

<b>NHS 24 BOARD</b>	<p style="text-align: right;"><b>12 DECEMBER 2019 ITEM NO 10.2 FOR DECISION</b></p> <p style="text-align: center;"><b>Estates Programme Business Case Update</b></p>
<b>Executive Sponsor:</b>	Director of Finance and Performance
<b>Lead Officer/Author:</b>	Deputy Director of Finance
<b>Action Required</b>	<p>The Board is asked to comment on the revised timelines proposed by the Golden Jubilee National Hospital (GJNH).</p> <p>The Board is asked to review and consider how NHS 24 utilises the potential additional time in the contact centre.</p>
<b>Key Points</b>	<p>A new letter (appended) proposing a more phased approach has been received by GHJN.</p> <p>The Planning and Performance Committee requested that the Board has sight of what could be considered by NHS 24 if there is the potential to stay at the GJNH site until November 2021.</p>
<b>Date presented to EMT and relevant Committee</b>	<p>An update paper on the estates business case was presented to the November 2019 Planning and Performance Committee.</p> <p>A version of this paper was discussed at the December 2019 EMT meeting and further feedback has been incorporated into the paper.</p>
<b>Summary of key discussion points/actions arising from respective Committees</b>	This paper incorporates the recommendation from the Planning and Performance Committee that the Board should consider the benefits of using the additional time proposed by GJNH.
<b>Strategic alignment and link to overarching NHS Scotland priorities and strategies</b>	Options will be assessed against criteria that align to the NHS 24 strategy. The preferred solution will be the one that maximises the delivery of NHS 24 strategic priorities
<b>Key Risks</b>	This paper directly impacts risk RPND/ 035511 which focuses on the reactive nature of the situation and how that could negatively impact on opportunities to plan a longer term estates strategy.
<b>Financial Implications</b>	It is too early in the process to provide an estimate on cost. Cost will be an important component as each option is assessed for value for money as will confirmation of funding source from Scottish Government.

<b>Equality and Diversity</b>	NHS 24 takes account of equality and diversity departmental requirements in relation to property and facilities issues.
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## 1. RECOMMENDATION

- 1.1 The Board is asked to consider the revised timescales proposed by GJNH (Annex 1). NHS 24 has not officially responded to the initial or subsequent letter. Feedback from Planning and Performance Committee and the Board will be incorporated to the response.
- 1.2 The Board is asked to recommend whether a Business Case should be presented at the next Board meeting outlining a preferred option to vacate GJNH in 2020 or to pause to bring in other options for a move in 2021.

## 2. BACKGROUND

- 2.1 GJNH originally provided notice that they required the space NHS 24 currently occupies at their site by July 2020. NHS 24 have worked with GJNH to provide a mutually agreeable alternative timescale that will allow NHS 24 to continue to deliver safe and effective access to our services for the people of Scotland.
- 2.2 On October 2019 GJNH proposed a more phased approach that would see NHS 24 reduce its presence in phases until vacating fully by November 2021.
- 2.3 NHS 24 have yet to issue a formal response but dialogue is continuing between the two Boards to ensure that the phased approach can work for both.
- 2.4 A cross Directorate project Estates Programme Group (EPG), has been established with the main objective to ensure seamless relocation of staff with minimal disruption to services. There is a range of representation from NHS 24 including staffside. Relocation meetings have been taking place every 2 weeks and there is a communications plan to ensure engagement with all staff.
- 2.5 The EPG have focussed in on three potential sites and heads of terms have been received for all three.
- 2.6 The potential to retain the contact centre until 2021 provides an opportunity for NHS 24 to extend the production of a business case to consider further options.
- 2.7 The Board had previously agreed to phase this work and that the Phase 1 Business Case, due to the timelines required, should focus on a preferred option to re-locate staff based at GJNH. A further Phase 2 Business Case encompassing other sites and covering a longer term was planned to be produced later in 2020.

### **3 TIMELINES**

3.1 The current letter from GJNH requests:

- Immediate access to the Board room and two adjacent meeting rooms. This is to help with the impending loss of their Board room on level 5 as it will be converted into office space.
- Space to accommodate 36 office staff, ideally by the end of January. GJNH envisioned this would be in the contact centre space as it would be a natural fit for their booking team.
- The non-contact centre space to be vacated by October 2020 (including the training rooms, Board room and offices).
- Site to be fully vacated by November 2021 at the latest.

3.2 Work is progressing on how these timelines can practically be accommodated and both sides are working proactively to ensure that the timelines work well for both parties.

3.3 A desk utilisation survey indicates that NHS 24 could operate out of a reduced footprint in hours at GJNH. So, having staff from the open plan area moved into the contact centre would be feasible with some planning around peak times. This situation would be more challenging when offices and meeting room space is lost in October 2020.

3.4 The most recent discussions with GJNH have been productive:

- joint access to the Board room until the admin areas are vacated has been agreed in principal.
- The need to re-locate staff in the open plan admin area into the contact centre has been delayed until the end of February to allow more time for NHS 24 to plan.
- GJNH confirmed that if NHS 24 take the decision to leave before November 2021 that GJNH would not hold us to the later date.
- Shared use of the medical room (which sits outside the contact centre) until NHS 24 vacates in full has also been agreed.

3.5 GJNH have requested formal feedback so a communication can go to staff. NHS 24 have been engaging with Communication counterparts at GJNH and the hope is that formal feedback can follow on shortly from the Board meeting and a co-ordinated communication can go to staff of both Boards.

### **4 BUSINESS CASE**

4.1 Work on the Phase 1 Business Case (previously approved by the Board) has been progressing. Three properties have been shortlisted by the EPG following the property search conducted by the property advisors and site visits.

- 4.2 Heads of terms and Mechanical & Engineering surveys have been conducted on the three shortlisted sites:
- A site within Glasgow – close to city centre
  - A site within Glasgow – close to Cardonald
  - A site within Clydebank
- 4.3 The financial appraisal of each site is underway but not yet concluded.
- 4.4 The non-financial scoring criteria has been established and the EPG will score the 3 shortlisted options in December. Annex 2 provides detail.
- 4.5 To help inform the business case a desk utilisation survey has been conducted at our main sites. A staff survey for staff based at GJNH has been completed on what is important to them as a workplace. A DPIA has been submitted to ensure that any potential data protection issues associated with frontline and non-frontline staff sharing space are mitigated through effective controls being put in place. All of these will be used to prepare the business case.
- 4.5 As a National Board, approval from Scottish Government (SG) is required prior to entering into a commercial lease agreement. The Business Case, once approved by NHS 24, is submitted to the property division of SG for evaluation. Before any heads of terms can be agreed with a commercial landlord the Cabinet Secretary for Health and Sport and Finance, Economy and Fair Work are required to approve.
- 4.6 Annex B explains the potential benefits of all NHS 24 staff remaining until November 2021 on the GJNH within the contact centre versus moving to an alternative site in 2020.
- 4.7 There are potential benefits and risks under both scenarios. Operationally it would be better to have a new site by October 2020 as operating out of the contact centre without access to meeting rooms would not be optimal. However, a longer timeframe at the current site might be preferred by staff who stay local to the centre. Staying longer would also mean the governance and procurement process would be delivered over a longer timeframe.
- 4.8 Engagement and communication with our staff has been a major focus of the EPG, the current Communications Plan (Annex 3) sets out this in detail. communication with staff has been a priority for this project.

## **5 FINANCIAL CONSIDERATIONS**

- 5.1 It is too early in the process to provide detailed costs. Affordability will be a key feature of the Business Case. Affordability of the operating costs of the new site (rent, rates etc) and affordability of the fit out and transition costs will be considered.
- 5.2 One way to keep the recurring property costs affordable is to reduce the size of site required. This is being considered being mindful of predicted growth in

## NHS 24 GREEN

services (such as Primary Care Triage and Mental Health) and the desk utilisation of the current site.

- 5.3 For the fit out and transition costs, initial discussions have taken place with SG regarding funding. Capital funding is already over allocated for 2020/21 but Health Finance have requested additional funding in the spending review. Unfortunately the spending review has been delayed due to the election but NHS 24 have had discussions with SG about our potential requirement. SG are aware of the essential services that NHS 24 provide and that this cost pressure is a consequence of the elective centres. The Director of Finance and Performance is discussing this matter with the Health Finance Directorate and will request a formal position from SG as soon as this is possible. SG have recognised this formally in their response to the 2019/20 AOP.

## 6. NEXTSTEPS

- 6.1 Agree the timeline that is mutually beneficial to NHS 24 and GJNH. This will include a formal response from NHS 24.
- 6.2 Depending on the position of the Board, continue to develop the Phase 1 Business Case so the merits of the options can be assessed and a preferred option identified to provide clarity for staff on where their base will be.

**ANNEX 1**



**Delivering care through collaboration**

**Golden Jubilee Foundation**  
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Chair: Susan Douglas-Scott CBE  
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CN/AM

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25 October 2019

Dear Margo,

Following on from the letter I sent on 19<sup>th</sup> July 2019 formally serving notice on the occupancy agreement at the Golden Jubilee, I had indicated that I was committed to look at options which could assist both parties in this arrangement and any possible revised or phased transitional arrangements. I am happy to say that work with the respective teams, and in particular Damien Snedden, has progressed well in recent months and believe we are in a position to set out the following as the defined timetable of arrangements.

The information below links with discussions to date and minimum dataset requirements. However, we would also welcome the use of additional Admin space at the beginning of next year if this could be accommodated as a more rapid advancement of our Training Academy and expediting Scottish Government priorities is likely to increase our footprint requirements. We would therefore welcome working with you, as if you elect to phase your reduction we would benefit from early occupation of these areas, probably for circa 20 - 25 staff, and hence maximise usage of the current space. This has become an emerging pressure for us and believe our joint approach could assist in progressing a solution.

Below relates to the essential requirements following our respective reviews.

**Immediate Priorities – For the purposes of a start date – 11/11/2019**

- GJF to be provided with full access to the boardroom.
- GJF to be provided with shared access to the 2 meetings rooms situated beside the boardroom and where this could also become exclusive, this would be advantageous moving forward.

**Short Term priorities – By the end of January 2020**

- Use of 36 desks, for use by our booking team and other staff. Initially it was hoped that this could potentially be on a shared basis however this is providing some logistical and operational difficulties and therefore request this to be identified as a ring fenced area in the first instance.
- Where additional admin space is available we would welcome progressing this line with comments referenced earlier in this letter.

**Medium Term Priorities – By the beginning of October 2020**

- Full Access to all space, with the exception of the remaining open area currently utilised by the call handling staff.
- Where partial access could be provided in advance of this date, fitting in with your own timetable of departing areas, then we would be grateful to be able to utilise any space earlier as it becomes available.

**Long Term Priority – By the end of November 2021**

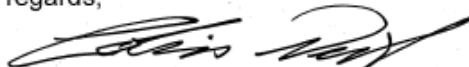
- Full vacation of all areas, being only the call handling area remaining for vacation. We understand that this date is likely to mean an earlier vacation of the premises by NHS24 due to the increased requirements of winter / festive period demands and we are therefore content to work with you to retain technical capability on site as a "disaster recovery" position, given you may be in situ in a new premise during this critical time.

I believe the outputs above have been achieved through close collaboration and hope that this revised timescale allows both organisations the required flexibility to meet our competing demands over the next 2 years. If any of the above is ambiguous we can follow this up by identification of areas via formal floor plans.

I would also like to progress the capability, during office hours, to allow an agreed cohort of staff access between the level 5 west block through to NHS 24 via the current corridor for ease of access to the Boardroom etc. and believe that this could be actioned in a controlled manner to ensure no disruption to call handlers.

I trust that the above is in line with the discussions and agreements to date and would welcome your formal agreement to the above to allow closure on this important issue. We can, of course, link to any technical or operational aspects separately.

Kind regards,



Colin Neil

Cc

Jann Gardner, Chief Executive, Golden Jubilee Foundation

Angelina Foster, Chief Executive, NHS 24

Damien Snedden, Assistant Director of Finance, NHS 24

## ANNEX 2

The table below tries to set out some of the benefits of aiming for the end of October 2020 to be operational in a new site. This date has been chosen to coincide with losing the non contact centre space at the GJNH and latest point in the calendar year that frontline would move to ensure that there were no snagging issues prior to the winter freeze in relation to technology or facilities.

The blue shaded cells indicate for each item considered whether October 2020 or October 2021 might be beneficial. It reflects that there are benefits both with, staying with the contact centre as long as possible and with moving as soon as is practical.

There is an obvious trade off that emerges when considering whether to utilise the additional time.

Aiming for October 2021 would allow more time for the governance process to conclude at its normal pace and afford the ability to consider other options that may present. However, it would be less than ideal from an operational perspective as the loss of meeting room and office space would put a strain on the use of the contact centre and other sites for a period of time.

The comparison indicates there are advantages and disadvantages with each and assessment of some factors are truly equal or unknowns. For example, new sites that better meet our criteria might come to market or the sites that we have shortlisted might be leased by other organisations and a preferred site may no longer be available.

One option is to continue with the options identified and present a Business Case for approval at the January Board. Then a more informed decision can be made whether to press ahead with pace on the preferred option or to take time to consider alternative options. This way all options are kept alive as a decision to delay now would make it unrealistic to achieve a November 2020 deadline.



<b>Operational Impact:</b>	<b>Situation</b>	<b>Benefits of move in October 2020</b>	<b>Benefits of move in October 2021</b>
	Around 400 staff have base at Clydebank	More flexible workspace	Longer in current location (travel etc)
Frontline capacity	120 workstations in contact centre area	Potential for slight increased capacity when required.	Could have higher capacity if dual run for period. Would be cost associated with it.
Festive 2020/21 & Easter 2021	If remain at GJNH until October 2021 then will that put pressure on capacity?	Full capacity at new sites (any admin staff could base themselves in offices/meeting rooms)	None unless time it do have dual running over a Christmas or new year to have extra capacity.
Meeting rooms space	Loss of offices and meeting rooms by October 2020 in GJNH	Create space for meetings in a new centre	None - would have to absorb staff who worked in offices into the contact centre or encourage flexible working. On normal working day should be able to accommodate but loss of meeting space will have an impact.
Training rooms	Loss of two training rooms at GJNH by October 2020	Could create additional training room capacity in new centre.	Create additional training room in Cardonald and then consider whether require over 2 sites.
Administrative Staff	Loss of offices and meeting rooms by October 2020. Open plan area by Feb 2020	Would have new site with modern office set up and access to break out areas and meeting rooms.	Longer in current location (travel etc)
Site	Availability of new sites will change over time.	Certainty, reduces risk preferred option is no longer available	Other sites may become available and could take time to consider wider estate requirements that align with any changes to the strategy.
<b>Organisational Growth</b>			
Primary Care Triage	Projected growth - additional 30 WTE in hours by October 2020 and 50 by October 2021. Assume majority of recruitment would be to Glasgow.	If required could recruit to the new site as base	none
Mental Health	Service to grow to provide 24/7 coverage	none - expect to be recruited to Cardonald	none - expect to be recruited to Cardonald
<b>Links to Other Strategy</b>	<b>Situation</b>	<b>Benefits of move as early as possible in 2020</b>	<b>Benefits of move in October 2021</b>
Estates	Cardonald lease is up in November 2022. So, need a business case that details longer term strategy.	Business Case more focussed and confirmation of funding earlier.	If single site was an option then this allows for that quicker.

IT/Digital	Phase 2 business case might impact estate strategy	None. No major risks have been brought forward about IT infrastructure or applications at a new site. Minimal IT infrastructure at GJNH.	Can ensure estate and digital strategy align.
SG - Clyde Gateway	SG championing a site close to Bridgeton to act as a public sector hub	Timeline too short to consider	Timeline allows for discussions around Clyde Gateway. Long-term leases available.
SG - West Hub	SG championing a site close to Broomilaw to act as a public sector hub	Need a lease break in 2025/26 to have flexibility to be part of any hub. So slight benefit of having longer in new site before considering another move.	No real impact - need a lease break in 2025/26 to have flexibility to be part of any hub
<b>Financial</b>	<b>Situation</b>	<b>Benefits of move as early as possible in 2020</b>	<b>Benefits of move in October 2021</b>
Availability of SG funding	Spending review delayed - Capital over committed	certainty and early in queue for any re-prioritisation of funding.	Time to develop business case in conjunction with SG colleagues and get more certainty on funding post budget announcements in February. If want to move in October might take time before we can sign contracts due to uncertainty over funding.
Short-term cost Saving	Potential saving	Recurring costs similar to current GJNH costs (due to lower footprint). But avoid having full year at reduced sqf rental at GJNH.	If we have a year of reduced rent at GJNH then would be saving to factor into the budget for 2020/21. Circa £250k could be saved than if move earlier - 12 months of reduced costs
<b>Governance</b>	<b>Situation</b>	<b>Benefits of move as early as possible in 2020</b>	<b>Benefits of move in October 2021</b>
Business Case	Time required to approve a Business Case to be operational by start of November 2020	Indicative Board approval prior to P&P scrutiny.	Could go to P&P committee prior to Board.
SG Approval	SG normally expect OBC and FBC to approve capital	Would need single business case to be produced to keep to accelerated timelines - normally build in 2 months for SG approval.	Allow time for business to pass in normal process
Tender	Need 6 months for fit out if can do design work in advance. If October 2020 then need to have signed terms by end of April 2020 to start fit out.	Would need to start processes and potentially commit costs prior to SG approval.  Timeline is achievable but ambitious. Procurement & Governance would have to run in parallel.	Timelines are simpler to meet.




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**Clyde Relocation  
Communications & Engagement**

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**This document sets out the communications and engagement approach in support of the relocation of our staff and services from the Clyde centre.**

## **1. Background**

As part of NHS Scotland's National Elective Centres' programme, the Golden Jubilee National Hospital (GJNH) is required to expand surgical capacity within the site. As a result, NHS 24 has been asked to vacate the Clyde contact centre, by spring 2020.

NHS 24 has been aware that there would be a requirement, in the future, to relocate the Clyde centre, however, due to national priorities to reduce waiting times and support patients treated at the national hospital, the GJNH require the space sooner.

NHS 24 recognises that the Elective Centres' programme is a national priority and will work in partnership with the GJNH and other partners to find the most appropriate solution for all concerned, whilst continuing to deliver safe and effective services for the people of Scotland.

Currently around 400 staff (300 WTE) are based in the centre. Around 70 of the staff based in Clydebank are administrative staff with the remainder working in a clinical patient facing capacity.

A working group was established in May 2019 to deliver this project.

## **2. Timescales**

To date, no agreement has been made as to when NHS 24 will vacate the site; however, planning is underway on the assumption that it will be spring/summer 2020.

## **3. Long-Listings Exercise**

In May 2019, a *long-listing* exercise took place where all options around possible relocation were considered. From the *long-list* the working group determined what was in scope, and what was out of scope, and were then able to short-list four options for consideration by the NHS 24 Board.

Each option will be assessed against our Benefits Criteria, a document developed to capture what is important to our organisation.

## **4. Communications & Engagement**

Communications and staff engagement have a critical role to play in the successful management of the relocation of our services and staff in Clyde.

All channels of engagement will be used throughout the process; however, activities and timescales will be dependant on the outcome of the *Long-Listings* exercise.

### **4.1 Internal Communications**

Internal communications will play a key role in supporting the relocation process. It will keep all staff fully informed of developments at each stage of the process. Through a comprehensive programme of activity that is open, responsive, flexible and evaluated, communications will give staff the opportunity to feel informed, listened to, and supported.

Due to the variety of working patterns of our staff, the communications approach will be across a range of channels.

Consideration will also be given to the different messages being issued from the project team and email address e.g. those specific to the Clyde relocation, and those to the work linked to the entire estates activity. This is to avoid any confusion or additional anxiety for staff.

### **4.2 Staff Engagement**

We will create opportunities to have meaningful and open engagement with staff. It is vital that those who will be affected by the move are fully aware of the decisions being made and the rationale behind them, as well as having the opportunity to input and inform these decisions.

### 4.3 External Communications

The Communications Workstream lead will work with communications colleagues in the GJNH and other partner organisations affected by the move, to ensure consistent and collaborative messaging.

The team will also manage all media relations, both proactive and reactive.

### 4.4 Objectives

The objectives of the communications activity will be:

- Consistent messaging
- Honest, open and regular communications
- Clear rationale given to any decisions/outcomes including associated benefits and timescales
- Creating opportunities for meaningful two-way engagement with staff
- Involve, inform, and engage staff throughout the process.

### 4.5 Collaboration

The Communications Workstream lead will work closely with all leads, in particular with Workforce, staff-side and stakeholder engagement colleagues, ensuring a collaborative and consistent approach is taken.

### 4.6 Activity

A detailed activity planner is located at the end of this document. It is designed as a living document and will change and adapt as we progress through the process. Activity and timescales will be dependant on a number of factors to be determined by the outcome of the *long-listings* exercise.

## 5. Audience

Detailed and appropriate communications messaging and materials will be developed for our audience groups, throughout the duration of relocation and beyond. Our audience groups are:

Stakeholder	Information Provider	Communication Channel
NHS 24 Board	Project Manager/Executive Sponsor	ETM Papers, Highlight Report
Executive Team	Project Manager/Executive Sponsor	Regular Reports and Updates
Executive Sponsor	Project Manager, Workstream leads, Communications workstream lead	Regular - through scheduled programme of meetings
Clyde Staff	Communications workstream lead, Workforce workstream lead, Trade Union &	Internal Comms Channels: Face to face incl. Staff Engagement Sessions

Inc. Clyde Values Group	professional Body Representatives	Partnership Forum Meetings Line Manager briefings Comments email mailbox
Cardonald Staff  Inc. Cardonald Values Group	Communications workstream lead, Workforce workstream lead, Trade Union & professional Body Representatives	Internal Comms Channels: Face to face incl. Staff Engagement Sessions Partnership Forum Meetings Line Manager briefings Comments email mailbox
Broader organisational staff	Communications workstream lead, Workforce workstream lead, Trade Union & professional Body Representatives	Internal Comms Channels Partnership Forum Meetings Comments email mailbox
Partnership Fora	Project Manager, Executive Sponsor and Trade Union & professional Body Representative	Monthly updates to be provided at each regional partnership as well as reporting directly into the overarching APF
Partner Boards/Groups	Relevant Workstream leads	Key messages/updates developed for relevant workstream leads to take to meetings
Partner Communications colleagues	Communications workstream lead	Regular dialogue throughout the relocation process

## Communications & Engagement Activity Plan

### NHS 24 Clyde Relocation Project

#### Internal Communications:

Activity	Detail	Timescales	Additional Information	Status / Next Steps
Regularly update following team meetings	Issue a communications following every Project Team meeting	May 2019 - ongoing	Agree discussion points at the end of each meeting to be communicated to staff to ensure consistent, factual, open communications	<p>We have issued regularly communicated with staff on the progress of the project including:</p> <ul style="list-style-type: none"> <li>• Business case approach to the relocation</li> <li>• The properties being considered</li> <li>• The new extended timeline for relocation and the requirements needed to allow us to retain space until 2021</li> <li>• The projects that have come from the Estates Programme Board and support relocation and estates planning including: <ul style="list-style-type: none"> <li>• HQ/Cardonald Test Of Change</li> <li>• Norseman House Reconfiguration</li> </ul> </li> </ul>
Key Messages	Develop a rolling set of key messages to ensure a clear, honest and open message to staff	May 2019 - ongoing	Key messages to be developed and updated as required	<p>Developed for the initial stages of the project, and included in the communication updates.</p> <p>We continue to take an honest and open approach to our communications.</p>
Intranet	Develop dedicated intranet pages to support knowledge and understanding and process of the project	May 2019	Content to be reviewed and updated where required	<p>Pages create 24.05.19 with all information available so far. Updated regularly when each communication is issued</p> <p>Pages created for HQ and Cardonald Test of Change and Norseman House Reconfiguration work</p>

Information Toolkits	Comprehensive Information Toolkits to be developed at each key milestone	Ongoing	The first pack to be produced when we have more information for staff	An information bulletin/toolkit was issued in November 2019 with key updates on various activity within the project
Email inbox	Create an email inbox to give staff the opportunity to submit questions	May 2019	Inbox managed by the Communications Workstream lead, who will require support from the project team to ensure questions are answered quickly	Request for inbox to be set up 20.05.19 issued to BT helpdesk
Q&As	Create a working Q&A document that is updated regularly as each question submitted from staff is answered	May 2019 - ongoing	Update this on an ongoing basis	First draft of the Q&A published onto the intranet.  Updated with each question and answer we receive/issue
Team Talk	Each edition to provide latest updates for line managers to discuss with their teams	Monthly	Monthly document issued to staff to encourage and support communications within teams	An update has been included in each issue of Team Talk, since the project began.
Clyde Team Talk	Create a Clyde only Team Talk that highlights key information for Clyde staff, and support managers to discuss any issues with their teams	Monthly	A revised version of Team Talk is being developed to specifically encourage and support communications within Clyde	To be issued once more information is available for staff
Notice Boards / Plasma Screens	Provide physical information across in Clyde (and Cardonald if necessary) on		The availability of physical information supports staff knowledge and	Set up when the relevant information is available



	significant key updates		understanding of key updates	
Special feature in Insight	Create a feature within Insight, focusing on relocation, and details all of the information on the new centre		Include housekeeping rules, location, transport timetables, facilities on site etc.	
Line Manager Briefings	Create briefing packs for managers to support them with questions from their teams			A line manager briefing was issued to senior and line managers in Cardonald and Clyde updating them on the HQ/Cardonald Test of Change requirements before being issued to all staff
<b>Staff Engagement:</b>				
<b>Activity</b>	<b>Detail</b>	<b>Timescales</b>	<b>Additional Information</b>	<b>Status / Next Steps</b>
Staff Engagement Sessions	Focus groups arranged around key milestones/staff feedback is required	Ongoing	Include key people who are able to answer concerns and question face to face	Bespoke Leadership sessions in development and will feature updates on Clyde Relocation, reconfiguration work and Test of Change
Partnership Fora	Standing agenda item for Clyde/Cardonald Partnership Fora	June 19 - ongoing	A member of the project team to attend each to provide an accurate update	Clyde relocation is a regular update on the Clyde Partnership Fora. Questions put forward to the Fora are brought to the team and answers issued accordingly on insights fed back into the group
Staff Engagement – Leadership Sessions	Opportunity for staff to discuss the relocation with a member of the EMT	Ongoing	Will be a topic in current/future leadership sessions	The Clyde Relocation was a topic for staff engagement leadership sessions in May 2019. Members of the project team have been able to hold open discussions with staff on progress to date and answer their questions/concerns.  Following each session a communications highlighting key themes and discussion points was issued to that centre.

				Bespoke sessions in development.
Additional Engagement Opportunities	Develop additional face-to-face opportunities for staff to discuss outcomes / next steps as we progress		Work with workstream leads and Stakeholder Engagement colleagues to support these	<p>A staff engagement session took place in October to support and provide more information to staff taking part in the ToC at HQ/Cardonald.</p> <p>Further sessions will take place as we move forward with each of the projects within the Estates Programme Board.</p>
Support Workforce process and procedures	Ensure close working relationship with Workforce colleagues as they move through the relocation process/procedures		Work with workforce lead to support the engagement activities they are required to carry out with staff.	A Communications workstream has been established and has representation from the Workforce, Partnership and Engagement teams
Centre Visits	Create opportunities for centre visits for staff before relocation			<p>The project team took part in centre visits in October 2019 for three possible options for relocation.</p> <p>When a preferred option has been agreed, opportunities for staff to visit the site will be made available.</p>
<b>External Communications including media</b>				
<b>Activity</b>	<b>Detail</b>	<b>Timescales</b>	<b>Additional Information</b>	<b>Status / Next Steps</b>
Partner Communications Colleagues	Regular contact with colleagues to ensure accurate and consistent messaging	Ongoing	Communications lead will carry out this regular activity	<p>The communications lead continues to liaise with communication colleagues in the GJNH.</p> <p>A meeting took place in November 2019, where we agreed that all messaging would be shared before it was issued and common lines agreed, where appropriate.</p>
Partner Boards	Communications materials and support to be developed for Workstream leads to share with	Ongoing	Created once a decision has been made around relocation	

	relevant partner groups			
Media relations	Communications team to develop media lines and Q&As to prepare for inquiries over relocation	Ongoing	Created once a decision has been made around relocation	
<b>External Engagement</b>				
<b>Activity</b>	<b>Detail</b>	<b>Timescales</b>	<b>Additional Information</b>	<b>Status / Next Steps</b>
Key stakeholder engagement	<p>Members of the Programme Board will engage and communicate with key stakeholder partners including:</p> <ul style="list-style-type: none"> <li>• SAS</li> <li>• Greater Glasgow &amp; Clyde</li> <li>• Golden Jubilee National Hospital</li> <li>• National Collaborative</li> </ul>	Ongoing	<p>The relevant leads update the Programme Board on their ongoing discussions and meetings with partners.</p> <p>Communications lead links with each team member to capture the key discussion points from these meetings.</p> <p>Communications lead to develop relevant information to support team members with their engagement as required.</p>	Members update the Programme Board on their ongoing partner discussions. This information is collected and used to inform the internal communication activity

## ANNEX 4

### Clyde Relocation Non Financial Benefits Criteria

Criteria agreed on 7<sup>th</sup> June in Clydebank Boardroom by estates programme board.

Benefits Criteria	Benefit Types/Possible ways to Evaluate
<b>Socio Economic &amp; Equality</b>	<p>Employment opportunities in area (SIMD)</p> <p>Employment opportunities in area</p> <p>Employment opportunities for diverse communities</p> <p>Businesses supported within Local Community</p>
<b>Provide Safe and Effective Care for Patients</b>	<p>Improved joint working,</p> <p>Shared resources</p> <p>Co-location with other parts of the health service, including 3<sup>rd</sup> party partners.</p> <p>Knowledge transfer improve learning.</p> <p>Safe Staffing levels - Centres located within known recruitment pools for clinical staff. e.g Challenge in recruiting staff to hospital based buildings, university's may be a better way of pulling clinicians from there</p> <p>Staff Retention: The ability to maintain KPI's and maintain services</p>
<b>Provide Person Centred Care for Patients</b>	<p>Access to Digitally enhanced services</p> <p>Face to face opportunities with patients</p> <p>The ability to support agreed service level KPIs</p>
<b>Safe, Effective Person Centred Workforce</b>	<p>Skilled Experienced and Engaged workforce</p> <p>Recruitment</p> <p>Staff experience is improved</p> <p>Attendance Management</p> <p>Travel time implications</p> <p>Environment</p> <p>Access to people available to take up employment</p> <p>Locations can be accessed by large catchment</p> <p>Proximity to education</p> <p>Travel time</p> <p>Safety at travel time and Public Transport</p> <p>Employer choice, agile working, technical infrastructure, flexible and adaptable</p> <p>Transport links, food, coffee shop, Gym,</p> <p>Supporting sustainability: such as Cycle to Work, Run to work, and facilities for showers to freshen up.</p> <p>Free parking</p> <p>Acoustics</p>

	<p>DSE</p> <p>Natural light</p> <p>Occupancy levels – maintain standards following construction design.</p> <p>24/7 facilities</p> <p>Carbon Neutral</p> <p>Sustainable</p> <p>Shared environments</p> <p>Location – safe working environment external street lighting, not an isolated location.</p> <p>Modern</p> <p>Accessibility for all</p> <p>Break out rooms – quiet space</p> <p>Meeting space – flexible environment</p> <p>Optimise infrastructure</p> <p>VC facilities</p>
<b>24/7 operational capability</b>	<p>Balanced capacity across sites including supervision &amp; travel time</p> <p>No loss of service</p> <p>Time taken to get back online again</p> <p>Disaster Recovery</p> <p>Infrastructure – Technical and Access to a site 24/7 including adverse weather</p> <p>Safe transition to new site where there is no compromise to timescales and ability to deliver the service.</p>

**Agreed weighting:**

<b>Category:</b>	<b>Agreed Weighting</b>
24/7 Operational Capability	<b>25</b>
Provide Person Centred Care	<b>15</b>
Provide Safe & Effective Care to Patients	<b>25</b>
Safe, Effective Person Centred Workforce	<b>25</b>
Socio-economic & Equality	<b>10</b>
<b>Grand Total</b>	<b>100</b>

Draft: Each site to be scored out of 10 for each question. Number of questions maintains the integrity of the weighting. Intention is to score on the 20<sup>th</sup> December.

Category	Question/Statement
Socio Economic & Equality	Does the site/location promote access to employment for people with a disability
Socio Economic & Equality	Does the site/location promote access to employment for people who live in a deprived area.
<b>Subcategory Score</b>	
Provide Safe and Effective Care for Patients	Does the property promote shared working and learning with other NHS Boards?
Provide Safe and Effective Care for Patients	Does the property promote shared working and learning with other Public Sector Bodies?
Provide Safe and Effective Care for Patients	Does the location/site provide the potential of using shared resources to provide effective care to patients (could be physical or digital resources).
Provide Safe and Effective Care for Patients	Will the location support short-term (3 years) staffing requirements to ensure NHS 24 meet KPIs and safe staffing levels.
Provide Safe and Effective Care for Patients	Will the location support medium to longer term recruitment requirements to ensure NHS 24 can grow services and meet KPIs
<b>Subcategory Score</b>	
Provide Person Centred Care for Patients	Does the location/building support new ways of working including how NHS 24 interacts with patients (this would include digital and new pathways)
Provide Person Centred Care for Patients	Does the location/building support new ways of working including how NHS 24 interacts with stakeholders (to support the wider system)
Provide Person Centred Care for Patients	Does the site provide sufficient space for training rooms to ensure staff are appropriately trained.
<b>Subcategory Score</b>	
Safe, Effective Person Centred Workforce	Does the location of the building allow staff (existing and new) to get to work in a timely manner.
Safe, Effective Person Centred Workforce	Does the location provide a safe environment for staff
Safe, Effective Person Centred Workforce	Does the building and location provide access to amenities for staff (food, retail, leisure, parking etc.).
Safe, Effective Person Centred Workforce	Does the location/site support NHS 24 long-term recruitment needs.
Safe, Effective Person Centred Workforce	Is the building flexible enough to provide a modern working environment (break out spaces, pods that reflect the supervision model, natural light etc.)
<b>Subcategory Score</b>	
24/7 operational capability	will the site/building support 24/7 operational capability for NHS 24. This includes staff being able to move between sites during an adverse event such as severe weather, closure of another site due to police event etc.
24/7 operational capability	Balanced capacity across sites including supervision & travel time
24/7 operational capability	Safe transition to new site where there is no compromise to timescales and ability to deliver the service.
24/7 operational capability	Does the location or building promote attendance at work to ensure services can be delivered at all times
24/7 operational capability	Does the site have the necessary infrastructure in place (IT, Generator, road network, public transport, parking etc.)
<b>Subcategory Score</b>	
<b>Total Score</b>	