THE SCOTTISH OFFICE

National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

000811

NHS:
MEL(1993)113

Dear Colleague

HEALTH SERVICE ESTATES MANAGEMENT:

ACCOUNTABILITY FOR THE NHS ESTATE

27 August 1993

Addressees

For action:

General Managers,
Health Boards

Chief Executives,
NHS Trusts

For information:

General Manager,
Common Services Agency

General Manager,
State Hospital

General Manager,
Health Education Board
for Scotland

To be copied to Unit
General Managers for
Action as appropriate

Summary

1. This letter provides an interim statement on estates management issues in a purchaser/provider context-against a background of the establishment of NHS Trusts and a recognition of their autonomy allied to the need for Ministers and the Accounting Officer to be properly supported on the policies and national strategies etc that enable effective estates management. It offers guidance on the respective roles of purchaser and provider, outlines in more detail the role and consequent requirements of the Management Executive, and requests the return of a reduced set of specific information covering current estate performance. A note outlining the key issues is attached at the Annex to this MEL.

2. It should be noted that the more comprehensive statement will be prepared and issued following appropriate consultation with the Service, probably in the first instance through the Operations JWG.

Action

3. Action is required as follows:

3.1 NHS Trust Chief Executives are asked to note the Management Executive's, and their own responsibilities, and are invited to consider Appendix A to the Annex when deciding upon or reviewing the appropriate management of the estate.

3.2 Health Board General Managers are likewise invited to consider Appendix A when developing their contractual relationships with NHS Trusts.

3.3 Chief Executives and General Managers wishing to be consulted on the development of the National Estates Management Profile (paragraphs 11 and 12 of the Annex) should inform Mrs Summers in ME2 by 10 September.

Enquiries to:

Mr P Lorimer/
Mrs M Summers/
Mr I Christie
(031-244-2423/2420/
2050)
NHS Management
Executive
Estates Division
Room 355
SAH
EDINBURGH

Fax: 031-244-2323

3.4 Health Boards, and where appropriate Trusts, are asked to return Form EMP1/93 (Appendix C to the Annex) to the Management Executive by Monday 4 October 1993.

3.5 Chief Executives and General Managers are invited to bring to the Management Executive's attention, estates issues of potentially national significance.

4. Where appropriate this letter should be copied to Unit General Managers for action as required.

Yours sincerely

H R McCALLUM
Director of Estates

HEALTH SERVICE ESTATES MANAGEMENT:

ACCOUNTABILITY FOR THE NHS ESTATE

Summary

1. The purpose of this MEL is firstly to provide an overview of the respective roles and responsibilities of the Management Executive, Health Boards and NHS Trusts in a purchaser - provider context; secondly to set out in general terms the more particular plans and requirements of the Management Executive; thirdly to request the return of specific information to provide an informed estates profile as at 31 March 1993.

Roles and Responsibilities

2. The attached description (Appendix A) of roles and responsibilities reflects the agreed outcome of joint working under the aegis of the Strategic Management Joint Working Group. Particular thanks are tendered to the sub-groups who give unstintingly of their time and energy in deliberating upon the many estates accountability issues arising from the creation of purchaser - provider relationships and the establishment of NHS Trusts. A copy of the report is available on request.

3. The description is directed at a scenario in which Health Boards are essentially estate free, ie directly responsible only for that estate required to enable them to carry out their purchasing/planning function, with perhaps some short-term responsibility for the disposal of surplus land which has not been transferred to Trusts (ref NHS MEL(1993)65 dated 11 May 1993). It is appreciated that this is not yet a universal picture but is expected to become largely so by April 1994.

Management Executives "Estates" Plans and Requirements

4. As described at Appendix A, and with particular reference to "the estate", the Management Executive's responsibility for supporting Ministers and the Chief Executive as Accounting Officer is to lead on policy and strategy related to effective estates management.

5. Those policies should result in national strategies, the identification of national targets and performance indicators, the definition of essential procedural and information requirements and the provision of essential national guidance. It should go without saying that such policies must of course be consistent with and supportive of wider NHS policies and that their implementation must satisfy wider Ministerial and Parliamentary requirements.

6. All of this is intended to create a framework that does not detract from the autonomy of NHS Trusts and does not inhibit the ability of Trusts to think for themselves and to prosper and flourish by virtue of their own actions. Whilst, therefore the Management Executive is responsible for that framework, it will, in the main, let Trusts get on with the job offering appropriate encouragement etc, eg national targets.

Likewise, the Management Executive will look increasingly in the first instance to Trusts' internal audit departments and their Audit Committees to monitor delegated authorities and to the contractual process between purchasers and providers to promote such matters as compliance with statutory requirements, improvements in quality and better value for money.

7. The Management Executive's current estates management policy objectives remain as outlined in the 1993-94 Management Plan. That is to increase the efficiency, suitability and quality of the health service estate, and to see this achieved by:

- the identification and disposal of surplus capital assets.
  [national target - to increase proportion of land holdings essential for operational use to 80% by 31 March 1994; to reduce housing stock to 1150 units by 31 March 1994]

- the pursuit of compliance with statutory requirements.
  [national target - 95% of building area compliant with statutory standards by 31 March 1996]

- an improvement in energy efficiency
  [national target - reduce volume consumption by 1½%-2% per year to year 2000]

- an increasing proportion of essential existing estate in an acceptable physical condition
  [national target - 95% of building area in acceptable physical condition by 31 March 1996].

Guidance

8. A first step has been taken to create the framework referred to earlier. This has been done through the comprehensive review of all matters pertaining to property transactions concluding with the issue of the NHS Property Transactions Handbook [ref NHS MEL(1993)73 dated 24 May 1993].

9. That Handbook will be complemented by further Handbooks covering other elements of estates management. These areas are under review in liaison with NHS Estates (Department of Health) with the intention of providing a common approach wherever possible. For example, it is expected that "Estatecode" guidance originally promulgated in 1988 [ref SHHD/DGM(1988)40 dated 28 July 1988] will be revised and re-issued in a form appropriate to NHS Trusts later in the financial year.

10. Similarly, the Management Executive will continue to support the provision of essential guidance on topics of national significance as exampled by "Safecode: A Health and Safety Management Tool for the NHS" [ref NHS:MEL(1993)64 issued 10 May 1993] and by "A Strategic Guide to Environment Policy" [ref NHS:MEL(1993)1 dated 8 January 1993].

National Estates Management Profile

11. In parallel with these ongoing reviews the Management Executive has already concluded that steps can and should be taken to further **reduce** central estates information requirements. It has been decided that the wide ranging surveys of vacant and surplus properties can be discontinued and that the current "Estatecode" returns should also be revised with a view to the establishment of a National Estates Management Profile [NEMP]. The NEMP would be used to:

a) provide a minimum level of necessary information to support Ministers and the Accounting Officer;

b) inform the development of national estates management policy;

c) inform the establishment, monitoring and review of national targets;

d) inform the identification of problem areas;

e) inform providers by allowing comparisons;

f) inform purchasers similarly;

g) inform PES process;

h) inform the assessment of Trust Business Plans and capital investment proposals.

12. The NEMP is in the process of development with the intention of it being operational by March/April 1994. It will be gathered from the above description that the NEMP will be constructed on an all-Scotland, Board area and Trust/DMU level basis and will be made freely available to NHS Trusts and Health Boards. The development process will be informed by consultation with a sample of colleagues in Trusts and Health Boards. Those wishing to contribute should let Mrs Summers at ME2/1 know not later than 10 September.

Information Requirements and National Estates Targets

13. Based upon the information provided by Health Boards for the 1992 Estatecode Survey, the then current position on statutory standards and physical condition is set out at Appendix B.

14. As can be seen the picture is a mixed one, raising particular concerns in respect of compliance with statutory standards.

15. Scrutiny of the returns do give rise to reservations about the accuracy of the information in some cases and also raises questions about the definitions used and their interpretation. These issues must be addressed and form part of the NEMP work programme. For example and importantly, in relation to Statutory Standards the current Estatecode ranking definition is too crude and it therefore seems self evident that future returns, ie for 1994 onward, should be based upon the use of Safecode. Further guidance on this and similar matters will be issued along with the agreed NEMP.

16. Similarly the existing returns made no distinction between property with a short service life and that which is currently expected to remain part of the essential estate in the longer term. It should be stressed that the emphasis here is on service life not building life. This aspect is particularly relevant in the context of the implementation of care in the community policies and action by newly established Trusts to assess their asset base against planned business projections in order to identify whether or not best use is being made of assets before seeking to commit capital investment in new building use. The proposed definition for future use is that the essential estate is that currently expected to be required by the Trust/Unit for health care purpose as reflected in its Business Plan.

17. Given the above it is now extremely important that we have better information to meet our obligations, ie to inform a considered review of the targets; to inform national policy and strategy; and to inform the evaluation of performance and the allocation of limited capital resources. These are major considerations in the development of the NEMP.

Measurement of Performance

18. The annual Estatecode and twice yearly SCOTMEG surveys are to be replaced by an annual Estates Management Performance Report, and periodic updates of property disposal information. New arrangements for the validation of the data provided will be introduced, and the results will be included in the National Estates Management Profile to be displayed on the Management Information System. Details of these arrangements will be issued in due course. As an interim measure updated estates performance information as at 31 March 1993 is required.

19. Boards, and where appropriate Trusts, are therefore asked to complete the attached interim Estates Management Performance Report (Appendix C). This is essentially a report on work already in progress which should be recorded in the estate's minimum data set. If for some reason up to date survey material is not available, estimates of the position should be provided based on the 1992 Estatecode survey. Explanatory notes on completion of the interim Estates Management Performance Report (EMP 1/93) are attached (Appendix D), together with notes on the aggregation of data (Appendix E).

20. The requested information on estates performance is required in an aggregated form by Board area. This will enable comparison with previous Survey data and reflects the fact that at 31 March 1993 only 2 Trusts were established. It would be very helpful if these 2 Trusts could collaborate with Board colleagues in enabling the Board area aggregate to be established. Additionally the aggregated Board area returns should be supported by separate aggregate returns for the 2 established Trusts at 31 March 1993, the further 15 which became so on 1 April 1993 and those DMU's likely to become Trusts at 1 April 1994. It is appreciated that this requested collaboration can only be a feature of this year's return and that once Trusts become the norm in 1994 other arrangements for the aggregation of data will be required. This is being taken into account in the development of the NEMP. If this request for a Board area aggregate, accompanied by the relevant Trust/DMU level equivalent information, creates any difficulties for Boards or Trusts, they should agree alternative arrangements for the completion of form EMP1/93 (see paragraph 4 of Appendix D).

21. The information provided on form EMP1/1993 should in effect be an update of the key aspects of the 1992 Estatecode and SCOTMEG surveys. It will be noted that the information on form EMP 1/93 should be certified as correct by the Board/Trust Director or equivalent. Forms should be returned to Mrs Marion Summers, Room 364 at ME2, St Andrew's House, by 4 October 1993.

22. In completing form EMP 1/93 Boards/Trusts should, where appropriate, take account of queries on the 1992 Estatecode survey material being raised separately with some of those who provided the information. There is concern about the reliability of some of the returns for the 1992 survey and Boards/Trusts should therefore ensure that the data provided on form EMP 1/93 is sound and defensible.

NHS MANAGEMENT EXECUTIVE
August 1993

Appendix A

[Extract from SMJWG Report: Accountability for the NHS Estate in Scotland]

4 CONCLUSIONS

The Group concluded that ;

4.1. TRUSTS / DIRECTLY MANAGED UNITS

4.1.1 The responsibility for the husbandry and management of the NHS estate is clearly a matter for all providers (Trusts and Directly Managed Units) . The operational management of the NHS estate also requires the recognition, acceptance of, and participation in national estate policies, which are designed to;

- Maintain and improve the physical condition; safety and environmental quality estate standards.
- Improve energy efficiency and reduce consumption
- Improve Space Utilisation
- Dispose of Surplus Assets

4.1.2 Other aspects of the operational management of the estate which providers must have regard for are ;

- Value for Money;
- Best Functional Use
- Acquisition and Disposal of Public Assets
- Project management in terms of planning, briefing, design, build and commission. .

4.1.3 There is a requirement to reinforce and improve communications between the Management Executive and Trusts. It is also acknowledged that the current capital bidding process for estate capital needs to become more mature by improving the quality and processes of shared information.

4.1.4 The professional nature of their estates management responsibilities clearly sets special demands upon Trusts and Directly Managed Units. They are therefore expected to employ, at Director of Estates level, professional estates personnel with appropriate qualification and competence .

4.1.5 Arising particularly, but not wholly from, "Duty of Care"; Safety and other Statutory responsibilities, it is important that the director of estates have right of direct access to the Trust Chief Executive on these issues.

4.3 NHS MANAGEMENT EXECUTIVE

4.3.1 The Management Executive is responsible for supporting Ministers and the Chief Executive in respect of national policy and strategy related to estate management, hospital planning, capital investment capital project approvals, project procurement and hospital engineering and technology. It is also recognised that such policies must be consistent with, and supportive of, the wider NHS and government policies, (e.g. those for energy, the environment and procurement); and that capital investment decisions will be informed by purchasers needs and strategic priorities. The Management Executive is therefore responsible for national strategies, the identification of national targets and performance indicators, the definition of essential procedural and information requirements and the provision of essential guidance.

4.3.2 The Management Executive is thus responsible for establishing a framework within which Trusts can proceed independently to manage their estate but nevertheless will be influenced by such matters as national targets, the contracting process and capital charging.

4.3.3 The Management Executive should also foster joint working arrangements to assist in the consideration and development of national issues and policies.

4.3.4 The Management Executive should also endeavour to develop effective contacts with Trusts and Directly Managed Units to ensure that a proper and informed assessment of local circumstances can be made in national decisions on capital priorities etc.

5. RECOMMENDATIONS

The Accountability Working Group considered that the following recommendations will benefit the overall accountability process of the NHS Estate in Scotland and accordingly commend them to the Strategic Management Joint Working Group ;

5.1 TRUSTS

The Accountability Working Group recommend that Trusts should:

5.1.1 Recognise that hospitals and other buildings within which the NHS delivers its services play a significant part in the provision of good quality health care and in creating surroundings that are conducive to the needs of patients, staff and visitors. To this end every effort should continue to be made to increase the efficiency, suitability and quality of the estate and to improve the use made of the resources provided to maintain and develop it.

5.1.2 Continue to provide the agreed ranges of estate information to the Management Executive and participate in other monitoring programmes designed to meet the information needs for the NHS Estate in Scotland.

5.1.3 Set local estate targets, taking cognizance of national targets and contractual agreements with purchasers.

5.1.4 Seek to ensure that the value and effectiveness of their essential estate is maintained through sufficient revenue expenditure.

5.1.5 Seek to address any deficiencies in the condition of their essential estate by appropriate revenue and/or capital investment.

5.1.6 Employ, at Director of Estates level, professional estates expertise with appropriate qualifications and competence .

5.1.7 Recognise the implications of direct responsibility for the NHS estate (particularly for "Duty of Care") and ensure that the Estates Director with responsibility for the management of the estate has the right of direct access to the Trust Chief Executive.

5.1.8 Ensure that investment is made in relevant skills training.

5.1.9 Within available resources ensure compliance with;

-- Statutory and regulatory duties and;
-- Value for Money.

5.2 PURCHASERS

The Accountability Working Group recommend that Purchasers should

5.2.1 Maintain their sphere of accountability for the following estate needs through their contractual mechanisms with providers.

-- Value for Money;
-- Safety, Duty of Care, and
-- Environmental (quality)

5.2.2 Act as "Partners & Sponsors" to providers for national estate policies (national targets and Approvals To Build)

5.2.3 Purchasers will occasionally require appropriate access to Professional Estates expertise to support their accountabilities for contractual performance of providers and for any residual estate. It is accepted that while these estate management demands will vary in most cases such services might be most appropriately "bought in".

5.3 The MANAGEMENT EXECUTIVE

The Accountability Working Group recommend that the Estates Division of the Management Executive retain an interest in the NHS estate to the extent that it should;

5.3.1 Establish and develop national policies in concert with NHS Trusts and with Directly Managed Units, (and where appropriate Health Boards as purchasers).

5.3.2 Develop and maintain a national estates data profile (all Scotland and provider level), to inform the :-

(a) Establishment, monitoring and review of national targets;
(b) Identification of problem areas;
(c) Providers by allowing comparisons;
(d) Purchasers similarly;
(e) The PES process;

(f) The assessment of Trust Business Plans and capital investment proposals;

(g) and provide a minimum level of information to support Ministers and the Chief Executive.

5.3.3 Liaise with Trusts and Directly Managed Units in order to arrive at an informed assessment of the data.

5.3.4 Recognise that national estates related targets may by their nature cover a range of existing conditions amongst Trusts and Directly Managed Units, and that in the interpretation of achievement the relative improvement in performance may often be more meaningful than the absolute levels achieved at a given time.

5.3.5 Provide Providers with a clear description of all mandatory requirements.

5.3.6 Provide Providers with well founded guidance on matters of national significance.

5.3.7 Provide a lead in research and development into matters of national significance.

ESTATECODE 1992

PHYSICAL CONDITION

TOTAL ESTATE

Health Board	Building Area m2	% Acceptable	% Surveyed	£000's cost to Achieve B
Argyll & Clyde	246952	91	99	23647
Ayr & Arran	186791	100	100	2216
Borders	62837	64	100	1932
Dumfries	131689	20	100	8493
Fife	211159	86	98	38895
Forth Valley	217061	72	100	8544
Grampian	286107	84	100	10590
Greater Glasgow	1004257	36	100	125427
Highland	199922	97	100	6871
Lanarkshire	354993	77	100	17326
Lothian	595817	57	98	44636
Orkney	8959	100	100	0
Shetland	14062	0	100	1100
Tayside	347030	72	100	24347
Western Isles	13506	7	26	839
SCOTLAND				
Average		64	95	
Total	3881142			314863

STATUTORY STANDARDS

TOTAL ESTATE

Health Board	Building Area m2	% Acceptable	% Surveyed	£000's cost to Achieve B
Argyll & Clyde	246952	88	99	1206
Ayr & Arran	186791	73	93	5353
Borders	62837	53	100	334
Dumfries	131689	4	100	3300
Fife	211159	0	98	10415
Forth Valley	217061	50	100	3870
Grampian	286107	9	100	19210
Greater Glasgow	1004257	13	93	33785
Highland	199922	0	25	308
Lanarkshire	354993	14	100	9155
Lothian	595817	32	64	4022
Orkney	8959	100	100	7
Shetland	14062	0	100	140
Tayside	347030	68	100	3121
Western Isles	13506	0	26	120
SCOTLAND				
Average		34	87	
Total	3881142			94346

NOTE: **1. ACCEPTABLE = B OR BETTER**

2. % ROUNDED TO NEAREST WHOLE NUMBER

APPENDIX C

FORM EMP 1/1993

ESTATE MANAGEMENT PERFORMANCE: 1993
(Postion at 31 March 1993)

HEALTH BOARD / TRUST

ESTATE PERFORMANCE

HOSPITAL
BUILDING AREA: TOTAL m2
ESSENTIAL m2

ACCEPTABLE PERFORMANCE: PHYSICAL CONDITION AND STATUTORY STANDARDS

	AREA WITH ACCEPTABLE RANKING		% WITH ACCEPTABLE RANKING		% NOT SURVEYED		COST TO ACHIEVE ACCEPTABLE RANKING £000'S	
	TOTAL	ESSENTIAL	TOTAL	ESSENTIAL	TOTAL	ESSENTIAL	TOTAL	ESSENTIAL
PHYSICAL CONDITION	m2	m2	%	%	%	%		
STATUTORY STANDARDS	m2	m2	%	%	%	%		

% TO BE CALCULATED AS A % OF a) TOTAL AND b) ESSENTIAL BUILDING AREA m2

ESSENTIAL PROPERTY

LAND

TOTAL ESTATE AREA ha

ESSENTIAL ESTATE AREA * ha

AS % OF TOTAL ESTATE AREA %

HOUSES

TOTAL STOCK UNITS

MINIMUM ESSENTIAL STOCK * UNITS

AS % OF TOTAL STOCK %

*
Essential for Health Service operations. Essential land includes land occupied by buildings as well as land surrounding the latter used for access roads, car parks etc.

VACANT PROPERTY

Vacant land unallocated for development

AREA _____ ha AS % OF TOTAL ESTATE _____ %

Vacant housing stock

UNITS _____ AS % OF TOTAL STOCK _____ %

TARGET DISPOSAL PLANS 1993/94

Land and buildings

AREA _____ ha TARGET RECEIPTS £000'S _____

TARGET STOCK LEVEL BY 1 APRIL 1994 _____ ha

Houses

STOCK _____ UNITS TARGET RECEIPTS £000'S _____

TARGET STOCK LEVEL BY 1 APRIL 1994 _____ units

INFORMATION PROVIDED BY:

NAME _____

POSITION _____

ADDRESS _____

_____

TELEPHONE NO. _____

CERTIFIED AS CORRECT BY:

SIGNED _____
(Director of Estates/Finance or equivalent)

POSITION _____

DATE _____

ESTATE MANAGEMENT PERFORMANCE: INTERIM REPORT
NOTES FOR COMPLETION OF FORM EMP1/93

Estate Performance

1. Guidance on NHS property appraisal in the Estatecode programme, including the rankings for the individual property surveys, is set out in Annex 3 of SHHD/DGM(1988)40 dated 28 July 1988. Completion of form EMP1/93 should be based on the guidance on rankings contained in this guidance. Those completing form EMP1/93 may wish to use Form 1 issued for the 1992 Estatecode Survey as an aid. A guidance note on the aggregation of data to provide overall rankings is at Appendix E.

2. For the interim report, covering the 12 month period to 31 March 1993, returns are required only in respect of the key areas of Physical Condition and Statutory Standards (although all Holding Bodies [Health Boards, DMUs and NHS Trusts] should nevertheless continue to maintain records of performance in the 3 other categories arising from the obligatory annual surveys required by SHHD/DGM(1988)40). Information should be as at 31 March 1993.

3. Hitherto, the Management Executive has sought survey information on a site by site basis (aggregation of the data having been carried out in the ME). Whilst Holding Bodies will need to maintain this level of data as the basic building blocks in the survey programme, the Executive now require the aggregated data for the managed hospital estate split between the total hospital estate and the essential hospital estate as explained at 7 and 8 below. The detailed survey data may be requested by the ME at a later stage for validation purposes.

4. Because there were only 2 NHS Trusts in operation on 31 March 1993, Boards generally are asked to take the lead in the completion of form EMP1/93 in the light of any necessary consultations with current Trusts. Information should be provided for the entire Board area overall to allow comparisons to be made with past performance but forms should also be returned for individual DMUs which are currently operational Trusts, or are expected to become so on 1 April 1994. If this arrangement creates any difficulties for Boards or Trusts they should agree alternative arrangements for the completion of form EMP1/93. In the case of Grampian and Ayrshire and Arran (where Trusts operated at that time) the form, together with any necessary explanation, should be completed by Boards and Trusts as appropriate, albeit on a basis which will allow the ME, if necessary, to aggregate their returns to give an all Board area picture.

5. The information provided should, in effect, be an update of the key aspects of the 1992 Estatecode Surveys.

6. For the physical condition survey, Boards/Trusts may want to refer again to the advisory paper, circulated with SHHD/DGM(1989)53 of 17 July 1989, which explained the differences between the 1986 Physical Condition Survey rankings and the Estatecode rankings and between the costs described in paras 5.3 and 5.5 of Annex 3 of SHHD/DGM(1988)40.

The earlier returns showed some confusion about this, especially in relation to the costs. For 1993 Boards/Trusts are asked to report:

6.1 the building area with acceptable rankings for statutory standards and physical condition - "acceptable" being defined as ranking B or better;

6.2 the cost to achieve acceptable rankings for statutory standards and physical condition taking account of current requirements to upgrade to a sound and operationally safe condition (to B - see para 5.3).

7. The interim report requires that returns take account of estate rationalisation by provision of information for the **total hospital** building area and the **essential** building area. This will help the identification of what will remain the essential core of the existing estate within current planning cycles, and thereby assist planning and investment decisions.

8. The essential building area should be regarded as that likely to remain in operation beyond the Public Expenditure Survey and Business Plan period ie for the interim report remaining in operation until 1 April 1997.

Essential Property

9. The information provided on this part of form EMP1/93 should amount to an update of the 1992 SCOTMEG surveys of vacant and surplus property (MEL(1992)21 and MEL(1992)52 refer). Estate in this section means the entire estate of the Holding Body ie hospital sites, clinics, administration offices etc. The Management Executive requires all Holding Bodies to provide the aggregated data as at 31 March 1993.

10. In preparing the information for form EMP1/93, Boards/Trusts may find it helpful to refer to Monitoring Forms A and C for the SCOTMEG surveys since the key data is required on the same basis. Boards/Trusts may in fact wish to update Monitoring Forms A and C for retention on their files since the ME may request more detail at a later stage for validation purposes.

11. All land within the management responsibility of the Board/Trust should be included.

12. The figure for land essential for Health Service operations should reflect current plans for existing holdings, including those requiring development of existing land and disposal of land currently surplus or to be declared surplus. Boards/Trusts should include land occupied by buildings and land surrounding but essential to the use of buildings such as car parks, access roads etc. The requirement is a figure indicating the future size of the Board's estate. Land currently declared surplus to requirements and that likely to be declared surplus by 1 April 1997 should not therefore be regarded as essential land although it is understood that land currently declared surplus and land to be declared surplus by 1997 may currently be in operational use and considered essential to current operations. Existing land allocated for NHS development by 1 April 1997 should be included.

13. Any land separated from, but managed with the establishment, must be included.

14. The figure for the total estate area should show the total land within the Board's/Trust's management.

15. Land with buildings on it should be included.

General

16. After completion, the information on form EMP1/93 should be certified as correct by the Board/Trust's Director of Estates/Finance or equivalent and returned to the ME by 4 October 1993.

17. Any enquiries relating to the completion of form EMP1/93 should be made to Peter Lorimer (031-244 2423), Marion Summers (031-244 2420) or Ian Christie (031-244 2050) in Estates Division of the Management Executive.

AGGREGATION OF DATA

APPENDIX E

Examples of percentages calculated on Building Area m2

HEALTH BOARD

	BUILDING AREA M2	PERCENTAGE	PHYSICAL CONDITION RANKING
HOSPITAL 1	4638	29.63	C
HOSPITAL 2	2468	15.77	C
HOSPITAL 3	3684	23.54	B
HOSPITAL 4	4863	31.07	A
TOTAL	15653	100.00	
ACCEPTABLE	8547	54.60	

TRUST

	BUILDING AREA M2	PERCENTAGE	PHYSICAL CONDITION RANKING
HOSPITAL 5	9472	62.71	A
HOSPITAL 6	5632	37.29	C
TOTAL	15104	100	
ACCEPTABLE	9472	62.71	

TOTAL BOARD AREA

	BUILDING AREA M2	PERCENTAGE	PHYSICAL CONDITION RANKING
HOSPITAL 1	4638	15.08	C
HOSPITAL 2	2468	8.02	C
HOSPITAL 3	3684	11.98	B
HOSPITAL 4	4863	15.81	A
HOSPITAL 5	9472	30.80	A
HOSPITAL 6	5632	18.31	C
TOTAL	30757	100.00	
ACCEPTABLE	18019	58.59	

	BUILDING AREA M2	PERCENTAGE
HEALTH BOARD	**8547**	**27.79**
TRUST	**9472**	**30.80**
ACCEPTABLE	**18019**	**58.59**

NOTE: ACCEPTABLE = B OR BETTER