

# NHS Grampian Asset Management Update

2020 to 2030



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# Introduction

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

We need to achieve the optimal and correct balance between fighting the COVID-19 pandemic and maintaining our essential health services.

Throughout the pandemic, NHS Grampian 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.

The effect on the populations ill health not related to COVID-19 has grown as routine services were suspended at the peak of the pandemic and people have avoided general practices, hospital outpatients, and accident and emergency departments.

As NHS Grampian 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.



## ▶ 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.

In terms of strategic planning it is important that NHS Grampian's infrastructure is capable of supporting the current demands and change requirements while also setting out our ambitions to enable our Clinical Strategy and the NHSScotland National Delivery Plan. The Asset Management Group has continued to review the status of the Board's infrastructure plans and reacted and updated its plans to meet the changes required. This has included:

- The setting up of COVID-19 testing centres within our 3 Health and Social Care Partnerships
- Increased ITU beds and equipment
- Increased bed availability for COVID-19 patients and strategic plans to further increase if required
- Increased our mortuary capacity
- Increased our laboratory capacity (new regional lab facility) while also continuing to implement our new lab managed services contract
- Major increase in the adoption of Near Me and subsequent surge in activity delivered by Near Me consultations, changing the way our Primary care practitioners see and treat their patients
- Use of technology (MS Teams) to enable virtual ward rounds in community hospitals.
- NHS24/Community assessment hubs triage process implemented to stream the direction of COVID-19 patients to hospital, increasing the use of telemedicine and reducing the need for physical attendances.
- Expedited roll out of Microsoft Teams and Office 365 to facilitate home working and connectivity facilitating our staff to work more effectively from home.
- Significant investment in hardware (laptops, cameras, headsets) and infrastructure (for Direct Access) to enable increased use of telemedicine/remote working. Thus enabling increased numbers to benefit from Microsoft Teams and working from home
- Increased staff facilities to compensate for the requirement of physical distancing
- Significant investment in new medical equipment
- Re-assessment of investment priorities and the likelihood that costs will rise overall due to the need to factor in revised working practices in the construction sector
- Virtual visiting where hospital patients can see and talk to friends and family using a tablet.



# Strategic Plan

## ► Re-mobilisation

In Grampian there are well established partnerships between secondary (hospital) care, Health & Social Care Partnerships (HSCPs), local authorities, universities, students, the third (voluntary) sector and the public.

The Grampian Re-Mobilisation Plan recognises the need for all of these partners to work together with regional and national services such as the Scottish Ambulance Service and NHS24. By sharing expertise across the health and social care system it is possible to build structures that mean services are flexible enough to respond quickly to changing circumstances. With many different organisations involved, we have detailed who is responsible for doing what in the Re-Mobilisation Plan.

Care homes and the wider community also need support. COVID-19 has shown what a crucial role care homes perform and the Re-Mobilisation Plan incorporates support with training and infection prevention measures for them.

In addition, The Re-Mobilisation Plan includes initiatives such as Operation Home First, which provides support to people in their homes so they only need to be admitted to hospital when absolutely necessary.

Many services were reduced or stopped as part of NHS Grampian's emergency response to COVID-19. This was vital in order to prioritise resources and create capacity for dealing with COVID-19 patients.

However these services need to restart as soon as it is safe to do so. Patients whose treatment has been delayed can then be seen based on clinical priority with those most in need of care being seen first.

It is essential that NHS Grampian understands and learns from the impact of the pandemic including the updating of our clinical strategy through robust evaluation and research. This should include the requirement for space, beds and what effect the impact of the rapid shift towards digital technology has had on clinical practice, patient access, quality of care, and the experiences of patients and staff. To embed the positive work that has been carried out during the pandemic and ensure that it is sustainable in the future, it needs to be underpinned by adequate funding, infrastructure and the necessary workforce.



# Our continuing plans

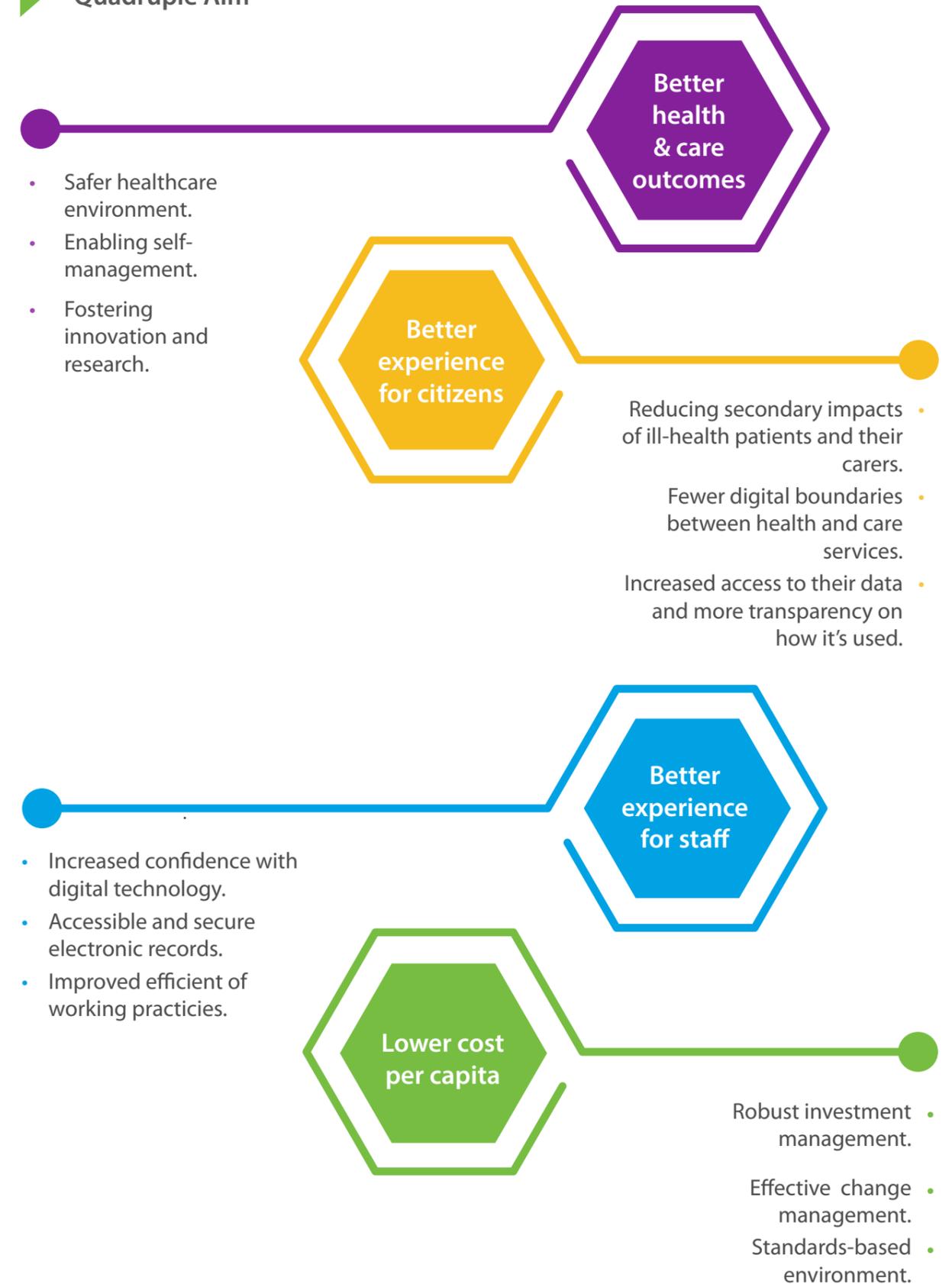
The National and Grampian Clinical Strategies describe the demography changes that are increasing demands on the health and care sectors: people living longer independent lives and often also living with multiple chronic conditions, a shrinking workforce relative to the rising demand, and budgets that barely keep up with Inflation.

The clinical strategies and the strategic plans of Grampian's Health and Social Care Partnerships agree on the fundamental principle that people should be supported to remain active and well, and to manage their own health and care issues much more so than at present thus maintaining their Independence and quality of life. Where possible unscheduled care should shift to planned care, planned care should shift to self-management and self-management should shift to prevention.

The purpose of this change in emphasis can be summarised using the Quadruple Aim – the requirement for organisations to simultaneously achieve:

1. Better health and social care outcomes - longer, healthier, more contented lives.
2. A better experience of health and social care for citizens - less stress, easier interactions.
3. A better experience for staff - supporting people to work to the best of their abilities
4. Affordable health and care services - sustainable long-term financial planning

## ▶ Quadruple Aim



*\* Here are some examples of how this strategy will help achieve the Quadruple Aim*

## ► So what does this mean to our physical infrastructure?

Buildings, Equipment and Information Technology are key components of our clinical infrastructure and essential to support the quality of clinical care provided. If NHS Grampian is to fulfil its desire of achieving the quadruple aims then this will mean developing a plan that gives a clear vision for the future of our infrastructure and a framework within which long term plans can be articulated and developed with the following being key elements of the review process:-

- **Major site development plans** - establishment of development plans for each of our main sites. We have a well-established development framework for the Foresterhill Health Campus and we are currently undertaking site appraisals at Dr Gray's Hospital, Woodend Hospital and Cornhill Hospital. These are in addition to ongoing assessments undertaken within our community hospital infrastructure to determine future service and investment requirements.
- **Primary Care Premises Strategy** – the Board has a long established primary care premises strategy which is kept under review with the latest strategy being considered by the three Integration Joint Boards (IJBs) and the NHS Grampian Board's Asset Management Group. This manages the identification of the priorities for future investment in new primary care infrastructure and informs Board decisions regarding the development of future initial agreements to support the case for investment in new premises.
- **Digital Strategy** – The Grampian Service Transformation through Digital: a Strategy 2020 - 2025, which was approved by our Board in October 2020, sets out a roadmap for the next five years for how we will adopt new ways of working through the implementation of new technology. Digital technology will continue to provide a significant part in supporting the NHS Grampian Clinical Strategy and it will enable us to deliver high quality, safe, effective and person centred services.
- **Infrastructure Programme Board** – the Asset Management Group has undertaken the setting up of a new infrastructure board to undertake comprehensive risk assessments of the Board's infrastructure in relation to our clinical requirement. These risk assessments and programme will be used to target investment in a prioritised and risk assessed basis.



## Current Performance

NHS Grampian consists of secondary care services, three Integration Joint Boards and corporate services. It works closely with the University of Aberdeen and the Robert Gordon University, especially in the fields of research, workforce planning and training. NHS Grampian covers a geographic area of over 8,700 sq.km., and provides services to a population of over 584,000 from an ownership of 26 hospitals, 27 health centres 22 clinics and 5 separate dental units along with 2 hub procured health centres and the health village with a net book value of £477m. There are over 20,000 items of medical equipment, information and communications technology (ICT), vehicles and other equipment with a net book value of over £55m.

The Table 1 below gives an overview of NHS Grampian's asset responsibilities. Over and above this there are services provided from 71 independent GP practices, 121 Pharmacies, 68 Dental practices and 52 Optometrists.

### Overview of NHS Grampian Asset Responsibilities

Owned and Leased Property Sites		
	No.	Area sq. m.
Hospitals	26	305,659.53
Primary Care Facilities	58	49,853.17
Offices	1	20,769.95
Other	7	32,202.82
Hubco/PFI Property Assets		
Hospitals	0	-
Primary Care Facilities	5	
Medical Equipment Replacement Cost (£m)		
Radiotherapy Equipment		7.70
Imaging Equipment		27.70
Renal Dialysis Equipment		1.10
Cardiac Defibrillators		1.32
Flexible Endoscopes		8.13
Infusion Devices		2.65
Other high value items		20.80
<b>Total</b>		<b>69.40</b>

Independent Property Assets	
	No.
General Practice Facilities	71
Pharmacies	121
Dental Facilities	68
Optometrists	52

Vehicles	
Owned	34
Leased	227
Staff Car Scheme	203
Long term hire	6
<b>Total</b>	<b>470</b>

Current Book Value (£m)	
Property	477
Equipment	45
IM&T	8.3
Vehicles	1

Table 1 NHSG Overview

### Current Statistics

The owned or leased property portfolio within Grampian 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 57% of the buildings are over 30 years old, 39% of which are over 50 years old despite the major developments and refurbishments in Grampian over the past 20 years. This remains a key concern. That said, the planned developments due to be complete in the next three years of the Baird Family Hospital, ANCHOR Centre, Mortuary and Elective Centre will improve the overall picture.

NHS Board	Age Profile (%)			
	Over 50 years old	30 - 50 years old	10 -29 years old	Up to 10 years old
NHS Grampian	39%	18%	29%	14%
<b>North Region</b>	36%	24%	28%	12%

Table 2 NHS Grampian Age Profile

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 Grampian to assess the need to retain many of these aging facilities. The outcome of this review should assist in ensuring investment, and indeed disinvestment, is focused correctly to ensure the longer term affordability of the estate meets requirements of the Clinical Strategy.

Further analysis in Table 3 below shows that functional suitability and space utilisation varies considerably across the area but that 11% of the estate is empty or under-utilised and that 25% of the estate is functionally unsuitable for the services that are currently provided from them.

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 Grampian	11%	64%	17%	8%	12%	66%	15%	7%	5%	6%	87%	2%
<b>North Region</b>	8%	63%	24%	5%	8%	68%	18%	6%	3%	17%	77%	3%

Table 3 NHS Grampian Functional suitability, Quality and Space Utilisation Performance

As previously stated, 57% of the properties within Grampian 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.

Backlog for the Grampian region is £173m as a unit cost. This figure does not include those buildings that are empty and awaiting sale which currently accounts for £10m as a unit cost. The Foresterhill Health Campus currently accounts for 74% of the total backlog of which £26m is identified as a significant or high risk. Clearly this level of risk requires to be addressed. To this end NHS Grampian has formed a new Physical Infrastructure Programme Board to provide Executive and Senior Management input and oversight of all infrastructure risk management alongside the associated investment required.

- The board will co-ordinate infrastructure risk assessments against our clinical requirements therefore evaluating the potential impact on our health and social care provision. This will ensure that there is:
- An adequate programme in place for the evaluation of infrastructure condition, statutory compliance and environmental performance
- An effective approach in place for the assessment of the likelihood and service impact of infrastructure failure and/or poor performance, and to ensure associated risk ownership
- A System-level overview of NHS Grampian infrastructure risks
- Effective maintenance and inspection is planned to mitigate identified medium, high and very high risks where appropriate
- A System-level overview of infrastructure investment plans to reduce the assessed level of key infrastructure risks.

Coordinated management of these risks, and reduction through targeted investment, is essential to our service sustainability and planning.

NHS Board	2020 with (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-nif-icant Risk Items	High Risk Items	Clin-ical Back-log	Low Risk Items	Mod-erate Risk Items	Sig-nif-icant Risk Items	High Risk Items	Non-Clin-ical Back-log	Low Risk Items	Mod-erate Risk Items	Sig-nif-icant Risk Items	High Risk Items	Total Back-log*
NHS Gram-pian	58	46	30	5	139	26	5	3	1	35	84	51	33	5	173
North Region	79	88	69	56	291	30	23	16	2	71	109	111	85	57	362

Table 4 NHS Grampian Backlog Maintenance Profile

## Smarter Offices

NHS Grampian still has plans to improve the utilisation of all its office accommodation across the office portfolio by identifying opportunities for consolidation and rationalisation. In light of the current situation with the pandemic and the need for physical distancing, working from home and the safer workplace agenda we will need to re-assess what the model for our future office requirements will look like.

This will need to include the current business case at Woodhill house, Aberdeen which is looking to consolidate all of our support and management functions and rationalising the Aberdeen city office estate.





## Future Investment Needs

NHS Grampian's five year investment plan reflects our ambition to complete an number of significant major projects including the Baird Family hospital and ANCHOR Centre, the new Mortuary, the Ligature Reduction Programme and our requirement to address the high and significant risk contained within our backlog by prioritising it along with our clinical requirements.

A lack of national funding should not diminish our ambitions of providing world leading healthcare in modern, fit for purpose facilities. It is therefore important for NHS Grampian to set out those ambitions in such a way as to inform the government of the scale and magnitude of the investment required to meet both the government's national targets and aspirations as well as NHS Grampian's Clinical Strategy.

### ▶ Hospital Services

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

#### **Foresterhill Health Campus**

The health campus is still in need of much development to fulfil the Foresterhill Development Framework (approved in 2008 and updated 2014). The Framework provides strategic design guidance for redevelopment and modernisation of the Foresterhill site, resulting in an agreed plan with the University of Aberdeen (joint owner) and Aberdeen City Council Planning Authority creating certainty for significant high priority projects.

The development of new elective care facilities, the Baird Family Hospital and ANCHOR Centre will extend planned care capacity and provide an opportunity to transform NHS Grampian's approach to acute care.

In the longer term solutions are required for the re-provision of the remaining in-patient accommodation and theatre services currently located in East End 2 and Phase 2 (100 years old and 50 years old respectively). A longer term solution is also required for the provision of ambulatory care, laboratory medicine services and the relocation of the central decontamination unit, laundry and facilities services.

#### **Dr Gray's Hospital**

Managed by the Moray Health and Social Care Partnership (HSCP) it provides a range of acute hospital services. The site is also occupied by Mental Health Services where the clinical environment requires significant work to meet safety concerns. The Acute Care of the Elderly and General Medical Ward also require significant refurbishment if it is to provide a modern day clinical service for patients. Investment is required to enhance the Diagnostic and Outpatient facilities in the Hospital to support the Elective Care Strategy. This will be targeted to improve the quality and effectiveness of services such as day surgery procedures as well as supporting the avoidance of unnecessary admissions to hospital. The development of the Moray Clinical Alliance under the direction of the Moray Integrated Joint Board will progress the work that will inform this ambition and our asset strategy thereafter.

## Woodend Hospital

The Aberdeen H&SCP are developing proposals that will provide a community base for Care of the Elderly Services in Aberdeen. If an appropriate solution is found then this will enable NHS Grampian to vacate the South Block at Woodend Hospital. This will still leave a considerable amount of Acute services on site including 6 theatres and associated wards, magnetic resonance imaging (MRI), outpatients departments, x-ray and physiotherapy services, all of which will require investment to ensure services continue to be provided.

Due to unsuitable accommodation and facilities, the Woodend staff home has been vacated and alternative accommodation has been provided for staff accommodation and staff dining. The learning and development department has moved to an alternative location.

## Royal Cornhill Hospital

There is a 3 year programme of works on the Cornhill site to reduce the risk to patients in the 6 Acute Admission wards. This involves extensive ligature reduction and fire safety works that will fundamentally improve the safety of all patients admitted for treatment on the site.

The Learning Disability Service has moved into two wards within Royal Cornhill Hospital to improve safety for staff and patients by reducing isolation, provide a much quicker response to emergency calls and improve access for on-call staff during anti-social hours. There are still a number of issues that require to be addressed due to the move as the current location does not have facilities to accommodate Occupational Therapy (OT) services and there is a need for additional showering amenities for the patient group.



## Primary Care Services

The NHS Grampian Primary Care Premises Plan sets out the key overall priorities as assessed by the NHSG Primary Care Premises Group. The plan is reviewed and updated annually prior to submission to the NHS Grampian Asset Management Group.

The COVID-19 pandemic has brought about a requirement for significant investment in our Primary Care Premises to meet basic healthcare-associated infections (HAI) issues that required to be addressed to reduce infection rates. This includes glass screens and the replacement of carpets in clinical areas.

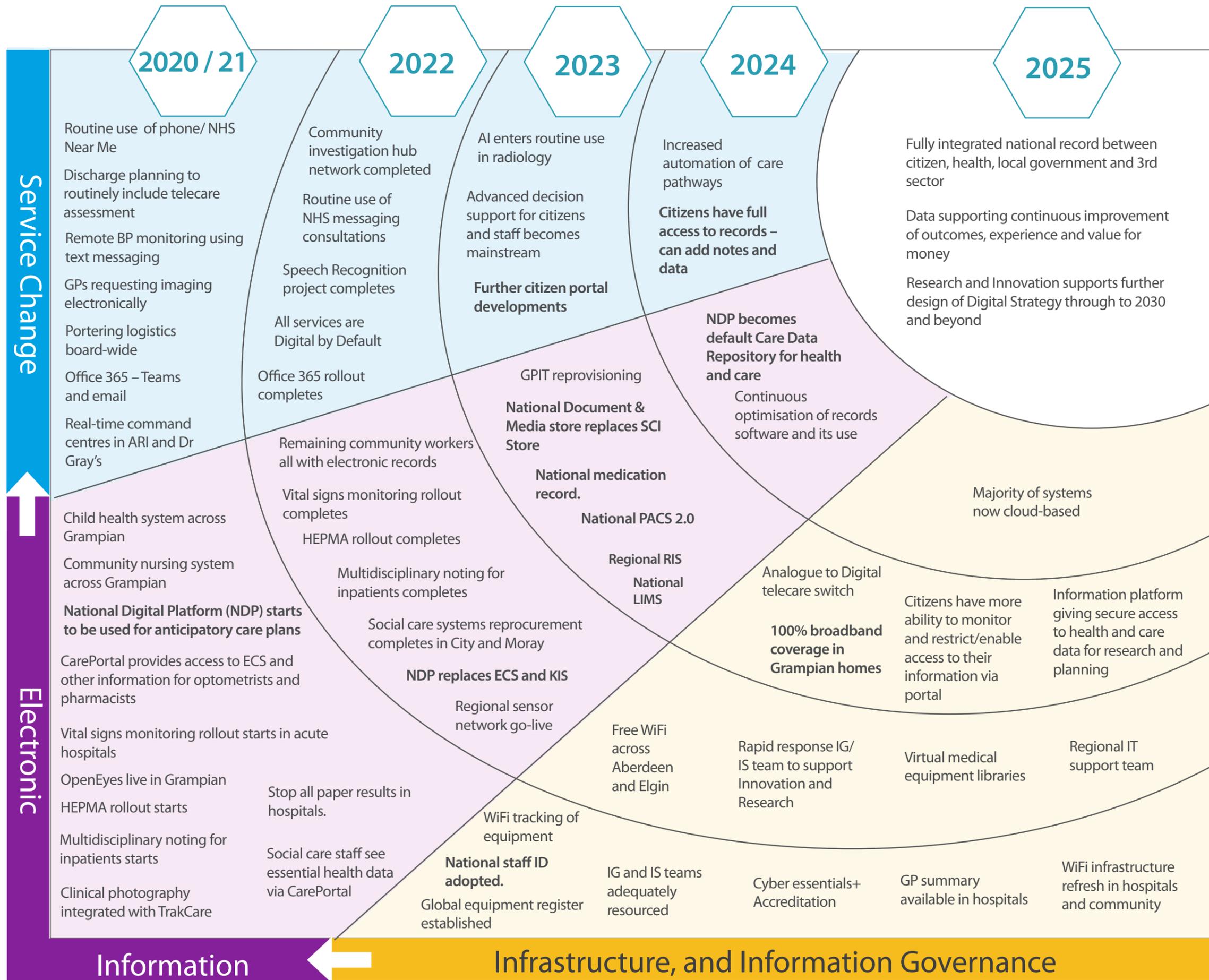
Small improvement grants can also offset the need for major redevelopments but there comes a point when the condition of buildings and the volume of activity they can sustain require a new build to be planned. The 9 agreed top priorities are highlighted below following 3 rigorous risk scoring exercises.

The 9 priorities listed are highlighted and prioritised within the overall Asset Management Plan.

- Bucksburn/Dyce Medical Practices (Aberdeen) (FBC still awaiting approval))
- Denburn/Northfield/Mastrick Medical Practice (Aberdeen) (OBC stage)
- Banchory Medical Practice (Aberdeenshire) (emerging bundle)
- Ellon Medical Practice (Aberdeenshire) (emerging bundle)
- Keith Medical Practice (Moray) (Initial Agreement stage)
- Danestone Medical Practice (Aberdeen) (emerging bundle)
- Kincorth Medical Practice (Aberdeen)
- Torry Medical Practice (Aberdeen)
- Fochabers Medical Practice (Moray)

## Service Transformation through Digital: a Strategy 2020-2025

NHS Grampian's Digital Strategy's aim is to transform health and care services through increased use of digital technology. The document describes how services could be transformed and how this could improve the lives of staff and citizens. Transforming services requires us to improve the way we work with data and information, ensuring that all staff and citizens have access to the information they need and can access it where they need to. Data arising from health and care encounters will need to be learned from to improve the quality and efficiency of care. The strategy also describes how we will improve the ways we work with data and information. If we are to make increased use of electronic records and other digital tools then we will need to ensure it is well supported, run on reliable infrastructure and be compliant with all necessary cybersecurity and data protection legislation. The 5 year strategic roadmap on how we may achieve this is shown on the following page.



Grampian Digital Health & Care Strategy 2020-2025

GPIT	General Practice IT systems
HEPMA	Hospital Electronic Prescribing and Medicines Administration
NDP	National Digital Platform
ECS	Emergency Care Summary
KIS	Key Information Summary
PACS	Picture Archive and Communications System
IG/IS	Information Governance and Information Security
LIMS	Laboratory Information Management System
RIS	Radiology Information System
SCI Store	Scottish Care Information Store
AI	Artificial/Augmented Intelligence

**Bold items are particularly dependent on national developments**

## ▶ Investment Priorities for Medical Equipment

This will be developed through a detailed equipment replacement strategy, informed through clinical consultation and a comprehensive assessment of risk. The annual capital allocation for medical equipment has been prioritised against all other competing investment requirements, but in recent years the level of investment has fallen well short of that required to meet replacement needs resulting in the Board carrying higher risks here than we would like. It is estimated that we only replace 60% of equipment within its recommended technical life. The current NHS Grampian formula allocation of funding continues to increase this pressure.

## ▶ Investment Priorities for Vehicles

There are a number of vehicles (30) that do the majority of commercial work moving products and collecting waste from across the Grampian area. Many of these vehicles are in a poor state of repair with high mileage and old technologies and need immediate replacement.

Looking ahead we need to produce a strategy for alternative fuels to help meet the 6 national climate change commitments detailed below. Fleets need to be cleaner and greener in the future with our owned fleet (small/medium) vehicles being net-zero by 2025. At present significant work has been done around electric and hydrogen small vans and cars. A SLWG has been formed to create a strategy for the installation of charging points across all our sites thus encouraging the use of electric vehicles. Hydrogen has also moved onto larger vehicles such as coaches and large box vans but the infrastructure is not yet in place to support the use of these vehicles for regular and reliable service deliveries.

## ▶ Sustainability & Carbon Reduction

NHS Grampian takes corporate responsibility seriously and recognises its operations and actions on the environment are of significant importance. This is also a fundamental part of its responsibility for the health and wellbeing of the population. To this end we are committed to responsible energy and environmental management and practicing energy efficiency throughout our premises across Grampian. This can at times pose a significant issue because of the geographic make-up and the subsequent requirement to transport patients and goods to and from remote locations to health services.

With the climate and sustainability agendas having now moved to centre stage, and the implications for human health growing ever clearer, so the choices we face in relation to our economic, environmental and ecological systems have become more pressing. In order to move forwards and away from the status quo and deliver on the actions required, NHS Grampian must advocate a cultural change in its practices in order to maintain principles of sustainable development in planning, management and operational practices.

Central to moving forward in a structured and both local and nationalised manner, a Climate Emergency was announced by the Scottish Government in April 2019. In response to this, NHS Scotland have made six commitments to tackle climate change, which have been signed off by all NHS Chief Executives.

These commitments are as follows:

1. NHS Scotland will be a net-zero greenhouse gas organisation by 2045 at the latest.
2. All NHS Scotland new buildings and major refurbishments will be designed to have net-zero greenhouse emissions from April 2020.
3. Each NHS Board should undertake a Climate Change Risk Assessment covering all operational areas and produce a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions.
4. NHS Scotland transport greenhouse gas emissions from its owned fleet (small/medium) vehicles will be net-zero by 2025.
5. The NHS supply chain will be reviewed to determine the extent of associated greenhouse gas emissions and environmental impacts.
6. Each NHS Scotland Board should establish a Climate Change/Sustainability Governance Group to oversee their transition to a net-zero emissions service.

In order for NHS Grampian to be able to realise success in achieving each of the six commitments relating to net zero carbon, a programme of significant investment is required. This programme will include the physical infrastructure of our assets supported by a complete cultural shift influenced by the board, including collective decisions towards that of sustainability.

The National Sustainability Assessment Tool (NSAT) has been developed by HFS to allow health boards in Scotland to monitor and assess their performance towards sustainability. Each health board is scored on topics which align with the UN's Sustainable Development Goals which are part of the National Performance Framework which all public bodies are working towards.

NSAT is completed by each health board in Scotland on a yearly basis. It is a questionnaire which gives us a performance rating based on our practices towards 16 sustainability topic areas.

NHS Grampian received an overall score of 46% (Bronze Award) for the 2018-19 period (baseline year). This will require a significant improvement however if we are to achieve the 6 national Climate Change commitments.



## ▶ Planned 5 Year Investment

The summary five year plan sets out the key areas where investment will be targeted over the next five years. The following balanced approach will ensure that we are able to obtain maximum benefit from the available funding to:

- Respond to new and improved ways of delivering services,
- Improve estate and asset performance on all key indicators, including a targeted reduction in significant and high risk backlog maintenance and a continued programme of essential equipment replacement.
- Disinvest from buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet future service requirements; and
- Invest and develop in new technology that achieves simplification of the existing information technology infrastructure, whilst simultaneously allowing additional investment and improved resilience.

**The Baird Family Hospital and ANCHOR Centre** is the largest single project that NHS Grampian have undertaken as a Board and will result in a significant redesign of the services we provide to the population of Grampian.

- Full business case (FBC) addendum and associated funding at £233m approved by SG.
- External design review complete and agreement to progress a number of recommendations throughout stage 4, pre-construction and construction.
- A six week period of site mobilisation commenced on 7 December 2020 with construction commencing thereafter.
- Estimated bring into service for the ANCHOR Centre is May 2023 and Baird December 2023 with AMH demolished in May 2024.

**The Elective Care Centre** will be one of six to be established in Scotland to support the National Waiting Times Improvement Programme. This represents a major investment in facilities which will improve the Board's capacity to meet current and future demand for elective care.

- Planning approval granted by Aberdeen City Council (ACC) in August 2020
- Targeting FBC approval by Project Board December 2020 and Board/CIG in February 2021
- Project cost estimates remain significantly over budget

### **The Mortuary**

- PSCP appointed by Aberdeen City Council.
- Stage 3 design stage contract signed – target price expected January 2021.
- Council funding in place for stage 3 only.
- Planning application submitted September 2020.

### **Ligature Reduction Programme**

- Fyvie and Dunottar wards completed September 2020. On budget including estimated 8 week extension on programme and additional £0.1m on cost.
- Board approval of budget £5.1m for Muick and Davan in September 2020. Target price now agreed and work started October 2020 due to complete December 2021.
- NOC programme at Royal Cornhill Hospital (RCH) was stalled during COVID-19 but work now progressing. Dr Gray's Hospital ward 4 delayed.

### **The replacement of the Denburn Health Centre with new facilities in Northfield/Mastrick**

- PSCP has continued work to support design and market testing stage – circa £1m over budget – level of market interest disappointing in some work packages.
- Preparation of FBC paused to allow H&SCP to review plans in light of COVID-19 and operation Home First requirements.
- Project under review by the Aberdeen City Health and Social Care Partnership.
- ACHSCP are currently working on the Denburn review. It is anticipated that this will be completed and we will have an update for the January AMG.

**North of the City Health Care** facilities for the population of North Aberdeen and the surrounding Aberdeenshire locality are still currently awaiting FBC approval from the Government.

### **Cardiac Catheter Laboratory (Cath Lab) Replacement**

- Final commissioning and testing of Cath Lab (Room 3) underway and facility fully operational during October 2020.
- Commencement of project around Cath Lab Room 2. Discussions with clinical team to confirm scope of the project underway.
- Cath Lab Room 2 project will be delivered under measured term contract, with Siemens delivering on equipment installation as Turnkey contractor.
- Contact has been made with Siemens to secure a time on the factory line for equipment build. Finalisation of software requirements required from the Cardiology Service.

### **Interventional Radiology Theatres replacement**

- SP 1 (Theatre) now complete and operational.
- Work ongoing to finalise works brief for the redevelopment of SP2 (Theatre) including upgrading ventilation plant to provide 25 air changes for both facilities and increasing overall size of facility to meet current standards including electrical infrastructure, asbestos and fire compartmentalisation.
- A number of enabling projects will be required to be taken forward.

#### **Dr Gray's Hospital - Renal Dialysis Unit**

- The work is presently under way due to complete February 2021.
- Renal Unit refurbishment to commenced 28 September, following temporary relocation of service.
- Purchase of mobile water treatment plant for temporary unit completed in March but creation of a temporary unit delayed due to requirement to temporarily reconfigure the hospital. Interim refurbishment of Surgical Assessment Unit commenced 7 September.

#### **Dr Gray's Hospital - Ward 7**

- Medical Gas work completed July 2020 whilst ward was empty to facilitate easier upgrade process.
- Remainder of phased programme of works to commenced March 2021 once Renal Unit and worst of winter pressures passed.

#### **Laboratory Medicine Managed Service Contract**

- Contract finalised November 2019.
- Implementation including enabling works progressing well and in line with plan.
- Haematology now fully operational.
- Clinical Biochemistry, Virology, Microbiology and Pathology will go live throughout the beginning of the year with all services expected to be fully operational by March 2021.
- It is anticipated that there will not be a requirement to place equipment on the roof which will require strengthening works although are unable to rule out until final designs are available

#### **Laboratory Medicine – LIMS**

- Work to develop national specification nearing completion.
- AMG agreed at September meeting NHSG's participation in national competitive tendering exercise.
- Intention to appoint a single supplier to a National Framework agreement by the 3rd quarter of 2021.

#### **Key milestones:**

- Initial bid evaluation Jan-March 2021
- FBC – sign off June 2021
- Issue ITT for FBC July-Aug 2021
- Framework Agreement Award July 2021

#### **Relocation MEMS and the Maintenance and Technical Services**

- Project Complete December 2020.
- Maintenance and Technical Services move complete October 2020.
- Medical Equipment Maintenance move complete on December 2020

#### **Brachytherapy relocation**

- Business Case approved by AMG in Nov 2019 - relocate the Brachytherapy service, incorporating a surgical procedures room.
- Building Warrant in place.
- Discussions ongoing around operational aspects re: service provision from Theatres and Anaesthetics to support this service in its newly established facility.
- Works commenced December 2020 with a 23 week programme.

#### **Robotic Surgery**

- High priority project to replace the existing Urology Surgical Robot and to provide a new General Surgery Robot. Full deployment of the project will support COVID-19 Recovery.
- Clinical Services Unit Operational Management and development of project team to ensure all aspects from procurement to operational delivery are thoroughly planned and managed with full document control in place.
- Wider aspects around education and clinical excellence to be progressed at later stage.

#### **Primary Care Business Cases**

- As previously agreed with the Board we are also developing initial agreements to make a case for further investment in service redesigns at
  - o Banchory
  - o Ellon
  - o Danestone
  - o Keith

- These have been confirmed within the primary care premises strategy as the areas of highest priority for investment.

Board	New Investment Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSG	Baird & Anchor	209.5	19.5	88.0	85.0	17.0	
NHSG	Elective Care	49.4	3.9	22.2	23.1	0.2	
NHSG	Denburn and Northfield Replacement	7.6	1.9	5.7			
NHSG	North Corridor Health Centres	28.4			14.4	14.0	
NHSG	Greenspace	1.1	1.1				
NHSG	Stonehaven Dental	0.4	0.4				

Table 5 Investment in new Projects

Board	Investment in Existing Estate:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSG	RCH Ligature Reduction	7	6.1	0.9			
NHSG	Backlog Maintenance	15.2	2.5	1.0	1.5	4.1	6.1
NHSG	Primary Care Premises	1	0.2	0.2	0.2	0.2	0.2

Table 6 Investment in existing Estate

Board	Investment in Other Assets:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSG	Medical Equipment	43.3	12.1	9.1	7.3	7.4	
NHSG	Radiotherapy Equipment Replacement	14.4	0/9	4.2	5.9	2.7	

Table 7 Investment in other Assets

Board	Properties:	Total Value	2020/21	2021/22	2022/23	2023/24	2024/25
NHSG	Denburn Health Centre	3.925		3.925			
NHSG	Inverurie Health Centre	0.5	0.5				
NHSG	Inverurie Road Clinic	0.4		0.4			
NHSG	RCH Land (May Baird)	0.9	0.9				

Table 8 Disinvestment plan



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