

North Bristol NHS Trust Towards an Estate Strategy 2015 – 2020

Website Edition



Brunel

Draft for comment

Towards an Estate Strategy 2015 - 2020

Version Control

Title:	Towards an Estate Strategy 2015-2020	Owner:	Simon Wood
Author(s):	Tricia Down	File location:	New Hospital/Estates and capital/Estate Strategy ...
Approved by:	1 st formal draft reviewed by EAMCPG	Date approved:	8 October 2015
	1 st formal draft reviewed by FPC		23 October 2015
	1 st formal draft reviewed by Trust Board		26 November 2015

Revision History

Version	Date	Comments/Summary of changes
V1	12/11/14	First working draft
V2	27/11/14	Comments incorporated from CR and Capita
V3/v3a/V3b	20/1/15	Major redrafting
V4	10/4/15	TD additions
V5	15/5/15	Major redrafting following comments
V6	4/9/15	Major redrafting following comments
V7	1/10/15	Minor updates
V8	15/10/15	Update to title following EAMCPG 8 Oct 2015 and for issue to Oct Trust Board
V9	10/11/15	Updated to amend refs to W/C accommodation and include info re W/C accommodation going into Brunel

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Towards an Estate Strategy 2015 – 2020

Executive Summary

North Bristol Trust is in the process of developing a clear overarching strategy that will define the steps it needs to take to meet national policy aims and objectives, fit in with the health and care community and deliver its strategic objectives. The Trust strategy will be supported by a series of underpinning strategies including this Estate Strategy.

This Estate Strategy must support the aims and objectives of the Trust and be grounded in a robust understanding of the nature of our estate, its age, condition and potential. It must be targeted towards the Trust's vision which is:

'NBT will be the healthcare provider of choice for our local and regional communities, delivering innovative services with excellent clinical outcomes and a great experience for our staff and patients'

To support this strategic vision, a vision for the development of the estate has also been established which is:

'To provide, maintain and develop a more efficient, high quality, sustainable and flexible estate which meets the operational objectives of the Trust today and in the future'

Understanding the Trust's estate, its cost and opportunities is critical to supporting the Trust's strategic vision. £21 million is spent on running costs of our buildings and leased premises each year, representing 4% of our total income. We have a capital programme of £24 million in 2015/16, reducing incrementally in subsequent years.

75% of our 170,000m² of Trust owned facilities was constructed or refurbished from 2010 onwards so we are very well placed to take forward the benefits of a modern estate into our clinical service delivery. There is a further 14,000m² in the process of construction or refurbishment with the final elements of the Southmead redevelopment programme completing in 2016.

The Estate Strategy describes where the Trust is today in terms of its facilities and sites. More importantly, it looks at where it wants to be in the future in relation to 5 key objectives which support the estate vision. These are:

1. To develop an estate that can respond to the Trust's strategic and clinical ambitions
2. To maximise the utilisation of all Trust buildings and dispose of underutilised or poor quality assets
3. To consolidate corporate and support services onto the Southmead site and within existing buildings, releasing capital and lease costs or move services off-site where on site presence is not clinically required or not costs effective
4. To derive maximum clinical benefit from our buildings
5. To maintain and develop the quality and place-making of our estate by a strong adherence to our design vision, masterplan and Design Framework

These aims have a common goal of reducing cost to the Trust by reducing the amount of space required to deliver our core services. The efficient use of land and buildings may also release areas of land providing opportunities to attract interest from commercial partners.

There are three key issues which have been drawn out of the analysis of our estate in the context of our objectives which will be a specific focus for the coming period. A fourth element, the disposal of Frenchay, should conclude during 2015. The key issues are:

1. The redevelopment of the Women and Children's sector which is the key outstanding area in need of investment
2. Our ability to accommodate changes in clinical capacity such as the growth in elective admissions
3. The need to support the Trust's sustainability programme in ensuring every part of the estate is necessary, efficient and provides good cost effective accommodation solutions

The Estate Strategy describes a series of actions to be taken forward in support of each of the key objectives. As other Trust strategies emerge, this Estate Strategy will also develop.

1. Introduction

NBT is one of the largest hospital trusts in the South West of England. The Trust provides general medical and surgical care as well as maternity services for a local population of around half a million people in the Bristol, North Somerset and South Gloucestershire area. It is also a regional and specialist centre for people living in the Greater Bristol area as well as Somerset, Gloucestershire, Wiltshire and further afield for services such as neurosciences, orthopaedics, major trauma, vascular surgery, pathology, plastic surgery, renal services, urology, and neonatal intensive care.

The Trust has recently moved acute inpatient care into a new state of the art £430 million Brunel Hospital on the Southmead site and the majority of the Trust's services are now delivered here. A few services remain on the old Frenchay site and in addition the Trust provides services from various community locations.

North Bristol Trust is developing a clear overarching strategy that will define the steps it needs to take to meet national policy aims and objectives, fit in with the health and care community and deliver its strategic objectives. The Trust strategy will be supported by a series of underpinning strategies including this Estate Strategy.

This Estate Strategy must support the aims and objectives of the Trust and be grounded in a robust understanding of the nature of our estate, its age, condition and potential. It must be targeted towards the Trust's vision.

In December 2012, an Estate Strategy was prepared by Capita Symonds on behalf of the Trust for the period 2012 to 2017. However, it was acknowledged that this strategy would need to be refreshed on completion of the PFI scheme. In 2014, the Trust established a new business planning process enabling Trust Directorates to set out their own strategies for meeting their objectives for their current and future service. As this process develops, the Estate Strategy will evolve as it will better target the specific requirements of the Directorates. However, a strong vision statement has been established that will be able to accommodate the changing needs of the Trust and its services.

This vision for the estate is:

'To provide, maintain and develop a more efficient, high quality, sustainable and flexible estate which meets the operational objectives of the Trust today and in the future'

2. Where are we now?

2.1 Strategic Context

An Estate Strategy should draw its aims from the Trust's corporate plan and establish the estate's needs to achieve these aims. It needs to look at the buildings and other facilities available and address shortfalls in space, surplus space and the suitability of space. It also needs to consider opportunities for the development, rationalisation or reconfiguration of the estate.

The Estate Strategy must underpin the aims and objectives of the Trust and support the Trust's vision which is:

'NBT will be the healthcare provider of choice for our local and regional communities, delivering innovative services with excellent clinical outcomes and a great experience for our staff and patients'

The Estate Strategy should also support the set of values that represent what we stand for at NBT and which underpin our mission to provide 'exceptional healthcare personally delivered':

- Putting patients first
- Working well together
- Striving for excellence and
- Recognising the person

The Trust's strategic vision for 2020 is:

- To be the specialist provider of choice for our local and regional communities achieving the best possible clinical outcomes for patients
- We will focus our efforts on those patients who have complex needs that are best served by specialist multi-disciplinary care. Our goal is to demonstrate outcomes that match the best in Europe
- To provide a positive experience for patients and their families, treating all with respect and dignity, providing high quality care in the most appropriate setting and closer to home where possible

- To ensure that all staff are supported to have the right skills, motivation and leadership to deliver our vision within a learning environment that supports and encourages our staff to excel
- To ensure our services develop in a sustainable way that protects the values of the NHS and delivers surpluses which we can invest to improve the care we provide
- To work seamlessly with our partners to provide supporting services that meet the needs of the local community and deliver high quality, joined up care
- To be innovative with active research driving improvements in clinical care, developing personalised medicine, building on our expertise in diagnostics, and strengthening our capability in information and informatics

Our major challenges as a Trust relate to improving the flow of patients through the hospital and the resolution of this challenge should be supported by this Estate Strategy. In particular there are challenges in balancing capacity and demand in particular in relation to non-elective emergency pathways and orthopaedic, neuroscience and urology elective and cancer capacity. There are also areas for improvement, particularly in relation to customer care and engagement. In addition, the financial position of the Trust is challenging. To return to a sustainable position the Trust has set out to achieve a £150m transformation programme that will be delivered over 5 years.

Our Estate Strategy must take account of changes to the population of the communities we serve including socio-economic and demographic change. This includes the needs of an increasingly elderly and growing community and people living with dementia. We also know that demand on NHS hospital resources is growing. Over the last 10 years there has been a 35% increase in emergency hospital admissions and a 65% increase in secondary care episodes for those over 75. In turn, this will lead to changes in the type and volume of facilities that we provide.

The NHS budget is expected to grow slowly over the next 5 years. The estimated gap between NHS spending and resources available will rise to £30bn without action. An additional £10bn is expected to be added over the life of the current Parliament leaving £20bn of efficiency gains to be achieved. Our Estate Strategy must be capable of supporting efficiency gains.

2.2 Trust Profile

The Trust is a centre of excellence for healthcare in the South West region in a number of fields. It received an annual income of £552m in 2014/15. Of the Trust patient income, 30% is received for specialist services (commissioned by NHS England) and 70% is received from local Clinical Commissioning Groups. The main CCG commissioners are South Gloucestershire, Bristol and North Somerset.

The Trust treats over 114,000 inpatients, including day patients, and cares for 101,000 people in our Emergency Department and minor injuries units at Southmead and Yate. More than 6,100 babies were born at Southmead, Cossham, at home, or elsewhere in the community and we carried out approximately 338,000 outpatient appointments. The Trust has developed tertiary services for the Greater Bristol area as well as Somerset, Gloucestershire, Wiltshire and further afield for neurosciences, orthopaedics, major trauma, major arterial, pathology, plastic surgery, renal services, urology, and neonatal intensive care. The Trust also has an extensive range of medical services, a large obstetric and gynaecology service and complementary supporting services.

NBT employs approximately 8,000 staff, the equivalent of around 6,800 Whole-Time Equivalent (WTE). More than 4,100 staff members work part-time and around 12 per cent of the total workforce is based in the community.

NBT is the largest teaching trust in the South West of England and has strong links with the University of Bristol and the University of the West of England (UWE). The Trust provides education and learning for doctors, nurses, midwives, allied health professionals, healthcare scientists and the teams of healthcare and other staff who work at the Trust, as well as students who are training here. We also offer services such as training and e-learning to external partners and organisations.

Education, Learning & Development, Innovation and Research are major components of the Trust's philosophy and greatly contribute to our aims to offer the highest quality healthcare to patients whilst continuously improving the experience of our patients.

2.3 Facilities Overview

The Trust provides a wide range of general and specialist health care and support services, primarily from Southmead hospital but with some provided from other sites in the local area including:

- Frenchay Hospital
- Thornbury Hospital
- Riverside Unit, Blackberry Hill Hospital
- Cossham Hospital

The Trust's local area is shown in figure 2.3.i. There are also a number of services provided from leased or licensed accommodation.

2.4 The Physical Condition and Age of our Estate

The Trust has invested significantly in its estate over the last five years such that 75% of our 170,000m² of Trust owned facilities has been constructed or refurbished since the beginning of 2010. There is a further 14,000m² in the process of construction or refurbishment with the final elements of the Southmead redevelopment programme completing in 2016. A further 5,200m² is part of a demolition programme. The Trust is very well placed to take forward the benefits of a modern estate into our clinical service delivery.

2.4.1 Condition

A physical condition assessment has been made of the building fabric, mechanical and electrical elements. Each building element was allocated a classification in line with Estatecode guidance as follows:

Figure 2.3.1 Trust Local Area



Condition A 'New'	As new (that is, built within the past 2 yrs) and can be expected to perform adequately over its expected life span
Condition B 'Acceptable Condition'	Sound, operationally safe and exhibits only minor deterioration
Condition C 'Requires Investment'	Operational but major repair or replacement will be needed soon, that is, within three years for building elements and one year for engineering elements
Condition D 'Unacceptable Condition'	Serious risk of imminent breakdown

A further two categories have been added to the analysis:

In construction/refurbishment	Facilities not completed at the time of this Strategy draft
Disposal	Facilities which are planned for demolition and disposal

The disposal figure excludes Frenchay estate which is assumed to have been disposed of.

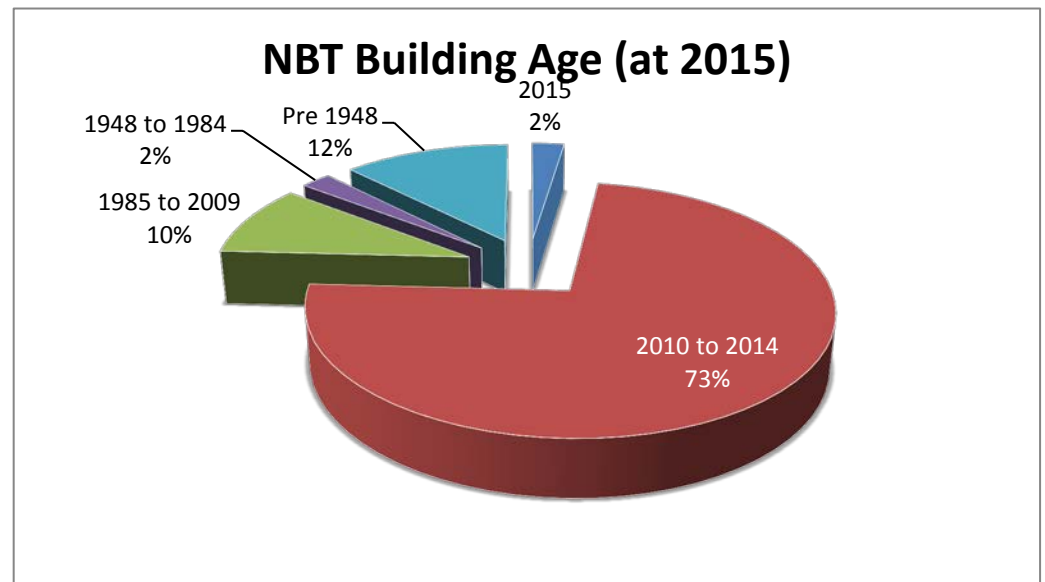
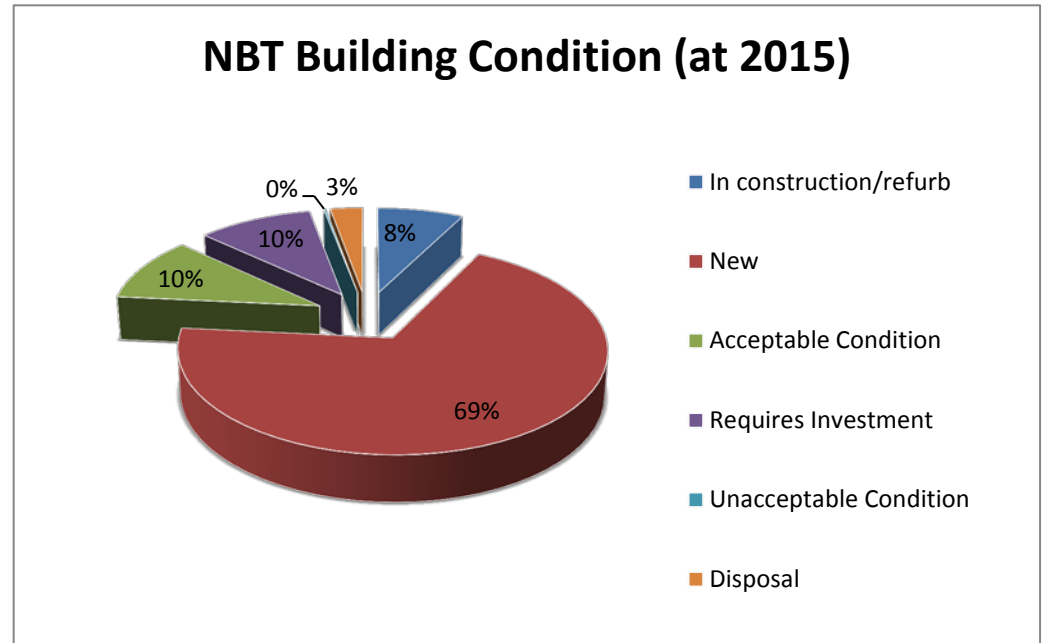
The condition assessment is shown in the pie chart. It shows 69% of our Trust owned estate in 'as new' condition, with a further 10% in acceptable condition. 18% of our accommodation is in an unacceptable position and this primarily relates to the women and children's accommodation which is well below standard but also includes Monks Park House, Malvern ward, Thornbury, Pines and Steps and parts of Beaufort House:

2.4.2 Age Profile

The estate has benefited from major investment in recent years with 75% being five years old or less. The most significant investment has been in the Brunel building, our acute healthcare facility but major enabling projects to support the new PFI build have included Learning and Research (phases 1 and 2) and the Pathology building.

There are almost 8,000 square metres of buildings older than 1975 (and largely turn of the century) which have been refurbished and which have been given an age profile relating to their refurbishment date rather than their original construction date.

The age profile is summarised in the diagram. The most significant element of aged accommodation which has not been refurbished houses our women and children's services:



The key buildings that fall short of acceptable standards and which need a strategic assessment include:

Location	Facility (condition C or D)	Area (m2 GIA)
Southmead	Women and children's facilities	8,643
	Malvern	576
	Pines and Steps (office accommodation)	584
	Monks Park House (mixed accommodation)	3729
	Part of Beaufort House (office accommodation)	1,331
	Westgate House (CCHP)	680
	Kingsholm Drive (Trust owned house on edge of Southmead site)	90
Thornbury	Hospital (GP beds, outpatients, therapies)	3,264

2.5 Financial Context

The Trust spends £21 million on the running costs of our buildings and leased premises each year, representing 4% of our total income. We have a capital programme of £24 million in 2015/16, reducing in subsequent years.

2.6 Our Facilities

Our facilities range in scale and age. The following sections describe the sites and give information on their history and condition.

2.6.1 Southmead Hospital site

Southmead Hospital is located on a 27 hectare site in North Bristol just over two miles to the west of the M32. It was constructed as a workhouse and infirmary at the beginning of the 20th century. New facilities were constructed in the early 1990s to allow the rationalisation of the Ham Green Hospital in Pill and the transfer of the Winford Hospital (a specialist Orthopaedic Hospital) to the then new Avon Orthopaedic Centre on the Southmead site.

From 2005, the Trust established a programme of work to create a new facility on the Southmead site under the private finance initiative funding regime to replace Frenchay and Southmead hospitals.

On 26 March 2014, the Brunel building was handed over to NBT and work commenced on the decommissioning and demolition of buildings at both Frenchay and Southmead to enable completion of further phases.

At Southmead, the phase 2 scheme is underway and will complete in 2016. It includes the establishment of car parks and cycle provision, road and landscape infrastructure as well as some office and seminar accommodation. Brunel is 114,000m² in size of six storeys of accommodation. It brings many benefits to patients and staff including the following:

- greater privacy and dignity for patients with 75 per cent of beds in single rooms with en-suite toilet and shower rooms and the rest in four-bed bays
- separation of the clinical areas and the wards to improve infection control and maintain dignity for patients with all medical services and expertise under one roof
- improved transport links that include bus stops at the main entrance
- Innovative systems such as automated guided vehicles to transport lines, drugs, consumables and waste and pharmacy robots



Retained estate buildings on Southmead site

Other than the Brunel building, the remaining facilities on the Southmead site are set out in the table below which is ordered according to building condition. This includes their age and condition. Any buildings in condition C or D either require investment or demolition. Priorities for investment are women and children's facilities and the Beaufort House wings which provide low quality administrative accommodation. Monks Park House and Pines and Steps require a strategic decision about their future. This is defined in later sections:

Building	Area (m2 GIA)	Age	Condition
Pathology 2	5400	2014/15	In construction
Bristol Breast Care Centre	1449	1900-1916	A
Learning and Research (all)	10222	2009-2014	A/B
Elgar House	3899	1990	B/in construction
Somerset House	856	1880	B
Coach House	143	1910	B
Clinical Research Centre	514	1941	B
Christopher Hancock	1197	1990	B
Rosa Burden (AWP lease)	1010	1992	B
Bright Renal Dialysis Unit	283	2002	B
BCRM	1353	2008	B
Pathology 1	5622	2009	B/in reconfig
Data Centre	931	2009	B
Nursery Portakabin	100	2014	B
Beaufort House Wings	1331	1900-1916	C
W+C (exc Malvern)	8643	1936 +	C
Monks Park House	3729	1939	C
Pines/Steps	584	1940	C
Westgate House (CCHP)	680	1880	C
Kingsholm Road	90	1950	C
Malvern	576	1936	D

The plan of the Southmead site at the end of the phase 1 PFI completion is shown in figure 2.6.1.i. Some of the key buildings are marked to help with orientation. The plan shows the old Southmead hospital buildings which have since been demolished for PFI phase 2.

Figure 2.6.1.i Site following handover of Brunel to NBT



Following completion of phase 2 and the capital planning works, called 'Jigsaw', the site will be seen in its rationalised form with many of the buildings having been demolished. This is shown in figure 2.6.1.ii.

Figure 2.6.1.ii Site Plan on Phase 2 completion



2.6.2 Frenchay

The old Frenchay Hospital site comprises 28 hectares in South Gloucestershire, immediately to the east of the M32. The site included a significant area of conservation land (8.2 hectares). The original hospital was built in the 1920s as a Tuberculosis sanatorium. Many of the 1940s single storey wards were built as a Second World War facility, located in long rows across the site.

In May 2014, the majority of hospital services on the Frenchay site moved to the new PFI facility at Southmead. However a small number of services remain at Frenchay including the Head Injury Therapy Unit (HITU) and Headway House (not NBT owned) and employment services and payroll who are located in the Frenchay Beckspool Building and the Brain Injury Rehabilitation Unit which is managed by an external organisation.

Much of the remaining site is in the process of being sold for development in 2015 including Frenchay Park House and the majority of the remaining estate. The development site plan for Frenchay is shown in Figure 2.6.2.i and is presented as three zones: retained buildings, developments site for housing and development site for the potential health and social care centre.

There is interest from the local Clinical Commissioning Group regarding development of the land available for the Health and Social Care Centre by NBT or a third party provider and this will need to be addressed in the strategy

2.6.3 Thornbury

The existing Thornbury Hospital site sits on 4.7 acres of land (1.9 hectares), and comprises both a Community Hospital and a Health Centre, from which two distinct GP practices operate (Burney Practice and Male Practice). Freehold ownership of the land is currently split two ways. One acre of land on which the Health Centre sits (c.20%) is owned by NHS Property Services, whereas the 3.7 acres of land on which the community hospital sits and the remaining c.80% of the land is owned by NBT from which it historically provided services.

NBT owns all 3,264sq m of estate on the Thornbury site (not including the Health Centre). All the patient/staff areas within this estate are between 50 and 95 years old. However, only 1,284 sq m (42%) of this estate is in use and NBT only deliver outpatient clinics in a section of Berwick which is 465 sq m (13%). The current site is shown in figure 2.6.3.i.

Figure 2.6.3.i Thornbury site plan



Services delivered from Thornbury Community Hospital

Inpatients

The hospital has 20 beds on Henderson Ward, mostly used as a step-down inpatient facility for frail/complex/rehabilitation patients from South Gloucestershire. Previous reviews have shown that only approximately 7 of these beds are used for patients from Thornbury. These beds are staffed by Sirona Health and Care. NBT provides no clinical input to patients in these beds but does provide pharmacy cover through a local SLA.

Community Teams

The Health Centre provides a base for Sirona staff (mostly Community nurses and Health visitors) who work in the community providing domiciliary care.

Outpatients

A variety of outpatient services are delivered from the community hospital, provided by a mixture of Sirona, NBT and UHBristol. Sirona also delivers their podiatry outpatient service from within the Health Centre.

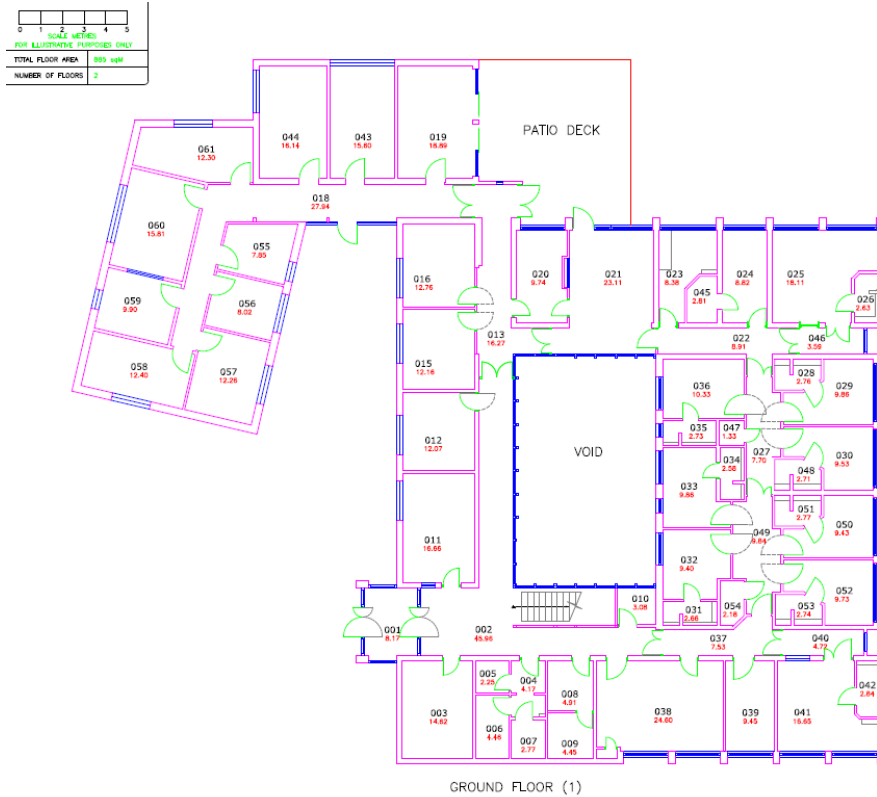
A strategic review of Thornbury should be undertaken to assess the potential for this site. The future model of care for services at Thornbury is currently being considered by NHS South Gloucestershire and work should proceed in partnership with NBT to develop a strategy for this site.

2.6.4 Riverside

The 885m² Riverside unit facilitates the provision of inpatient Child and Adolescent Mental Health Services (CAMHS) which is part of the Child and Community Health Partnership. This part of the estate has recently been refurbished which has brought the facilities to the required standard for the model of care. It is in condition B.

The services are provided from a discrete two-storey building on the Blackberry Hill site, close to Avon and Wiltshire Mental Health Partnership services and University of the West of England facilities. The ground floor footprint is shown in figure 2.6.4.i. which provides an indication of the size and shape of the building.

Figure 2.6.4.i Riverside ground floor plan



With the decision not to continue providing CCHP services, a strategic review of the site will be required including consideration of whether it could be sold off or transferred to the new CAHMS Tier 4 provider.

2.6.5 Cossham

Cossham Hospital in Kingswood reopened in January 2013 after a £19 million refurbishment. The hospital at 5,100m² gross internal areas houses an outpatient department, a birth centre and a renal dialysis satellite unit, meaning that local people no longer have to travel to an acute hospital to see their consultant or come from treatment. From May 2014, Cossham became the new base for South Gloucestershire's GP out of hours' service. During its first 12 months, more than 500 babies were born at the hospital's birth centre, there were 12,500 outpatient physiotherapy appointments, 22,600 X-rays, 2,800 CT scans and 6,200 ultrasounds

Figure 2.6.5.i Cossham Hospital archive image



Whilst efforts have been made to make better use of Cossham, a full strategic review is required to ensure that the use of this beautiful and well-loved facility is maximised and the running costs of the facility are covered through income.

2.6.6 Community Children's Health Partnership (CCHP)

CCHP is hosted by NBT and currently provides all of the Community Child Health and Child and Adolescent Mental Health services for Bristol and South Gloucestershire. The service operates out of 59 properties with five buildings owned by NBT and a further 52 occupied in 3rd party properties. Additionally there are as many as 72 schools used by health staff.

In 2015, the Trust gave notice to CCHP that it will not retender for the service on contract expiry. It is anticipated that there will be a period of transition until a new host provider is appointed, during which NBT will maintain a host provider role. It is anticipated that CCHP services will remain in Trust facilities during the transition period and agreement will need to be reached on future arrangements, although it is not anticipated that CCHP will remain in Trust facilities in the medium term.

The sites where NBT currently provides hard and soft FM services are as follows:

Facility	Location	Service	Condition	Leasehold/ freehold
Eastgate Children's Centre	Units 8&9,	PEAD, AHP, CAMHS, HQ	A/B	Lease
Osprey Unit 1 & 2	Osprey Court, Hawkfield Business Park, Whitchurch	CAMHS, PEAD, SALT, OT, Child Protection, Management	A/B	lease
New Osprey unit 25	Osprey Court, Hawkfield Business Park, Whitchurch	SN, FNP, Community Staff Training	A/B	Lease
Monks Park House	Southmead Hospital,	CAMHS, AHP, PAEDS	B	Freehold
Somerset House Annex	Southmead Hospital,	AHP, SALT	B/C	Freehold
Westgate House	Southmead Hospital,	AHP, SALT, Child Psych, CCHP Man, Child Protection	B/C	Freehold
Thornbury Hospital	Outpatients Department, Gloucester Road, Thornbury, Bristol,	SALT	C	Freehold
Somerset House	Southmead Hospital,	SALT	B/C	Freehold

With the transfer of CCHP to another provider, a number of Trust owned facilities will be released on the Southmead site including part of Monks Park House, Somerset House, Westgate House and Thornbury Hospital. A strategic review of these facilities and associated opportunities will need to be undertaken.

2.7 Leases and Licenses

The Trust Estates Service retains a detailed schedule of all buildings under the ownership of NBT as well as leased and licensed properties. There are currently approximately 40 leases and licenses in place where NBT is the lessor including 14 at Southmead, 9 at Frenchay and 5 at Cossham.

There are a number of offsite commercially leased premises where NBT is the lessee including:

- Highwood Pavilions (Disablement Services Centre (DSC))
- Cribbs Causeway units 7 and 8 (Medical Records)
- Trinity Office Park (Outpatient booking team)
- Rosa Burden (neuropsychiatry) - AWP
- Gloucester House (Pain service) - AWP
- Renal dialysis facilities at Knowle Park and Bath
- Child and Community Health Partnership (CCHP) accommodation around Bristol
- Quadrant (Sterile Services) - non-recurring

Running and lease costs are summarised in section 2.5 of this Strategy. The need to reduce costs and consolidate services into Trust owned accommodation is picked up in the strategic objectives.

2.8 Third Party Occupant on Southmead Site – Avon and Wiltshire Mental Health Partnership

The Avon and Wiltshire Mental Health Partnership (AWP) owns land on the Southmead site including inpatient, outpatient and mother and baby accommodation. In early 2015, AWP has signalled an interest to consolidate their services into a smaller number of buildings on the Southmead site, putting released buildings up for sale or lease. Their intention is to offer the Gloucester House buildings for sale during 2015 or 2016, although this is increasingly uncertain. The Gloucester House facility is approximately 2,200m² GIA located immediately

opposite the Brunel building. The remaining buildings within the AWP curtilage on the Southmead site are not likely to come available for at least 5 years if at all.

Figure 2.8.i AWP buildings on Southmead site

AWP owned
accommodation



Strategically, the AWP site is important to the Trust given its proximity with Brunel and the Trust has a strong motivation to acquire any buildings on this part of the site if they are put up for acquisition. However, the capital costs and revenue funding of additional premises and running costs associated with new facilities will need to be addressed through a business case and supported through rationalisation of older parts of the estate.

2.9 SWOT Analysis of Trust Estate

The following SWOT analysis has been developed as part of the Estate Strategy:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Over 75% of estate less than five years old and in 'as new' or acceptable condition (A/B) including Brunel, Learning & Research 1 and 2, Pathology 1 and 2, Data Centre, Breast Care Centre, Cossham, Frenchay Beckspool Building, Highwood Pavilions (leased) at Cribbs Causeway • Significant recent investment made in quality of buildings resulting in greater longevity and lower backlog maintenance costs • Frenchay disposal generating income for Trust financial plan • Environments at Southmead and Cossham provide good building blocks for clinical services development • Flexible accommodation in Brunel to accommodate future requirements (building designed to change use of rooms, add bedrooms) • Some capacity available at Cossham for outpatient/diagnostic activity • Land available on Southmead site for development (but decant space limited) • Masterplan and site code already in place for Southmead to allow for logical expansion or contraction • Investment already made in car parking and infrastructure for 	<ul style="list-style-type: none"> • Women and children's facilities in very poor condition • Almost no spare capacity outside Brunel for expansion (if physical development required), for example for increases in elective capacity. • Some old building remain which require either demolition or refurbishment (e.g. Pines & Steps, Monks Park House, Thornbury) • Committed capital programme for next 4 years makes major estates development difficult • Limited decant space to readily allow for redevelopment of Women and Children's facilities • Linkage of new buildings to PFI complicated and potentially costly • Trust strategy and clinical service strategies not yet in place to inform the Estate Strategy • Large number of third party tenants on site with varying lease arrangements, some less beneficial to Trust. Leased accommodation off main Southmead site with long periods left on lease (e.g. Beckspool building) • Current car park space requirements absorbing much land • Insufficient investment in services such as window cleaning to

<p>sustainable transport, Good public transport links</p> <ul style="list-style-type: none"> • Excellent partnerships with universities including research activities (occupying NBT estate) • Brunel and new facilities on Southmead site have good sustainability credentials (BREEAM – Excellent) 	<p>maintain quality of estate</p> <ul style="list-style-type: none"> • Lack of sufficient capacity in Health & Capital Planning and estate teams to deliver the requirements of this strategy • Lack of robust estate data
Opportunities	Threats
<ul style="list-style-type: none"> • Improvement in space utilisation across all facilities including Southmead and Cossham including use of 3 session days and weekend working to increase utilisation of estate • Acquisition of part/all of AWP estate on Southmead site • Thornbury – development or disposal • Frenchay - HSCC disposal • CCHP - opportunities to use released estate post transfer • Riverside (part of CCHP programme) - development or disposal • Consolidation of off site services onto Southmead site within existing buildings • Move of non-acute services from Southmead to other locations • Commercial review of all leases and licenses • Service transformation to support better use of existing facilities • Potential for more agile working, releasing space • Sale or lease of parts of Southmead site for other uses e.g. residential accommodation, patient hotel 	<ul style="list-style-type: none"> • Sale of released AWP estate to external party • Thornbury – development or sale • CCHP – timescale for release of buildings • Funding reductions (capital and revenue) • Clinical Commissioning Groups’ (CCG) lack of understanding of clinical and estates strategies could impact on Trust capacity, funding and decision making • Change management – lack of willingness to support new ways of working, driving efficiencies • Frenchay – completion of sale of main site and Frenchay Park House

There are three key issues which stand out from the analysis of our estate in the context of our objectives which will be a specific focus for the coming period. A fourth element, the disposal of Frenchay, should conclude during 2015. The key issues are:

4. The redevelopment of the Women and Children’s sector which is the key outstanding area in need of investment
5. Our ability to accommodate changes in clinical capacity such as the growth in elective admissions
6. The need to support the Trust’s sustainability programme in ensuring every part of the estate is necessary, efficient and provides good cost effective accommodation solutions

2.10 Strategic Risks

Delivering an Estate Strategy during this period of recovery will be a significant challenge to the organisation. The key strategic risks to delivery of this are set out below:

Strategic Risk	Mitigating actions
Trust financial position and national financial climate	Maximise estate and space utilisation before investing in new properties. Review capital plan and look for opportunities to divert capital
Women and Children’s accommodation becomes unacceptable to use	Develop options and timescale for major works.
Demands on clinical services (e.g. elective capacity increases) need solutions which may not be realisable	Develop early plans of possible actions to support increases in clinical activity
CCG estates strategies leading to significant and unplanned input required from Trust e.g. Thornbury	Ensure clear decision making by Trust regarding its interest in estate or in developments
Changes in local, regional and national politics and	Active engagement with peer/partner organisations, regular environment

Strategic Risk	Mitigating actions
policies	scanning
Third party decisions impacting on the Trust activities	Early engagement with third parties including AWP, CCHP future provider to allow development of coherent strategy
Resources and capacity to deliver strategic actions	Prioritisation of actions or identification of additional resources if value for money case can be shown
Difficulties in releasing land/accommodation for sequential development with preferred adjacencies	Engage experts in masterplanning to support phasing and redevelopment plans
Trust focus on immediate operational pressures resulting in short term decision making	Estate Strategy endorsed and approved at Trust Board level and through sub-committees to align intent

The actions set out in this strategy address the strategy risks defined above.

2.11 Five year capital plan

A five year capital plan was developed for the financial year 2015/16 based on the Trust's existing commitments to complete the Southmead Hospital redevelopment (and associated enabling schemes), Frenchay site disposal and undertake necessary backlog maintenance. The plan was costed at a high level and schemes were ranked according to a set of criteria as follows:

Key to priority order for schemes

- 1A Essential maintenance
- 1B Essential service delivery
- 2 Highly desirable
- 3 Desirable
- SS Service strategy required

The Five year capital plan including all schemes, whether funded or not, is set out in Appendix B and summarised in the table below for the 5 years from 2015/16. Schemes that have been funded are marked 'funded' and identified as either 1A or 1B. The plan will be regularly reviewed and adjusted to take account of new priorities, Directorate approved business plans and cases and changes in expenditure profiles.

Figure 2.11.i 2015/16 Capital plan funding for capital building projects or maintenance with 5 year look ahead

		Revised Year 1	Revised Year	Year 3	Year 4	Year 5
		15/16	16/17	17/18	18/19	19/20
		£	£	£	£	£
Priority 1A	Funded	1,200,157	1,220,552	926,756	746,963	610,718
Priority 1B	Funded	6,764,152	4,890,000	55,740	302,466	55,000
Total 1A and 1B FUNDED	Funded	7,964,309	6,110,552	982,496	1,049,429	665,718
Priority 2	Not funded	0	120,000	0	1,000,000	42,970,000
Priority 3	Not funded	0	0	0	0	339,600
Priority SS	Not funded	75,000	2,475,000	16,880,500	0	0
Total		8,039,309	8,705,552	17,862,996	2,049,429	43,975,318

2.12 Backlog maintenance and statutory compliance

An allowance has been made in the five year capital plan for backlog maintenance, statutory compliance and backlog maintenance relating to Women and Children's facilities. The more detailed breakdown of backlog maintenance requirements is set out in Appendix C. The summary budget for these elements in the capital plan is set out in the table below for the next 3 years. Years 4 and 5 are to be developed.

	2015/16	2016/17	2017/18
Remaining backlog maintenance cost for SMD	295,872	147,121	97,660
Costs to maintain Estate's statutory compliance	282,367	89,401	282,367
Women and Children's facilities	342,000	300,000	300,000

Women and Children's Services

A prioritisation of required works for Women and Children's facilities has been completed and works prioritised for the 2015/16 financial year. This is set out in the table below although Item 15C is subject to further review.

No.	Building	Description	Full cost incl. VAT, prof. fees, Trust fees (£)
1E	Central Delivery Suite	Replacement of cold water storage tanks. Age expired and potential for bacteria growth in the tank joint system.	£99,397
2E	CDS chiller	Chiller for AHU.	£107,302
5E	CDS	Medical Gas Bottle Storage room. Bottles currently stored in a haphazard way in adjacent room with other stored materials. Non-compliant with guidance documentation.	£43,810
15C	CDS	Courtyard Garden glazing (central fish pond). Renew glazing screen around the fish pond, which is badly deteriorating.	£44,880
			£295,389

3. Where do we want to be?

3.1 Estate Objectives

An Estate Strategy cannot stand alone. It has to be a reflection of the strategic clinical aims and objectives of the organisation, with a focus on quality and the patient experience which is seen as being fundamental to the success of all the Trust's services. These clinical aims will emerge as the service business plans are developed and the Estate Strategy will align with these aims.

Our Estate Vision is:

'To provide, maintain and develop a more efficient, high quality, sustainable and flexible estate which meets the operational objectives of the Trust today and in the future'

This Estate Strategy drives forward five key strategic objectives to support this vision. These are:

1. To develop an estate that can respond to the Trust's strategic and clinical ambitions
2. To maximise the utilisation of all Trust buildings and dispose of underutilised or poor quality assets
3. To consolidate corporate and support services onto the Southmead site and within existing buildings, releasing capital and lease costs or move services off-site where on site presence is not clinically required or not costs effective
4. To derive maximum clinical benefit from our buildings
5. To maintain and develop the quality, sustainability and place-making of our estate by a strong adherence to our design vision, masterplan and Design Framework and a planned maintenance regime for all buildings



These aims have a common goal of reducing cost to the Trust by reducing the amount of space required to deliver our core services. The efficient use of land and buildings may also release areas of land providing opportunities to attract interest from commercial partners.

3.2 Design Vision

A key estate objective is the clear intention that The Trust should adhere to the agreed design vision for the site, ensuring future developments are logically planned in accordance with the Design Framework. The Design Framework was developed to inform the major planning application for the Southmead site and sets out future placement of buildings and standards for future development. A masterplan is also in place for the Frenchay site as part of the disposal strategy.

The Trust's approach, based on research, recognises that good design reaps its own rewards in terms of wellbeing and recuperation rates for patients and boosts morale and job satisfaction for staff. As such the Trust's has developed a design vision for all buildings and sites. We will require any site or building to support the following vision:

- **Clear welcoming urban site** – urban design principles should be applied to the development of the whole site, rather than only focusing on individual buildings
- **Innovation and patient care** – providing cutting edge design geared for top performance
- **Flexibility** – design in at the outset the ability to respond to changes in the way healthcare is provided
- **Connecting the inside to the outside** – bring views from outside in, get light into buildings through glazing and layout
- **Excellent finishes** – high quality, non-institutional building and internal finishes, supporting high quality engaging art
- **Sustainable development** – focusing on a low carbon footprint, sustainable construction practise and waste minimisation. More detail is provided about the Trust's sustainability strategy below.

A Design Specification has been drafted which summarises some of the detail of the Design Framework into a user guide for estates staff. It includes the following:

Massing model: Southmead

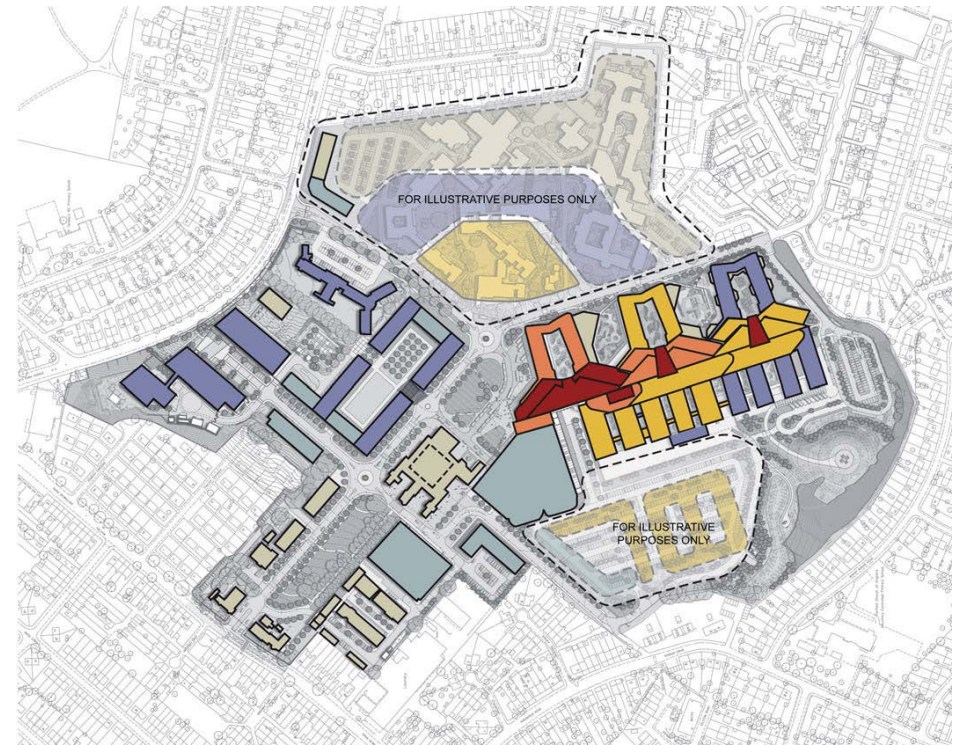
- Design requirements
 - Siting & masterplan
 - Building concepts
 - Design massing
 - Layout
 - Flexibility & adaptability
 - Character
 - Material
- External environment specification
- Internal environment specification
- Sustainability

The Design Specification is set out in Appendix D.

3.3 Sustainability

The Trust is committed to being a good corporate citizen across all areas of its business. Creating sustainable facilities is an important element of this commitment. Our targets for new facilities include:

- Minimising energy consumption
- Reducing water consumption
- Managing waste sustainably
- Using materials with high recycled content and good end of life recyclability
- Developing sustainable transport systems
- Supporting biodiversity
- Supporting the local economy



The Trust's Sustainable Development Management Plan sets out the aims, objectives and targets for becoming a sustainable organisation as part of the NHS Sustainable Development Strategy 2014-2020.

3.4 Arts

North Bristol NHS Trust's ambition to integrate art within its estate and in association with its clinical services was established in response to the increasingly acknowledged importance of a designed healthcare environment. The Fresh Arts programme was established in 2007 and arose as a result of the increasing awareness of the importance of art in healthcare environments. There is a growing body of research in arts and healthcare that provides hard evidence of the economic, clinical and social benefits of art and design enhancing not just the environment but the patient, visitor and staff experience



The aims of the Trust's Fresh Arts programme include:

1. enhance the patient experience
2. improve patient and staff morale
3. put the hospital at the heart of its communities
4. deliver a programme of high quality and good practice

These aims form an important part of the Estate Strategy and all capital developments will need to support the achievement of these aims.

3.5 Southmead Estate – The Quarters

The Design Framework splits the Southmead estate into quarters, each with their own character. These quarters are:

- Hospital Quarter (Brunel)
- Women and Children’s Quarter (including AWP)
- The Science Quarter (learning, research, science)
- The Limes Quarter (corporate and support services)
- Heart – central public realm

This is shown in figure 3.5.i. The Design Framework will be referenced in relation to any development of the Southmead estate.

The Trust is required to ensure that any development meets the requirements of town planning regulations and any agreed existing planning permissions. Any changes to the sites will require planning approvals and a likely requirement for additional parking spaces, together with additional landscape.

Figure 3.5.i: Southmead ‘Quarters’

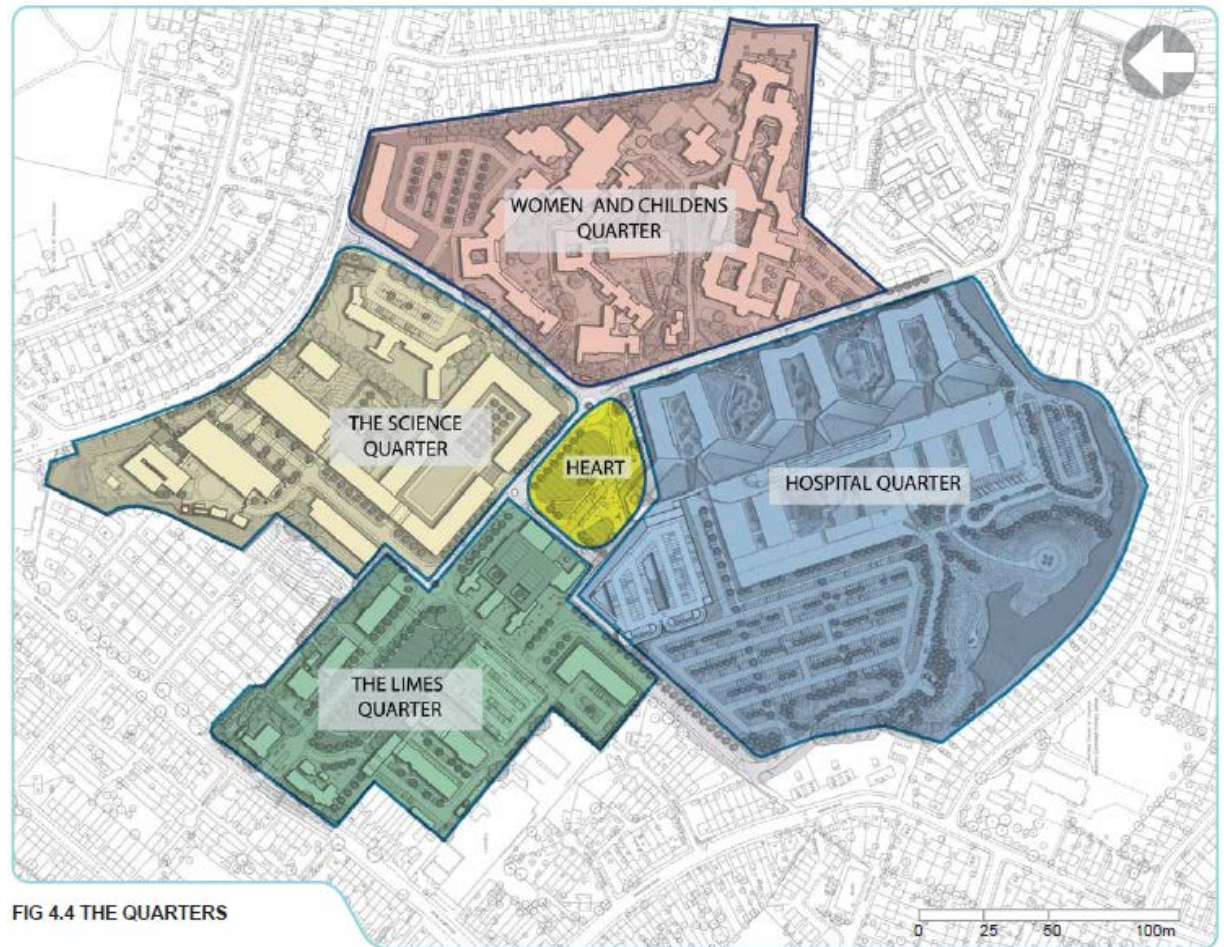


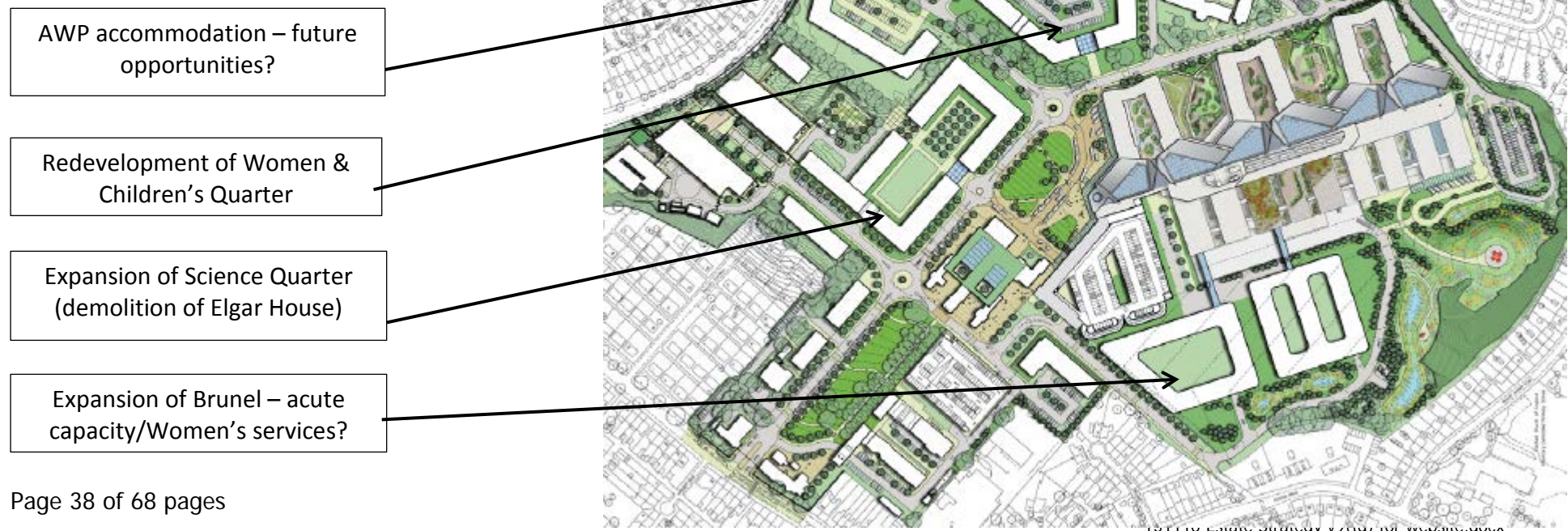
FIG 4.4 THE QUARTERS

4. How do we get there?

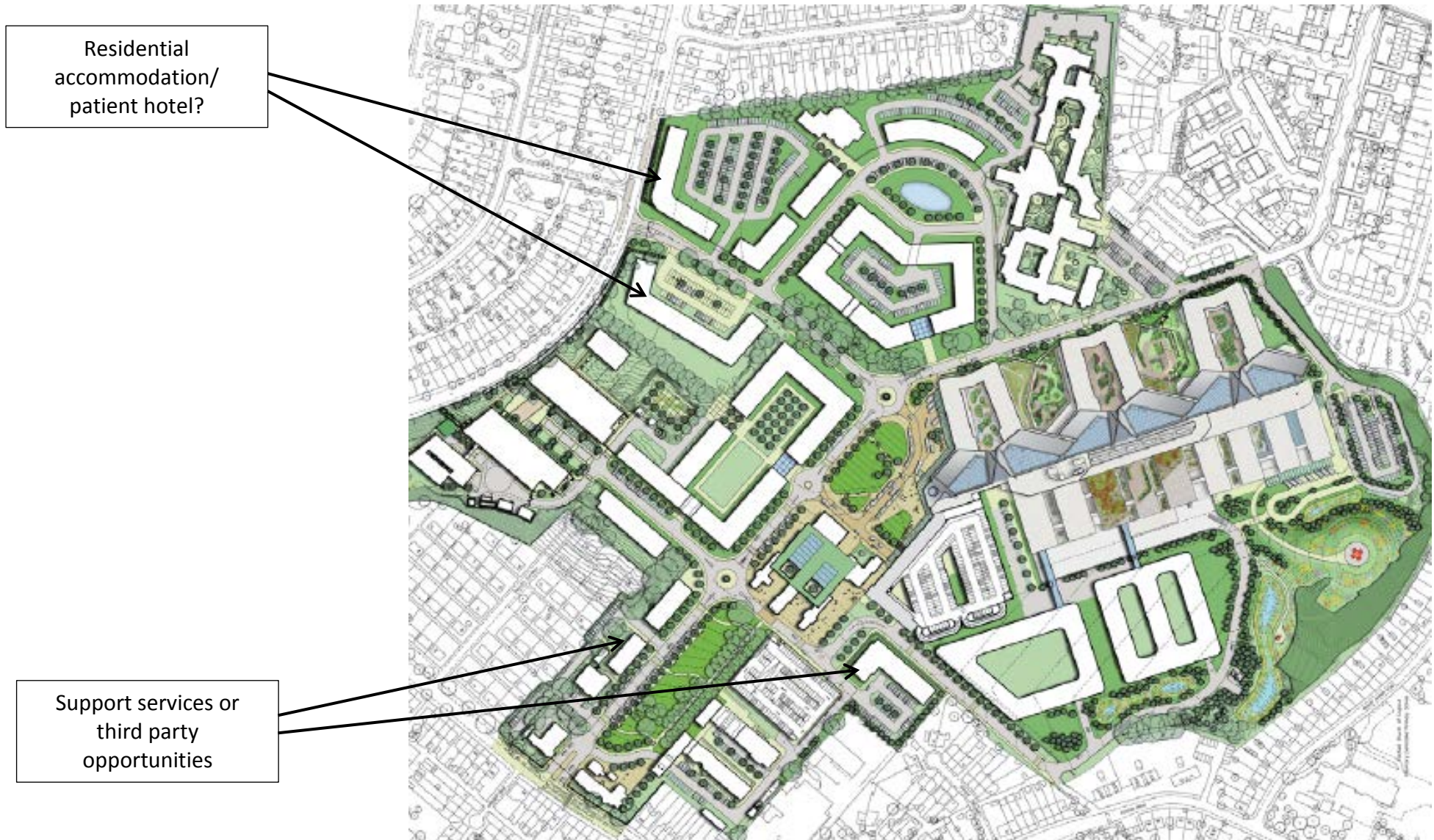
4.1 Site plan

One of the main building blocks of an Estate Strategy is having a site master plan that guides all future developments. NBT has an existing, over-arching site plan drawn up during the development of the Brunel building that should govern any future developments on site. It demonstrates the flexibility of the Brunel building in terms of how it could be extended to suit future requirements for beds or core clinical facilities. It also demonstrates how the Women's and Children's Quarter could be redeveloped using perimeter blocks with active fronts and passive backs, a clearly defined public private realm and retention of existing trees.

Opportunities for clinical development at Southmead are shown in figure 4.1.i Southmead Long term masterplan



Opportunities for other forms of development including third party and NBT support services at Southmead are shown in figure 4.1.ii.



4.2 Meeting the Estate Strategy Objectives

This strategy has been developed to deliver the estate objectives which will be translated into a 5-year plan which in turn forms part of the Trust's integrated business plan. The sections below set out the Trust's strategy for meeting these objectives:

1. To develop an estate that can respond to the Trust's strategic and clinical ambitions
2. To maximise the utilisation of all Trust buildings and dispose of underutilised or poor quality assets
3. To consolidate corporate and support services onto the Southmead site and within existing buildings, releasing capital and lease costs or move services off-site where on site presence is not clinically required or not costs effective
4. To derive maximum clinical benefit from our buildings
5. To maintain and develop the quality, sustainability and place-making of our estate by a strong adherence to our design vision, masterplan and Design Framework and a planned maintenance regime for all buildings

4.2.1 Objective 1

2020 ambition >>	We will achieve this through:	>> Measure
To develop an estate that can respond to the Trust's strategic & clinical ambitions	1. Completing the development of current schemes (Southmead: Pathology phase 2 construction and phase 1 reconfiguration; Elgar House rehab centre upgrade)	Facilities completed Post project evaluations User surveys/feedback
	2. Improving facilities for clinical services : a. Southmead: Women & Children's services b. Bright Renal Dialysis	Facilities completed Post Project evaluations User surveys/feedback
	3. Development of replacement renal dialysis facilities at RUH Bath	Replacement facilities in place Post project evaluations Patient and user feedback
	4. Identifying options for delivery of future capacity or reduction in response to strategic and clinical plans (see Fig 4.2.1.i)	Option appraisal

2020 ambition	>>	We will achieve this through:	>>	Measure
		5. A strategic review of facilities requiring investment/disposal. (See Fig 4.2.1.ii)		Strategies identified, business cases completed and approved
		6. Reviewing opportunities for acquisition		Timely response to acquisition opportunities including production of business cases
		7. Identifying future commercial opportunities (See Fig. 4.2.1.iii)		Completed strategic analysis of commercial opportunities

Figure 4.2.1.i Options for delivery of future capacity or reduction

Service	Increase in capacity/new location	Decrease in capacity
Beds	<ul style="list-style-type: none"> • Conversion of Level 6 offices and Clinical Equipment into 64 beds using pre-planned structures • AWP accommodation • Malvern 	<ul style="list-style-type: none"> • Closure of Elgar • Conversion of ward capacity to alternative use
Outpatients	<ul style="list-style-type: none"> • Increase to 3 session days, plus weekend working • Space utilisation in Brunel and Cossham • Review of services at Thornbury and Clevedon, plus other community sites 	<ul style="list-style-type: none"> • Conversion of capacity to alternative use • Absorption of patient facing clinical research into Brunel • Absorption of neuropsychiatry service into Brunel
Theatres	<ul style="list-style-type: none"> • Increase via weekend sessions, • Expansion of core clinical block • Three session days where not already undertaken 	<ul style="list-style-type: none"> • Closure of gynaecology theatres • Conversion for alternative use
Imaging	<ul style="list-style-type: none"> • Increase in MRI using space identified in Beaufort House • Other modalities could be developed in technical rooms on Levels 2 or 3 of the Brunel building 	<ul style="list-style-type: none"> • Reduction of mobiles at Cossham

Service	Increase in capacity/new location	Decrease in capacity
	<ul style="list-style-type: none"> Expansion to core clinical block using pre-planned structures 	
Offices	<ul style="list-style-type: none"> Space utilisation Agile working environments Phase 2 Brunel conversion (e.g. gym) Conversion of under-utilised accommodation Purpose built office accommodation on the Southmead site Leased accommodation 	<ul style="list-style-type: none"> Relinquish office accommodation on Levels 2 and 6 in the Brunel for clinical developments Close stand-alone buildings and rationalise estate
Women's and Children's services	<p>Co-location in Brunel</p> <ul style="list-style-type: none"> Move non-clinical services out of Brunel (eg offices on levels 2 and 6) and translate space into clinical facilities Add ward accommodation to the west of Brunel on the site of the Trust's staff car park (near the helipad) with connection to Brunel Increase use of support services (theatres etc) using three sessions days etc. <i>Note: Full reprovision in existing space in Brunel is not possible without major works as follow (separate document available):</i> <ul style="list-style-type: none"> <i>Requires 15,500 sqm for full reprovision against new space standards (current size is 8,600 sqm). Available space on level 6 in Brunel if convert office and clinical engineering space is 1500 sqm on level 6, plus other smaller areas on level 2.</i> <i>Existing single rooms (and infrastructure at level 6) not large enough for birthing or NICU</i> 	<ul style="list-style-type: none"> Consolidate into fewer buildings in existing estate Provide new accommodation with a smaller requirement for space

Service	Increase in capacity/new location	Decrease in capacity
	<p><i>cots (4- 8 sqm too small per room)</i></p> <ul style="list-style-type: none"> ○ <i>No provision for birthing suite</i> ○ <i>Requires additional O2 in rooms and new supply of piped Entonox which will require additional services infrastructure</i> ○ <i>Requires 2 full theatres including secure theatre suite for obstetrics– capacity not currently available in Brunel without extending working days and weekends and realigning consultant workplans</i> <p>New development on Southmead site</p> <ul style="list-style-type: none"> ● New build on site of Monks Park House ● New build on site of AWP accommodation (if available) <p>Refurbishment</p> <ul style="list-style-type: none"> ● Refurbishment of existing accommodation. Will require complex decanting arrangements 	
Parking	<ul style="list-style-type: none"> ● Further development of multi-storey car parking on land currently used for grade car parks 	<ul style="list-style-type: none"> ● Reduction in off-site provision if available ● Conversion of car parking to other requirements.

Under item 4 above, facilities which require a strategic review to support any emerging clinical strategies include:

4.2.1.ii Strategic Review of facilities requiring investment/disposal

Site	Facility	Area m2 (GIA)	Age
Southmead	Monks Park House	3,739	1939
	Malvern	610	1936
	Beaufort House wings	1,331	1903
	Westgate House (CCHP)	680	1880
	Pines and Steps	600	1940
	Kingsholm Drive	90	1950
Thornbury	Redevelopment or disposal	3,527	1900
Frenchay	HSCC land development or disposal		
CCHP	Managing the transition to another provider and release of buildings		
Riverside (CCHP)	Child and Adolescent Mental Health – decision making on longer term strategy for the service (as part of CCHP)		
Quadrant	Options if unable to vacate		

Figure 4.2.1.iii Commercial Opportunities

Site	Facility
Southmead	Private patient unit
	Patient hotel
	Staff nursery
	Residential accommodation

4.2.2 Objective 2

2020 ambition >>	We will achieve this through:	>> Measure
To maximise the utilisation of all Trust buildings and dispose of underutilised or poor quality assets	1. Disposal of poor quality or redundant buildings (See Fig 4.2.2.i below)	Reduction in building stock ERIC returns
	2. Developing a programme of space utilisation reviews (See Fig 4.2.2.ii)	Programme in place for reviews (subject to b/case)

4.2.2.i Disposal and demolition

Site	Facility	Area m2 (GIA)
Southmead	Sherston demolition	3,289
	Lime Walk demolition	3,414
	Maples (subject to review)	325
Frenchay	Main estate (excl Burden, BIRU) demolition and disposal	
	Frenchay Park House disposal	
	Clic Cottage disposal	
	SSD demolition	

Figure 4.2.2.ii Space Utilisation

	Location/Type
Location	Brunel
	Cossham
	Southmead retained estate
	Other sites

Assessment Type	Offices, seminar rooms, outpatient consulting rooms, theatres, diagnostic services,
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4.2.3 Objective 3

2020 ambition >>	We will achieve this through:	>> Measure
To consolidate corporate and support services onto the Southmead site and within existing buildings, releasing capital and lease costs or move services off-site where on site presence is not clinically required or not costs effective	1. Review of off site facilities in leased or owned premises which could benefit from being brought onto Trust main site (See Fig. 4.2.3.i)	Completed assessment and recommendations
	2. Review of leases and licenses to ensure Trust is in best commercial position as lessor	Completed assessment and action plan

4.2.3.i Off site services

Facility	Service
Highwood Pavilions	Disablement services centre and communication aids
Quadrant	Sterile services unit
7/8 Cribbs Causeway	Medical records
Trinity Park Office	Outpatient booking team
Rosa Burden	Neuropsychiatry
Gloucester House	Pain service
CCHP	Varied

4.2.4 Objective 4

2020 ambition >>	We will achieve this through: >>	Measure
To derive maximum clinical benefit from our buildings	1. Reviewing the clinical use of Trust facilities to maximise efficiency. To include: <ul style="list-style-type: none"> • an assessment of whether the original clinical model is being delivered • based on the available space <i>without</i> modification, what potential is there for streamlining and improving the efficiency of service delivery • based on the available space <i>with</i> modification, what potential is there for streamlining and improving the efficiency of service delivery 	Completed assessment and action plan
	2. Developing benefits realization plans for all capital developments and assessing performance	Evidence of plans and completed assessments

4.2.5 Objective 5

2020 ambition >>	We will achieve this through: >>	Measure
To maintain and develop the quality, sustainability and place-making of our estate by a strong adherence to our masterplan and design framework and a planned maintenance regime for all buildings	1. Regular review of Trust's masterplan and Design Framework	Review process in place Design Group re-established Evaluation of compliance
	2. Development of a sign off process to ensure all schemes meet Trust requirements	Sign off process in place

2020 ambition	>>	We will achieve this through:	>>	Measure
		3. Establishing a robust planned preventative maintenance (PPM) regime for all retained estate facilities		Plan in place, review process in place
		4. Ensuring there is a robust and reviewed planned preventative maintenance regime in place for the PFI facilities		Carillion evidencing PPM regime & implementation
		5. Maintaining safe access to the sites for all forms of movement (pedestrian, cycles, buses, cars, helicopters)		Building development shown to maintain adequate access & egress requirements
		6. Requiring all capital and refurbishment works to fully address environmental and sustainability impacts in accordance with the Sustainable Development Management Plan		Sustainable Development Impact Assessment completed checklists for relevant schemes

5. Implementing the Estate Strategy

The Estate Strategy sets out a development framework for the estate covering a five year period to 2020, with the aim of providing a physical environment suited to meet the operational objectives of the Trust now and in the future.

The diagram below sets out the proposed timeframe for taking forward the strategic objectives, subject to resourcing (or phasing of workload):

	Oct 15	Apr 16	Oct 16	Apr 17	Oct 17	Apr 18	Oct 18	Apr 19	Oct 19+
Objective 1	Complete current capital schemes				Bright Renal Dialysis feasibility				
	Women & Children's facilities development project								
	RUH Renal Dialysis Unit replacement								
	Options for future capacity or reductions								
	Strategic review of facilities requiring investment/demolition								
	Opportunities for acquisition			Future commercial opportunities					
Objective 2	Disposal of poor quality buildings								
	Space utilisation								
Objective 3	Review of off-site facilities to consolidate on-site								
	Review of leases and licenses								
Objective 4	Review clinical use of Trust facilities to maximise efficiency								
	Benefits realisation plans for all capital schemes								
Objective 5	Review of masterplan & design framework				Review of masterplan & design framework				
	Sign off processes to regulate schemes								

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Objectives

1. To develop an estate that can respond to the Trust's strategic and clinical ambitions
2. To maximise the utilisation of all Trust buildings and dispose of underutilised or poor quality assets
3. To consolidate corporate and support services onto the Southmead site and within existing buildings, releasing capital and lease costs or move services off-site where on site presence is not clinically required or not costs effective
4. To derive maximum clinical benefit from our buildings
5. To maintain and develop the quality, sustainability and place-making of our estate by a strong adherence to our design vision, masterplan and Design Framework and a planned maintenance regime for all buildings

Key:

Resources in place

Subject to additional resources

Appendices

Appendix A Occupancy cost of buildings

To be updated

Appendix B: Five Year Estate Financial Plan (including unfunded)

Annually updated

Appendix C Backlog Capital Maintenance Requirements to 2020

Annually updated

North Bristol NHS Trust

Design Specification for NBT Facilities Development

Version Control

Title:	Design Specification	Owner:	Tricia Down, Deputy Director of Projects
Author(s):	Tricia Down	File location:	New Hospital/Design
Approved by:		Date approved:	

Revision History

Version	Date	Comments/Summary of changes
V1	8/6/12	TD draft
V2	17/1/13	TD updates
V3	8/7/15	Updates from environment team (ECS and TS)

1. Introduction

North Bristol Trust is committed to ensuring that every new building on site, and the site itself, meets the highest standards of design, functionality and sustainability. To achieve this, the Trust has developed a strategic design vision to guide all new developments.

2. Project Objectives

The key objectives for site and building design are:

- Achieve excellence in site and building design. Meet the Trust's strategic design vision set out in the section below.
- Deliver suitable fit for purpose building solutions to accommodate the requirements of the service
- Deliver building solutions that maximize space efficiency but which are also flexible so that they can readily accommodate future changes in service provision
- Facilitate collaboration and effective communication through layout of facilities
- Ensure the building solutions sits comfortably within the site masterplan
- Ensure the facilities meet the agreed specifications including relevant NHS, HTM and HBN standards and are DDA compliant. Accessibility for all is crucial – the building should not discriminate against someone because they are less able physically or unable to use ordinary communication skills.

3. Strategic Design Vision

The Trust's overall design vision for all buildings on its sites is broad and ambitious and is summarised in the following six main themes:

- **Innovation and service delivery:** apply radical, cutting edge design to provide a state-of-the-art environment geared for top performance in all service aspects.
- **Flexibility:** The environment should be extremely flexible to respond to changes in the way services are provided.

- **Clear welcoming urban site:** The building should sit comfortably within the newly established site masterplan and long range development plan. Its development should take account of the best principles of urban and landscape design. Facilities and spaces should create an environment that uplifts, is consistent with and blends with the external environment and does not jar.
- **Connecting the inside to the outside:** The inside of the buildings should be connected and in harmony with the outside, taking account of use of landscaped courtyards, sympathetic glazing, open and interesting circulation, and views out.
- **Excellent Finishes:** The finishes within the building should be intelligently planned and executed, avoid institutional blandness, exemplary in terms of use of materials and workmanship and significantly above the normal hospital standard. High quality durable materials should be used that have a long life span and low maintenance requirements.
- **Sustainable Development:** The facilities should achieve the highest standards of energy efficiency and a minimal carbon output. Maximum use should be made of sustainable practices during construction and for the minimisation of the operational carbon footprint. They should take maximum account of climate change adaptation & resilience techniques, anticipate and allow for future changes in 'green technologies' and environmental legislation.

The Trust seeks excellent design both in terms of external architecture and internal functionality and finish.

The Trust requires the development to take into account best practice including:

- Future proofing buildings for healthcare: The NHS Confederation 2005
- Improving Standards of Design in the Procurement of Public Buildings: OGC and CABE 2002
- Better Health Buildings: DH, NHS Estates and Centre for Healthcare Design
- Bristol City Council's 'Sustainable Building Design and Construction –SPD5'
- Bristol City Council's "Climate Change & Sustainability Practice Note" 2012

4. Design Requirements

4.1 Introduction

This section sets out the design requirements for new buildings.

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4.2 Siting and Masterplan

A long range masterplan for the whole hospital site has been agreed with Bristol City Council Planning Department. The masterplan was set out in the August 2009 Design Framework submitted to the Council as part of the reserved matters planning application for the PFI Hospital. The masterplan shows how the site could develop as older parts are replaced. The Design Framework is available for review.

Figure 4.2.i Long range site masterplan



The key emphasis of the masterplanned site is an orthogonal arrangement with buildings lining up to create streets and public spaces in between in a logical, organised structure. Buildings that sit within car parks are to be avoided with focus being on beautiful landscape designs supporting lovely buildings.

The site proposals build upon the proposed concept of ordering of space, which the masterplan establishes. The landscape should be considered as positive elements of the design, and not as the area left over between buildings. The landscape should follow the design already established for the site which is structured to reflect and define public and private zones, creating interest and security through use and activity in public areas, while preserving and enhancing the quality of the existing mature park-like landscape with more private spaces.

The new facilities should be established using a 'place making approach' utilising the fundamental principles of urban design including:

- Strong & clear relationship between buildings, routes, intersections & public spaces
- Relationship with existing adjoining residential premises considered including scope to secure boundary edges
- Clearly defined public from 'private' space, with potential gradation of degrees of public access
- Creation of a logical & legible network of routes, intersections & spaces
- Use of public art to facilitate legibility
- Sensitive accommodation of parking within streets & public spaces. Break up with planting.
- Access for all & avoidance of clutter

4.3 Building Concept

New buildings should complement the architectural and landscape design language of the other new buildings on site including the new hospital and the Learning and Research and Pathology buildings. Whilst there is no requirement for the [] buildings to be identical, the proposed building should be sympathetic to the existing new buildings.

4.4 Design Massing

The scale of the new building should take account of new hospital and other important buildings such as Beaufort House. Information on massing is available in the Design Framework document.

4.5 Building Layout

Main entrances should be prominent and present a high quality and civic appearance.

4.6 Building Flexibility and Adaptability

The Trust would like bidders to aspire to designing the building for maximum flexibility both in terms of its overall architectural design and the way its internal services are organised.

Examples of flexible building design include:

- Service ducts located within the grid to allow a range of layouts to be accommodated ranging from small cellular rooms to fully open plan spaces.
- Easily adaptable lightweight partitioning combined with a common approach to service installation allows a framework within which areas can be reconfigured in the future.
- Window modules designed to allow flexibility of use of the building
- Consideration of the appropriate structural grid to allow the creation of large clear areas which can be subdivided in a number of different ways.
- ‘Soft’ expansion space is provided where possible.
- Room sizes have been standardised to allow easy change between different uses.
- A common service strategy co-ordinated with the structure. The building’s infrastructure permits new uses for the space and ‘future proofs’ the building to meet the unknown and changing requirements of healthcare.

4.7 Character

The Trust is looking for building developments that have the ‘wow’ factor that causes people to notice the buildings they are in and the space between them. Spaces between buildings are as important as space within buildings. The development should exhibit the following characteristics:

- The building should generate a sense of wonder
- The building should be timeless as opposed to trendy

The Trust subscribes to the idea that successful environments cannot be achieved by the use of a series of isolated “features”. Successful environments are created through the thoughtful integration of the disciplines of architecture, interior design, and art and landscape design in support of user needs including aesthetic and spiritual needs.

The form of the building should blend sympathetically with the local landscape. The building should add character to the Southmead hospital site without jarring with its surroundings. It should not look like a spaceship has landed in the locality.

4.8 Materials

Materials should be selected that are reassuring and capable of ageing gracefully. They should enhance the sense of place and be chosen for their properties in emphasising form, light and shade.

The selection of materials should be appropriate in terms of quality, scale, colour and environmental requirements. The design should use recycled/natural long-lasting materials, including non-environmentally threatened timbers and local stone.

The facilities should be able to withstand wear and tear in use and the finishes should be durable and provide a high quality finish. External materials should not readily support combustion.

5. External Environments Specification

The Trust’s specification requirements for external environments are described in more detail in table 5.i below and should be applied as relevant to the specific design proposal:

Table 5.i External environment design requirements

Issue	Requirement
Orientation	<ul style="list-style-type: none"> Facilities should take advantage of available sunlight and provide shelter from prevailing winds.
Landscape	<ul style="list-style-type: none"> Landscape should be designed into any new schemes and the new building should take advantage of any existing natural features such as avenues or trees, established gardens or buildings of historic value The Trust aspires to creating a healing and therapeutic external environment in visual and sensory terms. This means the landscape should be varied and attractive throughout the year and it should take account of the needs of those with disability such as sensory impairment. Landscape should be developed to: <ul style="list-style-type: none"> aid wayfinding minimise the potential for crime support ecology, protecting, where possible, existing wildlife habitats, in preference to creating new ones. Support butterflies, amphibians etc through planting schemes and careful consideration of habitats tackle the need for ‘a new ecology’, ensuring that the use of native plants and the creation of new habitats is integral to the fullest understanding of the site’s ecological context seek to retain and protect valuable existing trees and, in conjunction with the planting of new trees to reinforce (formally) the status of the main routes into the site; define spaces; bring shelter to spaces and buildings; screen intrusive elements from receptors ecological value, using natives where possible (berries for birds, flowers for butterflies), and, where possible, meadow grass areas
Art	<ul style="list-style-type: none"> Artwork should be integrated into the design and should not be considered an add-on. Therefore, consideration should be given to how art can be integrated into the landscape and the building as well as providing space for galleries etc. Consideration should be given to the use of art to support wayfinding including use of different art forms as well as colour. Artwork should be designed so that it does not impede the on-going maintenance of the building, can itself be readily and cost effectively maintained and does not have high running costs.

Issue	Requirement
Entrances	<ul style="list-style-type: none"> Entrances should be obvious and logically positioned.
External colours	<ul style="list-style-type: none"> The colour palette should be in harmony with the new hospital and recently built high quality buildings.
Interface details, building paintwork and Colours	<ul style="list-style-type: none"> Doors, louvres, cover panels, grilles, fascia boards, soffits and similar elements are to be carefully detailed to avoid rain water staining and painted to blend with the surrounding environment
Rainwater goods	<ul style="list-style-type: none"> All gutters, rainwater pipes, hoppers and similar accessories are to be mid-grey (RAL 7022) or black or a colour which is complementary to existing buildings on site. Where historic profiled gutters have been lost, they are to be re-instated to match the original.
Brickwork	<ul style="list-style-type: none"> Selection of brickwork should take account of neighbouring buildings and efflorescence levels. There should be a clear understanding of the time needed for brickwork to lose their 'salty' appearance.
Metalwork	<ul style="list-style-type: none"> Railings, gates, fences, posts and similar elements should be of high quality and should match or compliment the local environment. Metalwork on buildings should match including external balustrades with brise soleils, metal fire escapes etc.
Brise Soleil/shading	<ul style="list-style-type: none"> The efficacy of brise soleils should be carefully assessed to understand whether internal solar control will be required. If blinds are required, these should be integrated at the design stage.
Roof level plant	<ul style="list-style-type: none"> This should be invisible from the ground Pest control solutions should be factored into the design, avoiding ledges and roosting points Should be designed to enable the future installation of photovoltaic panels, if not already included at design stage.
Street furniture	<ul style="list-style-type: none"> Street furniture should tie in with the existing Trust estate or agreements reached on overall form. In general, the new hospital can be used as a benchmark. Cycle stands should be consistent with existing stands on the site.

Issue	Requirement
External wayfinding	<ul style="list-style-type: none"> Wayfinding should be intuitive, relying on informal clues rather than heavy signage. It should not be too 'busy'. Wayfinding is assisted if there are views to the outside. External signage should be consistent with the new hospital external signage.

6. Internal Environments Specification

Good choice of materials and finishes together with excellent workmanship, are essential in ensuring the delivery of superb buildings. The following specification is used by the Trust to guide its own design development. It responds to lessons learned from previous capital schemes.

Table 6.i Internal Environments Specification

Issue	Requirement
Overall environment	<ul style="list-style-type: none"> Maximise natural light into the building with views to the outside wherever possible Avoid deep plan design – it creates darker environments which need artificial lighting, Check location of columns and drainage stacks ensuring that they do not interrupt internal spaces. Incorporate within walls or exploit for services where this can be achieved
Accessibility	<ul style="list-style-type: none"> Accessibility for all is crucial – the building should not discriminate against someone because they are less able physically or unable to use ordinary communication skills.
Ceilings	<ul style="list-style-type: none"> Minimum 2.7 floor to finished ceiling height in smaller rooms or technical rooms such as labs, but aim for 3m+ in larger rooms, open plan offices, seminar rooms and public spaces
	<ul style="list-style-type: none"> Preference for plasterboard ceilings where possible, if not then plasterboard margin with tiles. Check for the number and layout of access panels
	<ul style="list-style-type: none"> If tiles are used, larger format tiles preferred – preferably planks

Issue	Requirement
	<ul style="list-style-type: none"> • Tiles should be flush edged or tegular. Standard lay-in tiles should be avoided
	<ul style="list-style-type: none"> • Where tegular tiles are cut, there should be a good proposal for how the edge is finished • Ensure ceiling systems are demountable
Walls	<ul style="list-style-type: none"> • Care should be taken with tape and jointed plasterboard where there is a lot of light washing down on the wall (natural or artificial). Joints need to be invisible. Use of bevelled joints to all four edges is welcomed. • Art should be integrated into the design, taking account of the need for other wall mounted articles.
	<ul style="list-style-type: none"> • Use paint specific to the need. Matt paint is the preference. • Only use specialist paints in those areas that require it. Treat application of high gloss resilient paints with care as they can result in a poor wall finish.
Floors	<ul style="list-style-type: none"> • Larger format tiles give a greater sense of quality to smaller formats. Changes in size and format add interest.
	<ul style="list-style-type: none"> • Preference for natural materials over manmade. Rubber or lino are good sustainable solutions.
	<ul style="list-style-type: none"> • Ensure thickness of sheet flooring is adequate. 2mm or less is probably too thin.
	<ul style="list-style-type: none"> • Sheet flooring should be laid carefully to ensure weld joints are appropriately located
	<ul style="list-style-type: none"> • sharp angled floor coving solutions are preferred to shallow curves. Use of mastic should be avoided.
	<ul style="list-style-type: none"> • Floor finishes should be compatible with cleaning regimes whilst also providing the necessary slip resistance.
Windows	<ul style="list-style-type: none"> • Maximise natural light through use of large windows with good framing detail and good seals. However, the glazing strategy should be in line with the energy targets in terms of managing solar gain and heat loss.
	<ul style="list-style-type: none"> • Window fritting proposals should be appropriate for the environment and resilient. • Use of traditional blinds or curtains may not always be appropriate within clinical areas and roller blinds should not be used where there are infection risks. Interstitial blinds are favoured where appropriate.
Internal glazing	<ul style="list-style-type: none"> • The effect of coloured glazing on environments should be assessed in terms of colour transfer to other colours and to working areas which rely on clear natural light.

Issue	Requirement
	<ul style="list-style-type: none"> • The running of services through walls (power/data) and trunking risers should not interfere with window arrangements.
Reception Desks	<ul style="list-style-type: none"> • Good quality, durable solutions required. Higher initial outlay recovered over course of life of good quality product. • Ensure sufficient contrast between floors, desk carcass and desk top. Check requirements for DDA access. • Avoid stainless steel plinths which can be confusing for visually impaired.
Trunking	<ul style="list-style-type: none"> • Trunking should be avoided unless dictated by functional flexibility dictates otherwise. • Where trunking is required, an elegant solution is required, minimising joints between pieces. • Trunking and risers should not run across or impede windows
Fixtures	<ul style="list-style-type: none"> • Coat hooks should be robust, attractive and appropriately spaced to ensure that there is sufficient room for coats. • Sockets – where DDA sockets are required in one part of a room, the same colour should be used throughout the room.

7. Sustainability

The sustainability requirements for the facilities are set out below.

7.1 BREEAM for Healthcare 2012

The Trust is committed to delivering sustainable design for all capital developments and in its operations. A BREEAM for Healthcare and BREEAM Refurbishment rating of Outstanding should be achieved and the contractor will need to arrange for the facilities to be formally BREEAM assessed.

The facility must be designed to create as environmentally responsible and sustainable an asset during construction and subsequent operation as is reasonably possible. Features integrated into the architecture of the facility should contribute positively to an enduring improvement in the quality of the built environment. Examples of this best practice in design include tailoring building types to function, utilising thermal mass of structure and cladding, use of solar control and collectors, use of grey water, landscape design that benefits climate control, naturally ventilated public circulation areas, as well as patient areas where appropriate. In addition, there will be other building

services measures that may be less architecturally evident, but may be equally important to achieving sustainability over the operating lifetime of the facility. Consideration should also be given to the inclusion of accessible spaces for staff for rest and reflection together with maximising access to high quality green space.

7.2 Energy and Carbon

- 20% renewables
- Low carbon: 2 tonnes CO₂/100m³
- 35 GJ/100m³ energy consumption
- Maximise the use of natural day lighting and natural ventilation systems
- Adequate utility sub metering installed to enable accurate monitoring of energy use
- Optimise the performance of the building fabric to reduce heat-losses and manage solar gains
- Maximise flexibility in systems and plant by specifying effective controls
- Adopt sustainable and energy efficient design to maximise efficiency in operations and to demonstrate good practice in new-build construction
- Investigate and adopt new sustainable technologies, where appropriate and make provision for retrospective installation of new technologies as these become viable

7.3 Water Consumption

Water efficiency measures should be maximised to conserve water consumption and reduce disposal to the foul water system through preventative design, good metering and good leak detection. Water efficiency measures should consider;

- Flow restrictors
- Spray taps
- Percussion or sensor taps
- Dual flush WC's
- Eco shower heads

7.4 Flood risk management

Surface water run off should be reduced to prevent localised surface water flooding and protect local water courses from pollution. The following surface water management techniques should be incorporated into the design where possible;

- Sustainable Urban Drainage Systems (SUDS) such as permeable paving, ponds, swales and rills for appropriate areas (car parking)
- Use of green and brown roofs and roof gardens to reduce the levels of surface run-off from the roof and to contribute to thermal insulation of the building
- Rainwater harvesting & recycling for cooling & irrigation applications

7.5 Waste & recycling

- Development of a Site Waste Management Plan
- A minimum of 95% of waste materials by value/volume are not sent to landfill. The audit trail of waste materials should be compliant with the requirements of the Environment Agency and eliminate the risk of fly-tipping.
- Provision of space for recycling facilities within the buildings and provision of recycling bins in the external environment that are consistent with the Trust's bins.
- Adequate secure storage space within the building for both the segregation and storage (waste hold/store) of a range of waste streams (bearing in mind that future segregation requirements will increase)

7.6 Materials

Use of sustainable materials including:

- Materials rated 'A' or 'B' in the BRE Green Guide to Specification or equivalent materials defined in updated versions of the BRE Green Guide (minimum of 75%)
- A minimum of 20% of the materials value of the project should derive from recycled content.
- Use of sustainable timber accredited through FSC or an equivalent scheme

- Avoidance of PVC
- Life cycle analysis of product selection required

7.7 Transport

- Cycle storage and showers/changing provision/lockers
- Safe pedestrian and cycle access

7.8 Biodiversity

- Inclusion of high quality green space
- Provision of green and natural areas even where land is constrained (e.g. window boxes, verges, potted plants)
- Provision of native species and planting of ecological value
- Use of trees to provide shading where appropriate
- Creation of new habitats where possible
- Consideration of the inclusion of wildlife encouragement methods (e.g. bird & bat boxes, food growing opportunities, wildflower meadow & bank planting, provision of pollen rich species)
- Indigenous and nut or fruit bearing trees and bushes,
- Inclusion of pollen-rich plant species to encourage pollinators
- Use of living walls and green/brown roofs.

7.9 Local economy

- A high percentage by value of materials produced within Bristol, South Gloucestershire and North Somerset.
- 60% of labour employed on the construction site will be from within the Bristol, South Gloucestershire and North Somerset area.
- Apprenticeship placements will be offered in the construction process.

7.10 Information, communications & technology

- Smart metering linked to the Building Management System
- Real time renewable energy information display to the public

7.11 Climate change adaptation & resilience

Development should be resilient to increased temperatures and extreme weather events through;

- Layouts should allow sufficient space between buildings to enable overnight cooling during high summer temperatures
- Additional trees to enhance local microclimate to temper the urban heat environment provide sufficient cooling and act as a wind buffer.
- Shaded accessible external spaces with seating
- Built form should consider provision of cool rooms for vulnerable occupants
- Thermal mass should be considered to provide passive cooling
- Living walls and green roofs to help cool and provide shade to buildings
- Larger capacity guttering, downpipes and drainage to cope with extreme rainfall events
- Inclusion of blue amenity & flood retention space to prevent localised surface water flooding