Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND 70 YEARS #nhsscot70

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Private Board Meeting	**May 2018** **Item No 08**

THIS PAPER IS FOR APPROVAL

PROPERTY AND ASSET MANAGEMENT STRATEGY- INTERIM UPDATE 2018

Lead Director **Author**	Julie Carter, Interim Director of Finance and Logistics Emma Stewart, National Finance Trainee
Action required	The Board is asked to 1. **Approve** the Property and Asset Management Strategy Interim Update 2018.
Key points	A full Property and Asset Management Strategy (PAMS) covering the period 1 April 2017 to 31 March 2022 was submitted to and approved by the Scottish Ambulance Service Board in May 2017. This Interim Update 2018 provides a progress report on the management of existing assets and updates on new and existing projects. The attached report addressed the following points: • How the Service's asset management arrangements are supporting regional working and future investment planning. • Any substantial changes to local and/or regional strategic/service plans since submission of 2017/18 PAMS. • Changes/improvements to asset performance (including backlog maintenance) over the last 12 months. • Progress with any ongoing or new investment projects, particularly highlighting any specific achievements or anticipated benefits. • A copy of Strategic Assessments for all investment projects not currently underway identified within the 5 year investment projects. The performance of current assets over the past two years shows improvement in all categories of assets with the performance of IM&T assets improving once the new ALS monitors/defibrillator units are procured across 2018/19 and 2019/20.

	This summary document also describes how the Service's investment plans continue to be developed to ensure future asset requirements are led by strategic objectives and deliver best value for money.
Timing	Once approved by the Scottish Ambulance Service Board, the PAMS will be submitted to Health Facilities Scotland (HFS) for review and assessment of the quality of information provided within it. A review meeting with HFS and representatives from the Service will be held during the summer of 2018. The outcome of the assessment will be presented to the Board once this is available. The information contained within the Scottish Ambulance Service PAMS will be used by HFS to develop the annual State of NHS Scotland Assets and Facilities Report which will be published in early 2019.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: • 2.4 Develop our mobile telehealth and diagnostic capability • 5.3 Continue to work with partners in local communities to strengthen resilience • 6.3 Invest in technology and advanced clinical skills to deliver the change. •
Contribution to the 2020 vision for Health and Social Care	Efficient and effective use of resources is important to the Scottish Ambulance Service to enable it to deliver change in service delivery to meet the aspirations of the 2020 vision. The PAMS sets out the implications for Property, Fleet, medical equipment and IM&T assets as a result of the Service's 2020 vision.
Benefit to Patients	Efficient and effective use of assets enables the Scottish Ambulance Service to provide the best level of safe and effective care to patients as it can within the resources available.
Equality and Diversity	An Equality Impact Assessment was conducted for the full PAMS submitted in 2018 which found that a full EQIA assessment was not required. This previous assessment is reviewed annually and was considered in relation to this interim update report. The EQIA is attached as an appendix to this document.

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SCOTTISH AMBULANCE SERVICE BOARD

PROPERTY AND ASSET MANAGEMENT STRATEGY INTERIM UPDAT E 2018

JULIE CARTER, INTERIM DIRECTOR OF FINANCE AND LOGISTICS

SECTION 1: PURPOSE

A full Property and Asset Management Strategy (PAMS) covering the period 1 April 2017 to 31 March 2022 was submitted to and approved by the Scottish Ambulance Service Board in May 2017. The purpose of this Interim Update 2018 provides a progress report on the management of existing assets and updates on new and existing projects.

SECTION 2: RECOMMENDATIONS

The Board is asked to discuss and approve the Property and Asset Management Interim Update 2018.

SECTION 3: BACKGROUND

In response to the 2009 Audit Scotland report 'Asset Management in the NHS in Scotland', the Scottish Government Health and Social Care Directorate issued 'A Policy for Property and Asset Management in NHS Scotland' Chief Executive's Letter 35 (2010). This CEL established the framework for monitoring the performance of assets utilised in service provision and set out the requirement that NHSScotland Bodies must develop a Property and Asset Management Strategy (PAMS) which is to be reviewed and approved biennially by its Board. An interim update report is required in each intervening year.

Once approved by the Scottish Ambulance Service Board, the PAMS Interim Update is submitted to Health Facilities Scotland for review and assessment and information contained within the PAMS is used to develop the annual State of NHS Scotland Assets and Facilities Report.

SECTION 4: DISCUSSION

The following table summarises the performance of the current assets utilised by the Service over the past year:

Property					
Number of sites		130			
Net Book Value (£m)		26.8			
Floor Area (Sq.m.)	2017/18	45,754			
	2016/17	47,081			
		Up to 10 years	10-29 years old	30-50 years old	Over 50 years old
Age Profile	2017/18	6%	46%	38%	10%
	2016/17	14%	34%	46%	6%
		Owned	Leased	PPP/PFI	Other
Tenure Type	2017/18	72%	28%	0%	0%
	2016/17	71%	29%	0%	0%
		A	B	C	D
Physical Condition Ranking	2017/18	13%	71%	15%	1%
	2016/17	13%	70%	15%	2%
		A	B	C	D
Functional Ranking	2017/18	15%	72%	11%	2%
	2016/17	14%	72%	12%	2%
		A	B	C	D
Quality Ranking	2017/18	27%	52%	20%	1%
	2016/17	27%	51%	21%	1%
		Empty	Under-used	Fully Used	Overcrowded
Space Ranking	2017/18	0%	0%	84%	16%
	2016/17	0%	1%	83%	16%
Total Backlog Costs (Including Statutory)		Low Risk	Moderate Risk	Significant Risk	High Risk
£000	2017/18	2,292	824	78	0
%		72%	26%	2%	0%
£000				Total	3,194
£000	2016/17	2,380	860	140	0
%		70%	25%	4%	0%
£000				Total	3,380

Vehicles				
Number of vehicles		1,443		
Net Book Value (£m)		20.6		
		Less than 2 years old	2-5 years old	Over 5 years old
Age Profile	2017/18	30%	22%	48%
	2016/17	22%	43%	35%

ICT					
Number of assets		N/A [1]			
Net Book Value (£m)		3.5			
		Up to 3 years old	3-4 years old	5-7 years old	Over 7 years old
Age Profile	2017/18	85%	10%	4%	1%
	2016/17	85%	5%	10%	0%

[1] Some ICT assets are group together and some held as individual assets therefore a 'number of assets' is not meaningful in this context

Medical Equipment - Defibrillators					
Number of Assets		545			
Net Book Value (£m)		0.46			
		Less than 3 years	3-5 years old	5-10 years old	Over 10 years old
Age Profile	2017/18	0%	1%	1%	98%
	2016/17	0%	0%	100%	0%

Medical Equipment - ScotSTAR					
Number of Assets		32			
Net Book Value (£m)		0.24			
		Less than 3 years	3-5 years old	5-10 years old	Over 10 years old
Age Profile	2017/18	50%	31%	19%	0%
	2016/17	43%	0%	57%	0%

In addition to the Service's ongoing investment projects, a number of upcoming projects have been identified over the next 5 years. These are summarised as follows:

Asset	Development/Project
Property Assets	Ambulance Station Replacement Programme
Fleet	Fleet Replacement Programme
IM&T	Ambulance Telehealth
	Replacement of A&E and PTS National Computer Aided Despatch (CAD) Systems
	Replacement of Patient Transport Mobile Data
	Replacement of Integrated Communication Control System (ICCS)
	ACC ICT Developments
	Collaboration Tools (e.g. Microsoft Office 365)
Medical Equipment	Patient Transport Shock Boxes
Other	Re-procurement of Air Ambulance Services

Conclusion

The performance of current assets over the past two years shows improvement in all categories of assets with the performance of IM&T assets improving once the new ALS monitors/defibrillator units are procured across 2018/19 and 2019/20.

This summary document also describes how the Service's investment plans continue to be developed to ensure future asset requirements are led by strategic objectives and deliver best value for money.

SECTION 5: CONSULTATION

The PAMS has been developed in consultation with the Head of Estates, General Manager for ICT and the General Manager for Fleet.

In June 2018, the PAMS Interim Update will be submitted to Health Facilities Scotland for review and assessment and feedback will be given at a review meeting with representatives from the Service during the summer of 2018.

APPENDICES:

Appendix 1 Property and Asset Management Strategy Interim Update 2018
Appendix 2 Equality Impact Assessment for the Property and Asset Management Strategy Interim Update 2018

APPENDIX 1
AMBULANCE SERVICE INTERNAL USE ONLY

Scottish Ambulance Service
Taking Care to the Patient

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Property & Asset Management Strategy
Interim Update 2018

Release: 0.3
Date: May 2018

Author: Emma Stewart, National Finance Trainee

Executive Sponsor: Julie Carter, Interim Director of Finance & Logistics

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Approver:	Scottish Ambulance Executive Team and Board
Contact:	Melanie Barnes, Head of Costing & Capital Planning
File Name:	

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.1	April 2018	Initial construction	ES	N
0.2	May 2018	Comments from MB incorporated into document & minor reformatting	ES	N
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Approvals: This document requires the following signed approvals.

Name:	Date:	Version:
Scottish Ambulance Service Executive Team		
Scottish Ambulance Service Board		

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Name:	Date of Issue:	Version:
Director of Finance & Logistics	May 2018	V0.1
Head of Estates, IT and Fleet		V0.2

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The Scottish Ambulance Service, *Operational Delivery Plan* 2018/19	http://www.scottishambulance.com/TheService/PapersView.aspx?ID=1372

Equality and Diversity Impact Assessment:

Date Completed: 12/05/17 (reviewed (16/04/18)

1.0 Introduction

Following discussions between NHS Boards and Scottish Government, it has been agreed that a full Property and Asset Management Strategy (PAMS) must be submitted every two years with an interim update report required in each subsequent year.

Scottish Government has advised that the following points should be addressed in the interim report:

- How Boards asset management arrangements are supporting regional working and future investment planning.
- Any substantial changes to local and/or regional strategic/service plans since submission of 2017/18 PAMS.
- Changes/improvements to asset performance (including backlog maintenance) over the last 12 months.
- Progress with any ongoing or new investment projects, particularly highlighting any specific achievements or anticipated benefits.
- A copy of Strategic Assessments for all investment projects not currently underway identified within the 5 year investment projects.

A full PAMS covering the period 1 April 2017 to 31 March 2022 was submitted and approved in May 2017. This Interim Update Report for the Scottish Ambulance Service (The Service) provides a progress report on management of existing assets and updates on new and existing projects.

2.0 Regional Working

The Service Property and Asset Management Strategy needs to continue to support the strategic and operational delivery of the Service.

The Service's Operational Delivery Plan has been developed with a focus on collaboration, specifically with NHS24, other National Health Boards, Health and Social Care providers and other partners[1]. The key elements of the plan and how this links to the Property and Asset Management Strategy are described below.

Primary Care Transformation

As part of the Service's strategy *Towards 2020: Taking Care to the Patient*, the new roles of Specialist and Advanced Paramedics in Urgent and Emergency Care were identified that would be able to treat more people at home or in a homely setting. A number of pilot schemes have taken place or are ongoing to develop and test the model of Advanced Practitioners working in primary care services. These roles have been embedded within integrated and multi-disciplinary teams working effectively in

[1] The Scottish Ambulance Service, *Operational Delivery Plan 2018/19*, Available at: http://www.scottishambulance.com/TheService/PapersView.aspx?ID=1372 (date last accessed: 16/04/18)

partnership with colleagues in primary care, out-of-hours, secondary and acute care and in community settings.

The enhanced skills of the Advanced Practitioner enables them to operate more autonomously and by working with colleagues in primary care they have the potential to access the alternative care pathways currently in operation within general practice.

"Once for Scotland"

Estates sharing at national, regional and local levels is encouraged to develop the "Once for Scotland" approach. A co-location programme was launched in 2016/17 with the intent to co-locate as many overcrowded rural properties as possible with NHS Partners and Emergency Service Partners.

It is planned that the Stirling Care Village, a project made in partnership between NHS Forth Valley, Stirling Council, the Service, Forth Valley College and Clackmannanshire and Stirling Health and Social Care Partnership, will be fully operational in summer 2018 (discussed in further detail in section 6). This will result in an integrated care model combining primary and community healthcare with older people's care to create a joined up holistic approach to service delivery.

This approach is one we wish to continue as a key basis for our property and asset management strategy.

Major Trauma

The Scottish Trauma Network has been established to meet the needs of the population of Scotland. The Service is a crucial partner of the Trauma Network and responsible for ensuring patients are taken to the most appropriate facility for their clinical needs and receive quicker access to expert specialist care and intervention. The Service has undertaken a number of projects funded through the Scottish Trauma Network. These include the implementation of a 24-7 Trauma Desk, piloting the use of Advanced Paramedics based in Major Trauma Centres and development and testing of a Major Trauma Triage Tool for use by ambulance crews to support decision making on where a patient should go depending on the severity of their injuries.

Collaboration with NHS24 and other National Boards

A number of key senior posts are currently being shared across a number of organisations within the National Boards. In addition there is a range of other internal and external facing initiatives will be collaboratively progressed as part of the organisations' delivery commitments.

A National Board Delivery plan has been agreed describing the service priority areas identified by our partners with an emphasis on 3 areas: improvement, transformation and evaluation, digitally enabled service redesign and a sustainable workforce. Underpinning these is a financial framework that ensures all National Board resources are used efficiently and effectively.

A National Board Programme Delivery Board has been established with one of the priority areas for collaboration being estates utilisation. This work has commenced.

Collaboration with Health & Social Care

The Service recognises the importance of close partnership working with local Health Board, Local Authority and Integrated Joint Board colleagues. These partnerships will enable the development and implementation of key service delivery improvements which will benefit, most importantly, patients but also the organisations involved. During 2017/18, the Service invested to increase planning capacity to enable the Service to consistently engage and contribute to the planning arrangements of our partners.

Collaboration with Emergency Services Partners

The three Emergency Services have longstanding relationships and since 2014 have been working to reform services. Focus in 2018/19 will continue to be around co-location, response to Out of Hospital Cardiac Arrest, Sharing Knowledge and services.

Underpinning all of these collaborations is a focus specifically on our Property and Asset Management through the following 3 key areas:

Health Outcome Led	Collaborative Locally	Efficient Use of Resources
• The Property and Asset Management Strategy is explicitly needed for future needs/demand led services (as opposed to being supply led, i.e. How can we better use the existing estate and assets).	• Where feasible ambulance stations are co-located with relevant partners including NHS and other emergency services to deliver the the benefits associated with this.	• The property and asset management strategy enables the optimal deployment of assets and best value on – staff, vehicles and ICT.

This builds on the work described in our Property and Asset Management Strategy produced in 2017.

3.0 National Context for Service Change

There have been no substantial changes to the regional strategic and/or service plans of the Service since the approval of the 2017/18 PAMS in May 2017. During the initial development and subsequent review of PAMS, the following strategic plans continue to be taken into account:

- Achieving Sustainable Quality in Scotland's Healthcare: a 2020 Vision – The Scottish Government's vision that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting
- Health and Social Care Delivery Plan – Scottish Government's Delivery Plan which describes how the health and social care will evolve through a continual focus on better health, better care and better value. Services and functions of the health service which can be delivered more efficiently at national level will be done on a "Once for Scotland" basis. This aligns to the commitments described in the Service's 2018-19 Local Delivery Plan
- Major Trauma Review – the National Planning Forum recommends that all major trauma patients should be taken to a trauma centre if they are within a 45 minute range, bypassing other hospitals
- Out of Hospital Cardiac Arrest Strategy (OHCA) – the strategy recognises the importance of the Service's role in treating out of hospital cardiac arrests, specifically in early recognition, early CPR, early defibrillation, post resuscitation and registry and research.
- Five Year Forward Plan for Maternity and Neonatal Care in Scotland – specific implications for the Service include increasing community and home births and supporting the redesign of pathways.

In addition, as the work on the Regional Delivery Plans and National Board Delivery Plan (as referenced previously) develops into a clear implementation plan, this will also be considered in our Strategy review and update.

The Service has also undertaken a very detailed demand and capacity review. This having just been concluded has identified further potential opportunities for estate and asset considerations.

The Service has also been working on Property Strategy with the main aims of the Strategy to:

- describe the condition and performance of the current estate owned by the Service
- describe the strategic vision for the estate supporting the 2020 strategy of the Service and to
- identify the prioritisation and investment plan to deliver this strategic vision

The work from each of these strands of activities will be described further in our PAMS in 2019 and will link to the work on the Property Strategy being developed.

4.0 Local Context for Service Change

There have been no substantial changes to the local strategic and/or service plans of the Service since the approval of the 2017/18 PAMS in May 2017.

Towards 2020: Taking Care to the Patient

The Service is midway through its current Strategic Framework 'Towards 2020: Taking Care to the Patient', which was published in February 2015. The Strategy is based on the fundamental principle that care should be appropriate to the patient need and where that care is delivered should be appropriate, shifting the balance of care by taking more care to the patient. The Service is committed to delivering the aims and objectives contained in the document which include:

- Improve access to healthcare
- Improve outcomes for patients
- Evidence a shift in the balance of care by taking more care to the patient
- Enhance clinical skills as key and integral partner working with primary and secondary care
- Developing the Service as a key partner with the newly formed Integration Boards
- Build and strengthen community resilience
- Expand diagnostic capability and use of technology to improve patient care
- Develop a more flexible, responsive and integrated scheduled Patient Transport Service

The Service's new Clinical Response Model (which became operationally live on 23 November 2016) is integral to delivering these objectives. It facilitates the reduction of patients being taken to an A&E department by increasing the number of patients being treated at scene by paramedics or other healthcare practitioners ("see and treat") and increasing the provision of telephone advice, including referral to planned healthcare services ("hear and treat"). Since going live, the model has proven to accurately identify patient groups a predicted, based on their clinical acuity.

5.0 Summary of Asset Performance

The following table summarises the performance of the current assets utilised by the Service over the past year:

Property		
Number of sites		130
Net Book Value (£m)		26.8
Floor Area (Sq.m.)	2017/18	45,754
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Quality Ranking	2017/18	27%	52%	20%	1%
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Medical Equipment - Defibrillators		
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Medical Equipment - ScotSTAR		
Number of Assets		32
Net Book Value (£m)		0.24

		Less than 3 years	3-5 years old	5-10 years old	Over 10 years old
Age Profile	2017/18	50%	31%	19%	0%
	2016/17	43%	0%	57%	0%

Improvements have been made across all categories with the key highlights being:

5.1 Estates

Overall Square Meterage of Estate

The removal of Thistle House and Falkirk with the addition of Laxford House, Inverness and Dunfermline with an update to the Gross Internal Area (GIA) for Livingston have all contributed to the overall reduction in square meterage.

Physical condition

The small improvements in Condition B and D are attributable to the former Dunfermline station no longer being included in the reporting and the inclusion of the new leased premises.

Functional Suitability

The small improvements in functional suitability are attributable to the addition of the new Dunfermline station.

Space Utilisation

The small increase in our estate being fully utilised is due to staff numbers increasing throughout the estate.

Quality

The small improvements in quality are attributable to the new Dunfermline ambulance station becoming operational and the reduction in 'Condition D' is due to the removal of the former station.

Backlog Maintenance

At 2016/17 the physical condition costs amounted to £3.4m (including statutory compliant risk profiled backlog costs). During 2017/18 Falkirk Station was sold reducing the overall PC Costs by £55,582. Thirteen Physical condition surveys (level 3) were completed during 2017/18, the table below details the comparison and variance in costs.

EAMS ID	Station	GIA (m2)	Physical Condition Costs Pre - 2015	Physical Condition Level 3 Survey Costs 2017	Variance
SAS083	Alness	133	0.00	0.00	0.00
SAS031	Annan	117	24,039.00	15,122.00	8,917.00
SAS001	Arrochar	72	29,100.00	1,000.00	28,100.00
SAS004	Campbeltown	196	0.00	300.00	-300.00
SAS085	Dingwall	181	23,913.00	0.00	23,913.00
SAS107	Edinburgh City	1540	38,746.00	15,500.00	23,246.00
SAS087	Glencoe	199	4,322.00	5,530.00	-1,208.00
SAS088	Golspie	129	3,037.00	0.00	3,037.00
SAS110	Haddington	417	34,667.00	13,000.00	21,667.00
SAS089	Inverness	1484	284,354.58	232,768.00	51,586.58
SAS037	Kirkconnel	74	96,157.00	25,122.00	71,035.00
SAS129	Lochgilphead Workshop	342	0.00	0.00	0.00
SAS183	North DHQ	355	0.00	0.00	0.00
	Total Costs	**5,239**	**538,335.58**	**308,342.00**	**229,993.58**

The overall effect of the backlog physical condition works is a reduction of £229,993. The overall PC costs at the moment £3m.

In April 2018 an inflationary rise of 3.12% was applied by HFS at £96,641 resulting in final backlog costs of £3m.

The reduction in the backlog cost is minimal due to the lack of funds available for physical condition works.

5.2 IM&T Assets

The total number of IM&T assets held by the Service is not a meaningful number because some assets are grouped together and others are held as individual assets. A number of IT assets were purchased and capitalised during 2017/18 as a result of the completion of stage 2 of the Ambulance Telehealth Programme during late summer 2017. Specifically, cab based terminals and mobile data have been installed in emergency response vehicles.

Additionally, video conferencing facilities and equipment was installed at a number of locations to encourage flexible working and reduce long travel time for staff.

5.3 Fleet

There has been a significant investment in the Fleet through the Fleet Replacement Business Case which has facilitated a notable improvement in the age profile and condition of the fleet. The investment has supported a reduction in defects and failures, reduced maintenance costs, and reduced fuel costs with the introduction of the latest automatic transmissions and more Euro 6 compliant vehicles.

5.4 Medical Equipment

Significant developments since the 2017 PAMS are:

Cardiac Defibrillators

The majority of the Service's medical equipment is attached to vehicles and is not classed as a separate asset and is therefore covered under fleet assets within this document. However, the Service has a number of cardiac defibrillators deployed across the Service. The majority of units are now in excess of 10 years old and are being maintained through an ongoing maintenance contract with the manufacturer and supplier, Laerdal. The Service is responsible for meeting the cost of any repairs, breakdowns or call-outs. Subject to Scottish Government approval of the Replacement of ALS Monitors/Defibrillators Business Case, new units will be purchased in 2018/19 and 2019/20 and existing units will be disposed of. This will drastically improve the age profile of the units and the number of units will increase by 55. This also describes significant patient benefits with the addition of the transfer of real time patient data to healthcare partners, the auto-population of the electronic patient record and the immediate access to critical event data.

ScotSTAR Equipment

The Service took over responsibility for ScotSTAR (Specialist Transfer and Retrieval Service for Scotland) on 1 April 2014 and all assets which held a Net Book Value have been transferred from the relevant territorial board to the Service. In 2017/18, the Service received a capital allowance of £250,000 for the replacement of ScotSTAR medical equipment. As a result the Service has increased its ScotSTAR asset base, including the purchase of several pieces of training equipment.

6.0 Progress on Current Investment Projects

The following tables detail the progress on current investment projects across our asset base including a summary of key benefits delivered:

6.1 Property Assets

Development / Project	Summary	Key Benefits Anticipated/Delivered
Stirling Care Village	The project is well underway with the station side of the development expected to be complete and operational by mid 2018. The construction of the workshop is not due to commence until around the same time with an anticipated completion of summer 2019.	• Improves support to allow people to live independently • Improves quality of care provided • Increases proportion of people being treated at home or in a homely setting • Improves financial performance • Increased staff satisfaction • Improves functional suitability of the healthcare estate • Improves the physical condition and quality of the estate • Reduces emergency hospital admissions and attendance at A&E • Supports collaborative
Dunfermline Ambulance Station	The former station was not fit for purpose due to condition, functional suitability and location. A new location was identified and developed becoming operational in June 2017.	
Ambulance Control Centres	The Service has been working collaboratively with NHS 24 on an Ambulance Control Centre Development programme to evaluate options for refurbishment of the existing Norseman and Cardonald sites. During 2016/17, the Service agreed with NHS 24 to occupy all of the Pentland Suite at Norseman House to accommodate the additional functions and staff required as part of the Service's strategic framework. Refurbishment work commenced in February 2018 with an anticipated completion of May 2018. The Service is currently working with NHS 24 to look at options to redesign the layout of the Cardonald suite.	
Co-locations with NHS Partners	Kirkwall and Aviemore Kirkwall, Aviemore, Broadford, Barra. These four locations are all NHS partnership development projects with a combination of new builds and existing being extensively refurbished. Kirkwall and Aviemore are both new build hospitals with an opportunity for the Service to be included in the development from an early stage enabling us to have fit for purpose accommodation and facilities incorporated into the designs. In doing so, the existing Kirkwall lease can be surrendered and in due course, Aviemore can be sold. Broadford and Barra The Service already shares the Broadford site with our NHS partners but with very limited facilities. As we	

Development / Project	Summary	Key Benefits Anticipated/Delivered
	have been involved in their development plans from the beginning we are now able to improve facilities. Barra is currently a 'works from home' location. Our inclusion within the hospital development will be a vast improvement in operational response and facilities for staff which they currently do not have. <u>Langholm, Wick, Kirkconnel, Castle Douglas, Annan.</u> These five locations also present an opportunity to co-locate with our NHS partners, but are still in the early stages of discussions.	working with health and emergency services partners • Enables the optimal deployment of assets – staff, finance, vehicles and ICT.
Co-locations with Emergency Services Partners	<u>Calton, Maryhill, Clydesmill, Bathgate, Elgin</u> All of these sites are co-located with SFRS and have been developed as 'pilot satellite stations'. If these locations prove operationally effective they will become permanent additions and will enable us to look at developing additional locations throughout the country with SFRS and Police Scotland. <u>Other Opportunities</u> Other locations currently in discussion or in the early stages of development are Lerwick, Arrochar, Oban, Elgin, Linlithgow, Monifieth, Arran and Daliburgh – all with SFRS. In addition, Cumnock and Brechin are being considered as possible co-locations with Police Scotland.	

6.2 Fleet Assets

Development / Project	Summary	Key Benefits Anticipated/Delivered
Fleet Replacement Strategy	During March 2016, Scottish Government approved a business case submitted by The Service submitted to secure funding over the next 5 years for the replacement of vehicles used by the Service. The programme is progressing in line with expected timescales. Orders planned for 2018/19 were brought forward to 2017/18 to align with the revised Scottish Government capital plans. A number of electric Paramedic Response Vehicles have been introduced in city locations. These have been very popular with staff and evidence shows that they have been effective in dispelling fears of range and practicality in an operational role. It is the Services' intention to expand the use of electric vehicles where appropriate, introduce hybrid where pure electric is not yet viable and also to further explore hydrogen as an alternative fuel. The technology is in place now to allow hydrogen powered vehicles and developments indicate the use of hydrogen power in larger vehicles, even Accident & Emergency Ambulances, is imminent. The cost of development of vehicles and the cost of introducing a supply infrastructure are the limiting factors at this time. There are also opportunities aligned to the Scottish Ambulance patient care strategy to further reduce conveyance through See & Treat with vehicles suited to this role. Engagement with vehicle manufacturers indicates that we will be able to adopt electric and alternative fuelled vehicles into more applications before 2020 without detriment to service delivery.	• Improves functionality of fleet • Improves financial performance by reducing maintenance, fuel and logistical costs by providing new, more reliable vehicles • Improves availability of vehicles, reducing off-road downtime due to aged vehicles • Provide the correct mix of vehicles to respond to each incident appropriately • Reduce vehicle emissions and airborne pollution • Supports corporate strategy by treating more patients outside a hospital setting

6.3 Information Management & Technology (IM&T) Assets

Development / Project	Summary	Key Benefits Anticipated/Delivered
Ambulance Telehealth Programme	Phase 1 was completed within the agreed capital allocation during the summer of 2016. It involved the replacement of mobile data hardware in circa 520 unscheduled care vehicles; Phase 2 involves the provision of revised electronic patient report (ePR) software, a paramedic decision support application and the provision of selected back-office ICT systems and services from the vehicle tablet computers. Phase 2 will be completed within the agreed capital allocation. The vast majority of the Phase 2 work is complete with the new ePR now live; the remaining work is scheduled for completion by summer 2018.	• Increased patient satisfaction • Increased patient safety • Increased staff satisfaction • Increased functionality • Better access to information • Increased 'See & Treat' • Increased 'Hear & Treat' • Reduced patient conveyance to hospital • Reduced response times • Lower like-for-like costs • Added resilience • Increased bandwidth • Increased resource utilisation • Reduced system management overheads • Increased efficiency

Clinical Response Model	The Clinical Response Model Project was very complex and it was originally planned for delivery in two phases. However, it has now been extended to three phases;
	
	• Stage 1 was completed during March 2017, it involved various workstreams including the following ICT developments:
	  ○ Re-write the Dispatch Code Reference (DCR) response table to improve response times for the most seriously ill patients;
	  ○ Plan and deliver training to ACC and Operational Staff;
	• Stage 2 was implemented during 2017-18, it also involved various work streams including the following ICT developments:
	  ○ Activate the Enhanced Dispatch Module to effect 'Dispatch on Disposition';
	  ○ Activate the Enhanced Defib Module to electronically manage PAD (Public Access Defib) use;
	• Stage 3 will be completed during 2018, it involves:
	  ○ Implementation of the 'Key Phrases' module to allow more Immediate Life Threatening (ILT) calls to be identified earlier in the call cycle;
	  ○ Preparation for transition to business as usual from the current project management structure;	

Emergency Services Network (ESN)	Like all other GB emergency services, the Service currently use the Airwave Service provided by Airwave Services Limited for the provision of critical mobile voice and mobile short-data services (i.e. mobile radio provision). The current Service contract was due to run until December 2020, however a GB-wide agreement was negotiated which included a national shutdown of the Airwave service for all users at the end of December 2019. The UK Government Emergency Services Mobile Communications Programme (ESMCP) was established circa 2012 with a view to replacing the current Airwave service. The replacement is now known as the Emergency Service Network (ESN);	

Development / Project	Summary	Key Benefits Anticipated/Delivered
	Service staff are currently working closely with counterparts from Scottish Government, Police Scotland, Fire Scotland and the ESMPC Team in order to minimise risk by taking a coordinated approach to planning the Scottish migration to ESN. Scottish transition was scheduled to take place over the twelve month period Q3 2018 and Q3 2019 but it is now apparent that it is unlikely to start until at least 2022 Given the current uncertainty around the transition timeline it is difficult to predict the full scale of the financial impact of replacing the current Airwave solution with the ESN or when the costs will be incurred. More clarity on the scale and timing of the costs is likely to emerge once the revised ESMCP FBC is approved around September 2018.	• Reduced variation
Cyber Resilience	Due to recent high profile malware attacks and the current Scottish Government focus on cyber resilience, there is a requirement to significantly increase efforts and activities in relation to cyber security over the next 12-18 months in general and the next 3-6 months in particular. Steps that have been, or are currently being, taken include: • An internal audit was carried out in relation to Cyber Resilience during 2017 – The resulting management actions are due to be completed by summer 2018, these actions include the development of a Cyber Security Management Plan and a Cyber Resilience Risk Register; • The Service have joined the Scottish Government Cyber Catalyst Scheme; • An independent 'Cyber Essentials' pre-assessment was carried out during March 2018, the resulting report is now being reviewed and will used to compile a cyber resilience action plan for 2018; • SAS have engaged a 3rd party supplier (Quorum Cyber) to assist with meeting our obligations in relation to the 2017 internal audit on cyber security and the Scottish Government (SG) Cyber Security Action Plan during 2018. Further work is being planned with the requirement for additional capital funding to support current cyber resilience improvement initiatives being quantified.	
E-Health Strategy Delivery	The current e-Health Strategy was approved by the Scottish Ambulance Service Board in March 2016, it is due for a mid-term refresh during 2018. This refresh will take cognisance of the new Scottish Government Digital Health & Social Care Strategy published in 2018. Developments planned for 2018-19 include: Completing the upgrade of our data warehouse infrastructure, improving the resilience of the back-up telephony solution in our Ambulance Control Centres, completing SWAN transformation, implementing the British Heart Foundation (BHF) Public Access Defibrillator (PAD) Database interface, implementing the electronic interface to Northern Ireland Ambulance Service, implementing the interface between the unscheduled care and scheduled care systems within the ACCs, further expanding and upgrading our video conferencing capability, enhancing our command and control and patient transport systems, increasing the number of NHSS Boards that we can pass relevant patient	

Development / Project	Summary	Key Benefits Anticipated/Delivered
	information to, improving our SharePoint capability and intranet provision.	
SWAN (Scottish Wide Area Network)	The Service completed Phase 1 (Transition) of the migration from BT N3 to SWAN during 2015. Phase 2 (Transformation) involved adding additional resilience through the provision of additional hardware and network connections – Phase 2 was due to be completed by the end of March 2016 but was delayed due to various technical and contractual issues at a national level, however good progress has been made over the last year and 110 of 112 sites have now been upgraded. The 2 remaining sites will be completed by summer 2018.	
ACC ICT Developments	There were a number of ACC (Ambulance Control Centre) developments planned for completion during 2017-18, however most of these were put on-hold when a project was commissioned to improve resilience and increase capacity within the East ACC in South Queensferry. This project involves significant ICT, electrical & building work. Phase 1 work is now complete, Phase 2 involves re-fitting the West side of the Pentland Wing within the ACC, it is due to be completed in summer 2018.	

6.4 Medical Equipment

Development / Project	Summary	Key Benefits Anticipated/Delivered
ALS Monitor/Defibrillator Replacement Project	The defibrillators currently utilised by the Service will begin to reach the end of their useful life during 2018/19. In line with the Service's capital plan, it is proposed that these will be replaced in 2018/19 an 2019/20. The preferred implementation option for the Replacement Project extends beyond like-for-like replacement of the defibrillator units to include enhanced technology and other clinical diagnostic equipment. Advance life support (ALS) monitors are a single piece of medical equipment which includes a defibrillator and range of monitoring functions such as pulse oximetry, blood pressure and temperature. The devices are also able to interface with the Ambulance Telehealth Equipment to allow auto-population of the electronic patient record (ePR) and data transfer to other healthcare partners. The Outline Business Case (OBC) for the project will be considered by the Scottish Government Capital Investment Group (CIG) in May 2018 where approval is sought to progress the project to the next stage in the formal Business Case procedure. Subject to approval, the Full Business Case will be completed and is expected to be submitted for consideration by the CIG in August 2018. It is anticipated that units will be procured towards the end of 2018/19 and at the start of 2019/20. Prior to roll out, all users will be provided with a comprehensive training programme.	• Improved support to allow people to live independently • Increased 'See & Treat' • Improved patient outcomes by pre-altering receiving hospitals and Critical Care Units. • Improved financial performance • Increased patient safety • Optimises resource usage • Service development potential • Increased time for staff to spend on patients' clinical needs due to the auto-population functionality • Increased recorded data for use in service audits and post-clinical event feedback

7.0 Planned Investment Projects

The Service's 5 year investment plan contains the following investment projects.

Asset	Development / Project	Description
Property Assets	Ambulance Station Replacement Programme	The Service's existing estate profile comprises of 130 sites across the geography of Scotland, the majority of which are ambulance stations. There is an ongoing requirement to refurbish, replace or relocate operational ambulance stations to ensure they remain fit for purpose and enable staff to deliver the aims and objectives set out in the Strategic Framework. A revised Strategic Assessment is attached as Appendix A.
Fleet	Fleet Replacement Programme	A 5 year Fleet Replacement Programme will be submitted on completion of the existing programme (described in Section 6.2) to secure funding for the ongoing replacement of vehicles. This will be subject to the four stage Business Case Process as dictated by the Scottish Capital Investment Manual (SCIM) issued by Scottish Government. Work will commence on the Initial Agreement for the project in 2018/19 with anticipated project delivery in 2020/21. A Strategic Assessment for this project is included in Appendix B. This will be refined as the programme progresses.
IM&T	Ambulance Telehealth	There will be a requirement to replace the Telehealth equipment installed in emergency ambulances once they reach the end of their useful economic life. The full Business Case Approval Process outlined in the SCIM will be followed and work on the Initial Agreement is expected to commence in 2020/21 with expected project delivery beginning in 2022/23. A Strategic Assessment for this project is included in Appendix C. This will be refined as the programme progresses.
	Replacement of A&E and PTS National Computer Aided Despatch (CAD) Systems	National computer aided despatch (CAD) systems are used to log, resource, allocated and despatch resources for emergency and non-emergency calls. For emergency calls, an additional clinical triage system interface is used to triage incidents. Currently, two separate systems are in operation for emergency calls and patient transport respectively. Both contracts expire in March 2019 and a full retendering process is required to comply with procurement regulations. This provides an opportunity to consider the suitability of a single system for A&E and PTS calls, supporting the new clinical response model which reduces demarcation between A&E and PTS. Individual Strategic Assessments for CAD System replacement for A&E and PTS are attached at Appendices D and E respectively. It is envisaged that as work begins on this project, the Strategic Assessments will be refined.
	Replacement of Patient Transport Mobile Data	All patient transport vehicles (circa 600) are fitted with a tablet, interfaced to the PTS computer aided despatch (CAD) system which helps crews manage and coordinate the pick-up and drop-off of patients for routine hospital appointments. The Service's capital plan includes a provision in 2019/20 to upgrade or replace the equipment. The current mobile data equipment and software (purchased in 2012 with an expected useful life of 5-7 years) is no longer supported by the manufacturers and the existing maintenance contract expires in May 2019.

Asset	Development / Project	Description
		This project will link closely to the planned replacement of the CAD system in PTS vehicles, outlined above. Replacement of the CAD system will require interface redevelopment for compatibility with the new supplier. Patient transport staff require access to more information as a result of reduced demarcation between A&E and PTS through the new clinical response model. A business case to secure funding to replace the current solution will be prepared during financial year 2018-19; Initial estimates indicate that Capital funding of circa £2.5M will be required. A revised Strategic Assessment for this project is attached as Appendix F.
IM&T	Replacement of Integrated Communication Control System (ICCS)	The Service is currently using Airwaves Integrated Communication Control System (ICCS) to allow ACC staff to communicate with service users using vehicle and handheld terminals. The provision of a compatible ICCS is a prerequisite for migration to the new Emergency Services Network (discussed in Section 6). Airwaves have confirmed that the current ICCS cannot be upgraded to be ESN compliant. There are several implementation options currently being considered by the Service including the opportunity to collaborate with Police Scotland on a joint ICCS procurement and the opportunity to participate in the contractual framework of the UK Government Department of Health and Social Care ICCS procurement. The Service is in the early stages of conducting an options appraisal to determine the preferred way forward. The current Airwave ICCS should ideally be replaced by national shutdown of the Airwave service at the end of December 2019. An initial Strategic Assessment is attached as Appendix G. As the project progresses, this will be continually reviewed and revised.
	ACC ICT Developments	ACC related work planned for 2018-19 includes implementing an interface between the ICT systems for scheduled care and unscheduled care to improve efficiency and data quality, upgrading the local area network infrastructure to increase resilience, implementing an electronic interface to between the Service command and control system and that used by Northern Ireland Ambulance Service (who are our 'buddy' service for when 999 call volumes are high), replacing the current wide-area network (WAN) that interconnects all three ACCs, roll-out NGIS Mapping and LS2 enhanced address searching, adding additional functionality to our command and control and patient transport systems and increasing the total number of available operator positions; It is worthy of note that work is currently ongoing to determine and agree a future ACC estates a strategy. Depending on the scope and scale of this work, the requirement for ACC ICT resources and investment may be considerable over the next 3-5 years. In 2012/2013, the Service were engaged with NHS24 regarding the implementation of a single clinical triage system (SCTS) to be used by both organisations. The project to deliver the SCTS, and a related 2-way data transfer mechanism, was put on hold during 2014 at the request of NHS24 due to delays with the implementation of their new ICT infrastructure. There are currently no firm plans to progress SCTS development.
	Collaboration	Service staff currently have access to the Microsoft Office suite of applications. The current model is the traditional 'on

Asset	Development / Project	Description
	Tools (e.g. Microsoft Office 365)	premise' one whereby the applications are installed on local hardware. Licenses are currently purchased 'outright' on a 'per device' basis as this offers the best value for money given the current ratio of ICT users to devices. There is now a general acceptance within the NHS Scotland eHealth Leads Group that the migration from 'on premise' to 'cloud' based services and licensing is inevitable over the next 2-3 years. A national programme has been set up to prepare a suitable business case. It is worthy of note that cloud based licensing models are generally user based and are revenue funded, whereas the current 'on premise' model has the option of user or device based licensing and capital or revenue funding. Another consideration with regard to future access to Microsoft Office is around access for staff using the new tablets provided by the Ambulance Telehealth Programme as, depending on the requirements and the chosen delivery model; the licensing costs could be significant; Regardless of the current 'debate' regarding 'on premise' or 'cloud' based provision, recent cyber resilience concerns have highlighted the requirement to ensure that operating systems and applications are not 'end of life' and that security updates are still available.
Medical Equipment	Patient Transport Shock Boxes	The Patient Transport Service fleet is currently equipped with 450 Automatic External Defibrillators (AEDs)/ shock boxes. These are basic defibrillation devices which can be used on patients suffering a cardiac arrest. The current units were originally purchased in 2009/10 and have a useful economic life of 10 years. The units will need replaced once they reach the end of their useful life. Each unit is individually valued at under £5,000 so will be funded through the Service's revenue budget.
Other	Re-procurement of Air Ambulance Services	The Air Ambulance division 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 2020. There is the option within the contract for a 3 year extension on the same terms and it is likely the Service will utilise this option. . 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. An initial Strategic Assessment is attached as Appendix H for this project. This will be refined as the project progresses.

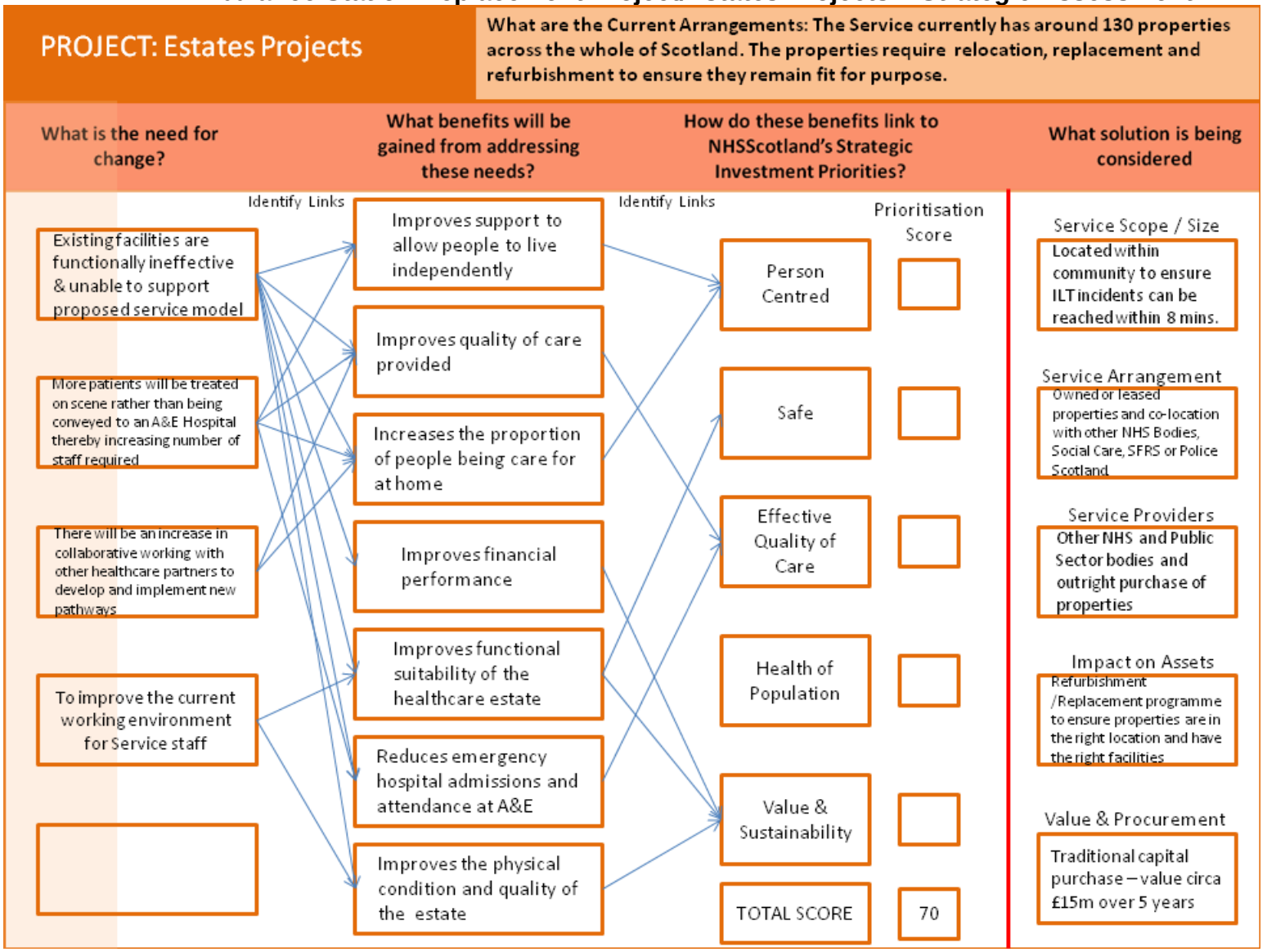
Work is currently underway to discuss and agree how this work should be prioritised, resourced and progressed.

8.0 Conclusion

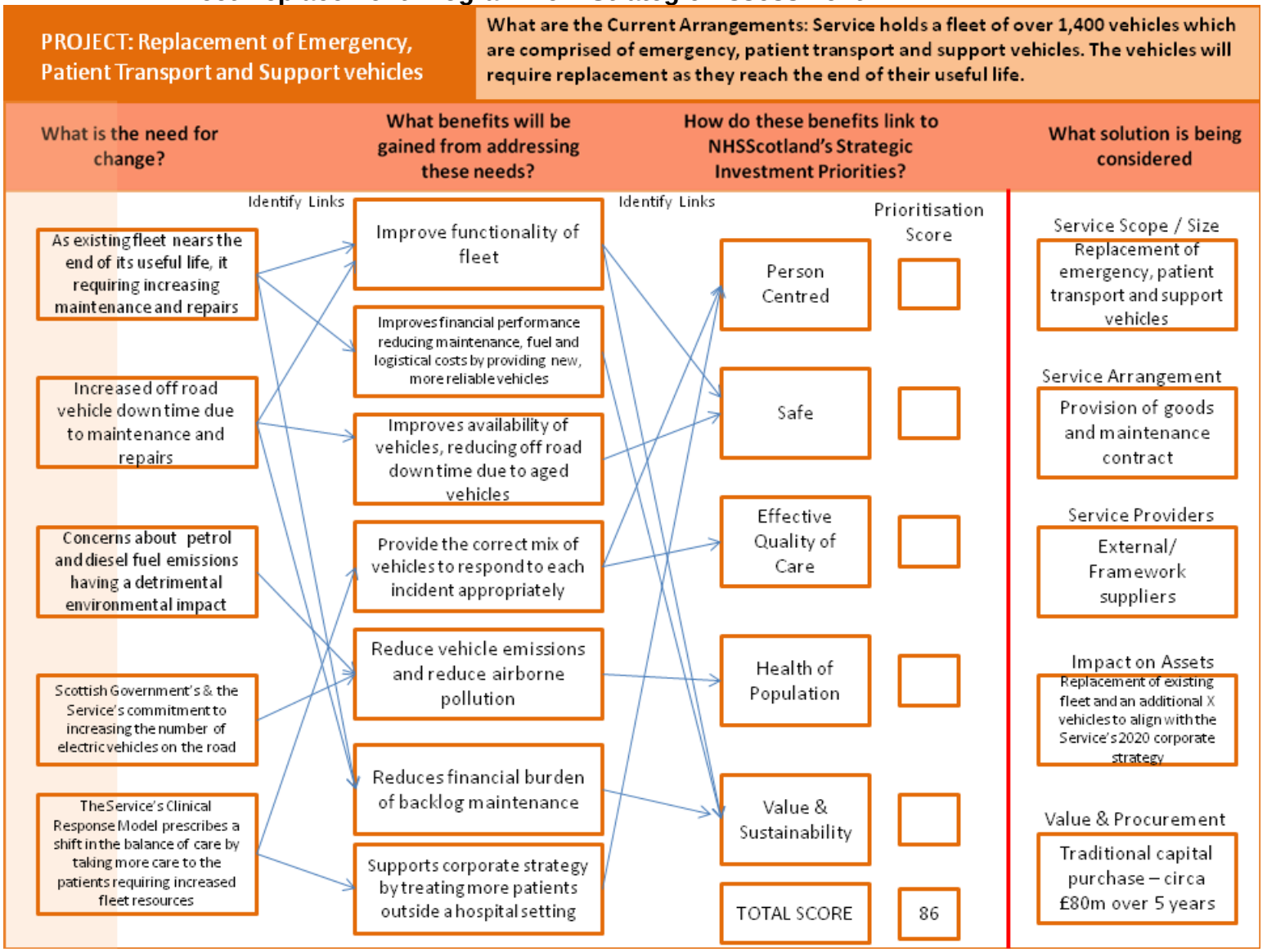
The performance of current assets over the past two years shows improvement in all categories of assets with the performance of IM&T assets improving once the new ALS monitors/defibrillator units are procured across 2018/19 and 2019/20.

This interim update also describes how the Service's investment plans continue to be developed to ensure future asset requirements are led by strategic objectives and deliver best value for money.

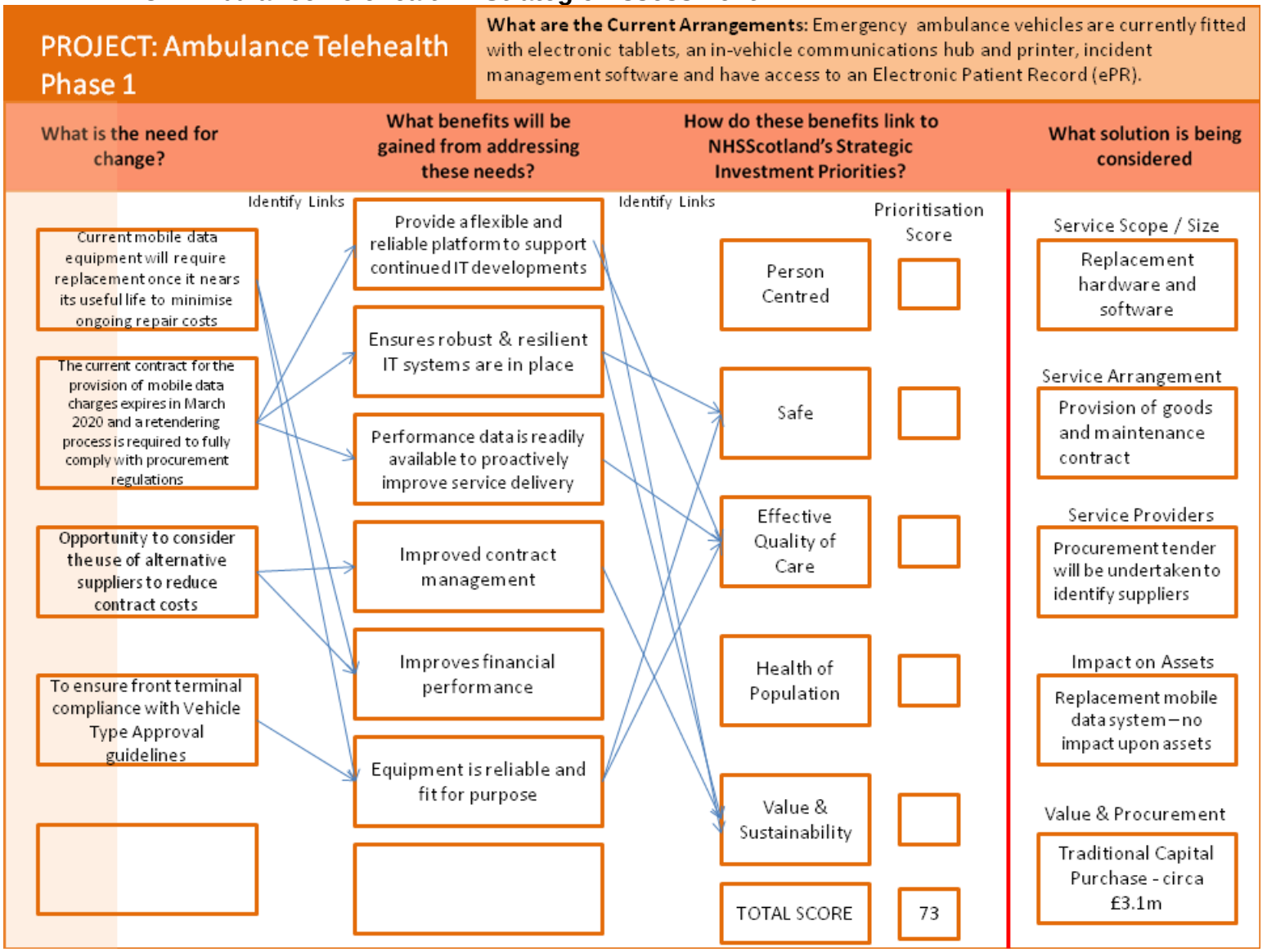
APPENDIX A: Ambulance Station Replacement Project/Estates Projects – Strategic Assessment



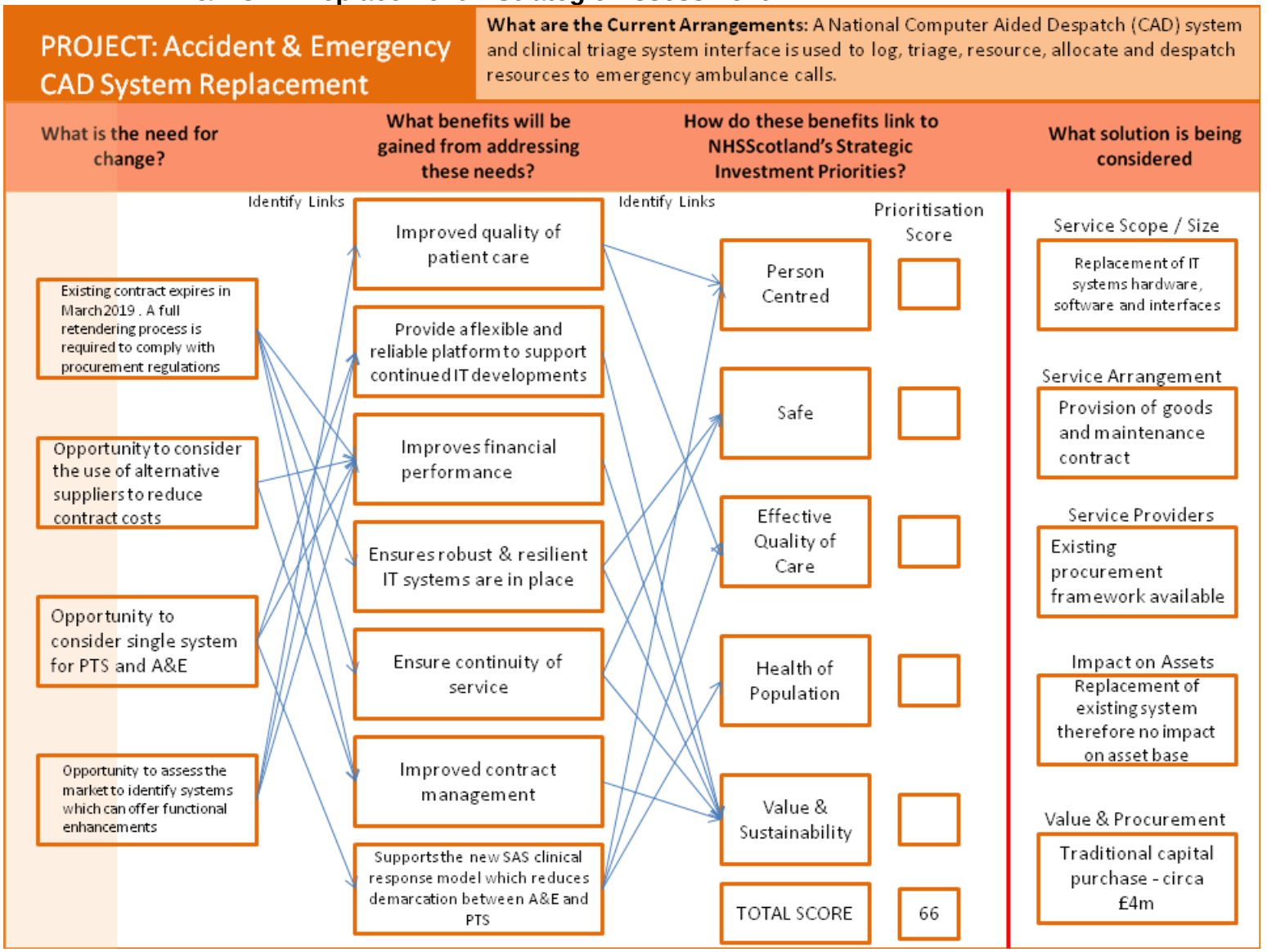
APPENDIX B: Fleet Replacement Programme – Strategic Assessment



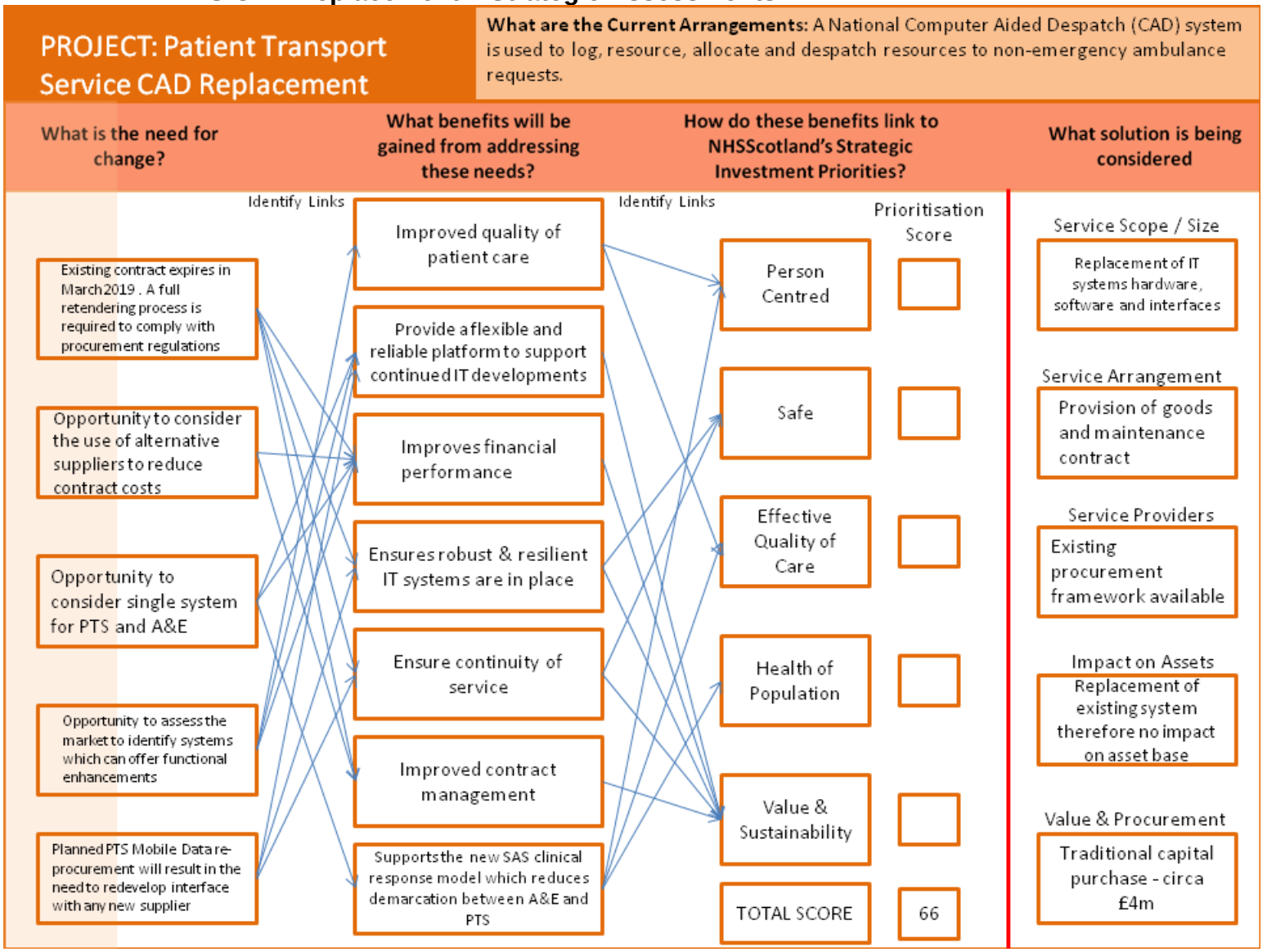
APPENDIX C: Ambulance Telehealth – Strategic Assessment



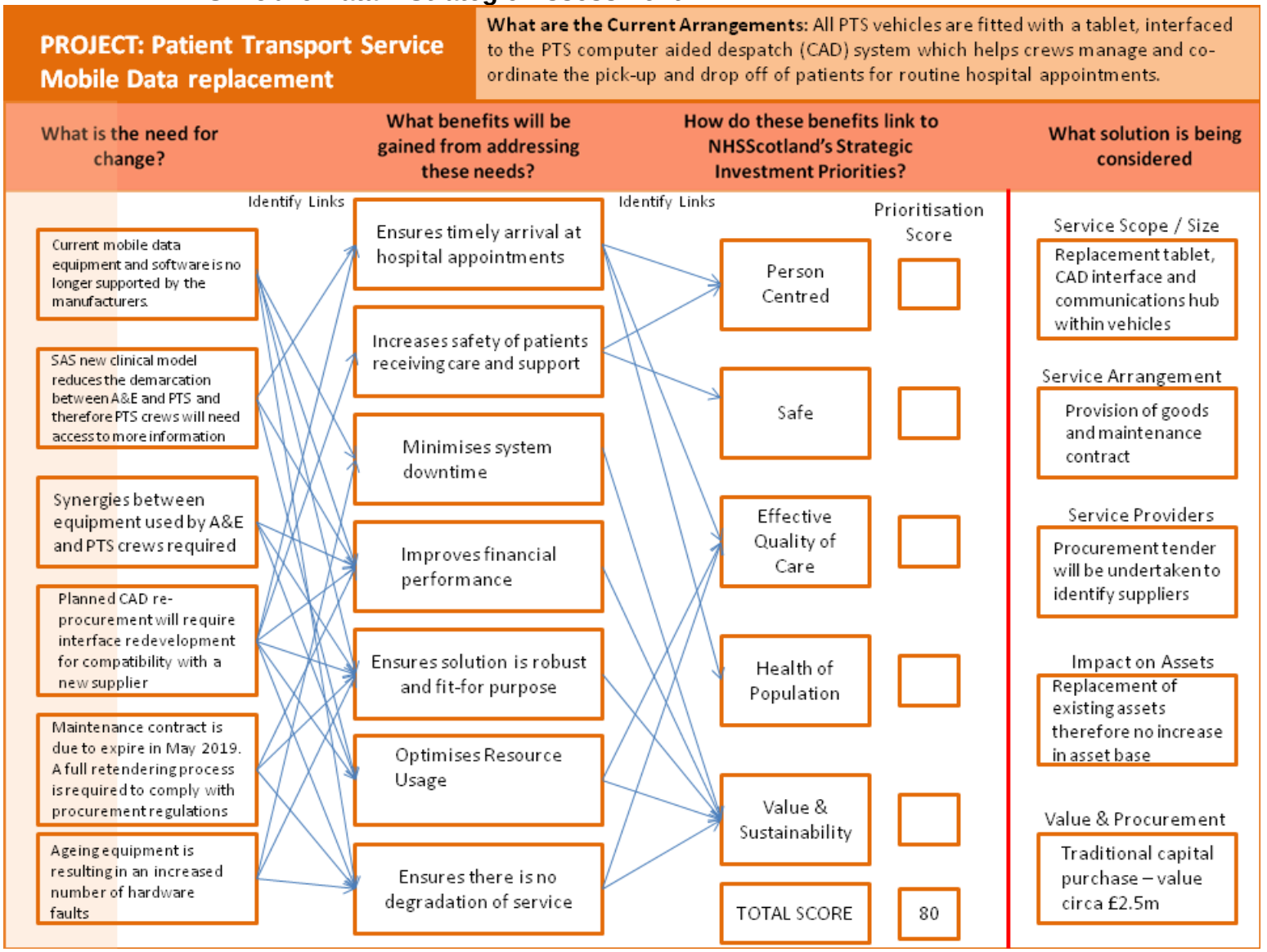
APPENDIX D: A&E CAD Replacement – Strategic Assessment



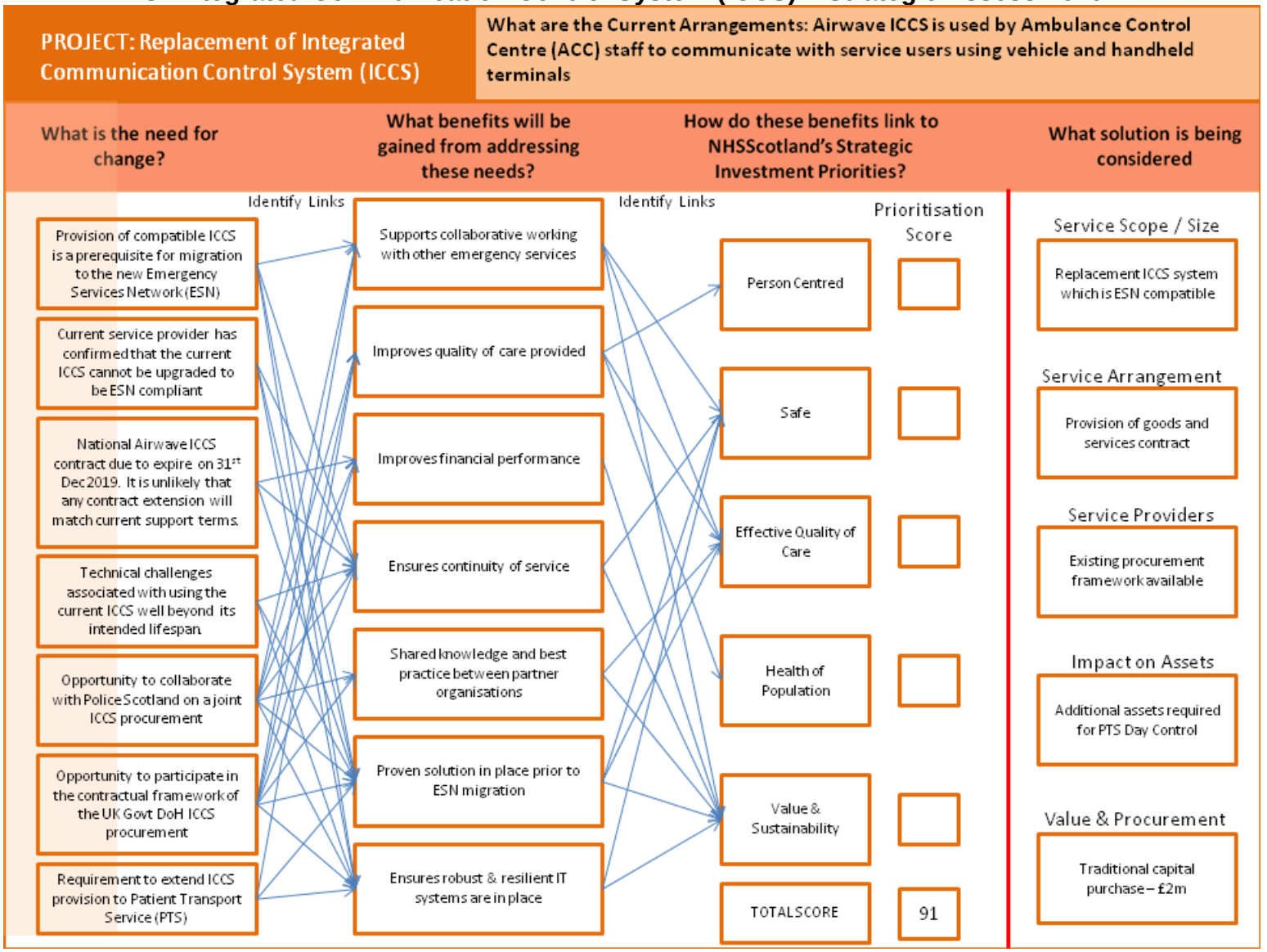
APPENDIX E: PTS CAD Replacement – Strategic Assessments



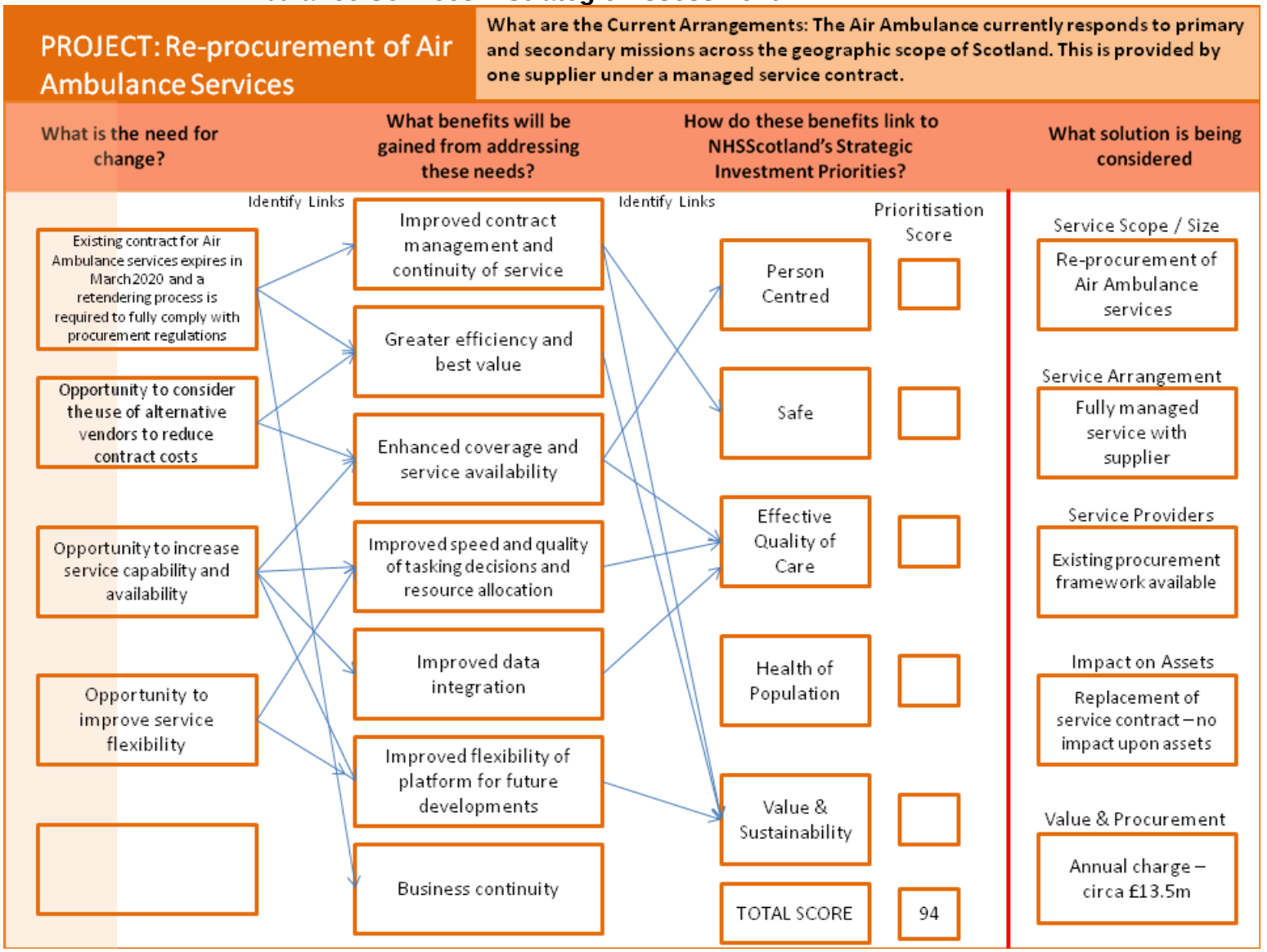
APPENDIX F: PTS Mobile Data – Strategic Assessment



APPENDIX G: Integrated Communication Control System (ICCS) – Strategic Assessment



APPENDIX H: Air Ambulance Services – Strategic Assessment



APPENDIX 2

QUESTIONS TO CONSIDER FOR BOARD EQIA REPORTING

		Answer	
1.	Have you considered equality and equality impact on different groups and issues.	Yes	If the answer is no, the proposal is not ready to come to the Board or Committee.
			If yes, go to Q2
2	What form did this take?		
	Equality Impact Screening		
	Equality Impact Assessment	Yes	
	Other		
3	What consultation did you undertake? Specify which protected characteristics groups were included.	Consultation with Asset managers along with Project Teams	Go to Q4
4	Did you identify any equality impact? - For any group - Across any of the three “needs”	No - The PAMS is only an overview of the state of the current assets held by the Service and 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	If yes Go to Q5 If no go to Q8
5	Describe the nature of the impact, which “need” is involved, and which groups were affected. Specify if the impact was positive, adverse or neutral.		Go to Q6
6	Did you identify any adverse impact?		If you answered yes, Go to Q7. If no, go to Q8.
7	What mitigations have been put into place to reduce adverse impact? Please specify how this will reduce		Go to Q8

	the impact and how the proposal/policy has been changed.		
8.	What opportunities are there to enhance equality for any of the protected characteristic groups or others? Please specify these and say how the proposal has been changed to incorporate these.	As part of the Business Case process for individual investment projects there will be collaborative working with stakeholders to gain a better understanding of the needs of these groups who share protected characteristics with an aim to exploit all opportunities available. An individual Equality Impact Assessment will be conducted for each project.	Go to Q9
9	Are there monitoring arrangements to monitor the impact of the proposal/policy? Describe the monitoring arrangements or explain why none is required.	Yes – progress will be monitored as the Business Case process develops for each individual investment project	Go to Q10
10	Do you consider the Board or Committee has enough information to understand the equality impact of the proposal and to use this to inform their decision?	Yes	If the answer to Q10 is no, the paper is not ready to come to the Board or Committee. If the answer is yes, sign off the template or alternative report.

Signed: EStewart

Title: Emma Stewart, National Finance Trainee

Date: 16/04/2018

Equality Impact Assessment

Property and Asset Management Strategy Interim Update 2018

The Equality Impact Assessment (EQIA) 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 & Asset Management Strategy Interim Update 2018.

1. Introduction

In response to the 2009 Audit Scotland report '*Asset Management in the NHS in Scotland'*, the Scottish Government Health and Social Care Directorate issued *'A Policy for Property and Asset Management in NHS Scotland'* Chief Executive's Letter 35 (2010). This CEL established the framework for monitoring the performance of assets utilised in service provision and set out the requirement that NHS Scotland Health Boards must develop a Property and Asset Management Strategy (PAMS) which is to be reviewed and approved biennially by its Board. An interim update report is required in each intervening year.

A full Property & Asset Management Strategy (PAMS) covering the period 1 April 2017 to 31 March 2022 was submitted to and approved by the Scottish Ambulance Service Board in May 2017. The PAMS Interim Update 2018 provides an overview of asset performance and progress/updates on new and existing investment projects. Specifically, it addresses the following areas:

- How Boards asset management arrangements are supporting regional working and future investment planning.
- Any substantial changes to local and/or regional strategic/service plans since submission of 2017/18 PAMS.
- Changes/improvements to asset performance (including backlog maintenance) over the last 12 months.
- Progress with any ongoing or new investment projects, particularly highlighting any specific achievements or anticipated benefits.

- A copy of Strategic Assessments for all investment projects not currently underway identified within the 5 year investment projects.

2. Progress

The Property & Asset Management will be submitted for review to Health Facilities Scotland in early June 2018. The information contained within the PAMS will be used to inform the annual State of the NHS Assets and Facilities report (SAFR) published annually each year by Health Facilities Scotland.

A high-level overview of key dates is as follows:

- PAMS submitted to Health Facilities Scotland June 2018
- Review meeting with Health Facilities Scotland August/September 2018
- Publication of the SAFR January/February 2019

3. Key Findings

The PAMS is a high level strategy which documents the proposed investments and disinvestments in property and other tangible assets over the next 5 years.

The PAMS 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 indentified at that time.

4. 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 & Asset Management Strategy (PAMS).
b. Name of department	Finance & Logistics
c. Name of Lead	Melanie Barnes
d. Equality Impact Assessment Team [names, job roles]	Melanie Barnes, Project Accountant and consultation with Asset Managers along with Project Teams Subsequently reviewed by Emma Stewart, National Finance Trainee and in consultation with Asset Managers and Project Teams
e. Date of assessment	10 May 2017 – subsequently reviewed on 16/04/18
f. Who are the main target groups / who will be affected by the policy?	Operational Staff and Support Service Staff
g. What are the intended outcomes / purpose of the policy?	To align resources of the organisation to the Corporate Plan and Workforce Plan. *"Towards 2020: Taking Care to the Patient" to deliver clinically focused, high quality care for patients, with a future workforce to meet the changing and complex landscape of health and social care in Scotland. Health and Social Care Integration "Once for Scotland"* • Provides a review of the number and condition of all tangible assets, i.e. property, fleet, ICT & medical equipment • 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	<u>General duty to eliminate discrimination</u> Any investment/disinvestment projects included in the PAMS 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

relevance	<u>Advance equality of opportunity</u> The PAMS 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 <u>Foster good relations</u> As stated above, the PAMS 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 Visual Impairment height/morphology
			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	
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
Melanie Barnes	Project Accountant		10th May 2017
Emma Stewart (review)	National Finance Trainee	EStewart	16th April 2018
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	15/05/2017		

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