



Developing our Estates Strategy
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1. Executive Summary

1.1. Purpose of strategy

This developing Estates Strategy describes the Trust's existing estate and proposes the principles to be adopted to support any proposed changes for the future.

The developing strategy is intended to deliver a cost effective estate that provides appropriate and fit for purpose accommodation to support and enable the full range of the Trust's business activities, assist in achieving optimum operational performance, provide a safe and fully inclusive environment for Trust staff and visitors and embed an environmentally sound approach to developing and operating the estate.

The strategy includes a brief description of the service, an analysis of the current estate and considers how the current estate performs in support of the Integrated Business Plan Trust Vision and Strategic Objectives.

1.2. Key content detailed in the strategy

In 2012 the Board approved an estates strategy which set out a number of objectives, and in which a hub and spoke estates model was considered to be a key enabler. This model consisted of the establishment of 108 community ambulance stations which would facilitate more bases for staff to stop off at whilst they were away from their main base; and also allow for the twinning of certain ambulance stations as part of an overall reduction in current numbers, with an eventual move to 28 main stations in a hub and spoke model.

This original estates strategy set out how the implementation of the community ambulance station model would be supported in the interim by concentrating resources within fewer Ambulance Station Hubs.

Since November 2013, the main twinning process and development of the hubs has been on pause whilst the organisation has focussed on the delivery of our core service, and reassessed its key priorities. Some of the community ambulance stations have been implemented, in order to provide additional facilities for staff at standby points and as part of our approach for being an essential element of the communities we serve.

Now, having prepared a draft Integrated Business plan earlier this summer, we are ready to commence looking at our estate again over the next few months, to ensure that we have an approach which meets our needs.

However, in the intervening two years since the original strategy was developed there have been a number of key changes which we must now take account of:

- The move away from Divisions to a five County approach, recognising the importance of working closely with all our partners (health, social care and other emergency services in those counties)
- Our key role in those counties in the development of urgent and emergency care, which incorporates the recommendations from the Keogh review, whereby support to our patients in their communities and reducing conveyance to hospital is critical
- The continued tightening of public finances and the increased focus on ensuring our Fleet and Information technology solutions have sufficient investment so that they are fit for purpose for the future

- The importance of taking account of the views of our staff, our stakeholders and the public in the decisions we take around how our services are configured.

With all of these factors in mind, we will now be taking a more pragmatic approach to our estate footprint.

Over the next few months we will be working with staff, stakeholders and the public to look at what would be an appropriate solution for our premises, taking account of all of the factors listed above. This work will look at three types of estate, ambulance stations; our education estate and our headquarters facilities.

Some of the principles we will look at in respect of each of these three groupings include:

- Ambulance Stations to support the provision of urgent and emergency care
 - Ensuring we maintain or develop facilities in local communities
 - A community Ambulance Station development programme, which includes co-location with other emergency services, focused on high activity areas supporting flexible operating model
 - Transparency through doing the detailed business case work for local change including appropriate due diligence, listening, patient engagement and an evaluated approach.
- Education estate to support developing our workforce
 - Developing business case options which support education provision for developing our staff and future clinical leaders.
- Headquarters facilities,
 - Ensuring best utilisation to support efficient delivery
 - Efficient working to modern standards and building resilience into the estates infrastructure.

1.3. Key Criteria we will use to test out options:

The key criteria we will need to use to test out our options include:

- Operationally efficiency- proposals developed by each county management team and support performance delivery
- Staff engagement- including our staff in the planning and development of the outcomes
- Public engagement -bring learning and intelligence to bear on the proposals to test out patients and stakeholders expectations.
- Timescales and interdependencies-ensure timescales realistic and align with all other interdependencies
- Economics-ensuring estates operating costs support future efficiencies, and investment is affordable within the overall Capital Plan
- Communications-ensuring there is a clear plan in place to support keeping all parties informed as the strategy is implemented.

Continuous communications is particularly important because of the interdependencies between this strategy, clinical and quality, workforce, fleet, IMT and business development strategies.

Evaluation of changes resulting from the implementation of the strategy will be subject to benchmarking and impact review to ensure they are meeting the principles and have hard performance metrics applied.

1.4. Concluding statement

The development of this Estates Strategy is a key enabling process in support of our Integrated Business Plan for developing EMAS into the organisation we want it to be.

In respect of urgent and emergency care in the East Midlands, the strategy outlines plans to review and update the existing estate to address major issues, including developing local Community Ambulance Stations to support staff and service performance. It aims to ensure education provision can be delivered effectively and efficiently to support developing our workforce and that best use is made particularly of owned buildings such as headquarters and emergency operations centres to assist resilience and cross team working.

This document outlines some of the estates activities which are necessary for the delivery of the strategy and the enabling structures. Key issues to be addressed, as identified in this document are:

- Maintenance of the estate and evaluation of the effectiveness of the estate
- Compliance with legislation
- Improved energy management and carbon reduction
- Continuous monitoring of the performance of the Estate.

In order to ensure successful delivery of the strategy annual plans will be agreed prior to the commencement of the financial year and will reflect the resource assumptions for delivery of the business plans of the Trust, based upon agreed capital and revenue funding. Annual plans and risk assessments will be subject to an on-going review of progress in order to ascertain necessary variations to the strategy because of changes in expected demand and internal and external environment.

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 need 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. Link to Integrated Business Plan

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 developing Estates 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.

2.3. National policy, legislation, best practice and horizon scanning

The Trust is required to comply with all statutory and regulatory requirements. In the field of Estates this is constantly developing, particularly with regards to Health, Safety and Environmental legislation. There is specific legislation related to the estate associated with asbestos, legionella and waste that pose risks to the Trust, staff, visitors and patients. Management of these risks and the associated policies and procedures will continue and will be reflected in the Operational Estates Plans.

2.4. Local Context

East Midlands Ambulance Service NHS Trust (EMAS) was formed on 1 July 2006, as a result of the merger between the former ambulance Trusts. We serve a resident population of 4.8million across the East Midlands (Derbyshire, Leicestershire and Rutland, Lincolnshire (including North and North East), Northamptonshire and Nottinghamshire), across 6,425 square miles. The Trust has an annual budget of £150m and employs some 3,000 staff.

The Trust does not deliver any healthcare on any of its premises, rather we receive and respond to 999 calls from the public, respond to urgent calls from healthcare professionals e.g. GPs, provide non-emergency patient transport services in areas of Lincoln and inter-hospital transport services linking hospital sites in Nottingham.

2.5. Current Position

The current Trust estate as at September 2014 comprises a total of 67 ambulance stations, 50 owned properties, 13 leased properties and four disused sites distributed throughout the East Midlands region.

The total gross internal area (GIA) of the property owned by the Trust is 36,804 square metres and the total land area of Trust sites is approximately 20.6 hectares.

In functional terms the current Trust estate comprises:

Ambulance Stations

Both Accident & Emergency (A&E) Service and some Patient Transport Service (PTS) operations are supported from a number of ambulance stations that provide facilities for staff to report for duty. All have facilities for staff breaks including staff room provision, kitchens and male and female WCs; some also have offices and stores. Ambulance stations may provide garaging for some or all operational vehicles. As at September 2014 EMAS operated from 63 ambulance stations.

Office/Support Facilities

Trust Headquarters, (Horizon Place in Nottingham) which also incorporates the principle Emergency Operations Centres (EOC) and Clinical Assessment Team with a secondary EOC at the regional office in Lincoln.

Some support service functions are provided at the Rosings in Leicester, Beechdale in Nottingham, Raynesway in Derby and Cross O'Cliffe in Lincoln, Mereway in Northampton. Fleet services are provided from Alfreton, Gorse Hill and Northampton North.

Logistics and stores

Logistics covers supplies, medicines management, procurement and documents archive. These functions are provided from Alfreton. Medical Device Engineering is performed at Alfreton and provides maintenance for all medical devices across the Trust.

Training Centres

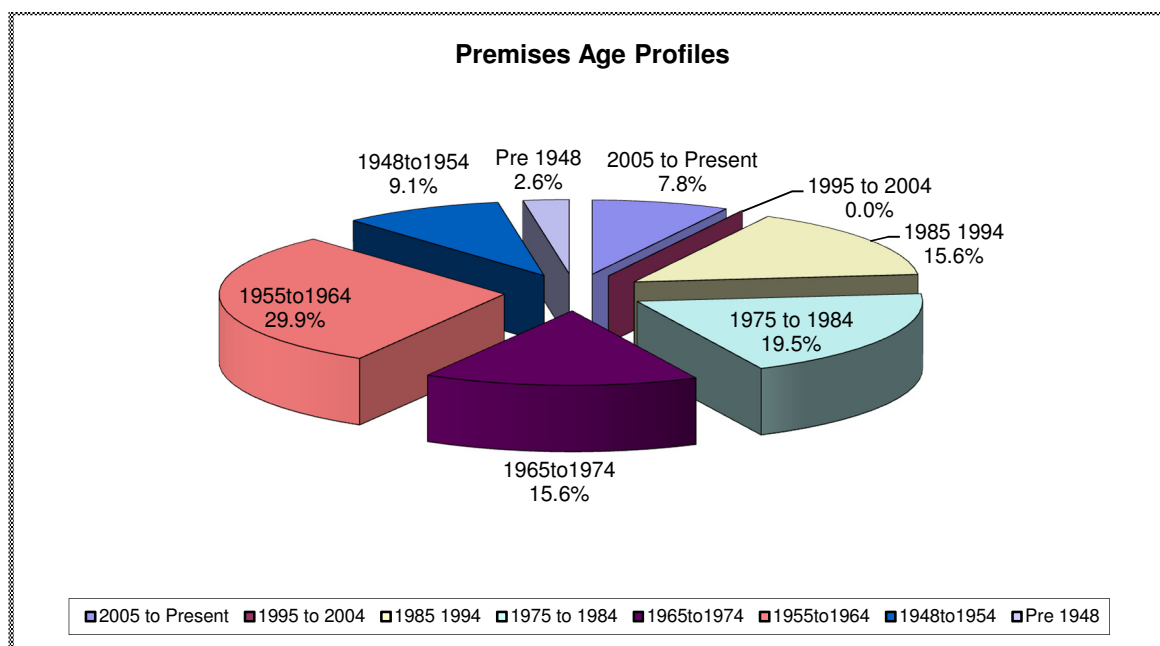
Three dedicated training centres are provided at Kingsway in Derby, Meridian in Leicestershire and Bishops in Lincoln.

Standby Points

The Trust also operates its Accident and Emergency service from a number of facilitated roadside standby points as determined by the System Status Plan, these standby points do not form part of the Trust estate. Standby points are ranked in order of priority and are updated and revised from time to time to ensure optimum coverage and performance.

Estate Profile

The Strategy has to be developed in the light of the legacy estate inherited by EMAS whose age profile is shown below.



2.6 Previous 'Being the Best' proposals

As set out in our Integrated Business Plan June 2012:

In 2012 the Board approved an estates strategy which set out a number of objectives, and in which a hub and spoke estates model was considered to be a key enabler. This model consisted of the establishment of 108 community ambulance stations and 28 main stations in a hub and spoke model, supporting a previous operating model.

This original estates strategy set out how the implementation of the community ambulance station model would be supported in the interim by concentrating resources within fewer Ambulance Station Hubs, thus enabling EMAS to pool resources (staff, vehicles and support

services) to support a management re-structure and to enable stations to be closed, releasing efficiency savings required to deliver financial performance.

In addition, the strategy described 10 initial twinning projects and confirmation that further projects would be identified. A revised programme of 18 twinings was approved by the EMAS Board on 30th September 2013, with confirmation that twinning would only proceed where the relevant CAS had been established.

The assumptions in this strategy were subject to financial modelling to assess the capital and revenue impact of delivering the strategic estates plan (excluding support services) and this identified a capital gap of circa £29m and a recurrent revenue gap of £1.3m at the point the 28 hubs in the original plan were scheduled to be operational.

3. Strategic Plan

3.1 Outline approach to developing the plans

Recognising the need to concentrate the efforts of the whole organisation on the delivery of the Better Patient Care Programme in November 2013, a decision was taken to “pause” the strategy, in respect of the twinning of stations and the development of the hubs. We now recognise that since the original estates strategy was announced in 2012, the following issues will also have an impact on any future plans for our estate:

- Our future operating model, including expansion of the EOC
- The future of urgent and emergency care following the Keogh review
- The increased need for priority investment in our fleet, to support our mobile workforce
- The increased requirement for technology enabled services
- Our emphasis on partnership working will afford opportunities to co-locate with other providers
- The feedback we received from staff and the public about the impact of the estates programme since it was first announced.

For this reason, we are working to produce a revised estate strategy during 2014/15 which will reflect a number of new assumptions based on all of the above factors and map out an affordable locality driven direction, aligned and supporting other strategies as part of a refreshed integrated business plan.

The strategic approaches considered were:

- A. Do nothing except continue to maintain the current Trust estate
- B. Review and update the existing estate to address major issues and develop local Community Ambulance Stations to support deployment.
- C. Develop the estate to move towards a hub and spoke model as proposed under the “Being the Best” Vision.
- D. Develop the estate to move towards a modified hub and spoke model based on consultation with Operational Managers and the current System Status Plan.

With regard to approach C, it was considered the recommendations previously put forward for under the “Being the Best” vision were unaffordable and not supported by public or staff. For these reasons approach C was discounted.

On further consideration of the two shortlisted strategic approaches, B and D it became clear that the estates capital and revenue costs associated with approach D would be substantially higher than those for approach B, In addition approach B offers more opportunities for rationalisation of the estate in time and it was generally agreed that there are no clear operational benefits in adopting approach D.

Consequently it is proposed to the Board that approach B would form the basis for the Trust's estate strategy from 2014 onwards and will be tested with locality teams to produce a draft strategy for wider discussion.

Once the implementation stage of this developing strategy is reached the Trust aims to:

- Develop a cost effective and fit for purpose estate that will provide appropriate buildings and facilities located to fully support all of the Trust's business activities and contribute towards achieving operational performance improvements
- Meet its strategic objectives as set out in the Trust's Integrated Business Plan
- Ensure the Trust meets its statutory obligations
- Enhance the Trust's community image and reputation
- Ensure that partners and stakeholders have been consulted and their feedback taken into account
- Achieve best value for money and ensure resources are appropriately directed in the long term, thereby maximising resources for patient services and care
- Encourage a widespread consideration of the impact of all Trust operations upon the environment, with the promotion of initiatives such as carbon emissions reductions, waste minimisation and recycling and energy conservation, and deliver services in accordance with principles and policies focusing on protection of the environment and sustainability of the earth's resources
- Manage the Trust's capital asset base to achieve the most cost effective and appropriate provision of buildings and facilities necessary for the performance of its services
- Align itself with the Department of Health's Strategy on Sustainable Development and the Environment and recognise that environmental considerations, at work and in the community, can impact significantly on people's health and can often also result in financial benefits for example through reduction in energy usage and waste.
- Support service developments such as "Make Ready" should Commissioners seek to support and fund new ways of working. (Note – the Make Ready concept will be subject to the development of a separate Business case to establish its shape and suitability for our service).

3.2 Key concepts

The key change is moving from an East Midlands hub and spoke model to locality driven solutions.

Ambulance Stations for provision of urgent and emergency care

- Maintain facilities with local communities and reassure patients

- Community Ambulance Station programme, including co-location, focused on high activity areas supporting flexible operating model to support service performance
- Transparency through doing the detailed business case work for local change including appropriate due diligence, listening, patient engagement, and a evaluated approach
- Business case options for key site changes, alongside consideration of Operations support services to exploit local opportunities.

Education estate to support developing our workforce

- Development business case options for education provision.

Headquarters facilities, ensuring best utilisation to support efficient delivery

- Efficient working to modern standards and building resilience into the estates infrastructure

Workstreams will include evaluation and measurement to test out assumptions and overlay geographic scientific data analysis with local knowledge and experience, in support of a fit for purpose Operations model for urgent and emergency care. This will be updated as service lines change as part of Business Development plans.

3.3 Changes made since 2012

The Integrated Business Plan will be refreshed during the second half of 2014/15 to incorporate the direction once the strategy is fully developed and the changes which have taken place so far:

Community Ambulance Stations developed since 2012

We are seeking opportunities to develop facilities for our staff at standby points; this includes co-location with either Police or Fire and Rescue Services where possible. These present a low implementation cost and no planning constraints. Details of the new Community Ambulance Stations which are operation are set out in table 1 below:

Table 1 New Community Ambulance Stations in operation

Area
Derby South
Nottingham Central
Basford
Sutton-in-Ashfield
West Bridgford
Bingham
Melton Mowbray
Rushden
Chapel St. Leonards

Other Station changes since 2012

Moves of ambulance stations, a limited number of changes to ambulance stations have taken place since 2012.

Table 2 Moves of Ambulance Stations in 2012 and 2013

West Bridgford to Wilford
Arnold to Carlton
Rushden to Wellingborough
Melton Mowbray to Oakham (Lease ended on Melton site)

Refurbishment of existing stations, a programme of refurbishment works takes place which also takes account of feedback from Listening into Action staff events. Refurbishment including kitchen facilities and showers for staff has taken place at Grimsby, Scunthorpe, Narborough and Mereway, Northampton.

Disposals -The Trust Board approved disposal of the following stations, which are vacant, at its meeting on 1 May 2014. Offers are being received and considered and proceeds from sale will be reinvested into the capital programme approved by the Board.

- Arnold Ambulance Station Nottingham
- West Bridgford Ambulance Station Nottingham
- Syston Ambulance Station Leicestershire

3.4 Proposed Key dates/ milestones for assessing any future changes to our estate

The following describe the outline timetable to develop the estates strategy for the period 2014 - 16.

October 2014

Development strategy considered by the Board including

- Alignment with other strategies
- Links to wider health community strategies
- Consideration of future proofing

November 2014 – January 2014

Locality discussion and engagement to form the platform for discussion with

- Staff, Unions, Commissioners, Local Authorities and wider stakeholders
- Patients, public, Healthwatch and media interests
- NHS Acute and Community Hospitals and other healthcare providers
- Trust Development Authority and NHS England

January – February 2015

- Updates on the draft strategy to be considered by Trust Board

March 2015

Draft strategy to be considered by Trust Board, including a draft implementation plan alongside 2015/16 Financial and Operating Plan.

4. Implementation of the Strategy and Monitoring

4.1. How will the strategy be implemented

Implementation of our Estates Strategy will be managed by the Director of Finance, who has responsibility for ensuring our estates programme is implemented correctly and with

the appropriate resources and services. The trust will utilise its own internal resource to lead each project with external advice to ensure successful project delivery.

The estates programme will be monitored through the trust Better Patient Care Board, ensuring a strict focus on delivery, quality and risk management.

Trust and European Union procurement methods will be employed when identifying solutions to the estates developments contained within this document. The trust's board will be assured on delivery of our estates strategy through two routes;

- The Better Patient Care Board reports to the Trust Board;
- Regular reports to the Finance and Performance Committee of the Trust Board, through the routine finance report

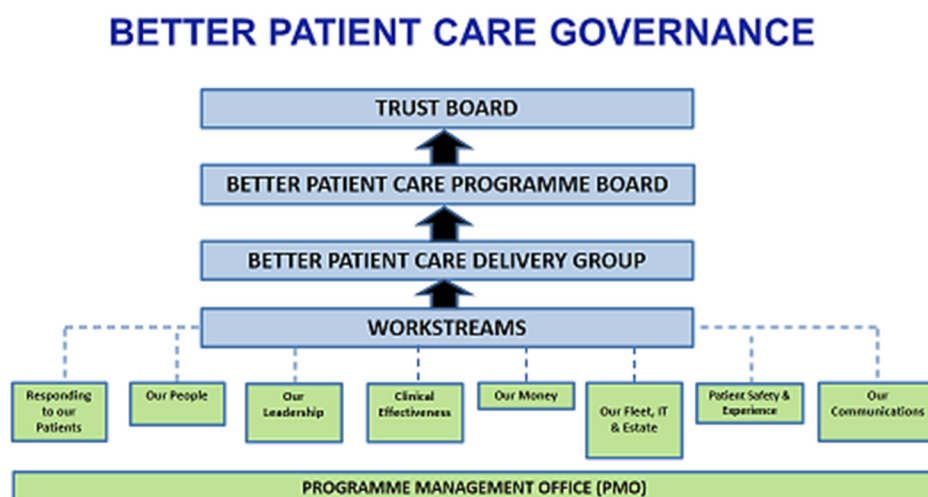
The Programme Manager (Estates) has delegated responsibility for the management and development of our Estates Strategy and is specifically responsible for:

- Planning, managing and delivering Capital projects in line with the approved Capital Programme;
- Financial control of Capital projects in conjunction with Finance Department staff as appropriate;
- Providing the Director of Finance with regular reports detailing progress on the delivery of the Estates Strategy 2014 to 2016;
- Consulting with Operational Managers, Functional Managers and staff to ensure that the Estates Strategy accurately reflects to business needs of the Trust;
- Reviewing and updating the Estates Strategy each year and producing a revised five year Plan for incorporation within the Integrated Business Plan.
- Developing metrics to evaluation the performance of range of key strategic estates-related deliverables

Support will also be provided through other colleagues in the trust to ensure that we can develop a strategy which is meaningful, robust, and one which all parties are able to support.

4.2. Project Infrastructure

Estates forms part of the Our Fleet, IT and Estate workstream under the Better Patient Care Programme and the developing strategy will be monitored through that programme.



4.3. Detailed timeline of actions and milestones

The detailed timetable of actions and milestones will form part of the full strategy.

4.4. How will the implementation be monitored

The governance and monitoring of this Strategy will be subject to a 3-tier model:

- The Trust Board will be briefed as required on matters of Strategy and Programme Delivery
- Exceptions and overall delivery summary will be provided as required to the Better Patient Care Board
- The Finance and Performance Committee will receive regular reports on in year progress through the monthly finance report and through review of the Board Assurance Framework.

Risk Register

The risks identified as part of the strategy risk assessments will be incorporate in the Finance Department Risk Register which will be monitored by the Governance and Risk Group.

5. Strategy Stakeholder Engagement

5.1. Engagement undertaken during development and planned future engagement

During the course of writing this developing strategy we have engaged with the following groups of colleagues within the trust: Divisional General Manager, Locality Managers and Team leaders; Estates staff; Trust Executive team; Listening into Action representative and Operations management. We have also had informal discussions with colleagues on Overview and Scrutiny Committees which have informed our thinking

Following Trust Board approval of the proposed development path for the strategy and the principles proposed we will want to engage with other local providers, Healthwatch, local clinical groups, including Commissioners and wider EMAS staff, Unions, public and patients through Health and Wellbeing Boards, and Overview and Scrutiny committees.

6. Governance

6.1. How Estates Decisions Will Be Made

The Trust wants an estate that is well-managed and which is run as efficiently and effectively as possible. This covers issues such as good corporate governance and value for money. The Trust will maintain and seek to increase the level of professional skills devoted to the effective management of the estate.

The Trust Board has overall corporate responsibility and accountability for the estate and for material investment decision and, consequently it is proposed the Board consider the following roles and responsibilities:

Trust Board

The Trust Board will be responsible for:

- Approving the Estates Strategy

- Ensuring appropriate structures and resources are in place to implement and deliver the Estates Strategy over the time period
- Committing those financial, managerial, technological and educational resources necessary to adequately control identified risks.

Director of Finance

The Director of Finance has delegated Executive responsibility for the delivery of the Estates Strategy and is specifically responsible for:

- regularly assessing the financial risks to the Trust in liaison with Executive Directors and directorate managers
- Providing the Finance and Performance Committee with regular reports detailing progress of the delivery of the Estates and Facilities Strategy
- Oversee the development of business cases for major capital property developments
- Monitor the performance of range of key strategic estates-related deliverables
- Ensure that all risks identified are discussed and escalated in line with the Trust Risk Management and Escalation Policy and Procedure.

7. Finance

7.1. Summary of headline financials

The Trust land and building assets were valued at £45 million as at 31 March 2014.

Property

	Land	Buildings excluding dwellings	Total
	£000's	£000's	£000's
2013-2014			
Cost or valuation:			
At 1 April 2013	18,606	27,282	45,888
Additions Purchased	0	755	755
Upward revaluation/positive indexation	100	576	676
Impairments/negative indexation	0	(25)	(25)
At 31 March 2014	18,706	28,588	47,294
Depreciation			
At 1 April 2013	0	1,296	1,296
Impairments	0	142	142
Reversal of Impairments	0	(526)	(526)
Charged During the Year	0	952	952
At 31 March 2014	0	1,864	1,864
Net Book Value at 31 March 2014	18,706	26,724	45,430
Asset financing:			
Owned - Purchased	18,706	26,078	44,784
Held on finance lease	0	646	646
Total at 31 March 2014	18,706	26,724	45,430

7.2. Existing budget and future budgets

The Capital Programme for 2014/15 was approved at the August 2014 meeting of the Board.

Estates revenue budgets covering Building Engineering and Equip Maintenance and Repair, Refuse and Clinical Waste, Depreciation of Owned and Leased Assets, Utilities, External Contract Domestics, Rates, Rent, Sewerage and Water was £4 million in 2013/14.

Backlog maintenance identified across all sites and reported through the national Estates Return Information Collection was £8.9 million.

8. Risk Analysis

8.1. Approach

Structures

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.

Risk Registers

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
- Operational 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.

Glossary

A & E	Accident and Emergency
Backlog Maintenance	Backlog maintenance costs are a measure of the condition and associated risks relating to fixed building components and engineering assets (sub-elements)
ERIC	Estates Return Information Collection: an annual return submitted by NHS organisations to NHS Estates providing data on Estates and Facilities Management.
Estatecode	NHS Estates guidance to NHS organisations for the effective management of their estate.
Estatecode Condition B	Estatecode property appraisal rating; property in physical condition B is sound, operationally safe and exhibits only minor deterioration.
Executive Directors	The Executive Directors are senior employees of the NHS Trust who sit on the Board of Directors and will include the Chief Executive and Finance Director. Executive directors have decision-making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation.
Exemplar Estate Strategy	NHS Estates guidance for the development and presentation of estate strategies.
GIA	Gross Internal Area, the overall internal area of a property measured within the perimeter walls with allowances made for projections, indentations, insets, voids and courtyards; usually measured in square Metres.
Governance	Governance arrangements are the 'rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of key offices/groups and the relationship between them, as well as the process for due decision making and the internal accountability arrangements.