

Issues for non-executive
NHS board members

Asset management in the NHS in Scotland



Prepared for the Auditor General for Scotland
January 2009

Introduction

1. Audit Scotland published its national report, *Asset management in the NHS in Scotland* on 29 January 2009. This paper accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how assets are managed within their own boards. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.
2. Copies of the national report can be downloaded from our website www.audit-scotland.gov.uk

Page references to main report	Issue	Questions for non-executive board members to consider
Part 2: The strategic role of the Scottish Government Health Directorates		
Page 13	NHS bodies and councils need to work together more strategically to develop the public sector estate	<ul style="list-style-type: none"> ▪ What are we doing to ensure that development of our estate is linked in with council (and other public sector partners') plans? <ul style="list-style-type: none"> - do we have a joint estate strategy? - are there formal mechanisms for identifying shared estate requirements and priorities?
Part 3: Strategic planning and management by NHS bodies		
Page 16	Not all NHS bodies have corporate asset management strategies or plans that show how clinical need is driving decisions on assets	<ul style="list-style-type: none"> ▪ What are we doing to ensure that we are managing our assets strategically? <ul style="list-style-type: none"> - are we developing a corporate asset management strategy or plan that covers all assets? - do we have strategies for each type of asset (equipment, IM&T, vehicles and estate) that link clinical strategies with assets?
Page 17	Estates strategies are variable in quality and coverage and few NHS bodies include the primary care estate	<ul style="list-style-type: none"> ▪ How do we ensure that the primary care estate not owned by our board is included in estate planning? ▪ Does our CHP or CHCP have a primary care estate strategy that includes all premises owned or not owned by the board? ▪ Do we have an estate strategy that meets the criteria set out in the Property Management Policy?
Page 18	Not all NHS bodies consulted their patient forum and other public sector partners when developing their estates strategy	<ul style="list-style-type: none"> ▪ What are we doing to ensure that all relevant parties are consulted on estates proposals?
Page 18	Most NHS bodies hold some basic information on their assets but fewer have details	<ul style="list-style-type: none"> ▪ Are our data on assets complete, current, consistent and readily accessible? ▪ Do we have basic information on our assets, including their number, location,

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	of their condition or maintenance needs	condition, replacement plans and what work has been carried out on them?
Page 18	Not all NHS bodies have performance measures for their assets	<ul style="list-style-type: none"> ▪ What measures do we use to assess the performance of our assets? <ul style="list-style-type: none"> - do measures relate to both finance and the quality of our assets, such as their condition and suitability? ▪ Do we have targets for asset performance, and if so, how are we performing? ▪ Do we know how well our assets perform compared to other NHS bodies?
Part 4: Delivering value for money from the NHS estate		
Page 22	There is no complete picture of the quality of the NHS estate across Scotland.	<ul style="list-style-type: none"> ▪ Do we know what the current quality of our estate is? If not, what plans are there to gather this information?
Page 24	The NHS estate is in need of significant maintenance investment	<ul style="list-style-type: none"> ▪ Do we know the backlog maintenance for our estate? ▪ Do we have a strategy in place for addressing maintenance backlog that is costed and is linked into our long-term financial strategy? ▪ Can we identify the split between planned and reactive maintenance?
Page 26	NHS bodies use whole-life costs in their business cases but are not budgeting for long-term maintenance for major capital projects.	<ul style="list-style-type: none"> ▪ Do we require whole-life costing to be used for all investment decisions? ▪ Do we require the maintenance costs for the life of the asset to be set out in investment bids? ▪ Do we budget for the long-term maintenance costs of our assets?
Page 26	NHS bodies need to give greater consideration to the wider sustainability agenda	<ul style="list-style-type: none"> ▪ Are we complying with SGHD design policy? This means having design champions, a design action plan and undertaking master-planning exercises. ▪ Do we know how accessible our estate is for disabled people? ▪ What is our approach to meeting Disability Discrimination Act requirements? ▪ Are we meeting Disability Equality Duty requirements to involve disabled people in relevant estate developments?
Page 28	NHS bodies face pressures relating to the age of their	<ul style="list-style-type: none"> ▪ Have we examined our estate workforce profile and started developing strategies to address any future capacity issues?

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references to
main report**

Issue

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estates workforce

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