



East Midlands Ambulance Service



NHS Trust



Fleet Services Strategy
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Fleet Services Strategy 2014-2019

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1. Executive Summary

- 1.1.** This strategy sets out how Fleet Services will support the Trust to deliver the Integrated Business Plan over the current strategic planning period. The strategy highlights how Fleet Services will be transformed over this period to be a service which facilitates operational delivery, works efficiently to high standards, and delivers on a range of core key concepts. The ways in which we will achieve this are set out in chapter 3 of the strategy. It also highlights how investment over the strategic period will create a fleet with a much improved age and size profile, and with a significantly higher level of owned vehicles compared to now.
- 1.2.** The strategy has been developed to ensure it aligns with and is consistent with the Trust's strategic objectives. This is demonstrated at section 3.3 of the strategy. In summary, this highlights the ways in which we will respond to the six strategic objectives of the Trust in the following ways:

Quality

Transform the way vehicles are maintained, serviced, cleaned and prepared to provide a fleet that has an appropriate age profile and ensures resilience on a 24/7 basis.

Reputation

To directly support patient and staff safety by ensuring vehicle specification, procurement, cleaning and preparation are in line with best practice.

Innovation

To maximise benefits of investment in fleet and technology.

Integration

To ensure integration with strategic plans and other supporting strategies.

Workforce

To recruit and retain a skilled and flexible workforce who are well trained and qualified, including registered to a recognised accreditation programme.

Efficiency

To deliver achievable efficiency savings which demonstrate the principles of best value and value for money.

- 1.3.** To facilitate the delivery of the strategy the Trust will need to ensure that we plan an appropriate fleet replacement programme which facilitates a resilient and reliable fleet with an appropriate age profile and which provides the capacity needed as assessed by peak load modelling requirements. The strategy therefore sets out at section 8 a financial plan aimed at securing a maximum seven year age profile by the end of the strategic planning period through capital investment of £19m. In addition,

the strategy outlines the costs and benefits of additional funding to further bring down the age profile of our fleet, and to change the profile of our fleet to one with a higher percentage of owned vehicles.

- 1.4. We have indicated to the NHS Trust Development Agency (NHS TDA) the headline benefits of additional funding and if there is agreement in principle to this a Full Business Case will be developed to secure additional capital investment. The risk section at chapter 9 provides further analysis of this option.
- 1.5. It is essential that if the Trust invests 319 million to £24 million in its fleet then that investment must be matched by a real transformational improvement in the way the fleet services are managed and provided. The strategy therefore has those twin aims of investment and improvement.
- 1.6. Agreement to the strategic objectives and the key concepts in this strategy will enable the Trust to have a clear specification of the Fleet Services it wishes to be provided over the next few years. As with most ambulance services, Fleet Services are currently managed and provided in house, with the exception of a range of maintenance and servicing contracts in Lincolnshire. It is envisaged that the fleet management team will demonstrate through the implementation of this strategy that services are provided to an efficient, high quality standard in accordance with best value principles. Service provision and performance will be reviewed on a regular basis using the Trust's performance strategy principles. In particular, there will be a formal review of the progress made in implementing this strategy in March 2016. Operating principles to facilitate this have been agreed by the Board. The principles which we will work to and which are enshrined in this strategy are:
 - The fleet size and age profile will be agreed and maintained, but will represent an improvement on the current profile and will be benchmarked against other comparable NHS Ambulance Trusts.
 - Vehicle availability will be maximised, managed appropriately at county level, and facilitate good benchmarking of vehicle cover levels against other comparable NHS Ambulance Trusts.
 - Maintenance and servicing will be carried out in accordance with legal, manufacturer and NHS Ambulance Trust agreed requirements.
 - Planned preventative programmes will be implemented and maintained.
 - Insurance arrangements will be continually reviewed in conjunction with the National Ambulance Insurance Association, and a robust accident management system will be maintained to minimise vehicle loss and downtime.
 - The Fleet Services team will contribute appropriately to the sustainability agenda and demonstrate good practice in terms of environmentally appropriate fuel and vehicles.
 - Services will be regularly benchmarked against other comparable NHS Ambulance Trusts to support demonstration of value for money and best value.
 - There will be continual review of the best way to secure service provision.
 - The benefits of Fleetwave will be secured and maximised.
 - Fleet Services will deliver efficiency savings and good budget management to contribute to overall financial management when it is deemed appropriate to do so without compromising patient safety.

- 1.7.** The Integrated Business Plan assumes that the services we provide will grow and diversify. This could mean a material change to the fleet size and structure and the fleet management team will have to ensure they are responsive to tendering and contracting proposals and arrangements. Chapter 9 sets out how we will manage these opportunities and risks. The fleet replacement plan can only at this stage make proposals on the current fleet linked to current services and contracts. Individual contract business proposals will need to set out the fleet requirement and funding arrangements, and the fleet services manager will work closely with the Business Development and Strategy Directorate in this regard.
- 1.8.** This strategy contains a detailed implementation plan for the next two years and outline plans for the outer years of the strategy. As such, the Strategy will be reviewed and refreshed in two years' time (October 2016), following the formal review of progress and implementation outlined at Section 1.6.
- 1.9.** The strategy will be implemented in accordance with section 4. Key to the implementation process will be the production of annual plans for fleet services, and the development of business cases to support the key investment areas of fleet replacement, workforce, workshops and ambulance support services.
- 1.10.** The current process for the development of support strategies has seen a strategic shift in terms of strategic investment and strategic contribution away from estates to fleet services, and Executive Directors will need to ensure that this change is reflected in programme and strategy implementation budgets and resources.
- 1.11.** In conclusion this strategy sets out how Fleet services will contribute to the successful implementation of the Trust's Integrated Business Plan and strategic objectives, makes proposals to improve the fleet size and age profile, outlines how fleet services will be transformed to support operational delivery ,and explains how quality services will be secured whilst delivering an efficient service and managing service risks.

2. Context

2.1 EMAS Vision & Strategic objectives

We are a healthcare provider. We provide healthcare on the move and in the community, and our vision is for EMAS ***to play a leading role in the provision, facilitation and transformation of clinically effective urgent and emergency care delivered by highly skilled, compassionate staff, proud to work at the heart of their local community.***

We believe this will support CCGs and other health and social care providers across the East Midlands in the delivery of a long-term, sustainable healthcare system.

The five-year plan maps our transformation journey from a mainly emergency focused service in 2014/15 to a future operating model whereby the organisation sits at the centre of the urgent and emergency care system.

This means it is our ambition for EMAS to act as the co-ordinating NHS organisation at the centre of the system, either providing care directly (e.g. over the phone or on the scene) or signposting/referring patients to the best service to support them in their homes and the community, reducing admissions to hospitals where appropriate.

This model is designed to ensure the most appropriate and effective response to meet the needs of our patients and/or the referring clinicians. Put simply:

“.....supporting delivery of the right care, with the right resource, in the right place and at the right time.”

2.2 Future Operating Model

Our current Integrated Business Plan (IBP), completed in June 2014 and covering the five year period 2014-2019, articulated that, in order to realise we will:

Current Model

The current service model is based upon core clinicians (paramedics) operating on frontline vehicles and the dispatch of the nearest available resource to attend to patient care irrespective of the clinical need.

This model involves the deployment of our most skilled staff in all circumstances, and makes no allowance for case mix. Additionally, the majority of patients are transported to the nearest Accident and Emergency facility with little opportunity for our skilled staff to exercise the full range of their clinical judgement.

Whilst this model is effective at one level, in that patients are seen and treated promptly, we regard it as being unsustainable in the longer term where demand is increasing within a decreasing financial envelope.

In developing options for the future, we (working with our Commissioners) are clear we will want to retain elements of the model that support delivery of consistent operational performance and financial sustainability, whilst operating at the centre of a more integrated urgent and emergency care system.

Years One and Two (2014-2016)

- Focus on continued delivery of performance, delivering at a county level on a sustained basis.
- Further develop our Clinical Assessment Team to increase hear and treat and support our teams in the field in the use of alternative pathways and admission avoidance services (supported by Paramedic Pathfinder), utilising all local health and social care providers.
- Work in partnership with CCGs, acute trusts, community trusts, local authorities, private providers and the voluntary sector to develop and implement integrated admission avoidance services (e.g. Falls, Discharge services, Acute Visiting Services etc.).
- Build our capacity and capability to support future integrated strategic developments (e.g. eDoS, Paramedic Pathfinder and Telehealth & Remote Monitoring).
- Support delivery of the right care, with the right resource, in the right place and at the right time.
- Deliver excellence in patient experience and outcomes.

Years Three to Five (2016-2019)

Our proposed future operating model has, at its core, a whole system approach to urgent and emergency care, with EMAS acting as the co-ordinating entity at the centre of the system, either providing care directly or signposting to other services.

This model ensures the most appropriate and effective response to meet the needs of our patients and/or the referring clinicians. Put simply:

“.....supporting delivery of the right care, with the right resource, in the right place and at the right time.”

- Be at the centre of the urgent and emergency care system, generating efficiencies across the healthcare system (e.g. multi-skilled staffing, better use of admission avoidance schemes, reduced conveyance to emergency departments).
- Provide a regional platform for an efficient and sustainable integrated urgent and emergency care system (e.g. integrated care records, coordinated assessment services, care plans, direct booking into services etc.).
- Identify gaps in the system, facilitating improvements, managing demand and pressure regionally.
- Aim to provide a significant portion of the patient transport services in the region, so we will be a provider of transport services across the whole spectrum of urgent, emergency and planned care.
- Aim to be a partner in 111 services, developing strategic partnerships and working more closely with other providers.
- Provide other services and new models of care as opportunities arise.
- Continue to support on going delivery of the right care, with the right resource, in the right place and at the right time.
- Continue to deliver excellence in patient experience and outcomes.

In summary the EMAS strategy over the five years of this plan is to transform ourselves into an organisation that is able to achieve key performance and quality standards, supporting reductions in emergency admissions, in a consistent and sustainable way (years one and two).

From this position, we seek to expand our service offering, building on our unique position as a regional provider with core skills, infrastructure, capacity and capability in call centre management, clinical assessment and provision of transport, to position ourselves as the platform upon which the urgent and emergency care system in the East Midlands can become sustainable (years three to five).

We recognise that successful delivery of our strategy will be dependent on the achievement of a number of strategic objectives. We recognise that a key objective is the delivery of a quality service, and that we need to build a reputation among stakeholders as an organisation that can deliver a quality service. By quality, we mean delivering consistently within all three domains of quality: patient safety, patient experience and clinical effectiveness. In order to build a strong reputation, we will need to develop innovative service offerings that help to address the current and future challenges in the urgent and emergency care system in the East Midlands, and we will do this through working with partners to provide and facilitate greater integration. This will be delivered through skilled and motivated staff working within an effective and efficient organisation.

We have, therefore, identified six strategic objectives. These elaborate on the vision and strategy overview and provide a more detailed focus on how the vision will be delivered:

Our Quality: We will respond to our patients with a high quality service which consistently meets national ambulance targets quality indicators

Our Reputation: We will be recognised nationally as a reliable provider of high quality out of hospital and community based care across the East Midlands

Our Innovation ambition: We will be recognised nationally as a leading innovator in out of hospital and community based care

Our Integration approach: We will work in partnership with our local health care, social care, and voluntary sector partners to deliver and enable integrated patient services and care pathways across the East Midlands

Our People: We will consistently develop and support our people to be highly skilled, highly motivated, caring and compassionate professionals

Our Efficiency: We will make the most effective use of all our resources, delivering upper quartile performance on our indicators for money, staff, premises, and fleet.

The IBP identified that the development of our strategy would be underpinned by a series of supporting strategies, one of which is this Fleet strategy. The IBP also recognised that each of these supporting strategies would be reviewed to ensure they reflect, are consistent with and support the strategy and future operating model detailed in our plans.

Our IBP includes a future operating model that reflects the fact we know, in years one and two of our plan, we must place significant emphasis on:

- the delivery of core performance at a county level

- the delivery of clinical indicators
- the provision of a sustainable service

The Current Model

- The current service model is based upon core clinicians (Paramedics) operating on frontline vehicles and the dispatch of the nearest available resource to attend to patient care irrespective of the clinical need.
- This model involves the deployment of our most skilled staff in all circumstances and makes no allowance for case mix. Additionally, the majority of patients are transported to the nearest Accident and Emergency facility with little opportunity for our skilled staff to exercise the full range of their clinical judgement.
- Whilst this model is effective at one level, in that patients are seen and treated promptly, we regard it as being unsustainable in the longer term where demand is increasing within a decreasing financial envelope.
- In developing options for the future, both EMAS and our commissioners are clear we will want to retain elements of the model that support delivery of consistent operational performance and financial sustainability, whilst operating at the centre of a more integrated urgent and emergency care system.

Years Three to Five – Future Operating Model

- Our proposed future operating model has, at its core, a whole system approach to urgent and emergency care, with EMAS acting as the co-ordinating entity at the centre of the system, either providing care directly or signposting to other services.
- This model ensures the most appropriate and effective response to meet the needs of our patients and/or the referring clinicians. Put simply:

“.....Supporting delivery of the right care, with the right resource, in the right place and at the right time.”

Specifically, the EMAS future operating model is designed to deliver:

- A single urgent and emergency care platform to which other services can align or where we can host for others (e.g. NHS 111).
- A single point of access for 999, NHS 111 and clinicians requiring access to integrated services.
- An early warning system to the East Midlands health economy that will provide advance notice of system pressures, supporting capacity management across the whole system.
- A 24/7 multi-professional access team who will signpost and liaise with other health and social care providers, maximising appropriate skill mix and resource deployment.

- Continued delivery and improvement on performance and clinical indicator requirements as agreed with our commissioners.
- Maintenance of performance standards as per commissioner requirements through appropriate skill mix and resource deployment.
- Creation of a platform for Individual Care Records, Care Planning and direct booking of primary and community services where agreed.

These key features will continue to be underpinned by the following principles:

- Consistent delivery of core performance.
- Services are clinically sound and well governed.
- A collaborative approach in line with Commissioner expectations.

3. Strategic Plan

3.1. The vision and objectives of this strategy are to:

- Deliver an operational fleet that is fit for purpose and affordable in conjunction with the Trust's operational, clinical and financial plans.
- Directly support patient and staff safety and the patient experience.
- Assist with delivery of an effective fleet replacement programme that will drive down the age profile of the fleet to seven years by the end of the 2018/19 financial year.
- Provide a fleet that ensures resilience on a 24/7 basis throughout the year based on forecast rota patterns.
- Deliver a deep cleaning service that ensures operational efficiency that is compliant to internal compliance standards that will withstand scrutiny from the Care Quality Commission.
- Commence the scoping of an affordable and sustainable vehicle preparation service in conjunction with Operations and Estates leads.
- Support key objectives of the Trust in terms of achieving national and local targets.
- Work with specialist departments within the Trust (Emergency Preparedness, HART, Education & Development etc.) to ensure provision of suitable and appropriate specialist single and multi-role vehicles.
- Maximise levels of vehicle availability within fleet numbers.

3.2. There are nine core key concepts that drive this strategy:

Fleet Replacement Plan

- Clear definition of a sustainable fleet replacement plan that fully aligns to the Trust's Integrated Business Plan 2014 – 2019 is required. In the current financial year the need to invest in higher levels of fleet replacement has been recognised by the Board with a reprioritisation of capital investment in favour of fleet replacement being implemented during 2014/15. This strategy sets out how this investment will be expanded to fully align with the Integrated Business Plan to the end of year 2018/19.
- The Trust currently has a fleet profile of 522 vehicles, including Double Crewed Ambulances (DCA's), Fast Response Vehicles (FRV's) and other associated vehicle types. The size and type of fleet operated within the Trust is based on operational requirements and the current Operating Model. For the calculation of vehicle numbers, a DCA is classified as a double crewed ambulance that has been converted to be used for the full range of A&E (999) duties. The Urgent vehicles are a different type of DCA that are not converted to the same standard as an A&E DCA and these vehicles are generally not interchangeable. In order to future proof the organisation, DCA vehicles will be built to a single platform standard to accommodate both A&E and Urgent requirements.
- A significant amount of these vehicles had an original planned lifespan of seven years but due to the level of investment in recent years, some have been kept in

front line service beyond this timeframe. A number of DCA and FRV are now in excess of nine and ten years of age. The result of this is now having a negative effect upon reliability, vehicle off road (VOR or downtime) and operating costs.

- The exception to this are the specialist resource vehicles such as the major incident and Hazardous Area Response Team (HART) vehicles. Due to the relatively low utilisation and mileage, it is more financially responsible to retain these for a longer period. Whilst these vehicles will still require scheduled maintenance, it is more financially viable to retain rather than replace with a realistic and expected 'in service' life of 7 – 10 years.
- During Q1 of 2014/15, a peak load modelling exercise was completed by the Trust's Performance Management Information Team (PMIT) utilising data from the current operational rotas that have been implemented across the Region. This has allowed Fleet Services to fully understand what the peak low, high and average vehicle requirement is by hour of day across the Region and by County for our main resource types (DCA & FRV). This will be re-run on a quarterly basis and when rotas change to ensure that the Trust understands the vehicle resource requirement to support our core operation and to flex vehicle availability as vehicle numbers allow.
- In addition to the numbers of vehicles required to support Operations, a certain number of spare vehicles are also necessary to ensure availability at all times to meet patient need. This capacity is used to support the routine servicing, planned preventative maintenance, safety checks, accident damage and deep cleaning schedules. The Trust currently has a spare capacity of 24% for DCA's and 29% for FRV's (excluding specialised vehicles for HART, Events, Neo-natal transfers etc.). This has been benchmarked against other NHS Ambulance Trusts to determine whether this is a realistic, minimum percentage which will provide a safe and resilient fleet availability whilst make best use of limited resources. Fig.1 shows this comparison against two performing NHS Ambulance Trusts.

Fig 1.

	DCA Spare Capacity	FRV Spare Capacity
EMAS	24%	29%
Ambulance Trust 1	33%	41%
Ambulance Trust 2	39%	40%

- The vehicle retention and replacement programme in this strategy fully accounts for a variety of factors including affordability, available funding, age, mileage and condition. These criteria will ensure that the optimum combination of age, mileage and use is reached taking into consideration the cost of repair and maintenance to obtain best value during a vehicle's operational life cycle. Fleet Services are proposing a seven year vehicle replacement programme based on existing funding assumptions reducing to five years for FRV's if additional funding can be secured, which would facilitate the following levels of county based capacity:

Fig 2.

	DCA Output	DCA Proposed	% Spare Capacity	FRV Output	FRV Proposed	% Spare Capacity
Derbyshire	38	51	33%	21	28	33%
Leicestershire	35	47	33%	21	28	33%
Lincolnshire	48	67	40%	28	37	33%
Northamptonshire	20	27	33%	15	20	33%
Nottinghamshire	39	52	33%	24	32	33%
EMAS	180	244	35.5%	106	145	33%

- In order to immediately improve the spare capacity numbers for DCA's in particular it is proposed that a total of 11 vehicles will not be decommissioned once the initial 29 replacement DCA's are commissioned for service during Q3 and Q4 of 2014/15. This will help manage the impact of recently written off vehicles and will also increase the DCA spare capacity to a minimum of 33%, with the exception of Lincolnshire which will continue to operate with a 40% DCA spare capacity due to the geography of the county. These will be replaced year on year during the remainder of the fleet replacement plan as required.

Trust Workshop Provision

The Trust has three fully operational fleet maintenance workshops at Alfreton, Leicester (Gorse Hill) and Northampton all of which operate during 'normal, office – type' hours Monday to Friday with a limited Saturday morning service.

- It is the intention to utilise the workshops as efficiently as possible to maximise vehicle availability. This will be supported by the increase in Ambulance Support Team (AST) numbers who in addition to vehicle deep cleaning will assist in reducing the crew downtime by moving vehicles to and from workshops.
- The introduction of workshop Team Leaders especially operating during the extended working hours will significantly improve the management tier within Fleet Services with provision of a supervisory grade. This will assist with first line management, resolution of day – to – day matters, maximising efficiency and ensure that all personal development reviews and staff support are facilitated in a prompt and professional manner at the correct level at the right time.
- In addition to the extended workshop hours a fully modernised mobile mechanic network will also be introduced across all five counties. By benchmarking with other Trusts and adopting successful models for Trust use, the proposition is to provide a total of six fully equipped mobile workshops that will support all of the operational Divisions.
- Recruitment of a specialist Fleet Parts Advisor will reduce down time and subsequent costs by ensuring components are procured in a timely manner and at the optimum discount.
- Fleet Services will continue with a succession plan linked to the vehicle technician apprenticeship programme. It is absolutely crucial that whilst the Trust has participated with this scheme in the past, that we continue to do so to develop young and emerging talent that has been nurtured within our own system and has specialised in ambulance based vehicles.
- Enrolment of all Trust workshop technicians to the Accredited Technician programme to ensure high standards of training, education and workmanship will also continue to

ensure that the Trust continues to recognise the importance of staff development of every grade within Fleet Services.

External Servicing Provision

The Trust has a number of service level agreements for externally based servicing within the Lincolnshire (including North & North East Lincolnshire) operational Division.

- During the first year of this strategy, Fleet Services will comprehensively review these agreements to ensure that they are fit for purpose and provide a cost effective, value for money service.
- During a recent external review, Transtech Consultancy clearly highlighted the difference in hourly pay costs between the external service providers and EMAS workshops, with the difference being a nominal £10.00 per hour in favour of EMAS provided labour.
- Along with the difference in pay costs, the rationale for this review from a qualitative perspective is relatively simple and shows a consistent theme alongside other Ambulance Trusts that have experienced outsourcing of vehicle servicing. Examples of this are:
 - When a vehicle is repaired by external contractors the Trust has less control over the quality of the work performed.
 - Non-ambulance service mechanics are not trained to repair or maintain ambulance equipment or the additional electrical systems required to fulfil our role.
 - All maintenance work conducted in-house remains under the Trust's control; the pace can be varied to take account of variations in operational demand and activity and immediate concerns can be promptly dealt with in a dynamic manner.

Reduction of Preventable Vehicle Damage

During 2013/14 the Trust spent a total of £233,768 repairing damaged vehicles that could, with better management have been prevented. The main cause of preventable accident damage is reversing and slow manoeuvring incidents which in total account for 59% of the Trust's total accident numbers. In order to remedy this excessive spend, Fleet Services in conjunction with the operational divisions and the Driving Tutors within the Organisational Learning Department will robustly manage these types of incidents.

We have undertaken a risk review with our insurers and this will help implement additional initiatives based on best practice from the commercial sector.

Review the VRC Function

The Vehicle Resource Centre (VRC) is currently based within the Horizon Place Emergency Operations Centre (EOC) and is planned to co-ordinate vehicle movements and deep cleaning processes for infection prevention and control measures. It also provides 'real time' intelligence to the EOC's for all matters regarding fleet. A comprehensive review will be undertaken during the remainder of Q3 of 2014/15 of the VRC led by the Assistant Director of Operations (Support Services) to ascertain whether the function they are currently providing is what was originally intended when it was commissioned and what is required to make it more efficient.

Fleetwave

The Trust has recently purchased the 'Fleetwave' Fleet Management System which utilises the very latest technologies to provide a comprehensive fleet management system for all sizes of fleet operation, using an internet or intranet platform. This system is used by other high performing and successful organisations including NHS Ambulance Foundation Trusts. This application will become the single EMAS system for collating and monitoring vehicle and equipment maintenance programmes as we close down and migrate current arrangements over from existing spreadsheets that are in use. Fleetwave will integrate with other Trust systems via a direct link or data upload.

VueTrak

VueTrak is the final piece of software that will ensure that the Trust can track all of its vehicles even when they are non-operational providing a real time location service in conjunction with Fleetwave that will enable Fleet Services to manage the assets in a more efficient manner. The VUEtrak vehicle solution is a complete tracking and telematics system which can be integrated with any VUE camera system (also fitted to Trust vehicles) to give a comprehensive fleet and risk management tool. Incorporating new technology, the unit has a 'text to find' feature which means that you can text a vehicle to find its location.

Deep Cleaning & Vehicle Preparation

The Trust will maintain its existing systems and resources allocated to deep cleaning and vehicle preparation over the next two years, whilst in the same period developing a medium term option appraisal to consider a fundamental and sustainable vehicle preparation system. In the first two years of the strategy, Fleet Services will:

- Ensure that the funding streams for all AST staff are correctly aligned for each division.
- Provide assurance that in line with correct funding, capacity to deep clean all vehicles to required key performance indicator standards is maintained during each deep clean cycle.
- Correctly locate all AST staff in key locations to provide maximum deep clean provision and resilience where required.
- Consolidate and evolve rota patterns across all Ambulance Support Teams to support 24/7 working where demand dictates and is applicable.
- Ensure that all AST staff are trained to a single standard that meets the Trust's requirements for deep clean services.
- Benchmark ambulance deep cleaning services across other NHS Ambulance Trusts and ensure best practice is adopted.
- Assist with auditing of Safer Ambulance Checklists.
- Take responsibility for station consumable stores and stock ordering.

Fuel Management

The current practice for fuel management for Trust vehicles is by two separate routes; fuel cards and bulk storage on Trust owned or leased sites. All operational vehicles are provided with a fuel card which allows fuel to be drawn at a wide number of refuelling stations nationwide that accept fuel cards. From a civil contingencies perspective and to comply with NHS Guidance on Planning for Disruption to Road Fuel Supply, the Trust aims to maintain fuel bunkering to provide for 20 day's fuel for the operational fleet. In conjunction with the requirement to comply with the NHS Guidance on Planning for Disruption to Road Fuel Supply, the strategy will, during year 1 clearly review fuel storage and management across the Region and ensure that a standardised approach is adopted that provides best value for money and required efficiencies. Additionally, the new double – crewed ambulances that will be commissioned during Q3 & Q4 of 2014/15 will also have a variable speed limiter fitted. This will restrict the maximum speed of these vehicles to 60 mph which is in line with the allowed speed for this weight of vehicle on a dual carriageway. This will not compromise 999 responses as upon engaging the 999 mode in the vehicle, the speed restrictor is removed giving access to full power. It is proposed that this is also fitted to all vehicles that are considered to be viable in life (i.e. those that are five years of age or less). All DCAs that have a minimum of two year's operational life left will also be fitted with this system. Again, there will be an investment cost, but based on an assumed maximum 8-10% fuel saving per vehicle (at 60 mph) it is expected that the amount invested will be offset by the amount saved on fuel costs. The same system will be fitted to all fast response vehicles and other ambulance support vehicles which will ensure that the Trust is ensuring that maximum fuel efficiency is gained when vehicles are not engaged in 999 activity.

- 3.3.** The implementation of this strategy will support the delivery of the Trust's Strategic Objectives. In particular the strategy will reconcile to each of the 6 strategic objectives in the following ways:

Quality

Fleet Services will transform the way in which vehicles are maintained and serviced to maximise vehicle availability. Provision of an operational fleet that ensures resilience on a 24/7 basis and implementation of an approved fleet replacement plan thereby reducing the age profile of the fleet will assist in driving the quality agenda for the Trust.

Reputation

In order to enhance the Trust's reputation, Fleet Services will directly support patient and staff safety and the patient experience by implementing the key elements as stated in section 3.3.1.1. The views of both staff and patients will be taken into account during vehicle design and specification and guarantee that an appropriate response is made with respect to Care Quality Commission (CQC) recommendations to ensure the Trust remains CQC compliant. To ensure vehicle specification and

procurement are in line with best practice. A more robust Ambulance Support Team function will ensure deep cleaning standards are consistently achieved.

Innovation

Fleet Services will maximise the benefits from investment in technology so support fleet management and required reporting. Provision of a modern ambulance borne fleet using procurement and extensive design experience will continue to secure innovative vehicle design and provision.

Integration

Integration and alignment with other support strategies such as Estates and ICT will further embed the Fleet Services Strategy within all elements of Trust business and eradicate any suggestion of 'solo' based working. Fleet Services will continue to facilitate and support Trust wide initiatives and developments as required.

Workforce

Recruitment and retention of a skilled and flexible workforce who are well trained and provide a quality services will be crucial in establishing Fleet Services as a nationwide leader of ambulance service maintenance provision. Further support will be provided to the vehicle technicians ensuring that they receive appropriate training and registration through a recognised industry body to ensure optimum skills for specialised vehicles. The Trust will continue with development of a succession plan linked to the vehicle technician apprenticeship programme. It is absolutely crucial that whilst the Trust has participated in this scheme in the past, that we continue to do so to develop young and emerging talent that has been nurtured within our own system and has specialised in ambulance based vehicles.

Efficiency

Fleet Services will deliver achievable efficiency savings which demonstrate the principles of VFM and Best Value and continue to contribute to the Trust's Cost Improvement Programmes without compromising quality or patient safety. Continuation of appropriate tendering facilities and good use of resources in vehicle purchasing and procurement will further contribute to efficiency savings as necessary. A full review of fuel usage and the implementation of fuel management plan will complement the efficiency savings during the life of this strategy.

3.4. There are key benefits from all nine core Fleet Services workstreams:

Fleet Replacement

The key benefits for fleet replacement are mainly from a qualitative perspective:

- Reduction of the Critical Vehicle Failure Rate to <1:25,000 miles.
- Operating of vehicles within their economic timeframe will reduce running and maintenance costs accordingly.
- Appropriate Fleet numbers will provide the correct spare capacity by Division and assist with the reduction of downtime.

Trust Workshop Provision

- Extended opening hours will allow the Trust to maximise the amount of time workshop provision is available.
- Allow Fleet Services to schedule servicing during hours in which the Trust's ambulance provision reduces due to demand patterns (i.e. after 1700 hours and weekend periods).
- Ensure that vehicle 'down time' is further minimised due to servicing requirements by operating extended hours.
- Schedule deep cleaning cycles during the evening and night periods in conjunction with scheduled evening service requirements.
- Better first line management, resolution of day to day matters, assisting with maximising efficiency and ensuring that all personal development reviews and staff support are facilitated in a prompt and professional manner.
- Provision of a mobile workshop service to remedy minor vehicle faults across the Trust's multiple sites at the commencement of shifts and during shift time where it is more practical to travel to a site rather than recover or drive a vehicle with a minor defect to a workshop.
- Reduction in call out fees for our 3rd party vehicle mechanic support.
- Reduction in the downtime that occurs at the commencement of shift by having an appropriately equipped and resourced mobile service available.
- Recruitment of a specialist parts advisor will also assist with reduction of downtime by ensuring components are procured in a timely manner and at the optimum discount.

External Servicing Provision

From a qualitative perspective, removing the external servicing provision in Lincolnshire will have the full support of the local operations management team. The expected benefits from this are:

- Better control and subsequent flexibility in repair and return for vehicles that require servicing and repair.
- Improvement in the quality of repair due to adherence to Trust policies and procedures and in conjunction with manufacturer's requirements.
- Assurance that vehicle technicians working on Trust vehicles are fully trained to maintain ambulance borne equipment and the specialist, additional electrical systems fitted.
- Ability to schedule maintenance to take into account variations in operational demand and activity and allow for immediate concerns to be dealt with promptly in a dynamic manner.

Reducing Preventable Accidents

A total of 240 incidents (59%) of vehicle collisions recorded by the Trust during 2013/14 were classified as avoidable. It is envisaged that by robust management of these types of incident in partnership with the local divisions and the Education and Development teams, a 50% saving of circa £100k. In tandem with this, the Trust's

reputation will also significantly improve amongst our peers and stakeholders if we are seen to be improving avoidable collisions.

Review the VRC Function

Reviewing the Vehicle Resource Centre will ensure that the Trust has an assurance that the VRC provides the services that was intended when it was commissioned. If deemed viable, the key benefits of the VRC will include:

- An awareness of vehicle resourcing and the ability to map that to the staff resource requirement.
- Scheduling of routine maintenance at optimum times to ensure service compliance to CQC standards.
- Scheduling of deep clean cycles in conjunction with routine vehicle maintenance at optimum times to ensure service compliance to CQC standards.
- Identifying and co-ordinating vehicle movements and replacements during in shift time and reduce the amount of time spent on this task by operational Team Leaders.

Fleetwave

Fleetwave has a number of qualitative benefits that include:

- Quick identification of warranty claims (for work that might otherwise be paid for).
- Has accident, contract, workshop, pool vehicle management modules available.
- Highlights 'rogue' vehicles and drivers by identifying patterns of driving behaviour.
- Has a fleet status tool that instantly highlights tasks that are overdue, due or need to be carried out shortly.
- Can view stock levels at all Trust sites and carry out inter-site queries.
- Stores full vehicle details for all the different types and specifications of vehicles - regardless of whether they are ambulances, fast response vehicles, support or other specialised vehicles.
- Schedules diary dates for routine, planned servicing, MOT's and deep clean cycles.
- Warns of statutory requirements in advance.
- Sends reminders to all relevant parties automatically via mail, email or text.

VueTrak

VueTrak's main benefit is the ability to locate all of our core resources (ambulances and fast response cars) at any time irrespective of whether the ignition is on or off. It incorporates new technology with a 'text to find' feature which means that you can text a vehicle to find its location. A reply message will show where our vehicles are on Google maps, even if the vehicle is shutdown with the ignition switched off.

Deep Cleaning & Vehicle Preparation

Benefits of improving and evolving the EMAS deep cleaning function are:

- Consistently achieving the required deep clean key performance indicators resulting in better Infection, Prevention & Control compliance.
- Providing assurance to internal and external stakeholders (including the CQC) that the Trust is able to deep clean its operational vehicles to a required and consistent standard.
- Ensuring appropriate financial alignment to Divisions will provide a cost effective and efficient deep cleaning service.
- Aligning rotas to demand based activity will enable the Ambulance Support Team staff to deep clean more vehicles at times when they are not being utilised minimising downtime.
- Some of the identified benefits of a full vehicle preparation system (if adopted fully) are:
 - Ensuring that operational staff commence each and every shift with an appropriately stocked, checked and clean vehicle and equipment.
 - Removal of pre – shift checks by operational staff provides more time to respond to patients.
 - Improved compliance with consumable stock management.
 - Improved monitoring of cleanliness and infection control standards of vehicles and equipment.
 - Reduction in vehicle downtime by concentrating vehicle resources at key sites.

Fuel Management

The highlighted benefits in addressing the issues identified with fuel management are:

Improvement in control and issue of bulk fuel by installing and networking the Merridale fuel monitoring system to all sites deemed as viable in conjunction with the Estates Strategy.

Reviewing and potentially decommissioning a number of bunkered fuel tanks will remove the need to service an excessive amount of fuel tanks on an annual basis.

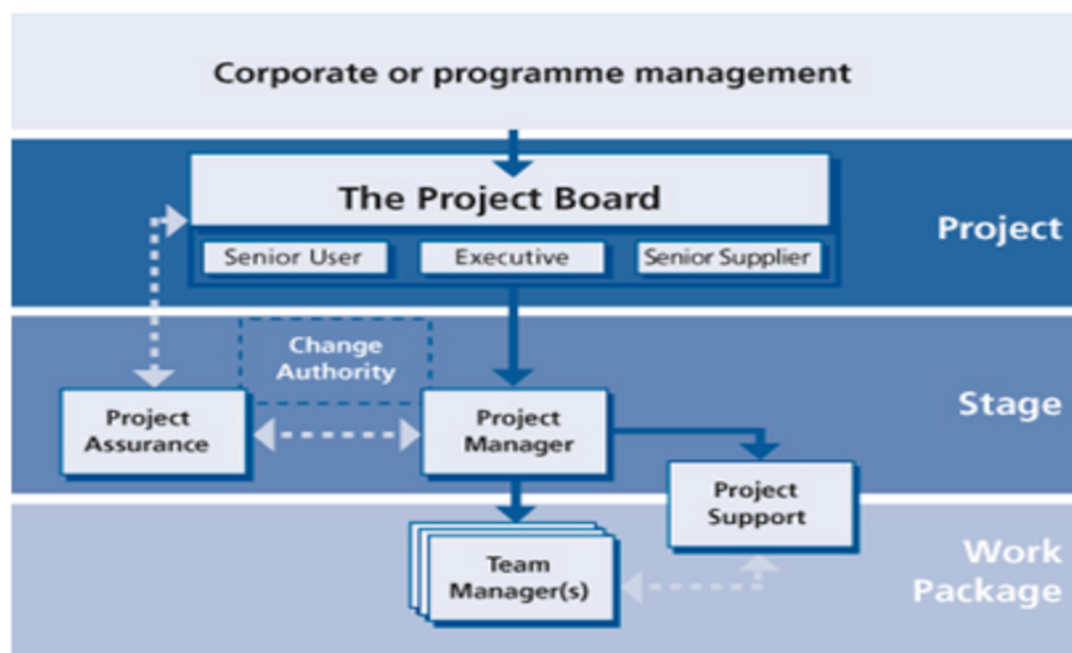
Ensure that fuel consumption figures are collated accurately within the newly installed Fleetwave system and reported on regularly as part of key performance indicators.

Installation of speed limiters on emergency ambulances when not engaged on emergency calls has the potential to save 8% - 10% on fuel costs per vehicle.

Review of the fuel card system will ensure that the Trust receives best value without attracting transaction fees.

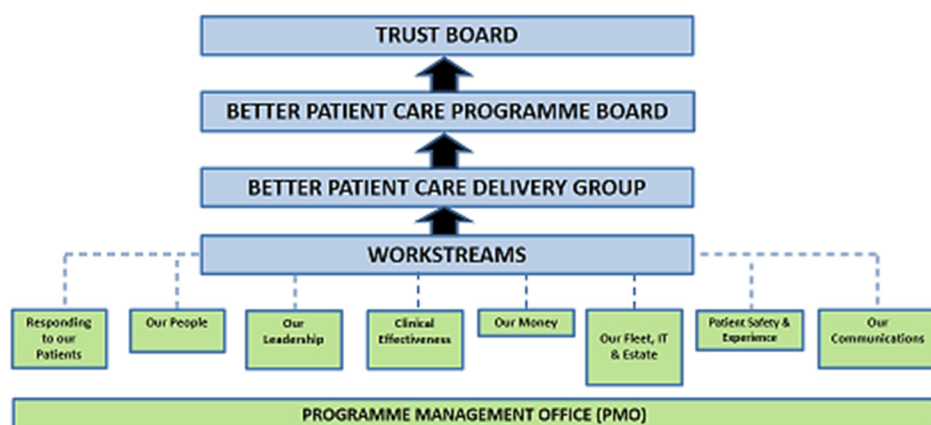
4. Implementation of the Strategy and Monitoring

- 4.1.** Following full Trust Board approval of the Fleet Services Strategy, implementation will be facilitated by the production of business cases for each relevant work stream. These will be developed in conjunction with the Finance Department's support and presented for approval through the Trust's decision making processes.
- 4.2.** The Fleet Services management team will develop an annual plan on the basis of implementing and delivering this strategy on a year by year basis commencing from 1 April 2015. Appropriate arrangements for monitoring of the annual plan and the associated individual core work streams will be put in place, and the broader objectives of the Fleet Services strategy will be aligned to the Trust's Scheme of Delegation.
- 4.3.** It is anticipated that each of the core work streams will have a programme/project management infrastructure attached to it as required. A typical structure that would be considered for this is shown below:



- 4.4** Directorate governance for the nine core Fleet Services workstreams will be through the Operational Senior Management Team meetings chaired by the Director of Operations. From a corporate governance perspective, these workstreams will report through the Better Patient Care governance framework as shown in the diagram below.

BETTER PATIENT CARE GOVERNANCE



5. Strategy Stakeholder Engagement

- 5.1.** Absolutely key to the success of this strategy is to ensure robust communications channels and effective liaison with internal and external stakeholder groups including Ambulance Commissioners, Health & Social Care Providers and other 999 services where applicable.
- 5.2.** The Fleet Services Management Team will seek to develop an effective partnership and teamwork approach with all stakeholders to ensure that the fleet operation is integrated with and fully supports the aims and objectives of the Trust.
- 5.3.** From a business development perspective, Fleet Services will continue to engage with the Director of Strategy and Business Development to ensure that opportunities to expand business are fully supported from inception to operation.
- 5.4.** External engagement will be expanded to include the Collaborative Commissioning Groups and other key external stakeholders to ensure that they are fully aware of our plans and that input where required is received and considered.
- 5.5.** Operationally, the Head of Fleet Services will meet as required with Operational Managers within Divisions to ensure that any issues with or regarding Fleet provision have their place on both local, Directorate and Trust agendas. This will guarantee that any issues that may have an impact upon Fleet Services can be relayed back for appropriate action. Issues that have the potential impact could be a change in the Operational Model requiring a different Fleet profile and provision or additional resources being deployed.
- 5.6.** Internal staff engagement is already firmly embedded within Fleet Services and this will continue to be the case going forward. In particular the following are examples of how Fleet Services interact with our staff:
- Structured vehicle design workshops where operational staff and staff within other Trust directorates can input into the design and layout of Trust vehicles.
 - Formal feedback forms following development of vehicle design so that staff who do not participate within the structured workshops have the facility to ensure that their views and observations are considered during the next phases of vehicle design.
 - Via formal Listening into Action workshops and events as part of the Trust's wider LiA work stream.
- 5.7.** Collaborative opportunities will be exploited through the National Strategic Ambulance Fleet Group to improve quality, standardisation and reduction of costs through economies of scale whenever and wherever possible.

6. Enablers/Interdependencies of the Strategy

6.1. Patients that use our services and EMAS clinicians that provide them will be totally reliant on this strategy being affordable and sustainable in the long term. An approved strategy that meets these key requirements will provide an effective and efficient Fleet Service that supports patient care and provision of an appropriately designed and maintained vehicle to respond in.

6.2. This strategy has key relationships with the following Trust Directorates as key enablers and interdependencies of the Fleet Services strategy:

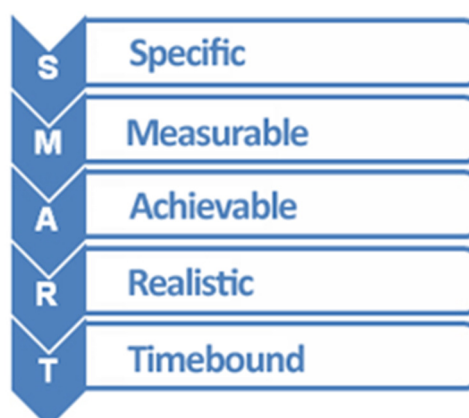
- Operations
- Finance
- Strategy and Business Development
- Information & Performance
- Workforce & Organisational Learning
- Medical & Nursing

6.3. The following strategies and other key documents are also closely linked to the Fleet Services strategy:

- EMAS Integrated Business Plan 2014 – 2019
- Estates Strategy
- ICT Strategy
- EMAS Sustainable & Adaptation Development Plan

7. Quality and Governance

- 7.1.** A financially efficient and effective Fleet Services strategy will be instrumental in providing the correct type of ambulance resource for operational staff.
- 7.2.** Continuation of peak load modelling exercises by Division and by Region will allow Fleet Services to continue to understand and match resource demand by vehicle type based on current operational rotas. As demand increases and operational rotas evolve, further peak load modelling exercises will be undertaken to ensure resource demand requirements are met.
- 7.3.** Production of the correct resource demand by type will assist the operational Divisions in meeting national response times and other agreed performance standards. Vehicle design groups that also assess the viability and clinical effectiveness of equipment and consumables on vehicles will continue to be scheduled with input from the Deputy Medical Director, Consultant Paramedics and representatives from Infection, Prevention and Control staff. Input from operational staff will also be instrumental in maintaining a front line focus on clinical effectiveness.
- 7.4.** Fleet Services will continue to deliver achievable efficiency savings which demonstrate the principles of best value and value for money. This will be scoped and managed in conjunction with the Trust's Cost Improvement Plans as required.
- 7.5.** Monitoring the quality of Fleet Services will be shown within a balanced scorecard against SMART and agreed objectives and key performance indicators. The balanced scorecard is currently being developed with specific focus on the operational Divisions. The governance and monitoring for the balanced scorecard and key performance indicators will be undertaken during the Operational Senior Management Team meetings chaired by the Director of Operations and specific performance meetings jointly chaired by the Director of Operations and the Director of Information and Performance.



8. Finance

8.1. This section sets out the financial elements of the Fleet Services strategy and outlines the revenue budget, management arrangements and proposals for additional investment in Fleet Services, assumptions on efficiency and the proposed capital investment programme over the next four years.

8.2. *Revenue Budgets:* The revenue budget for Fleet Services is £15.3 million per annum, and therefore the Trust spends approximately 10% of the total Trust resource on its fleet. The revenue budget can be summarised as :

	(£m)
Pay- Workshops	0.8
Management and Administration	0.6
Ambulance Support Team	0.8
Maintenance and Insurance	3.7
Fuel	4.7
Capital Charges	2.5
Leasing	2.6
CIP	(0.4)

	15.3

8.3. *Budget management:* The revenue budget and its management arrangements are currently under review. In 2014/15 the budgets are overspending as a result of underachievement of a challenging CIP programme and concerns about baseline budget setting on non-pay. It is expected that budgets are re-set for 2015/16 on an appropriate basis and that budget management improves. At present budgets are devolved to divisions but for 2015/16 budgets will be centralised under the Assistant Director of Operations (Support Services) to ensure that management arrangements and accountability are aligned.

8.4. *Efficiency:* Fleet Services will aim to deliver annual cash releasing efficiency savings both to contribute to the Trust's overall efficiency savings requirements and to demonstrate best value and value for money in the way Fleet Services are provided. The plan assumes Fleet Services contribute a programme of up to 4% in the first two years of the strategy, reducing to 2% in the later years of the strategy. This would be based on pay and non- pay budgets (i.e. excluding capital charges). This equates to £1.2 million savings over the strategic planning period; section 3 of the strategy outlines some of the key ways in which efficiency gain will be delivered over the next two years. In addition, the fleet management team will support the Trust's service growth and income generation proposals by playing a key role in planning and delivering the transport requirements associated with new contract opportunities, in particular related to PTS.

8.5. Development Programme: The strategy outlines the revenue investment required to deliver the strategy, particularly focussed on workforce, the Ambulance Support Team, the VRC function and the fleet contribution to the future estates model and an enhanced vehicle preparation system. In addition, it is assumed that Fleet Services will be appropriately funded (via new contract income) for the transport costs of new service contracts such as PTS.

8.6. Capital Investment: The Trust's overall strategic capital programme assumes that £3.9m will be available to spend in 2014/15 and that over the following four years a further £19.3m will be invested in the fleet replacement programme. This level of investment will allow the purchase of 211 vehicles between 2015 and 2019, facilitate an overall age profile for our fleet of a maximum of seven years by 2019 and start to provide a higher percentage of owned vehicles compared to current numbers. The proposed utilisation of capital resources and the number of vehicles to be purchased are set out in the tables below:

a) Utilisation of resource

	2015-16	2016-17	2017-18	2018-19	Total
	(£m)	(£m)	(£m)	(£m)	(£m)
Double Crew Ambulances	3.7	4.5	4.0	4.0	15.6
Fast Response Vehicles	0.4	1.1	0.4	0.4	2.3
HART	1.0	0.0	0.0	0.0	1.0
Other	0.0	0.2	0.1	0.1	0.4
	-----	-----	-----	-----	-----
Total	5.1	5.8	3.9	4.5	19.3
	-----	-----	-----	-----	-----

b) Number of vehicles

Double Crew Vehicles	30	36	27	32	125
Fast Response Vehicles	12	30	12	12	66
HART	10	0	0	0	10
Other	0	5	2	3	10
	-----	-----	-----	-----	-----
Total	52	71	41	47	211
	-----	-----	-----	-----	-----

8.7. In addition to the above programme, the Trust will need to manage the impact on vehicle requirements of the Patient Transport Services we provide. The Trust

currently leases 30 vehicles which support the Northern Lincolnshire PTS contract. The lease period ties in with the contract period and it is currently assumed that the requirements for PTS vehicles both for this contract and any other contract we bid for will be covered in the business proposal and business case for those contracts, with a planning assumption that PTS vehicles would continue to be leased.

8.8. Enhancing the Fleet Replacement Programme: This capital programme provides a higher and sustained level of investment in fleet replacement than seen historically, but further capital investment over this level would have additional benefits. In section 9 of the strategy on risk management the possibility of further investment is considered on a '*going further faster*' basis. The Board have recognised these benefits and have initiated discussions with the NHS TDA about the possibility of a loan to make further investment in our fleet to reduce the age profile further, particularly for Fast Response Vehicles.

8.9. Business Cases: It is assumed that any investment proposals for implementing this Fleet Services strategy will be based on the approval of business cases. A range of business cases will be developed over the strategic planning period, the main ones being to support further investment in fleet replacement, further investment in Ambulance Support Teams, invest to save style proposals and cases for revenue investment as summarised at section 8.5. The business cases will set out the benefits and anticipated return on investment. It is assumed the strategic direction for estates based investment will be led jointly through the Estates Strategy and Fleet Strategy teams, and funded via the estates capital investment budget.

9. Risk Analysis

9.1. Approach

- We have robust, comprehensive and effective risk management systems in place to manage clinical, financial and business risk. Underpinning this is the Risk Management Policy and the Governance Strategy. Leadership is given to the risk management process by the Board and through Board Committees, which view risks from a variety of sources.
- We have identified lead managers who monitor performance, compliance and assurance against a range of national standards.
- The Board Assurance Framework is the key tool used by us to provide assurance of that risk and control mechanisms are in place and operating effectively. Through regular monitoring of the Board Assurance Framework and the operational risk registers, which underpin the risk management process, the Executive Team and EMAS Board ensure that current risks are managed appropriately and there are suitable arrangements for preventing and deterring risk. The Board reviews the Board Assurance Framework every two months. Each risk and its mitigating actions are reviewed and the risk score considered and amended as necessary.
- The Board Assurance Framework is a high-level register of the risks to the achievement of EMAS's strategic objectives. Controls to mitigate these risks and evidence of those controls are also included.
- The Board Assurance Framework also includes risks that have been escalated to the Board from the operational divisions. The following committees review the Divisional Risk Registers and refer strategic risks to the Board:
 - Quality and Governance Committee
 - Workforce Committee
 - Finance and Performance Committee
 - Risk, Safety and Governance Group
 - Clinical Governance Group
- Divisional and local Risk Registers have been developed to ensure that risks, identified through the business planning process, are managed at a local level. Each Director is responsible for the risk registers within their Directorate. In addition, Directors are also accountable for specific risks in the Board Assurance Framework. The Board of Directors is accountable for controlling and mitigating organisational risk.

9.2. Risk analysis and management will be conducted in conjunction with the Trust's Risk Management Guidance. Risk management can be defined as all the processes involved in:

- Identifying, assessing, analysing and treating risks.
- Assigning ownership for risks.

- Taking action to mitigate or anticipate risks.
- Reviewing progress made in managing the risks.

9.3. Risk management is not a standalone activity that is separate from the main activities and processes of the Trust or of this strategy; it is part of the responsibilities of management and an integral part of all of the Trust's processes, including strategic planning and all project and change management processes.

9.4. The risks contained in this section of the Fleet Services strategy have been scored against the nine core work streams and are considered to be strategic risks. Strategic risks can be defined as key corporate risks which could prevent or seriously impact on the achievement of the Trust's objectives as set out in the Integrated Business Plan and the Annual Plan. Strategic risks, and associated action plans, are recorded in the Board Assurance Framework.

9.5. Local risks are lower level risks relating to Fleet Services' on-going day-to-day business will be managed at a local level by directorates and recorded on directorate risk registers.

9.6. The key risks for the Fleet Services strategy will be scored against the nine core work streams and the failure to deliver and kept locally with appropriately high scored risks escalated as per Board Assurance Framework guidelines.

9.7. Risks will be monitored and implementation of mitigated action will be via:

- The Board Assurance Framework (BAF) provides the Trust Board with assurance that the risks which could prevent the Trust meeting its strategic objectives are managed effectively.
- Local risk registers record risks which may affect the performance or achievement of those directorate objectives.

9.8. Sensitivity Analysis

This strategy has been developed on the basis of the Integrated Business Plan, and as such reflects the strategies, challenges, ambition and funding parameters set out in that strategic plan. A key risk to the delivery of the strategy will be the availability of an appropriate fleet. Section 3.2 of this strategy sets out the need for a clearly defined fleet replacement plan, and identifies how a fleet with a better age profile and appropriate level of cover can contribute materially to the operational performance of the trust through optimum availability and reliability of our fleet. Our current age profile does not benchmark well against other ambulance services, particularly in relation to Fast Response Vehicles where other Trusts report plans to work to a four or five year profile for those vehicles which are key contributors to Red performance delivery. We have also received criticism from the Care Quality Commission related to our fleet profile and vehicle availability. For all these reasons the Trust has initiated a proposal with the NHS TDA to provide additional capital for investing in the fleet replacement programme on a '*going further faster*' basis to increase the capital investment over the next four years from £19.3m to £24.3m. This would be subject to a business case which would need to demonstrate the operational, performance and

financial benefits of such an investment. The business case will be developed once further discussions have been held with the NHS TDA. A secondary benefit would be that such investment would further increase the percentage of owned vehicles compared to leased vehicles, and that change would support financial affordability.

If further finance was available then the priority for investment would be FRVs. The table below gives an indication of the fleet replacement programme we would implement if a further £5m was available to spend on fleet replacement over the next two years:

a) Use of resources		
	2015-16	2016-17
	(£m)	(£m)
Double Crew Vehicles	1.3	0.5
Fast Response Vehicles	1.2	2.0
	-----	-----
Total	2.5	2.5
	-----	-----
b) Number of vehicles		
Double Crew Vehicles	10	4
Fast Response Vehicles	34	54
	-----	-----
Total	44	58
	-----	-----

9.9 The fleet management team are committed to supporting the organisation to manage and respond to risks. This chapter has identified the process for managing local risks and the reporting of fleet based risks in the Trust's BAF. Further sensitivity analysis against strategic risks will be considered as part of the Trust's overall strategic risk planning and sensitivity analysis.