

# NHS Dumfries and Galloway Property Strategy 2024/25



## Planning for Care in a Net Carbon Zero Future

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Approved by:	NHS Board
Date Approved:	8 April 2024
Date for Review:	April 2027
Replaces Previous Version:	N/A

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## 1. Executive Summary

The 2024/25 Property Strategy:

- Provides information on the current use of the Board's asset base.
- Identifies the drivers and opportunities for change.
- Identifies gaps in the service planning data which present a risk to Property Strategy planning process.
- Identifies where the priorities for change are likely to be across the estate including opportunities for financial efficiencies.
- Acknowledges the importance that the estate provides as part of the anchor organisation concept and its role in improving the local economy and environment.
- Identifies an initial delivery plan with significant projects of a fundamental nature which are to be progressed and the service planning work which requires to be completed.

There are scarce capital resources in 2024/25 and uncertainty as to likely levels of funding in the years beyond available for developing the Board's estate. Current advice is that it is likely that NHS Board's will not receive any additional capital investment beyond baseline levels for at least the next two years. There is a real risk that the aspirations for driving out efficiency will not be realised in full due to the inability to fund the necessary service relocations.

The Boards current financial deficit position will similarly impact on its ability to take forward any development projects which are unable to demonstrate tangible and measurable recurring efficiency savings.

Difficult decisions will be required which will result in a pause to some investment decisions until there is an improved fiscal position.

In response to the challenging financial position, Scottish Government has issued [DL\(2024\)02 – NHS Scotland: Whole System Infrastructure Planning](#). This confirms that Boards will no longer have to prepare and annually update a Property and Asset Management Strategy (PAMS) but this will be replaced by a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure change plan for the next 20 to 30 years. The first stage of this is to develop a 'maintenance only business continuity investment plan' based on a risk based assessment of the Board's existing infrastructure.

The second stage is to develop the longer term service informed infrastructure investment strategy; the 'Preferred Way Forward'.

Phase one, the 'Do Minimum Business Continuity Option' requires to be submitted to Scottish Government by 31 January 2025 and the whole system PIA by 31 January 2026.

The key to successful prioritisation will be to commission the outstanding service planning work so that the opportunities for change can be assessed on an organisation wide basis. The planning work is largely being progressed and includes the following:

- Complete a root and branch review of estate requirements in Dumfries locality.
- Develop a comprehensive Primary Care Strategy.
- Develop a strategy for the future provision of residences.
- Develop the strategy for the provision of Intermediate Care and its future provision in a hospital, Care Home or home setting based on the findings and learning from the recently completed public consultation exercise.
- Develop an Energy Strategy and timeline for Net Carbon Zero compliance.

There are specific projects which can be taken forward in advance of completion of the service planning work as they are of a fundamental nature which unlock the potential for further estate rationalisation or efficiency. We will need to work with our Community Planning and other partners across Dumfries and Galloway to find transformative and innovative solutions to use our facilities within communities creatively and support future models of service delivery.

These projects will include energy related projects associated with Mountainhall Treatment Centre and Dumfries and Galloway Royal Infirmary (DGRI) which directly reduce energy consumption, or which pave the way for major changes in heating mediums.

The creation of modern flexible office accommodation within Mountainhall Treatment Centre is also a high priority as it makes better use of available space and facilitates other service moves into the building. This will include transfer of staff from Midpark house, Mountainhall house and transfer of Family Planning and Sexual Health (FPSH) services and Community Health and Social Care (CHSC) team from Nithbank. The potential for the relocation of the services provided from Willows and Dumfries Dental Centre will be explored as part of the estate's accommodation and space utilisation review.

The disposal of surplus building assets will be progressed.

## 2. Introduction

Since the last Asset Management Plan was updated, the world has irrevocably changed. The aftermath of a health pandemic continues to challenge delivery of health services and a full-scale climate emergency has been declared. Political events such as Brexit, the invasion of Ukraine and the situation in the Middle East have severely impacted on the supply chain causing shortages and delivery delays and contributed to significant inflationary pressures.

There will be a period of continuing uncertainty driven by a spiralling demand for Health and Social Care services against a tightening fiscal position for public services. The Board's financial position is precarious with a substantial projected deficit forecast in the current financial year.

Effective Asset management is essential to ensure that resources are effectively planned, procured and utilised to ensure that accommodation and equipment required for health and social care provision is provided as efficiently as possible.

The appropriate and efficient use of the estate helps deliver and dovetails well with the Board's corporate objectives:

- a. To reduce health inequalities across NHS Dumfries and Galloway.
- b. To promote and embed continuous quality improvement by connecting the range of quality and safety activities which underpin delivery of the three ambitions of the Healthcare Quality Strategy, to deliver a high-quality service across NHS Dumfries and Galloway.
- c. To review the model of service delivery across Dumfries and Galloway to deliver person-centred services as close to home as clinically appropriate.
- d. To ensure that NHS Dumfries and Galloway has an engaged and motivated workforce that is supported and valued in order to deliver high quality service and achieve excellence for the population of Dumfries and Galloway.
- e. To maximise the benefit of the financial allocation by delivering clinically and cost-effective services efficiently.
- f. Continue to support and develop partnership working to improve outcomes for the people of Dumfries and Galloway.
- g. To meet and where possible, exceed goals and targets set by the Scottish Government Health Directorate for NHS Scotland, whilst delivering the measurable targets in the Single Outcome Agreement.

The 2024/25 Property Strategy will seek to:

- Demonstrate the current use of the Board's asset base.
- Identify the drivers for change and utilise service planning data to explore potential solutions where change to the asset base can assist to deliver service change.
- Identify where further service planning work is required to inform the Property Strategy.
- Identify tactical priorities for change.
- Identify a delivery plan.

### 3. The Existing Estate

#### 3.1 Estate Dimensions

As of 31 March 2023, the Board owned estate consists of a total of 38 sites comprising 90 buildings with a total area of 60.8475 Ha (hectares). This does not include properties such as Waverley or Lockerbie Health Centre where the Board leases accommodation or any GP owned or leased properties.

The net book value of the Boards property assets at 31March 2023 is £331m.

The costs attributable to property for the year 2022/23 totalled over £30.8m. A significant portion of this sum (£16.36m (53%)) is attributable to unitary fee payments associated with Private Finance Initiative (PFI)/Non-Profit Distributing (NPD) contracts which are fixed.

As is to be expected, the highest single property cost is associated with the Board's largest building. DGRI has a property running cost of £22.6m (73% of the total).

The costs attributable to Board owned property for 2022/23 are provided in the table at **Appendix 1**.

The estate physical floor area has increased from 117,000m<sup>2</sup> to 174,000m<sup>2</sup> in the last decade.

The age profile of the estate has improved over the last decade as historic legacy buildings have been disposed of and major capital investment at DGRI was completed. Table 3.1 shows how the age profile of the estate has changed over the last decade.

**Table 3.1 – Age Profile of Operational Estate**

Year	Over 50 years old	30-50 years old	10-29 years old	Up to 10 years old
2022	8%	25%	20%	47%
2012	31%	39%	9%	21%

The tenure of the estate has changed significantly with 50% of the operational estate now being provided through PFI/NPD contract arrangements.

**Table 3.2 – Tenure of Existing Estate**

Year	Owned	Leased	NPD/PFI
2022	47%	3%	50%
2012	92%	2%	6%

The condition of the estate has also shown significant improvement over the last decade as estate rationalisation and development has continued to be delivered.

**Table 3.3 – Condition Ranking of Operational Estate**

Year	A	B	C	D
	As new	Fair condition but requires some investment	Requires significant investment/upgrade	Poor condition/potential for/disposal
2022	50%	24%	25%	1%
2012	6%	61%	27%	6%

The backlog maintenance burden has changed dramatically over the last decade to reflect the significant capital investment made in the DGRI building and the disposal of large legacy buildings at Crichton Hall and Nithbank.

Some of the high-risk backlog items which previously were reported within Mountainhall Treatment Centre reflected its previous use as an Acute hospital and are no longer relevant to its current use. This has allowed the backlog to be further reduced as parts of the building fabric and building services are refurbished, rationalised or removed.

**Table 3.4 – Backlog Maintenance Position of Existing Operational Estate**

Area	Year	Low risk items	Moderate risk items	Significant risk items	High risk items	Total Backlog
Clinical	2022	0.596	3.892	2.722	2.644	9.854
	2021	0.930	4.720	5.320	4.690	15.660
	2012	7.150	16.522	16.039	3.961	43.672
Non Clinical	2022	0.384	3.046	1.864	0.735	6.029
	2021	0.530	3.120	4.700	2.540	10.890
	2012	1.321	5.224	7.998	0.147	14.690
All Operational Areas	2022	0.980	6.938	4.586	3.379	15.880
	2021	1.460	7.840	10.020	7.230	26.550
	2012	8.471	21.746	24.037	4.108	58.068

Four Cottage Hospitals were closed to inpatients during the pandemic to allow staff to be redeployed elsewhere and to protect vulnerable patients.

The programme of public participation, engagement and consultation 'Right Care Right Place' looked, in the first instance at how best bed based Intermediate Care can be provided within a community setting. For the majority of patients, the delivery of Care at Home or as close as possible to home is preferable, with local palliative and end of life care, as well as facilities for step-up and step-down care were identified as priorities. The IJB approved this as a strategic commissioning decision in September 2023 and work is on underway on planning how and where services will be delivered will be progressed.

The second phase of 'Right Care; Right Place' is now underway with a series of local workshops being held in early 2024 to understand how we can make best use of our existing facilities to provide non-bed-based care in a different way that will reduce unnecessary travel for local communities.



Options will be appraised and further consultation will take place during 2024/25 to inform decision-making on how facilities within our local communities can be used to best effect.

Work has been ongoing to establish Home Teams which will aim to provide multi-disciplinary support for patients within their home. The Teams will require administrative support bases throughout the region and will also rely heavily on digital solutions, technology and data connectivity.

It is envisaged that up to seven locations will be required to provide appropriate geographical coverage to the area. These support bases should provide a minimal physical footprint as the requirement for face-to-face meetings and office workspace should be of a minimum.

Table 3.5 shows how the estate is currently used and the reduction which has been achieved since the opening of DGRI in 2017.

**Table 3.5 – Land Use by function**

	<b>Land area Ha at 01/03/2023</b>	<b>Land area Ha at 01/03/2018</b>
Acute and Maternity Hospital	20.9000	20.9000
Administration	3.6625	8.3668
Community/Cottage Hospital	8.7382	8.7382
Health Centre/Clinics	21.2206	21.1560
Mental Health	5.0030	4.8741
Patient Residence	0.2905	0.2905
Support Services	1.0327	1.0327
	<b>60.8475</b>	<b>65.3583</b>

The age profile of the buildings has improved with the disposal of Crichton Hall and the bulk of the Nithbank site. This has negated the requirement to complete significant backlog maintenance and the problems associated with achieving energy efficiency and Carbon Zero status for buildings of historic vintage.

### **3.2 Dumfries and Galloway Royal Infirmary (DGRI)**

The DGRI facility has been in use since late 2017 and provides the significant share of Acute health services for the region. The site will remain as a key part of the Board estate for the longer term. Pressure on Acute services has been extreme since the pandemic with severe pressure on inpatient beds and increasing waiting times for services. The overall pressure on the system and resulting waiting list backlog will take years to fully address.

Elective services continue to be affected by the increased patient flows through the emergency department and Combined Assessment Unit (CAU) Surge Planning was implemented to ease and mitigate the risk associated with the unprecedented demand on bed capacity.

Some departments and services have raised issues around their ability to continue to meet the current demand levels on a sustainable basis from their currently allocated space. This includes Pharmacy and Oncology services.

There are potential opportunities to create space within DGRI by appraising and rationalising current services and their requirements.

Increasingly more specialist services are being provided on a regional basis which allows clinical expertise to be pooled in centres of excellence. Over time this will free up additional capacity within DGRI which will be used for development of service provision in areas which have space constraints.

The Corporate Services/Communications team could be based at the Board headquarters at Mountainhall Treatment Centre.

Some administrative functions can be provided from home and in off-site hybrid office accommodation.

There is a potential for some Laboratory Services to be provided off site.

There is a potential for some Outpatient clinics such as DEXA and PUVA to be provided at an alternative venue.

### **3.3 Mountainhall Treatment Centre**

The move of the Board's headquarters and main administrative functions to Mountainhall Treatment Centre was initially considered to be on a temporary basis and was driven by the sale of Crichton Hall.

The Cresswell wing of the building is subject of a PFI contract which is not due to terminate until 2032. Mountainhall Treatment Centre will remain as the main administrative and ambulatory care centre for several years and to this end investment continues to be required to rationalise and maintain the building to a suitable and safe standard.

There are a considerable number of staff and services which continue to utilise the Mountainhall Treatment Centre. Over 500 staff initially relocated into Mountainhall Treatment Centre from Crichton Hall to join those existing services within Mountainhall Treatment Centre which include Renal Dialysis, Ophthalmology, Central Sterilisation Services Department (CSSD) etc. These staff and services cannot be readily relocated elsewhere without a significant capital investment. Given the pressures on Scottish Government finances there will be limited appetite for any large-scale capital investment of this sort.

It is anticipated that the Mountainhall Treatment Centre will remain as a key part of the Board's estate for the medium to longer term.

The Mountainhall Treatment Centre building currently has significant spare available floor capacity which provides an opportunity for rationalisation of some of the Board's estate in the Dumfries locality. A report to review current space

utilisation has been commissioned via an independent specialist consultant and will be used to shape future utilisation. The report also includes other NHS buildings in the Mountainhall Treatment Centre/Crichton Quarter.

Opportunities should be actively sought to encourage partner organisations and health related services to relocate into Mountainhall Treatment Centre where appropriate. This will make better use of available space and has the potential to maximise local and community benefits.

### **3.4 Midpark Hospital**

The hospital was completed in 2014 and is modern and fit for purpose. There have been some quality issues associated with the building in terms of the robustness of the original specification and material selection. These issues continue to be monitored and remediation work completed by the principal contractor where necessary.

Office accommodation for Midpark medical staff and their administrative support is currently provided in Midpark House which is a large detached former house which has been converted to provide office accommodation. A review of this accommodation is underway.

### **3.5 Galloway Community Hospital**

Galloway Community Hospital was completed in 2006 and provides the Board's main locus for the West of the region alongside the neighbouring Waverley Health Centre. The building is in reasonable condition commensurate with the age of the building.

Opportunities for estate rationalisation are more limited but the mix of services provided and their space requirements will be subject to ongoing review including how we make best use of all facilities, with details of any reviews planned set out in the latest Annual Delivery Plan.

### **3.6 Cottage Hospitals**

The existing Cottage Hospital estate presents significant challenges in terms of location, size, physical layout and condition. The pandemic response required 4 Cottage Hospitals to be temporarily closed to ensure optimal safety of staff and patients and also to allow staffing resource to be reallocated to meet community service demand.

Hospitals at Newton Stewart, Kirkcudbright, Thornhill and Moffat remain currently closed for inpatients. The buildings have been used to provide vaccination centres for the local population, additional space for provision of GP services (Community Treatment and Care (CTAC)) and also to provide a base for Care at Home Teams, Allied Health Professions, Community Mental Health staff and Outreach Pharmacy staff. Any review of use of this accommodation is linked with the Right Care Right Place review as set out in pages 8 and 9 earlier in this document.

### **3.7 Primary and Community Care**

Work has commenced on planning for remodelling of care provision within the community. This will seek to strike the correct balance between hospital beds, Care Home provision, Care at Home and supported accommodation across the Board area.

The public consultation in respect of providing 'Right Care Right Place' is nearing completion.

Through extensive engagement work, people have told us the importance of having access to services within their community, close to home.

Discussions have taken place around respite care, palliative care, end of life care, step down care, and the roles of Care Homes and Cottage Hospitals.

Consultation has taken place around a new flexible approach to bed based Intermediate Care, which should allow for the commissioning of beds within communities to serve a range of needs.

The next phase of 'Right Care Right Place' is now underway, picking up conversations with stakeholders on how all that has been assembled so far is applied practically to meeting needs.

As such, development workshops are now taking pace, inviting stakeholders to continue the conversations.

These developmental sessions will give us an opportunity to begin developing future service models that we will share with Dumfries and Galloway Integration Joint Board (IJB) before coming back out to consult on these more widely.

The process is not anticipated to be completed and final recommendations approved before the latter part of 2024.

It is anticipated that the outputs from this work will be prioritised and taken forward as a phased programme of works across all of the Board localities subject to funding constraints.

The latest GP contract and Scottish Government policy direction will in time see the Health Board taking on direct ownership or direct lease of GP facilities. This will have an impact on the Board's property portfolio over time as largely small and rural premises are taken into direct ownership. The reducing numbers of GPs within practices is also impacting on the specific lease provisions of public private partnerships (PPP) type deals and is now seen as a further barrier to recruitment. The GP sustainability loan scheme will provide assistance in the short to medium term, however, there will be residual risk to the Board if practises continue to fail.

### 3.8 Home Care

Health and Social Care teams provide significant levels of Care at Home to patients. The Home Teams have augmented this service with additional resources which can extend the level of care offered to help reduce admissions or readmissions to a hospital setting.

To give some context to the scale of the service provided, the Integrated Community Equipment service (ICES) has provided the following equipment data (as at June 2023):

- 525 beds are currently on loan in a patient's property
- 20,347 items of equipment were issued last financial year
- 5,244 different clients received equipment deliveries last financial year
- 80,299 items of equipment were in use as 17 May 2023 with a stock value of £3.37 million

### 3.9 Residences

The provision of residential accommodation for trainees and students continues to be challenging with the availability of suitable accommodation outstripping supply. At the planning stage of the new hospital, it was anticipated that the provision of 104 spaces within new fit for purpose residential accommodation would meet the demand.

These planning assumptions have proved to be optimistic and currently there are 220 students/trainees housed in various settings and areas of differing quality and cost basis.

**Table 3.6 – Breakdown of Residential Accommodation**

<b>Location</b>	<b>Number of Students</b>
DGRI	104
Mountainhall Treatment Centre	77
Nithbank	24
Galloway Community Hospital	5
Private Lets	17
Hotels	20
<b>Total</b>	<b>220</b>

The demand for residential accommodation has been exacerbated by the recruitment crisis facing the service and initiatives such as ScotGEM and international nurse recruitment.

## 4. Drivers for Change – Planning Assumptions

Health and Social Care services continue to be under severe pressure. The aging population profile and the pressure brought about by the Covid-19 pandemic are well documented. Together with the demand for an increased level of service, the financial challenges are significant.

Together, these create an incredibly challenging planning environment, within which:

- We have seen our financial challenges continue to grow year-on-year and in 2024/25 our projected financial deficit stands at £25m requiring savings of over £29m, with a level of financial risk in the system beyond those we have previously achieved or seen.
- We have seen growing demand for unscheduled care, particularly in terms of people with complex, multiple co-morbidities, often exacerbated by longer than expected waits for planned care as a result of the backlog that developed during the Pandemic.
- We have seen the growth in waiting lists and waiting times for planned care that we experienced pre-Pandemic increase post-Pandemic despite our best efforts, with activity levels only recently returning to pre-Pandemic levels and a need to increase these to meet national targets, in the absence of additional resource.
- We have seen that life expectancy at birth and healthy life expectancy are decreasing, with growing health inequalities becoming increasingly evident, such as increasing premature deaths in those living in the most deprived areas and a level of acute hospital activity across all deprivation quintiles in Dumfries and Galloway that is higher than the Scottish average.
- We have seen more people waiting for Care and Support at Home than we did pre-Pandemic and increasing pressures within our Care Home Sector with decreasing bed numbers and increasing demand, resulting in people having longer hospital stays than is necessary.
- And, we continue to see significant pressures on the health and wellbeing of our staff who exceed all expectations in striving to meet increasing demand. At the same time, our difficulties in filling vacancies across our health and social care workforce persist, in light of the historic reductions in the working age population.

Prudent and efficient management of the Board's estate can go some way to support service modernisation and reduce property associated costs. Technology will play a pivotal role in the way that Health and Social Care services are modernised and the type of buildings required to support it.

The way that healthcare is delivered is changing rapidly in response to significant pressures on demand. This along with national and local policy priorities shapes the strategic direction for the Board's Property Strategy. There are a number of key planning assumptions that drive the strategic direction for future property use:

- Specialist Acute services will be provided at out of region centres of excellence and trauma centres.
- There will be much less reliance on expensive inpatient buildings which are largely inflexible to technological advances and changes in demand.
- The future delivery of bed based Intermediate Care will be based on greater levels of care provided close to or in the patient's home setting. A 'Right Care Right Place' public consultation is currently underway to explore how this will be best delivered.
- The Home Teams will be fully established to support delivery of greater levels of care in the patient's home.
- There will be a greater reliance on technology to assist with the roll out of the new ways of delivering care.
- Primary Care will also be delivered in differing ways with much less reliance on traditional face-to-face appointments with GPs. Care will be delivered from a wider multi-disciplinary team including GPs Advanced Nurse Practitioners (ANPs), specialist nurses, pharmacists and ANPs.
- There will be a move towards Health Board ownership or lease of health centres and GP practice accommodation.
- Modern office working which encompasses flexibility and hybrid working will be normalised into the workplace for those staff that have the ability to work flexibly.
- All health buildings will require to achieve Net Carbon Zero by 2040 or earlier. The drive to achieve Net Carbon Zero will significantly impact on how buildings are used and, on their ability, to be retained.
- Rationalisation of the estate is required. This will deliver efficiency savings in building operating costs and by negating back log maintenance.

## **5. Service Planning Requirements**

There are gaps in service planning which present a risk to the quality of data used for development of the Property Strategy. These gaps include the requirement for:

- A root and branch review of the existing estate within Dumfries.
- Development of a comprehensive Primary Care Strategy.
- Development of a strategy for the future provision of residences accommodation.
- Completion of the public consultation on the provision of bed based Intermediate Care and development of a strategy for its future provision in a hospital, Care Home or home setting.
- Development of an Energy Strategy and timeline for Net Carbon Zero compliance.



## **6. Strategic Direction for the Estate**

### **6.1 Estate Rationalisation**

The scale of the financial pressures on the health system are unprecedented and all opportunities will continue to be explored to ensure that space utilisation is challenged and maximised at all sites. The estate will require to rationalise and adapt to continue to provide the most suitable accommodation for delivery of Health and Social Care services.

Properties which are no longer required will be formally declared as surplus and disposed of.

The Board has already declared the following assets as surplus to requirements:

- Ladyfield East
- Ladyfield West
- Nithbank (former SAS station, former day hospital and ICES store and Nithview Building)
- Nith Buildings, Kelloholm
- Former Clinic, Charles Street Annan
- Transport Compound, Crichton site
- Garage Cottage, Crichton site
- Former ICES decontamination unit, Crichton site
- Mountainhall House (subject to relocation of Change Scotland service)
- Midpark House (subject to relocation of office accommodation)

The Community Empowerment (Scotland) Act 2015 requires NHS Boards to consider requests for Community Asset Transfer. Details of the process and requests received are contained on the Board's website at <https://www.nhsdg.co.uk/information-and-engagement>

There are several key buildings, DGRI, Midpark Hospital and Galloway Community Hospital which currently underpin Health and Social Care delivery. They have all been constructed within the last 20 years and are, therefore, generally fit for purpose and offer higher levels of compliance with building regulations and healthcare building guidance.

Based on current service planning and demographic information these buildings will continue to be required in the medium to longer term to support service delivery.

Smaller community based buildings will act as local hubs to support Intermediate Care, Primary Care services, Care at Home teams and Outreach Services.

As the model for delivery of all aspects of Intermediate Care and Primary Care develops and evolves, the existing community based accommodation will similarly develop and evolve to meet the service needs.

## **6.2 Anchor Institution**

The term “anchor institution” is relatively new in terms of government terminology and policy but a “place-based approach” to public sector master-planning and the pivotal role it has in supporting local communities has been promulgated for many years. As a major public sector organisation, the Health Board estate can have a significant impact in a local area. These assets can be used to support health and wellbeing and tackle health inequalities through procurement, training, employment, professional development, and buildings and land use.

Working as anchor institutions creates opportunities to act on the key causes of poor health and reduce inequalities.

The location of DGRI offers less opportunities for interaction with the local community but the careful consideration and provision of greenspace and garden areas clearly benefit patients, visitors and staff alike. The potential for shared energy networks and Net Carbon Zero solutions with the neighbouring industrial estate can also be explored.

At the other end of the scale, the Craignair Health Centre in Dalbeattie was designed to incorporate a community meeting space which is well used by groups and charitable organisations to help promote health and wellbeing. A popular community garden has been established at Galloway Community Hospital.

## **6.3 Modern Office Accommodation**

The Covid-19 pandemic and the need for social isolation necessitated the need for large numbers of staff to work from home. This created momentum to enable the appropriate home working packages to be provided and facilitate significant change in working patterns at scale.

At a practical level, there will be a considerable number of staff who will be content to work from home for a number of days every week. These circumstances present an opportunity to consolidate the considerable change to working practice which has taken place and provide a sustainable solution for flexible and hybrid working.

The provision of office accommodation requires to be considered differently. The future office, particularly in the wake of the Covid-19 pandemic, lies in designing flexible workspaces.

The way that staff work has changed. The office space requires to evolve to support the workforce and provide a space that staff want to use. It should provide space for quiet and concentrated work, for collaboration, for meetings and for socialisation. The office environment requires to accommodate work from home and hybrid working policies.

The office space can go a long way to help with recruitment and retention of staff. There requires to be a focus, not just on providing an office, but on how to create the best possible environment to ensure employee safety, wellbeing, and maximise productivity. It is fully accepted that the boundaries between home and work life have become increasingly blurred and as a result the office needs to offer more. It remains an important part of the Board's culture and will offer the freedom for staff to work from anywhere as part of a fully integrated Health and Social Care system.

Full IT connectivity is key to making a modern office work. Docking stations, monitors and mobile telephone signal coverage will be seamlessly available at all workstations.

#### **6.4 Net Carbon Zero**

The existing estate will require a significant degree of transformation to meet the anticipated Net Carbon Zero requirements. The quantum of investment which will be required cannot be underestimated and the bearing that it will have on the delivery of the future Property Strategy. The most effective technical solutions for large sites and buildings are probably not yet commercially available and, therefore, the final solutions are as yet unknown. The most prudent solution may be to move to more efficient systems which will offer a degree of future proofing. The largest opportunities to reduce carbon and make efficiencies are, perhaps not surprisingly, at the larger sites of DGRI and Mountainhall Treatment Centre.

Initial exploratory planning work has commenced on fabric improvement schemes for the Mountainhall Treatment Centre building and the work required to change the heating system from steam to low temperature hot water. Steam heating is notoriously problematic and inefficient to operate and does not lend itself to any of the current renewable or low carbon energy sources. The steam boilers currently serving Mountainhall Treatment Centre are in excess of 30 years old and although still serviceable are approaching end of life. It is, therefore, the opportune time to search for a solution which will allow for the transition to a Net Carbon Zero heat source.

The Crichton Trust are continuing to explore the feasibility of a district heat network. The Mountainhall Treatment Centre building will almost certainly be required to provide a base anchor load to make such a scheme viable and partnership discussions are ongoing in this respect.

The DGRI building offers significant opportunities to look at heating and cooling controls, excessive hot water storage and the replacement of fluorescent lamps with modern LED lamps. Only projects which can demonstrate revenue savings in addition to carbon savings will be able to be considered for support.

In an attempt to support this agenda Scottish Government have set up an Energy Transition Board (ETB) under the direction of NHS Scotland Climate Emergency and Sustainability Board. The ETB role is to:

- a. Managing the Energy Transition Workstream of the National Sustainability Action Programme.
- b. Co-ordinating national support, including funding, to Health Boards for building energy decarbonisation.
- c. Co-ordinating and overseeing, at a strategic level, a programme of major energy decarbonisation projects for the NHS.

The top twenty highest greenhouse gas emitting sites account for 62% of NHS building energy emissions in 2022/23. These sites will be the focus of the ETB who will support Boards to develop plans for the decarbonisation of the site. DGRI is 14<sup>th</sup> on the list and together with Forth Valley Hospital will be the first two sites to benefit from this national support.

Given the challenging financial landscape within NHS Scotland, the group will assist with submissions to the Green Public Sector Estate Decarbonisation Fund and Heat Network Fund to support any initiatives and infrastructure improvements. NSS have also set up a Heat and Power Purchase Agreement Team to allow Boards to access supplies of low-cost renewable energy

The Board has also engaged in a number of local and National initiatives regarding 'greening the estate' through creation of garden areas and walkways for patients and staff.

Other initiatives being considered include utilisation of fallow areas of land on our sites to support community projects such as market gardens and allotments.

## **6.5 Primary and Community Care Services**

The delivery of Primary Care services was transformed during the pandemic response. The service was forced to adapt rapidly to prioritise services for those in most need of clinical intervention and to minimise risk to the wider population. The use of initial triage and telephone consultation with the most appropriate clinician was widely adopted and normalised in the early stages of the pandemic. Arguably, these measures can deliver a much more efficient way of accessing Primary Care services which should have a significant impact on the estate and the use of buildings.

There are other changes to Primary Care services which will also potentially impact on the estate. To address recruitment issues, the ScotGEM initiative will see increased numbers of trainee GPs within practices. A number of services will also be carried out by other health professionals as part of the roll out of CTAC changes to the General Medical Services (GMS) contract.

Future Primary Care/Community premises may look very different to what is currently found in a typical GP practice. The full range of services that are provided needs to be fully considered and how that can be most efficiently achieved and delivered. GMS services are augmented and supported by a large range of professions which all require consulting and/or administration space.

This includes AHP, Pharmacy support, and Mental Health services including Drug and Alcohol support. The delivery of Intermediate Care in a Cottage Hospital, Care Home or home setting all rely on these services along with the Care at Home teams.

In general terms, Dental, Ophthalmic and Pharmacy provision is provided by contractors with limited input from the Board. GP provision is more complicated with a number of GPs working out of Health Board provided buildings or buildings subject to long lease agreements underwritten by the Health Board.

As policy direction seeks to bring GP premises within direct Health Board control, an assessment of need requires to be undertaken to establish the scope of service provision and how and where it is delivered. Key questions around patient numbers, geography, demographics, health deprivation and potential integration with other Health and Social Care Partnership services require to be fully explored to ensure that the service requirements and accommodation needs can be met.

Providing answers to a number of these questions is complicated and will require a degree of subjectivity around future demand predictions. However, once the data is collated and developed it will set the strategic direction for the most efficient delivery of Primary and Community Care services across the region.

A Primary Care Strategy requires to be developed which should integrate fully with Community and Intermediate Care planning. This will ensure that all opportunities are considered to fully utilise existing buildings where appropriate and for further rationalisation and disposal of surplus property.

## **6.6 Public Health**

There will be a changing demand to provide vaccination services. The requirement in terms of locations and throughput capacities needs to be considered and planning put in place for this.

## **6.7 Mental Health Services**

Demand for Mental Health services continues to increase. There are some early discussions around the potential for service redesign which would see changes in the inpatient accommodation at Midpark. This could include the future development of a low security unit.

Additional staff have been recruited to meet rising demands in Psychology and Drug and Alcohol services which are being absorbed into available space. There are, however, accommodation pressures for the Crisis team and Community Mental Health teams.

These accommodation needs require to be fully integrated with the Primary and Community Health accommodation needs. This will include the roll out of "Near me" suites which will allow service users to access consultations with health professionals remotely.

## **6.8 Residences**

The Board's residential accommodation at Mountainhall Treatments Centre requires significant investment to make it fit for purpose. The requirement to achieve a Net Carbon Zero solution will almost certainly make a new build solution more cost effective as refurbishment of the existing buildings. The provision of residential accommodation for students, trainees and locums is not a clinical priority but clearly the inability to provide suitable accommodation will hinder the Board's ability to recruit and retain staff.

The Crichton Trust, local college and university sector have identified a potential demand for student accommodation which, along with health demand, would result in a combined total of approximately 300 spaces. Joint working partnership opportunities are being explored for development of residences using alternative capital sources or revenue funded by private sector student accommodation providers.

## **7. Implementation Plans/Priorities**

### **7.1 Prioritising Limited Resources**

There are limited capital resources currently available for developing the Board's estate. There is a real risk that the aspirations for driving out efficiency will not be realised in full due to the inability to fund necessary service relocations. Similarly, the Board's current financial deficit position will impact on its ability to take forward any development projects which are unable to demonstrate tangible and measurable recurring efficiency savings.

The key to successful prioritisation will be to commission the outstanding service planning work so that the opportunities for change can be assessed on an organisation wide basis.

There are specific projects which can be taken forward in advance of completion of this work as they are of a fundamental nature which unlock the potential for further estate rationalisation and efficiency. These include energy related projects associated with Mountainhall Treatment Centre and DGRI and the creation of modern flexible office accommodation within Mountainhall Treatment Centre as it facilitates other service moves into the building.

### **7.2 Disposals**

The Board have agreed to the disposal of a number of buildings and, where practical and on the advice of the Boards Property Advisors, the appropriate disposal route will be pursued. It is important that these are progressed timeously as opportunities arise through maximising use of any retained estate.

Scottish Government have agreed that any funds generated from these disposals can be retained locally to support and augment the Board's limited capital resource.

### **7.3 Further Service Planning Work**

#### **a. Complete a root and branch review of estate requirements in Dumfries locality**

Health Care planners have been commissioned to undertake this work and it is likely that significant areas of the current estate will be identified as underutilised. Services will be challenged to evidence how they are currently using available space. The outcome of this work will need to be considered through Board Management Team.

#### **b. Develop a comprehensive Primary Care Strategy**

It is anticipated that Health Care planners will be commissioned to focus on how effectively the Primary Care estate is being used and how services are geographically represented across NHS Dumfries and Galloway.

c. Develop a strategy for the future provision of residences

In the current financial climate, it is highly unlikely that capital money will be prioritised and allocated to residential accommodation upgrade or re-provision. In the short to medium term, the demand for residential accommodation will remain very high and the Board's ability to set market level rents will remain low. This is a clear area of risk which could impact on staff recruitment and retention and, therefore, innovative residences solutions will require to be explored.

d. Following the conclusion of the public consultation on the provision of Intermediate Care and assess the impact for the estate.

The post public consultation process and adoption of recommendations have been completed. Where the recommendations from the review impact on the estate, outline project plans can be drawn up for consideration and prioritisation.

e. Develop an Energy Strategy and timeline for Net Carbon Zero compliance.

A high level Energy Strategy and route map for achieving Net Carbon Zero has been completed. A draft Emissions Reduction Strategy document has been prepared. The Board's ability to adhere to the timeline will be in the main predicated by the availability of resources to develop and deliver schemes over the next 20 years. If funding is not made available to deliver these schemes (capital or revenue), the timeline will inevitably slip. This will include implementation of key performance indicators which have been developed through the Climate Emergency and Sustainability Programme Board.

#### **7.4 Review of Estate Requirements**

A review of accommodation use and current space utilisation will be undertaken to inform and prioritise the potential for property rationalisation. A number of services have had a significant degree of space creep during the pandemic and their space requirements now need to be challenged.

From a property perspective, the existing health buildings and services which could be relocated to function from Mountainhall include.

- Psychiatry services – Midpark House
- Woman's and Children's services – The Willows
- Dumfries Dental Centre
- Family Planning and Sexual Health

Mountainhall Treatment Centre is uniquely placed within the Crichton Quarter to develop partnership links with the Crichton Trust and the higher education sector:

- Mountainhall Treatment Centre is well served with public transport and has walking and cycling paths linking it to the town centre.



- The building has significant underutilised space which can offer affordable accommodation to public bodies, commissioned services and third sector organisations to create a community health and wellbeing hub.
- Small Medium Sized Enterprises (SMEs) can also benefit from the support and opportunities that the wider campus can provide.
- There are significant opportunities for the development of shared technology and resources as part of the solution to achieve Net Carbon Zero.
- The green space can be developed further to provide a green corridor linking three road ends to the wider campus and provide a significant community managed greenspace. A stakeholder event is planned for early Spring 2024 where the future management and development of the extensive grounds as a community asset will be formulated. The dispersed Covid-19 memorial forest initiative will see the sympathetic planting of trees to support this work.
- Short term student/trainee residential accommodation can be developed to meet the needs of both health and higher education.

In addition, there are several high cost leased developments where the initial lease term is due to come to an end in the next few years. The opportunity that these present to reduce costs and make use of available space elsewhere within the Board owned estate must be explored.

There are parts of DGRI which are overcrowded, and space is at a premium. The ability to relocate some administrative functions and outpatient clinics to Mountainhall Treatment Centre should be considered to free up space within DGRI for higher priority clinical requirements.

## **7.5 Modern Office Accommodation**

The development of dedicated flexible workstations will provide a catalyst to allow efficiencies to be made in other areas and allow for rationalisation of the space used by departments and teams. The space saved in these areas will allow the relocation of further services into Mountainhall Treatment Centre on both a commercial income generation basis and allow rationalisation of other property across the estate.

## **7.6 Primary Care**

A Primary Care Strategy requires to be produced which will set the strategic direction of travel for future delivery of Primary Care services. The strategy should not focus on the estate but on delivery of clinical service to meet the demands of the population.

## **7.7 Residences**

A Residences Strategy is required which sets out the potential accommodation demands over time, who will be entitled to residential accommodation, for what period and at what cost. This will enable investment decisions to be made based on the best available information.

## **7.8 Cottage Hospitals/Intermediate Care Provision**

The existing Cottage Hospital estate presents a number of challenges in terms of location, size, physical layout and condition. The pandemic response required a number of Cottage Hospitals to be temporarily closed to ensure optimal safety of staff and patients and also to allow staffing resource to be reallocated to meet service demand.

Hospitals at Newton Stewart, Kirkcudbright, Thornhill and Moffat remain currently closed for inpatients. The buildings have been used to provide vaccination centres for the local population and as interim accommodation for the developing Care at Home teams.

A public consultation exercise has been completed and a public conversation is now under way to determine how Intermediate Care services will be developed. The conclusions from this process will direct how the Cottage Hospital estate is repurposed and set out a strategy for future delivery of Intermediate Care.

## **7.9 Net Carbon Zero Compliance**

A Net Carbon Zero initial audit has been completed by Scottish Government appointed consultants. The report has now been issued and taken along with previous energy reduction and Net Zero work has been used to inform a draft Emissions Reduction Strategy document. The bulk of the Board's carbon emissions are associated with buildings and, therefore, subject to approval, the Emissions Reduction Strategy will inform large parts of the Estate Strategy and Capital Plan where funding and prioritisation allows.