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Public Board Meeting

**29 July 2020
Item No 8**

THIS PAPER IS FOR APPROVAL

PROPERTY STRATEGY 2020 - 2030

Lead Director Author	Julie Carter, Director of Finance, Logistics & Strategy Lorraine McAffer, Head of Estates
Action required	The Board is asked to: 1. Approve the Property Strategy 2020 - 2030
Key points	<p>This Property Strategy describes how we aim to develop our property portfolio to support the delivery of our services over the next 10 years</p> <ul style="list-style-type: none">• to support the delivery of the Service 2030 strategy;• to support the impact of COVID and how this will feed into our remobilisation, recovery and renew phases• to support our sustainability policies through sustainable development• demonstrate value for money of public funds through the efficient use of resources;• maximise all collaboration opportunities and through this develop new ways of working with our partners;• providing facilities that are sustainable, enhance staff wellbeing and are flexible for future needs;• to embrace innovation and research• through use of data (e.g. deprivation, inequalities) make decisions on future estate provision that support the SG performance framework <p>The strategy describes</p> <ul style="list-style-type: none">• the wider policy context of what we think the NHS services will look like in 10 years' time;• where we are now• where do we want to be – our estate vision statement• our core objectives in achieving our vision and what behaviours(values) we need to do this; and finally• How we will plan and deliver this;

	This will be reviewed annually against progress and more formally at year 3, year 5 and year 10.
Timing	The delivery of this Strategy will be in 3, 5 and 10 year stages with associated implementation plans including risks, benefits and costs for each development or proposal considered.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to are:</p> <ul style="list-style-type: none"> 1.1. Engage with partners, patients and the public to design and co-produce future service. 1.2. Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 5.1 Improve our response to patients who are vulnerable in our communities. 5.3 Continue to work with partners in local communities to strengthen resilience.
Contribution to the 2020 vision for Health and Social Care	Estates sharing at national, regional and local levels is encouraged to develop the "Once for Scotland" approach. This collaborative approach will continue to be used as a key basis for the Service's Property Strategy.
Benefit to Patients	Efficient use of resources will enable optimal deployment of staff and vehicles to be able to respond to those in need of immediate, urgent and planned care.
Equality and Diversity	<p>A full EQIA has been completed and is attached at Appendix 2</p> <p><u>General duty to eliminate discrimination</u> Any investment/disinvestment projects included in the Property Strategy will require a separate business case to be submitted and approved before the project can proceed. An individual EQIA will be required to be completed at business case stage for all individual projects</p> <p><u>Advance equality of opportunity</u> The Property Strategy does not include details of the preferred options for investments/disinvestments. A full option appraisal will be required as part of the individual business case and the needs of different groups will be assessed and an individual EQIA will be completed as part of the business case process.</p>

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SCOTTISH AMBULANCE SERVICE BOARD

DRAFT PROPERTY STRATEGY 2020-2030

JULIE CARTER, DIRECTOR OF FINANCE, LOGISTICS & STRATEGY
LORRAINE MCAFFER, HEAD OF ESTATES

SECTION 1: PURPOSE

This draft Property Strategy describes how we aim to develop our property portfolio to support the delivery of our services over the next 10 years. The delivery of this Strategy will be in 3, 5 and 10 year stages with associated implementation plans.

SECTION 2: RECOMMENDATIONS

The Board is asked to:

1. Approve the Property Strategy 2020-2030.

SECTION 3: BACKGROUND

Following the strong foundations laid by the Service's 2015 strategy, "Towards 2020: Taking Care to the Patient", which saw the expansion of our services towards offering more and more care to people in their homes and communities, a new strategic framework is currently being developed towards 2030, with the core aims focusing on how the Service can improve population health as well as responding to urgent and emergency care.

This Property Strategy will align with the Service's 2030 Strategy, and will be a key enabler as a "sub-strategy" to the main document.

The Service strategy is taking shape with the following diagram describing the likely key core elements:

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The Service recognises delivering ‘beyond 2020’ requires whole system transformation with both a need to work differently and to work more effectively with partners. This is ambitious and therefore requires a Property Strategy that is forward thinking, visionary and collaborative and not just about the current estate and the way we currently ‘do things’.

This Property Strategy draws upon the drivers and objectives captured in the Service’s draft Strategic Intent, and as part of the Property Asset Management Strategy endorsed by the Service’s Board in November 2019.

Members will be aware that our updated 2030 Strategy has been delayed due to COVID and is being rebased following the change in NHS services as a result of the pandemic. The Property Strategy has been updated to reflect the current COVID changes and will be further reviewed in line with our new 2030 Strategy once complete.

It is not anticipated this update would radically change the vision and direction of our current proposed strategy.

SECTION 4: DISCUSSION

This Property Strategy describes how we aim to develop our property portfolio to support the delivery of our services over the next 10 years. The delivery of this Strategy will be in 3, 5 and 10 year stages with associated implementation plans.

The aims of the Property Strategy are:

- to support the delivery of the Service 2030 strategy;
- to support the impact of COVID and how this will feed into our remobilisation, recovery and renew phases

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- to support our sustainability policies through sustainable development
- demonstrate value for money of public funds through the efficient use of resources;
- maximise all collaboration opportunities and through this develop new ways of working with our partners;
- providing facilities that are sustainable, enhance staff wellbeing and flexible for future needs;
- to embrace innovation and research
- through use of data (eg deprivation, inequalities) make decisions on future estate provision that support the SG performance framework

The strategy will set out an approach that considers:

- Supporting the delivery of the Service's 2030 Strategy (and COVID recovery and renew) using our estate as a key enabler to deliver this;
- A Communication and Engagement approach to ensure all stakeholders can and will coproduce this with us;
- Describe the wider policy context of what we think the NHS services will look like in 10 years' time;
- where we are now
- where do we want to be – our estate vision statement
- our core objectives in achieving our vision and what behaviours(values) we need to do this; and finally
- How we will plan and deliver this;

Estates Vision Statement

By 2030 we will provide estate that is **fit for purpose** and in the **correct location** to be able to respond to those in need of immediate, urgent and planned care. We will focus on **collaboratively working within our communities** to provide facilities to promote health education, self-care management, and preventative opportunities and work with our partners to co-design and help deliver 24/7 services that improve the **health and wellbeing** in Scotland.

The key outcomes and benefits of our Property Strategy will be a transformed estate providing

- ✓ Staff with facilities that help them to fulfil their duties,
- ✓ provides communities with the services needed,
- ✓ supports positive collaboration and new ways of working, particularly with public sector partners
- ✓ to deliver the world class ambulance services to the people of Scotland.

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SECTION 5: CONSULTATION

The Property Strategy has been developed in consultation with the Service's representatives from the Service's estates, finance, Fleet, ICT, Regional Directors and Deputy Directors, Education and Professional Development, Staff Side, Health & Safety and Control of infection.

APPENDICES:

1. Property Strategy 2020-2030
2. EQIA

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**Scottish
Ambulance
Service**
Taking Care to the Patient



Scottish Ambulance Service

Property Strategy 2020 – 2030

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1. Executive Summary

The Scottish Ambulance Service (The Service) is a National Health Board providing emergency, urgent response and patient transport services to the whole of Scotland.

This Property Strategy describes how we aim to develop our property portfolio to support the delivery of our services over the next 10 years. The delivery of this Strategy will be in 3, 5 and 10 year stages with associated implementation plans.

The aims of the Property Strategy are:

- to support the delivery of the Service 2030 strategy;
- to support the impact of COVID and how this will feed into our remobilisation, recovery and renew phases
- to support our sustainability policies through sustainable development
- demonstrate value for money of public funds through the efficient use of resources;
- maximise all collaboration opportunities and through this develop new ways of working with our partners;
- providing facilities that are sustainable, enhance staff wellbeing and are flexible for future needs;
- to embrace innovation and research
- through use of data (eg deprivation, inequalities) make decisions on future estate provision that support the SG performance framework

The strategy will set out an approach that considers:

- ✓ Supporting the delivery of the Service 2030 Strategy (and COVID recovery and renew) using our estate as a key enabler to deliver this;
- ✓ A Communication and Engagement approach to ensure all stakeholders can and will coproduce this with us;
- ✓ Describe the wider policy context of what we think the NHS services will look like in 10 years time;
- ✓ where we are now
- ✓ where do we want to be – our estate vision statement
- ✓ our core objectives in achieving our vision and what behaviours(values) we need to do this; and finally
- ✓ How we will plan and deliver this;

The table below sets out the principles that will guide us.

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Efficient Use of Resources	Collaboration	Providing a Better Future
<ul style="list-style-type: none"> • Enable optimal deployment of staff and vehicles to be able to respond to those in need of immediate, urgent and planned care. 	<ul style="list-style-type: none"> • Focus on working within our communities to provide facilities to promote health education, self-care management, and health improvement opportunities. 	<ul style="list-style-type: none"> • Provide facilities that are sustainable, enhance staff wellbeing, and are flexible for future needs.

Over time, our organisation has evolved as the health needs of Scotland have evolved. The services we now offer have grown as our capabilities have grown. Our approach to services across the decade will therefore go further than we have before, significantly developing our extension into preventative and anticipatory care.

This strategy will be an enabler in delivering the Service 2030 strategy and in our recovery and renew from COVID. This has forced us to adjust to a new normal of living with the virus. The pandemic has not changed our strategic vision but simply has provided us with a new starting point.

We now need to consider all the learning from COVID and embed this within our property strategy this needs to include:

- ✓ Online tools to reduce travel to a 'base of work'
- ✓ Use of digital and a new norm in the NHS for virtual outpatient clinics and consultations
- ✓ The art of the possible under the most demanding circumstances – how can we build and strive on this 'can do' attitude
- ✓ Billions of people have faced the same challenges and have found innovative ways to recover, how can we engage with, learn from and collaborate with others.

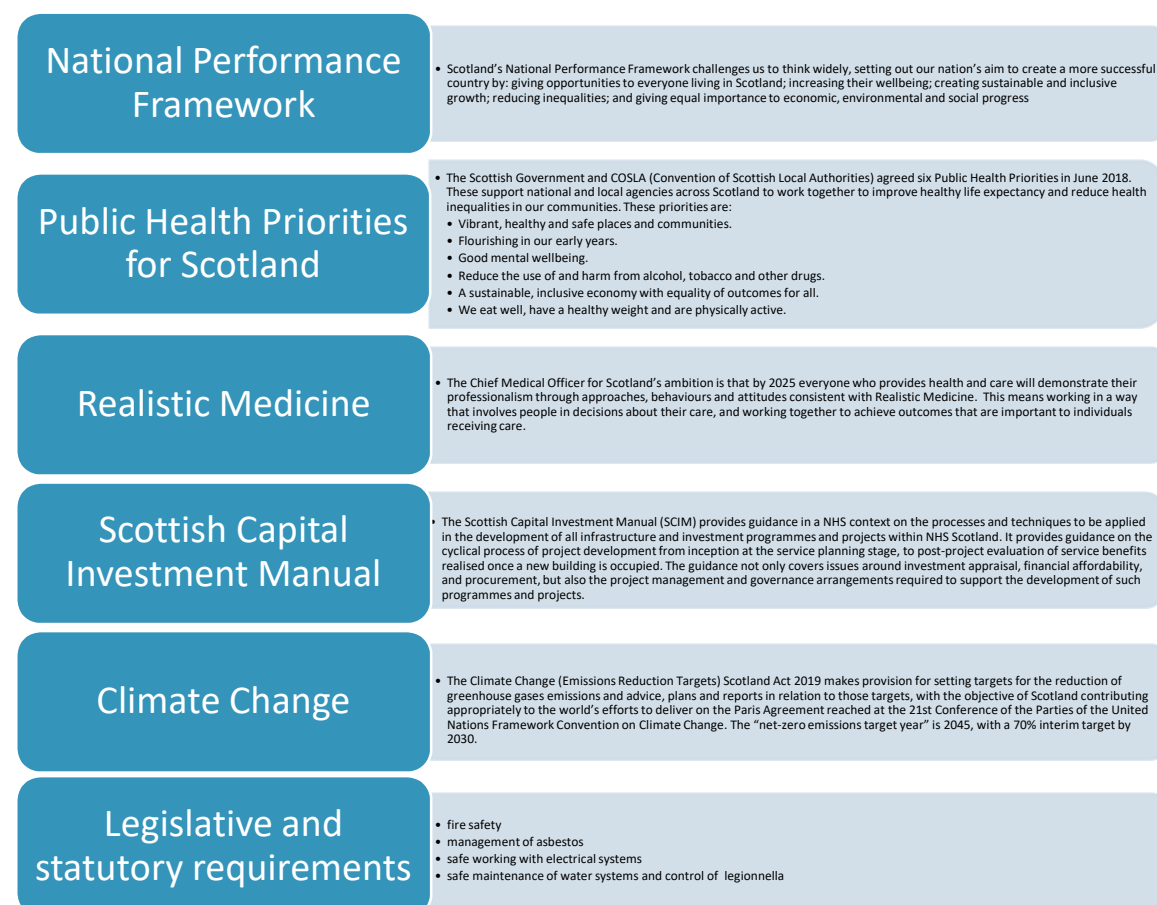
Building on all of these issues the Service, more so now than ever, will require an estate that is flexible, adaptable but more importantly, visionary.

2. Introduction

Following the strong foundations laid by the Service's 2015 strategy, "Towards 2020: Taking Care to the Patient", which saw the expansion of our services towards offering more and more care to people in their homes and communities, a new strategic framework is currently being developed towards 2030 incorporating our recovery and renew from COVID, with the core aims focusing on how the Service can improve population health as well as responding to urgent and emergency care.

This Property Strategy will align with the Service's 2030 Strategy, and will be a key enabler as a supporting strategy.

We are one agency of many in Scotland dedicated to helping improve people's health and wellbeing, and we are guided by developments in public policy that provide direction on how we collectively address need. We must remain flexible in our approach to support these ambitions and acknowledge that we will no doubt experience a number of changes that may not be predicted to the social, technological, economic and political environments that we operate in over the next 10 years. An outline of some of the major influencers on our future thinking is provided below:



The Service strategy is taking shape with the following diagram describing the likely key core elements:

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The Service recognises delivering ‘beyond 2020’ needs whole system transformation with both a need to work differently and to work more effectively with partners. This is ambitious and therefore requires a Property Strategy that is forward thinking, visionary and collaborative and not just about the current estate and the way we currently ‘do things’.

This Property Strategy draws upon the drivers and objectives captured in the Service’s Strategic Intent, and as part of the Property Asset Management Strategy endorsed by the Board in November 2019.

Our strategic intent will focus on the following three strands

Efficient Use of Resources	Collaboration	Providing a Better Future
<ul style="list-style-type: none"> • Enable optimal deployment of staff and vehicles to be able to respond to those in need of immediate, urgent and planned care. 	<ul style="list-style-type: none"> • Focus on working within our communities to provide facilities to promote health education, self-care management, and health prevention opportunities. 	<ul style="list-style-type: none"> • Provide facilities that are sustainable, enhance staff wellbeing, and are flexible for future needs.

Building upon these we have developed the estates vision statement below:

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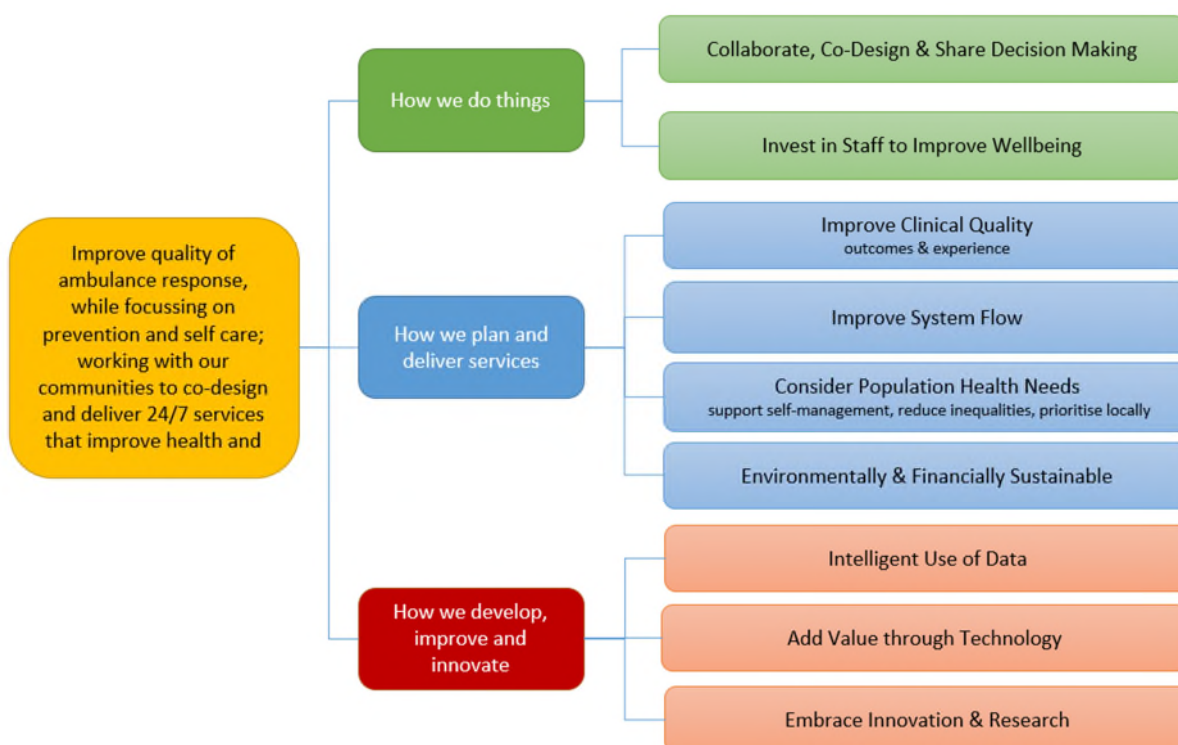
Estates Vision Statement

By 2030 we will provide estate that is **fit for purpose, flexible** and in the **correct location** to be able to respond to those in need of immediate, urgent and planned care.

We will focus on **collaboratively working within our communities** to provide facilities to promote health education, self-care management, and preventative opportunities and work with our partners to co-design and help deliver 24/7 services that improve the **health and wellbeing** in Scotland.

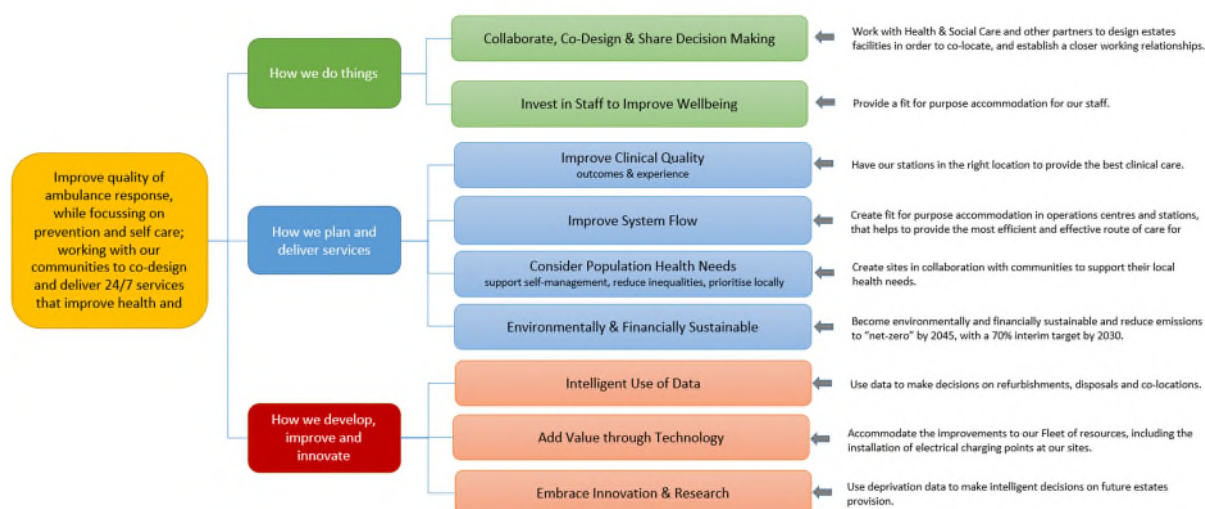
2030 Strategic Driver Diagram

This diagram sets out our 2030 Service strategic direction at a national level, in terms of how we plan to conduct ourselves and delivers services. Our property strategy needs to continually review and align our estate to these aims.



The strategic driver diagram has been augmented below with the key actions specific to this property strategy.

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The key outcomes and benefits of our Property Strategy will be a transformed estate providing

- ✓ Staff with facilities that help them to fulfil their duties,
- ✓ communities with the services needed,
- ✓ supports positive collaboration and new ways of working, particularly with partners
- ✓ to deliver world class ambulance services to the people of Scotland.

We will describe this further within this strategy.

Our Current Service Model

A day in the Life of the Scottish Ambulance Service

The Service is a unique organisation. We are a national body that provides a direct clinical service to people right across Scotland; available to respond within any community, in people's homes, at any hour of day or night, 365 days of the year. We operate at the intersection between emergency response, health care and public health.

Originally designed to transport people to hospitals, we have evolved to become a service led by skilled clinicians able to offer high quality care in communities. This has grown from an understanding that people can achieve better health outcomes with effective early interventions, and we have invested in developing paramedics, technicians and care assistants who can offer the care that people need.

We provide a range of services that help people across Scotland to improve their access to care services, and that helps the whole of Scotland's network of health and care providers to manage the flow of people around their systems.

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This can include working with community-based partners, to directly refer, people who do not need hospital treatment; non-emergency transport to and from specialist appointments; or transferring patients between healthcare facilities to access specialist care.

Although the Service is best known for our 999 call-taking and emergency response, we provide a range of ambulance services across the country every single day.

On a typical day, we will handle 4000 calls across 3 Ambulance Operations Centres:

From the 1400 calls to our Patient Transport Service, we carry out 1800 pre-planned “scheduled” journeys each day, helping people with a clinical need for assistance to access a range of specialist services across NHS Scotland, or to return home following a hospital admission.

Of the 2600 requests for immediate assistance, 2050 will require a response, ranging from ambulance attendance to telephone advice. We carry out 1800 “unscheduled” journeys each day. While most of these requests are from members of the public, we also play an important role helping transport people who need additional treatment from one care facility to another to avail of specialist care, when requested by Health Care Professionals:

To help us determine the best way to respond to the 1450 999 attendances we make each day, our call takers in our Operations Centres will ask questions to help us prioritise, or “triage” requests for assistance by likely severity.

This is done according to an internationally-recognised system called Advance Medical Priority Dispatch System (AMPDS), and we undertook an extensive review of evidence in 2016 to ensure our responses led to the best possible outcomes. Within this priority system, we aim to respond to all calls as quickly as we can, and our average response times vary according to severity of illness or injury, as resources are often diverted to our most seriously ill patients.

Of ambulance attendances to people whose condition is not considered immediately life-threatening, 350 will remain at home or be referred to a community-based partner following an ambulance response – over twice as many as did so a decade ago.

We have a number of options available to us for responding, and we always aim to send the most appropriate resource that will help people to obtain the best clinical outcomes for whatever situation.

This can either include a helicopter or fixed-wing aircraft from our Air Ambulance Service, or from our partner Scotland’s Charity Air Ambulance; it can include our Specialist Operations Response Teams (SORT), who provide paramedic

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care to people in especially hazardous environments; and it can include our specialist transport and retrieval service, ScotSTAR, staffed by highly skilled consultant-led teams of doctors, nurses, and paramedics to take specialist care to some of Scotland's most critically ill patients where they need it.

It can also include one of our 1100 volunteer responders in the communities who can provide life-sustaining interventions in the window before a registered healthcare professional arrives. These volunteers are provided with training and equipment by our national Community Resilience team, and help us to ensure communities are well-equipped for responding to medical emergencies.

These volunteers work alongside our Paramedics, Technicians, non-emergency Care Assistants, and others to provide our services all across Scotland, 24 hours a day, 365 days of the year.

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Every day Scottish Ambulance Service is ready to respond in every community in Scotland to our 5.4m citizens and visitors.



On a typical day we answer 4000 calls in our 3 control centres



Of the 2600 calls to our 999 service: **550** do not require any response (e.g. duplicate calls)

As well as 1400 calls to our Patient Transport Service we do **1800** planned journeys

We attend **1800** people

We give advice to **250** over the phone



The 1450 999 attendances are prioritised by severity:



This severity determines how many minutes we typically take to respond:



We respond in a variety of ways:



By Road



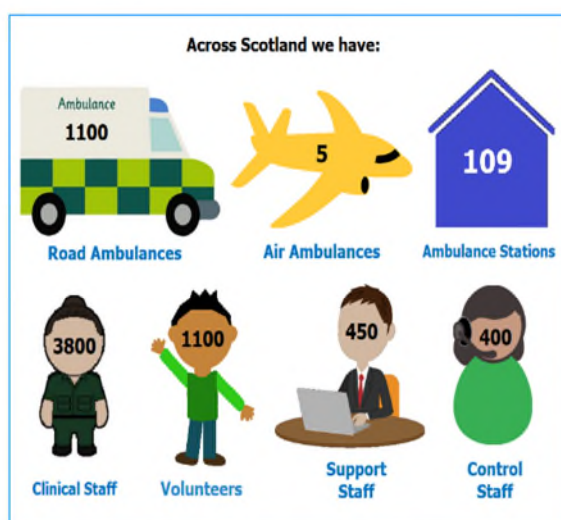
By Air



By Specialist Operations Response Team (SORT)



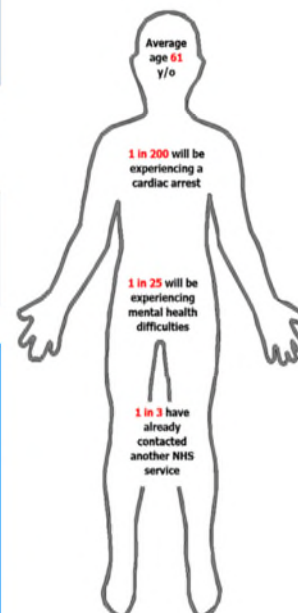
Retrieved by ScotSTAR Critical Care Teams



Resulting in different outcomes:



Typical Patient



HCP requests	transport requests from other Health Care Professionals
Purple	people at the highest risk of life e.g. people experiencing cardiac arrest
Red	people whose condition is likely to be life threatening e.g. some road traffic collisions
Amber	people with conditions that require immediate specialist treatment in hospital, e.g. strokes
Yellow	people whose condition may or may not require treatment in hospital e.g. falls
SORT	our Specialist Operations Response Teams who attend hazardous and major incidents
ScotSTAR	our consultant-led Specialist Transport and Retrieval teams, e.g. paediatric critical care

So how we create a property strategy that continues to support these services and delivers our vision?

where are we now?

- *What's our baseline and what's the state of our estate and challenges*

in 10 years time where do we want to be?

- *what strategic direction should we be taking and how do we align our properties to deliver this*

what's our current sites and how will they function over the next 10 years?

- *what's the key focus areas and what will they look like in 10 years time?*

How do we get there?

- *how do we get to where we want to be?*

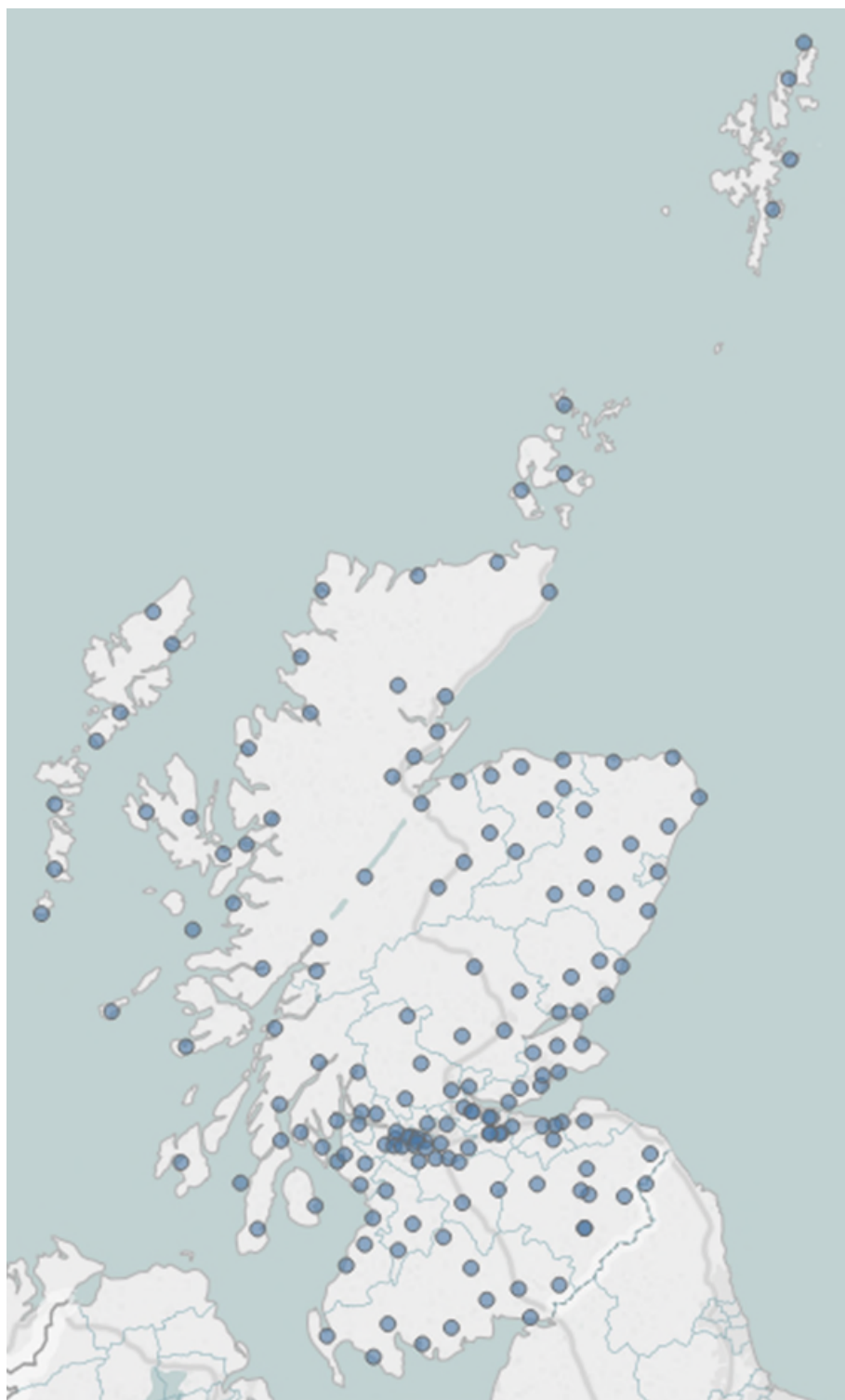
how do we identify and prioritise the 3,5 and 10 year plan

- *140 sites with different demand, challenges and opportunities, how do we develop our implementation plan?*

Underpinned by a 3,5 and 10 year implementation plan and KPI's that will measure our success

3. Property and Estate - where are we now?

The map shows the locations of the Service's main property assets. Some geographic areas, mostly within remote and rural areas of Scotland, are covered by staff based at home and through vehicles distributed to tactical deployment points. These locations are not shown on the map.



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Our locations are based across the whole of the country.

Every day the Service is ready to respond in every community in Scotland to our 5.4 million citizens and visitors.

The Service operates from 140 sites situated throughout Scotland and consists of:

- 1 National Headquarters
- 3 Regional Headquarters
- 2 sub regional headquarters
- 109 Ambulance Stations
- 3 Ambulance Operation Centres
- 3 Specialist Operations Bases
- 1 National Education Academy
- 3 Regional Education & Training Facilities
- 15 Vehicle Workshops

The Estates Department operates with 10 staff and provides the following services:

- Planned Preventative Maintenance visits for all statutory works;
- Reactive calls arranged by the help desk;
- Provides quotes for reactive and statutory works;
- Design, specification, tendering, project management of refurbishments and new build projects;
- Energy management service through meter reads from sites;
- Sustainability and Environmental management;
- The above list is not exhaustive and the diagram below indicates the amount of calls normally processed annually

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Every day Scottish Ambulance Service is ready to respond in every community in Scotland to our 5.4m citizens and visitors.



We have 140 sites offering various facilities to all groups of staff:



We carry out various functions:



We have 10 staff members in our department:

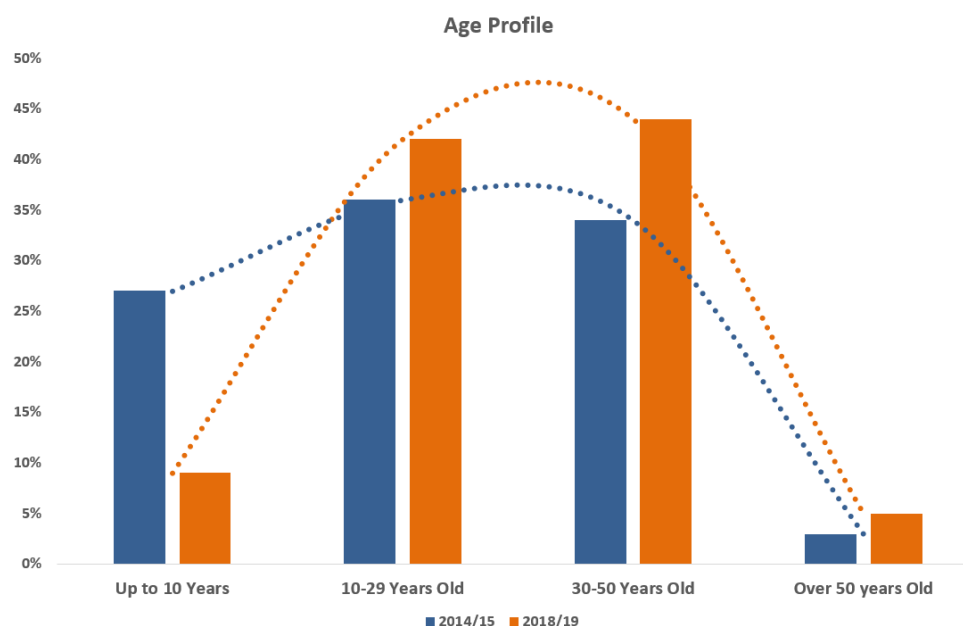


Our Estate is currently 'measured' using age, physical condition, functional suitability and space utilisation.

Our current estates measure (as at 31st March 2019) is showing:

Age Profile

This shows a recent overview of the age of all the buildings in our Estate, compared to the previous year.



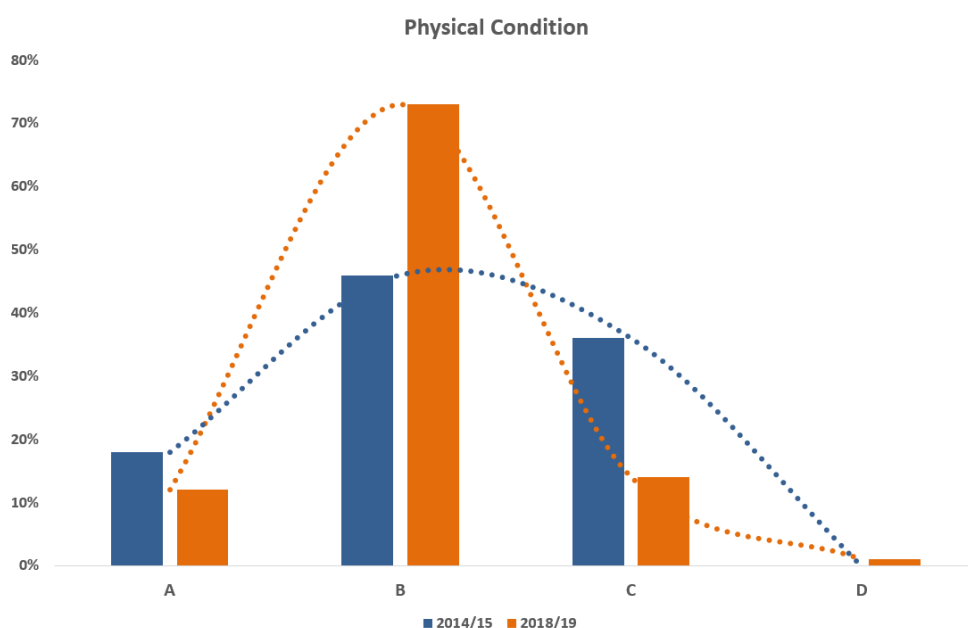
Key messages

- ❖ 80% of our estate is within 10-50 years old
- ❖ Less than 10% is less than 10 years old and
- ❖ 5% of our estate is >50 years old
- ❖ Almost 50% of our estate is less than 29 years old

Physical Condition

An onsite survey assesses the structure, fabric and systems of the building. Allocating remaining lifespan to the assets and identifying remedial works to bring the building up to an acceptable standard. A score was given to each site from A to D with A being the best and D being the worst. This was undertaken in 2019.

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Key Messages

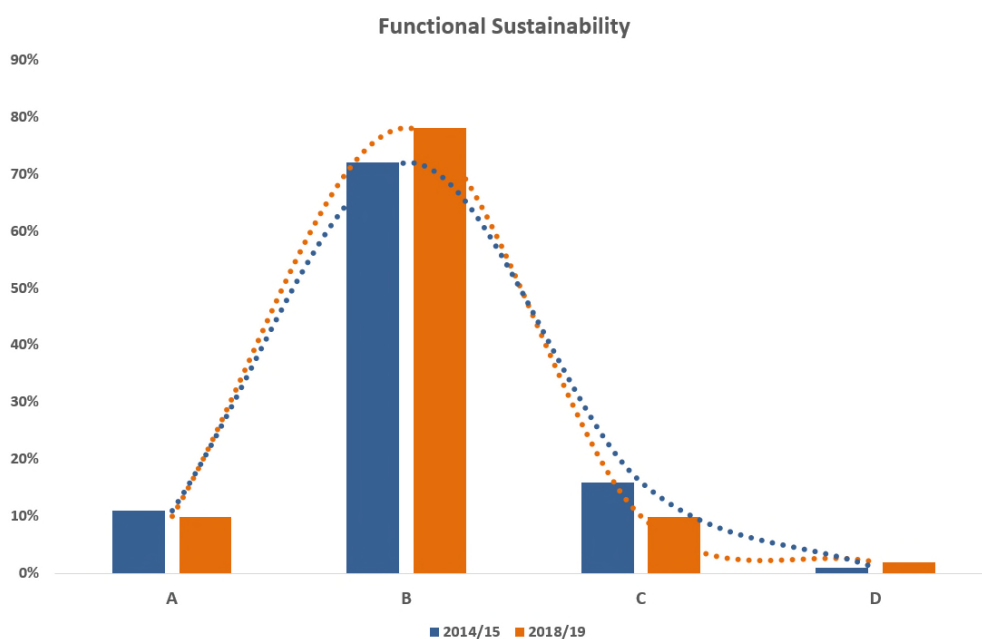
- ❖ 70% of our estate is within category B defined as acceptable and reasonable.
- ❖ Less than 5% of our estate is category D which is unacceptable in its present condition and is due for replacement/renewal within the next 3 years
- ❖ 10% of our estate is category C defined as below an acceptable standard

Functional Suitability

Functional suitability is a measure of how well the available accommodation supports current and future delivery of healthcare and is assessed on the basis of internal space relationships and support facilities. The assessment also includes the location of the site and whether or not it can support the level of service delivery that is required currently or for the future.

Functionality suitability will impact on the Service's overall performance and its ability to deliver effective and efficient services. Poor functional suitability often results in inefficient working practices and increased staffing issues. A score was given to each site from A to D with A being the best and D being the worst. This was undertaken by the Estates team using the Estate Asset Management Property Appraisal system in 2019.

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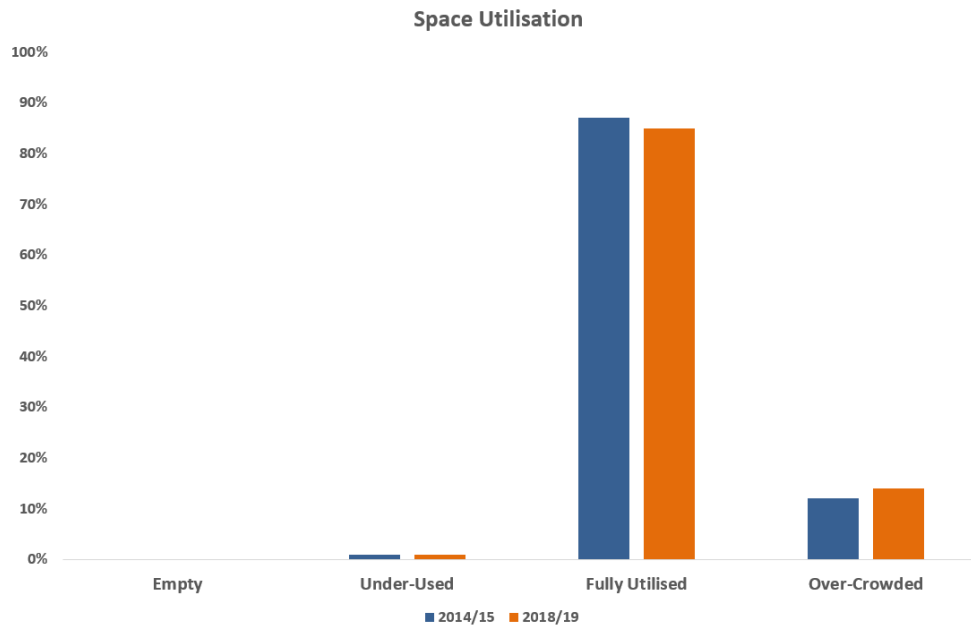
Key Messages

- ❖ 90% of our current estate is functionally suitable
- ❖ Less than 5% is not functionally suitable (and plans are in place to address that)
- ❖ Less than 10% of our estate is defined as below an acceptable standard.

Space Utilisation

Space utilisation is a measure of how efficiently and effectively the available space is being used and includes the number of people using the space and with what frequency, as well as identifying areas of under or over provision. A score was given to each site from 'Empty' to 'Over-Crowded'.

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Key messages

- ❖ 80% of our estate is fully utilised
- ❖ 10% of our estate is overcrowded

So what is this telling us

- ✓ 80% of our estate is between 10-50 years old
- ✓ 90% of our estate is currently functionally suitable although
- ✓ 80% is at full capacity and
- ✓ 70% of the estate is in reasonable condition

4. Where Do We Want To Be?

So what are our Service objectives and principles that we need to achieve as we are redefining our estate to meet our new service models?

Invest in People and Improve Wellbeing

Our long-term estates goal to invest in people and improve wellbeing through the provision of fit for purpose accommodation for our staff that is current but also future proof.

We will engage with staff and key stakeholders and be visionary and define what staff need to feel valued.

Improve Clinical Quality

Our long-term estates goal to improve the quality of our clinical services is to have our stations in the right location to provide the best clinical care.

Various models will be appraised and fully evaluated incorporating learning from COVID-19.

Improve System Flow

Our long-term estates goal to improve system flow to create fit for purpose accommodation in operation centres and stations, mean assisting our partners in the coordination of all processes and resources to improve health and wellbeing outcomes.

As a national organisation, providing services every day across Scotland's diverse communities, interfacing with multiple services on behalf of our patients, we see first-hand what works well and where blockages occur, and are well placed to help others to achieve this.

We will work with our partners to explore and test new ways of pre-planning care for people who need same-day urgent treatment. Ensuring access to the right care, in the right place at the right time and moving away from A&E departments being the default route for people needing immediate unplanned care.

Consider Population Health Needs

Our long-term estates goal to consider population health needs is to create sites in collaboration with communities to support their local health needs.

Health inequalities are unjust and avoidable differences in people's health across the population and between specific population groups. These differences are socially determined by circumstances largely beyond an individual's control. These

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circumstances disadvantage people and limit their chance to live longer, healthier lives.

The Service has a statutory requirement under the Fairer Scotland Duty to take steps to reduce inequality of outcome that results from socio-economic disadvantage.

We will do this by intelligently analysing data and working proactively within communities – particularly in more deprived areas – to improve health and wellbeing through secondary prevention and health promotion activities.

Develop, Improve and Innovate?

(a) Intelligent Use of Data

Our long-term estates goal to ensure intelligent use of data is to use data to make decisions on refurbishments, disposals and co-locations.

We will do this by analysing data from physical condition surveys, recurring revenue costs, building lifespans, and building suitability, and making intelligent decisions that are underpinned by robust data analysis.

(b) Embrace Innovation & Research

Our long-term estates goal to embrace innovation and research is to use deprivation data to make intelligent decisions on future estates provision.

To provide greater benefit to the population health of communities we serve, our approach to our physical estate will be framed by public health, as well as operational considerations.

CASE STUDY: GLASGOW SOUTH AMBULANCE STATION

We intend to rebuild Glasgow South Ambulance Station to encompass a community-led Health & Wellbeing Centre that sits alongside traditional ambulance facilities. This will form a community and staff hub to facilitate engagement between the Service and the local community in Glasgow, and will provide opportunities for health promoting activities and education.

The Health & Wellbeing Centre can also be utilised as an innovation space, facilitating partnership working between the Service, local industries, education providers, charities and other agencies, providing educational health & wellbeing sessions.

(c) Environmentally & Financially Sustainable

Our long-term estates goal to become environmentally and financially sustainable is to reduce emissions to “net-zero” by 2045, with a 70% interim target by 2030.

We will do this by managing and monitoring the energy consumption of our physical estate, ensure any refurbishments or new builds are sustainable developments and review the available office space throughout the estate to align with the Smarter Offices initiative led by Scottish Future’s Trust on behalf of Scottish Government.

The objective of this initiative is to achieve a more flexible, nimble and space efficient office portfolio which can deliver improved business outcomes and services. We should and can use our space strategically to meet business needs better. This can be done by creating efficient space models which enables modern effective workplaces to improve what they do.

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5. So what are our current sites and how will they function over the next 10 years?

Ambulance Control Centres

Currently the Service operates a 999, requests from healthcare professionals and scheduled care bookings service from 3 Ambulance Operations Centres located in Inverness, Glasgow and Edinburgh. Our clinical model is evolving within the centres, and the delivery of our response to scheduled, urgent and emergency incidents is changing. The Service will review the suitability of these sites to ascertain the available flexibility for delivering our current and future service. All 3 centres are currently co-located with NHS Partners.

At our Operations Centre in Edinburgh, we share a site leased by NHS 24 where minor works are currently underway to provide more space to accommodate both Services. At our site in Inverness, NHS 24 and NHS Highland out of hours share our facilities in a site owned by the Service.

In Glasgow we share a site leased by NHS 24 and Greater Glasgow and Clyde (NHS GG&C) which currently does not offer the opportunities for expansion for our Service. Alongside NHS 24, we have collectively been working to address key priorities at this site. Whilst it is known that no additional floor space can be offered at present, operational colleagues from both services have been considering a workspace solution that is conducive to meet the needs of both services in the short term. Due to our lease for this site expiring in 2022, there are time constraints in assessing the longer-term options.

Before 2022, ACC services in Cardonald will need to assess options which will include:

- Retention of the current space
- Expansion if NHS GG&C relinquish part or whole of their space
- Relocating to another facility shared with SAS Departments
- 'West Hub Option' to centralise estates with other external public bodies

Before we agree these we need to consider how we think our ACC services will operate over the next 3, 5 and 10 years. Changes in digital, working practices, (now) COVID and resilience are factors which could design a radically different operating model

Air Ambulance/ScotStar

The Air Ambulance responds to primary and secondary missions across the geographic scope of Scotland. The aircraft and supporting infrastructure is provided by one supplier under a managed service contract. The current contract expires on 31 March 2023 and a retendering process is required to fully comply with procurement

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regulations. The primary objective of this project is to ensure the continuity of the Air Ambulance services but also provides opportunity to enhance patient service through additional functionality.

As we re-procure this service we need to consider over the next 10 years.....

- What locations do we need our aircraft?
- What clinical service model will we have in place? And
- What accommodation is needed to assess this

Education & Professional Development

The model for delivering Education & Professional Development is changing. It is envisaged over the next few years there will be no requirement to deliver this Service from our current Academy at Glasgow Caledonia University. Instead, the focus will be on our 3 Regional Centres in West (currently Hamilton), North (currently Elgin) and East (currently Grangemouth). These are all currently leased sites and an assessment will be undertaken on their suitability as our Education models continues to evolve.

Depending on the new education model being developed potential options to be explored that will need to consider new and innovative digital channels for providing education and could include

- ❖ our current site in Stirling (as the replacement for Grangemouth)
- ❖ North and West leased sites – can we use other Service owned sites and
- ❖ merging of education facilities with our National Risk & Resilience Training requirements.
- ❖ Merging of education facilities with other departments/partners

Demand & Capacity (999 services)

We have undertaken a review of frontline Demand & Capacity to help us understand how many resources we need, at what places and at what times, and we will work to increase and align our capacity to those projections. This is likely to involve prolonged, and sustained investment to increase our workforce numbers which will have a significant impact on our already overcrowded estate.

The demand and capacity is a Service wide programme that will consider

- ❖ where the optimum stations should be located
- ❖ additional capacity of up to potentially 450 staff and
- ❖ development of our Advanced Practice model and where are they best located and

❖ development of our ACA model to support low acuity triage (and scheduled unscheduled care) and where should they be located

Special Operations Teams

The Scottish Government requires the Service to maintain a team of ambulance personnel specifically recruited, trained and equipped to enter and provide clinical treatment in hazardous environments, including within the inner cordon, warm or hot zone of an incident.

To underpin the above response, specialised training is provided to Special Operations Response Team (SORT) personnel. In addition, SORT is supported by a logistics function responsible for equipment supply, deployment and maintenance. Currently SORT operates from 3 bases, in Aberdeen, Glasgow and Edinburgh.

An assessment was undertaken to assess the suitability of the current estate, training and logistics arrangements in place, and were compared to the standards specified by the National Ambulance Resilience Unit (NARU) for Hazardous Area Response Teams (HART).

The current arrangements are not in line with the HART model and plans are in place to upgrade the existing estate and to establish a new SORT base in Dundee.

Options are also being assessed for the establishing of a National Logistics Hub and Training Centre.

Fleet and Workshops

Our long-term estates goal to add value through technology is to accommodate the improvements to our Fleet of resources, including the installation of electrical charging points at our sites.

As the Service designs improvements to our fleet, consideration is being given to operational needs required to allow our staff to deliver the best patient care, reliability of the vehicles and best value. As viable alternative fuel vehicles become available, these will be brought into the fleet with all vehicles being alternative fuel by 2030.

The Service is also working with Police Scotland and Scottish Fire and Rescue Service to develop an integrated electric charging infrastructure to enable the three emergency services to use charging points installed at each other's sites. This will enable the use of electric vehicles for operational purposes.

Over the next 10 years we will update our fleet strategy focusing on sustainability and an integrated electrical charging infrastructure. We will review our workshops and ensure they are modern and fit for purpose incorporating all future requirements

National Headquarters and our Support Services Infrastructure(s)

Currently the Service's National Headquarters is co-located within an NHS leased site in Edinburgh, alongside 3 other National Boards which share the building and grounds.

In 2020/21 the Service will undertake an assessment looking at future workplace models, to align with our strategic intentions set out in our strategy for 2030 and in response to the COVID crisis.

The move to using online tools and reducing the need to 'work in an office' has radically changed how any new office based facility might now look.

Our service wide assessment will include an appraisal of our current office based sites to ascertain suitability and flexibility options for our current and future working models.

In particular, we have a strategic aim that our future National Headquarters will:

- have a highly visible public profile aligned to our developing 2030 vision of improving public health;
- be easily accessible with good transport links;
- be innovative and adaptable to new ways of working;
- work more efficiently and effectively through the creation of more space-efficient work places that help deliver business outcomes;
- have a social impact and encourage integration with our surrounding community;
- be connected & open to the wider service;
- be accessible to our stakeholders for consultation and engagement.

Other options to be considered during the review include the incorporation of an Education and Professional Development facility, and potential colocation with our Ambulance Operations Centre or ambulance station, to bring Corporate and Operational Facilities together, enhance staff wellbeing, provide a facility that is sustainable, and flexible for future needs.

So in summary there are a number of changes and different ways of working to be considered over our services in the next 10 years. To ensure we have the appropriate estate and property we need to **define**

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- ❖ in conjunction with NHS 24, our ambulance control centre service model with particular focus on Cardonald by the year 2022
- ❖ how will our air ambulance service look from 2023 under our new contract
- ❖ options in how our education model will have evolved with the new curriculum and graduate model
- ❖ our special operations facility in Dundee and a logistics and training centre
- ❖ what does the new norm for 'office based workers' now look like
- ❖ what could a future Headquarters look like
- ❖ delivery of our demand and capacity programme and how this will impact on the estate

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6. How Do We Get There?

Collaborate, Co-Design & Share Decision Making

Our long term goal to collaborate, co-design and share decision making is to work with NHS partners and potentially other emergency services to design estates facilities in order to co-locate, and establish a closer working relationships.

We will do this by engaging with our NHS partners, and being involved in early decisions in new buildings or refurbishments of existing health board sites, community assessment hubs and any other health based site where we can be included in the future planning assumptions. This will result in us being co-located with other health care professionals and allows our staff to learn and develop closer working relationships with our partners.

CASE STUDY: WORKING COLLABORATIVELY WITH NHS PARTNERS

We are currently working with our health board partners in NHS Highland to expand the services available to the public in Aviemore by being included in the design for a new hospital, at which we will be located upon completion of the works in February 2021. Future sites identified for similar co-locations include: Broadford, Wick, Thurso, Barra and Portree.

Engagement

Regular engagement with our stakeholders takes place in a variety of ways, through regular monthly meetings with internal regional management teams, frontline staff, quarterly meetings with external emergency services partners and regular meetings with our NHS board partners, councils and other public funded bodies. It is crucial to seek the opinions of our stakeholders to deliver this strategy, to ensure our estate meets their needs.

Effective Communications

Our Property Strategy aims to create facilities for both local community and staff needs and has the potential to meet two key strategic aims - *improving population health and responding effectively to urgent and emergency care.*

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This development work will allow the Service to integrate with local communities focusing on where the greatest needs and demands are for that population.

Effective internal and external communication and engagement will support this work at both a local and national level.

The following *example communications plan* gives an overview of our planned approach.

Aims/Objectives

- *To engage with the local community to build support, gain their buy-in and promote partnership working.*
- *To engage and communicate with staff, staff side colleagues and other key stakeholders.*
- *To communicate and promote our bold new approach to create facilities in the heart of communities with other key stakeholders such as the public, MSPs, local/national government and the media using a variety of channels.*
- *Explain the vision of the Property strategy and the benefits to the organisation and the community.*
- *Signpost to more detailed information.*

Audiences

- *Staff and representatives*
- *Local community*
- *Community groups*
- *Third sector*
- *Public/Patients/Carers*
- *Media – broadcast, print, digital*
- *Local Gov/Scottish Government*
- *MSPs*
- *Wider NHS organisations/IJB/Local health board/other ambulance services*

Channels

- *Local and national media (print and broadcast)*
- *Internal communications*
- *Specialist publications*
- *Face to face meetings*
- *Community engagement events*
- *Briefings*

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- Targeted letters and posters
- Events and visits
- Third sector channels/patient group channels/PFPI/Alliance/Scottish Health Council
- Telephone/email correspondence
- Parliamentary events/local government events (showcase stand with images)
- NHS Scotland Event

Key Messages

- *This Property Strategy is a sub-strategy of the Service 2030 Strategy and is an enabler in delivering the Service Strategy.*
- *This innovative approach seeks to take the Scottish Ambulance Service and our staff right into the heart of the community - and even closer to the patients we serve.*
- *This is more than an ambulance stations we are investing in local communities and staff.*
- *It is a fantastic opportunity for us to provide facilities and joint spaces for community groups and charities to use to help local people and promote health and wellbeing.*
- *This exciting project will help us shift the balance of care and marks an innovative new way of integrated working, which opens up possibilities such as providing direct pathways for patients into mental health and drug rehabilitation services.*
- *This project will improve support for local people, help with early intervention and improve access to treatment and prevention.*

Our Approach

- We will act in accordance with our values
- We will be bold
- We will be visionary and
- We will aim to be leaders in innovation and change

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7. Estates Prioritisation Matrix – 3, 5 and 10 year plans

We have developed a clear methodology for identifying and prioritising sites which need investment, replacement or relocation, this includes both short, medium and long term prioritisation. We can apply this prioritisation against the criteria we have described within our 10 year strategy and vision.

The prioritisation matrix has been developed with four independent scoring systems and then looking for commonalities between them.

This is set out in detail below.

Scoring System 1 – Costing (value for money)

This grid splits stations by cost per square metre and the area of their site. Those with high costs per square metre are shown in red and blue, while low costs are shown in yellow and green. Those with small site areas are shown in red and yellow, while those with large sites are shown in blue and green.

The tolerance points for the splits come from the average of the metric, i.e. the average cost per square metre is £132 so those stations costing less than this figure appear below the horizontal line. The average area of site is 388 square metres. Only high cost stations to be used when looking for commonalities between the 4 scoring systems.

Note to date NRRD costs have now been built in, but there is no cost information from Fleet or Education.

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Scoring System 2 – Estates Department Scoring

Estates undertook a desktop exercise and assessed the following:

- Physical condition of each building based on on-site surveys;
- Space utilisation of the building based on staff numbers and room size
- Functional suitability – does the site have all the staff facilities required? e.g. male and female locker rooms, sluice room, laundry room;
- Energy usage – is the building energy efficient? Based on actual energy readings.

A score was given to each from A to D – A being the best and D being the worst. Only sites with a score of C or D to be used when looking for commonalities between the 4 scoring systems. This grid has been arranged to display groups C and D above the horizontal line. NRRD sites built in based on scores of “B” for all rented sites. No estates scoring is available for Education sites.



Scoring System 3 – Operational need through Regional / Departmental Prioritisation

All regions/departments were asked to complete a Prioritisation Matrix which allows them to score their stations against a number of set criteria including: Alignment to Property Strategy, Physical Condition, Functional Suitability, Space Utilisation, Statutory Compliance, People, Time, and Costs. This was then fed through the tool and an ordered list is created, of which the **top 10 prioritised stations** have been extracted for use in this grid. It is proposed this will be revisited on an annual basis and reviewed by the Property Forum group.

The boxes are based on location, with each box representing one of our regions/departments. The sites are listed in order of priority for each region, rather than alphabetically.

Only sites which appear on this grid are to be used when looking for commonalities between the 4 scoring systems. Expanded to include those education and fleet sites which are priorities for them, i.e. total score is above the average score for that department.

West	East	Education
Glasgow South, Cumnock, Lamlash (Arran), Oban, Kirkconnel, Largs, Paisley, Law, Annan, Glasgow East, Kilwinning, Rothesay, Ayr, Dumfries, Springburn	Linlithgow, Crieff, Livingston, Brechin, Arbroath, Peebles, Hawick, Kelso, Glenrothes, Sauchie, Estates/NHQ	Dundee, Dumfries, SORT East, Paisley, Kilmarnock, Falkirk, Kirkwall
North	NRRD	Fleet
Daliburgh, Forres, Banff, Elgin, Inverness, Stornoway, Portree, Peterhead, Keith, Stonehaven, Broadford, Buckie	SORT East, Dundee, Motherwell Training Suite, North, East and West logistic Bases, SORT West, SORT North	Inverness Workshop, Greenock Workshop, Ayr Workshop, Dumfries Workshop, Edinburgh Workshop, Kilwinning Workshop

Scoring System 4 – Demand and Capacity Programme Recommendations

As part of the project for Demand and Capacity, new and existing sites were identified as priorities for expansion and new stations. This was considered by looking at the demand and finding areas where there were **high enough levels of demand** to warrant additional capacity.

Again, the boxes are based on location, with each colour representing a region. The stations are listed in **order of priority for each region**, rather than alphabetically. Only sites which appear on this grid are to be used when looking for commonalities between the 4 scoring systems. The grid has been updated based on new recommendations from the Demand and Capacity programme.

West	East
Govan (new), Dumfries (new), Irvine (new), Johnstone (new), Dalmellington (new), Saltcoats (new), Annan, Arrochar, Ayr, Castle Douglas, Clydebank, Cumnock, Dumfries, Glasgow South, Glasgow West, Greenock, Kilwinning, Largs, Law, Leverndale, Paisley, Springburn	Bo’Ness (new), Crew Toll (Edin) (new), McDonald Road (Edin) (new), Penicuik (new), Sighthill (Edin) (new), Whitburn (new), Arbroath, Dundee, Edinburgh City, Glenrothes, Hawick, Kirkcaldy, Leven, Livingston, Perth, Prestonpans, Sauchie, Stirling
Aberdeen (fire station) (new), Aberdeen, Alness, Dingwall, Elgin, Fraserburgh, Inverness, Inverurie, Kirkwall, Peterhead, Tain, Wick	
North	

Identified Commonalities

Identifying commonalities between scoring systems has been carried out using the following criteria:

- 1. Scoring System 1 – those properties in the High cost range;
- 2. Scoring System 2 – those properties categorised C or D;
- 3. Scoring System 3 – Any appearance on grid as already prioritised within the top 10 rating;
- 4. Scoring System 4 – Any appearance on grid as already prioritised against our demand pressures.

There is **1** site which meets all 4 criteria:

Elgin

There are **3** sites which meets the first 3 criteria:

Elgin, Estates/NHQ, Linlithgow

There are **8** sites which meet the first 2 criteria:

Dunfermline, Edinburgh City, Elgin, Estates/NHQ, Kirkwall, Langholm, Linlithgow, Stirling

There are **9** sites which meet the 1st and 3rd criteria but do not meet the 2nd:

Elgin, Estates/NHQ, Largs, Linlithgow, Peebles, Sauchie, SORT North, Springburn, Stornoway

There are **24** sites which meet the 2nd and 3rd criteria but do not meet the 1st:

Annan, Arbroath, Ayr, Banff, Brechin, Crieff, Cumnock, Daliburgh, Elgin, Estates/NHQ, Forres, Glasgow South, Glenrothes, Hawick, Inverness Workshop, Kelso, Kilwinning, Kirkconnel, Kirkwall, Lamlash (Arran), Linlithgow, Livingston, Oban, Rothesay

There are **10** sites which meets the 2nd, 3rd and 4th criteria but not the 1st:

Annan, Arbroath, Ayr, Cumnock, Elgin, Glasgow South, Glenrothes, Hawick, Kilwinning, Livingston

There are **13** sites which have been identified as part of the Demand and Capacity review to be new/additional capacity:

Aberdeen, Bo'ness, Crewe Toll, Dalmellington, Dumfries, Govan, Irvine, Johnstone, McDonald Road, Penicuik, Saltcoats, Sighthill, Whitburn

Prioritised list of commonalities (Top 15) and New/Additional Sites

Rank	Site	Score
1	Elgin	5.5
2	Estates/NHQ	5.05
3	Linlithgow	7.15
4	Oban	7.9
5	Kirkconnel	7.75
6	Langholm	7.75
7	Glasgow South	7.6
8	Crieff	7.5
9	Inverness Workshop	7.35
10	Brechin	7.3
11	Rothesay	7.3
12	Livingston	7.25
13	Paisley Station	7.15
14	Daliburgh	7.1
15	Peebles	7.1

16	Aberdeen	New
17	Bo'ness	New
18	Crew Toll	New
19	Dalmellington	New
20	Dumfries	New
21	Govan	New
22	Irvine	New
23	Johnston	New
24	McDonald Road	New
25	Penicuik	New
26	Saltcoats	New
27	Sighthill	New
28	Whitburn	New

The weightings were adjusted to show more prominence of operational weightings, and reduce the effect of the financial weightings. Original weighting scores from regions/departments were used to re-prioritise the list. The top 3 in this list are based on commonalities as outlined above, the rest sorted by their total weighting scores.

Limitations

It should be noted that there are some sites missing from all considerations, although they may appear in some grids above, full analysis is still to be undertaken for sites:

- ACC – Cardonald and Norseman to be considered as part of a separate business cases.
- Air Ambulance

A full list of prioritised sites with descriptions is detailed in **Appendix 1**

This prioritisation matrix, in line with our strategic intentions will form the basis of our implementation plan supporting our property strategy.

8. Implementation Plan

This strategy is wide-ranging, setting out a number of principles to guide our approach to our services over the coming decade. These principles cover a 10 year period and if we are to achieve what we have set out, this is best completed in stages, therefore, draft implementation plans covering 1-3 years, 3-5 years and 5-10 years have been compiled as detailed below, however, these plans must be flexible as some projects may be subject to change, in order to progress the strategy.

1-3 Years

Proposed Type of Project	2020 -2021	2021 -2022	2022-2023
Co-Location		Elgin	
Co-Location	Linlithgow/Bo'Ness		
New Development	Glasgow South (BC)		
TBC			Aberdeen
TBC		Crewe Toll	
TBC		Oban	
Co-Location	Crieff		
Co-Location		Kirkconnel	
Co-Location			Langholm
TBC		Inverness Workshop	
TBC			Rothsay
TBC			Paisley
Co-Location	Govan		
TBC	Dumfries		
TBC		Dalmellington	
TBC		Irvine	
TBC		Johnstone	
Co-Location		McDonald Road	
Co-Location	Sighthill		
Co-Location		Whitburn	
TBC			Penicuik
TBC			Saltcoats
Refurbishment		Stirling	

In addition to the above by 2022 we will have

- Defined our service model for our ACC's
- Defined our service model for the air ambulance service
- Progressed plans and sites for our new Headquarters

3-5 Years

Proposed Type of Project	2023-2024	2024-2025	2025-2026
New Development	Estates/National Headquarters (BC)		
Co-Location		Cumnock	
TBC	Brechin		

5-10 Years

Proposed Type of Project	2026-2027	2027-2028	2028-2029	2029-2030
New Development	Livingstone (BC)			
TBC	Peebles			
Co-Location	Daliburgh			

9 Governance Arrangements

Robust governance arrangements are already in place with the Property Forum Group already established and reporting directly to the Executive Team and the Board. This is an exciting and innovative new development for the Service and Board and scrutiny and ownership are critical in the development and engagement as the property strategy progresses.

10 Resourcing

The delivery of the Property Strategy will continue to be dependent on the following resources being made available:

- A centralised team incorporating senior estates officer, regional representative, and project accountant resource. This will ensure consistency of approach, continuity, and alignment with other programmes.
- Dedicated estate resources to provide further analysis, technical expertise, and to support the delivery of the property strategy.
- Regional direction and support. It will be of vital importance that all proposals are driven by the functional requirements of those who will occupy the properties subject to review. Divisional representatives will be key to establishing those requirements and to the process of consultation and engagement with communities and partners, in particular, participating in the National Collaborative work being led by the Strategic Facilities Group, assessing the estate is fit for purpose and consider solutions to help drive forward provision of a flexible/agile working estate, in relation to office accommodation and the ACCs.

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We will also work with all national resources and support including Hub Scotland and Scottish Futures Trust.

Each development will be assessed on a robust business case and option appraisal demonstrating value for money and in line with our property strategy aims and objectives.

11 Summary

This Property Strategy covers the period 1 April 2020 to 31 March 2030 and expands upon the Property Asset Management Strategy approved by the Board in November 2019. The main aims of this Strategy are:

- Efficient Use of Resources
- Local and National Collaboration
- Providing a Better Future

Over time, our organisation has evolved as the health needs of Scotland have evolved. The services we now offer have grown as our capabilities have grown. Our approach to services across the decade will therefore go further than we have before, significantly developing our extension into preventative and anticipatory care. The Service will require an estate that is flexible, adaptable but more importantly, visionary.

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Appendix 1: Prioritised Sites

Rank	Site	Comments
1	Elgin	The current site sits within the grounds of Dr Gray's Hospital in Elgin. We have been informed by the Health Board of their intentions to provide additional clinical facilities at this site and have asked us to consider moving to another Health Board Building. A site has been identified and we are currently working on design options with the Health Board to ascertain suitability.
2	Estates/National Headquarters	An option appraisal will be undertaken during 2020/21 to consider future work models to align with our strategic intent as we work towards 2030 and an assessment of the suitability, flexibility and adaptability of our current site to work with these new models.
3	Linlithgow	Discussions are already underway with SFRS to co-locate this site at Bo'ness Fire Station.
4	Oban	Options on co-location with Fire & Police Services have already been explored but both services are unable to accommodate us. Other option be appraised and site to be identified. Possibly a new development.
5	Kirkconnel	A site has been identified as a co-location with NHS partner and Council. To be progressed.
6	Langholm	Accommodation has been identified and assessed within the community Hospital at Cumnock. Car parking area for SAS vehicles still to be determined. To be progressed.
7	Glasgow South	The Initial Agreement has been approved by the Board and will now be submitted to the Scottish Government's Capital Investment Group (CIG) for approval and progression to an outline business case.
8	Crieff	Accommodation has been identified within the local Hospital for co-location. Progressing with our NHS partner
9	Inverness Workshop	Options to be appraised and site to be identified.
10	Brechin	Options are currently be assessed and there is a possibility of a co-location with the Police.
11	Rothsay	Options to be appraised and site to be identified.

12	Livingston	Options to be appraised and site to be identified. Possibly a new development.
13	Paisley Station	Options to be appraised and site to be identified.
14	Daliburgh	Possibly a co-location with Fire Service.
15	Peebles	Options for co-location to be explored.
New	Aberdeen (fire station)	Options to be appraised and site to be identified. Possibility of co-location at Fire Station.
New	Bo'ness	As Linlithgow above.
New	Govan	Options to be appraised and site to be identified. Possibility of co-location at Fire Station
New	Crew Toll (Edinburgh)	Options for co-location to be explored.
New	Dumfries	Options for co-location to be explored.
New	Irvine	Options for co-location to be explored.
New	Johnstone	Options for co-location to be explored.
New	Dalmellington	Options for co-location to be explored.
New	McDonald Road (Edinburgh)	Co-location agreed with SFRS and awaiting completion of SFRS refurbishment works. Anticipate go live date at this site October 2021.
New	Penicuik	Options for co-location to be explored.
New	Saltcoats	Options for co-location to be explored.
New	Sighthill (Edinburgh)	Options for co-location to be explored.
New	Whitburn	Options for co-location to be explored.
New	Stirling	This is an existing site and will be appraised for the suitability of accommodating our Education and Professional Development service for the East of Scotland and possibly a Logistics Hub.



Equality Impact Assessment

for the Property Strategy 2020 – 2030



1. Introduction

Equality Impact Assessment is concerned with anticipating and identifying the equality consequences of particular policy / service initiative and ensuring that as far as possible any negative consequences for a particular group or sector of the community are eliminated, minimised or counterbalanced by other measures.

This document constitutes the Equality Impact Assessment for the Property Strategy 2020-2030

2. Background

This Property Strategy describes how we aim to develop our property portfolio to support the delivery of our services over the next 10 years. The delivery of this Strategy will be in 3, 5 and 10 year stages with associated implementation plans.

The aims of the Property Strategy are:

- to support the delivery of the Service 2030 strategy;
- to support our sustainability policies through sustainable development
- demonstrate value for money of public funds through the efficient use of resources;
- maximise all collaboration opportunities and through this develop new ways of working with our partners;
- providing facilities that are sustainable, enhance staff wellbeing and flexible for future needs;
- to embrace innovation and research
- through use of data (eg deprivation, inequalities) make decisions on future estate provision that support the SG performance framework

3. Progress

Subsequent to Board approval, the Property Strategy will be implemented as detailed in the implementation plan progressing initially, stage one covering the 1-3 year period.

4. Key Findings

The Property Strategy is a high level strategy which documents the proposed investments and disinvestments in property over the next 10 years.

The Property Strategy does not approve individual projects and individual business cases are still required for formal approval to proceed. An EQIA assessment will be carried out at this business case stage and any positive or negative impacts will be identified at that time.

5. Conclusions

From the above narrative and the attached assessment, it is concluded that, a full EQIA is not required for this strategy.



Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.	
a. Name of policy or practice (list also any linked policies or decisions)	Property Strategy 2020 - 2030
b. Name of department	Finance & Logistics
c. Name of Lead	Julie Carter (Director of Finance & Logistics)
d. Equality Impact Assessment Team [names, job roles]	Lorraine McAffer (Head of Estates)
e. Date of assessment	14 th July 2020
f. Who are the main target groups / who will be affected by the policy?	Staff
g. What are the intended outcomes / purpose of the policy?	<ul style="list-style-type: none">Provides a strategy for future investment and disinvestment decisions on assets going forward
h. Is the policy relevant to the General Duty to eliminate discrimination? advance equality of opportunity? foster good relations?	No
If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7 If don't know: complete sections 2 and 3 to help assess relevance	<p><u>General duty to eliminate discrimination</u> Any investment/disinvestment projects included in the Property Strategy will require a separate business case to be submitted and approved before the project can proceed. An individual EQIA will be required to be completed at business case stage for all individual projects</p> <p><u>Advance equality of opportunity</u> The Property Strategy does not include details of the preferred options for investments/disinvestments. A full option appraisal will be required as part of the individual business case and the needs of different groups will be assessed and an individual EQIA will be completed as part of the business case process.</p>

		<u>Foster good relations</u> As stated above, the Property Strategy only details high level investment plans. Plans to tackle prejudice and promote understanding will be developed as part of the individual business case	
Section 2: Evidence, consultation and involvement Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.			
a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics			
Details of consultations - where, who was involved	Date	Key findings	Protected characteristics
			Age
			Disability
			Gender reassignment
			Gender / sex
			Marriage / civil partnership *
			Pregnancy / maternity
			Race
			Religion / belief
			Sexual orientation
			Cross cutting - e.g. health inequalities - people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas.
			Other?
		Available evidence	
b. Research and relevant information			
c. Knowledge of policy lead			
d. Equality monitoring information -- including service and employee information			

Scottish Ambulance Service, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

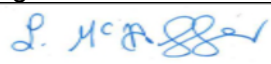
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e. Feedback from service users, partner or other organisations as relevant			
f. Other			
g. Are there any gaps in evidence? Please indicate how these will be addressed			
Gaps identified			
Measure to address these; give brief details. Further research? Consultation? Other			
Note: specific actions relating to these measures can be listed at section 5			
Section 3: Analysis of positive and negative impacts			
Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations			
Protected characteristics	i. Eliminating discrimination	ii. Advancing equality of opportunity	iii. Fostering good relations
Age			
Positive impacts			
Negative impacts			
Opportunities to enhance equality			
Disability			
Positive impacts			
Negative impacts			
Opportunities to enhance equality			
Gender reassignment			
Positive impacts			
Negative impacts			
Opportunities to enhance equality			

Gender / sex	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Marriage / civil partnership	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Pregnancy / maternity	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Race	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Religion / belief	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Sexual orientation	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	

Cross cutting - e.g. health inequalities people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. Other	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Note: specific actions relating to these measures can be listed at section 5	
Section 4: Addressing impacts Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan	
	Reasons
a. No major change - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken	
b. Adjust the policy – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	
c. Continue the development and implementation of the policy without adjustments – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful	

discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.					
d. Stop and remove the policy - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.					
Section 5: Action plan Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation					
Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross cutting issue e.g. poor mental health, illiteracy etc					
Section 6: Monitoring and review Please detail the arrangements for review and monitoring of the policy					
			Details		
a. How will the policy be monitored? Provide dates as appropriate					
b. What equalities monitoring will be put in place?					
c. When will the policy be reviewed? Provide a review date.					
Section 7: Sign off Please provide signatures as appropriate					
Name of Lead	Title	Signature		Date	
Lorraine McAffer	Head of Estates			14/07/2020	
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website					
Provide date this was sent					