



# Estates Strategy

## 2018 – 2023

Estates Strategy		Page:	Page 1 of 39
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For use by	All Trust employees

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Estates Strategy		Page:	Page 2 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

## Change record form

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Estates Strategy		Page:	Page 3 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

# Contents

<b>1. Introduction</b>	5
<b>2. Background</b>	6
2.1 Trust Overview	6
2.2 Age Profile and Size of the Estate	7
2.3 Property Condition (Six Facet Surveys)	7
2.4 Financial and Economic outlook	8
2.5 Carter Report (NHSi Model Ambulance Trust) and Naylor Report	8
2.6 Current Operational Model	9
2.7 The Way Forward	9
<b>3. Future Provision</b>	16
3.1 Supporting Service Delivery	16
3.2 Key Drivers	17
3.3 Stations	18
3.4 Emergency Operations Centres (EOC)	19
3.5 Workshops	20
3.6 HART/USAR/ Resilience	20
3.7 Education & Learning Facilities	20
3.8 Corporate and Headquarters Services	21
3.9 Partnership with other services	21
<b>4. Sustainability and Energy</b>	22
4.1 Carbon Reduction and Energy Management	22
4.2 Energy Performance of Buildings	23
<b>5. Performance Measures and Benchmarking</b>	23
<b>6. Health, Safety and Hygiene</b>	24
6.1 The Estates Policy	24
6.2 Premises Cleaning	24
6.3 Waste Management	24
6.4 Legionella Prevention	24
6.5 Asbestos Management	24
<b>7. Financial Plan</b>	25
7.1 Depreciation, revenue and capital funding	25
7.2 Capital Programme	25
7.3 Cost Improvement Programme (CIP)	25
<b>8. Delivery Plan</b>	25
8.1 Design Considerations	25
8.2 Future Estates Model Programme Board and Area Future Estates Model Project Team	25
8.3 Annual Estates Plan and Five Year Estates Plan	26
<b>9. Stakeholder Engagement and Communications</b>	26
<b>10. Equality Impact Assessment</b>	26
<b>11. Conclusion</b>	26
Appendix 1: Definitions of six facet survey criteria	28
Appendix 2: NWAS Emergency Service Resource Deployment Strategic Outline	31
Appendix 3a: Existing sites Hub & Spoke	32
Appendix 3b: Hub & Spoke Groupings retain Wigan Hub	33
Appendix 4: Outputs 2-4, from the EMT Workshop held 3 <sup>rd</sup> November 2017	34
Appendix 5: Hub & Spoke Programme Flow Chart	36
Appendix 6: Equality Impact Assessment	37

Estates Strategy		Page:	Page 4 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

# 1. Introduction

The Estates Strategy must be closely aligned to the Trust objectives and strategies as they develop. The Trust faces a number of challenging strategic and operational issues over the short, medium and longer term, all of which must be clearly understood in the current and future economic climate.

The Estates Strategy is principally concerned with the Trust's usage of its estate and the capital investment over the next five years to ensure that the Trust can achieve its service objectives. As a part of the Greater Manchester Combined Authority Memorandum of Understanding between Greater Manchester bodies (Estates), the Trust's Estates Strategy links into and contributes to the Authority's Strategic Estates Group's Strategic Estates Plans. Other STPs are now establishing similar groups, and the Trust needs to link in with these as their and the Trusts plans develop. The Northern Ambulance Alliance (Nwas, Neas and Yas) has been established to work collaboratively on efficiencies and quality across the three organizations and has a specific estates and workshop work stream which includes estates operations and environmental and sustainability initiatives. The strategy covers all the Trust's estate.

The Estates Strategy 2013-18 has been very successful in reducing the overall estate and footprints, increasing the efficiency of the estate, and delivering an overall younger estate. Since its inception, R1 and R2 have been replaced by the Ambulance Response Programme (ARP). Although there was a central thrust to move to Hub and Spoke the Trust has to date largely moved forward using opportunity as the main driver. There is a need to set out a long term plan in terms of the operational estate, moving away from opportunistic driven developments of the past.

There is a need to set out a long term plan in terms of the operational estate:

- where the estate needs to be
- what it will look like
- what facilities will be there
- only then can opportunities be fully explored

NHS Improvement (Carter Report) focus is moving from Acute to Ambulance Trusts. For the number of sites the Trust is in the ball park with some of its peers. However, they have a significantly smaller footprint! This is because they have a few larger main sites (Hubs) and higher numbers of much smaller unmanned sites (spokes).

We all want improved modern facilities for our people to support them being at their absolute best where hubs positively support providing excellent patient care. We all want the best value for money, the NHS demands it. We all want maximum efficiency, ensuring our people are deployed doing the job they were employed to do. We all want to enhance our quality support and supervision to ensure our people are at the top of their game. There is now an opportunity to challenge the direction of travel for the estate and adjust for next 5 years

The benefits of the hub and spoke model are improved quality and performance. In addition there are potential savings by reducing the estate, centralizing medicines management, reducing pool vehicles, reducing backlog maintenance and reducing stock via better stock control. Therefore, the aims of the strategy are to:

Estates Strategy		Page:	Page 5 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

Set the direction and priorities of the estate to have fewer but larger operational sites, hence having a planned strategic development rather than an opportunity driven one

- Identify the benefits and challenges in delivering the above
- Set the factors when prioritizing and locating hubs and spokes
- Identify and learning from the key lessons learnt from other Trusts when delivering the hub and spoke model.
- Refresh our understanding of the whole of the Trust's Estate, their needs and future requirements. The strategic developments for EOC's, Workshops, PTS, 111 and Training need to be fully supported to provide an estates that compliments and facilities their services.

## 2. Background

### 2.1 Trust Overview

For operational estate purposes, the area covered by the North West Ambulance Service NHS Trust (NWAS) is divided into 3 Groups, namely; Cumbria & Lancashire, Cheshire & Merseyside, and Greater Manchester. The tables below summarises some key Trust data.

<b>The Trust:</b>	
Geographical Area	15,165 km <sup>2</sup>
Employees (Whole Time Equivalent)	5724.49 WTE

**Table 1 – Trust data (at June 2018)**

Today the Trust is comprised of 132 sites, with the most recent addition of Estuary Point.

Type	Number and Details
<b>Stations (inc. HART &amp; PTS)</b>	120 – including 2 HART Sites, 6 PTS Standalone, 23 shared sites
<b>Control /Operations Centres</b>	3 Emergency Operations Centres (Broughton, Elm House, Parkway) 4 111 Call Centres (Carlisle, Elm House, Middlebrook, Parkway) 1 Support Centre (Carlisle) PTS Control Centres (Broughton, Carlisle, Chester, Oldham)
<b>Workshops</b>	8
<b>Training/admin buildings</b>	Headquarters (Ladybridge Hall), Cumbria Office (Salkeld Hall), Cheshire & Merseyside Office (Elm House), <i>Greater Manchester Office (Whitefield)</i> , Lancashire Office (Broughton), Former Anfield Finance, The Centre (Preston), Accrington Training Centre, Transport Logistics (Preston), Medicines Management Hub (Preston), Estuary Point.
<b>Mast sites</b>	6 (Anfield, Billinge, Blackpool, Broughton, Carlisle, Countess of Chester)
<b>Bunkered fuel sites</b>	14

**Table 2 – Summary of the NWAS Estate (at June 2018)**

Estates Strategy		Page:	Page 6 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

## 2.2 Age Profile and Size of the Estate

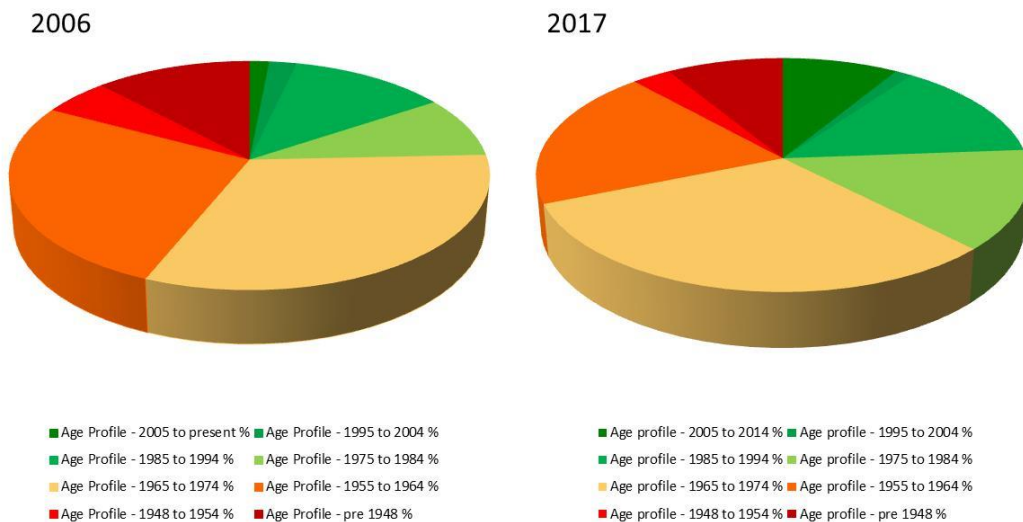
The current NWS estate is a mix of buildings that have evolved over the last 150 years. However, the Trust's profile has changed since its inception in 2006 and is summarized in the table below.

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of Sites	125	125	125	125	123	119	127	126	126	125	131
Floor Space (m2)	63,380	63,390	97,859	97,904	66,921	66,962	66,961	69,220	69,220	66,420	69,797
Number of Staff	3,632	4,201	4,361	4,888	4,185	4,785	4,721	4,737	4,832	5,133	5,574
M2 per staff	17.5	15.1	22.4	20.0	16.0	14.0	14.2	14.6	14.3	12.9	12.5

**Table 2 – Summary of the NWS Estate profile change 2006-17**

The Trust's overall estate is more complex than that of 2006. Although the Trust has disposed of 19 sites, over the period its overall property base has grown from 125 sites to 131<sub>(2017)</sub>. This is because of the re-introduction of PTS in the GM area, growth of 111, introduction of HART and centralized medicines management and some expansion of PES in the Cheshire and Mersey area. In addition to this, NWS are now co-located on 23 shared stations.

The above table and the following pie charts show that the current 5 year strategy has been very successful in reducing the overall estate footprint, reducing significantly its carbon footprint, increasing the efficiency of the estate, and delivering an overall younger estate.



**Table 3 – Age profile of NWS estate reported in ERIC Return (June 2016)**

## 2.3 Property Condition (Six Facet Surveys)

The Trust has a statutory duty to safeguard the assets of the Trust. In order to establish the exact levels of backlog maintenance within the current estate Drivers Jonas were appointed to carry out a full 6-facet survey. The results of the surveys informed the previous strategy. The position was last updated internally during 2016. Each property was appraised against six criteria; physical condition,

Estates Strategy		Page:	Page 7 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

functional suitability, space utilisation, quality, energy performance, and statutory compliance. Further details on each of these, including a summary of the position as of May 2018, can be found in Appendix 1.

The facet survey report provides the estates team with a comprehensive and clear understanding and independent assessment of the condition of the Trust’s estate. However, it would be prudent to periodically gain an external independent assessment of the estate condition, which would also be useful and timely with the introduction of the NHSi’s Model Ambulance Trust. Therefore, in the first year of the 5 year strategy, the estates team engage a consultancy and establish a regime of 6 Facet Surveys that will encompass all NWAS properties.

## 2.4 Financial and Economic outlook

The financial and economic outlook will be the overall driver for efficiencies in the estate towards:

- More co-location/partnership initiatives e.g. with other blue light services/public bodies
- Reduction in the number of sites
- More operating efficiencies derived from the proposed reduction in the estate footprint

This strategy clarifies the key issues and actions required over the next five year period. The strategy will need to be reviewed as other Trust strategies develop.

The strategy will be used as the basis for determining the 5 year and annual estates plan for the Trust.

## 2.5 Carter Report (NHSi Model Ambulance Trust) and the Naylor Report

There are two specific reports that have an influence upon the Trust’s estate:

### Carter Report

One of the outputs from the Cater Report was the development of the “Model Hospital”, which provided a benchmarking tool to inform Trust Boards, highlighting areas where efficiencies may be gained. The model is now embedded and is proving to be effective. Following the success of the model, in 2017 NHSi started to develop the “Model Ambulance Trust” with a planned go live date of 1<sup>st</sup> April 2019 for all English ambulance Trusts. The model covers a number of aspects, but with regards to estates there are 3 main areas of focus:

- Operational estate
- General estate
- Fleet

To facilitate the transformation of ambulance services, the NHSi team are supporting the availability of capital via the STP capital bidding process, and current guidance is for bids focusing on:

- Changes to operational fleet in relation to ARP and/or fleet operating efficiencies.
- Introduction and development of the Make Ready system (inc. Make Ready Hubs and Spokes).
- Control Centres, deriving efficiencies in operation and resilience.

Estates Strategy		Page:	Page 8 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021



## Naylor Report

In 2016 Sir Robert Naylor was commissioned to conduct an independent review and make recommendations on the options to realise better value from NHS property and to deliver targets to release £2 billion of assets for reinvestment and land for 26,000 houses. In January 2018 the Government responded to the report describing its vision of an efficient, sustainable and clinically fit-for-purpose estate, one where the NHS:

- Makes sure local strategic estates planning reflect changing delivery models
- Replaces what cannot be cost-effectively maintained and releases what it no longer needs, maximising receipts which can be reinvested into premises and services, and creating new homes
- Understands the costs of its estate, with comprehensive, accurate and comparable information underpinning estates-related decision making
- Proactively takes steps to maintain its assets and reduce backlog maintenance

### 2.6 Current Operational Model

Currently the Trust, in the main, operates a traditional ambulance station estate. In considering how the estate will support front line service delivery into the future, and taking account of the introduction of the ARP in 2017, it is critical that the Trust determines the future service models.

### 2.7 The Way Forward

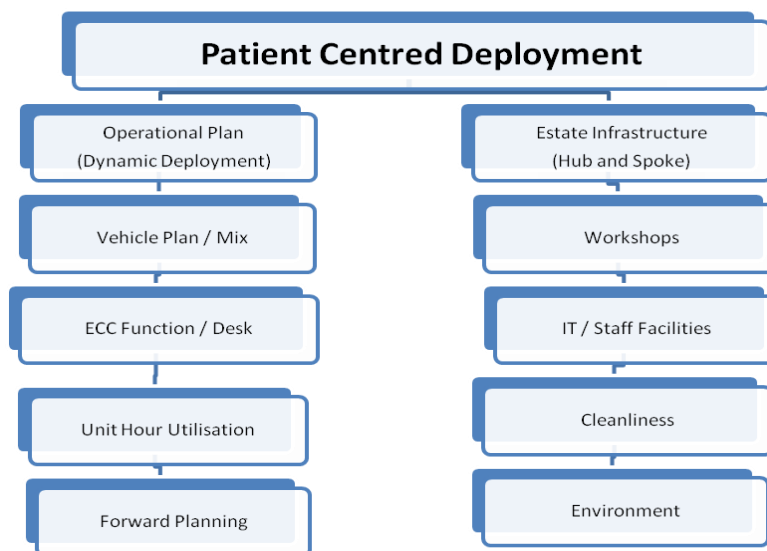
The Trust's strategic Vision is to become the Best Ambulance Service in the UK, by achieving our goals of delivering the Right Care, at Right Time in the Right Place, Every time.

The key elements of this strategic vision include the redesign of ambulance responses to align with the requirements of the Ambulance Response model (ARP) ensuring patients receive the most appropriate type of response; and to continue to move towards reducing the number of PES patient conveyed to A&E. This will be achieved by increasing the proportion of patients helped by offering telephone advice (Hear and Treat) and the continued development of the see & treat model as suitable alternatives where possible.

Key to improving patient care is the development of deployment plans that position ambulance resources as close as possible to patients at the time of despatch. This concept of intelligent deployment plans based upon accurate and reliable activity data is called Patient Centred Deployment (PCD). The foundations to support PCD are represented in the two pillar diagram shown in Figure 1. **The Estates Strategy focuses on providing the elements in the right hand pillar of the PCD model.**

The Service Modernisation Partnership Group produced the NWS Emergency Service Resource Deployment Strategic Outline (included in Appendix 2) which supports the development of PCD.

Estates Strategy		Page:	Page 9 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021



**Figure 1 - Patient Centred Deployment model**

Before proceeding it would be helpful to revisit the main definitions of Hub and Spoke, being:

**Definitions**

- Hub & Spoke – An operational model whereby estates support the provision of physical estate
- Make Ready – An operational system within and supports the Hub & Spoke model
- Stocking & Washing – A support service incorporated within a Make Ready system

**What is a hub?**

- Central reporting point for all staff and vehicles
- Includes management, welfare, training and make ready facilities
- Strategically located within 5 miles of Major Acute/District Hospital or on a major route where the majority of ambulance flow takes place

**What is a spoke?**

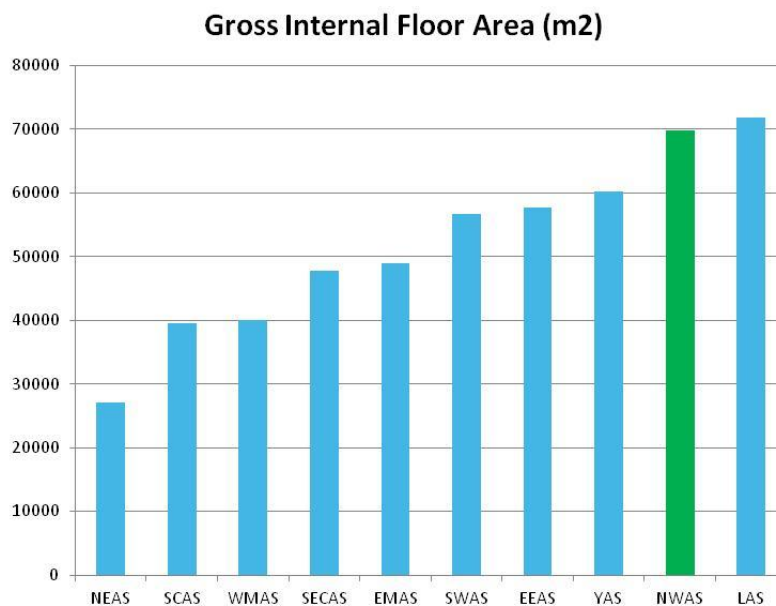
- Strategically located response point - unmanned
- Rest and welfare facilities

In comparing NWS with other ambulance Trusts it is worth considering the following 2 tables which include data taken from the Estates Return Information Collection (ERIC) annual returns.

Estates Strategy		Page:	Page 10 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

Trust Site Numbers	
NEAS	55
LAS	86
EMAS	91
SCAS	99
YAS	106
WMAS	115
SECAS	119
NWAS	131
EEAS	133
SWAS	162

**Trust site numbers – all ambulance Trusts June 2017**



**All ambulance Trusts June 2017**

What is this telling us? For the number of sites we are about in the ball park with some of our peers, for example WMAS, SECAS. However, they have a significantly smaller footprint! This is because they have a few larger main sites (Hubs) and more of the much smaller unmanned sites (spokes).

Recently the NHSi, who are leading on implementing the Carter Report, cited WMAS as an exemplar, and the following is a quotation:

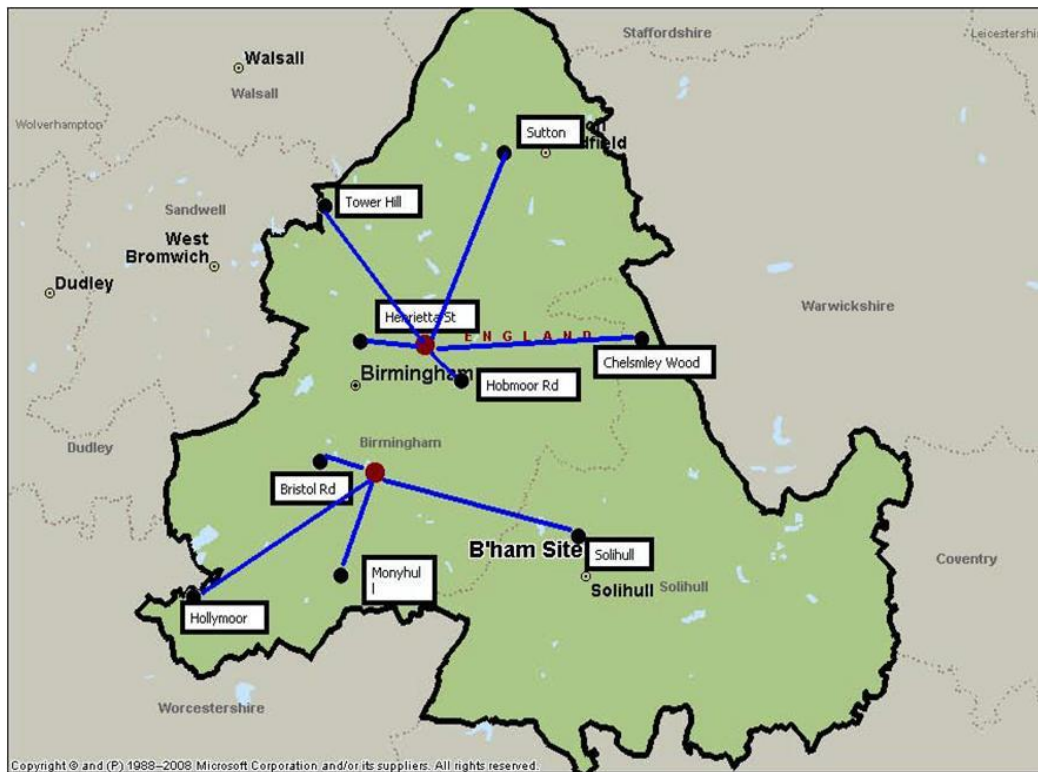
*In WMAS the success of this approach is based on a radical shift from 70 traditional ambulance stations to 15 hubs supported by community access sites, (originally >100, now reducing to 50), which provide rest facilities for staff but no stocks, lockers, offices or vehicle storage.*

Examples of the Hub sizes in terms of people and vehicle numbers and Hub and Spoke configuration have been obtained from WMAS and are presented below to enhance perspective.

Estates Strategy		Page:	Page 11 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

WMAS Locality		Site	Staff	DMA	RRV
West Mercia	1.	Shrewsbury	212	30	20
	2.	Hereford	110	15	13
	3.	Worcestershire	231	28	25
C&W	4.	Warwick	74	15	11
	5.	Coventry	229	33	25
B'ham	6.	W'wood Heath	270	44	21
	7.	Ladywood	211	21	29
Black Country	8.	Willenhall	206	21	17
	9.	Dudley	216	32	21

**Example of Hub size in terms of staff and vehicle numbers taken from WMAS**



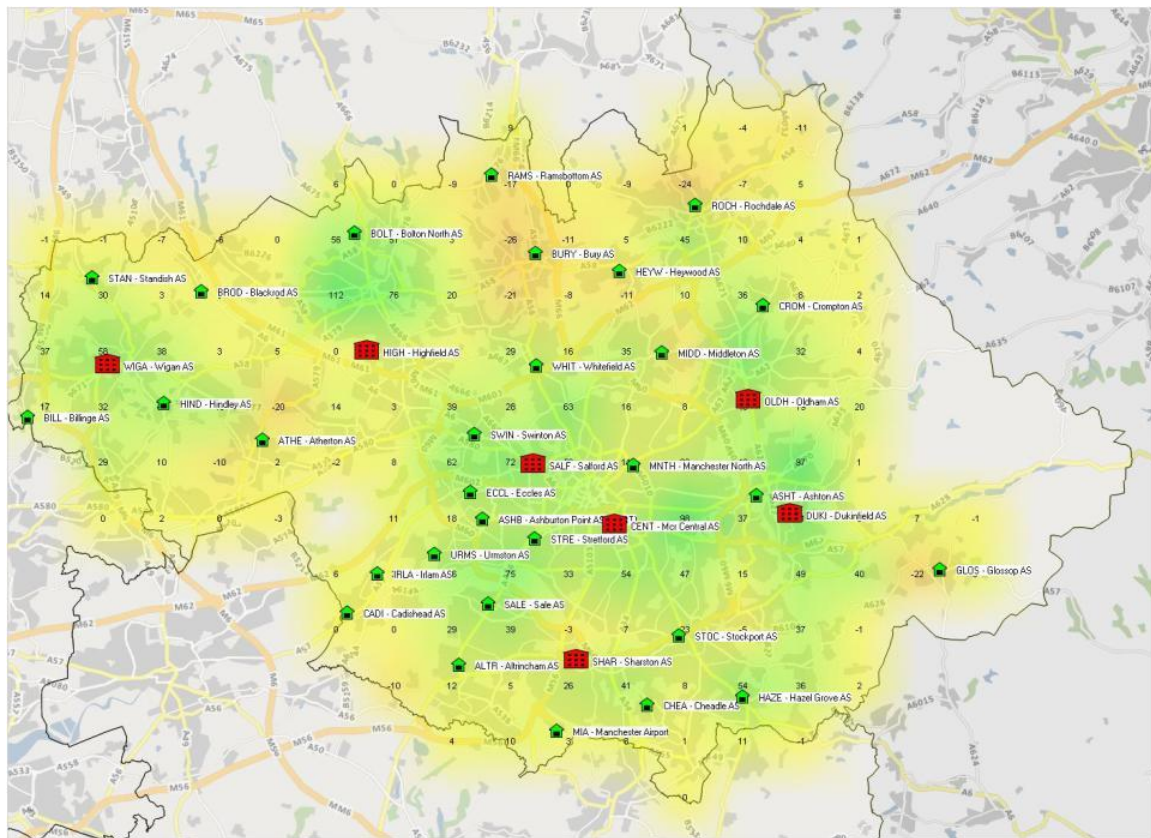
**Example of Hub & Spoke coverage taken from WMAS**

Also, the work undertaken prior to ARP clearly demonstrated the improvement on performance when moving to a Hub and Spoke model, but particularly so with a more flexible meal break regime applied within the model, illustrated below.

Estates Strategy		Page:	Page 12 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

	Meals at home (EL1)			Meals at nearest base (EL3)		
	V3.1 results: R2 perf change	R2 perf change	Change to R2 incidents reached within 8 mins (over 7 mo)	V3.1 results: R2 perf change	R2 perf change	Change to R2 incidents reached within 8 mins (over 7 mo)
NWAS	0.08%	0.13%	293	1.35%	1.51%	3502
CL	-0.24%	0.18%	115	0.65%	0.67%	420
GM	0.17%	0.11%	107	2.44%	2.68%	2516
CM	0.24%	0.09%	71	0.56%	0.75%	566
CL NORTH						
CUMBRIA	-0.31%	-0.21%	-17	0.87%	0.60%	49
CL MORECAMBE BAY	-0.50%	-0.46%	-42	0.49%	0.52%	48
CL FYLDE	-0.42%	0.10%	14	0.56%	0.56%	76
CL SOUTH						
LANCASHIRE	-0.51%	-0.02%	-3	0.82%	0.87%	118
CLEAST						
LANCASHIRE & RIBBLE	0.26%	0.91%	163	0.56%	0.72%	129
GM WEST	1.62%	1.63%	343	3.49%	3.67%	772
GM EAST	-1.07%	-1.27%	-265	1.40%	1.44%	300
GM CENTRAL	0.11%	0.10%	26	2.69%	2.69%	694
GM SOUTH	0.06%	0.01%	3	2.16%	2.85%	750
CM NORTH	-0.17%	-0.17%	-45	0.70%	0.72%	190
CM EAST	0.85%	0.20%	40	0.50%	1.26%	255
CM WEST	0.59%	0.52%	84	0.99%	0.71%	115
CM SOUTH	-0.39%	-0.07%	-8	-0.20%	0.05%	6

### Hub & Spoke Predicted performance gains against baseline



Heat Map of Predicted performance gains against baseline when taking meal at the nearest location (greater the gain deeper the green, more negative impact deeper the red)

Estates Strategy		Page:	Page 13 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

On the 3<sup>rd</sup> November 2017 an EMT Estates Strategy Day workshop was held at the Anderton Centre with the aim to inform the future estates strategy 2018-23 in terms of:

- Setting the direction and priorities of the estate to have fewer but larger operational sites (Appendix 3), hence having a planned strategic development rather than an opportunity driven one
- Identifying the benefits and challenges in delivering the above
- Setting the factors when prioritizing and locating hubs and spokes
- The key lessons learnt by other Trust when delivering the hub and spoke model

Having first considered the current position and context, attendees were challenged to undertake four activities to produce key outputs to inform future estates developments. The four outputs are summarized below.

**OUTPUT 1 - How many hubs are needed in that area? What groupings of stations would form each hub?**

Three separate groups tackled the same questions, however their conclusions and observations were broadly similar, summarized as follows:

1. Consensus was that this should be looked at NWS wide, beyond current sector/area boundaries.
2. Agreement that we need fewer large sites, as few as 3-4 hubs in each current area. The work produced the hubs and groups shown in Appendix 3, (these clusters are indicative only in general location and size).
3. More rural areas such as Cumbria and parts of Cheshire may not necessarily lend itself to hub and spoke treatment because the areas consist of a number of small towns/villages which are widely dispersed. These areas of the Trust may just require some estates rationalization and modernization. These are also shown in Appendix 3, but should be considered as groupings of resources rather than hubs as in 2 above.
4. PTS numbers have not been factored into this exercise, so need to be included.

**OUTPUT 2 - what factors determine our priorities in developing this hub and spoke model?**

The key factors are a balance of performance and quality improvements, local context, resource and efficiencies. The full list is presented at Appendix 4.

**OUTPUT 3 – what benefits and challenges are there in moving to the hub and spoke model?**

Benefits mirror some of the key factor for prioritizing and the principles of the NWS Emergency Service Resource Deployment Strategic Outline, (Appendix 2):

- Performance (assuming operational systems are adapted)
- Reduced overheads/running costs
- Capital receipts (for reinvestment)
- Possible reduction in fleet pool size?
- Reduction of backlog maintenance burden

Estates Strategy		Page:	Page 14 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

- Facilitates make ready and the benefits (financial and other ) arising from that
- Better staff facilities
- Better management support
- Improved training/education
- Improved Quality assurance

Challenges are reflected in the lessons learnt (see later). The full list is presented at Appendix 4.

**OUTPUT 4 - what criteria are important when considering locations for hub and spoke stations?**

It was found that the key criteria also mirrored the principles of the NWS Emergency Service Resource Deployment Strategic Outline, (Appendix 2). In practice, it will likely be a balance of performance (the prime criteria), logistics and communications routes. The full list is presented at Appendix 4.

**KEYS LESSONS LEARNT FROM OTHER TRUSTS**

During feedback from the workshop activities produced a further discussion about lessons learnt from other Trusts. Discussions have been had with all Trust who have or are implementing Hub & Spoke to gain an insight to how well benefits identified in the business case were realised and lessons learnt. The breadth and scope varied between each Trust; however, there were consistency in several themes:

- Key benefits of operational efficiency savings have not been realised. New ways of working did not materialize, staff travel back to Hub for meal breaks and rests mitigating any efficiencies derived from applying make ready. Examples of how they have addressed these issues and lessons learnt are:
  - Several Trusts have now set a £5 meal scheme at acute hospitals to allow crews to eat there billed against the Trust. They have also now allowed crews to carry food on vehicles to response points.
  - Education of what the Trust was trying to achieve has been poor. Should have had more communication and evidence why. Communication should have included EOC.
  - Needed better education to staff that the Hub is a facility aimed at getting crews out and staying out on the front line.
  - Make response posts were staff have breaks/meals during their shift not the Hub. Provided staff with cooler bags to support this.
- When the above is addressed, Make Ready provides efficiency in resource deployment (when employed as designed) and provides quality of assurance of equipment and IPC.
- Prior communication internally and externally is key to delivery and implementation. Be focused on benefits not costs/closures.
- Make Ready/Hub should be seen as a hub for making ready vehicles and deploying crews at the start of shift, and staying out to serve patients. Regular comments “don’t make hubs comfortable;

Estates Strategy		Page:	Page 15 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

provide facilities at spokes to encourage staff to stay out”. “Don’t provide too large a spoke, they revert to traditional ambulance stations”

- Management and supervision efficiencies and effectiveness gained.
- Tried to implement as part of day job. Set up dedicated transformation team. This is not an estates managed programme but a whole system approach.

The hub and spoke configuration supports PCD particularly in concentrated high activity and dynamically changing urban areas. A more traditional ambulance station deployment would be more appropriate in the less densely populated and widely dispersed areas such as Cumbria and Cheshire.

The Patient Transport Service is a competitively tendered commercial contract service provision, and NWS was awarded 5 year contracts from July 2016 for Greater Manchester, Mersey, Lancashire and Cumbria. Therefore, the estate is required to support both service performance and be provided and maintained within the prevailing contracted financial envelope. To gain efficiencies in not only operation, but with respect to make ready and deep cleaning, the supporting estate should be considered within the Hub and Spoke model, and only where operationally/geographically necessary as a standalone site.

### 3. Future Provision

#### 3.1 Supporting Service Delivery

The successful implementation of this Estates strategy will enable the provision of safe, secure, high quality buildings and an infrastructure capable of supporting current and future models of service delivery (see 2.7).

The Trust estate will be maintained over the next 5 years in such a way that it will be designed to be flexible and adaptable with the ability to change appropriately to the needs of the Trust across the communities it serves. However, there are a number of constraints highlighted in the following sections. Therefore, the Estates Team will lead on the development of a Paramedic Emergency Service 5 Year Estates Plan based upon Optima Modelling to assure ARP provides the prime focus, and a Patient Transport Service 5 Year Estates Plan based upon demand analysis and contractual parameters. The two key aims of the plans are to identify high level detail and priorities for delivery and financial resources to deliver.

In order to support the new service model the focus of estates activities will include:

- The development of modern bases, which will provide the full range of facilities required to support the service strategy.
- The capacity to support a more diverse vehicle base.
- The potential to introduce a hub and spoke model across the region, based on a single large ambulance station at the hub, and spokes consisting of serviced and un-serviced ambulance standby points.
- Facilities for training, both centralised and ‘out in the field’
- Facilities for vehicle fleet maintenance and deep cleaning service that will complement and improve vehicle availability and reduce ambulance crew downtime.
- A modern, well maintained estate that allows estates maintenance costs to be controlled and avoids the need to invest significantly in backlog.
- Implementation of the Trust’s Sustainable Development Plan that delivers the requirements of the NHS Carbon Reduction Strategy for England.

Estates Strategy		Page:	Page 16 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021



- The provision of appropriate facilities for the corporate functions within NNAS.
- The provision of appropriate facilities to support the Control functions for Emergency, 111 and Planned Care Services.
- Opportunities for rationalisation, co-location and reduction in cost.

## 3.2 Key Drivers

### 3.2.1 Ambulance Response Programme (ARP) & Patient Centred Deployment (PCD).

Following the largest clinical ambulance trials in the world, NHS England implemented new ambulance standards across the country in 2017. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. Key to this is the development of deployment plans that position appropriate resources as close as possible to patients at the time of despatch. This concept of intelligent deployment plans based upon accurate and reliable activity data is called Patient Centred Deployment (PCD). To support PCD, resources are deployed within an area to maximize coverage and performance.

### 3.2.2 Financial and Economic Outlook

The future economic environment continues to require levels of cost reduction. The Trust has demonstrated strong financial management moving from a surplus of £6.965m in 2016/17 which included £6.082m Sustainability and Transformation Fund (STF) income to a £5.612m surplus in 2017/18 which included £4.458m STF (maintaining an underlying recurrent surplus excluding STF of £0.430m). The trust is planned to deliver a £1.838m surplus in 2018/19 which includes £2.422m STF. To achieve this there is an assumption that a cost improvement programme of £9.834m will be achieved in 2018/19. A key requirement is to deliver efficiencies in the estates to support the continued frontline service delivery.

### 3.2.3 Environmental Factors

The Climate Change Bill which introduced the world’s first long term legally binding framework to tackle the dangers of climate change was introduced into Parliament on 14 November 2007 and became law on 26th November 2008.

The Act created a new approach to managing and responding to climate change through: setting ambitious targets, assuming powers to help achieve them, strengthening the institutional framework, enhancing the UK’s ability to adapt to the impact of climate change and establishing clear and regular accountability. The Trust as part of its Board approved Sustainable Development Management Plan (SDMP) has undertaken a climate change risk assessment and developed an appropriate climate change adaptation plan.

The NHS Carbon Reduction Strategy 2009 was developed and introduced to ensure compliance with the Climate Change Act target of 80% reduction in CO2 emissions by 2050 compared to 1990 emission levels and interim targets of 10% by 2015 and 34% by 2020. The Trust met the 2010 target and is currently working towards the 2020 target via a number of initiatives including the introduction of more energy efficient technology and estates rationalisation.

The NHS, public health and social care system recognises that the current system is not sustainable without radical transformation. It suggests that environmental and social sustainability can be addressed alongside economic sustainability challenges and has developed a new Sustainable Development Strategy to assist in the delivery. The strategy proposes that a sustainable system protects and improves health & wellbeing by reducing carbon emissions, minimising waste and pollution, building resilience to climate change and nurturing community strengths.

Estates Strategy		Page:	Page 17 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

From NWSA's perspective it already has a Board approved SDMP which fulfils the requirements of the NHS Sustainable Development Strategy. In terms of evaluation NWSA has signed up to the NHS Sustainability Development Units (SDU) new Sustainable Development Assessment Tool (SDAT) and is currently completing the model in assessment of its current organisational sustainability status.

### 3.2.4 Legal and Regulatory Framework

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 Annual Estates Action Plans.

### 3.3 Stations

Since April 2012 the following stations have been closed or relocated, generating capital receipts for reinvestment of c£3M:

ANNUAL CAPITAL RECEIPTS			
SITE	DATE OF SALE	ACTUAL CAPITAL RECEIPT	AREA
Stretford	Aug-13	£181,000	Greater Manchester
Wardle	Dec-13	£166,966	Greater Manchester
Cown Top Mast	Jul-13	£800	Greater Manchester
Barnoldswick	Aug-13	£190,000	Lancashire & Cumbria
	<b>TOTAL</b>	<b>£538,766</b>	
Belle Vue	Mar-14	£200,000	Greater Manchester
Preston -Deepdale	Apr-14	£220,000	Lancashire & Cumbria
Darwen	Apr-14	£75,000	Lancashire & Cumbria
Newton le willows	Apr-14	£65,000	Cheshire & Mersey
	<b>TOTAL</b>	<b>£560,000</b>	
Cadishead	Jul-15	£90,000	Greater Manchester
Birkenhead	Sep-15	£50,000	Cheshire & Mersey
Clitheroe	May-15	£68,000	Lancashire & Cumbria
	<b>TOTAL</b>	<b>£208,000</b>	
Standish Station	Dec-16	£160,000	Greater Manchester
Standish Gardens	Apr-16	£30,000	Greater Manchester
Maghull Station	Oct-16	£242,000	Cheshire & Mersey
	<b>TOTAL</b>	<b>£432,000</b>	
Hazel Grove	Jun-17	£65,000	Greater Manchester
Crompton	Jul-17	£253,000	Greater Manchester
Wigan	Sep-17	£220,000	Greater Manchester
Millom	Dec-17	£50,000	Lancashire and /Cumbria
Atherton	Dec-17	£240,000	Greater Manchester
Hindley	Dec-17	£140,000	Greater Manchester
	<b>TOTAL</b>	<b>£968,000</b>	
Burnley	Jun-18	£350,000	Lancashire and Cumbria
	<b>TOTAL</b>	<b>£350,000</b>	
	<b>TOTAL SALES TO DATE</b>	<b>£ 3,056,766.00</b>	NWAS
PENDING SALES	EST SALE DATE	EST CAPITAL RECEIPT	
Formby	Apr-19	£200,000	Cheshire & Mersey

Estates Strategy		Page:	Page 18 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

The focus has now moved to developing the hub and spoke configuration because it supports the objectives of ARP. Make ready is a system that maximises clinical patient facing vehicle time (CPFVT) through the provision of an ambulance vehicle preparation service (AVPS) at strategically located hubs that restocks, maintains, refuels, and cleans vehicles prior to shift commencements; negating the need for expensive ambulance clinicians to do daily vehicle preparation. Trusts that operate make ready have a CPFVT of c97% of operational hours produced. Make ready hub and spoke model facilitates estate consolidation and reduces overall footprint, with alignment to meet modern demand patterns no longer served by legacy estate. This is the most appropriate operational model for the mainly urban geographical areas which experience concentrated activity.

The process for identifying options and developing the Hub and Spoke model is outlined in the flowchart which forms Appendix 5 of this document. However, the Hub and Spoke model is not necessarily suited to all areas covered by NWS. The longer distances in the rural areas combined with the smaller communities does not lend itself to this approach. The approach which will be adopted in these areas (mainly Cumbria and Cheshire) will be to look at:

- Opportunities to share facilities with other blue light services/public bodies.
- Refurbishment/replacement of the existing NWS facilities.

### 3.4 Emergency Operations Centres (EOC)

In recent years the number of EOCs reduced from four to three. EOCs are established in Cheshire and Mersey, Lancashire and Greater Manchester, and the former Cumbria EOC operates as the NWS Support Centre. Greater Manchester control relocated to the newly refurbished 'Parkway' in early 2012, under a site-sharing agreement, co-located with NHS Manchester Clinical Commissioning Group (CCG). However, the CCG have advised their intent to vacate the property in December 2018 and the sub-leased areas to revert to NHS Property Services (PS). This head-lease expires in 2023, and PS has stated they have no intention to renew the lease at this moment in time. Therefore, the Trust will need to consider the long term future of the site within the lifetime of this strategy.

The current Liverpool EOC (based at Elm House) has been identified as unsuitable for a 21<sup>st</sup> century ambulance service. A new site at Estuary Point has been procured not only to replace the Liverpool EOC but also provide enhance corporate services and facilities. A project team has been established to deliver fit-out and migration to the new building with an expected delivery of Q2 2018/19.

During the winter of 2017/18, Southwest Ambulance Service Trust (SWAST) suffered a catastrophic failure that simultaneously disrupted both their EOCs. The estates team have established communications with their peers in SWAST to see what lessons can be learnt from the incident and applied in NWS. Currently, the full formal report is pending, however substantial mitigating works are in progress and a site visit arranged post works in December 2018.

As part of NHSi's work on the Model Ambulance Trust and in providing capital via STP capital funding, NHSi have identified that due to legacy resilience reasons there are 23 emergency ambulance control centres across the sector, with each trust having at least two centres which offer significant variances in the resilience afforded per trust. A number of trusts have not addressed their ageing infrastructure; and no standard platform for telephony and computer aided dispatch (CAD) systems exists, which presents limited interoperability across the sector. Through a capital investment programme, and increased collaboration and standardisation, it is assumed that year on year savings across the areas of IM&T, staffing and estates can be realised. Additionally, it is supposed that a national configuration

Estates Strategy		Page:	Page 19 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

of control centres has the potential to support improved operational and patient outcomes, as well as enhanced resilience and interoperability. Although the NHS's work is an early stage, it can be reasonably assumed that during the life of this strategy, greater detail and potentially influence will emerge that will have an impact on the Trusts development of its EOC estate.

PTS control centres are located at Salkeld Hall, Broughton and Countess of Chester Hospital. Following the recovery of the PTS contract in Greater Manchester in July 2016, NWAS continues to use the site previously used by Arriva, at Oldham, as the PTS control centre for the Greater Manchester area. The lease to the Countess of Chester site will be surrendered when Estuary Point becomes operational in Q3 2018/19.

### 3.5 Workshops

The Fleet & Workshop Review was approved by the Board of Directors in June 2011. The stated aim of the review was to determine short, medium and long term objectives to reconfigure the Trust's workshops to support the current and future operational models. The aim is to improve the quality of service delivery, and help achieve better value for money by introducing new ways of working within the fleet and workshops.

To date the short term objectives to permanently close Ellesmere Port and Burnley workshops have been achieved, along with the interim consolidation of Greater Manchester workshops. This involved the expansion of the Bury workshop and closure of the Salford workshop which was completed in the first quarter of 2013/14.

The long term aim is to provide 3 centralized workshops (Manchester, Lancashire and Mersey) and a satellite workshop in Cumbria. A Centralised Workshop and Logistics Centre in the Cheshire & Mersey Area was completed in February 2016, which not only provides workshops facilities but also other services for the whole of the NWAS fleet, such as stores, fuel, insurance and RTC management, waste, make ready and deep cleaning contracts management. A second centralized workshop in Lancashire was completed in 2017. Further work to consolidate the Bolton and Bury workshops is to be undertaken in 2018/19.

### 3.6 HART/USAR/ Resilience

In line with the Home Office National Capability Programme, NWAS hosts two Hazardous Area Response Teams (HART). The Manchester HART and Trust Resilience team operate from Trafford Park. The Liverpool HART team is set up in extended and converted facilities on the site of the Mersey Fire and Rescue Service Training centre in Croxteth.

### 3.7 Education & Learning Facilities

Changes to the occupancy and purpose of corporate sites over recent years has resulted in the reduction of training capacity for core induction training and mandatory training. In particular, the redevelopment of the Ladybridge Hall site and the expansion of administrative and 111 functions into former training rooms at Elm House. Although the Trust retains The Centre in Preston and EOC training suites in Elm House, Parkway and Broughton, this does not provide sufficient capacity to meet the needs of the Trust going forward. This has resulted in rising costs for the temporary hire of suitable accommodation for training.

The strategy includes a review of training provision with the aim of centralising provision for the majority of core induction training, recognising that there may need to be ad hoc temporary provision to meet

Estates Strategy		Page:	Page <b>20</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

the needs of Cumbria. In addition, the development of hub and spoke provision in PES will incorporate training facilities capable of delivering mandatory training for the area in which they are situated.

### 3.8 Corporate and Headquarters Services

Three area offices and a headquarters were established at Elm House, Broughton, Whitefield, and Ladybridge Hall respectively. Following a review by Deloitte, a programme of works was undertaken during 2014-16 to redevelop the Ladybridge site as the Trust's Corporate Headquarters, consolidate a number of support services on to the site and close Whitefield and Highfield corporate offices. The programme of work was completed in February 2016. Whitefield has subsequently been retained due to the re-introduction of PTS staff and vehicles into the site. The future use of the Whitefield site will be reviewed going forward.

The strategy incorporates the development and delivery of a NWAS corporate branding inclusive of all soft facilities and commensurate service levels at Headquarters and other core NWAS premises, including the development and oversight of the Trust's clear desk policy; Simple Steps to Smarter Working, centralised systems and procedures such as; room bookings, tracked mail, ID badge production and distribution, franking machine contracts and office assignment management.

### 3.9 Partnership with other services

The Trust is a signatory of the Greater Manchester Combined Authority Memorandum of Understanding between Greater Manchester bodies (Estates), and therefore the Trust's Estates Strategy links into and contributes to the Authority's Strategic Estates Group's Strategic Estates Plans. Other STPs are now establishing similar groups, such as the Cheshire and Mersey Strategic Estates Board, and the Trust needs to link in with these as their and the Trusts plans develop. The Estates team will continue to investigate opportunities to develop the estate in conjunction with other organisations should the opportunities arise and that they fit in with the Trust's strategic direction. These will include other NHS Trusts, local government organisations as well as private sector developers. The Trust has completed a number of initiatives:

- Closure of Formby Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Formby Community Fire & Ambulance Station.
- Closure of Southport Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Southport Community Fire & Ambulance Station.
- Closure of Newton le Willows Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Newton le Willows Community Fire & Ambulance Station.
- Closure of Barnoldswick Ambulance Station and co-located with Lancashire Police at the Police Station at Barnoldswick.
- Closure of Stretford Ambulance Station and co-located with Greater Manchester Police at the Police Station at Stretford.
- Closure of Wardle Ambulance Station and co-located at the local hospital.
- Closure of Preston Ambulance Station and co-located to Preston Fire Station.
- Closure of Darwen Ambulance Station and co-located to Darwen Fire Station
- Closure of Clitheroe Ambulance Station and co-located to Clitheroe Community Hospital.
- Closure of Birkenhead Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Birkenhead Community Fire & Ambulance Station.
- Co-location at Bootle & Netherton Community Fire & Ambulance Station (previously Maghull A/S)
- Co-location of the HART team at Croxteth Community Fire Station with Merseyside Fire & Rescue Service

Estates Strategy		Page:	Page <b>21</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

- Co-location at Poynton Fire Station with Cheshire Fire & Rescue Service
- Co-location at Birchwood Fire Station with Cheshire Fire & Rescue Service
- Co-location at Whitefield fire station with Greater Manchester Fire and Rescue Service
- Co-location at Phillips Park fire station with Greater Manchester Fire and Rescue Service
- Co-location at Irlam fire station with Greater Manchester Fire and Rescue Service
- Co-location at Whitefield fire station with Greater Manchester Fire and Rescue Service
- Closure of the Wigan group of ambulance stations and the creation of a co-located Hub site at Wigan Community fire and ambulance station with Greater Manchester Fire and Rescue Service
- Co-location of PTS at Bolton Central fire station with Greater Manchester Fire and Rescue Service

The Northern Ambulance Alliance (NWS, NEAS and YAS) has been formed to work collaboratively on efficiencies and quality across the three organizations has a specific estates and fleet work stream which includes estates operations and environmental and sustainability initiatives. Partnership initiatives have a number of benefits:

1. Reduction in estate running costs.
2. Avoidance of the need for NWS to invest capital monies in new facilities in the future.
3. Reduction in backlog maintenance.
4. Sales proceeds from NWS sites to invest in new facilities.
5. Staff relocated into new modern facilities.
6. Increased opportunities for partnership working with other blue light services/public bodies.

## 4. Sustainability and Energy

### 4.1 Carbon Reduction and Energy Management

In March 2010 the Board of Directors approved the first Sustainable Development Management Plan (SDMP). The document has since been revised in 2013 and the most recent revision being approved in October 2015. The stated aims of the SDMP are to; identify measures which can be taken in order to achieve the carbon reduction targets set out in the NHS Carbon Reduction Strategy, and formalise good environmental management practice throughout the Trust.

The implementation of the SDMP and progress towards the objectives is reported to the Finance, Investment and Planning Committee on a regular basis. The SDMP is subject to external auditing by Mersey Internal Audit (MIAA) and the most recent audit was undertaken during 2015.

The Trust in 2014/15 invested £1.8 million across the Trust to implement and install energy saving technology as a big step forward towards achieving its carbon reduction objectives. The funding was spread across 11 sites which are Broughton, Egremont, Distington, Flimby, Bolton South, Manchester Central, Manchester Hart, Runcorn, Warrington, Wallasey and Bootle. The technology installed comprises of a mix of the following dependent on site and appropriateness:

- Solar Photo Voltaic (PV) roof panels
- Combined Heat and Power Units (CHP's)
- Light Emitting Diode (LED) lighting
- Electronic Thermostatic Radiator Valves (eTRV's).
- Interlocking garage door/heating systems
- Carbon Monoxide (CO) detectors on extraction systems
- Building Management Systems
- Insulation and draught proofing of identified vulnerable areas

Estates Strategy		Page:	Page <b>22</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

The installation programme completed in March 2015. The projected savings for the Trust are guaranteed under an accompanying 15 year support contract at £197,151 per year for energy saves and a further £33,000 per year on non-energy saving e.g. breakdowns and maintenance. The annual reduction on carbon emissions is projected to be 586.91 tonnes of carbon.

Following the success of phase one of the installation programme it is planned to roll out the technology across more of the sites that are identified for retention following the ongoing estates rationalisation programme.

## 4.2 Energy Performance of Buildings

The 2009/10 6 facet survey identified 74% of the building stock has a below average standard of energy performance. This was reflected in the age profile of the estate with approximately 95% of the buildings being over 25 years old and constructed when building energy performance was given little consideration. The Carbon Reduction and Energy Management Programme outlined in section 4.1 specifically addresses this gap and all measures are to ensure a good return on investment.

New buildings will be designed to achieve BREEAM excellence, with the new Regional Logistics Centre facility at Haydock being an example of this.

## 5. Performance Measures and Benchmarking

Achieving service quality is more than performing well financially. There is a need for measures across all aspects of performance relating to the estates function. On a monthly basis the reactive maintenance of the Estate is reviewed at the Estates and Fleet Senior Management Team meetings. Separate contract meetings are regularly held with the service providers to review their performance.

There must also be measures which relate to the overall strategic direction that has been set in order to provide a comprehensive view of performance in that respect. To this end, estate measures will include:

- Progress against NHS Carbon Reduction Strategy.
- Progress against compliance with new legislation.
- Asset utilisation (space efficiency; cost of occupation; asset productivity; asset deployment; quality).

The Trust is a member of the National Heads of Estates and Facilities forum along with all NHS Ambulance Trusts across the country. NWAS actively participates in benchmarking between member organisations, as well as benchmarking against the Department of Health’s annual Estates Returns Information Collection (ERIC). ERIC is a key source of data for the “Model Ambulance Trust” with a planned go live date of 1<sup>st</sup> April 2019 for all ambulance Trusts, (see section 2.5). The estates and facilities management systems will be adjusted to align with the model to facilitate reporting and benchmarking from 2019, the 3 main areas of focus are:

- Operational estate
- General estate
- Fleet

Estates Strategy		Page:	Page <b>23</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

## 6. Health, Safety and Hygiene

### 6.1 The Estates Policy

The Estates Policy defines responsibilities and accountability for the delivery of a quality Estates function and encourages a partnership approach with all stakeholders. The focus of the Policy is on the provision and maintenance of properties which support service delivery and are safe, hygienic, legally compliant, and sustainable. The Trust will assess its compliance against requirements using the Compliance Tool Kit.

### 6.2 Premises Cleaning

The Care Quality Commission as part of its inspection programme seeks to ensure that NHS Trusts are meeting the requirements of the Health and Social Care Act 2008 with particular regard to healthcare associated infections (HCAI's). In order to meet with those requirements NWAS is expected to provide and maintain premises which are safe, kept in good repair, fit for purpose and which facilitate the prevention of HCAI's. A Trust wide premises cleaning contract has been in place since January 2013 with the aim of ensuring consistent, quality, cleaning of buildings. The performance of the cleaning contractor and cleanliness is monitored internally by Operational Managers, the Estates Department Support Services Manager, and Quality Team. The process of retendering for the service concluded in June 2018 and a new 4 year contract will be mobilised in Q2 of 2018/19.

### 6.3 Waste Management

The Waste Management Policy, approved by the Board of Directors in 2016, sets out the Trust's approach to Waste Management taking into consideration legislative, health, safety and environmental factors. This will be reviewed and the revised policy will be presented to the Board by November 2018. The cross-departmental Waste Management Group continues to support the improvement of waste management across the Trust with an additional focus on education and engagement of staff and supporting the Trust's sustainability objectives.

### 6.4 Legionella Prevention

A Trust 'Policy for the control and prevention of Legionella' is in place and has been implemented to ensure that the requirements of HSE Approved Code of Practice L8 and NHS HTM 04-01 (where appropriate) are met. All Trust premises have a Legionella risk assessment which is updated at intervals specified in the Legionella management plan. Monthly water monitoring is undertaken and the results are regularly reviewed at bi-monthly Water Hygiene Management meetings.

### 6.5 Asbestos Management

A Trust Asbestos Policy is in place which sets out responsibilities and obligations under the Control of Asbestos Regulations. All Trust premises have an Asbestos Register and the Asbestos Containing Materials are re-inspected at regular intervals.

Estates Strategy		Page:	Page <b>24</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021



## 7. Financial Plan

### 7.1 Depreciation, revenue and capital funding

The estate is an asset of the Trust. It consists of a mix of buildings in good condition, some in fair condition and others in poor condition. The asset value of the estate for land and buildings (excluding assets under construction) at 31<sup>st</sup> March 2018 is £34.211m. The total depreciation value of the Trust's estate for 2017/18 was £1.582m. The depreciation value is an indicator of the cost to re-instate and maintain the value of the assets. The Planned Capital Expenditure for the estate in 2018/19 is £5.466m.

The revenue available for the estate is £6.539m.

### 7.2 Capital Programme

The Estates and Finance Teams prepare annual and five-year capital and revenue investment plans with the aim of producing an Estate that will enable the provision of safe, secure, high quality buildings and an infrastructure capable of supporting current and future models of service delivery.

### 7.3 Cost Improvement Programme (CIP)

The Trust must always demonstrate that it is giving optimum value in all areas of business. All NHS Trusts are subject to mandatory efficiency targets. As such the aim will be to drive through efficiencies from the estates, to achieve reduction in running costs over the period 2018/19 – 2022/23. The key elements of this plan will be:

- Rationalisation
- Reduction in running costs
- Energy efficiency

## 8. Delivery Plan

In order to deliver the 'Future Provision' detailed in Section 3 of this strategy, and taking into consideration the issues outlined in Sections 4 and 5, the delivery plan must be in place to enable successful implementation. Key parts of this plan are detailed in this section.

### 8.1 Design Considerations

The 'Design Considerations for Ambulance Stations and Ambulance Deployment Points' document was approved by the Estates Rationalisation Project Board in December 2012, now retitled the Future Estates Model Programme Board. This document provides an outline specification for the planning and commissioning of new NWS ambulance stations and deployment points for use by all NWS operational staff. However, since its approval the Trust developed a pilot Hub at Central station and undertook a trial of operating in a make ready hub. Subsequently, a full hub and spoke serving the Wigan area was established and completed in December 2017. The lessons learnt from these two developments are to be reviewed and incorporated into a revised design document and the NHS HBN44 for Ambulance Buildings.

### 8.2 Future Estates Model Programme Board and Area Future Estates Model Project Team

The Future Estates Model Programme Board and Area Future Estates Project Teams provide the overarching structure for the governance and delivery of the strategy. These groups meet regularly and

Estates Strategy		Page:	Page <b>25</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

provide supportive mechanisms for the delivery of significant parts of the Estates Strategy. Their remit, functions and composition is detailed in the Terms of Reference document. The Future Estates Model Programme Board provides scrutiny, advice and recommendations regarding proposals for the rationalisation of the estate.

### 8.3 Annual Estates Plan and Five Year Estates Plan

In order to plan and monitor the progress of individual activities and projects the Estates Team produce 5 year and an annual estates plan that will highlight estates schemes for the following financial year. This includes:

- The Estates Capital programme
- Estates Rationalisation programme (strategy)
- Planned maintenance programmes
- Areas of development for the Estates Team
- Full review of the risk register for the estate with an action plan for removal/management of significant risk(s)
- Tasks necessary to ensure legislative requirements are met
- Projects carried over from the previous year

## 9. Stakeholder Engagement and Communications

The successful implementation of the estates strategy will be dependent on effective engagement with staff, staff side and external stakeholders in all elements of its development. In particular, involvement will be essential in the review of the existing estates and the vision and design of the future estates provision. This will ensure they are fit for purpose for delivering effective patient care and provide an appropriate working environment for staff.

The *'Future Focus: Right Care Right Time Right Place'* document, produced by the Corporate Communications Department, outlines the hub and spoke configuration and explains how this model of service delivery links to serving communities and patients.

There is a Communications Plan in place for the Estates Rationalisation projects and the plans will continue to be used and developed.

## 10. Equality Impact Assessment

The Trust will ensure that all premises and their grounds comply with relevant legislation. All new building specifications will have the potential to impact both staff and services with regards to equality. Therefore, there is a requirement to carry out a detailed Equality Impact Assessment; this will be carried out in consultation with the Deputy Director of Organisational Development.

The Equality Impact Assessment for the estate strategy is at Appendix 6.

## 11. Conclusion

The previous Estates Strategy 2013-18 has been very successful in reducing the overall estate and footprints, increasing the efficiency of the estate, and delivering an overall younger estate. Since its inception, R1 and R2 has been replaced by ARP. Although there was a central thrust to move to Hub

Estates Strategy		Page:	Page <b>26</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

and Spoke the Trust has to date largely moved forward using opportunity as the main driver. There is a need to set out a long term plan in terms of the operational estates moving away from opportunistic driven developments of the past.

NHSi (Carter Report) focus is moving from Acute to Ambulance Trusts. For the number of sites we are about in the ball park with some of our peers, for example WMAS, SECAS. However, they have a significantly smaller footprint! This is because they have a few larger main sites (Hubs) and higher numbers of much smaller unmanned sites (spokes).

The outputs from the EMT Estates Strategy Day workshop, 3<sup>rd</sup> November 2017 has provided input to inform the future estates strategy 2018-23 in terms of:

- Setting the direction and priorities of the estate to have fewer but larger operational sites (Appendix 3), hence having a planned strategic development rather than an opportunity driven one
- Identifying the benefits and challenges in delivering the above
- Setting the factors when prioritizing and locating hubs and spokes
- Identifying and learning from the key lessons learnt from other Trust when delivering the hub and spoke model

This Estates Strategy is intended to support the service delivery models, in some cases the most suitable service delivery model is the Hub and Spoke configuration. This document outlines the prime 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:

- Estates rationalisation and the strategic estate development
- Maintenance 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 ongoing review of progress in order to ascertain necessary variations to the strategy because of changes in expected demand and internal and external environment.

Estates Strategy		Page:	Page <b>27</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

## Appendix 1: Definitions of six facet survey criteria

- **Physical Condition** - The physical condition of all elements pertaining to the building stock of the Trust
- **Functional Suitability** - The appropriate provision of space, building fabric, services, amenities and equipment.
- **Space Utilisation** - The objective of the space utilisation survey is to assess whether the space available matches the needs of the service and its functional and future planned requirements. The exercise should identify surplus requirements as well as the need for expansion or space re-provision.
- **Quality** – This is a rating of the overall quality of the working environment. This takes into account factors such as overcrowding, lighting, heating, staff facilities, layout, and interior design.
- **Energy Performance** - To classify the overall energy efficiency of buildings indicating energy usage per unit volume – GJ/100 cubic metres.
- **Statutory Performance** - Compliance of premises with statutory requirements of Fire Safety Regulations, Environmental Protection Act, Health and Safety at Work Act, Waste Management Regulations and other Statutory Obligations.

Estates Strategy		Page:	Page <b>28</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

The following tables show a summary of the NWA estate infrastructure as of May 2018:

Premises	Area	Tenure	Site to be retained	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire Health & Safety Requirements	Backlog (2008)	Current Estimated Backlog (31.03.18)	Backlog variance
Accrington	CLA	Freehold		C	B	C	C	3	C	C	B (C)	£20,170	£21,096	£928
Accrington Training Facility	CLA	Freehold		B	B	C	B	3	B	C	B	£12,750	£13,337	£587
Altham	CLA	Freehold		B	B (C)	B (C)	C	3	C	B	B (C)	£17,390	£18,190	£800
Altrincham	GMA	Freehold		B (C)	C	C	C	3	B	C	B (C)	£58,482	£61,172	£2,690
Ambleside	CLA	Freehold		C	B (C)	B (C)	B	3	B	C	B (C)	£12,930	£13,525	£595
Anfield	CMA	Freehold	Y	B	B (C)	B	B	3	B	C	B	£41,660	£43,576	£1,916
Anfield Finance Dept	CMA	Freehold	N	C	B		B	3	B	C	B	£25,420	£26,589	£1,169
Arrow Park	CMA	Leasehold	N	B	B	B	B	3	B	A	B	£1,955	£2,045	£90
Ashton-under-Lyne	GMA	Freehold		B	B (C)	B (C)	B	3	C	C	B (C)	£45,180	£47,258	£2,078
Barnoldswick Ambulance / Police station	CLA	Leasehold / new					B	3	B	B	B		£0	
Barrow-In-Furness	CLA	Long leasehold		C	B (C)	B (C)	C	2	B	C	B	£23,450	£24,529	£1,079
Bebington	CMA	Freehold	N	B	B (C)	B	C	3	B	C	A	£16,480	£17,238	£758
Billinge	GMA	Freehold		B (C)	B	C	B	3	B	C	B (C)	£9,380	£9,811	£431
Birch Hill Hospital (John Elliott Unit)	GMA	Leasehold / new					B	3	B	B	B		£0	
Birchwood Fire Station	CMA	Lease with CFRS / new	Y				B	2	B	C	B (C)		£0	
Birkenhead Community Fire & Ambulance Station	CMA	Lease with MFRS / new	Y				B	3	A	A	A		£0	
Blackburn	CLA	Freehold		C	B	C	B	4	B	C	B	£103,625	£108,392	£4,767
Blackpool	CLA	Freehold		C	B	B	B	4	B	B	B (C)	£31,640	£33,095	£1,455
Blackrod	GMA	Freehold		C	B	B (C)	B	2	B	C	B	£9,129	£9,549	£420
Bolton North	GMA	Freehold		B	B (C)	B (C)	B	3	B	C	B (C)	£1,950	£2,040	£90
Bolton South	GMA	Freehold		B	C	C	B	3	B	A*	B (C)	£3,865	£4,043	£178
Bootle	CMA	Long leasehold	Y	B (C)	B	B	C	3	B	A*	B (C)	£13,220	£13,828	£608
Bootle & Netherton Community Fire & Ambulance Station	CMA	Lease with MFRS / new	Y				B	3	A	A	A		£0	
Brough	CLA	Freehold		C	C	B	B	3	C	C	B (C)	£12,424	£12,996	£572
Broughton House AS	CLA	Freehold		B (C)	B	B	B	3	B	C	B	£4,420	£4,623	£203
Broughton House Emergency Control Room	CLA	Freehold		B	B		B	3	A	A*	B	£5,550	£5,805	£255
Broughton House HQ	CLA	Freehold		C	B (C)		B	3	B	C	B (C)	£25,180	£26,338	£1,158
Broughton House PTS Control Room	CLA	Freehold		B (C)	B (C)		B	3	B	C	B	£24,220	£25,334	£1,114
Broughton House Training Centre	CLA	Freehold		C	B		B	3	B	C	B	£5,610	£5,868	£258
Broughton House Vehicle Service Unit	CLA	Freehold		C	B	B	B	3	C	C	B (C)	£128,885	£134,814	£5,929
Burnley AS and Vehicle Service Centre	CLA	Freehold		B	B	B	B	3	B	C	B (C)	£50,800	£53,137	£2,337
Burscough	CLA	Freehold		C	C	C	C	3	B	C	B (C)	£40,875	£42,755	£1,880
Bury AS	GMA	Freehold		B	B	B	C	3	B	C	B (C)	£18,020	£18,849	£829
Bury Workshop	GMA	Freehold		B	B	B	B	3	C	C	B (C)	£12,555	£13,133	£578
Carlisle AS	CLA	Freehold		C	C	C	C	3	C	C	B (C)	£101,315	£105,975	£4,660
Central	GMA	Not registered		B	B	B	B	3	B	A*	B	£6,345	£6,637	£292
Central Stores	CLA	Freehold		B	B	B	B	3	B	B	B	£13,055	£13,656	£601
Central Transport	CLA	Freehold		C	C		B	4	B	C	B (C)	£26,640	£27,865	£1,225
Cheadle	GMA	Freehold		B	B (C)	B (C)	C	3	B	C	B (C)	£20,720	£21,673	£953
Chester	CMA	Freehold	Y	B	B	B	C	3	B	C	B	£54,450	£56,955	£2,505
Chorley	CLA	Freehold		B	B (C)	B (C)	B	3	B	B	C	£12,730	£13,316	£586
Cliitheroe Ambulance Station/Community Hospital	CLA	Leasehold / new					B	3	B	B	B		£0	
Congleton	CMA	Freehold	Y	C	B (C)	B (C)	B	3	B	C	B (C)	£34,725	£36,322	£1,597
Crewe	CMA	Freehold	Y	C	B	B (C)	C	3	B	C	B (C)	£35,385	£37,013	£1,628
Crosby	CMA	Freehold	N	C	C	B (C)	B	3	B	C	C	£32,455	£33,948	£1,493
Darwen Fire and Ambulance Station	CLA	Lease with LFRS / new					B	3	B	B	B		£0	
Distington	CLA	Freehold		C	B (C)	B (C)	B	4	B	A*	B	£17,465	£18,268	£803
Dukinfield	GMA	Freehold		B (C)	C	B (C)	C	3	B	C	C	£53,255	£55,705	£2,450
Eccles	GMA	Long leasehold		C	C	C	C	3	B	C	C	£24,157	£25,268	£1,111
Egremont	CLA	Leasehold		B	C	B	B	3	B	A*	B	£9,485	£9,921	£436
Ellesmere Port	CMA	Freehold	Y	B (C)	B	B (C)	C	3	B	A*	B	£40,710	£42,583	£1,873
Estuary Point	CMA	Freehold / new	Y	B	B		A	1	A	A	A		£0	
Fazakerley	CMA	Freehold	Y	B (C)	B	B (C)	C	3	B	A*	B	£25,370	£26,537	£1,167
Fleetwood	CLA	Freehold		C	B	C	B	3	B	B	C	£18,955	£19,827	£872
Flimby	CLA	Long leasehold		B	C	B (C)	B	2	C	A*	C	£11,807	£12,350	£543
Formby Community Fire & Ambulance Station	CMA	Lease with MFRS / new	Y				B	3	A	A	A		£0	
Glossop	GMA	Freehold		B	C	B	B	3	C	C	B (C)	£42,225	£44,167	£1,942
Grange-Over-Sands	CLA	Leasehold		B	B	C	B	3	B	B	B (C)	£1,335	£1,396	£61
HART Liverpool (Croxteth Fire Station)	CMA	Lease with MFRS / new	Y				B	3	B	C	B (C)		£0	
HART Manchester	GMA	Long leasehold / new								A*			£0	
Heswall	CMA	Freehold	Y	B (C)	B (C)	B (C)	B	3	B	B	C	£8,275	£8,656	£381
Heywood	GMA	Long leasehold		B (C)	B (C)	B (C)	C	3	C	C	C	£12,380	£12,949	£569
Huyton	CMA	Freehold	Y	C	B (C)	B (C)	C	4	C	C	B (C)	£24,303	£25,421	£1,118
Kendal	CLA	Freehold		C	B	B (C)	B	4	C	C	B	£10,326	£10,801	£475
Keswick	CLA	Freehold		C	B (C)	B (C)	C	3	B	C	C	£20,882	£21,843	£961
Kirkby	CMA	Freehold	Y	B (C)	B (C)	B (C)	B	3	B	B	B (C)	£7,990	£8,358	£368
Knutsford	CMA	Freehold	Y	B (C)	B (C)	B (C)	B	3	B	C	B (C)	£7,920	£8,284	£364
Ladybridge Hall HQ	GMA	Freehold		B (C)	B		B	3	B	C	B	£18,500	£19,351	£851
Ladybridge Hall Training & Conference Centre	GMA	Freehold		B	B	B (C)	B	3	C	C	B	£14,330	£14,989	£659
Lancaster	CLA	Freehold		C	B	B	B	3	C	B	B (C)	£8,530	£8,922	£392
Leyland	CLA	Freehold		B (C)	B (C)	B (C)	C	4	B	C	B (C)	£17,890	£18,713	£823
Lillyhall	CLA	Leasehold		B	B	B (C)	B	3	B	B	B (C)	£6,220	£6,506	£286
Lytham	CLA	Freehold		C	B (C)	B (C)	B	3	B	C	B	£18,250	£19,090	£840
Macclesfield	CMA	Freehold	Y	C	B	B (C)	C	4	C	D	B (C)	£79,450	£83,105	£3,655
Manchester EOC (Parkway)	GMA	Lease with NHS Propco / new											£0	
Medicines Management Hub (Fulwood)	CLA	Leasehold / new	Y				B	3	A	A	A		£0	
Mersey Headquarters	CMA	Freehold	N	C	C		B	4	C	C	B (C)	£133,300	£139,432	£6,132
Mersey PTS Control	CMA	Lease with NHS Propco	N	B	C		C	2	C	C	B (C)	£49,093	£51,351	£2,258
Middleton	GMA	Freehold		B (C)	B (C)	B	B	3	B	D	B (C)	£19,200	£20,083	£883
Millom	CLA	Freehold		C	B (C)	B	B	3	B	B	B (C)	£9,635	£10,078	£443
Milton Green	CMA	Lease (no formal agreement)	N	B	B (C)	NA	C	3	B	C	B	£16,399	£17,153	£754
Morecambe	CLA	Freehold		C	B	C	B	3	B	C	B	£20,315	£21,249	£934
Moreton	CMA	Freehold	N	B (C)	B (C)	B (C)	C	3	C	C	C	£8,930	£9,341	£411
Nelson	CLA	Freehold		C	B (C)	B (C)	B	4	B	C	C	£35,430	£37,060	£1,630
Newton Le Willows Community Fire & Ambulance Station	CMA	Lease with MFRS / new	Y				B	3	A	A	A		£0	
Northwich	CMA	Freehold	Y	B (C)	B (C)	C	C	3	C	D	B (C)	£82,780	£86,588	£3,808
Old Swan	CMA	Freehold	Y	B	B (C)	B (C)	B	3	B	B	B	£5,675	£5,936	£261

Estates Strategy		Page:	Page 29 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

Premises	Area	Tenure	Site to be retained	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire, Health & Safety Requirements	Backlog (0008)	Current/Estimated Backlog (31.03.18)	Backlog variance	
Oldham	GMA	Long leasehold		B (C)	B (C)	B (C)	B	3	B	D	C	£62,513	£65,389	£2,876	
Ormskirk	CLA	Freehold		Modular building not surveyed for this exercise									£0		
Penrith	CLA	Freehold		C	C	C	B	3	C	C	C	£60,635	£63,424	£2,789	
Poynton Fire Station	CMA	Lease with CFRS / new	Y				B	2	B	C	B (C)		£0		
Preston Fire and Ambulance Station	CLA	Lease with LFRS / new					B	2	B	C	B (C)		£0		
Ramsbottom	GMA	Freehold		B	B (C)	C	C	3	B	C	B	£12,580	£13,159	£579	
Regional Logistics Centre	CMA	Leasehold / new	Y				B	3	A	A	A		£0		
Rochdale	GMA	Freehold		B (C)	B (C)	B (C)	A	3	B	C	B	£12,055	£12,610	£555	
Rosendale Health Centre	CLA	Leasehold / new	Y				B	3	A	A	A		£0		
Runcorn	GMA	Freehold		B (C)	B (C)	B (C)	B	3	B+	A*	B	£45,900	£48,011	£2,111	
Sale	GMA	Freehold		C	B	C	B	3	B	D	B	£15,540	£16,255	£715	
Salford	GMA	Freehold		B (C)	B		C	4	C	C	B	£36,896	£38,593	£1,697	
Salkeld Hall (Carlisle)	CLA	Freehold		C	C	B	A	2	B	A	B (C)	£3,350	£3,504	£154	
Sandbach	CMA	Freehold	Y	B	B	B	B	3	B+	C	B (C)	£44,980	£47,049	£2,069	
Sedbergh	CLA	Leasehold		B (C)	B (C)	C	C	3	B	B	B	£1,965	£2,055	£90	
Sefton House (111 call centre)	GMA	Leasehold / new											£0	£0	
Sharston	GMA	Freehold		C	B (C)	B (C)	B	3	B	C	B	£23,800	£24,895	£1,095	
Skelmersdale	CLA	Long leasehold		B	B	B	C	3	B	C	B	£28,634	£29,951	£1,317	
South Liverpool	CMA	Long leasehold	Y	B	B (C)	B (C)	A	3	B	A	B (C)	£5,460	£5,711	£251	
Southport Community Fire & Ambulance Station	CMA	Lease with MFRS / new	Y				B	3	A	A	A		£0	£0	
St Helens	CMA	Freehold		B	B	B	C	3	B+	B	B	£22,050	£23,064	£1,014	
Stacksteads	CLA	Freehold					B	3	B	B	B	£5,200	£5,439	£239	
Stockport	GMA	Freehold		B (C)	C	C	C	3	C	C	B (C)	£66,060	£69,099	£3,039	
Stretford Police station	GMA	Lease with GMP / new											£0	£0	
Swinton	GMA	Freehold		C	B (C)	B (C)	B	3	B	D	B (C)	£27,025	£28,268	£1,243	
Thornton	CLA	Long leasehold		C	B (C)	B	B	3	B	C	B (C)	£17,495	£18,300	£805	
Toxth	CMA	Freehold	N	B (C)	B	B (C)	B	3	B+	C	B (C)	£40,510	£42,373	£1,863	
Ulverston	CLA	Freehold		B	B	B	C	2	B	C	C	£15,342	£16,048	£706	
Urmston	GMA	Freehold		B	B	B	C	3	B	C	C	£7,390	£7,730	£340	
Wallasey	CMA	Freehold	Y	C	B	B	B	3	B	A*	B (C)	£42,370	£44,319	£1,949	
Walmer Bridge	CLA	Freehold		C	C	C	C	4	C	C	C	£19,786	£20,696	£910	
Warrington	CMA	Freehold	Y	C	B	B (C)	C	3	C	A*	B (C)	£85,785	£89,731	£3,946	
Wesham	CLA	Freehold		C	C	B (C)	B	3	B	C	C	£18,260	£19,100	£840	
Westmoreland Ambulance Station	CLA	Leasehold / new											£0	£0	
Whiston	CMA	Freehold	Y	B	B		C	3	C	C	C	£24,480	£25,606	£1,126	
Whitefield - GM Area Office	GMA	Freehold		B (C)	B	B	C	4	C	C	B	£12,850	£13,441	£591	
Whitefield AS	GMA	Freehold		B (C)	B (C)	B (C)	B	3	B	C	C	£16,560	£17,322	inc	
Widnes	CMA	Freehold	Y	B (C)	B (C)	B	B	3	B	C	C	£46,295	£48,425	£2,130	
Wigan Community Fire & Ambulance Station	GMA	Lease with GMFRS / new	Y				B	3	A	A	A		£0		
Wigton	CLA	Freehold		B	B (C)	B	B	3	B	C	B	£18,172	£19,008	£836	
Wilmslow	CMA	Freehold	Y	B	B		B	3	B	C	C	£5,930	£6,203	£273	
Winery Lane The Centre	CLA	Freehold		B	B (C)	B (C)	B	4	B	B	A	£11,450	£11,977	£527	
Winsford	CMA	Freehold	Y	B	B (C)	B (C)	B	3	B	C	C	£11,260	£11,778	£518	
Totals												<b>£2,864,380</b>	<b>£2,996,141</b>	<b>£131,000</b>	
Average for NWAS owned / responsible sites												£22,554.17	£24,162.43		

KEY TO 6 FACET METHODOLOGY	
<b>Physical Condition</b>	<b>Quality</b>
As new	A
Sound and operationally safe showing only minor deterioration	B
Currently at B but will fall to C within 10 years	B (C)
Operational but major repairs or replacement needed to bring up to B	C
Operationally unsound and in imminent danger of failure	D
	↓ Declined
	↑ Improved
<b>Functional Suitability</b>	<b>Space Utilisation</b>
Satisfactory	A
Acceptable / Reasonable. No Major change necessary	B
Below an acceptable standard	C
Unacceptable in it's present condition	D
	Empty
	Underused
	Adequate
	Overcrowded
<b>Fire, Health &amp; Safety requirements</b>	<b>Energy Performance</b>
Complies with current Fire and Health & Safety Legislation	A
Fully complies with current Fire and Health & Safety Legislation with minor (none serious)	B
Currently at B but will fall to C within 10 years as a consequence of lack of investment	B (C)
Contravention of current Fire and Health & Safety Legislation which requires	C
Dangerously below conditions A and B	D
	Fully compliant with current legislation
	Acceptable. No major change necessary
	Below an acceptable standard
	Unacceptable performance
	Site has received CEF funding

Estates Strategy		Page:	Page 30 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

## Appendix 2: NWS Emergency Service Resource Deployment Strategic Outline (from Service Modernisation Partnership Group)

### NORTH WEST AMBULANCE SERVICE NHS TRUST EMERGENCY SERVICE RESOURCE DEPLOYMENT STRATEGIC OUTLINE

This document is designed to assist in the development and implementation of a North West Ambulance NHS Trust (NWS) estates strategy relating to the emergency service and therefore provides an outline of how the mobile resources (Ambulances, Rapid Response Vehicles, etc) can be tactically positioned to ensure the optimum clinical response to those requiring a response is achieved.

The Trust has more than one hundred ambulance station sites scattered across its five counties. These locations have in most cases been in the same locations for many years, one or two since the late nineteenth century.

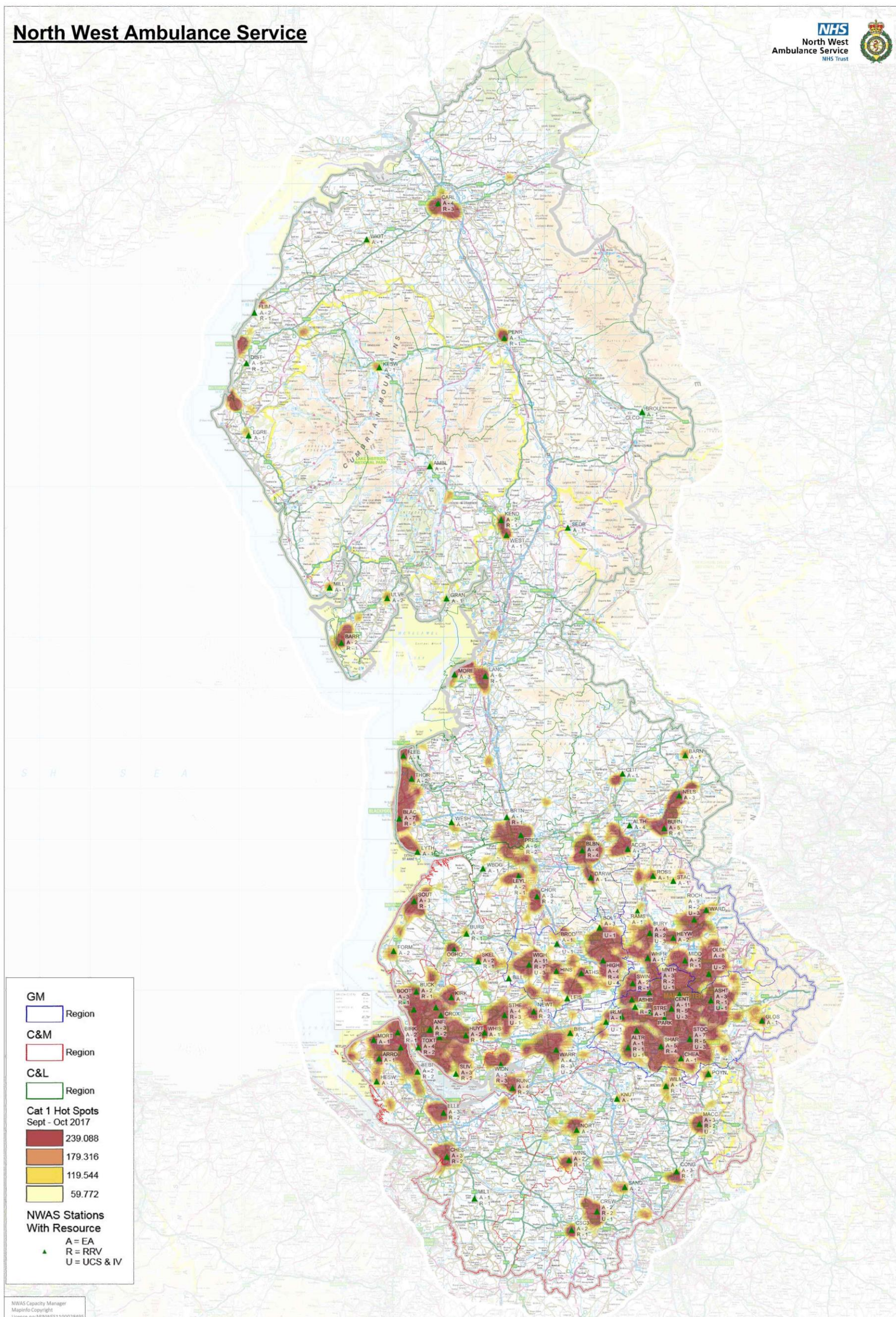
The principles below will determine the physical estate positioning:

- The positioning of the resources should be determined from a regional 999 demand analysis, disregarding county borders.
- The resources will be deployed utilising a dynamic deployment model with resources positioned within a number of plan areas across the Trust.
- The building profile will be of the hub and spoke system.
- The hubs, set around a common specification, will be the 'home' of the resource in that area and will be the place where staff start and end their tour of duty.
- The hubs will be the location of make ready systems and contain all the facilities for the staff based at that site including training rooms, etc.
- Resources will decant from the hubs to the deployment locations as determined by the dynamic deployment system.
- The spokes have at their end either a social deployment point or a simple deployment point (stand-by location); again both would be set around a common specification.
- The view is that a hub will in most cases be an Ambulance Service only location whereby the spokes could be a shared/joint premises or a small Ambulance Service only location.

Estates Strategy		Page:	Page 31 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

Appendix 3

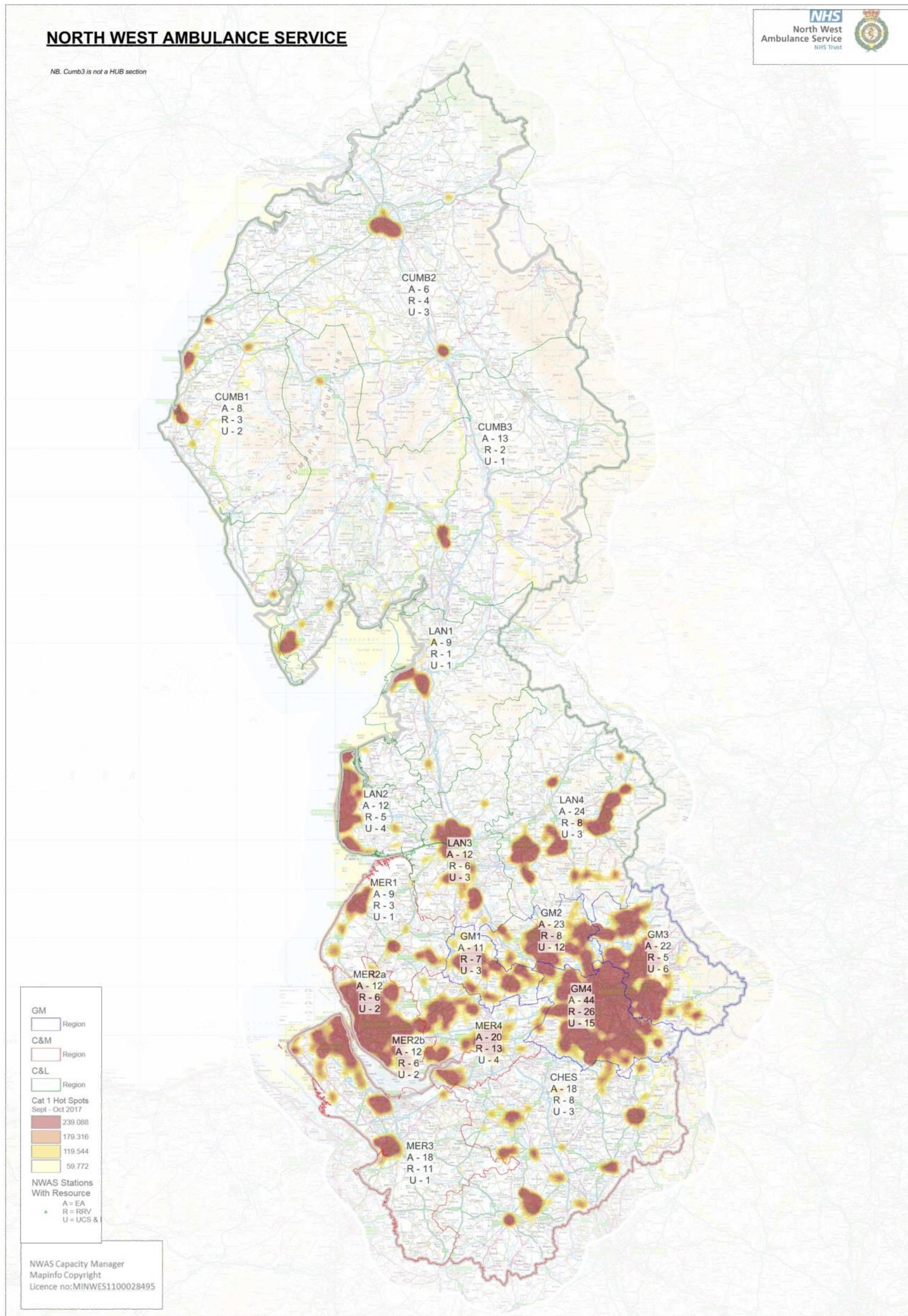
Appendix 3a: Existing sites Hub & Spoke



Estates Strategy		Page:	Page 32 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021



Appendix 3b: Hub & Spoke Groupings retain Wigan Hub



Estates Strategy		Page:	Page 33 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

## Appendix 4: Outputs 2-4, from the EMT Workshop held 3<sup>rd</sup> November 2017

### OUTPUT 2 - what factors determine our priorities in developing this hub and spoke model?

Determinant Factors:

- Improving Performance – ARP/PTS
- Improve Quality
- Improved IPC
- Improved Meds Management
- Improved Safety
- Age of Estate/Physical Suitability
- Current Lease Agreements (Breaks/Duration)
- Financial Efficiencies
- Stock levels (Make Ready)
- Reduced Vehicle levels
- Fuel (travel costs/bunkered fuel costs)
- Meal breaks
- Saleability of sites
- Backlog Maintenance
- Stakeholders views/Priorities
- STP's
- CCFS
- Local Authorities
- Distance travelled
- Does it support Make Ready?
- 'Soft' tasters
- Training
- Contact time
- Working environment.

### OUTPUT 3 – what benefits and challenges are there in moving to the hub and spoke model?

Benefits identified were:

- Performance (assuming operational systems/practices are adapted to full H&S model)
- Financial
- Reduced overheads/running costs
- Capital receipts (contributing to fund a programme of major development)
- Increased efficiency
- Possible reduction in fleet pool size?
- Reduction of backlog maintenance burden
- Facilitates make ready and the benefits (operational and quality ) arising from that
- Better staff facilities
- Improved training/education
- Benefits of co-location with NHS/blue light partners
- Quality assurance
- CQC compliance
- Stock control

Estates Strategy		Page:	Page 34 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

- Improved management-staff visibility in both directions

Challenges identified were:

- Identifying and sourcing spokes
- Making sure we use them (“Golden spokes” to make them attractive to staff )
- Hub and spoke will only reap true benefits if we exploit the use of the spokes
- Required operational changes
- Aligning staff T’s and C’s inc.
- Shift patterns and meal break management
- Staff engagement
- Geographical moves not always welcome/possible/resistance to change
- Capital cost of implementation!
- Make ready has to be self-funding
- Change management (needs holistic approach to this as more than just an estates project)
- Political/devolution (radical estates plans will be met with resistance due to the perceived threat to service delivery)
- Other NHS influences (e.g. hospital closures/reconfigurations)
- Not all areas lend themselves to the model
- Internal cultural challenges (e.g. breaking down area borders etc.)
- BCM – risk associated with putting all eggs in one basket at a hub.

**OUTPUT 4 - what criteria are important when considering locations for hub and spoke stations?**

Criteria determined for a Hub:

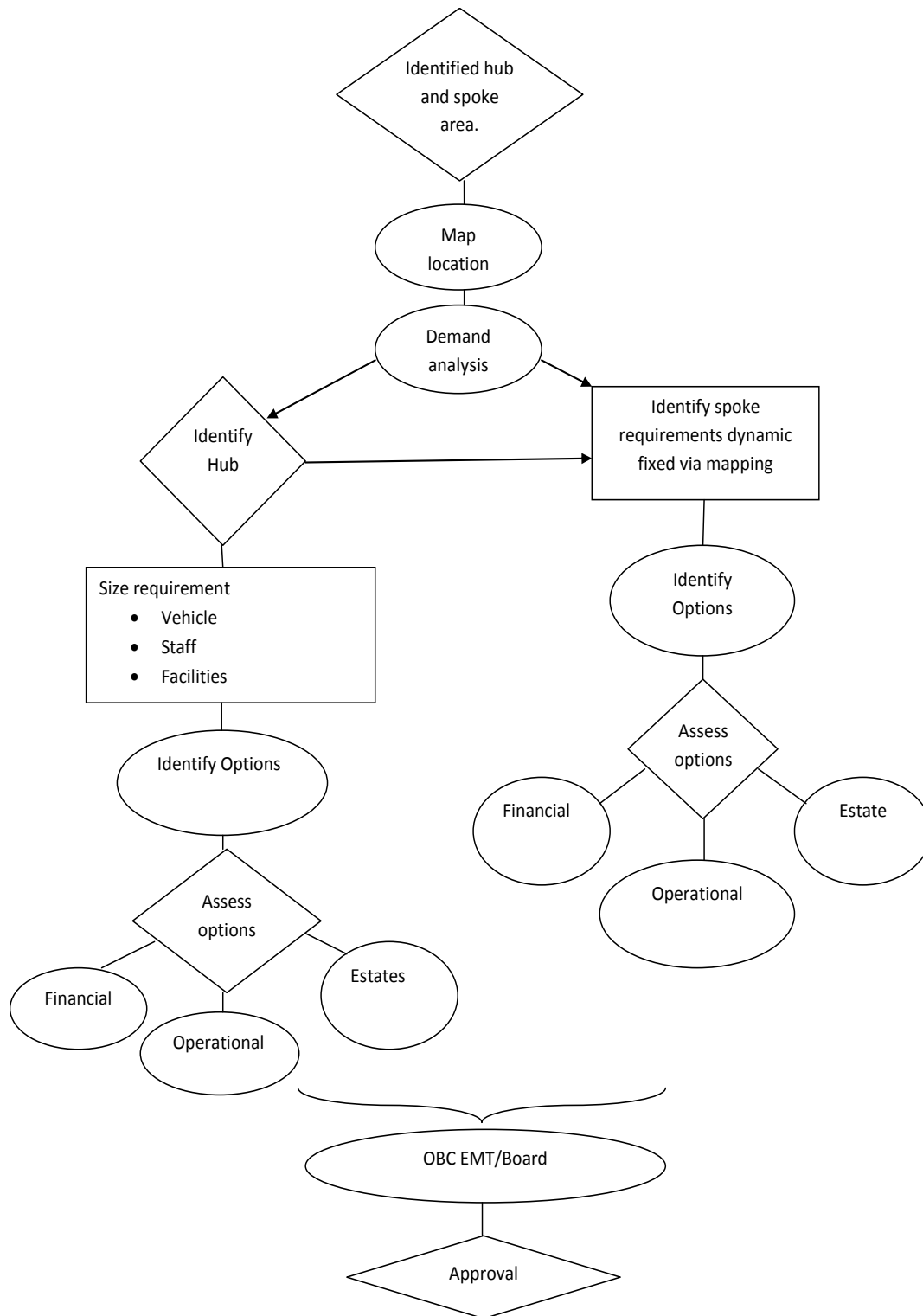
- Fits with the NWS vision and values
- Viable road network
- Improves staff health & wellbeing
- Stakeholder Engagement: community/OSCs/MPs etc./staff/patients
- Financial Envelope
- Demography & Geography
- Operational Demand
- Relationship with Spokes
- Green Agenda: Access for staff and visitors– public transport/parking – vehicles, cycles/sustainability
- Make Ready
- Patient flow: ED/Specialist Centres/UC
- Security
- Resilient IT infrastructure
- Recruitment
- Flagpole & maintain NWS Identity

Criteria determined for a Spoke:

- Location – proximity to Hub, demand and access
- Collaboration –Blue Light/Local Authority/NHS/Other
- Site availability
- IT infrastructure
- Security/safety
- Maintain NWS identity.

Estates Strategy		Page:	Page 35 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

# Appendix 5: Hub & Spoke Programme Flow Chart



Estates Strategy		Page:	Page <b>36</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

## Appendix 6: Equality Impact Assessment

**Name of strategy, Service or Function**

**Estate Strategy– NWAS**

**Equality Impact Assessment carried out by** (include name and job title):

Neil Maher – Assistant Director of Estates and Fleet

**Date of Equality Impact Assessment**

26.05.2016

### **Step 1: Description and Aims of Policy, Service or Function**

#### **Overall aims**

To define and explain the Strategy for the Trust Estates function over the five year period from 2013/14 to 2017/18.

#### **Key elements of policy, service, process**

The strategy is written for the Estates department and Trust to be systematic in its approach in the control of the quality and control of the Estate.

#### **Who does the policy, service or function affect?**

All Trust staff

Visitors

Contractors

#### **How do you intend to implement the policy or service change (if applicable)**

The strategy requires approval by the EMT and Board of Directors. It will be made available by intranet for all internal staff. The Strategy will be reviewed and amended to take into account any future service developments.

### **Step 2: Data Gathering**

#### **Summary of data available and considered**

All data and informatics has been gathered from existing Estate records

#### **Outcomes of data analysis**

##### **Equality Group**

##### **Evidence of Impact**

Gender

Inappropriate gender mix facilities reflection of organisation of mid 20<sup>th</sup> century.

Estates Strategy		Page:	Page 37 of 39
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

Race/Ethnicity	None
Disability	The strategy is a written document and there may be an impact on those with visual impairments or those with conditions such as dyslexia.  With regards to the estate and disability: <ul style="list-style-type: none"> <li>• We will eliminate unlawful discrimination.</li> <li>• Advance equality of opportunity.</li> <li>• Foster good relations when exercising their functions.</li> </ul>
Sexual Orientation	None
Religion or belief	None
Age	None
General (Human Rights)	None

### Step 3: Consultation

*Please note you may want to return to this section following Steps 4 & 5*

### Summary of consultation methods

Internal E+D Coordinator

Estates Managers

Health and safety Practitioners and Managers.

Operations.

### Outcomes of consultation

#### Equality Group

#### Evidence of Impact

Gender Part of capital programme gender mix will be addressed to reflect mix of organisation.

Race/Ethnicity None

Disability The policy is a written document and there may be an impact on those with visual impairments or those with conditions such as dyslexia. This document will be available in alternative formats upon request by contacting the Estates Department.

Amend the estate managers planning check list used to develop new builds, upgrades and extensions to incorporate DDA, thereby capital programmes will check and adjust DDA facilities as they develop.

Sexual Orientation None

Estates Strategy		Page:	Page <b>38</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
Date of Issue:	08/10/18	Date of Review	Oct 2021

Religion or belief            None

Age                                None

General (Human Rights)    None

Estates Strategy		Page:	Page <b>39</b> of <b>39</b>
Author:	Assistant Director of Estates, Fleet & FM	Version:	1.0
Date of Approval:	26/09/18	Status:	Issue
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