delivery of the functions and to have clear governance arrangements, particularly where patients were being treated by our own clinicians and clinicians from other health boards
- Effective, in that services in Shetland had to be as good as the rest of Scotland with the appropriate infrastructure to support that delivery to the required standard
- Resilient enough to take account of events such as adverse weather
- Able to respond to fluctuations in demand including an adequate in-patient bed base to meet known demand patterns
- Responsive to the challenging demographics and needs of the population

In light of these aspirations it is suggested that the aims for our estate should be to:

- Provide a safe, pleasant, welcoming quality of environment for patients and staff that enhances the quality of the patient experience and care
- Provide facilities that respect privacy and dignity for patients
- Maximise the efficient and effective use of land and property to support the delivery and investment in clinical services
- Optimise the usage of the estate to enable patients to access services in the right place at the right time
- Enable appropriate co-location of services with Local Authority and other public sector agencies
- Provide an environment in which the health care professional of tomorrow can be effectively trained
- Provide facilities that support effective management of infection control

1.5.0 How do we get there?

1.5.1 Our property portfolio needs to be adapted to meet the aspirations of the Clinical Strategy. Levels of capital investment available to the board are to be substantially reduced from 2011 onwards. This will inevitably limit the ability of NHSS to improve the estate. It is important that we make efficient use of our

assets. It follows therefore that we need to look to use these assets more intensively to get the maximum possible efficient and return on capital investment,

The following themes have emerged through the property strategy process.

- Long term objective of replacing the Gilbert Bain Hospital.
- Careful targeting of investment in the estate using risk analysis techniques to balance investment against a range of risks.
- Rationalisation of property and sites within Lerwick to maximise the utilisation of space and therefore improve the rate of return on capital investment. This should lead to the disposal of property and / or sites that are no longer required
- Explore possible transfer of housing assets to a housing association reducing revenue expenditure particularly in capital charges.
- Maximise the opportunity to carry out Joint developments (i.e. staff residential accommodation and the new laundry) in conjunction with the local authority and other partners
- Developing a joint property strategy with partner organisations as a vehicle to seek out opportunities for shared facilities.

1.5.2 At present much of our estate is used well with only limited scope for change.

There is a limited amount of vacant space at Montfield Hospital. This may increase by some 800m² should the IPU ward on the first floor be formally decommissioned. There is therefore good potential to use space in Montfield to consolidate other services on this site.

1.5.3 There may be scope for using parts of Gilbert Bain Hospital in a more intensive manner.

1.5.4 The board has a significant estate of housing and staff residential accommodation. This is needed for a variety of sound reasons but there may be opportunities to provide this in more innovative ways.

1.5.6 Office accommodation accounts for some 8% of the estate. Part of this, some 800 m² is rented. We should seek to reduce the dependence on rented accommodation. It is anticipated that this can be done by a combination of consolidation, amalgamation of this type of space with public sector partners and encouraging the use of flexible models of working such as home working and hot-desking.

1.5.7 In order to be able to maintain progress it will be necessary to find opportunities for shared facilities with partner organisations. NHSS has already made good progress in this area and needs to build on this.

1.8.0 Summary

- 1.8.1 Our estate can be split into two categories, hospital premises which need significant investment and are difficult to adapt to meet the latest models of clinical care and primary care buildings which are generally modern and largely fit for purpose.
- 1.8.2 There are opportunities for some consolidation of services on fewer sites in Lerwick.
- 1.8.3 Further detailed work will follow as the Clinical Strategy moves into implementation planning with the objectives of increasing the efficient use of space and ensuring that investment in our premises is suitably focussed and aligned with clinical service delivery.

Introduction and background

2.00 Introduction and background

The Property Strategy asks the following three questions.

- 1 Where are we now?**
- 2 Where do we need to be?**
- 3 How do we get there?**

The Property Strategy is the backdrop for all proposals for property related investment in healthcare facilities in Shetland over the next five year period.

2.1.0 Clinical Strategy

2.1.1 This revised property strategy has been written during the development by NHSS of a Clinical Strategy. At this time information to inform questions 2 and 3 is at an outline stage. Consequently the property strategy will deal with question 1 in some detail and establish some options to assist with future plans for questions 2 and 3. A series of implementation plans will follow developed alongside and integrated with the implementation plans for the Clinical Strategy.

2.2.0 Background

2.2.1 Shetland is the most northerly island group of Scotland. It is the home of some 22,000 Shetlanders, and is equally distant from the neighbouring Faeroe Islands to the north-west, Norway to the east with both Lerwick-Thorshavn and Lerwick-Bergen approx. 220 miles as the crow flies. The most northerly point of the Scottish mainland, Dunnet Head, lies some 130 miles southwest of Lerwick, and Aberdeen, the port of call for the Shetland lifeline ferry service, is some 220 miles to the south. The remoteness of the islands causes particular challenges in providing healthcare. Shetland consists of thirteen inhabited islands, of which the largest is Mainland, with approximately 19,500 residents. Two other islands, Yell and Whalsay, have a population of around a 1,000 each. The other ten inhabited islands have smaller populations. The largest town in the islands, Lerwick, has a population of 7,500 people.

- 2.2.2 NHSS has an excellent reputation and provides a remarkably wide range of clinical services local to the people of Shetland. In this way it is a good example of the principles set out in the Scottish Government publication, Better Health Better Care (2007) which recommends the provision of services close to the patient where possible.
- 2.2.3 NHSS is responsible for planning and providing health care services to the resident population and the transient population based on the North Sea oil installations and fishing vessels.
- 2.2.4 This report is written following an exercise undertaken with the aim of identifying NHSS future property requirements. It is a high-level document looking forward 5 years, reflecting the NHS planning cycle and the reality that the procurement of new buildings and any major change to existing buildings can take a considerable time. It is concerned with overall use of the estate and property organisational constraints, and capital and revenue investment decisions. The report identifies how the present provision of property and capital assets meet the service demand for them in delivering healthcare. It also attempts to show how these assets will need to change through investment, acquisition or disposal to meet changing patterns of care and the organisations vision for delivering and developing services over the next 5 years.

The objective of identifying the board's property requirements is to create the opportunity to meet and incorporate the expectations that patients and staff have of the healthcare built environment.

2.3.0 The existing estate

2.3.1 Local Health Services

A wide range of inpatient, day case, outpatient, accident and emergency and primary care and community services are provided from a number of locations across the Shetland Islands.

These are illustrated on this map.



NHS Shetland

NHSS has over 30 premises with the vast majority owned directly by the health board. Total floor area is some 22000 m². This property portfolio comprises an acute hospital and a primary care hospital both in Lerwick which account for more than half of the total estate. NHSS has a total of 10 Health centres which make up the greater part of the remainder in respect of floor area.

2.3.2 Previous strategy

The previous NHSS Property Strategy led to significant capital investment in the estate. It was informed by an analysis of the condition and performance of the estate and the outcome from this, together with the board's service strategy, enabled property requirements to be prioritised and implemented from 2007 to 2010. The most significant projects over that period have been the Phase 2 alterations to the Gilbert Bain Hospital and the conversion of part of Montfield Hospital to form a Care Home. These projects were completed in summer 2010. A programme of estates investment commenced in 2009 primarily targeting higher risk items from a condition survey of hospital premises.

2.4.0 Current condition of the estate

2.4.1 A comprehensive condition survey of the two hospital sites was carried out in 2009 by external consultants Atkins (2009). This identified a wide range of significant problems in the estate with an estimated value of some £7m. From 2009 NHS Shetland has invested to address areas representing areas of highest risk. To date work has focussed very much on upgrading of building services and Fire Precautions work primarily at GBH. Despite this investment the overall condition of the estate exposes NHS Shetland to significant risk in terms of failure of building elements and the consequential potential loss of services. Of particular concern are structure and services issues at GBH which, despite the recent enhanced and targeted investment remain a significant issue with the potential for disruption to the delivery of healthcare.

2.5.0 The Process

2.5.1 The process adopted for identifying the boards future property requirements followed the familiar strategic planning approach asking 3 basic questions in relation to the estate:-

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

2.5.2 The first of these questions was answered by a review and update of the information in the estate database. The information was then analysed and interrogated to provide a summary of the current condition and performance of the estate. This included identifying the expenditure required to bring the estate up to a satisfactory condition and performance. The second question is a much more difficult one to answer since it involves looking to the future and that inevitably necessitates dealing with uncertainty. The approach adopted for this was to work closely with the NHSS clinical strategy team and develop a general direction at this time rather than produce a set of definitive solutions. The answers from the first two questions were used to develop possible answers to the final question.

2.6.0 The next stage

Further work will follow from the clinical and property strategies in the form of a series of implementation plans. It is anticipated that this will involve the production of the following documents.

- A schedule of further information and research that is needed to develop the Boards property requirements in more detail.
- An action plan for implementing the required changes in the property portfolio to ensure that it can support the Boards future vision for delivering services.

This will form the basis of a property strategy implementation plan.

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3.0.0 **Where are we now?**

3.1.0 **The current estate**

3.1.1 The Boards current estate comprises a diverse range of properties including a small Remote and Rural General Hospital, the Montfield Hospital campus, a variety of primary care premises that support GP practices and community based services across the area and space which is leased to the Local Authority which is being used as a Care Home.

In total, NHSS occupies some 22,000 m² of buildings that range in size from 100 m² to 9,000 m². These buildings range in age from 100+ years to those recently constructed and includes a varied range of construction types from slate on stone traditional buildings to modern lightweight timber frame construction. The Boards property portfolio is dominated by Gilbert Bain Hospital and Montfield Hospitals which account for more than half of the total estate.

3.2.0 **Hospital Facilities**

There are currently two hospitals in the Shetland Islands, both in Lerwick, located fairly close to each other.

3.2.1 The Gilbert Bain Hospital (GBH) built in the 1960s and subsequently developed over a number of phases, has 68 beds and provides general acute care. The hospital has a wide range of clinical and other services on site including the following.

- Accident and Emergency Department
- Day Surgery Unit
- Maternity Unit
- Out Patients Department
- Renal Dialysis Unit
- Audiology Department
- Medical Imaging Unit (and separate CT Suite)
- Operating Theatres
- Physiotherapy Department
- Child Health Department
- Hospital Wards
- Pharmacy Department
- Occupational Therapy Department
- Speech and Language Therapy Department
- Physiological Measurements Department
- Dental Suite
- Laundry
- Central Decontamination Unit

GBH has been developed intensively with little available space for further expansion on the site.

3.2.2 Montfield Hospital has the following services.

- An Interim placement unit (IPU)
- Day Hospital
- Care home leased by the local authority
- Dental services
- Staff Development training facility.

There is space available for development at Montfield hospital with the potential for further space to become available dependant on the future need for / location of the Day Hospital and IPU services.

3.3.0 Health Centres

NHSS has 10 Health Centres in the Shetland Islands. These vary in size from Lerwick with a floor area of some 1500m² to Hillswick c 150 m². There are outline proposals for the following health centre developments.

- Replace Scalloway Health Centre with a new facility. The need for this is in part dependent on a proposed housing development in the Scalloway area,
- Extend Hillswick Health Centre

At this time neither of these proposals has had funding allocated.

3.4.0 Other property

NHS Shetland has a range of other properties. These fall into the following categories

3.4.1 Office accommodation

Brevik House, the Board Headquarters and Breiwick House comprising offices and residential flats

3.4.2 Residential accommodation

A number of houses used for staff accommodation and two accommodation blocks in the grounds of Montfield Hospital.

3.4.3 Non doctor islands

The islands of Fair Isle, Fetlar, Foula and Skerries have no resident GP. Each island has a resident nurse with a house incorporating a small clinic used by the nurse and by visiting GP's. With the exception of the house in Skerries the condition and functional suitability of these buildings is poor. While the Skerries facility is markedly better than the others work is required there too both in repairs to the building and improvements to the quality of the clinic.

The island of Bressay has a house traditionally used by the Nurse. This house differs from the others in that it has no clinic space, simply accommodation

3.5.0 Estate performance

3.5.1 A detailed review of the condition and performance of the boards two hospital premises was carried out by Atkins Ltd in 2009 and covered the following facets:-

- Physical condition
- Compliance with fire, DDA and other statutory standards

This appraisal of condition and performance of the estate followed guidance described in NHS Estatecode (2003).

Further appraisals of NHS Shetlands other properties were carried out by Capita Symonds in late 2010. These latter appraisals are a relatively high level assessment of condition and performance aimed at providing a baseline from which property strategies can be developed. At this time the formal results of the Capita Symonds work are awaited. For the purposes of the property strategy a high level desktop approach has been taken for these non hospital premises using existing NHSS property information.

3.6.0 Physical Condition

This facet of the appraisal examines 19 elements of the building (structure, roof, external fabric, heating system, electrical systems, etc) and identifies the expenditure estimated to be required to ensure that these elements remain operational with an acceptable level of risk in terms of failed elements/services. Expenditure on these elements does little to improve functionality, space utilisation and quality of environment since they are largely concerned with keeping the building wind and water tight and in a serviceable condition.

The table in Appendix 1 shows a summary of the expenditure required to bring the estate up to an acceptable physical condition in the form of a proposed 10 year estates investment programme. It shows that expenditure

of some £7 million is needed. Most of this relates to the Gilbert Bain Hospital (GBH). Notwithstanding the GBH site there is significant expenditure required across a number of other sites. The illustration of this work is shown over a 10 year period. If less funding is available the prioritisation of this work would need to be reviewed and the timescale extended. Much of the work needed is for upgrading of engineering services. These services are generally not visible to staff and public which can lead to a perception that the building is in a satisfactory condition when the reality is somewhat different.

3.6.1 Energy & Environmental Performance

Scottish health boards have been set the following targets for energy savings over the next 5 years.

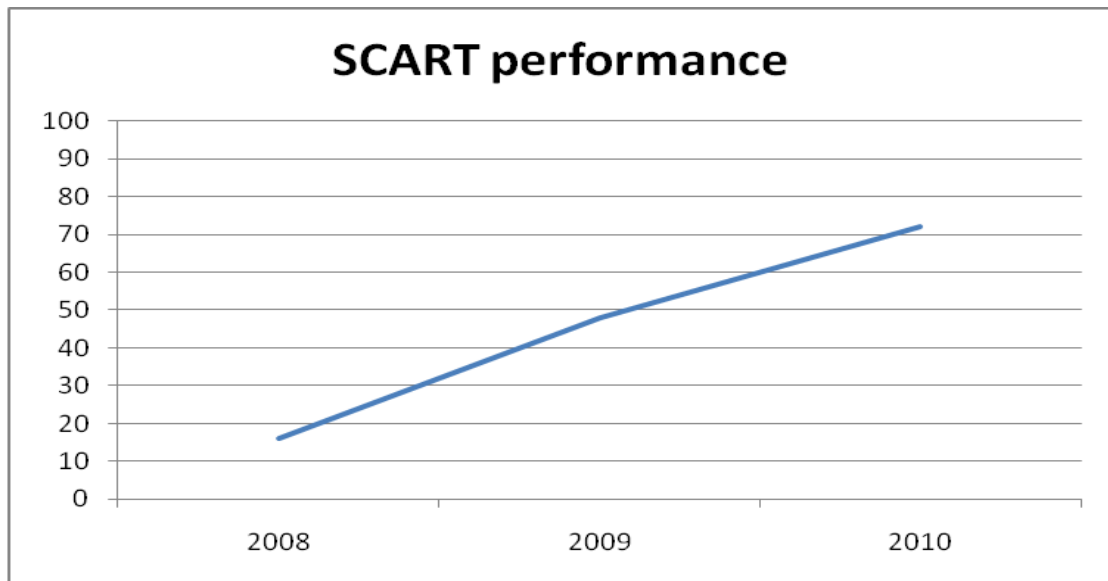
CO2 emissions - 3% annual reduction
Energy savings - 1% annual reduction

These performance targets are part of the commitment by the Scottish government to make a 42% reduction in CO2 emissions by 2020. The targets set by Government are challenging and will become more difficult to achieve year on year. NHSS has developed a carbon management plan and at this time is on target. Further work is under way at present to refine and develop the plan to the next level.

These targets are important, both in relation to NHSS commitments and our responsibilities in relation to Climate Change, but also in continuing to improve our efficiency and release resources for investment in direct clinical care.

3.6.2 Compliance with Statutory Standards

NHSS introduced the Health Facilities Scotland Statutory Compliance Assessment Tool (SCART) in 2008. This software allows a measure of compliance against 39 categories of statutory standards derived from a series of weighted question sets. Targeted revenue and capital investment by NHS Shetland in this area since 2008 has seen a steady improvement in performance. This is illustrated by the following graph.



While this shows a remarkable improvement it is clear that, in order to maintain progress continued investment is needed. Key elements of this are shown in the table of statutory compliance works listed in risk order in Appendix 2.

3.6.3 Fire safety

From 1 October 2006, fire safety law in Scotland changed with the introduction of the Fire Scotland Act 2005. The previous legislation was replaced with a new fire safety regime based on the principles of risk assessment. The fire safety risk assessment must be reviewed regularly and updated if required. Fire safety risk assessments were completed for NHSS In 2009 and reviewed in 2010. These are the basis of our fire action plan. Significant work has been carried out to date although further work is required to reduce fire risk and fully comply with the requirements of the Act.

Examples of significant items of expenditure are:-

- Further upgrading of fire alarm systems on our hospital sites to full L1 standards
- Continued improvements to fire compartmentation
- Upgrading or installation of automatic fire detection and alarm systems to several Health Centres.

3.6.4 Disability Discrimination Act

A survey of the Boards properties for compliance with the Disability Discrimination Act 2005 was completed in 2009 and identified £400k of expenditure required to bring the buildings to full compliance. To date very little remedial work has been carried out. This is a significant area on non compliance.

3.7.0 Health & Safety

A wide range of health and safety legislation applies to the Boards estate.

The following specific estates related issues are examined to give a general picture of the current performance. The list should not be taken as a comprehensive schedule of estates H&S risks which the Board needs to manage.

3.7.1 Control of legionella

Systems are in place to manage legionella risk through a risk based action plan as well as our policies and procedures. The action plan includes the current programme of water pipe replacement in GBH.

3.7.2 Safe hot water and surface temperatures

The board has a legal responsibility in respect of the risk of scalding from hot water and hot surfaces. Not all areas have either low surface temperature radiators or radiator covers installed.

3.7.3 Safe work in confined spaces

It was identified during the appraisals that particularly the older buildings, such as GBH have engineering plant spaces and ducts which are classified as confined spaces. Risks are managed using a permit to work system and staff training.

3.7.4 Asbestos Regulations

The Control of Asbestos Regulations 2006 came into force on 13 November 2006 and the board has a duty to manage the asbestos that is present in a number of its properties. This is being managed with asbestos surveys having been completed, an asbestos policy and by training for estates staff.

3.7.5 Healthcare Acquired Infection

The design, planning, construction, refurbishment and ongoing maintenance of the healthcare facility also have an important role to play in the control of infection. Health Facilities Scotland has developed a system with which to assess and manage the risk of infection in the built healthcare environment; this tool is called HAI-SCRIBE. This risk assessment tool has been used to identify areas for improvement in the existing buildings. There is a significant backlog of work which remains outstanding from these surveys particularly in health centres. This includes the need to replace carpeting in health centres with hard floorcoverings.

3.7.6 Slips & Trips

Significant progress has been made in hospital premises by a programme upgrading to safety flooring to reduce slip risk. Further work is needed as a continuation of the current programme.

3.8.0 Functional suitability, space utilisation and quality

A desktop level assessment has been carried out using the Estatecode methodology to gain a measure of performance against the areas of Functional Suitability, Space Utilisation and Quality. This has given a baseline for the current estate.

3.8.2 Functional Suitability

This facet of the appraisal aims to identify how well the buildings support the delivery of operational services. Functional suitability was assessed as needing significant change at Gilbert Bain Hospital.

The key factors that led to this categorisation of much of GBH are as follows:-

- Privacy and dignity issues – multi-bed wards/bays and a lack of single rooms with en-suite WC/bathrooms, mixed sex accommodation, etc.
- Poor internal layouts – travel distances, departmental relationships, patient observation, security, etc.
- Sub optimal quality of internal environment –

Functional suitability is often improved on the back of any major upgrading or refurbishment carried out to improve the physical condition of properties.

The degree of adaptability of GBH is poor with for example there being considerable technical difficulty in meeting the new standards for single room provision set out in CEL 27 (2010).

3.8.2 Space Utilisation

This facet of the appraisal focused on 2 key questions:-

- Is the space provided being used?
- How intensively is the space used over time?

It needs to be recognised that this appraisal is highly subjective and can only represent a snapshot in time view of the overall utilisation of the estate. Furthermore, it is often argued that unused or under-utilised space cannot be

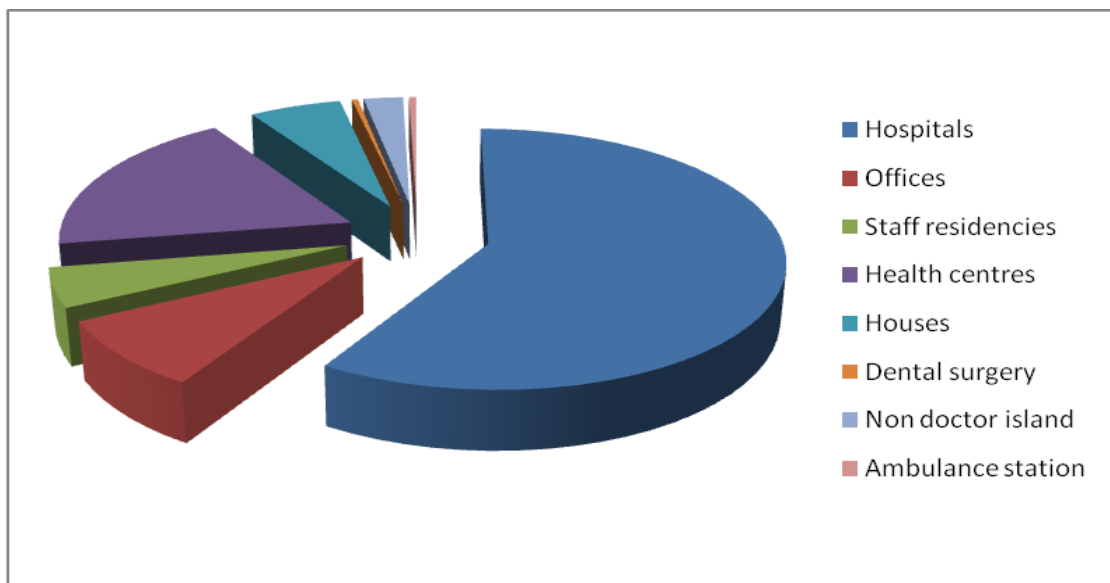
unlocked because of its relationship to adjacent clinical departments which make alternative uses impractical. However, these appraisals can provide a useful indication of the opportunities for radical rationalisation of space as part of major capital investment programmes. Also, given the high property ownership costs of space, the appraisal of space utilisation is useful for identifying potential savings in this area. Potential development space is available as part of a possible decommissioning of a ward at Montfield Hospital.

It is believed however that even in the modern, fit for purpose buildings, such as Brae Health centre, there are areas of unused or empty space.

3.9.0 Graphical information

The following charts have been generated from the desktop analysis of the estate. They offer a graphical illustration of key aspects of the use, suitability and condition of our premises.

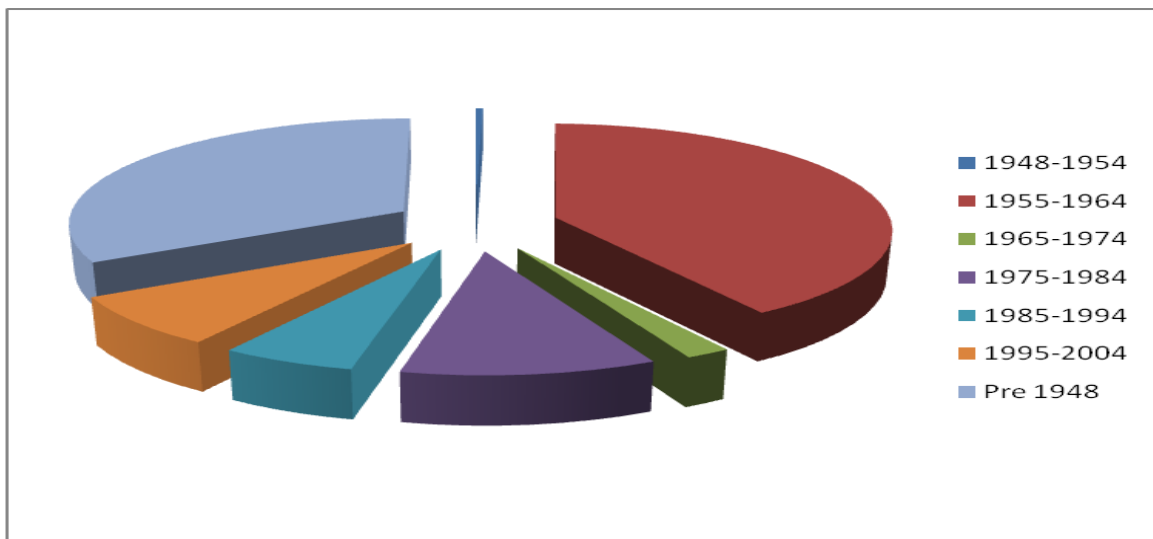
3.9.1 Property use classification



Property use is illustrated here by relative areas for different types of premises. The use of the estate is dominated by Gilbert Bain and Montfield hospitals both of which are in Lerwick. Health Centres are the second largest category of premises

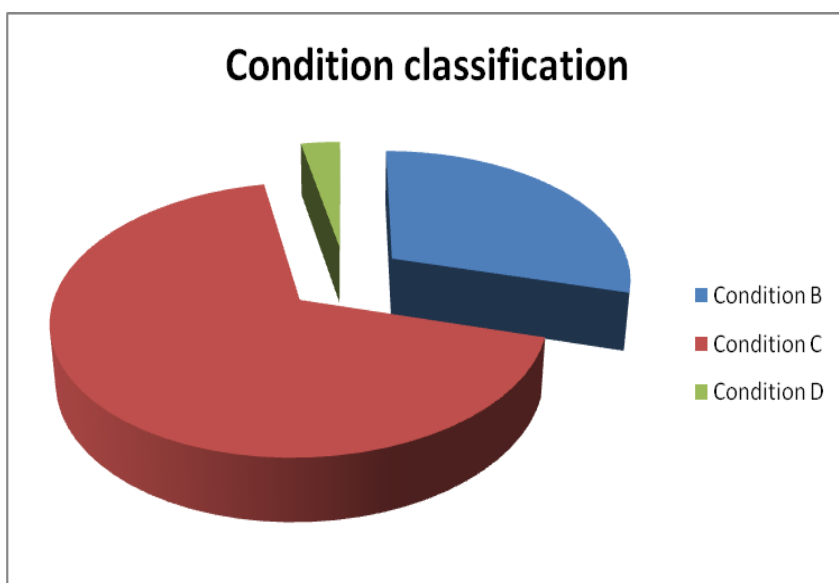
3.9.2 Age profile

The majority of the estate is old with the largest property, Gilbert Bain Hospital having been constructed in the early 1960's



The largest part of the estate was constructed between 1955 and 1964. The newer buildings are essentially the health centres at Unst, Yell, Walls, Bixter, Brae, Levenwick, Hillswick Lerwick and Whalsay.

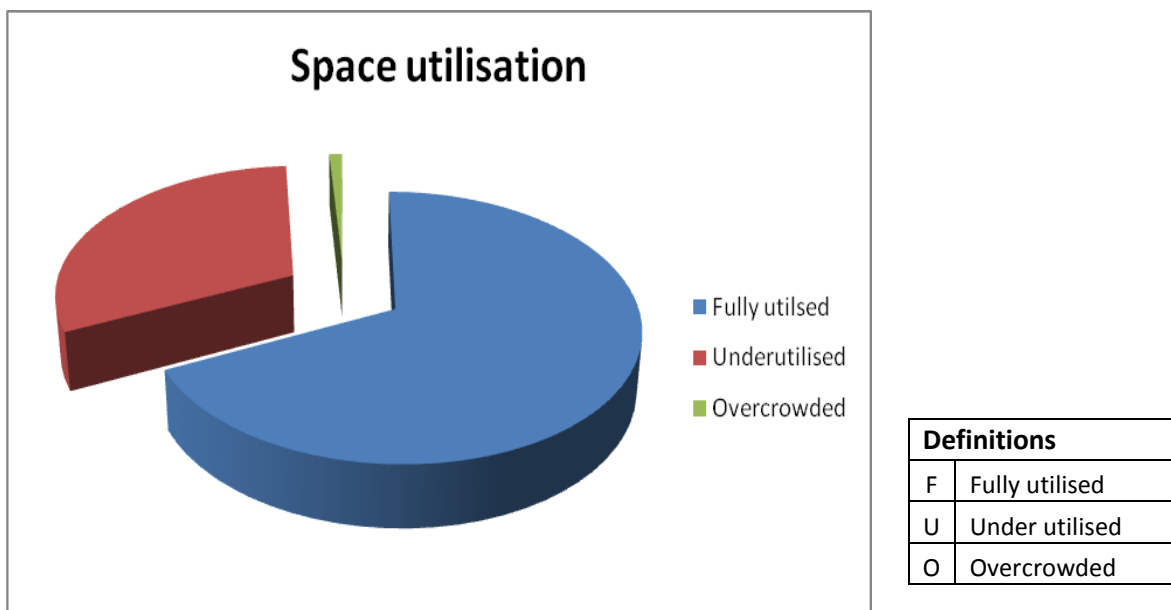
3.9.3 Physical condition



Definitions	
A	Very satisfactory
B	Satisfactory
C	Not satisfactory
D	Unacceptable

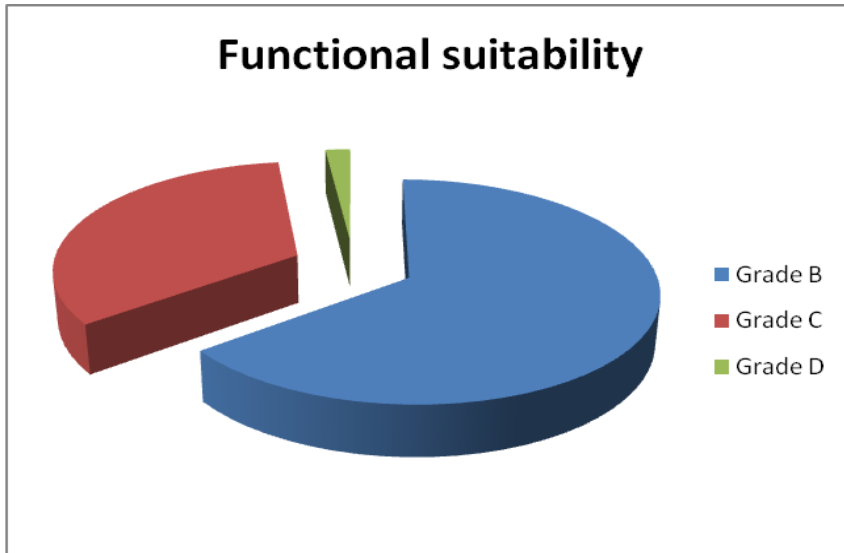
The physical condition of the estate is predominantly condition C. Further investment is needed in order to improve in this area. Most of this relates to Gilbert Bain Hospital

3.9.4 Space utilisation



The underutilised space is predominantly at Montfield hospital. The analysis classifies this site as underutilised. The area available within Montfield is dependent on the future of the ward.

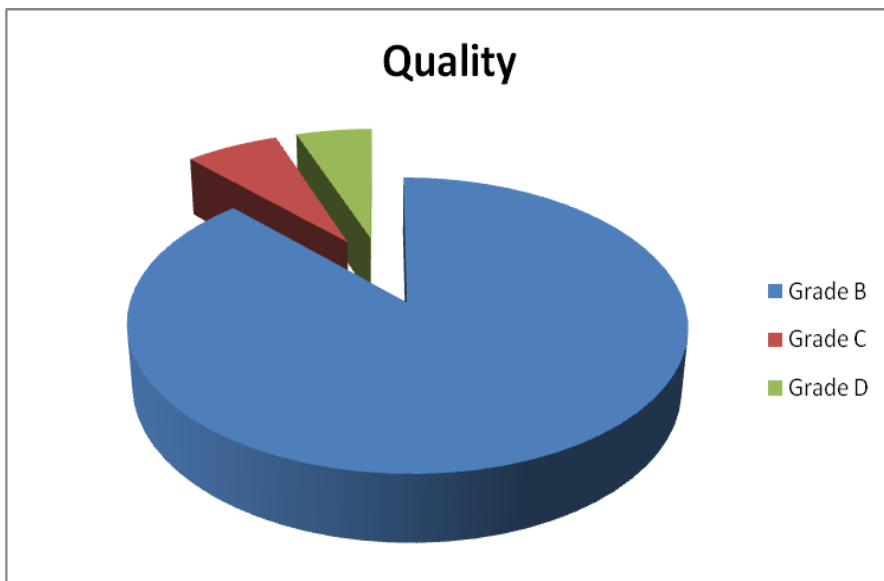
3.9.5 Functional suitability



Definitions	
A	Very satisfactory
B	Satisfactory
C	Not satisfactory
D	Unacceptable

This show an average of results over a range of factors. It hides the fact that some areas and premises are classified as category A in a more detailed analysis of functional suitability. The areas classified as the lowest grade are predominantly the non doctor island premises.

3.9.6 Quality



Definitions	
A	Very satisfactory
B	Satisfactory
C	Not satisfactory
D	Unacceptable

This show an average of results over a range of factors. It hides the fact that some areas and premises are classified as category A in a more detailed analysis of quality. The areas classified as the lowest grade are predominantly the non doctor island premises.

3.10 Summary

Our estate can be split into four categories:

- Hospital premises which need significant investment and are difficult to adapt to meet the latest models of clinical care;
- Primary care buildings which are generally modern and largely fit for purpose;
- Non-doctor island clinical space and accommodation being sub-standard;
- A range of non clinical accommodation that has opportunities for rationalisation.

Many of the issues relate to the ageing Gilbert Bain Hospital indicating the need for a long term plan to replace the hospital.

Further detailed work will follow as the Clinical Strategy moves into implementation planning with the objectives of increasing the efficient use of space and ensuring that investment in our premises is suitably focussed and aligned with clinical service delivery. This will involve the use of option appraisal and risk analysis techniques to evaluate investment proposals to ensure best value for money for investment decisions.

It is clear that there are significant challenges around this particularly in view of the anticipated reduction in capital funding over future years.

Where do we want to be?



4.1.0 Where Do We Want To Be?

Determining the Boards property requirements is an integral part of the NHSS Clinical Strategy. The Clinical Strategy sets out themes for how future services are delivered across Shetland Islands.

The engagement and consultation process of the clinical strategy captured views that people essentially could not live in Shetland in the 21st century without the following.

- A hospital that provided an Accident and Emergency service, with the associated functions to support that, including medical teams and an operating theatre
- A maternity service that could also respond to emergencies
- Dental services including the emergency dental service
- On island specialisms including medicine and surgery
- Access to primary and community services
- A commitment from Scottish mainland health boards to provide visiting clinical expertise in Shetland

People were clear that the services provided in Shetland had to be

- Safe in the delivery of the functions and to have clear governance arrangements, particularly where patients were being treated by our own clinicians and clinicians from other health boards
- Effective, in that services in Shetland had to be as good as the rest of Scotland with the appropriate infrastructure to support that delivery to the required standard
- Resilient enough to take account of events such as adverse weather
- Able to respond to fluctuations in demand including an adequate in-patient bed base to meet known demand patterns
- Responsive to the challenging demographics and needs of the population

4.1.1 The key themes from Clinical Strategy are summarised as follows

- Reduce unnecessary patient journeys, particularly to Aberdeen
- Integrate community and hospital services especially nursing

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- Develop a one stop shop approach to making appointments, starting with the hospital
- Retain GP services in their current locations
- Develop a more responsive mental health team
- Proceed with a formal process to close NHS inpatient services on the Montfield Hospital site
- Strengthen resilience of healthcare on non-doctor islands
- Remodel clinical staffing to respond to the national shortage of junior doctors and challenges to the recruitment & retention of staff

These build on and are developed from the principles for longer-term service planning in the NHSS document known as 20:20 Vision for Future Healthcare Delivery. The elements of this vision for sustainable service delivery are as follows:

- To sustain core services and maintain viability
- To ensure the future retention and recruitment of staff
- To enhance training and development opportunities
- To develop partnership working with other agencies
- To strengthen and develop health promotion and education
- To enhance primary care services
- To provide care in the most appropriate setting
- To maximise the benefits of new technology
- To improve the environment of healthcare facilities

The principles on which the 2020 vision is based can be summarised as follows:

- Emergency care services must be maintained locally, including medicine, surgery and maternity
- Care should only be provided in a hospital setting if it cannot be provided safely and effectively in the community
- Patients should only be sent out with Shetland for healthcare if it cannot be provided safely and effectively in Shetland
- Attendance at hospital for diagnostic tests, outpatient consultations and minor procedures should be kept to a minimum

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- Healthcare should be provided in multi-professional teams, with reliance on individuals kept to minimum

4.1.2 Within the context of the delivering the Clinical Strategy we need to have, specific aims relating to the estate. It is suggested that these are as follows.

- Provide a safe, pleasant, welcoming quality of environment for patients and staff that enhances the quality of the patient experience and care
- Provide facilities that respect privacy and dignity for patients
- Maximise the efficient and effective use of land and property to support the delivery and investment in clinical services
- Optimise the usage of the estate to enable patients to access services in the right place at the right time
- Enable appropriate co-location of services with Local Authority and other public sector agencies
- Provide an environment in which the health care professional of tomorrow can be effectively trained
- Provide facilities that support effective management of infection control

4.1.3 It is clear from the appraisal of the estate described earlier that the above cannot be achieved without considerable improvement in all 5 facets of estate condition and performance. The following table sets out the current position and suggests targets for short and long term improvements.

Category	Measure	Current	2015	2020
Size of estate	Floor area	22000	21000	20000
Functional suitability	Estatecode	C	B/C	B
Physical condition	Estatecode	C/D	B/C	B
Statutory compliance	SCART	71%	80%	90%
Space utilisation	Estatecode	F	F	F
Quality	Estatecode	C	B	B
Environment	EMART/GCAM	C	B	A

4.1.4 Statutory compliance

We can see from the graph on page 17 that rapid progress has been made in recent years to improve statutory compliance. There remains, however, much to be done and the above table sets out medium and long term targets using the SCART system as a measure of progress.

4.1.5 Environmental management

We wish to take reasonable measures to reduce the environmental impact of our activities. The following measures have been taken so far.

NHS Shetland now uses the Greencode environmental management assessment system. This has provided good information on current performance. Work has begun on the use of the Good Corporate Citizen Assessment Model (GCCAM) which will provide a framework for improvements in this area.

Our Carbon Management Plan developed in conjunction with the Carbon Trust sets targets in line with Scottish Government Policy for reducing co2 emissions.

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5.1.1 How do we get there?

5.1.1 Generally

- 5.1.2 We have looked at the condition and use of the estate. It is important that we make efficient use of our assets. It follows therefore that we need to look to use these assets intensively to get the maximum possible efficiency and return on capital investment. At present much of our estate is used well with only limited scope for change. At this time we have two vacant premises, both staff houses, which are in the process of being sold. There is a limited amount of vacant space at Montfield Hospital. This may increase by some 800m² should the IPU ward on the first floor close. There is therefore good potential to release or use space in Montfield to consolidate other services on this site.
- 5.1.3 It is clear that the levels of capital investment available to the board are to be substantially reduced from 2011 onwards. This will inevitably limit the ability of NHSS to achieve the short term goal of continuous improvement of the estate and the long term objective of a new hospital for Shetland.
- 5.1.4 There may be scope for using parts of Gilbert Bain Hospital in a more intensive manner.
- 5.1.5 The board has a significant estate of housing and staff residential accommodation. This is needed for a variety of sound reasons but there may be opportunities to provide this in innovative ways.
- 5.1.6 Office accommodation accounts for around 8% of the present estate. Part of this, some 800m² is rented. We should seek to reduce the dependence on rented accommodation and this can be done by a combination of consolidation, amalgamation of this type of space with public sector partners and encouraging the use of flexible models of working such as home working and hot-desking.
- 5.1.7 In order to be able to maintain progress it will be necessary to firstly find opportunities for shared facilities with partner organisations. NHSS has already made good progress in area and needs to build on this. A joint property strategy should be developed with these partner organisations as a vehicle to seek out opportunities.

5.2.1 Implementation plan

The following key themes are central to the development of a property strategy implementation plan.

- Strategic development plans for our key sites including an overall review of all sites across Lerwick
- Careful targeting of investment using risk analysis techniques to balance investment against a range of risks.

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- Improved use of Capital resources invested in in Montfield Hospital to gain maximum benefit from this site.
- Review of housing assets to find ways to increase efficiency and reduce cost.
- Joint developments such as accommodation and laundry services in conjunction with public sector partners.
- Develop a joint property strategy with our public sector partners (including provision of space sharing for health and social care services)
- A long term objective of a new Shetland Hospital will allow the following positive measures to be incorporated into the current planning cycle.
- Clear identification of Short, Medium and Long term property development priorities

5.3.0 Statutory compliance

In order to achieve targets for improvements in statutory compliance the recent enhanced investment in the estate needs to be sustained. This applies to both capital expenditure on planned improvements and to revenue expenditure for statutory maintenance work not previously carried out in NHS Shetland. The latter includes work such as Fire Risk assessments, Legionella risk management, routine maintenance of items such as automatic doors and profiling beds.

5.4.0 Environmental management

The Greencode environmental management assessment system is now in use by the Board. This has provided good information on current performance.

Work has begun on the use of the Good Corporate Citizen Assessment Model (GCCAM).

We have a Carbon Management Plan and are taking part in the Carbon Lite system. In addition we have submitted applications for grant funding for a number of schemes to reduce CO2 emissions.

These measures together with potential reductions in the size of the estate will lead to improved environmental performance.

5.3.0 Opportunities

The following section describes the opportunities for future use of property which have emerged through the property strategy development process. These are offered to show the potential for change in the built environment to support the clinical strategy.

5.3.1 Office accommodation

Office work is changing from a basis for process, to a system of communications and social engagement. Opportunities exist for us gain space by adopting flexible work style models with the workforce working outside the boundaries of the formal workplace. This can include home working, mobile working and a highly flexible working day/week to accommodate staff preferences for an individual work/life balance as well as the use of hot desking and open plan to maximise the efficiencies of space. A drive towards this work style will require a different balance between collective and individual spaces and acknowledge the increasing importance of the office as a place for social and interactive engagement. The impact of this can be a change in culture in relation to administrative functions and space provision to drive down the overall need for individual offices and personal space.

5.3.2 Space utilisation

How much under utilised space can be turned into empty space that can be used for alternative use or declared available for disposal can only be determined through detailed estate planning outwith the scope of this report. The desktop assessment does indicate that there is potential for improving the utilisation of space through a combination of:-

- Better allocation and planning of space use.
- Continued improved performance through developing new working practices in relation to clinical activity, i.e. discharge planning, reducing lengths of stay, etc.
- Improved policies and protocols in relation to use of space for non-patient activity such as storage, staff facilities and offices.
- Changing the culture of the organisation in relation to the use of office accommodation with a shift toward a much more dynamic use of offices, i.e. shared use, mobile and home working, flexible working, etc.

5.4.0 Potential alterations to the estate

5.4.1 Gilbert Bain Hospital

5.4.2 Short and medium term

Continue to invest in backlog maintenance to improve the resilience of the building, raise statutory compliance standards and reduce risk of disruption to service delivery from estates issues. Adapt in a limited manner to improve space utilisation and functional suitability. Carry Improvements to DDA compliance. Continue to improve HAI and statutory compliance.

5.4.3 Long term

The existing premises are not technically suitable for adaptation to the predominantly single room model required for delivery of health care in the 21st century (CEL27(2010)) It is therefore necessary to replace Gilbert Bain Hospital with a new facility. The timescale for this is dependent on affordability. It is clear however from the deteriorating physical condition of the hospital that a timeframe which seeks to have a new hospital by 2021 would be not unreasonable.

The investment in the current premises will therefore be assessed on the basis of this long term aspiration to ensure that money is targeted in an appropriate manner both for environmental improvements and in maintenance investment.

5.4.4 Montfield Hospital

On the assumption that the remaining ward in Montfield closes, there is an opportunity to either consolidate other services and dentistry on this site or identify an alternative future for the site.

5.4.5 Office accommodation

As part of efficiency improvements we seek to move to a hot desk open plan model for most office accommodation with a range of single book-able rooms available for meetings etc. It is also proposed that the board actively encourages staff to work from home where possible. If for example office based staff were to work from home one day each week, we would save up to 20% of office space. In addition this type of innovation will reduce co2 emissions from staff travel. For instance, no longer using Brevik House would save around £60,000 per annum.

5.4.6 Housing

In order to better manage our housing and staff accommodation it is proposed to transfer ownership to the local authority or to a housing association with an arrangement to allow the board to lease back accommodation. This would reduce costs particularly the capital charges associated with the ownership of these assets.

5.4.7 Laundry

The present laundry building and machinery are some years past a sensible design life. The following options are required to be explored

- Upgrade the existing laundry
- Build a new Laundry off site
- Replace the laundry service with an outsourced off island

These options may be carried out in conjunction with the local authority

5.4.8 Non doctor islands

In order to find a solution to the problems with the quality of clinical accommodation on Fair Isle, Foula and Fetlar we need to work closely with partner organisations and the local population. Innovative solutions are needed in order to find efficient and effective means to provide modern clinical services to these communities. Identification of these solutions needs to be a key short term priority.

References

Estatecode 2003 Department of Health

Better Health Better Care 2007 Scottish Government

Provision of Single Rooms and Bed Spacing CEL 48 (2008) Scottish Government

Disability Discrimination Act 2005 HMSO

Firecode Scotland Act 2005 HMSO

Good Corporate Citizen Assessment Model
<http://www.corporatecitizen.nhs.uk>

Appendices

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Appendix 1

10 year proposed estates investment programme

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MFD	Hospital	Ext fabric	Flat roof upgrading all areas	Workplace (Health, Safety and Welfare) Regulations 1992	85	-		-	-			110		195
MFD	Hospital	Ext fabric	Montfield pitched roof planned replacement	Workplace (Health, Safety and Welfare) Regulations 1992		-	-	-	-	-	60			60
GBH	Hospital	Ext fabric	Flat roof upgrading all areas	Workplace (Health, Safety and Welfare) Regulations 1993		20	70	-	-		75			165
MFD	Hospital	Ext fabric	Boilerhouse building roof and roughcast works	Workplace (Health, Safety and Welfare) Regulations 1992		-	-	-	-	50				50
GBH	Hospital	Ext. Fabric	Laundry automatic doors upgrading	Workplace (Health, Safety and Welfare) Regulations 1992		-	20	-	-					20
GBH	Hospital	Ext. Fabric	Laundry roof and cladding upgrading	Workplace (Health, Safety and Welfare) Regulations 1993		-	-	-	-	250				250
MFD	Hospital	Ext. Fabric	Replace defective roughcast	Workplace (Health, Safety and Welfare) Regulations 1993		-	-	-	-	-	50	50		100
GBH	Hospital	Fire	Fire alarms upgrade to fully L1	Firecode - General (incorporating SHTM80-86 bar 82)	-	50	30	-	-					80
Non doctor islands	Clinic	Fire	General statutory compliance issues inc. HAI, DDA, Fire Health and Safety.	Firecode - General (incorporating SHTM80-86 bar 82)	30	25	150	200	100					505
All	All	Fire	Fire precautions works programme	Firecode - General (incorporating SHTM80-86 bar 82)	20	20	20	20	20	20	20	20	20	200
GBH	Hospital	Fire	Fire Door upgrading programme	Firecode - General (incorporating SHTM80-86 bar 82)		-	-	-	-				50	50
MFD	Hospital	Fire	Fire Door upgrading programme	Firecode - General (incorporating SHTM80-86 bar 82)		-				-	-	-	50	50
MFD	Hospital	Fire	Residencies fire precautions upgrading programme	Firecode - General (incorporating SHTM80-86 bar 82)		10	10	10	10					40
All health centres	Health Centre	General compliance	Programme of compliance works inc. replacement of carpet with hard floorcoverings, install clinical hand wash basins in consulting rooms, fire precautions works	Firecode - General (incorporating SHTM80-86 bar 82)	-	15	15	15	15	15	15	15	15	135

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Staff houses	House	General compliance	General statutory compliance issues inc. HAI, DDA, Fire Health and Safety.	Firecode - General (incorporating SHTM80-86 bar 82)		25	25	25	25					100
GBH	Hospital	General compliance	Install roof edge protection system to flat roofs	Working at Height Regulations 2004	-	10	-	-	-					10
MFD	Hospital	General compliance	Install roof edge protection system to flat roofs	Working at Height Regulations 2005		10		-						10
GBH	Health centre	General compliance	Unst HC car park surfacing	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)	10									
ALL		General compliance	Scheme development	General compliance works	15									
		General compliance	Main reception planned improvements	General compliance works	25									
GBH	Hospital	Grounds	Car park workplace transport regs. upgrading works inc. rear access road.	Workplace (Health, Safety and Welfare) Regulations 1992	10	-	50	-	-		10			70
GBH	Hospital	Grounds	Oil tank bund upgrading	Oil Storage - The Water Environment (Scotland) Regulations 2006	-	10	-	-	-					10
MFD	Hospital	Grounds	Oil tank bund upgrading	Oil Storage - The Water Environment (Scotland) Regulations 2007		10	10	-	-					20
GBH	Hospital	Grounds	Road improvements, car park surfacing upgrading phase 2	Workplace (Health, Safety and Welfare) Regulations 1994		-	-	-	-	150				150
GBH	Hospital	H&V Works	BMS upgrade programme	Workplace (Health, Safety and Welfare) Regulations 1992	60	-	50					20		130
GBH	Hospital	H&V Works	Servery extract ventilation system upgrading	Workplace (Health, Safety and Welfare) Regulations 1992	-	50	-	-	-					50
BREV	Hospital	H&V Works	Brevik install heating controls	Workplace (Health, Safety and Welfare) Regulations 1992		15	-	-	-					15
GBH	Hospital	H&V Works	CDU Ventilation system upgrading to current standards	Washer Disinfectors		75	75	-	-					150

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GBH	Hospital	H&V Works	Laundry ventilation system upgrading	Workplace (Health, Safety and Welfare) Regulations 1994		-	70	-	-					70
MFD	Hospital	H&V Works	Montfield vent plant upgrading	Workplace (Health, Safety and Welfare) Regulations 1992		-	-	-	-	100				100
GBH	Hospital	H&V Works	Replace OPD ventilation plant	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)		-	-	-	-	-			150	150
GBH	Hospital	H&V Works	Theatre ventilation plant upgrading	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)		-	-	0	150					150
BRAE	Hospital	HAI	Local decontamination unit upgrading	HAI works		80	-	-	-					80
YELL	Hospital	HAI	Local decontamination unit upgrading	HAI works		80	-	-	-					80
MFD	Hospital	HAI	Local decontamination unit upgrading	HAI works		90	-	-	-					90
GBH	Hospital	HAI	WARD 3 SLUICE	HAI works	35									
GBH	Hospital	HAI	RENAL	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)	15									
GBH	Hospital	Int. fabric	Flooring upgrading programme	Workplace (Health, Safety and Welfare) Regulations 1992		20	20	20	20					80
GBH	Hospital	Int. fabric	Replace suspended ceiling tiles	HAI works		-	-	-	-	20	20	20		60
GBH	Hospital	Legionella	GBH corroded water pipe replacement	Legionellae (Control of) in Healthcare Premises (incorporating SHTM2040 and HSE guidance document L8)	100	50	50	-	-	-	-	-	-	200
YELL	Hospital	Legionella	Yell water system upgrading	Legionellae (Control of) in Healthcare Premises (incorporating SHTM2040 and HSE guidance document L8)		7	-	-	-					7
All	All	Legionella	Legionella risk reduction programme works	Legionellae (Control of) in Healthcare Premises (incorporating		10	-	10	-		10		10	40

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				SHTM2040 and HSE guidance document L8)											
MFD	Hospital	Legionella	Upgrade of heating and hot water calorifiers	Legionellae (Control of) in Healthcare Premises (incorporating SHTM2040 and HSE guidance document L8)					-	50				50	
GBH	Hospital	Legionella	Upgrade hot water calorifiers	Legionellae (Control of) in Healthcare Premises (incorporating SHTM2040 and HSE guidance document L8)			-				50	50		100	
GBH	Hospital	Mech. services	Laundry equipment replacement	Provision and Use of Work Equipment (PUWER) Regulations 1992		-	75	75	75					225	
GBH	Hospital	Mech. services	Heating system upgrading	Workplace (Health, Safety and Welfare) Regulations 1992			-				-	100	100	100	300
GBH	Hospital	Mech. services	Enclose roof mounted ventilation plant OPD	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)		20	-							20	
GBH	Hospital	Mech. services	HEATING PIPE CORROSION GBH	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)	200										
GBH	Hospital	Mech. services	GBH IT SERVER ROOM	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)	55										
GBH	Hospital	Security	GBH CCTV upgrading to compliant standard	Workplace (Health, Safety and Welfare) Regulations 1992		-	12							12	
GBH	Hospital	Structure	Boundary wall structural new foundations	Workplace (Health, Safety and Welfare) Regulations 1992		10								10	
GBH	Hospital	Structure	External walls blockwork replacement to deal with structural problems	Workplace (Health, Safety and Welfare) Regulations 1995		10	10	100	100	100				320	
GBH	Hospital	Structure	Boilerhouse chimney structural improvements	Workplace (Health, Safety and Welfare) Regulations 1992		-	10								

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MFD	Hospital	Structure	Boilerhouse chimney structural improvements	Workplace (Health, Safety and Welfare) Regulations 1992	-										
MFD	Hospital	Structure	Repair or replace steel beams supporting link corridor	Workplace (Health, Safety and Welfare) Regulations 1992		-	-	-	-	30				30	
GBH	Hospital	Structure	Steel mullion remediation and improvement works	Workplace (Health, Safety and Welfare) Regulations 1992	-	25	-	-	-					25	
					£790	£1,070	£896	£796	£676	£866	£271	£336	£446	£306	£6,088

Appendix 2

Identified risk statutory compliance works

SITE	USE	CATEGORY	DESCRIPTION	LEGISLATIVE COMPLIANCE HEADING	Est cost £000's	DESCRIPTION	Risk		5x5 matrix	RISK SCORE
							Likelihood	Severity		
GBH	Gilbert Bain Hospital	Hospital	Asbestos	Asbestos management works	Asbestos - The control of Asbestos at Work Regulations 2006	£6	Required to remove asbestos contamination from plant room in ancillary building. Current problems in maintaining plant in compliance with regulations	5	5	25
GBH	Gilbert Bain Hospital	Hospital	DDA	DDA compliance works	DDA compliance	£10	NHSS has a significant backlog of work outstanding from several years following a DDA access audit. No work has been done to-date. Risk of challenge for non compliance and consequent enforcement action. £10 needed to begin an annual programme of improvements in DDA compliance at Gilbert Bain Hospital.	5	5	25
GBH	Gilbert Bain Hospital	Hospital	Elect services	Electrical upgrading main DB replacement	Electricity at Work Regulations 1989 (Incorporating SHTM 2020 and SHTM 2021)	£40	Fixed installation electrical system testing carried out on 09-10 highlighted a wide range of non compliance with current electrical safety standards. Programme of work in 10-11 has tackled some issues however considerable other work is needed. This work has to be done in stages. Work needed in 11-12 to continue to upgrade the electrical systems and improve statutory compliance.	5	5	25

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GBH	Gilbert Bain Hospital	Hospital	Ext fabric	Window replacement programme	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)	£20	GBH windows failing due to internal corrosion of structural elements and ironmongery. Risk of window falling out and current problem with weather ingress into the building.	5	5	25
All	All	All	Fire	Fire precautions works programme	Firecode - General (incorporating SHTM80-86 bar 82)	£20	Continuing programme of works essential to meet statutory obligations Fire Scotland Act 2005. Programme developed through fire risk assessments and agreed with Fire Service. Risk of fire and enforcement action by the Fire Service if not progressed.	5	5	25
GBH	Gilbert Bain Hospital	Hospital	H&V Works	Servery extract ventilation system upgrading	Workplace (Health, Safety and Welfare) Regulations 1992	£50	High temperatures c 39 deg C in servery. Extract plant needs upgrading to achieve compliant working conditions for staff	5	5	25
BRAE	Brae Health Centre	Hospital	HAI	Local decontamination unit upgrading	HAI works	£80	Current unit below minimum standards	5	5	25
YELL	Yell Health Centre	Hospital	HAI	Local decontamination unit upgrading	HAI works	£80	Current unit below minimum standards	5	5	25
MFD	Gilbert Bain Hospital	Hospital	HAI	Local decontamination unit upgrading	HAI works	£90	Current unit below minimum standards	5	5	25
GBH	Gilbert Bain Hospital	Hospital	Legionella	GBH corroded water pipe replacement	Legionellae (Control of) in Healthcare Premises (incorporating SHTM2040 and HSE guidance document L8)	£50	Existing water system has severely corroded pipework. Specific area below operating theatres requires replacement of pipework to reduce risk of service failure as well as non compliance with HSE L8.	5	5	25

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All	All	All	Legionella	Legionella risk reduction programme works	Legionellae (Control of) in Healthcare Premises (incorporating SHTM2040 and HSE guidance document L8)	£10	Continued programme to improve L8 compliance and reduce risk. Work is based on Legionella risk assessment in 2009.	5	5	25	
GBH	Gilbert Bain Hospital	Hospital	Structure	Boundary wall structural new foundations	Workplace (Health, Safety and Welfare) Regulations 1992	£10	Structural failure evident on high stone boundary wall. Risk of collapse with attendant H+S risks.	5	5	25	
ALL	ALL Healthcare premises	All	HAI	Programme of works to improve HAI and HEI compliance	HAI works	£50	Continuing programme of works to raise standards of HAI and HEI compliance in our healthcare facilities	5	5	25	£510
Health centres	10 Health Centres	Health Centres	DDA	DDA compliance works all health centres	DDA compliance	£10	NHSS has a significant backlog of work outstanding from several years following a DDA access audit. No work has been done to-date. Risk of challenge for non compliance and consequent enforcement action. £10 needed to begin an annual programme of improvements in DDA compliance to 10 Health Centres.	5	4	20	
GBH	Gilbert Bain Hospital	Hospital	Ext fabric	Flat roof upgrading all areas	Workplace (Health, Safety and Welfare) Regulations 1993	£20	Flat roofs in poor condition with evidence of leaks into clinical areas. Programme needed of investment. This item is for phase 1 of a programme.	4	5	20	
GBH	Gilbert Bain Hospital	Hospital	Fire	Fire alarms upgrade to fully L1	Firecode - General (incorporating SHTM80-86 bar 82)	£50	GBH fire alarm system not complaint with current technical and legislative standards. Specific issue is lack of automatic fire detection in service ducts and ceiling voids.	4	5	20	

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MFD	Montfield Hospital	Hospital	Fire	Residencies fire precautions upgrading programme	Firecode - General (incorporating SHTM80-86 bar 82)	£10	Continuing programme of works essential to meet statutory obligations Fire Scotland Act 2005. Programme developed through fire risk assessments and agreed with Fire Service. Risk of fire and enforcement action. Note also HMO regulations issues with these premises.	5	4	20
All health centres	All health centres	Health Centre	General compliance	Programme of compliance works inc. replacement of carpet with hard floorcoverings, install clinical hand wash basins in consulting rooms, fire precautions works	Firecode - General (incorporating SHTM80-86 bar 82)	£15	Programme of compliance works inc. replacement of carpet with hard floorcoverings, install clinical hand wash basins in consulting rooms. These are HAI non compliances identified by audit in 2008 but not progressed.	5	4	20
GBH	Gilbert Bain Hospital	Hospital	H&V Works	CDU Ventilation system upgrading to current standards	Washer Disinfectors	£75	Existing system barely achieves the minimum ventilation standards for CDU with no margin for adjustment or error. Risk of quality issues and non conformance with required standards. High seasonal temperatures cause non complaint working conditions for CDU staff. This facility is key to the operation of NHS Shetland clinical activities	4	5	20
GBH	Gilbert Bain Hospital	Hospital	Int. fabric	Flooring upgrading programme	Workplace (Health, Safety and Welfare) Regulations 1992	£20	Non compliance in HAI SCRIBE standards in specific clinical areas	4	5	20

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GBH	Gilbert Bain Hospital	Hospital	Mech. services	Enclose roof mounted ventilation plant OPD	Management of Health & Safety at Work Regulations 1999 (Incorporating SHTM 2050)	£20	Plant installed in 2007 on a flat roof exposed to the worst of Shetland's weather. Severe corrosion. Enclosure needed to reduce risk of plant failure to a critical area of the hospital, arrest the corrosion and prevent the need for early replacement of c£200k worth of plant.	4	5	20	
GBH	Gilbert Bain Hospital	Hospital	Structure	External walls blockwork replacement to deal with structural problems	Workplace (Health, Safety and Welfare) Regulations 1995	£10	Outer skin of blockwork has evidence of movement through failed mortar joints and corroded wall ties. Potential failure of outer walls in main ward areas.	4	5	20	
GBH	Gilbert Bain Hospital	Hospital	Structure	Boilerhouse chimney structural improvements	Workplace (Health, Safety and Welfare) Regulations 1992	£10	Work required following specialist report on structure of main boilerhouse chimney	5	4	20	
MFD	Montfield Hospital	Hospital	Structure	Boilerhouse chimney structural improvements	Workplace (Health, Safety and Welfare) Regulations 1992	£10	Work required following specialist report on structure of main boilerhouse chimney	5	4	20	£766
GBH	Gilbert Bain Hospital	Hospital	Elect services	New generators and associated building and cabling works	Electricity at Work Regulations 1989 (Incorporating SHTM 2020 and SHTM 2021)	£150	Emergency generator system has limited capacity and has to run with over 50% load reduction. To meet the required standards additional generator capacity is needed. Risk is mitigated by established generator test programme.	4	4	16	
YELL	Yell Health Centre	Hospital	Legionella	Yell water system upgrading	Legionellae (Control of) in Healthcare Premises (incorporating SHTM2040 and HSE guidance document L8)	£7	Existing system has pressure problems. Resultant HAI non conformance through HAI SCRIBE system.	4	4	16	
GBH	Gilbert Bain Hospital	Hospital	Structure	Steel mullion remediation and improvement works	Workplace (Health, Safety and Welfare) Regulations 1992	£25	Severe corrosion in these elements. Remedial work needed to arrest corrosion,	4	4	16	

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							assess structural implications and repair			
GBH	Gilbert Bain Hospital	Hospital	CO2 reduction	Lighting upgrading	Climate Change (Scotland) Act 2009	£25	To meet performance target for CO2 reduction and energy saving.	5	3	15
All	All		CO2 reduction	Lighting upgrading	Climate Change (Scotland) Act 2009	£10	To meet performance target for CO2 reduction and energy saving.	5	3	15
GBH	Gilbert Bain Hospital	Hospital	CO2 reduction	Plant rooms plant and pipe insulation upgrading	Climate Change (Scotland) Act 2009	£30	To meet performance target for CO2 reduction and energy saving.	5	3	15
Non doctor islands	Non doctor islands	Clinic	Fire	General statutory compliance issues inc. HAI, DDA, Fire Health and Safety.	Firecode - General (incorporating SHTM80-86 bar 82)	£25	Non-doctor island facilities (4) have major statutory compliance failings across a range of issues including DDA, Fire, Electrical Safety and HAI.	5	3	15
GBH	Gilbert Bain Hospital	Hospital	General compliance	Install roof edge protection system to flat roofs	Working at Height Regulations 2004	£10	Current roof access is difficult to achieve in compliance with health and safety standards. This is to install fixed roof edge protection to roofs with roof mounted plant which requires regular access or maintenance.	3	5	15
MFD	Montfield Hospital	Hospital	General compliance	Install roof edge protection system to flat roofs	Working at Height Regulations 2005	£10	Current roof access is difficult to achieve in compliance with health and safety standards. This is to install fixed roof edge protection to roofs with roof mounted plant which requires regular access or maintenance.	3	5	15
GBH	Gilbert Bain Hospital	Hospital	Grounds	Oil tank bund upgrading	Oil Storage - The Water Environment (Scotland) Regulations 2006	£10	Oil tank bunds on two sites fail minimum SEPA standards. Risk prosecution in the event of an oil leak	3	5	15
MFD	Montfield Hospital	Hospital	Grounds	Oil tank bund upgrading	Oil Storage - The Water Environment (Scotland) Regulations 2007	£10	Oil tank bunds on two sites fail minimum SEPA standards. Risk prosecution in the event of an oil leak	3	5	15

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BREV	Board HQ Brevik House	Hospital	H&V Works	Brevik install heating controls	Workplace (Health, Safety and Welfare) Regulations 1992	£15	To meet performance target for CO2 reduction and energy saving.	5	3	15	
Staff houses	Staff houses	House	General compliance	General statutory compliance issues inc. HAI, DDA, Fire Health and Safety.	Firecode - General (incorporating SHTM80-86 bar 82)	£25	NHSS staff accommodation in generally poor condition. However, statutory risk is relatively low.	4	3	12	
GBH	Gilbert Bain Hospital	Hospital	Security	GBH CCTV upgrading to compliant standard	Workplace (Health, Safety and Welfare) Regulations 1992	£12	Current system very old and images are a log way short of compliance with evidence quality CCTV standards.	4	3	12	
						£1,130					