



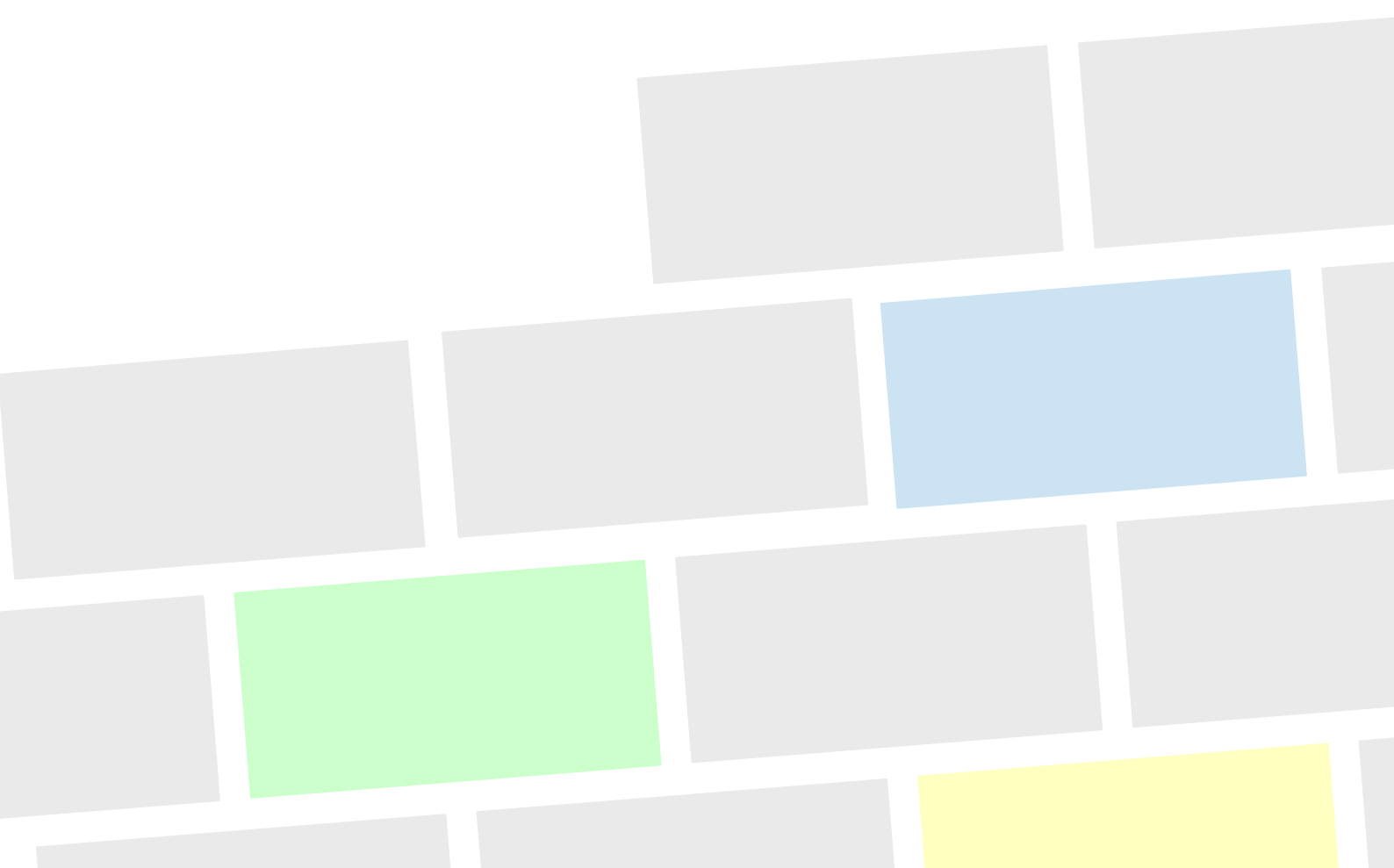
East Midlands Ambulance Service



NHS Trust

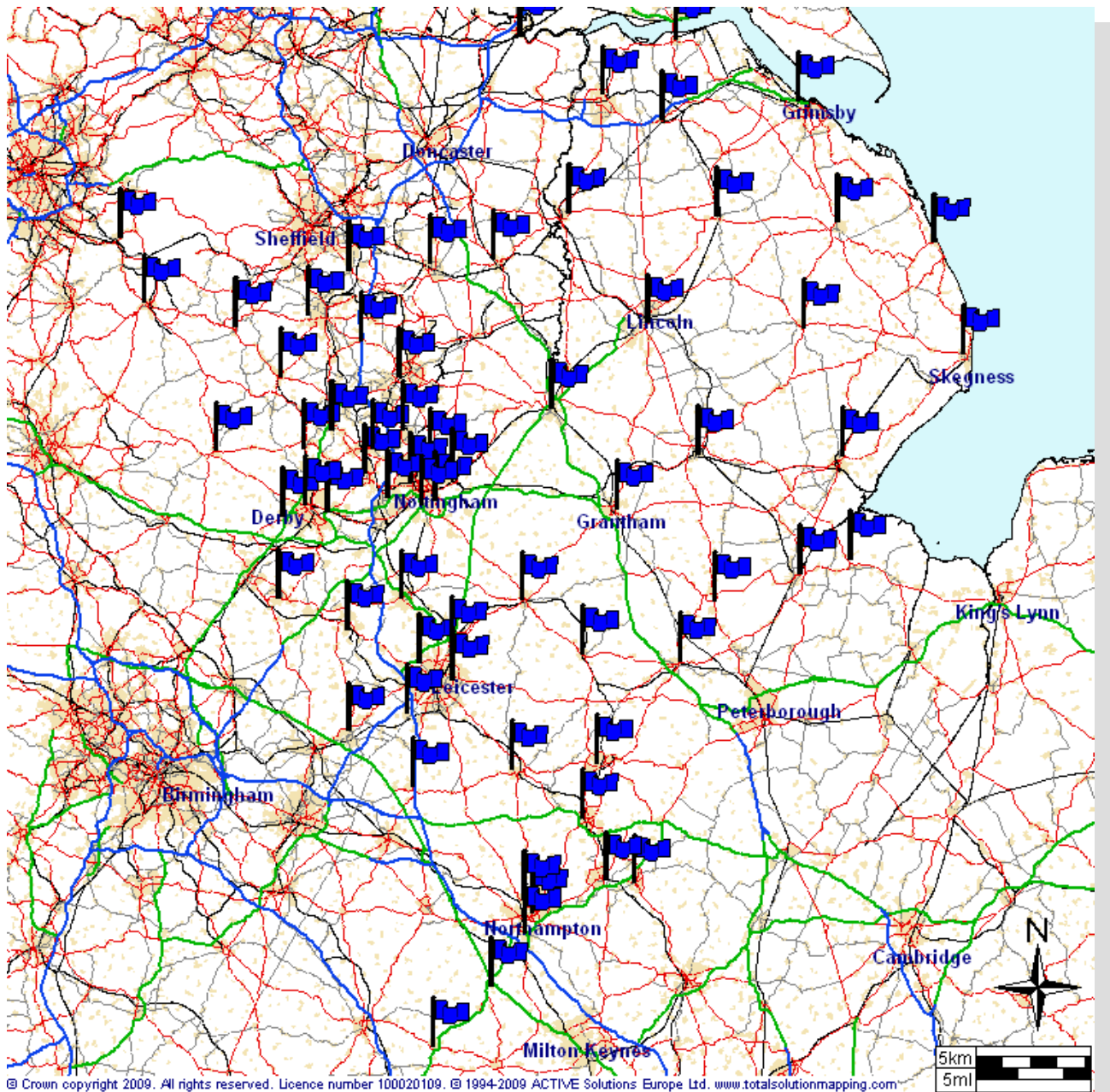
# Draft Estate Strategy

2012 to 2022



# DRAFT Estate Strategy DRAFT 2012

## EMAS Operational Area and Station Locations



# Executive Summary

The current Trust estate comprises a total of 78 properties distributed throughout the counties of Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland and Northamptonshire. The total gross internal area (GIA) of the properties is 47,655 square metres and the total land area of Trust sites is approximately 20 hectares (49.4 acres). The 2011 valuation (by the District Valuer) of the land and buildings owned by the Trust is £39.1m.

Other than the new Trust Headquarters and HART facility, the existing premises, most of which are ambulance stations are of variable quality, very dated with components reaching or beyond their design life, in poor physical condition with substantial backlog maintenance requirements, operationally in poor locations with too many stations relative to need and in many cases larger than required. In sustainability terms they are inefficient and have a significant impact on the environment. To bring the Trust's existing estate up to NHS standards would require c. £13m of investment in its current configuration.

The Trust has recently lost a significant proportion of its Patient Transport Services (PTS) business and when this activity transfers to new providers in summer 2012, there will be a significant increase in surplus space. This strategy aims to deliver a fit for purpose estates infrastructure that meets the needs of a modern ambulance service and provides a configuration that supports the Trust's emerging operational model.

Our ambitions to win new business including 111 activities will also impact on our requirements from the estate. Call handling currently takes place in Lincoln and Nottingham but may need to be configured differently to reflect our optimal response to commissioners' requirements.

This draft strategy recognises that our buildings have a significant part to play in providing a resilient platform for operations, supporting the delivery of clinical services and appropriately accommodating and motivating staff.

The strategy supports key objectives in the following areas:

- Staff Welfare
- Service Performance and clinical delivery
- The Environment , Sustainability, Health and Safety
- Buildings Maintenance
- Value for money
- Equality and Diversity
- Meeting all statutory obligations

## Key aims are:

- To develop an optimal configuration to support our operations, now and in the future including the imminent transfer of PTS business to new providers.
- To develop a model that provides fewer but better equipped ambulance stations.
- To develop a model that reduces running costs and our impact on the environment.

An external, expert, organisation has been engaged to model the optimum configuration of the EMAS operational footprint. The modelling will be carried out hand in hand with operational colleagues to produce a coherent view of the changes necessary to deliver an implementation plan.

A programme of activity to deliver the change led by professional estates resource will be established informed by an accurate database of current buildings. Migration from current to future state will be carefully managed over a number of years with a particular emphasis on ensuring local consultation is central to the change process.

# Introduction

This document puts forward a high level strategic proposal for the future of the Trust's estate. It has been produced following workshops held with senior staff in July and August 2011 and updated to reflect the loss of PTS business and a new operational model.

This document outlines the existing make up and condition of the estate. It addresses the need for a new type of facility to replace our existing inefficient ambulance stations which are mostly old, functionally unsuitable, in need of investment, energy inefficient and operationally poorly located.

All NHS Trusts have a statutory responsibility for the management of their assets. An estate strategy is an essential element of that management. The benefits to the Trust and the wider health community of an effective estate strategy are:

- An assurance that the quality of ambulance services provided by the Trust is supported by safe, secure and appropriate buildings and facilities.
- A strategic context in which capital investments can be developed and scheduled which reflect service developments and local need.
- A plan for change that enables progress towards measurable goals.
- A clear statement to the public and staff that the Trust has positive plans to maintain and improve services and facilities.
- A clear commitment to complying with sustainable development and environmental requirements.
- An assurance that asset management costs are appropriate, and that future investment is effectively targeted.
- Assurance that risks are controlled and that investment is properly targeted to reduce risk.

# National Strategic Context

This strategy has been developed in the context of the following key national publications and the overall strategic direction of the Trust:

- The NHS Constitution <sup>1</sup>
- Our Health, Our Care, Our Say, Next Steps Review, Final Report (June 2008; Lord Darzi) <sup>2</sup>
- Changing Times, Sustaining Long Term Performance against Call Connect for NHS Ambulance Service (June 2008; DH)<sup>3</sup>
- Local Commissioner Strategies
- Taking Healthcare to the Patient (June 2005; Peter Bradley) <sup>4</sup>
- Commissioning a Patient Led NHS (March 2005, DH) <sup>5</sup>
- East Midlands Ambulance Service NHS Trust Business Plan <sup>6</sup>
- Saving Carbon, Improving Health (the NHS Carbon Reduction Strategy) <sup>7</sup>
- The Health and Social Care Bill (introduced into Parliament, January 2011) <sup>8</sup>
- Department of Health National Ambulance review “taking Healthcare to the Patient: Transforming NHS Ambulance Services”. 2005 and updated 2011.

The approach adopted in developing this strategy is based on and informed by the NHS Estates publications Estatecode <sup>9</sup> and An Exemplar Estate Strategy <sup>10</sup>

# Trust Context

The Trust's mission is to 'respond quickly and safely to save lives, reduce anxiety, pain and suffering'. The Trust's vision is to 'deliver high performing emergency and urgent care and non-urgent patient transport services that are responsive, safe, clinically effective, financially viable, legally constituted and well governed'.

This strategy is one of a suite of enabling strategies developed to align to the Trust mission and vision. This document describes the Trust's existing estate and outlines how it will be developed to meet the Trust's emerging needs.

This document does not include fleet or sustainability which have separate strategic documents but the strategies themselves are integrated and complementary.

- a) **Service Performance** – a primary objective is to ensure that the Trust estate supports, underpins and enables optimum operational performance;
- b) **Quality of Estate** – Trust premises should be adequate, functionally suitable and fit for purpose with appropriate and effective maintenance arrangements and space utilisation to appropriate standards;
- c) **Staff Welfare** – the Trust will endeavour to provide, in all its estate provision, fit for purpose and cost-effective facilities and amenities for staff;
- d) **Equality and Diversity** – the Trust estate must be fully inclusive with regard to staff, other healthcare personnel, visitors and all other persons likely to use or visit Trust premises;
- e) **Health & Safety** – the aim must be to maintain high standards of Health & Safety and statutory compliance throughout the Trust estate;
- f) **Environmental** – the Trust will ensure that new developments and refurbishment projects employ sustainable development methods and techniques, making use of low and renewable energy sources, improving the energy efficiency of the existing building stock where feasible, and achieving the BREEAM standard;
- g) **Value for Money** – ensuring that all estate provision offers the best value for money.

# Existing Estate

## Description of the Current Estate

The current Trust estate comprises a total of 78 properties distributed throughout the counties of Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland and Northamptonshire.

The total gross internal area (GIA) of the properties held by the Trust is 47,655 square metres and the total land area of Trust sites is approximately 20 hectares (49.4 acres). The asset valuation (by the District Valuer) as at 31<sup>st</sup> March 2011 was as follows:

Buildings	£20,492, 204
Land	£18,606,501
Total Assets	£39,098,705

In functional terms the current Trust estate comprises:

### Ambulance Stations

There are 65 operational ambulance stations ranging from freehold purpose-built premises to leased rooms in Community Hospitals; some ambulance stations also incorporate other functions such as local administration and support offices, training accommodation and vehicle maintenance facilities;

### HART

HART (Hazardous Accident Response Team) Facility

### Office/support premises

There are 13 other properties used for administration and support. These contain:

- Trust Headquarters (1)
- Emergency Operation Centres (EOC) (2)
- PTS (3)
- Divisional headquarters (4)
- Fleet maintenance facilities (3)
- Training facilities (3)
- Logistics (1)

### Greenfield/vacant sites:

There is one vacant site, which is currently unsuitable for operational usage.

The Trust also operates its accident and emergency service from a number of standby points as determined by the system status plan. These standby points do not form part of the Trust estate. These are ranked in order of priority and are updated and revised from time to time to ensure optimum coverage and performance.

Trust staff also work in premises managed by other organisations, for example, in local treatment centres.

A list of properties can be found in appendix 3.

## Tenure

The Trust estate falls into three categories of tenure as follows:

Freehold property	76.5%
NHS leased property	2.3%
Commercial and other leased	21.15%

## Age Profile

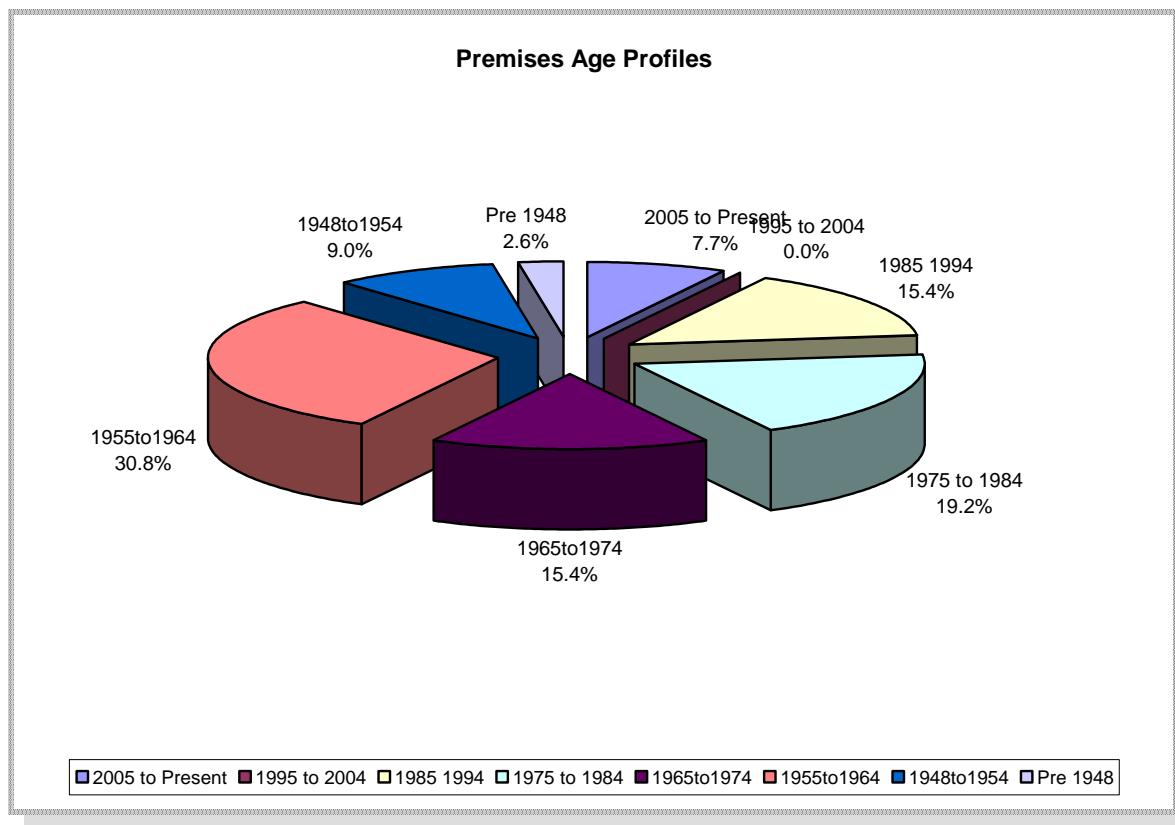
The age profile of the current Trust estate is shown in Table 1 below and in the pie chart that follows:

Table 1: Age profile of the current estate

Period	% age of properties	No. of properties
Post 2005	7.7	6
1995 to 2004	0	0
1985 to 1994	15.4	12
1975 to 1984	19.2	15
1965 to 1974	15.4	12
1955 to 1964	30.8	24
1948 to 1954	8.9	7
Pre 1948	2.6	2
<b>Totals</b>	<b>100</b>	<b>78</b>



Figure 2: Age profile of the current estate



It can be seen from the above that the majority (81%) of the Trust's estate was built in the 40 year period from 1955 to 1994. The biggest group (31%) was built in the decade 1955 to 1964, and hence these properties are now around 50 years old. Only 7.7% has been built since 1995.

The majority of older properties were built by local authorities to serve their own local boundary areas and hence are historically located. They are not now well located strategically to serve the Trust's current operational area which was created by the merger of Trusts in 2006.

### Six Facet survey

The Trust's estate was surveyed in 2009 by NIFES Consulting Group in accordance with DH Estatecode <sup>12</sup> guidance using the recommended six facet methodology. The results were reviewed and updated in 2011.

The survey has assessed the condition of the estate using the Estatecode categories as follows:

Table 2: Estatecode categories

The Six Facet categories from Estatecode	
A	As new and compliant with statutory requirements
B	Sound, operationally safe with no major changes necessary
C	Operational but major repair or replacement needed within one year for engineering and 3 years for building elements
D	Unacceptable - serious risk of breakdown
X	Replacement needed

The six facets are:

1. **Physical condition.** A high level assessment of the overall physical condition of the Trust estate considered in terms of buildings (structure and fabric), electrical installations and mechanical systems. The overall current condition is C. The 2011 cost to raise the condition of the Trust's estate to condition B is £ 9,909,772.
2. **Energy efficiency.** A general overview of the energy performance of the Trust estate based on an analysis of total energy usage.
3. **Compliance with statutory and non-statutory standards.** An assessment of compliance with statutory and non-statutory requirements such as fire safety, electrical supply and distribution, asbestos management, and the Disability Discrimination Act. The overall current condition is C. The 2011 cost to achieve compliance for the Trust's estate is £689,133.
4. **Functional suitability.** An assessment of Trust properties on the basis of internal space relationships, support facilities and location. The 2011 cost to improve functional suitability to condition B is £1,473,353.
5. **Space utilisation.** An analysis of how well property is being used based largely on intensity of use, principally the number of people using the accommodation and frequency of use. The main considerations are how well suited the property is to the current use, how usage varies over time and how the available space compares with national guidance. In this respect many of the welfare facilities in our premises are inadequate.
6. **Quality.** An assessment of the quality of the estate taking into account amenity (function), comfort engineering and design (appearance). The 2011 cost to raise the quality of the estate to condition B is £816,642.

The overall conclusions from the six facet survey are:

- There are considerable maintenance backlog costs for many of the older buildings; this will only worsen without significant investment.
- Backlog is mainly due to items having reached, or gone past, their design life.

- Due to the age of many of the buildings, impending backlog maintenance is quite high.
- Many of the sites show a lack of investment.
- Statutory compliance is well managed.
- Functional suitability, space utilisation and quality are in the main acceptable if based on original building functions, but this will change with new and impending regulations, guidelines and service model requirements.
- The internal appearance of many of the buildings is tired and aged.
- Environmental management requires time, resource and investment to develop policies and performance.
- There is a considerable potential for energy saving at the majority of the operational sites by the installation of modern plant and equipment.

In conclusion, the cost of retaining the existing estate at a “standstill” condition, but raising it from condition C to condition B is £12,910,907. It should be appreciated that this figure has reduced from £15,654,481 in 2008 which reflects the investments made by the Trust, and also adjustments in calculation methods.

However this cost does not include improvements to the building fabric, engineering plant and sustainability which are also required if the existing buildings are to be retained. Neither does this figure allow for creating suitable buildings to support a different model of service now and in the future.

### **Backlog Maintenance**

Backlog maintenance costs for 2011 have been assessed in risk categories using DH guidance “A risk-based methodology for establishing and managing backlog”<sup>12</sup>. The breakdown of backlog costs together with a risk-adjusted backlog figure is a compulsory requirement of the NHS Estates Return Information Collection (ERIC) data set for all Trusts.

The figures reflect the different levels of risk to staff and other building users arising from deficiencies in statutory safety and physical condition of the built environment. The methodology provides a representation of the priorities in which investment is needed. The Trust has eliminated both high and significant risk backlog which means that there is no urgent priority work needed to prevent catastrophic failure or loss of business continuity.

Physical condition has a low risk ranking and statutory standards have a moderate risk ranking. It can be seen from the table below that the total backlog figure is £10.598 m. (This is included in the total six facet survey of £12.917 m in 4.4 above).

Table 3: Risk assessed backlog maintenance, 2011

Category	Physical Condition	Statutory compliance	Total
High risk backlog	£0	£0	£0
Significant risk backlog	£0	£0	£0
Moderate risk backlog	£4,645,409	£207,224	£4,852,633
Low risk backlog	£5,264,363	£481,909	£5,746,272
<b>Total</b>	<b>£9,909,772</b>	<b>689,133</b>	<b>10,598,905</b>

### Estate Performance KPIs

The Trust's key performance indicators (KPIs), as derived from the 2010/11 ERIC return are set out in the table below which compares EMAS with the other Ambulance Trusts using the standard RAG system.

Table 4: Estate KPIs from ERIC

KPI	2010/11 £ Value
Occupancy costs (£/m2)	195
Income (£10/m2)	304
Asset Value (£10/m2)	110
Capital Charges (£/m2)	111
Rent and rates (£/10 m2)	362
Total Backlog (£/m2)	265
Critical Backlog (£/m2)	41
Risk Adjusted Backlog (£/m2)	50
Depreciation (£/m2)	77
Land Value (£/m2)	362
Building Value (£10/m2)	42
Equipment Value (£/m2)	323
Maintenance Cost (£/10 m2)	241
Energy and Utility Cost (£/10 m2)	235

The following points may be drawn from the above:

- The Trust is performing relatively well in relation to rent, rates, and asset deployment, as these indicators fall within the top third of all Ambulance Trusts. (Green boxes).
- The Trust's performance in respect of asset value is generally acceptable as this indicator is in the mid-range of all Ambulance Trusts. (Amber boxes).
- The Trust's performance is poor in occupancy costs, space efficiency, capital charges, backlog maintenance, engineering plant, depreciation and energy / utility costs as these indicators fall within the bottom third of all Ambulance Trusts. This implies that more investment is needed in the estate, particularly in respect of backlog maintenance. For example, garage spaces in ambulance stations are not always used and are often heated unnecessarily. (Red boxes).

## Environmental Impact

The Trust recognises that its activities and premises have an impact on the environment, although the main environmental impact for an ambulance Trust is the operational use of its vehicles.

The following estate issues are considered as being significant:

- Asbestos is known to exist in a number of buildings. A full type 2 asbestos survey was been undertaken and updated in 2010.
- Some sites are vulnerable to flooding, especially in the coastal areas of Lincolnshire. The impact of climate change and hence the sea rising, by 1 metre, 3 metres, and 6 metres have been plotted on maps. Climate change will also impact on rivers and flood plains and this will be significant for the future location of Trust properties.
- Some activities such as vehicle maintenance workshops cause noise, vibration and create waste products such as vehicle oils.
- Boiler flue emissions from building heating systems.
- The use of natural resources in the provision of heat and hot water, vehicular activity and water use.
- The Trust has minimal impact on landscape, flora and fauna. Some sites have trees with preservation orders.

In socio-economic terms the Trust has a positive impact on the health of the East Midlands population and is an important employer in local communities.

This strategy aims to reduce the negative impact of the Trust's estate on the environment while maintaining positive aspects.

## Carbon Footprint

Clouds Environmental Consultancy Ltd (Clouds) completed a carbon footprint study in 2010<sup>13</sup> for the Trust in relation to the NHS Carbon Reduction Strategy for England, published in January 2009.

It is estimated that the carbon emissions arising from EMAS's operations amounted to 16,647 tonnes CO<sub>2</sub>e for the baseline year 2007/8. The Trust's vehicles, consisting

principally of ambulances on duty and standby, contribute most significantly to the EMAS carbon footprint, including on-site combustion systems and vehicles.

Since then EMAS's carbon footprint has risen by 4.2% in absolute terms based on available data and assumptions where necessary. The increase in emissions is almost entirely due to the increase in transport, energy and subsequent procurement.

The carbon footprint relating to emissions from site (energy, waste and water) is generally static. This suggests that EMAS has managed to restrict its carbon emissions from most site activities despite a significant increase in patient numbers. However due to new HQ and HART overall emissions have increased.

Relative to patient activity levels carbon emissions appear to be rising but carbon emissions per WTE have reduced significantly - while the number of employees rose by 13.7% from 2007/8 to 2009/10 the footprint per employee fell by 8.4%.

Recommended targets for reducing the carbon footprint are contained in chapter 5.

### **Estate Management**

The Trust appointed the District Valuer's Office to work with the Trust to assist with strategic estates planning. The DVO report was received in July 2010. (Reference: EMAS Strategic Property Appraisal. DVS, July 2010) Data from this report has been used to develop this strategy.

The Trust delivered a temporary HART base to enable the delivery of services whilst a permanent station was facilitated. The new and permanent facility opened in August 2011.

The Trust has a waste policy which covers all waste streams; this includes a revised process for dealing with clinical waste. As part of our waste reduction activities, we have introduced recycling systems in all premises. In some areas, this enables us to achieve a reduction in the charges that apply for waste disposal.

### **Recent Developments**

Recent estate developments include the following:

- The purchase and occupation of the Trust headquarters and control building at Nottingham which was completed in 2009.
- The HART facility at Mansfield, which opened in 2011.

# Future Model

## Future Estates Model

The Trust Service Delivery Model provides a vision for meeting current performance targets in a new way and this Estate Strategy will support the deployment of that new model and will include a number of key components which will be developed by July.

A new estates model consisting of hub, spokes and tactical deployment points is being developed. The optimal location of these hubs and spokes are currently being modelled with the assistance of an external organisation experienced in this activity within the Emergency Services. There will be a number of iterations of this modelling to take account of existing estate, local knowledge and other operational economic factors.

Local consultation will play a key part in any reconfiguration.

The design for the hubs, spokes and tactical deployment points is being developed taking into account existing challenges with our estate configuration including:

- Staff welfare and team working
- Vehicle cleaning and vehicle maintenance
- Resilience including fuel bunkers
- Partner organisations' infrastructure (e.g. co-location of Tactical Deployment Points with the other emergency and community services).
- Environmental impact
- Streamlining maintenance requirements
- Providing local training and development

## Hub Design

Whilst the hub design is being developed it is likely hubs will contain the following:

Site for Hub	Hub Building
Vehicle parking – sheltered, (but no garage) with shoreline connections. Staff & visitor parking.	Staff Base. Welfare facilities. Office /administration space. Facilities for giving Team briefings Divisional HQ (one per division) which will need to include Human Resources. Storage/ logistics space. Make Ready/deep cleaning facilities. Training. A vehicle maintenance facility, some with a ramp.

# Developing and Implementing the Strategy

Next steps include:

- Finalising the optimal number and location of hubs, spokes, tactical deployment points.
- Developing the optimal design for hubs and spokes.
- Developing a model for “other” operational estate such as head office and support services requirements, call centre and 111.
- Establishing a programme of change to move from the existing estate configuration to the desired model timed to support the Service Delivery Model.

The new estates model is likely to be more efficient and deliver operational savings over time but will require professional estates management through the change and a new management structure to ensure the model delivers ongoing benefits and preserves the estate for future usage.

## Consultation

Formal consultation will be undertaken in accordance with NHS guidance and Trust policies. The Trust Board will consider the outcome of consultation in its decision making process. Staff input into the design of hubs will also be taken.

## Capital Planning

A key element in the change process will be the capital planning over a number of years to ensure the transition optimises the balance of capital investment, potential capital receipts and ongoing maintenance obligations. The Investments Committee will provide assurance in this area.

## Implementation

Following completion and sign off of the overall estates strategy in July 2012 implementation will commence in a programme structure reporting via the Trust Executive Group to the Trust Board.



## Appendix 1: Glossary of abbreviations used

A&E	Accident and emergency
BREEAM	Building Research Establishment Environmental Assessment Method
BSRIA	Building Services Research and Information Association
DDA	Disability Discrimination Act
DH	Department of Health
EOC	Emergency Operation Centre
ERIC	Estates Returns Information Collection
HAI	Hospital acquired infection
HCAI	Healthcare associated infection
IT	Information Technology
HART	Hazardous Area Response Team
HBN	Health Building Note
HTM	Health Technical Memorandum
KPI	Key Performance Indicators
NHS	National Health Service
PAM	Premises Assurance Model
PTS	Patient Transport Services
SHA	Strategic Health Authority
VFM	Value for money

## Appendix 2: List of properties

Trust Properties		Tenure	GIA
Headquarters and support			
Ambulance Trust Headquarters	Horizon Place	Freehold	1310
Ambulance Central Control	Horizon Place ECO	Freehold	959
Ambulance Divisional HQ (Lincolnshire)	Cross 'O' Cliffe DHQ & ECO	Freehold	919
Ambulance Divisional HQ (Derby)	Raynesway DHQ	Freehold	953
Ambulance Divisional HQ Leicester & Northampton	Rosings DHQ	Freehold	200
Ambulance Divisional HQ (Nottingham)	DHQ & Station	Freehold	3096
Ambulance Education Centre (Lincoln)	Bishops Training Centre	Leased	1200
Ambulance Education Centre (Derby)	Kingsway Training Centre	Freehold	567
Ambulance Education Centre (Leicester shire)	Meridian Training Centre	Leased	441
Ambulance Resource Centre	Alfreton Resource Centre	Leased	2810

Nottingham Division			
Arnold Ambulance Station		Freehold	630
Beechdale Ambulance Station		Freehold	See Above
Carlton Ambulance station		Freehold	821
Eastwood Ambulance Station		Leased	198
Hart Facilities (occupied July 2011)		Freehold	2817
Hucknall Ambulance Station		Freehold	657
Kingsmill Ambulance Station		Freehold	1276
Newark Ambulance Station		Freehold	315
Retford Ambulance Station		Freehold	356
Stapleford Ambulance Station		Freehold	589
Westbridgford Ambulance Station		Freehold	322
Wilford Ambulance Station		Freehold	577
Worksop Ambulance Station		Freehold	397

### Derbyshire Division

Ashbourne Ambulance Station		Freehold	307
Bakewell Ambulance Station		Freehold	281
Belper Ambulance Station		Leased	24
Buxton Ambulance Station		Freehold	522
Chesterfield Ambulance Station		Freehold	612
Eckington Ambulance Station		Freehold	399
Heath Ambulance Station		Freehold	546
Ilkeston Ambulance Station		Freehold	282
Matlock Ambulance Station		Freehold	348
Mickleover Ambulance Station		Freehold	451
New Mills Ambulance Station		Leased	90
Raynesway Ambulance Station		Freehold	See above
Ripley Ambulance Station		Freehold	531
Swadlincote Ambulance Station		Freehold	344
Willow Row Ambulance Station		Freehold	347

### Leicestershire Division

Coalville Ambulance Station		Freehold	404
Hart Facilities EMA (vacated August 2011)		Leased	2817
Goodwood Ambulance Station		Freehold	1195
Gorse Hill Ambulance Station	Station & Fleet Maintenance	Freehold	1195
Hinckley Ambulance Station		Freehold	347
Loughborough Ambulance Station		Freehold	455
Lutterworth Ambulance Station		Leased	136
Market Harborough Ambulance Station		Freehold	398
Melton Mowbray Ambulance Station		Leased	300
Narborough Ambulance Station		Freehold	1039
Oakham Ambulance Station		Freehold	291
Syston Ambulance Station		Freehold	767

### Lincolnshire Division

Barton Ambulance Station		Leased	100
Boston Ambulance Station		Leased	767
Bourne Ambulance Station		Freehold	241
Brigg Ambulance Station		Leased	60
Gainsborough Ambulance Station		Freehold	701
Grantham Ambulance Station		Freehold	400
Grimsby ambulance Station		Leased	850
Holbeach Ambulance Station		Freehold	328
Horncastle Ambulance Station		Freehold	178
Immingham Ambulance Station		Leased	150
Lincoln Ambulance Station		Freehold	763
Louth Ambulance Station		Freehold	400
Mablethorpe Ambulance Station		Leased	154
Market Rasen Ambulance Station		Freehold	361
Scunthorpe Ambulance Station		Freehold	400
Skegness Ambulance Station		Freehold	383
Sleaford Ambulance Station		Freehold	420
Spilsby Ambulance Station		Freehold	400
Spalding Ambulance Station		Leased	300
Stamford Ambulance Station		Freehold	308

### Northampton Division

Brackley		Freehold	400
Corby Ambulance Station		Leased	775
Daventry Ambulance Station		Freehold	781
Kettering Ambulance Station		Freehold	577
Mereway Ambulance Station		Freehold	340
Northampton North Ambulance Station	Station & Fleet Maintenance	Freehold	664
Rushden Ambulance Station		Freehold	198
Towcester Ambulance Station		Freehold	215
Wellingborough Ambulance Station		Freehold	353

47,655