



Property & Asset Management Strategy (PAMS)

2020 – 2025

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1.0 Executive Summary

NHS 24 is the national contact centre organisation for NHS Scotland and is responsible for providing a range of telehealth services to people across Scotland. NHS 24 also supports and facilitates developments in telehealth and telecare to improve the health and wellbeing of the population.

Deliver of safe, effective and person centred care to the people of Scotland is the absolute priority for NHS 24.

Our services are delivered across a range of channels including telephone, online, web chat, text, email and social media, on a 'Once for Scotland' basis to complement the face to face delivery of NHS Scotland's health and care services.

The PAMS outlines how NHS 24 will utilise its property and IT assets to support the delivery of the local and national priorities over the period 2020-2022/24. The PAMS is aligned to the NHS 24 strategy 2017-2022 (see appendix 1) and the Strategic Planning and Resource Allocation 2019-2023/24.

The most significant and future changes in asset arrangements for NHS 24 is the relocation of the Clydebank Contact Centre by November 2021 and the expiry of the Caledonia House Contact Centre lease in November 2022.

NHS 24 is currently developing an estates options appraisal to consider the strategic opportunities for the NHS 24 estate and future property needs. NHS 24 will work in conjunction with the Smarter Workplace Programme, Scottish Futures Trust and Property Divisions to identify a collaborative way of managing our estate.

2.0 Introduction

This Property & Asset Management Strategy (PAMS) report is in accordance with Scottish Government guidance on submission requirements for the State of NHS Scotland Assets & Facilities Report (SAFR) programme. The requirement is to provide an update on the state of the Boards' main assets, any significant performance changes, and progress reports on any change plans for these assets, and an indication of strategic plans, which may influence the future arrangements of the Board's assets.

The NHS 24 Property & Asset Management Strategy (PAMS) 2020-2022/24 builds on previous PAMS approved by the NHS 24 Board since 2012. The strategic planning process adopted for development of the PAMS asks three basic questions in relation to NHS 24 property and asset management:

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

The PAMS seeks to describe the status of NHS 24's primary assets, which are its IT infrastructure and property portfolio, both of which are essential in supporting service delivery:

- identify plans for investment in these assets
- describe the Board's approved strategic vision for its assets and
- outline the implementation and governance arrangements in the delivery of the PAMS

3.0 State of NHS 24s Infrastructure - Where are we now?

The service responds to c.1.5million calls to the 111 service annually, operating with an annual budget circa £72.5m. As at April 2019, NHS 24 employs 1577 staff, which equates to 1085 whole time equivalent (WTE) across its regional and local sites in Scotland.

3.1 Current Asset Arrangements

NHS 24's primary assets are IT infrastructure and property portfolio, which are essential in supporting service delivery. This section provides baseline information on the Board's assets.

3.2 IT Infrastructure

A significant proportion of the core unscheduled care services are currently being delivered using a new technology system. As reported in previous PAMS, NHS 24 has been working on replacing its frontline systems to support improved delivery of services now and in the future.

Progress was made in 2017 onwards with the roll out of a new system to deliver our now current IT platform. The roll out has been successful with the ratio of call demand to calls answered being in line with expectations.

3.2.1 IT Assets

In addition to the implementation of the core technology platform, more agile working has been developing within the organisation since 2017, which has seen an increase in the use of mobile devices. The printing provision has reduced following a review of requirements and a change of contract. The number of servers has reduced following the roll out of the new technology solution and the removal of legacy systems. An overview of Board IT assets is outlined in Table 1 below.

Table 1 – Overview of Board IT assets

Equipment	No. in use 2016/17	No. in use 2019/20	Change +/-/%
Desktop	876	947	+7.5%
Laptop	269	263	-2.2%
Tablet/other devices	65	90/50	+25%/+100%
Mobile phone devices	264	327	+19.2%
Printers	53	34	-36%
Servers	427	248	-42%

3.2.2 IT asset net book value

As at 31 March 2019, the net book value of owned IT equipment was £79,000.

NHS 24 holds the majority of its book value of equipment in the provision of network and infrastructure services.

3.2.3 The technology-operating budget for 2019/20, circa £10m.

3.3 Property Overview

3.3.1 Regional Centres

The current NHS 24 property portfolio consists solely of leased properties. The regional contact centres and headquarters are located across four sites:

- Headquarters and Glasgow Contact Centre – Caledonia House, Cardonald, Glasgow.
- West/Clyde Contact Centre - Golden Jubilee National Hospital (GJNH), Clydebank.
- North Contact Centre - Emergency Care Centre (ECC), Aberdeen Royal Infirmary and Scottish National Blood Transfusion Service (SNBTS) offices, Forresterhill, Aberdeen.
- East Contact Centre – Norseman House, South Queensferry near Edinburgh.

These properties account for 6,775 square meters (m²) of occupied area, of which SAS occupy about 16% (1,100m²). NHS 24 occupied space has reduced by about 21% (1,900m²) since 2013 following the assignation of the lease for Riverside House and the allocation of additional space to SAS in Caledonia House and Norseman House in 2017.

NHS 24 shares leased accommodation with NHS Greater Glasgow and Clyde Health Board (NHS GG&C), the Scottish Ambulance Service (SAS) and Healthcare Improvement Scotland at Caledonia House and SAS and Healthcare Improvement Scotland at Norseman House, South Queensferry.

3.3.2 Local Sites

NHS 24 also operates services from local and remote centres that are located within local Health Board premises. The eight local and remote centres are:

- Highlands & Islands Local Centre - Scottish Ambulance Service Building, Inverness
- Ayrshire & Arran Local Centre - Crosshouse Hospital
- Tayside Local Centre - Kings Cross Hospital
- Lanarkshire Local Centre - Hairmyres Hospital
- Dumfries and Galloway Local Centre - Dumfries and Galloway Royal Infirmary
- Orkney Local Centre - The new Balfour Hospital
- Western Isles Local Centre - Health Centre, Stornoway
- Shetland Local Centre - Montfield Hospital

3.4 Estate Performance Analysis

The current state of NHS 24's property estate is summarised in table 2 by reviewing against recognised performance KPI's over the last three years.

Table 2– State of the NHS 24 Estate Performance

State of the Estate Performance			
	2017	2018	2019
Floor Area ('000s sq.m)	7	9	9
Age (% less than 50 years old)	100%	100%	100%

Condition (Good – category A or B)	100%	100%	100%
Estate Utilisation (Fully Utilised)	78%	78%	90%
Functional Suitability (Good – A or B)	100%	100%	100%
Backlog Maintenance			
Including inflation uplift (£m)	0.50	0.05	0.09

- The overall floor area of NHS 24's estate has relatively remained the same over the last 3 years. A noticeable increase in 2018 follows correction to the number of NHS 24 properties previously reported.
- The condition of the NHS 24 estate remains a consistent 100% within the Good – Category A or B, this is due to continuous property improvement planning, maintenance and property relocation.
- The estate utilisation has improved on previous years, this is due to the expansion of NHS 24 In Hours Services and the release of additional space to co-located boards, primarily to the Scottish Ambulance Service located at Norseman House.
- Reported backlog maintenance has decreased from circ £0.5m (2017) to £0.05m (2018) with a slight increase for 2019 to £0.09m. This is a due to the most pressing maintenance priorities being addressed, with specifically the replacement of the Norseman House Air Conditioning System during 2017.

The current state of NHS24's estate will be reviewed further, later in this document.

3.5 Office based Accommodation Performance Analysis

The following table summarises performance against the office-based accommodation. It indicates a reduction in performance of this accommodation type in terms of efficient usage of space and costs.

Table 3 – State of Office based Accommodation

State of Office based Accommodation			
	2017	2018	2019
Space (sq.m. NIA) per Person (WTE/FTE)	Target: 8 to 10sq.m. per WTE		
	7.3	6.7	6.5
Space (sq.m. NIA) per Desk	Target: 8 to 10sq.m. per desk		
	9.5	9.4	8.5
Desk to WTE/FTE	Target: 80%		
	77%	72%	76.3%
Occupancy Costs – Total (£ per sq.m. NIA) – including inflation			
	359	318	331

NSS has identified five office-based sites that are reporting higher than the 80% target WTE/FTE %, which is contributing, to the figures detailed in the above table. In conjunction with the Scottish Futures Trust (SFT) NHS 24 are currently carrying out space utilisation surveys across their main sites during the rest of 2019 through into 2020 with an aim of developing strategies for aligning with the 80% WTE/FTE target.

3.6 Fleet Performance Analysis

The following table summarises performance against NHS24's staff car scheme vehicles between 2017-2019:

Table 4 – State of NHS 24's Vehicles

State of NHS 24's Vehicles			
	2017	2018	2019
Number of Vehicles:	18	14	12
Age: % less than 5 years old	100%	100%	92%
Total mileage ('000s):	69	57	58
Average mileage per vehicle**	3833	4071	4,851
Total Costs (£m):	£0.11	£0.09	£0.08
Average cost per vehicle (£):	£6171	£6142	£6500
Fuel Types: Petrol:	17%	14%	25%
Diesel:	83%	86%	75%
Alternative:	N/A	N/A	N/A

*There are currently NIL vehicles owned by NHS 24.

3.7 Medical Equipment Performance Analysis

NHS 24 continues to host NIL medical equipment.

3.8 Environmental Performance

Norseman House is stand-alone shared accommodation for which NHS 24 is host board. NHS 24 monitors the environmental performance for this site. The Carbon Reduction figures incorporate other NHS Boards who share space at this site.

The host board for sites where NHS 24 is co-located is responsible for monitoring environmental performance. NHS 24 continues to support and encourage local initiatives and include all sites within sustainability and carbon reduction plans to ensure estate wide commitment.

There is continued progress in improving environmental performance at Norseman House. The annual electricity consumption has reduced during 2018/19 on previous years by 11.33%, equating to an annual carbon saving of 81 tonnes. Norseman House gas consumption has

reduced by 49.47%, with an estimated carbon saving of 51 tonnes. Water (m³) consumption has also reduced by 3.09%. The net benefit of waste recycling versus landfill amounts to 32.21 tonnes direct carbon saved.

The National Sustainability Steering Group appointed Green Business UK to deliver a new Sustainability Assessment Tool, replacing the Sustainability Development Action Plan (SDAP). As part of their commission, they carried out baseline audits of each NHS Scotland Board earlier this year.

Initial baseline scores for each Board were received in November 2018 and, following a review process, all Boards received final scores in March 2019. The scores were calculated against a range of criteria across 16 Key Performance Indicators (KPIs).

The scores will form the NHS 24's baseline score against which progress will be monitored and assessed independently on a bi-annual basis. NHS 24, like most Boards, achieved Bronze status. A draft action plan will be prepared for each Board based on their assessment results from 2018/19.

3.9 Accommodation Update

The property characteristics of the NHS 24 estate have an influence upon the maintenance programme and repair costs. As NHS 24 occupies modern, purpose built accommodation, maintenance costs are currently relatively low and lease conditions require that adequate maintenance be carried out annually to maintain the properties in a satisfactory condition. However, as the properties age then the costs of keeping them in a satisfactory condition will inevitably increase. Planned, preventative maintenance is used as a cost-effective practice of keeping properties and equipment ready for operation when required.

NHS 24 spent approximately £2.3 million on direct property costs in 2018/19, which represents about 3% of the Board's net operating costs.

Property condition and performance continues to be managed effectively. To ensure that position is maintained, a property improvement plan (PIP) continues to develop which focuses on "enhancing staff experience", "creating capacity", "improving functional capability" whilst maintaining focus on risk related maintenance and resilience opportunities.

Work carried out since 2017 to date achieved a range of improvements across the NHS 24 Estate, whilst addressing backlog, reactive and planned maintenance.

3.9.1 NHS 24 – Borders

A decommissioning programme was completed allowing NHS 24 to vacate the shared office space at NHS Borders. The space was released back to NHS Borders on 31 July 2018.

3.9.2 NHS 24 – Foresterhill, SNBTS

NHS 24 vacated space located within the Blood Transfusion centre (SNBTS) at Foresterhill in Aberdeen on 31 August 2018. National Services Scotland (NSS) are working closely with Grampian to consider re-allocation of NHS 24 space. The existing state of the infrastructure and lifecycle stage of this site means that it may not be possible for this space to be offered to an alternative Health Board.

3.9.3 NHS 24 – Shetland

NHS 24's Shetland office has been relocated to a more conducive space within the hospital. A cosmetic refurbishment is planned during 2019/20 to enhance the room conditions. NHS 24 has agreed to operate in collaboration and to share this space with NHS Shetland during the In Hours period.

3.9.4 NHS 24 – Orkney

NHS 24 relocated to the new NHS Orkney, Balfour Hospital on 16 June 2019. The technology solution has been successfully completed which enabled Go Live.

3.9.5 NHS 24 – Highland (Inverness)

NHS 24 and Scottish Ambulance Service have been working in collaboration to create an additional dual use space at our shared Highland local centre (Inverness). NHS 24 currently occupies six seats within the shared floor. Staff have raised concerns over the close proximity of NHS 24 and SAS control which can at times lead to elevated noise levels.

The Scottish Ambulance Service have indicated that they will look in the longer term to the remodelling of the operational floor, this will take into account local issues and the requirements of the services located at this site. Due to estate priorities, this work is likely to be placed on hold by them until 2020-2021.

In the short to medium term an agreement to create dual use workstations within a quieter and more private corner of the floor was reached. The five workstations are in addition to existing NHS 24 seats and will be shared with Patient Transport Services.

Following a successful and collaborative approach, the additional seats are now operational by both NHS 24 and SAS. A robust operational management process has been formed to maintain operational readiness for both organisations at all times.

3.9.6 NHS 24 – Clydebank

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 consequence of this, NHS 24 has been asked to vacate the Clyde contact centre by November 2021.

Together with the Golden Jubilee, NHS 24 are identifying a range of options for the release of space and the relocation of NHS 24 staff and services, in order to support the national clinical demand on the Golden Jubilee and allow NHS 24 to continue to deliver safe, and effective access to our services for the people of Scotland.

A cross Directorate project Estates Programme Board (EPB), has been established with the main objective to ensure seamless relocation of staff with minimal disruption to services.

3.9.7 NHS 24 – Caledonia House

NHS 24 are currently embarking on a 'Test for Change' to consider the impact and benefits of expanding the operation of frontline services through dual use of existing Headquarter seats, during the OOH and Peak Periods at Caledonia House. This directly links

to the Clydebank relocation options appraisal whilst aligning to our aim of developing our 80% WTE/FTE utilisation strategies.

The lease expiry at Caledonia House is November 2022. NHS Greater Glasgow & Clyde (NHS GGC) has indicated that they will remain in Caledonia House until the lease ends in November 2022, but 'possibly' not beyond this date. This will require significant consideration during the second phase of our options appraisal to inform and determine our NHS 24 Estate Strategy.

3.9.8 NHS 24 – Norseman House

In tandem with the NHS 24 Clydebank relocation option appraisal, NHS 24 have been working closely with workspace advisors and co-located boards to identify opportunities to rework the ground floor accommodation, to ensure the optimisation use of existing space. We believe that the capacity of the ground floor could be increased to incorporate additional workstations, for frontline and non-frontline use. By creating an agile and conducive environment, it will provide office space that is flexible and adaptable to our needs and activities.

Current design ideas have indicated that the lower Pentland wing can accommodate 42 workstations. This area currently hosts 16 admin desks 'non frontline', therefore the proposal provides opportune for additional 26 workstations within the floor. Alterations to the ground floor Ochil wing would also be advantageous, as this will allow Norseman House to retain sufficient meeting rooms and training facilities, whilst ensuring that SAS maintain their current ground floor accommodation as a minimum.

Reconfiguration plans are currently underway with the expected commencement of works early 2020 and completion by 31 March 2020.

3.9.9 Other NHS 24 Accommodation

There is no material change of note to NHS24 other accommodation responsibilities; however, they will form part of wider accommodation needs review across the organisation as well as in conjunction with the other National Boards, NHS Boards, and the wider Scottish Government and public sector estate.

4.1 Property Costs

NHS 24 total expenditure was £2.353m on direct property costs in 2018/19, which represents about 3% of the Board's net operating costs. Table 5 provides a summary of property costs 2017-2018 and budgetary costs for 2019/20.

Table 5 - Summary of Main Property expenditure 2017/18, 2018/19 and forecast figures 2019/20

	Rent (£)	Rates Incl Water (£)	Estate Management Incl Service Charge, Soft and Hard FM (FM)	Energy (£)	Total (£)	+/- Change v. Previous yr
2017/18	792,569	352,562	650,751	447,806	2,243,688	-11%
2018/19	972,011	340,550	673,354	377,514	2,363,428	+5%
2019/20	873,431	375,627	657,086	447,555	2,353,699	-0.4%

The lease renewal at Norseman House contributed to the majority of the property cost reduction outlined in 2017/18. An adjustment has been made in 2018/19 to recognise operating lease costs for Norseman House over the lease period rather than on a cash basis.

4.2 Asset Condition and Performance of Main Properties

There is no change to the condition and performance of NHS 24 properties from that reported in the previous PAMS and they continue to achieve B rating (satisfactory as per NHS Scotland guidance "A Risk Based Methodology for Property Appraisal") with the exception of Dumfries and Galloway which is now rated A (Excellent/as new condition). Staff was relocated to new accommodation within the new Dumfries and Galloway Hospital in December 2017.

The main challenge facing the NHS 24 properties relates to deterioration through age and wear and tear. Investment levels will require to be maintained as properties become older and plant and equipment reach the end of their functional life. It is anticipated that the investment required will be funded from a combination of current revenue budgets and capital expenditure from the annual capital allocation.

4.3 Backlog Maintenance

In the past, the Board has been able to address maintenance of its properties and technology from within its allocated annual revenue and capital funding. This position is likely to change in the next 5 years or so as buildings (or more specifically the plant and equipment) start to need higher levels of maintenance or full replacement. As a result, future backlog maintenance activity will be undertaken as part of the annual capital programme subject to the availability of funds.

4.3.1 The backlog maintenance profile for the Board is outlined in Table 6 below. The main work relates to the replacement of the Air Conditioning plant in Norseman House during 2017/18 with provision set aside for minor backlog works identified from condition surveys thereafter. Going forward it is anticipated that the majority of capital funding allocations will be required to maintain properties to Condition B standards.

Table 6 - Backlog Maintenance Investment Profile

Investment Projects	Total Capital Value	2017/18	2018/19	2019/20	2020/21	2021/22
Backlog Maintenance	£1,845,000	£769,000	£269,000	£269,000	£269,000	£269,000

4.3.2 Backlog maintenance is categorised into risk ratings, which relate to clinical service and safety. High-risk is where repairs or replacement must be addressed with urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety, which are liable to cause serious injury and/or prosecution.

4.3.3 NHS 24 has no high-risk backlog maintenance. Table 7, below, provides a 2019/20 site by site risk related breakdown of cost where backlog maintenance is applicable;

Table 7 – Non Clinical, Backlog Maintenance

Site Name	Low	Moderate	Significant	High	Total
East. Norseman House	963	7,486	85,022	-	93,471

4.3.4 Norseman is the only site where NHS 24 is lead tenant and therefore is the only one listed.

4.3.5 NHS 24 has no Clinical Backlog Maintenance.

4.4 Management and Control of Statutory Compliance Matters and Risks

NHS 24 statutory compliance standards remain high. The appraisal of statutory compliance considers all statutory guidance and legislation related to the estate including fire, health and safety and the Equality Act 2010. The Health Facilities Scotland (HFS) Statutory Compliance Audit Risk Tool (SCART) is used by NHS 24 to assess its compliance status. In addition, the property risk register is actively and routinely monitored to ensure risks are effectively managed.

In 2017, the new SCART was introduced and following a review assessment in 2019 against the new scoring methodology and questions set, NHS 24 obtained an overall compliance score of 87% for Norseman House. An action plan is in place to address those areas that require to be completed. They are administrative in nature and do not create additional risk.

The host Health Boards is responsible for NHS 24 sites other than Norseman House. The SCART score for these sites will be shown in respective Boards' PAMS. NHS 24 liaises with the respective Boards for assurance.

To maintain this high level of compliance, robust property, plant and machinery (PPM) programmes have been developed for each main site and funded from recurring revenue budget allocations. The NHS 24 Facilities Manager, with support from the NHS NSS Facilities Management team who manage the FM provider, oversees the delivery of respective PPM programmes. Where NHS 24 are a hosted board the respective Health Board are (*in the main*) responsible for the effective delivery of site PPM.

4.5 Access

Disability Equality Scotland (DES) was appointed during 2018/19 to carry out and report on the accessibility of NHS 24's main properties, Norseman House, Caledonia House, the Emergency Care Centre in the North and Clydebank.

The report highlighted that our properties are either wholly acceptable or satisfactory with minor works required. NHS 24 met with DES during 2019 to consolidate report findings and commence action planning. Table 8 highlights post survey grading for each site.

Table 8 - Highlights Building Grades

Caledonia House	Clydebank	Norseman House	North – ECC
B+	B	B-	A-
<p>Grade Description</p> <p>A Wholly accessible;</p> <p>B Satisfactory, minor works required;</p> <p>C Poor. Major alterations required;</p> <p>D Significant issues which severely restrict access and service operations. Major Capital works required.</p>			

The survey recognises the fact that NHS 24 does not necessarily use the whole of the building in which its offices are contained, and recommendations have been drawn up to reflect this.

NHS 24 has liaised with host Boards for our local and remote sites to establish whether Access Audits have been carried out. The response received identified that a number of gaps exist. To offer assurances, NHS 24 has requested DES to carry out local and remote site Access Audits on our behalf during 2019/20. NHS 24 Estates and Facilities and the NHS 24 Equality and Participation Team will continue to work closely with DES and local Support Services to progress action planning.

5.0 State of Current Investment based Projects – Where do we want to be.

5.1 National Context

NHS 24 delivers a range of urgent and scheduled care services (see appendix 1) connecting people to the care they need aligning with our Strategy 2017-2022 (see appendix 2). We are best known for our 111 service, which consistently delivers safe and effective care and support to the public when GP practices are closed.

NHS 24 works collaboratively with other NHS Scotland Boards, Integration Joint Boards, Local Authorities, and voluntary and Independent sectors to ensure that our organisational capability is appropriately focused on supporting and delivering high quality and person centered services.

NHS 24 routinely engages with the service users and public representatives through a range of forums to monitor service performance and to ensure patient and public views are reflected in all that we do.

NHS 24 aims to deliver the unique use of our capabilities across the workforce, clinical triage,

and information, digital, technical and resource allocation. We will evidence this across the next 5 years, through direct alignment with the national transformation programmes across primary, acute and mental health and care services.

The organisation also consistently supports the NHS Scotland 2020 Workforce Vision and promotes the NHS Scotland Values in all our work.

The Healthcare Quality Strategy sets the strategic agenda for healthcare services in Scotland for NHS Scotland, "Achieving Sustainable Quality in Scotland's Healthcare: A '2020' Vision".

5.2 Technology

5.2.1 NHS 24 Technology vision 2022/23

"To be technology leaders in Digital and Tele-Health & Social Care to the Public Sector in Scotland providing the most efficient and highest quality Technological capability across the breadth of NHS 24's portfolio of expanding service offerings".

5.2.2 NHS 24 key ICT priorities 2019/20-2023/24 are as follows.

- Technology refresh plan agreed and underway, cost reductions in change control and hosting.
- Realise cost reductions in Change control and Hosting Costs.
- Be capable of developing and expanding the NHS 24 Technology suite with a blend of internal and outsourced expertise to the wider Health and Social Care space.
- Have in place a refresh technology suite that leads the way in digital and contact centre Health and Social Care.
- Be leaders in Development and Digital Innovation realisation in the Health and Social Care and wider Public Sector spaces.

5.3 Service Delivery - Developing and Improving Access and Patient Experience

5.3.1 111 – Service

NHS 24 has an objective to support further development and improvement of the 111 Service. This is focussed on securing effective access to the service and the enhancement of service user and patient experience. This will involve utilisation of Advanced Clinical Support arrangements within the 111 service. NHS 24 will continue to develop and improve our other key services as detailed in the following paragraphs.

5.3.2 Musculoskeletal (MSK) Advice and Triage Service

The Musculoskeletal (MSK) Helpline is a phone service for people experiencing symptoms of MSK disorders - such as back pain or sports injuries. The helpline is operated by the Musculoskeletal Advice and Triage Service (MATS) and is provided by fully trained call operators, nurses and physiotherapists. The Musculoskeletal Advice and Triage Service (MATS) is now live across the majority of health boards across Scotland.

During 2019/20 NHS 24 will explore the expansion of our MSK service to NHS Greater Glasgow and Clyde (NHSGG&C). Following work to deliver an improved assessment process in 2018-19, NHS 24 will fully implement and monitor the benefits of this in 2019-20. The service will continue to engage with requirements for development of MSK services at national level, and will consider this in the context of the opportunity to link MSK demand with Waiting

Times Improvement and Primary Care service development priorities. In line with our digital first approach, we will explore the value of alternative channels/services to modernise and improve the MSK service e.g. virtual attendance and app development.

5.3.3 Cancer Treatment Helpline

NHS 24 will continue to deliver the Cancer Treatment Helpline. This service is for patients receiving treatment for cancer. They can call the service if they are experiencing symptoms, which are out with the expected side effects of their treatment. The service is available to patients at all times throughout the year. It aims to recognise acute illness related to their treatment and direct patients to the best place to appropriately support their needs. The service has been developed with all NHS Boards and outcomes include referral to hospital oncology units, next day call back or self-care advice.

5.3.4 Dental

NHS 24 also delivers advice and support on dental health and dental services to the people of Scotland during the out-of-hours period. There are around 7,000 calls per month to this service. Dental Nurses assess patients who contact NHS 24 with dental symptoms and the Scottish Emergency Dental Service (SEDS) booking Hub then directs the patient to the relevant dental care pathway.

During 2019/20 NHS 24 will support the delivery of the Scottish Government's Oral Health Improvement Plan, particularly Action 31: OOH models of care, by liaising with Health Boards, to ensure patients are seen as close to their home as possible.

NHS 24 will evaluate the recent sepsis training for Dental Nurses and continue to develop the electronic protocols, to support their decision-making. NHS 24 will also review the on-line dental information and develop materials for a digital platform to improve the public's awareness of entitlements and direction to dental services and to use this platform for the promotion of oral health education.

5.3.5 Mental Health Hub Development

NHS 24 will continue to improve access to support and promote good mental health and wellbeing. NHS 24 is working through an internal programme of redesign, which is aligning user need, to inform the shape and direction of our Mental Health service provision.

In March 2019, NHS 24 implemented a mental health 'Hub' supported by dedicated mental health staff skill sets, to provide the right response to the caller, ranging from mental health and wellbeing services, to more complex calls. As part of this new model, and in association with Scottish Ambulance Service (SAS) and Police Scotland, NHS 24 will test a new approach to those individuals in acute mental distress. This is directly attributed to Action 15 in the Scottish Government's Mental Health Strategy 2017-2027 that aims to increase workforce to give access to dedicated mental health professionals across healthcare, police and prison services. During 2019/20, we will assess the effectiveness of this initiative and include the outputs and learning from that in the overall internal redesign of our mental health service.

NHS 24 will continue to develop a number of other initiatives including the web chat option for Breathing Space, more widespread access to CBT and strengthening self-help platforms provided through NHS Inform.

5.3.6 Breathing Space

The NHS 24 Breathing Space service is a free, confidential listening and signposting, phone and web based service for people in Scotland experiencing low mood, depression or anxiety. This service receives over 8000 calls per month. In 2018/19, there were 125,000 visits to the Breathing Space web service.

The service aims to give people support to help improve their present situation and so prevent the development of more serious problems. Breathing Space also has an important role in helping the partners, friends and family members of people experiencing difficulties associated with depression via web chat.

During 2019/20, NHS 24 will continue to work with our 21 formal partner organisations as well as our Scottish Telephone Helpline partners. Our work with Police Scotland to establish a 'phone line service for people in custody will continue to develop as well as within the Scottish Prison Service.

5.3.7 Living Life

NHS 24 will continue to deliver the NHS Living Life service, which is telephone based and offers Cognitive Behavioural Therapy (CBT) and Guided Self-help (GSH) using a CBT approach. CBT is an evidence-based approach to help treat a wide range of emotional and physical health conditions in adults, young people and children. CBT looks at how an individual thinks about a situation and how this affects the way they may behave. It highlights how an individual's actions may affect how they think and feel. The therapist and client work together in changing the client's behaviours, or their thinking patterns, or both of these.

5.3.8 Digital Services

NHS 24 will continue to deliver and develop the range of quality assured health and care information to the people of Scotland through the NHS Inform service.

NHS 24 has an ambitious emerging Digital Strategic Framework and during 2019/20 will develop the detailed implementation plan and activities to support delivery of this. The strategy has three key aspects:

- to increase the channels available for users to access all NHS 24 delivered services, without impacting on the quality of service experienced
- to respond to changing user behaviour, both internally to the organisation and external, to access services digitally
- to improve equality of access, through the range of channels, support more of the public to access the right service, at the right time, in the way they want to.

NHS 24 will engage with partners, the Scottish Government and the Digital Health and Care Portfolio Board to agree the NHS 24 role and key deliverables specifically in relation to Domain C of the National Digital Health and Care Strategy "Service Transformation".

5.3.9 Supporting Primary Care Sustainability

NHS 24 will deliver an extension to the current in-hours GP Triage service built on the experience and evaluation of the development and implementation of the GP Triage service

within the East Lothian Health and Social Care Partnership. This anticipates a growth plan from current population coverage of 25,000 to 100,000 by the end of March 2020.

NHS 24 will also review the potential to offer further support in this area. Key to this work will be collaboration with partners and national organisations in relation to the potential utilisation of NHS 24 clinical, technical and digital capability to support the emergence of multi-disciplinary team working across GP Practices and GP Clusters.

5.3.10 In Hours GP Triage

NHS 24 undertook an evaluation of the GP Triage service model and circulated the reporting outputs to a wide group of stakeholders. The evaluation indicated this service was safe, effective and welcomed by GPs and patients in the NHS Lothian and NHS Lanarkshire test of change practices. NHS 24 has extended its partnership with East Lothian Health and Social Care Partnership to define a project for the expansion of the model in place at Musselburgh. The staffing and technology models for the service were further developed in 2018/19, including a significant investment in an improved technology platform. A pipeline of interest in the service model has been developed through engagement in other NHS Board areas and this will shape detailed plans for growth of the model to serve a larger population base in 2019/20.

During 2019/20 NHS 24 will develop a business case to support proposals to facilitate utilisation of our capability to facilitate education and training for local triage and care navigation including digital access to services.

5.3.11 Advanced Clinical Support

During 2018/19 2 Cohorts of trainee Advanced Nurse Practitioners (TANPS) continued into training, spending time in a variety of clinical placement areas to expand and enhance their clinical knowledge and skills. The progress through a period of training and development provides the basis for moving into a phase of ANP deployment in 2019. In addition, talks were advanced with partner health boards on the potential of joint care delivery in remote and rural areas of Scotland delivered via multiple channels i.e. phone, video consultation and face-to-face consultation. This initiative is exploring the opportunity for shared/rotational roles in these areas as well as a rotational training model in Primary Care Advanced Practice.

As part of our programme of Advanced Clinical Support, NHS 24 is considering options in relation to Virtual Working. A programme of scoping is being undertaken during 2019-20 to determine the need for a model, which could see clinical and non-clinical staff working remotely from a main or local centre in another clinical setting i.e. GP practice, Community Hospital or indeed within their own home environment.

5.3.12 NHS 24 Engagement with Health and Social Care

During 2019/20 NHS 24 will refresh the Stakeholder Engagement Strategic Framework to facilitate closer alignment and effective engagement with all of our stakeholders including the Integration Joint Boards and the corresponding Health and Social Care Partnerships.

5.4 NHS 24 Assets – Response to Service Needs

As a consequence of the plans described above, NHS 24 will continue to expand its In Hours service provision to such an extent that space utilisation in its main centres will continue to improve. In addition the Board has recognised that there will be pressure on existing accommodation coming from current and future Out of Hours (OOH) service demand, the expansion of services and in particular Mental Health Services, aligned recruitment, relocation of clinical services (ref 4.6), lease expiry (ref 4.7.2) and SAS growth.

It is vital that the NHS 24 estate addresses current and future property needs, whilst ensuring that our estate is in the right locations and maximising co-location and recruitment pool opportunities.

NHS 24 requires a sustainable, flexible and future proof estate that supports changing ways of working.

NHS 24 is embarking upon an Estate Strategy that will align to key priorities of the NHS 24 Local Delivery Plan and this PAMS.

6.0 Future Strategic Plans – How do we get there?

6.1 Connect Programme

The Connect Programme Board will oversee the delivery of the following programme:

Connect Programme Phase 1

To stabilise the current technology environment through upgrading/refreshing end of life hardware and extending to support on the operating systems and applications; to ensure no degradation from the current system and applications performance. Phase 1 will be delivered through five work streams.

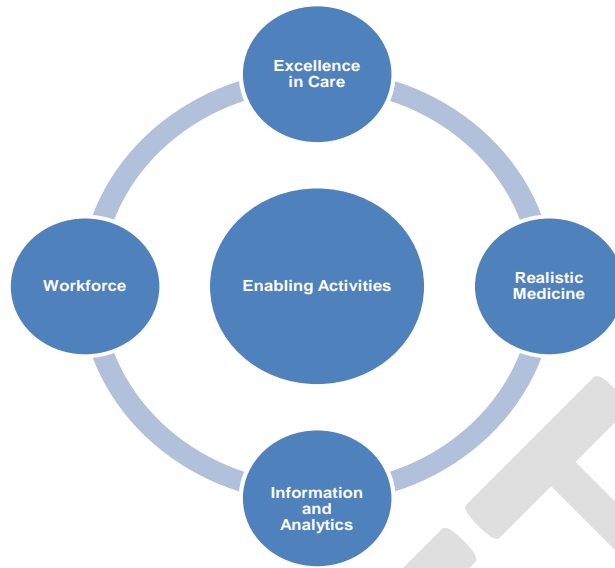
Connect Programme Phase 2

To conduct a focussed review of the broader investment required to support the future technical and digital roadmap for the organisation. This will include replacement of core applications, as well as exploration of cloud opportunities.

This will deliver an Outline Business case for Approval by the NHS Board in April 2020.

6.2 Enabling Activities to Support Service Delivery

During 2019/20 NHS 24 has established a range of key enabling activities, which will support the delivery of key objectives for 2019/20.



6.2.1 Delivering Excellence in Care and Realistic Medicine

In March 2019, NHS 24 agreed a Framework for Realistic Medicine 2019-2021. This describes the unique offer NHS 24, as Scotland’s digital health and care service, can make through the potential of our people, processes and technical infrastructure. It describes how NHS 24 will ensure that it is working toward delivering on the Realistic Medicine Vision:

By 2025, everyone who provides healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine.

NHS 24 will also focus during 2019/20 on our redesigned approach to Quality Improvement. In particular, this work will develop internal capacity and capability and support the organisation to improve and evaluate new and existing services.

6.2.2 Service Development

Service Development will bring together all the key components of change, a dedicated team with a high level of expertise and knowledge will facilitate and enable change through a clear vision aligned to NHS 24 and National Strategies

The experience and knowledge of delivering digital services with partners across the landscape, and an extensive network of external partners across Health and care will support the Service Development five year strategy.

6.2.3 Workforce Sustainability

Staff Engagement – Valuing our People

During 2019/20 NHS 24 will continue to develop our leadership and management capacity, capability and resilience to ensure staff are engaged and supported. We shall continue to strengthen our culture, recognising the role this plays in NHS 24's contribution to the health and wellbeing of the Scottish population. NHS 24 will:

- Implement HR systems, which support manager and employee self-service to realign benefits around ownership, and accountability, which effects cultural change in working practices.
- Enhance our digital learning capability and offerings by aligning with key national platforms and expanding our digital solutions for staff development as part of NHS 24's Digital Strategy.
- Continue to modernise the HR workforce to improve efficiency and effectiveness locally aligned to the wider National Board and Regional shared services agenda.

6.2.4 Developing Information and Analytics Capability

During 2019/20 NHS 24 will focus on using our data to generate population level information on who is using our services and who is not, to better inform pro-active communication and engagement. We will also build intelligence in relation to supporting the national public health, prevention and equality agendas and use these insights to engage the public and to drive improvements in our services.

6.2.5 National Boards Collaboration

NHS 24 is part of a collaborative of eight national boards providing services where improved quality, value and efficiency are best achieved through a national approach. We share a common purpose and by working closely together, and with our partners in the Scottish Government, regions, territorial boards and integration joint boards, we will support the changes required to improve services, reduce unnecessary demand, improve workforce sustainability and strengthen leadership to protect and improve Scotland's health.

The National Boards Collaborative Programme focuses on three areas, improvement, transformation and evaluation; digitally enabled service redesign; and workforce sustainability.

These are the areas where we believe we can work collaboratively with our partners to redesign services to meet technological, demographic and societal changes. We will take on difficult issues in partnership to identify where national support can help deliver real sustainable change to address priority areas such as waiting times and mental health and drive integration across health and social care.

6.2.6 Increased Collaborative Working

In recognition of the imperatives and priorities within NHS Scotland, the National Boards have established an Asset Management collaborative working arrangement to explore collaboration possibilities, efficiencies, financial savings, sharing of intelligence and learning.

Working together, the eight National Boards have been exploring areas of co-working that would answer the challenge of thinking 'differently and better'. Estates and Facilities has been tasked with identifying a target operating model (TOM) that would provide a vision of improvements in the quality of services offered, efficiency of resource usage and improvement in work experience for staff.

The aim in developing the TOM is to propose solutions that are achievable, practical and cost-effective. A series of workshops identified more than 20 options, though many can only be realised over five years or so, due to contractual agreements.

6.2.7 Risk Profile

All plans carry a level of inherent risk however, NHS 24 will not accept risks that negatively affect or are in detriment to the quality, safety and effectiveness of patient care. In specific areas, the organisation has a greater appetite for risk. These areas are currently the focus of improvement and include resetting culture, creating capacity, capability and confidence in our people and our teams. NHS 24 is a digital organisation, will proactively respond to changes and opportunities arising from the alignment of NHS 24 with Health and Social Care Integration, the National Clinical Strategy, Realistic Medicine, and will accept a higher level of risk in this area

6.3 Property

6.3.1 Preferred Strategic Property Profile

The preferred strategic option for future use of property assets is the consolidation of functions and associated gains in efficiency and cost effectiveness with investment to meet future requirements where possible.

6.3.2 Strategic Asset Management Objectives

The PAMS will target improvements in the NHS 24 property and IT portfolio as follows:

- Reduce wherever possible over time, the revenue costs of the operational estate;
- Increase resilience and reduce risk to business as usual;
- Maintain the physical condition of assets to a satisfactory level and continue to achieve statutory compliance;
- Improve the use of the estate to ensure space is fully utilised and properties have adequate capacity to deliver effective services considering the impact of the workforce plan;
- Improve functional suitability and flexibility with a view to adapting to changing technology needs and ensuring capability with regard to running high tech infrastructure;
- Improve energy efficiency and ensure compliance with the requirements of CEL 2 (2012) outlining the Sustainable Development Policy for NHS Scotland.

Agile Working

NHS 24 recognises the need to develop modern working practices to enable employees to maximise their performance and productivity whilst maintaining a good work life balance.

Work is underway to consider the optimisation of the existing accommodation in respect of layout, capacity, functionality, staff experience and adaptability. NHS 24 is investigating the potential to create a more "agile" environment that will provide the correct flexible office space. This work will involve reviewing aspects of non-frontline areas to deliver more capacity to

support expansion of frontline space through dual use of workspace and technology.

6.3.3 NHS 24 Estates Strategy

The NHS 24 Executive team has delegated responsibility to the Estates Programme Board (EPB) for the delivery of the following strategic objectives:

- Develop, medium-long terms estates strategic framework for the organisation which maximises the opportunities to full utilise the NHS 24 estate and which also leads to improvements in staff experience, health and well-being
- Patient safety considerations incorporated into a strategic framework and plans
- Staff engagement and communications plan devised and delivered in line with agreed milestones
- Clyde Relocation:
 - To ensure seamless relocation of staff with minimal disruption to service.
 - Release space to GJNH to allow development of their clinical service in line with GJNH Local Delivery Plan in line with the required timescales.

The EPB consists of NHS 24 cross directorate representation, which extends to include our co-located boards.

6.3.4 Options Appraisal

NHS 24 is developing an estates options appraisal that considers all feasible options, including utilisation of other sites and reworking the space at Cardonald and Norseman House.

The estates option appraisal will take into consideration our current and future property needs and to identify a collaborative way of managing our estate. We will consider the entire estate including our main and local centres, looking at best use of space, working environments, collaboration with other Boards, resilience of these sites, and how they align with the principals of the NHS 24 Shift Review and Better Working Better Care.

The estate options appraisal will be phased with the initial focus on the relocation of the Clydebank Contact Centre. The second phase will incorporate our long-term estate options.

The initial option appraisal is expected in early 2020 followed by the second phase by end of 2020 for consideration and decision by NHS24 in conjunction with Scottish Government as appropriate.

6.3.5 Collaborative Opportunities

Early planning work has commenced to look at collaborative opportunities for the consolidation of all National Boards' office accommodation. This is currently looking at potential space savings and lease end opportunities over the next 5 years. A paper has subsequently been taken by National Services Scotland (NSS) to the National Boards Chief Executive's Group in July 2019 to seek outline agreement to formally investigate the potential options and further opportunities. At the point of authoring, the formal outcome of this paper is awaited.

NHS 24 is working closely with the National Board Estate Rationalisation Programme Director to ensure all possible collaborative estate options are being considered, and align to this and the overall Central Estate Strategy.

6.3.6 Property Improvement Plans (PIP) 2019-2021

The property improvement plan is primarily focused on site-based modifications and improvements that will meet the Strategic Asset Management objectives outline in 6.2.2 above.

The focus of the PIP therefore, is the optimisation of accommodation in Caledonia House and Norseman House through reconfiguration, dual use of space and technology. The emphasis on improvements will be to work in tandem with the estates options appraisal to address key priorities until the outcome of the estate strategy is known.

To maintain the current property portfolio in good condition the PIP will also include specific focus on risk related maintenance and resilience opportunities

6.3.7 Property Activity

The following property activity is considered key priorities during 2019-2020/21:

Caledonia House

Expansion of frontline services through dual use of existing HQ seats, at Caledonia House. This will support the necessary actions to improve NHS 24 service levels along with supporting the Mental Health Hub expansion and a significant frontline recruitment campaign.

Norseman House, Ground Floor Reconfiguration

The reconfiguration of the ground floor space at Norseman House will commence early 2020 with expected completion by 31 March 2020. The new open plan space will provide additional dual use seating which will future proof site capacity, improve business continuity through increasing accommodation resilience, and that it is in line with our strategic asset management objectives

Test of Change (ToC)

NHS 24 has considered that the property activity noted within 6.2.7 will act as a Test of Change that will inform our estate strategy. The NHS 24 options appraisal is focused around working differently and how we can maximise opportune for dual use of space and technology. This ToC will identify whether the strategic approach is realistic and supports service development.

Backlog Maintenance

A planned and preventative maintenance plan (PPM) is in place for Norseman House to ensure statutory compliance. Norseman House is the only site where NHS 24 is the main leaseholder. For sites that NHS 24 is co-located, the host board has the responsibility to monitor compliance. NHS 24 work closely with boards to monitor the delivery of maintenance plans and compliance for these sites.

NHS 24 continue to use the SCART – Statutory Compliance Audit & Risk Tool to monitor statutory compliance and guidance that is consistent with the approaches and interpretations taken by the Health & Safety Executive and allows Boards to target limited resources on the areas of highest risk. The tool allows NHS Boards to demonstrate a positive, proactive approach to the management of statutory and guidance requirements.

NHS 24 continues to score well within the SCART tool and regularly updates this with respective evidence. NHS 24 has action plans in place for areas where clarity or action is required.

Health Facilities Scotland Compliance Team monitors the SCART tool with reporting route through the Scottish Engineering and Technology Advisory Group (SETAG).

Backlog maintenance – NHS 24 continues to have no high-risk backlog maintenance. Backlog maintenance is categorised into risk ratings, which relate to clinical service and safety.

NHS 24 are currently progressing a number of low and moderate risk backlog maintenance works and are considering the identified significant risks. It is important to note that the backlog maintenance for significant risk primarily relates to a single asset.

NHS 24 Estates & Facilities provide a regular report to the Planning and Performance Committee that includes updates on the position of backlog maintenance and/or of any current/new risks.

6.4 Asset Investment Plan 2020 - 2025

In order to deliver the Strategic Asset Management Plan, Property Improvement Plan/ Estates Strategy – Option Appraisals and Property Activity, the organisation has developed a prioritised investment plan for the period 2019-2022 as described in Table 9 below.

Table 9 - Asset Strategic Investment Plan 2020 - 2025

Investment Project	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25
Estate Strategy – Key Property Activity	£1,300,000	£1,300,000	0	0	0	0
Resilience, Upgrades Refurbishment Technology and backlog maintenance	£1,345,000	£269,000	£269,000	£269,000	£269,000	£269,000

Totals	£2,645,000	£1,569,000	£269,000	£269,000	£269,000	£269,000
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6.4.1 The Estate Strategy (phase 1 – Clydebank relocation) investment for 2020/21 is not yet fully known although high level costs forecast a spend of £1.3m. Although it is possible these costs may split and be profiled between 2020/21– 2021-2022.

6.4.2 Phase 2 of our options appraisal has not been included within the strategic investment plan, as these costs remain unknown, once known this will be included within annual returns.

6.5 Sustainability Development

NHS 24 approved PAM's Capital Resource has a value of £269k which carbon reduction initiatives are inclusive to support the legal requirement to reduce our environmental impact.

Looking beyond 2020, the NHS Scotland Chief Executives, during their June 2019 meeting, endorsed the following commitments put forward to address the Scottish Government's declaration of Climate Emergency.

- NHS Scotland will be a 'net-zero' greenhouse gas emissions organisation by 2045.
- Each NHS Scotland Board should undertake a Climate Change Risk Assessment covering all operational areas and produce a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions.
- NHS Scotland transport greenhouse gas emissions from its owned fleet (small/ medium vehicles) will be net-zero by 2032.

6.5.1 The NHS supply chain will be reviewed to determine the extent of associated greenhouse gas emissions and environmental impacts. Once the extent of environmental impacts is established, a programme of work will be undertaken to minimise these impacts.

6.5.2 Each NHS Scotland Board will establish a Climate Change/ Sustainability Governance group to oversee their transition to a net-zero emissions service.

6.5.3 In response, NHS 24 and the wider NHS are working together on a NHS Scotland Sustainability Strategy; expected to be published in 2020, that will include 16 areas of focus from the NHS Scotland Sustainability Assessment Tool and set out the framework to reach net-zero by 2045.

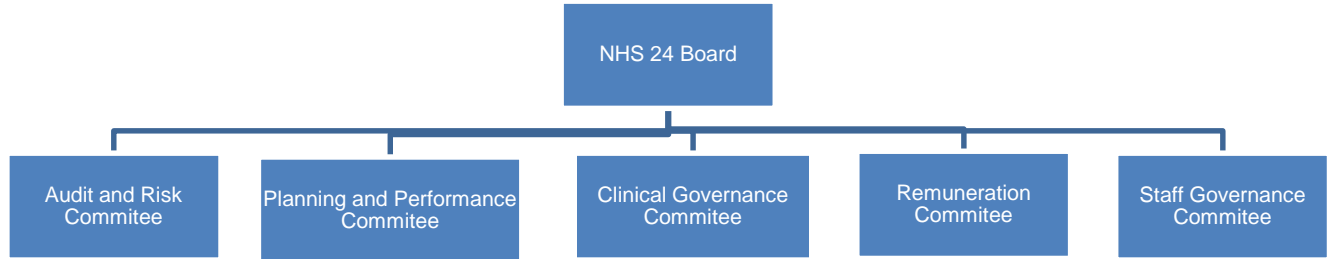
6.5.4 The focus over the next five years will be to ensure the NHS 24 sustainability action plan is properly resourced and supported. Performance will be monitored on the new sustainability assessment tool (NSAT) and priorities will be identified and rolled out across NHS 24.

7.0 PAMS Implementation

This section describes how NHS 24 intends to implement its investment plan to continue to manage its assets in a safe, efficient and effective manner.

7.1 Governance

The Planning & Performance Committee is responsible for performance the Governance role to review in relation property and asset management plans.



7.1.1 Implementation

The Executive Management Team will oversee the implementation of PAMS. Accountability will sit with the Director of Finance, responsibility for implementation for Property will rest with the Estates and Facilities Manager, and for IT with the Chief Information Officer. The Corporate Framework regulates asset management activities at NHS 24.

NHS 24 ensures that there is suitably qualified staff to provide the comprehensive management of assets, covering all mandatory and statutory requirements in relation to property and IT.

7.1.2 Workforce Arrangements for Implementation

Operational responsibility for implementation rests with Estates and Facilities Manager with support from the Estates and Facilities Officer, site Service Support Teams and the appropriate Facilities Management providers. The arrangements for supporting the property asset and capital programmes are outlined in Table 10 below.

Table 10 - Summary of Operational Arrangements for Property Implementation

Designation	Roles & Responsibilities	Overall Objective
Director of Finance	Overall Executive and Strategic responsibility. Accountable to CEO and Board.	To ensure PAMS delivers to support organisational objectives.
Estates and Facilities Manager	Oversees policy, statutory, strategy, planning/performance monitoring and reporting, budget management and strategic contract management.	To ensure NHS 24 achieves Best Value for Facilities related contracts, meets compliance, and contractual standards.

Estates and Facilities Officer	Operational management to ensure work programmes are completed oversees policy and statutory compliance and contract management.	To ensure NHS 24 achieves Best Value for Facilities related contracts and oversee service delivery compliance and contractual standards.
Service Support Teams (Caledonia House, Clydebank, Norseman House and North – includes local sites)	Day-to-Day operational management.	To arrange day to day FM services in conjunction with NHS NSS and oversees contractor service delivery in line with FM policies and procedures in their respective sites.
FM Providers	Building maintenance, building cleaning, security (Norseman House only).	To work with NHS 24 to provide services which meet contractual and legislative standards and achieve best value.

7.2 IT Implementation

Led by the Chief Information Officer, the NHS 24 Technology Team is responsible for delivering and supporting the technology systems used across the organisation, some of which integrate with our partners, enabling NHS 24 to provide quality health advice and care across Scotland. The purpose of IT is to add value to the business using technology. The principal objectives are to:

- align IT services with the current and future needs of the business and our patients,
- improve the quality of the IT Services delivered,
- reduce the long term cost of service provision,
- manage effective and efficient deployment and support for our systems via our main suppliers,
- assist in managing organisational risk,
- align the IT strategy with national standards,
- IT systems development and support is not a core competence within NHS 24, the strategy is to work with partners as much as possible whilst retaining a core group of IT professionals who will define and control the various managed services.

7.3 Benefits Expected from Implementation of PAMS

A wide range of benefits is anticipated through the successful implementation and delivery of the PAMS. These benefits will affect patients, staff and the wider NHS and Social Care sectors. The expected benefits are outlined in the table at appendix 3.

7.4 Managing Risks and constraints to the successful delivery of the PAMS

The NHS 24 approach to managing risks is outlined in the risk register attached as appendix 4. In developing the risk register, consideration was given to both organisational resilience aspects and potential risks that may affect the successful delivery of the PAMS 2020-25. This is also shown by the IT business criticality matrix attached as appendix 5. This information provides a list of the most business critical IT systems and enables NHS 24 to assess the risks

associated with these assets and develop more robust IT asset disaster recovery and business continuity plans.

This combines to provide a comprehensive risk and resilience assessment to ensure the PAMS is successfully delivered.

(i) Resilience

As NHS Scotland is at the core of nearly every major incident response, SGHSCD issued Preparing for Emergencies: Guidance for NHS Scotland in 2013 to assist Health Boards develop and put in place plans to deliver their duties under the Civil Contingencies Act 2004.

More recently and working with Health Boards, NHS Scotland: Standards for Organisational Resilience has now been produced with greater emphasis on risk assessment and mitigation. These standards provide a framework that focuses on organisational resilience and how Boards can adopt practices to deliver improvement and enhance the resilience of NHS Scotland as a whole. They incorporate new areas of work that impact on NHS Scotland, such as counter-terrorism and climate change.

To ensure NHS 24 takes adequate mitigating actions, asset based risks associated with organisational resilience planning, have been included in the strategic asset risk register that outlines the key strategic risks in implementing the PAMS.

(ii) Asset Based Risk Reporting

The Operational Risk Management Group manages the risk management process for the organisation. Operational risk leads update and maintain risk registers on a functional or local basis, for instance a risk register exists for the Finance Directorate (function) and for each contact centre (locality - Cardonald, North, West, East).

The risk scoring of the individual risk will determine if it is presented to the Board for assurance over the mitigation arrangements. Each risk will be aligned to an appropriate governance committee based upon the type of risk i.e. Business (Financial, Operational, and Strategic), Staff, Clinical and Reputational.

The Executive Management Team, the Board and the Audit and Risk Committee review the corporate risk register quarterly.

The statutory compliance status is reported to the Board via the PAMS annually with updates to the Planning and Performance committee on a quarterly basis.

8.0 Next Steps

The focus for the Board will be the implementation of the priorities identified in its Investment Plan, and to progress with the NHS 24 estate options appraisal.



Property & Asset Management Strategy 2020-2025

No.	Appendices	
1	NHS 24 Current Services	1
2	NHS 24 Strategy 2017-2022	4
3	Benefits Expected from Implementation of PAMS	5
4	Asset Risk & Resilience Matrix	6
5	IT Business Criticality Matrix – extract	11

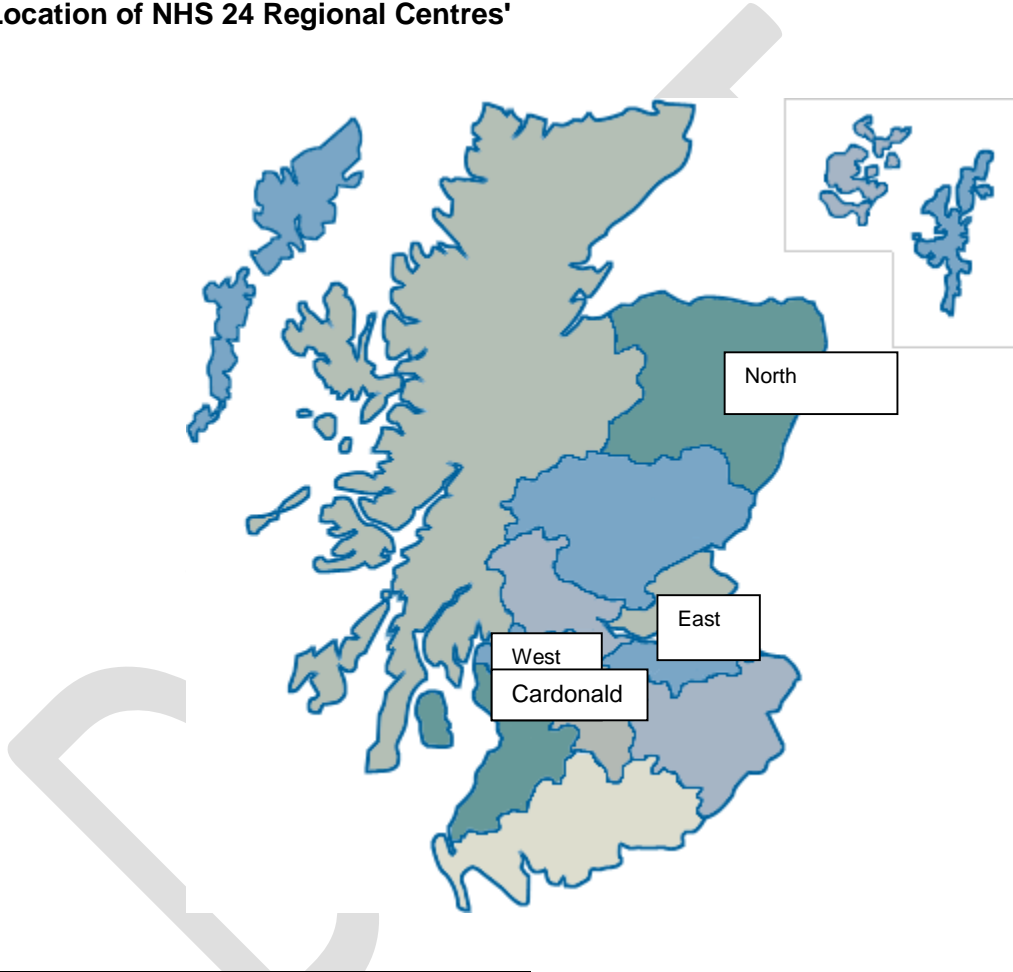
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NHS 24 Current Services

NHS 24 was established in April 2001, and is responsible for the delivery of clinical assessment and triage, health advice and informed by telephone and online services to the population of Scotland 24 hours a day, 365 days a year.

NHS 24 operates from our four main centre's in South Queensferry (East) Aberdeen (North), Clydebank (West) and Cardonald in Glasgow, which is also NHS 24's head office and there are a number of local centre's across Scotland.

Location of NHS 24 Regional Centres'



- North – ECC Aberdeen**
- East – Norseman House, South Queensferry**
- West – GJNH, Clydebank**
- Cardonald Contact Centre – Caledonia House, Glasgow**

As of April 2019, NHS 24 employed 1085 Whole Time Employees (WTE) and was responsible for a new spend of £72.5m to deliver its cores services as described below.

Whilst NHS 24 is primary known for the provision of the 111-core service, it delivers a number of

services across both scheduled and unscheduled care pathways.

Services Include

- 111 Service
- Primary Care Triage
- Mental Health Hub
- Breathing Space
- Living Life
- Scottish Emergency Dental Service (SEDS)
- NHS Inform – phone and web (includes self help guides)
- Help lines
 - Musculoskeletal (MSK)
 - Quit Your Way Scotland
 - Care Information Scotland
 - Living Life (includes Cognitive Behavioural Therapy)
 - Cancer Treatment

The purpose of NHS 24 includes:

- providing clinical triage and consultation to ensure that patients are supported with information or referred to the appropriate services for face-to-face consultation. This is delivered primarily through the NHS Inform website and the 111 service;
- the NHS Inform service supports the public and patients through the provision of information on conditions and signposting to services and self-help and care information;
- working in partnership with local health services provided by NHS Boards, Integrated Joint Boards, NHS staff organisations and local communities. In particular, the Primary Care Out-of-Hours Services provided by NHS Boards throughout Scotland, the Scottish Ambulance Service (SAS) and the NHS Board Emergency Departments;
- supporting national initiatives on improving patient services. NHS 24 sets out proposals to do this by assisting patients, carers, their families and health and care professionals to access the correct service, make the right decision, at the right time, using the right information;
- focusing on the individual patient or carer needs, recognising that it is unreasonable to expect that at a time of stress or distress people will always make the right decision every time in relation to which part of the health or social care system they should contact. NHS 24 has set a vision for 2020/21 to support this by offering a citizen-friendly, "navigation-free" access route into health and social care services. If the NHS 24 infrastructure and capabilities are deployed in this way, NHS 24 has the potential to achieve greatly simplified access for service users at the same time as reducing pressure on overstretched parts of the system;
- supporting the health improvement agenda across Scotland by working in partnership with local NHS Boards, Integrated Joint Boards and the Scottish Government, to provide added value services where and when required, utilising the IT telephony and infrastructure to benefit patients 24 hours a day; and
- routinely engaging with the public and patient representatives through the NHS 24 Public Partnership Forum, further developing volunteering in NHS 24 to ensure that patients and the public continue to remain involved in key service developments.

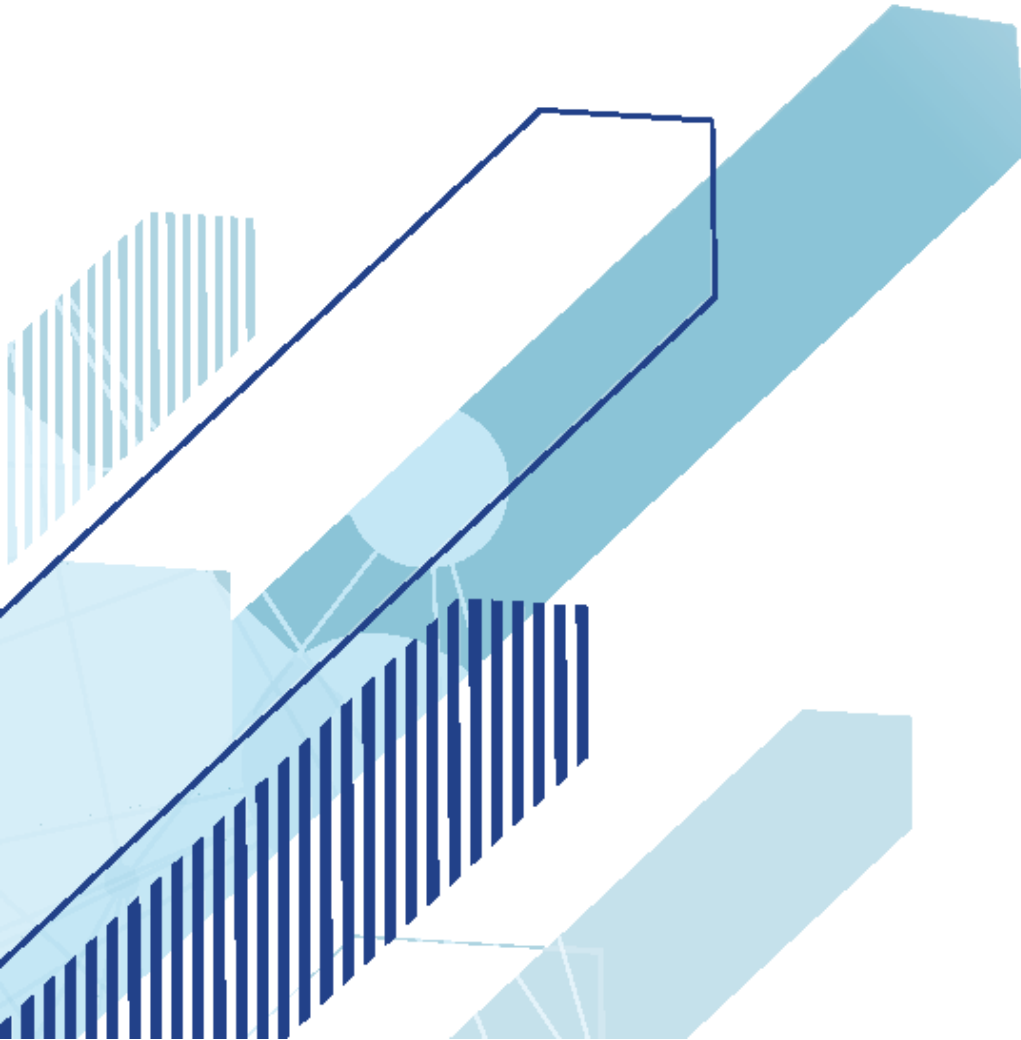
Appendix 2

[NHS 24 Strategy 2017-2022](#) (Ctrl & click on image to access)



Our Strategy 2017-2022

Helping to deliver a healthier Scotland by connecting people to health and care advice, information and support 24/7



[.scot/data/uploads/PDF/NHS_board/Plans/corporate/Strategy%20 2017_ 2022.pdf](https://www.scot.nhs.uk/data/uploads/PDF/NHS_board/Plans/corporate/Strategy%202017_2022.pdf)

Appendix 3

Benefits Following Implementation of PAMS

Activity	Benefits	Wider Benefits	Measures
Connect Programme	The Connect Programme will have many benefits for staff and patients including helping to improve the way our services are delivered. Technology will enhance the way we work and therefore deliver a more streamlined experience for patients, which will in turn lead to increased satisfaction for our staff in the way we deliver our services. Maintain existing and future IT assets in line with the PAMS current and future asset arrangements.	Provide an omni channel digital and technology platform that will support its current and future strategic objectives to reach out to its patients, and wider service users, in a variety of existing and emerging communication methods. Collaborative opportunities.	Patient and Staff Feedback
Property Improvement Plan. Estates Strategy / Options Appraisal	Supports NHS 24 organisation strategic objectives. Improved utilisation of the NHS 24 estate that provides flexible and adaptable accommodation to meet current and future demands. Integral to business continuity arrangements. Strategic estates, which will help, mitigate staff recruitment and retention risks.	Improved collaboration with other NHS Boards and opportunities with other Scottish Government (SG) stakeholders, with the potential to increase service provision for all. Enhance resilience across boards and SG stakeholders through use of shared space. Enhance staff experience by offering a diverse estate that will positively promote agile working.	Collaborative accommodation. Delivery and Implementation of options appraisals (Estate Strategy). Improved space utilisation. Service Development. Recruitment and Retention Staff Feedback.
Backlog Maintenance	Increased life cycle for essential plant and equipment. Improved reliability and reduced maintenance costs. Improved working environments. Maintain property condition throughout the estate in line with PAMS.	Improved staff experience. Less service interruptions by reducing risk of plant and equipment failure. Carbon reduction opportunities through energy reduction opportune.	Less maintenance costs. Reduced reactive call outs and potential service interruptions. Reduced Emissions. Condition Surveys / EAMS.
Statutory Compliance	Building plant and systems meet required standards. Safe and compliant working environment.	Efficient Building. Staff experience and well-being. Reduce risk of service interruption to NHS 24, co-located services, and enhanced reputation.	Planned Preventative Maintenance. SCART Audit. Health & Safety Audit. Compliance Audits.

Appendix 4

Asset Risk & Resilience

No	Description	Risk Rating			Risk Definition	Mitigation Actions	Monitoring
		L	C	RAG			
1	Corporate Strategy						
1.1	Changes in SG policy or NHS 24 Corporate strategic direction/key deliverables will affect asset management plan or ability to deliver the PAMS.	2	3	6	There is a risk that the PAMS proposals do not support future corporate strategy/ service delivery.	SG policy & NHS strategic direction monitored to ensure any changes in future asset requirements are proactively identified and planned. NHS 24 5 year strategy 2017-2022. Annual RAM strategic planning process.	NHS 24 Board/ Executive Management Team.
1.2	Compliance with Public Bodies Duties re climate change adaptation.	3	3	9	There is a risk that circumstances due to climate change is out with NHS 24 control e.g. Flash floods and this will lead to business interruption.	Manage, monitor and reduce carbon emissions of estate and assets.	Quarterly reporting to the Planning & Performance Committee.
2	Workforce Plans						
2.1	Changes to workforce planning estimates, which may not tie in with the Estate Strategy to which the PAMS 2020-25 are aligned.	3	3	9	There is a risk that NHS 24 assets do not meet future requirements due to changes in workforce planning assumptions	Robust change control processes to ensure any changes in future asset requirements are proactively identified and planned.	Workforce planning strategy and management arrangements.
3	Approvals						

3.1	Failure to achieve internal NHS 24 approvals.	2	3	6	There is a risk that the content and scope of asset proposals require to be reviewed and amended.	Business Cases developed in partnership with all NHS 24 and external stakeholders. Affordability assessed at approval stages. Optimisation through value engineering and efficiency savings.	NHS 24 Board/ Executive Management Team.
3.2	Failure to achieve Partnership endorsement leading to halted Estates projects that may affect the progress and implementation of PAMS 2020-25.	2	3	6	There is a risk that plans will not be achieved with out partnership input.	TU Partnership and Consultation arrangements agreed and delivered throughout PAMS implementation. Process in place to link in with local and site staff reps. (3 x TU as members of EPB).	Estate Programme Board.
4	Implementation						
4.1	There is a risk that the property strategy preferred option(s) would not be implemented, resulting in impact to the delivery of the NHS 24 Estate Strategy, which the PAMS 2020-25 is based upon.	3	3	9	There is a risk that there will not be adequate capacity to accommodate peak period staff for NHS 24 and co-located boards to call response targets being missed and risk to safe and effective patient care.	Estates Strategy in place. Clydebank and Caledonia House Option appraisals underway.	Estate Programme Board.
4.2	Non-availability of suitable assets e.g., property to meet NHS 24 requirements.	2	2	4	Strategic proposals unable to be delivered or are delayed.	Early definition of asset requirements. Option appraisals under way for Clydebank relocation and Caledonia House Lease expiry. Properties identified in line with option appraisals. SCIM Process followed.	NHS 24 Board. Planning and Performance Committee. Estates Programme Board.

4.3	Inadequate project governance and project management arrangements.	3	2	6	Impact on project delivery timescales, cost and quality.	Sufficient project management and TU resources identified and in place throughout project life cycle. Project Management structures, processes and systems in place, operated and monitored throughout project lifecycle. Project programmes and risks closely monitored and remedial action taken to address slippage.	Project Board.
4.4	Difficulties in introducing required business change due to accommodation remodelling (options appraisals).	2	4	8	There is a risk of staff resistance to meet operational needs.	Develop change management programme. HR representation within Estates Programme Board / TU representation. Staff Values groups in place. Staff Engagement programme in place.	Executive Team.
5	Finance						
5.1	Non-availability of sufficient capital and revenue funding.	2	4	8	Strategic proposals are unable to be delivered or otherwise delayed / compromised.	Early identification of funding requirements and confirmation of funding availability through approvals process. Property Asset Management Strategy (PAMS) in place. Annual SAFR return to SG identifying financial investment required. SCIM process followed.	NHS 24 Board. Planning & Performance Committee.

5.2	Overrun on estimated Capital and Revenue budget costs.	2	3	6	There is a risk of financial overrun on Capital and Revenue commitments may affect the overall performance and condition of the NHS 24 Estate.	Robust assessment and review of Capital and Revenue costs and corrective action taken throughout project lifecycle.	Regular financial reporting.
6	Asset Resilience						
6.1	There is a risk that buildings are not maintained to meet statutory standards.	1	4	4	Unsafe environments leading to risk to staff and delivery of safe patient care.	Statutory Compliance Audit Risk Tool (SCART) in place. Action plan in place.	NHS 24 Estates and Facilities Manager. SCART Reporting Tool. Reporting through Planning and Performance committee.
6.2	There is risk that if the various planned activities does not go ahead that properties will not meet agreed physical condition and suitability standards.	2	3	6	Potential those properties will not provide safe environments.	Condition surveys carried out. Asset plan in place linking to EAMS / SCART. No High Risk maintenance. Planned, Preventative Maintenance Plans in place.	Project Planning.
6.3	NHS 24 properties asset owners do not have a programme/ schedule for reviewing security measures and resilience of assets.	2	4	8	There is a risk that security measures and resilience assets may fail leading to service interruption.	NHS Scotland: Standards for Organisation Resilience - Standard 21 - Health Boards shall have enhanced resilience plans and security arrangements to protect the organisational critical infrastructure assets and systems. Undertake review of FM Ops Manual to ensure effective response-and-recovery plans are in place. Undertake hazard analysis.	NHS 24 Estates and Facilities Manager. Resilience Planning Group.

6.4	There is a risk that NHS 24 technology asset owners do not have a programme / schedule for reviewing security measures and overall resilience of the assets.	3	3	9	There is a risk that that security and resilience of technology assets may fail or be subject to target.	Standard 31: applies to all Health Boards. Information management security arrangements in place. Resilience Planning Group in place. ICT business criticality matrix in place. All Service departments have ICT BC plans to prevent serious disruption to clinical ICT applications, including reactive and proactive measures to recover after a serious incident occurs.	Audit and Risk Committee. Operational Risk Management Group. Head of Risk and Resilience. Resilience Planning Group.
6.5	The impacts of climate change are expected to group more severe in the coming decades.	3	3	9	There is a risk that severe weather disrupts NHS 24, NHS Scotland and other key services across the UK.	A climate adaptation plan in place updated and reviewed. Infrastructure resilience measures are implemented to reduce disruption. Business Continuity plans in place. Lessons learned from past incidents. Estates and Facilities Resilience matrix in place. Resilience Planning.	Audit and Risk Committee. Resilience Planning Group.

Appendix 5

NHS 24 IT Business Criticality Matrix - Extract

Future SLA's (BT & Cap Gemini)

Critical	Unable to triage patients or take calls
Significant	Ability to triage patients and take calls but has an impact on the call flow/resource (inbound/outbound)
Minor	unable to produce reports , single user
Non Service Affecting	desktop application query

Priority 1	1.5 hours
Priority 2	4 hours
Priority 3	2 working days
Priority 4	1 working week

Future SLA's do not apply and will be covered by NHS 24 3rd party agreements

		Business Impact				
Service	System	Critical Impact	Significant Impact	Minor Issue	Non Service affecting	SLA Priority
SAP Portal	Front End	P1	P2	P3	P4	Future
Patient Contact System	SAP CRM	P1	P2	P3	P4	Future
Telephony	SAP Contact Centre	P1	P2	P3	P4	Future
Clinical Decision Making	Arezzo	P1	P2	P3	P4	Future
Knowledge Management	Open text	P1	P2	P3	P4	Future
Call Recording	Verint	P2	P3	P4	P4	Future
Screen Recording	Verint	P2	P3	P4	P4	Future
Interface	ECS / PCS Sum	P2	P3	P4	P4	